COLORADO
School Health Services Program

School Health Services (SHS) Program 2022 Local Services Plan (LSP) Guidelines

State of Colorado
Department of Health Care Policy & Financing
and Department of Education

Submit Complete LSP And Scanned Signed Assurances Page Forms Via Email To:

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School Health Services Consultant

Due Date: Wednesday, August 31, 2022

Guidelines Updated: Thursday, October 1, 2021

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Definitions

BOCES – Board of Cooperative Education Services

CDE – Colorado Department of Education

HCPF – Colorado Department of Health Care Policy and Financing

IEP – Individual Education Plan

LSP – Local Services Plan

SES – Socio-Economic Status

FTE – Full-Time Equivalent

School District or District - A school district is defined in statute as "*any board of cooperative services established pursuant to article 5 of title 22, C.R.S., any state educational institution that serves students in kindergarten through twelfth grade including, but not limited to, the Colorado School for the Deaf and the Blind, created in article 80 of title 22, C.R.S., and any public school district organized under the laws of Colorado, except a junior college district.*" *26-4-531 (1) (b), C.R.S.*

Background

In 1997, the Colorado General Assembly passed legislation that authorizes public school districts, Boards of Cooperative Education Services, and state K-12 educational institutions to provide enhanced health services to children by using reimbursed Medicaid funds.

The intent of this legislation is to:

- Support and enhance local school health programs
- Increase access to preventative and primary health care services for low-income, uninsured, and underinsured children
- Improve care coordination between schools and health care providers

The program has two different and exclusive components; receiving reimbursements from the federal government for providing IEP health services to Medicaid enrolled students and using these funds to enhance health services to all students. The statute allows districts to be reimbursed through federal matching funds for IEP health services provided by Medicaid qualified providers to Medicaid eligible students during school hours**. Matching funds are required to be used to enhance health services for all children. Funds are intended to enhance or expand the availability of health services to students.** The legislation allows for up to 30% of these reimbursed funds to be used for initiatives to increase access to health care for low-income students.

In December 2014 Centers for Medicare and Medicaid Services (CMS) reversed their decision of not allowing Free Care (services provided to Medicaid enrolled students at no charge, and/or provided to the community at large free of charge) to be reimbursed. This reversal means Medicaid eligible services provided to enrolled students are available for reimbursement if all other Medicaid requirements are met.

Beginning in October 2020 the SHS Program expansion will include program covered services to be reimbursable to districts and BOCES for Health First Colorado enrolled students that have other medical plans of care (outside of IEPs/IFSPs) where medical necessity has been established.

Participation Requirements

To receive Medicaid reimbursement, each school district/BOCES which enters into a contract with HCPF on behalf of the state of Colorado must:

- Assess the health care needs of its students, including an assessment of the needs of uninsured and underinsured students
- Obtain and incorporate community input to establish health priorities
- Develop an LSP according to guidelines issued by the Colorado Department of Health Care Policy and Financing (HCPF) and the Colorado Department of Education (CDE)

Guidelines

These guidelines are intended to aid school districts in developing a five-year LSP. Please use the attached forms to develop and submit the LSP. Include any additional information on a separate sheet attached at the end of the forms.

For a district to contract with the state to receive reimbursement for eligible health services provided to Medicaid eligible students, a Local Services Plan (LSP) must be submitted by the school district to CDE. The LSP must be developed in accordance with the guidelines issued by the Department of Health Care Policy and Financing (HCPF) and reviewed by the Colorado Department of Education (CDE). Required elements of the plan include:

- Determine the health needs of students, including a targeted needs assessment for uninsured and underinsured students
- Solicit input from members of the community to determine local health needs via:
    - School Health Advisory Committee with cross section of community members
    - Survey sent to principals, mental health providers, parents, public health Healthy Communities staff, public health registered nurses, homeless services, community-based healthcare providers and other community-based advocacy groups
- Determine the amount of reimbursement available from HCPF Cost Reconciliation Report
- Community partners prioritize health needs as determined by needs assessment
- Describe and list the expanded or new health services to be provided based on community input and needs assessment
- Describe how funds will be allocated for these health services as determined by community partners
- Establish procedures for monitoring and reporting the delivery of these health services

