

# MEMORANDUM



## JOINT BUDGET COMMITTEE

TO Joint Budget Committee  
FROM Eric Kurtz (303-866-4952)  
With assistance from:  
Craig Harper  
Megan Davison  
DATE January 26, 2017  
SUBJECT Public School Health Services - Supplemental Comeback

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The JBC laid over the Department of Health Care Policy and Financing's *S14 Public School Health Services*. There were two outstanding questions about the request.

- 1 Senator Lundberg wanted to know if there was any relationship between the Public School Health Services program in the Department of Health Care Policy and Financing and the School Health Professionals Grant Program in the Department of Education. Senator Moreno asked for a similar clarification about the difference between the Public School Health Services program and the School Based Health Centers that receive financing from the Department of Public Health and Environment.

The Public School Health Services program reimburses schools for services provided to children with disabilities who have an individualized education plan or individualized family services plan and need medical services that are covered by Medicaid. The School Health Professionals Grant Program is funded from the Marijuana Tax Cash Fund and is aimed at substance abuse prevention. School Based Health Centers are medical clinics that offer primary care and behavioral health services to children in school or on school grounds. It is possible that employees who work on the School Health Professionals Grant Program or in School Based Health Centers are also involved in service delivery that is reimbursed through the Public School Health Services program, but they are separate programs with different purposes, target populations, statutory authorizations, and financing.

The Public School Health Services program is aimed at children with disabilities. All services provided must be part of a student's Individual Education Program or Individualized Family Services Plan. According to the Department, "Services generally include PT/OT, Speech Therapy, nursing, personal care aides (feeding, toileting, positioning), targeted case management, and specialized non-emergency transportation." The Department submits an annual report in response to a legislative request for information that provides more detail about the services and the number of people served:

<https://www.colorado.gov/pacific/sites/default/files/2015-16%20Annual%20Report.pdf>

No claims have ever been paid through the Public School Health Services program for abortions and the Department indicates there are no circumstances where claims would be paid through the program for that purpose.

2 Senator Lundberg requested a response to a question asked during the hearing for the Department of Education about whether the School Health Professionals Grant Program makes referrals to Planned Parenthood for abortions and whether any funds have been used for that purpose.

The Department of Education submitted the following response on January 10:

*Under the current School Health Professionals Grant Program, education for substance abuse prevention is provided to groups of students, not in a one-on-one setting. Of course, it is possible that a student could approach a provider and ask about other issues, including abortion services. In that case, it is critical to acknowledge that all individuals who are funded by the grant program must be licensed by CDE and in some cases DORA. As such, they are required to follow all state laws, or face revocation of their license.*

In a follow up response today the Department indicated:

1. *Do the school health professionals refer to clinics that provide abortions (there is concern that the Department did not fully answer this question)?*

*CDE cannot answer this question definitively, though we have not received any complaints. School health professionals are employees of the school district and are accountable to the school district. This type of referral is outside of the scope of the School Health Professional's Grant, which is intended to provide education regarding substance abuse prevention.*

2. *Does the Department have a policy concerning the clinics' (which are at least partially funded with state funds) adherence to the funding limitations in Article V, Section 50 of the State Constitution?*

*No, CDE does not have a policy that applies to districts or clinics. CDE does not have authority outside of the K-12 education system.*

The original staff write-up and recommendation on *S14 Public School Health Services* is quoted below:

**S14 PUBLIC SCHOOL HEALTH SERVICES**

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$9,393,330</b>	<b>\$9,393,330</b>
Cash Funds	4,754,691	4,754,691
Federal Funds	4,638,639	4,638,639

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b>	<b>YES</b>
[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	

**Explanation:** JBC staff and the Department agree that this request is the result of data that was not available with the original appropriation was made regarding certified public expenditures by local school districts and boards of cooperative education services.

**DEPARTMENT REQUEST:** The Department requests funding based on a projected increase in certified public expenditures by school districts and Boards of Cooperative Education Services

(BOCES). Through the School Health Services Program school districts and BOCES are allowed to identify their expenses in support of Medicaid eligible children with an Individual Education Plan (IEP) or Individualized Family Services Plan (IFSP) and claim federal Medicaid matching funds for these costs. Participating school districts and BOCES report their expenses to the Department according to a federally-approved methodology and the Department submits them as certified public expenditures to claim the federal matching funds. The federal matching funds are then disbursed to the school districts and BOCES and may be used to offset their costs of providing services or to expand services for low-income, under or uninsured children and to improve coordination of care between school districts and health providers. Utilization of the program has increased dramatically in recent years due to a variety of factors, including outreach efforts, school districts and BOCES becoming more familiar and comfortable with the required reporting, the efforts of school districts and BOCES to maximize revenues from all sources to help address tight budgets, and increases in enrollment of children in Medicaid.

**STAFF RECOMMENDATION:** Staff recommends approval of the request. This request is driven by an increase in the amount of expenditures by school districts and BOCES that can be claimed for a federal match. The actual amount of certified public expenditures are not in the direct control of the Department, and the availability of data to forecast the expenditures is limited, so this is a line item that frequently receives mid-year adjustments. The Department needs this increase in spending authority to distribute the federal funds to the school districts. Approval of this request will not result in any increase in state expenditures.