Students

SCHOOL HEALTH SERVICES

The Governing Board recognizes that good physical and mental health is critical to a student's ability to learn and believes that all students should have access to comprehensive health services. The district may provide access to health services at or near district schools through the establishment of a school health center and/or mobile van(s) that serve multiple campuses, and may utilize telehealth as a delivery mechanism to increase access to health care services in schools.

The Board and the Superintendent or designee shall collaborate with local and state agencies and health care providers to assess the health needs of students in district schools and the community. Based on the results of this needs assessment and the availability of resources, the Superintendent or designee shall recommend for Board approval the types of health services to be provided by the district.

(cf. 1400 - Relations Between Other Governmental Agencies and the Schools) (cf. 5131.6 - Alcohol and Other Drugs) (cf. 5131.61 - Drug Testing) (cf. 5131.62 - Tobacco) (cf. 5131.63 - Steroids) (cf. 5141 - Health Care and Emergencies) (cf. 5141.21 - Administering Medication and Monitoring Health Conditions) (cf. 5141.22 - Infectious Diseases) (cf. 5141.23 - Asthma Management) (cf. 5141.24 - Specialized Health Care Services) (cf. 5141.25 - Availability of Condoms) (cf. 5141.26 - Tuberculosis Testing) (cf. 5141.3 - Health Examinations) (cf. 5141.31 - Immunizations) (cf. 5141.32 - Health Screening for School Entry) (cf. 5141.33 - Head Lice) (cf. 5141.4 - Child Abuse Prevention and Reporting) (cf. 5141.52 - Suicide Prevention) (cf. 6145.2 - Athletic Competition) (cf. 6159 - Individualized Education Program) (cf. 6164.6 - Identification and Education Under Section 504)

Board approval shall be required for any proposed use of district resources and facilities to support school health services. The Superintendent or designee shall identify funding opportunities available through grant programs, private foundations, and partnerships with local agencies and organizations.

(cf. 1260 - Educational Foundation) (cf. 1330.1 - Joint Use Agreement) (cf. 3100 - Budget) (cf. 7000 - Facilities Master Plan)

The Board may prioritize school health services to schools serving students with the greatest need, including schools with medically underserved populations and/or a high percentage of low-income and uninsured children and youth.

School health services shall be provided under the supervision of a licensed health care professional. The Board may employ or contract with health care professionals or partner with community health centers to provide the services under the terms of a written contract or memorandum of understanding.

(cf. 3312 - Contracts)

If a school nurse is employed by the school or district, he/she shall be involved in planning and implementing the school health services as appropriate.

The Superintendent or designee shall coordinate the provision of school health services with other student wellness initiatives, including health education, nutrition and physical fitness programs, and other activities designed to create a healthy school environment. The Superintendent or designee shall encourage joint planning and regular communications among health services staff, district administrators, teachers, counselors, other staff, and parents/guardians.

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 5030 - Student Wellness)
(cf. 6142.7 - Physical Education and Activity)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6164.2 - Counseling/Guidance Services)

To further encourage student access to health care services, the Superintendent or designee shall develop and implement outreach strategies to increase enrollment of eligible students from low-to moderate-income families in affordable, comprehensive state or federal health coverage programs and local health initiatives. Such strategies may include, but are not limited to, providing information about the Medi-Cal program on the application for free and reduced-price meals in accordance with law.

(cf. 3553 - Free and Reduced Price Meals)

Consent and Confidentiality

The Superintendent or designee shall obtain written parent/guardian consent prior to providing services to a student, except when the student is authorized to consent to the service pursuant to Family Code 6920-6929, Health and Safety Code 124260, or other applicable law.

The Superintendent or designee shall maintain the confidentiality of student health records in accordance with law.

(cf. 5125 - Student Records)

Payment/Reimbursement for Services

The Superintendent or designee may bill public and private insurance programs and other applicable programs for reimbursement of services as appropriate. Services may be provided free of charge or on a sliding scale in accordance with law.

(cf. 5143 - Insurance)

The district shall serve as a Medi-Cal provider to the extent feasible, comply with all related legal requirements, and seek reimbursement of costs to the extent allowed by law.

Program Evaluation

In order to continuously improve school health services, the Board shall evaluate the effectiveness of such services and the extent to which they continue to meet student needs.

The Superintendent or designee shall provide the Board with periodic reports that may include, but are not necessarily limited to, rates of participation in school health services; changes in student outcomes such as school attendance or achievement; measures of school climate; feedback from staff and participants regarding program accessibility and operations, including accessibility to low-income and linguistically and culturally diverse students and families; and program costs and revenues.