The school district will enter into a contract with HCPF, on behalf of the State of Colorado. This contract allows the school district to submit documentation of services provided to students up to the age of 21 who are eligible under the provisions of the Individuals with Disabilities Education Act (IDEA) of 1990 as amended in 2004 and to those enrolled in programs that require an Individualized Education Program (IEP), Individualized Family Services Plan (IFSP), or other medical plans of care. The contract also allows the districts to receive Cost Reconciliation dollars from the federal government to fund the enhanced health services described in the LSP.

Planning Schedule

The service period for the 2022-2027 LSP runs from July 1, 2022 through June 30, 2027. The planning and design phase ends on August 31, 2022 when plans are due to CDE. The LSP will be reviewed by program personnel at CDE and HCPF. Any additional information or clarifications requested by CDE and HCPF must be provided within 10 business days of the request. Notifications of approval or requests for revision will be sent via email. For this reason, it is important that the contact person listed on the LSP is the person who will need to receive this information.

Format and Submission Requirements

When developing the LSP, please use the appropriate forms provided by CDE and provide all of the information requested. The LSP will become an Attachment B of your School Health Services contract. Forms must be submitted electronically via email to the email listed below. A completed submission includes one (1) completed Local Service Plan and one (1) signed Assurances Page.

2022-2027 LSP and signed Assurances Page must be received at CDE **NO LATER than Monday, August 31, 2022**

Email LSP and a signed Assurances Page to:

Estrada_O@cde.state.co.us

Part I – Cover Page

The cover page identifies the school district, BOCES, or state education institution entering into the contract with the State of Colorado. Please enter the name of the county and school district number, the common name of the school district, the name of the district Program Contact and the contact's phone number and email address on the form **Part I – Cover Page**. The person listed on this page will be considered primary contact for the program and will be responsible for submitting documents in a timely manner.

Part II – Identification of Community Health Needs

Before developing the Program Plan of the LSP, districts must assess the health needs of the local student population. This assessment should identify the health needs of children and youth in the local community. Use the assessment to determine if and how well current services are meeting those needs. Understanding the gaps in service provision allows the district to set priorities when determining which health services to offer with reimbursement dollars.

Although districts are allowed a small measure of flexibility in developing a program plan, the statute requires that the plan be developed with comprehensive input from the local community. To this end, districts must demonstrate the collection and use of input from community members when determining which health services to include in the LSP. The selection of services will not be made based on limitations in a district's general fund but on the health needs identified and prioritized by the community members. A BOCES must demonstrate the collection and use of input from member district communities.

Part II-A – Community Health Needs Assessment

On this form, please include a response to items concerning the results of the community health needs assessment. Short descriptors and guiding questions have been included for additional support:

Part II-A-1 – Briefly describe how you determined the health needs in your community.

How was the needs assessment conducted? Describe who conducted the needs assessment as well as the resources or statistical data used and the key informants who provided information about local health needs.

Part II-A-2 – Describe what types of local health needs were identified in this process.

What are health needs of students in your community identified by the health needs assessment process?

Part II-A-3 – How did you gather input from community members about the health needs priorities in your district:

Indicate how community participants were selected and describe how input concerning health need priorities was collected from these sources. Please indicate the methods that were used: meetings (list number of meetings) survey monkey, telephone interviews, etc.

Part II-A-4 – Please list the prioritized health needs below:

List the prioritized health needs determined through this process. Because this is a **community-driven** planning process, this list should correspond with the health services to be provided with reimbursement money.

Part II-A-5 – How did you incorporate community input into your decision-making process and

the development of funding priorities:

Explain how community input was incorporated into the decision-making process concerning which health services to fund with reimbursement dollars.

