



**COLORADO**  
School Health Services Program

# SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL

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## Section 9

### Comprehensive Review

The School Health Services Program is a joint effort between the Colorado Department of Education and Department of Health Care Policy and Financing.  
[www.cde.state.co.us](http://www.cde.state.co.us)  
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## **Section 9: Comprehensive Review**

Participation in the Colorado School Health Services program requires districts be subject to a periodic comprehensive review that will occur once every three years. This review determines whether the district is maintaining all the necessary financial records in reporting both quarterly and annual costs, validating that staff included in the direct service and targeted case management cost pools are qualified health care professionals with appropriate licensures and ensuring suitable billing practices.

### **9.1 Required Documentation**

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The timeline for districts to submit documentation begins with an initial request in November and ends with final review results which are shared with districts in February. There are four main review areas which require specific program area documentation:

#### Random Moment Time Study (RMTS)

- Electronic copies of licensures/certification for selected providers providing direct medical and targeted case management services
  - Licensures/certifications must be valid during the review quarter in which the providers were listed on the staff roster

#### Medicaid Administrative Claiming (MAC)

- Documentation of the quarterly Salaries paid. (amount and account code)
- Documentation of quarterly Contracted Staff Costs paid. (amount and account code)
- Documentation of quarterly Employer Paid Benefits paid. (amount and account code)
- Documentation of quarterly Federal Revenues paid. (amount and account code)

#### In Depth Financial Annual Report

- Payroll information for a sample of direct service providers
  - Documentation must show that costs were reported according to an accrual accounting methodology
- Copies of contracts for contracted providers
- Documentation to support a sampled service type (i.e., speech language and hearing services) with reported other costs such as materials and supplies or equipment depreciation
  - Documentation must be itemized to support the lump sum reported in the cost reporting system and show a purpose direct medical in nature
- All supporting documentation for transportation costs, including:
  - Transportation payroll information
  - Transportation other costs (i.e., lease and rental, fuel and oil, etc.)

- Transportation equipment depreciation including back up to support the cost, federal revenue, years of useful life, month and year placed into service, and if applicable, month year removed from service
- Bus logs to support the one-way trip ratio numerator count for trips submitted through MMIS
- Documentation to support the calculation of the one-way trip ratio denominator
- Documentation to support transportation services IEP ratio if the district reported costs under the “not only specialized transportation” category
- Proof that the district categorized costs accordingly as “only specialized transportation” or “not only specialized transportation”

#### Medicaid management Information System (MMIS) Claims Program Reviews

- Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) Effective on Date of Service (including TCM care plan or health plan, if applicable)
- Attendance Record for the Date of Service
- Service Logs and/or Clinical Notes for the Date of Service
- Medicaid Consent Form

### 9.2 Sample Size Selection

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The standardized sampling criteria for districts has been established and will be determined by the size of the October – December Staff Pool List (SPL). The table below illustrates the sample size selection criteria for both the payroll/licensure documentation as well as the student sample size for the program are portion of the review.

<b>District SPL Count</b>	<b>District Category Size</b>	<b>District Provider Sample Size</b>	<b>Student Sample Size</b>
200+	Large	10	10
51-199	Medium	8	8
<50	Small	5	3

### 9.3 Scoring Rubric

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The scoring rubric contains twelve categories with detailed performance standard descriptions, review types and required documentation. All standards have equal scoring ratings of either a ‘Pass’ or ‘Fail’ grade. Districts will be measured on their collective score of all twelve standards. Districts that do not pass performance standards will be required to attend a Strategic Intervention Training (SIT) WebEx for each program area failed.

