

SCHOOL HEALTH SERVICES

The Governing Board recognizes that ~~Because~~ good physical and mental health is critical to a student's ability to learn *and the Board of Education believes that all students should have access to comprehensive health and social services. The district may provide access to health services at or near district school through the establishment of a school health center and/or mobile van(s) that serve multiple campuses.* ~~Board desires to collaborate with local and state health, mental health and social service providers in order to offer integrated services at or near district schools to provide necessary health care services to students with needs for such services.~~

The Board of Education 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. 5141.26 – 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 with the greatest need, including schools with medically underserved populations, a high percentage of low-income and uninsured children and youth, ~~large numbers of English learners, Academic Performance Index rankings in deciles 1-3, and/or a shortage of health professionals in the community.~~

School health services shall be provided or supervised by 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. 1020 – Youth Services)
(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, programs that address nutrition and physical fitness, 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)
(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 laws.

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 Board of Education desires that costs not be a barrier to student access to services. Services may be provided free of charge or on a sliding scale in accordance with law.

The Superintendent or designee shall establish procedures for billing public and private

insurance programs and other applicable programs for reimbursement of services as appropriate.

(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.

~~To further encourage student access to health care services, the Superintendent or designee shall develop and implement strategies to assist in outreach and 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 not be limited to, providing information about the Medi-Cal program on the application for free and reduced-price meals in accordance with law and providing students and parents/guardians with information about the low-cost Healthy Families insurance program.~~

(cf. 3553 - Free and Reduced Price Meals)

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 not necessarily be 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 References:

EDUCATION CODE

~~8800-8807 Healthy Start support services for children~~

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

6920-6929 Consent by minor for medical treatment

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 10

~~2699.6500-2699.6815 Healthy Families Program~~

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 and Privacy Rights Act (FERPA)

UNITED STATES CODE, TITLE 42

1320c-9 Prohibition against disclosure of records

~~1397aa-1397jj~~ *1397aa-1397mm* State Children's Health Insurance Program

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 Student: New Role, New Opportunities for Schools, Policy Brief, November 2008

Providing School Health Services in California: Perceptions, Challenges and Needs of District Leadership Teams, 2008

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

Health Framework for California Public Schools, Kindergarten Through Grade Twelve

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS

LEA Medi-Cal Provider Manual

California School-Based Medi-Cal Administrative Activities 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

DEPARTMENT OF HEALTH SERVICES POLICY LETTERS

00-06 Managed Care Plan Relationships with Local Education Agency Providers, December 11, 2000

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE PUBLICATIONS

A Guidebook for Evaluating School-Based Health Centers

NATIONAL CENTER FOR YOUTH LAW PUBLICATIONS

Minor Consent, Confidentiality, and Child Abuse Reporting in California, October 2006

Confidential Medical Release: Frequently Asked Questions from Schools and Districts, November 2015

WEB SITES

CSBA: <http://www.csba.org>

CSBA, PractiCal Program: <http://www.csba.org/Services/Services/DistrictServices/PractiCal.esba.org/Services/Services/DistrictServices/PractiCal.aspx>

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 Health Centers Association: <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>

~~Healthy Families Program: <http://www.healthyfamilies.ca.gov>~~

~~National Assembly on School-Based Health Care: <http://www.nasbhc.org>~~

National Center for Youth Law: <http://www.youthlaw.org>

Students

AR 5141.6 (a)

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. ~~Physical examinations, immunizations, and other preventive medical services~~
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. ~~Referral to and follow-up for specialty care~~ *Emergency response procedures*

(cf. 5141 - Health Care and Emergencies)

8. ~~Emergency response procedures~~ *Nutrition services*

(cf. 5141 - Health Care and Emergencies)

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 5030 - Student Wellness)

9. ~~Nutrition services~~ *Oral health services that may include preventive services, basic restorative services, and referral to specialty services*

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 5030 - Student Wellness)

SCHOOL HEALTH SERVICES (continued)

10. ~~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.* ~~This notification may be returned by the parent/guardian to consent to the treatment or to indicate that the student shall not receive treatment because he/she has received the treatment from a dentist or the treatment is not desired.~~ (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. 1020 - Youth Services)

(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. ~~Reproductive health services~~ *Vision and audiology services*

(cf. 5141.25 - Availability of Condoms)

13. ~~Screening of students to identify the need for physical, mental, and oral health services~~ *Speech therapy*
14. ~~Referrals and linkage to services not offered on-site~~ *Occupational therapy*
15. ~~Public health and disease surveillance~~ *Physical therapy*
16. ~~Individual and family health education~~ *Reproductive health services*

(cf. 5141.25 - Availability of Condoms)

SCHOOL HEALTH SERVICES (continued)

17. ~~School or districtwide health promotion~~ *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 ~~covered preventive, diagnostic, therapeutic, or rehabilitative service specified in 22 CCR 51190.4 or 51360 to a~~ Medi-Cal-eligible student under age 22 and/or a member of his/her 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)

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

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)*

SCHOOL HEALTH SERVICES (continued)

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

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, ~~as specified in Education Code 8804(g).~~ The Superintendent or designee shall consult with a local school- linked services collaborative group, ~~such as that defined in Education Code 8806,~~ regarding decisions on reinvestment of federal funds. (22 CCR 51270)

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

Medi-Cal Administrative Activities

The district shall apply for reimbursement for ~~Designated school staff shall document, on a time survey form, the amount of time spent on 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, referral of health and mental health services, translation services, facilitation of applications, arrangement of nonemergency and nonmedical transportation of eligible individuals, scheduling and arranging emergency and medical transportation of eligible individuals, contracting for services, 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 ~~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 to receive reimbursement.~~

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.

~~Staff responsible for completing the time survey shall annually participate in training regarding eligible activities and the time survey methodology, and shall receive additional training~~

SCHOOL HEALTH SERVICES (continued)

~~whenever there are changes or updates in administrative claiming categories and activities. New or reassigned staff shall receive training before beginning their duties completing time surveys.~~

The Superintendent or designee shall maintain an audit file containing *random-moment* original 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.

Regulation amended: June 1, 2020

Regulation amended: August 9, 2012

Regulation amended: March 19, 2009

Regulation approved: June 7, 2001