Part II-B – Uninsured/Underinsured Health Needs Assessment

As part of the requirement for a health needs assessment for uninsured and underinsured students, districts should address the following issues concerning the results of the uninsured/underinsured health needs assessment. Short descriptors and guiding questions have been included for additional support:

Part II-B-1 – Describe the population considered uninsured or underinsured for purposes of the health needs assessment and how they were identified:

Underinsured is defined in the statute as “a person who has some health insurance, but whose insurance does not adequately cover the types of health services for which a school district may receive federal matching funds under this section” 26-4- 531 (1) (d), C.R.S. Describe the uninsured and underinsured population of students in your district and how you identified this population.

Part II-B-2 – Describe how you determined what health services are needed by uninsured and underinsured students in your community?

Describe how the targeted needs assessment of uninsured/underinsured students was conducted. Describe who conducted the needs assessment, the resources and statistical data that were used as well as the key informants who provided information about local health needs of the uninsured/underinsured population.

Part II-B-3 – Describe the types of health services needed by the uninsured and underinsured students as identified by the needs assessment process:

Describe the health needs of uninsured/underinsured students in the Community identified by the health needs assessment process.

Part II-C – Community Participation

Enter community participants involved in the planning process. Identify those participants who are employees of the district by indicating “Y” under the “Dist Emp?” column. Be sure to include all information requested on the form. If input was gathered through surveys with many respondents, districts also have the option of attaching a list of those names to the LSP instead of entering them in the table.

Part III – Program Plan

Developing a Program Plan

After conducting the Health Needs Assessment and establishing priorities by gathering input from the community regarding which services are needed, create a program plan that describes program goals, objectives and how service delivery will be monitored. These will be recorded on the forms in ***Part IV – Program Goals and Objectives.***

Program Plan Funding

A portion of reimbursement funds may be spent on program administration. The remainder is allocated to expanded health and health related services for all students. A newly participating district can allocate additional funds for program administrative staff to assist with staff training, quarterly reporting, Random Moment Time Study reporting and other administrative duties. If your district is in the first year of the program, it is allowable to spend up to 30% of the yearly reimbursement on the startup administrative expenses. For districts who are not in their first year of the program, it is **recommended** administrative costs not exceed 20% of total reimbursement received.

Districts must use reimbursement funds to deliver enhanced health services to students. These enhanced services (as determined by community input) may be an **increase** in the amount of service that is delivered **or an enhancement** of the quality of the service delivered.

Examples of appropriate services include:

- Increasing the amount of nursing or other provider services delivered to students
- Purchasing upgraded equipment to enhance the delivery of services to students such as a lift table to assist staff with hygiene services for multiple students
- Medicaid/CHP+ outreach and enrollment to uninsured students/families

If the service is currently being provided by the school district, reimbursement funds must be used to:

- Expand the existing service to include more students
- Increase the amount of time spent providing a service (additional clinic hours)
- Enhance the quality of services delivered through staff professional development

The **Program Plan** provides a general overview of how the district plan allocates the school Medicaid reimbursement between administrative costs and health services.

Part III-1 District/BOCES Name

Enter the common name of the school district entered on the cover page under “Name of District.”

Part III-2 Estimated Yearly Reimbursement

This is the amount of reimbursement the district expects to receive after the State withholds its 2.5% administrative costs. The reimbursements are for the federal share of the cost of IEP, IFSP, or other plan of care health services provided by district Medicaid qualified providers to students enrolled in Medicaid. Reimbursements are made for services delivered on dates that fall within the contract year (July 1 through June 30).

Reimbursement amount is based on a school district's cost reconciliation report submitted to the department of Healthcare Policy and Financing. Districts receive 12 monthly payments based on previous cost reports. Consult previous yearly cost reports to determine estimated yearly reimbursement. This field can be entered once during the creation of the LSP. Revising this portion to account for future reimbursement estimates is optional.