<b>Scoring Category</b>	<b>Performance Standard Description</b>	<b>Review Type</b>	<b>Required Documentation</b>
1a	No variance in salaried and contracted documentation provided and annual cost report	In-Depth Financial	Salaried and Contracted Costs
1b	No variance in direct medical other costs documentation provided and annual cost report	In-Depth Financial	Direct Medical Other Costs
1c	Licensure provided covers all time periods individual was listed on staff pool list and reported costs	In-Depth Provider Qualification	Licensure
1d	No variance in salaried documentation provided and annual cost report	In-Depth Financial	Transportation Payroll Costs
1e	No variance in transportation documentation provided and annual cost report	In-Depth Financial	Transportation Other Costs
1f	No variance in transportation documentation provided and annual cost report	In-Depth Financial	Transportation Equipment Depreciation Costs
1g	Documentation provided supports one-way trip ratio denominator and transportation services IEP student's ratio	In-Depth Financial	General and Statistical Information
2a	Documentation provide support claims billed. This includes service logs	Program	Service Logs
2b	Documentation provided support claims billed. This includes attendance logs	Program	Attendance Logs
2c	Documentation provided support claims billed. This includes IEPs	Program	Individual Education Plans (IEP)
3	Contracted/salaried employee costs provided by the district show no variance in the claiming system cost report	MAC/Quarterly Financials	Direct Service & Admin. Payroll/Salaried and Contract
4	District met the timeline in which documentation was due	All	N/A

## 9.4 Corrective Action Plan (CAP)

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Districts will be issued a Corrective Action Plan (CAP) should they fail more than three performance standards of their comprehensive review. The CAP will include a SIT for each failed standard in addition to a cursory district self-review that will be submitted to the Department with self-validated scoring. This process will begin in February after the conclusion of the comprehensive review results have been shared with the district.

## 9.5 Review Checklist

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### Program Area: Provider Qualification Review (RMTS) Checklist

PCG requests the following documentation with respect to the direct service and targeted case management (TCM) cost pools for the quarter being reviewed:

1. Provider Licensure
  - a. Requested electronic copies of licensures/certification for selected providers providing direct medical and targeted case management services
  - b. Licensures/certifications must be valid during the review quarter in which the providers were listed on the staff roster

### Program Area: MAC Quarterly Compliance Review Checklist

PCG requests the following financial documentation (MUST be cash based) for the selected participants on the staff roster for the quarter being reviewed:

1. Documentation of the quarterly salaries paid. (amount and account code)
2. Documentation of quarterly contracted staff costs paid. (amount and account code)
3. Documentation of quarterly employer Paid benefits paid (amount and account code) including:

<b>Can be based on % of Salary</b>	<b>Exact Figures per Participant</b>
FICA (Medicare & Social Security)	Health Insurance
Worker's Compensation	Dental Insurance
Teacher Retirement	Vision Insurance
Teacher Retirement Long Term Disability (LTD)	Life Insurance
	Any other employer paid benefits

4. Documentation of quarterly Federal revenues paid. (amount and account code)
5. Copy of the latest financial audit from your CPA firm

Any variance in the documentation provided and the amount shown on the cost data reported to PCG should be explained.

### **Program Area: In-Depth Financial Review (Annual Cost Report) Checklist**

PCG requests the following documentation. Samples are defined based on the size of the district.

1. Sample of direct service provider annual payroll information
2. Sample of targeted case management (TCM) providers' annual payroll information
3. Sample of providers who are partially federally funded annual payroll information
4. Sample of contractor's annual payroll info for contractors
5. Sample of a service type for direct service other costs (materials, supplies, equipment)
6. Sample of TCM Other costs (materials, supplies, equipment)
7. All back-up transportation information supporting costs, including:
  - a. Transportation payroll for transportation personnel reported
  - b. Transportation other costs
  - c. Transportation equipment depreciation (purchase price, when the asset was placed into/out of service, years of useful life)
8. All back-up transportation information supporting ratios
  - a. Bus logs for one-way trips ratio denominator count
  - b. Student count information for transportation services IEP ratio
9. Documentation must support the category the costs were reported under "Not Only Specialized Transportation" or "Only Specialized Transportation"

### **Program Area: Medicaid Management Information System (MMIS) Claims Program Reviews Checklist**

PCG selects a sample of 10 students who had MMIS claims submitted for the review period. For these 10 students, the district must provide:

1. Individualized Education Plan (IEP)
2. Attendance Records
3. Medicaid Consent Form
4. Service Log Notes
5. Evaluation Notes (if applicable)
6. Health Care Plan (if applicable)