

**School Health Program  
Five-Year Local Service  
Plan Year: 2019-2024**

**COVER PAGE**

<b>County and District #:</b>	
<b>Name of District:</b>	
<b>Program Contact Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Please submit 1 original signature page. Electronic or scanned copies can be emailed to [mathews\\_j@cde.state.co.us](mailto:mathews_j@cde.state.co.us). Faxes will not be accepted. Be sure to read the entire Local Services Plan (LSP) Guidelines before submitting. LSP's must be submitted on the forms included in this document. BOCES must include an additional page that lists the names of member districts that are participating through the BOCES.

**Due Date: Friday, June 7, 2018**

**Mail one (1) signed signature page to:**

Jill Mathews  
School Health Services Program  
Senior Consultant  
Colorado Department of Education  
201 East Colfax Avenue  
Room 300  
Denver, CO 80203

# SchoolHealth Program Five-Year Local Service Plan

Year: 2019-2024

## SIGNATURE PAGE

### Assurances

The signatures on this page assure the following as a condition of participation in the Medicaid School Health Services Program:

*Each school district that chooses to enter into a contract as provided in this section shall develop a services plan with input from the local community that identifies the types of health services needed by students within the school district and the services it anticipates providing. Except for medical emergencies and services related to allegations of child abuse, a student's participation in any psychological, behavioral, social or emotional services, including counseling or referrals, shall be optional and shall require the prior written and informed consent of a parent or legal guardian of the student. 25.55318(4)(a)(I)*

*Any health questionnaire or form related to services funded in part through this section shall only relate to the student's personal health, habits or conduct and shall not include questions concerning the habits or conduct of any other member of the student's family. 25.55318(4)(a)(II)(A)*

*No medical or health data or information identifying the student or the student's family shall be disclosed to any person other than a person specifically authorized to receive the information or data without the prior written and informed consent of a parent or legal guardian of the student. 25.55318(4)(a)(II)(B)*

*Each school district that chooses to enter into a contract as provided in this section shall perform an assessment of the health care needs of its uninsured and underinsured students and may spend an appropriate portion, not to exceed thirty percent, of the federal moneys received on health care for low-income students. For purposes of this paragraph (b), low income students means students whose families are below one hundred eighty-five percent of the federal poverty level. 25.55318(4)(b)*  
*Under the contract entered into pursuant to this section, a contracting school district shall receive from the state department all of the federal matching funds for which it is eligible under the contract, less the amount of state administrative costs allowed under paragraph (b) of this subsection (8). All moneys received by a school district pursuant to this section shall be used only to offset costs incurred for provision of student health services by the school district or to cash fund student health services in the school district. 25.55318 (8) (a)*

*No moneys shall be expended in any form for abortions, except as provided in Section 26-4-512 or as required by federal law. 25.5-4-415*

*Where possible, the school district shall coordinate the provision of health services to a student with the student's primary care provider. Except for those services that are required by an individual educational program developed pursuant to Section 22-20-108(4), C.R.S., or by a Section 504 Plan developed pursuant to the federal "Rehabilitation Act of 1973", 29 U.S. C. Sec. 701, et seq., school district shall not claim reimbursement under this section for direct services to students enrolled in health maintenance organizations that would normally be provided to students by their health maintenance organization. 25.55318 (10)(b)*

---

District/BOCES Medicaid Contact (please print)

---

School District/BOCES Name

---

Signature (must be signed in blue ink)

---

Street Address

---

Title

---

City/State/Zip Code

---

Date

---

Phone Number

---

Federal ID Number (FEIN)

---

Email Address

Please reference the attached Local Service Plan Guidelines for information on completing these forms.