Part III-3 Program Expenditures Overview

Districts must determine the amount they expect to spend on program administration and enhanced health services during the program year. **Districts may carryover program funds for one year unless a multi-year plan is approved under the 5-Year Plan cycle**. It is **recommended** any funds from the previous program year must be spent by June 30. The transfer of funds to other programs is not allowed. Program funds are not available for costs incurred prior to the contract year for which the LSP is approved.

Part III-3-A – Program Administration

Enter the percentage of total expenditures and briefly describe administrative expenditures to be made with reimbursement funds. This would include anticipated payments to billing agents as well as costs incurred for administering the School Health Services Program such as coordinator and program staff salary/benefits, and office supplies and indirect costs. This figure should not include the State 2.5% administrative fee that is withheld. It is **recommended** administrative costs not exceed 20% of total reimbursement received. Exceptions will be granted for districts to new participating districts of the program with the approval of the HCPF and CDE Program Manager.

Part III-3-B – Health Services

CDE breaks down expenditures by six (6) main and five (5) sub- categories listed in this section of the LSP. A description of the categories can be found in Part III-3-D. **Allocation by percentages for how reimbursement dollars are spent have been discontinued.** Districts must now select the category and sub-category to which they will allocate reimbursement dollars during their five-year LSP plan. Districts may revise Health Service category selections on their LSP by contacting the School Health Services Consultant. Revisions to their LSP must be approved by the School Health Services Consultant.

Part III-3-C – Expenditures by CDE Category

As of the 2022-202 LSP, CDE's School Health Services Program developed new categories for tracking of reimbursement spending by districts. Percentages have been discontinued from the Health Service categories and will now select requested Health Service categories with an "X." The new categories involve six (6) main and five (5) sub-categories, for a total of thirty (30) possible health service categories a district may select to spend their reimbursement dollars. A district may indicate how they plan to spend their reimbursement dollars by marking "X" in the appropriate section on the LSP. For example, a district that plans to spend their funds to hire a 1.0 FTE Nurse, with funds for Supplies for the Nurse's office and Professional Development, may indicate on the district LSP in a manner similar to the example below:

C. EXPENDITURES BY CDE CATEGORY
(Required for state reporting purposes. Percentages NOT NEEDED. Mark chosen categories with "X")

	Sub-Categories (Columns)				
Main Categories (Rows)	(A) FTEs & Contracted Personnel	(B) Equipment, Materials, & Supplies	(C) Professional Development & Trainings	(D) Screenings & Assessments	(E) Assistance & Emergency Funds
(1) Nursing	X	X	X		
(2) Mental Health					
(3) Student Health					
(4) Special Service Providers					
(5) Outreach & Enrollment					
(6) Transportation					

Notice in the example above, that an "X" is placed in the "Nursing" row (Row 1), under the columns for "FTE & Contracted Personnel" (Column A), "Equipment, Materials, & Supplies" (Column B), and "Professional Development & Trainings" (Column C). Districts may reach out to the School Health Services Consultant for additional assistance when selecting their desired categories. For assistance with transitioning the previous categories to the new health service categories, refer to Part III-3-D for a list of definitions and additional assistance.

Some health services listed in the LSP may be included in different categories. For example, a nurse may provide services that include hearing, vision, and dental screenings. The services delivered would best be categorized under the **Nursing category**. Even though a health assistant may provide insurance outreach as part of their duties, their services would best be characterized in the **Nursing** category. If it is not practical to separate the expenditures by category, districts may use their best judgment to categorize the service. Refer to **Part III-3-D** for additional assistance.

Part III-3-D – CDE Health Service Category Definitions

Districts may choose among six (6) main categories, each with five (5) sub-categories, to indicate how reimbursement dollars will be spent. The previous set of health service categories are referenced in the categories for additional support. **Coordinators will not be required to submit total number of equipment purchased on the Reimbursement Spending Report to CDE.** Districts may use their best judgement when categorizing their expected expenditures.