(cf. 0500 - Accountability)

Legal Reference: (see next page)

Legal Reference:

EDUCATION CODE 49073-49079 Privacy of student records 49423.5 Specialized physical health care services 49557.2-49558 Eligibility for free and reduced-price meals; sharing information with Medi-Cal FAMILY CODE 6920-6929 Consent by minor for medical treatment **GOVERNMENT CODE** 95020 Individualized family service plan HEALTH AND SAFETY CODE 104830-104865 School-based application of fluoride or other tooth decay-inhibiting agent 121020 HIV/AIDS testing and treatment; parental consent for minor under age 12 123110 Minor's right to access health records 123115 Limitation on parent/guardian access to minor's health records 123800-123995 California Children's Services Act 124025-124110 Child Health and Disability Prevention Program 124172-124174.6 Public School Health Center Support Program 124260 Mental health services; consent by minors age 12 and older 130300-130317 Health Insurance Portability and Accountability Act (HIPAA) WELFARE AND INSTITUTIONS CODE 14059.5 Definition of "medically necessary" 14100.2 Confidentiality of Medi-Cal information 14115 Medi-Cal claims process 14115.8 LEA Medi-Cal Billing Option, program guide 14124.90 Third-party health coverage 14132.06 Covered benefits; health services provided by local educational agencies 14132.47 Administrative claiming process and targeted case management CODE OF REGULATIONS, TITLE 17 2951 Testing standards for hearing tests 6800-6874 Child Health and Disability Prevention Program CODE OF REGULATIONS, TITLE 22 51009 Confidentiality 51050-51192 Definitions of Medi-Cal providers and services 51200 Requirements for providers 51231.2 Wheelchair van requirements 51270 Local educational agency provider; conditions for participation 51304 Limitations on specified benefits 51309 Psychology, physical therapy, occupational therapy, speech pathology, audiological services 51323 Medical transportation services 51351 Targeted case management services 51360 Local educational agency; types of services 51491 Local educational agency eligibility for payment 51535.5 Reimbursement to local educational agency providers UNITED STATES CODE, TITLE 20 1232g Family Educational Rights and Privacy Act (FERPA) UNITED STATES CODE, TITLE 42 1320c-9 Prohibition against disclosure of records 1397aa-1397mm State Children's Health Insurance Program Legal Reference continued: (see next page)

Legal Reference: (continued)

CODE OF FEDERAL REGULATIONS, TITLE 42 431.300 Use and disclosure of information on Medicaid applicants and recipients CODE OF FEDERAL REGULATIONS, TITLE 45 164.500-164.534 Health Insurance Portability and Accountability Act (HIPAA)

Management Resources:

CSBA PUBLICATIONS Expanding Access to School Health Services: Policy Considerations for Governing Boards, Policy Brief, November 2008 Promoting Oral Health for California's Students: New Role, New Opportunities for Schools, Policy Brief, November 2008 CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS Health Framework for California Public Schools, Kindergarten Through Grade Twelve CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS California School-Based Medi-Cal Administrative Activities Manual LEA Medi-Cal Provider Manual CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE PUBLICATIONS How to Fund Health Services in Your School District, September 2014 Documenting the Link Between School-Based Health Centers and Academic Success, May 2014 NATIONAL CENTER FOR YOUTH LAW PUBLICATIONS Confidential Medical Release: Frequently Asked Questions from Schools and Districts, November 2015 WEB SITES CSBA: http://www.csba.org CSBA, Practi-Cal Program: http://www.csba.org/ProductsAndServices/AllServices/PractiCal California County Superintendents Educational Services Association: http://www.ccsesa.org California Department of Education, Health Services and School Nursing: http://www.cde.ca.gov/ls/he/hn California Department of Health Care Services: http://www.dhcs.ca.gov California Department of Public Health: http://www.cdph.ca.gov California School-Based Health Alliance: http://www.schoolhealthcenters.org California School Nurses Organization: http://www.csno.org Center for Health and Health Care in Schools: http://www.healthinschools.org Centers for Disease Control and Prevention, School Health Policies and Programs (SHPPS) Study: http://www.cdc.gov/HealthyYouth/shpps Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov National Center for Youth Law: http://www.youthlaw.org

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VISALIA UNIFIED SCHOOL DISTRICT Visalia, California

SCHOOL HEALTH SERVICES

Types of Health Services

In accordance with student and community needs and available resources, school health services offered by the district may include, but are not limited to:

- 1. Health screenings, evaluations, and assessments of students' need for health services
- 2. Physical examinations, immunizations, and other preventive medical services

(cf. 5141.26 - Tuberculosis Testing)
(cf. 5141.3 - Health Examinations)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)