**School Health Program**  
**Five-Year Local Service Plan**  
**Year: 2019-2024**  
**COMMUNITY PARTICIPATION**

**School District/BOCES** \_\_\_\_\_

In the table below, please list community members who provided input into the decision-making process. Include all information requested. If more room is needed, please use a separate sheet. Categories include but are not limited to the following:

Community Based Organization, Community Center Board, Community Members, Essential Community Provider, Group Home and Foster Care, Mental Health Providers, Migrant Programs, Parents, Probation and Parole Officers, Public Health, Public Housing, Refugee Programs, Religious Organizations, School Based Clinics, School-to Work Programs, Social Services, Students, Teen Parenting Programs, Transition Programs, Treatment Programs

<b>Category</b>	<b>Name</b>	<b>Agency</b>	<b>Phone or email</b>	<b>Dist Emp? Y/N</b>

**SchoolHealth Program**  
**Five-Year Local Service Plan**  
**Year: 2019-2024**

**EXECUTIVE SUMMARY**

1. **School District/BOCES** \_\_\_\_\_

2. **Estimated yearly reimbursement** \$ \_\_\_\_\_

3. **Program Expenditures** - list program expenditures by percentage in the table below:

<b>2018-2019 LSP Expenditures by percentage</b>	<b>Percentage</b>
Program Administration	
Health Services	
<b>Total 2018-2019 Expenditures by percentage</b>	

Part III-B – Program Plan

**PROGRAM PLAN**

**III-B-1 Administrative Plan**

Total Administrative Percentages \_\_\_\_\_%

Please briefly describe administrative activities and percentages in the space below: **(Billing/Consulting Agent expense should be included here)**

**School Health Program  
Five-Year Local Service  
Plan Year: 2019-2024**

Total Health Services Percentage \_\_\_\_\_%

Goal #: <b>1</b>		
Objective #: <b>1</b>		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

**School Health Program  
Five-Year Local Service  
Plan Year: 2019-2024**

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served



## School Health Program Five-Year Local Service Plan Year: 2019-2024

Goal #:			
Objective #:			
Monitoring Plan:			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">Percent of Total Health Services %</td> <td style="width: 50%; padding: 5px; text-align: center;"># Students Served</td> </tr> </table>	Percent of Total Health Services %	# Students Served
Percent of Total Health Services %	# Students Served		

Goal #:			
Objective #:			
Monitoring Plan:			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">Percent of Total Health Services %</td> <td style="width: 50%; padding: 5px; text-align: center;"># Students Served</td> </tr> </table>	Percent of Total Health Services %	# Students Served
Percent of Total Health Services %	# Students Served		

**Total Health Service Percentage:** \_\_\_\_\_ %

**Total # Students Served:** \_\_\_\_\_

**Types of services**

For definitions, see the Local Service Plan Guidelines.

DS = Direct Service, IS = Indirect Service, OS = Other Service, SS = Subcontracted Service

**SchoolHealth Program  
Five-Year Local Service Plan  
Year: 2019-2024**

**EXPENDITURES BY CDE CATEGORY (Required for state reporting purposes)**

Health Service Category	Percentage
Assistance/Emergency Funds	
Assistive Technology	
Audiology	
Case Management	
Dental	
Health Assistant/Clinic Aide	
Health Education	
Health/Wellness Coordinator or Staff	
Intensive Health Tech	
Insurance Outreach - CHP+ & Medicaid	
Materials/Equipment/Supplies	
Mental Health	
Motor Therapy	
Nursing Services	
Nutrition	
Occupational Therapy	
Orientation & Mobility	
Parent/Family Services	
Physical Therapy	
Professional Development	
Physician Services	
Speech Language	
Screenings and Assessments	
Transportation	
Vision	
<b>TOTAL CDE CATEGORY PERCENTAGE:</b>	

**School Health Program**  
**Five-Year Local Service Plan**  
**Year: 2019-2024**

**SUPPLEMENTAL - SUBCONTRACTED SERVICES**

**Subcontracted Services**

If any services will be subcontracted (for administration/billing agent or for health services) please provide the following information for each type of service:

1. The services being subcontracted (as listed in the Executive Summary).

2. The name of the subcontractor(s).