Note: Matching funds are required to be used to enhance health services for all children. Funds are intended to enhance or expand the availability of health services to students.

(1) **NURSING:** Expenditures in this category can include direct health services delivered by a licensed nurse or delegated nursing services that can be delivered by a Health Assistant/Clinic Aide or Intensive Health Tech. It may also include assessment tools, training, or equipment used to provide or enhance nursing services.

(A) **FTEs/Contracted Personnel:** Districts may hire or contract with a Licensed Nurse, Intensive Health Tech, or Health Assistant/Clinic Aide.

(B) **Equipment/Materials/Supplies:** This broad category includes all health-related equipment, materials, and supplies directly related to the Nursing category**.** Purchases in this category may also be for use by personnel under the Nursing category. Some examples may include general office supplies, boxes of gloves or masks, otoscopes, stethoscope, thermometer, cots for the nursing office, etc.

(C) **Professional Development/Trainings:** This category includes staff development and training. It could also include health-oriented materials such as books and computer software used for staff development and for attending conferences and trainings related to the Nursing category.

(D) **Assistance/Emergency Funds:** Assistance or emergency funding to help low income students access basic health-related necessities on a limited basis. This may include funds for vouchers.

(E) **Screenings/Assessments:** Costs associated with screenings or assessments conducted by FTE/Contracted Personnel identified in the Nursing category may be included in this section. Examples of expenditures may include, but is not limited to software related to vision and hearing screenings.

(2) **MENTAL HEALTH:** Expenditures in this category can include psychology, social work, counseling, behavior therapy, suicide prevention, anti-bullying programs and other mental health services. It may also include assessment tools, curriculum, and mental health training for staff to provide tools used to deliver mental health services.

(A) **FTEs/Contracted Personnel:** Districts may hire or contract with a Psychologist, Social Worker, Counselor, or Applied Behavior Analyst.

(B) **Equipment/Materials/Supplies:** This broad category includes all health-related equipment, materials, and supplies directly related to the Mental Health category**.** Purchases in this category may also be for use by personnel under the Mental Health category. Some examples may include general office supplies, stability balls, sensory swings, weighted blankets, etc

(C) **Professional Development/Trainings:** This category includes staff development and training. It could also include health-oriented materials such as books and computer software used for staff development and for attending conferences and trainings related to the Mental Health category. Costs in this category may also include purchase of curricula focused on mental health topics such as bullying-prevention or suicide-prevention.

(D) **Assistance/Emergency Funds:** Assistance or emergency funding to help low income students access basic health-related necessities. Costs in this category may include vouchers to assist with services relevant to the Mental Health category.

(E) **Screenings/Assessments:** Expenditures associated with screenings or assessments conducted by FTE/Contracted Personnel identified in the Mental Health category may be included in this section. Examples of expenditures may include mental health screening software.

(3) **STUDENT HEALTH:** Expenditures in this category may include health-related assistive technology, costs associated with health-related case management services, sub-contracted services for dental or physician services or follow-ups, health education curriculum or instruction for students not categorized in the Mental Health category, or health-oriented feeding programs such as providing breakfast to low-SES students.

(A) **FTEs/Contracted Personnel:** Districts may hire or contract with a licensed Physician, Vision Specialist, or Care Coordinator.

(B) **Equipment/Materials/Supplies:** This broad category includes all health-related equipment, materials, and supplies directly related to the Student Health category**.** Purchases in this category may also be for use by personnel under the Student Health category. Some examples may include health-related educational pamphlets, health-related assistive technology, wheelchairs, hearing aids, etc.

(C) **Professional Development/Trainings:** Expenditures in this category may include purchases of health-related curricula for classroom or group settings. Other purchases may also include staff development and training to deliver curricula (Train the Trainer). It could also include health-oriented materials such as books and computer software used for staff development and trainings related to the Student Health category. **Note:** Mental health-related professional development/trainings would be best categorized under the “Mental Health” category.