- 3. First aid and administration of medications
- (cf. 5141.21 Administering Medication and Monitoring Health Conditions)
- 4. Diagnosis and treatment of minor injuries and acute medical conditions
- 5. Management of chronic medical conditions
- (cf. 5141.23 Asthma Management)
- 6. Basic laboratory tests
- 7. Emergency response procedures
- (cf. 5141 Health Care and Emergencies)
- 8. Nutrition services
- (cf. 3550 Food Service/Child Nutrition Program) (cf. 5030 - Student Wellness)
- 9. Oral health services that may include preventive services, basic restorative services, and referral to specialty services

The Superintendent or designee shall notify all parents/guardians of the opportunity pursuant to Health and Safety Code 104830-104865 for their child to receive the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth during the school year. Such application of fluoride or other decay-inhibiting agent shall only be provided to a student whose parent/guardian returns the notification with an indication consenting to the treatment. (Health and Safety Code 104830, 104850, 104855)

(cf. 5145.6 - Parental Notifications)

10. Mental health services, which may include assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs

(cf. 5141.52 - Suicide Prevention) (cf. 6164.2 - Counseling/Guidance Services)

11. Substance abuse prevention and intervention services

(cf. 5131.6 - Alcohol and Other Drugs) (cf. 5131.62 - Tobacco) (cf. 5131.63 - Steroids)

- 12. Vision and audiology services
- 13. Speech therapy
- 14. Occupational therapy
- 15. Physical therapy
- 17. Specialized health care services for students with disabilities

(cf. 5141.24 - Specialized Health Care Services) (cf. 6159 - Individualized Education Program)

- 18. Medical transportation
- 19. Targeted case management
- 20. Referrals and linkage to services not offered on-site
- 21. Public health and disease surveillance
- 22. Individual and family health education
- 23. School or districtwide health promotion

Medi-Cal Billing

In order to provide services as a Medi-Cal provider, the district shall enter into and maintain a contract with the California Department of Health Care Services (DHCS). (Welfare and Institutions Code 14132.06; 22 CCR 51051, 51270)

The Superintendent or designee shall ensure that all practitioners employed by or under contract with the district possess the appropriate license, certification, registration, or credential and provide only those services that are within their scope of practice. (22 CCR 51190.3, 51270, 51491)

The Superintendent or designee shall submit a claim for Medi-Cal reimbursement whenever the district provides a Medi-Cal-eligible student under age 22 and/or a member of the student's family a covered service specified in 22 CCR 51190.4 or 51360. (Welfare and Institutions Code 14132.06; 22 CCR 51096, 51098, 51190.1, 51190.4, 51309, 51360, 51535.5)

The district shall maintain records and supporting documentation including, but not limited to, records of the type and extent of services provided to a Medi-Cal beneficiary in accordance with law. (22 CCR 51270, 51476)

(cf. 3580 - District Records) (cf. 5125 - Student Records)

Any federal funds received by the district as reimbursement for the costs of services under the Medi-Cal billing option shall be reinvested in approved services for students and their families. The Superintendent or designee shall consult with a local school-linked services collaborative group regarding decisions on reinvestment of federal funds. (22 CCR 51270)

The Superintendent or designee shall submit an annual report to DHCS to identify participants in the community collaborative, provide a financial summary including reinvestment expenditures, and describe service priorities for the future. (22 CCR 51270)

Medi-Cal Administrative Activities

The district shall apply for reimbursement for activities identified by DHCS which are related to the administration of the Medi-Cal program. Such activities include, but are not be limited to, outreach, translation for Medi-Cal services, facilitation of applications, arrangement of nonemergency and nonmedical transportation of eligible individuals, program planning and policy development, claims coordination and administration, training, and general administration.

Appropriate staff shall receive training in administrative claiming categories and related activities.

To receive reimbursement for Medi-Cal administrative activities, the Superintendent or designee shall, on a quarterly basis, submit an invoice to the local educational consortium or local governmental agency through which the district has contracted.

In addition, the Superintendent or designee shall submit to the local educational consortium or local governmental agency, and shall update each quarter, a roster of all employees who perform direct Medi-Cal services or administrative activities. When notified by the local educational consortium or local governmental agency of the date and time that a random-moment time survey must be conducted by a particular employee, the Superintendent or designee shall coordinate the completion and submission of the survey in accordance with DHCS timelines and procedures.

The Superintendent or designee shall maintain an audit file containing random-moment time survey documentation and other records specified by DHCS. Such documentation shall be kept for three years after the end of the quarter in which expenditures were incurred or, if an audit is in progress, until the completion of the audit.

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