(D) **Assistance/Emergency Funds:** Assistance or emergency funding to help low income students access basic health-related necessities on a limited basis. Expenditures in this category may include vouchers for dental or physician visits and follow-ups, or other services relevant the Student Health category.

(E) **Screenings/Assessments:** Costs associated with screenings or assessments conducted by FTE/Contracted Personnel identified in the Student Health category may be included in this section.

(4) **SPECIAL SERVICE PROVIDERS:** Expenditures in this category may include services delivered by an Audiologist, Physical Therapist, Occupational Therapist (or Certified Occupational Therapist Assistant), Speech Language Pathologist, or other Special Services Provider not covered in the Nursing or Mental Health Category.

(A) **FTEs/Contracted Personnel:** Districts may hire or contract with a Speech Language Pathologists (including SLPAs), Physical Therapists (including PTAs), Occupational Therapists (including COTAs), or Audiologist.

(B) **Equipment/Materials/Supplies:** This broad category includes all health-related equipment, materials, and supplies directly related to the Special Service Providers category**.** Purchases in this category may also be for use by personnel under the Special Service Providers category. Some examples may include general office supplies, hand exercisers, adaptive tricycles, walkers, adaptive devices, gait belts, exercise bands, etc.

(C) **Professional Development/Trainings:** This category includes staff development and training. It could also include health-oriented materials such as books and computer software used for staff development and for attending conferences and trainings related to the Special Service Providers health service category

(D) **Assistance/Emergency Funds:** Assistance or emergency funding to help low income students access basic health-related necessities on a limited basis. This may include funds for vouchers.

(E) **Screenings/Assessments:** Costs associated with screenings or assessments conducted by FTE/Contracted Personnel identified in the Special Services Providers category may be included in this section. Examples of expenditures may include software related to speech and language related screening.

(5) **OUTREACH & ENROLLMENT:** Expenditures in this category can include activities related to referral services, enrollment support, translation services, insurance outreach activities, parenting training and services, or other outreach/enrollment services delivered.

(A) **FTEs/Contracted Personnel:** Districts may hire or contract personnel for outreach services, translation services, or other relevant role compatible with the Outreach & Enrollment category.

(B) **Equipment/Materials/Supplies:** This broad category includes all health-related equipment, materials, and supplies directly related to the Outreach & Enrollment category**.** Purchases in this category may also be for use by personnel under the Outreach & Enrollment category. Some examples may include general office supplies, educational pamphlets, or other material related to outreach and enrollment.

(C) **Professional Development/Trainings:** This category includes staff development and training. It could also include health-oriented materials such as books and computer software used for staff development and for attending conferences and trainings related to the Outreach & Enrollment category

(D) **Assistance/Emergency Funds:** Assistance or emergency funding to help low income students access basic health-related necessities on a limited basis. This may include funds for vouchers.

(E) **Screenings/Assessments:** Costs associated with screenings or assessments conducted by FTE/Contracted Personnel identified in the Outreach & Enrollment category may be included in this section.

(6) **TRANSPORTATION:** Expenditures in this category includes transportation services that enable students to receive health services. These services could include personnel, special equipment, or actual costs.

(A) **FTEs/Contracted Personnel:** Districts may hire or contract with a Bus Aide or other relevant role appropriate for the Transportation category.

(B) **Equipment/Materials/Supplies:** This broad category includes all health-related equipment, materials, and supplies directly related to the Transportation category**.** Purchases in this category may also be for use by personnel under the Transportation category.

(C) **Professional Development/Trainings:** This category includes staff development and training. It could also include trainings like CPR, First Aid, or other health-oriented training relevant to the Transportation.

(D) **Assistance/Emergency Funds:** Assistance or emergency funding to help low income students access basic health-related necessities. Costs in this category may include items like vouchers for transportation services in areas with low access to health care providers or pharmacies.

(E) **Screenings/Assessments:** Costs associated with screenings or assessments conducted by FTE/Contracted Personnel identified in the Transportation category may be included in this section.

Part IV – Program Goals and Objectives

Program goals, objectives, and monitoring plans can be listed in the Program Goals and Objectives table. Three (3) goals are pre-populated, but more may be added if needed. A Goals and Objectives example table is provided in the LSP template as a reference.

Goals – Goals are generalized statements that guide your planning. They should address needs that were identified in the Community Health Needs Assessment process. Only those health needs that were identified through this process should be addressed in the LSP. Below are some examples of possible health needs:

- Access to health care
- Access to preventive health services (screenings/assessments)
- Access to dental services
- Access to mental health services such as suicide prevention instruction and anti-bullying strategies

A goal can have more than one objective, so please ensure goals and objectives are numbered appropriately. A goal defines which health need will be met and the objective is a statement that is more explicit than a goal and indicates how the outcomes of a goal will be achieved. **Program Objectives** describe the **specific** health services that school districts will provide with reimbursement funds. They also describe how much service will be provided. LSP objectives are one of the deliverables for your contract with the state.

For this reason, objectives must be stated as unambiguous, quantifiable units of service. The **Monitoring Plan** is the district's plan to document the delivery of the services described in the objectives and to demonstrate the performance of the contract.

When writing objectives, clearly identify number of FTEs providing the services.

GOAL 1: Increase access to nursing services available to students in the district.

OBJECTIVE 1: Provide additional RN for two schools

OBJECTIVE 2: Provide 2 additional clinic aide hours a day to allow the school nurse to conduct more in-depth health assessments and screenings.

GOAL 2: Increase access to health care for uninsured/underinsured students in the district.

OBJECTIVE 1: Create a list of low-cost community health/mental health/dental resources for district staff, as well as families to access

OBJECTIVE 2: Provide .5 FTE for Medicaid/CHP+ outreach services to assist families with accessing insurance

Please keep in mind that any equipment purchased as part of this program must be for the purpose of addressing health needs, not educational needs.

Monitoring Plan – The **Monitoring Plan** describes how the district plans to collect the quantitative data that will demonstrate the performance of the contract. This data will be reported in the Reimbursement Spending Report for each school year. Please state what data will be collected and how you plan to collect this data. **Please remember that districts are expected to report FTE and the cost of the service**.

The unit of service will vary depending on the type of service and will be defined by the district. For example, for nursing or other provider services, it would be appropriate to track and report the number of FTEs delivering services to students. For materials, supplies, and equipment, receipts from purchases will be kept on file. If you have any questions about defining the unit of service, please contact the CDE School Health Services Consultant (Estrada_O@cde.state.co.us).

Example of goal, objective and monitoring plan are provided

Goal	**Objective(s)**	**Monitoring Plan**
(Example) Goal 1: Increase nursing services available to students in the district.	**(Example) Objective 1:** Provide 2.0 FTE RNs **(Example) Objective 2:** Provide funds for necessary materials and supplies for the health office. **(Example) Objective 3:** Provide funds for professional development for nursing staff.	**(Example) Plan:** (1) District payroll and benefits records will be used to monitor staffing hours. (2) purchases will be monitored via purchase order system. Purchases will be approved by the Medicaid Coordinator.

Part V – Assurances Page

The School District Medicaid Coordinator is authorized to sign the Local Services Plan, agreeing to the conditions listed on the form for **Part V – Assurances Page**. This person will be identified in your contract as the contact person for the program and will be responsible for ensuring that program funds are spent correctly. **Please be sure to read the assurances before you sign them.**

> **NOTE: Preferable method for submitting the LSP is electronically, scan and email the signed Assurances Page to Omar Estrada. If your district has electronic document signing ability, that is also acceptable.**

COLORADO
School Health Services Program

Please address all inquiries concerning Local Services Plan Guidelines to:

Omar Estrada, School Health Services Consultant
School Health Services Program
Email: Estrada_O@cde.state.co.us
Phone: 303-866-6455