

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.

The Board and the Superintendent or designee shall collaborate with local and state agencies and health care providers on the health needs of students in district schools and the community. The Superintendent or designee shall promote the participation by district students in affordable, comprehensive health coverage programs such as Medi-Cal for children and other health coverage programs to children of low to moderate income working families.

(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 with the greatest need.

SCHOOL HEALTH SERVICES (continued)

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, 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)

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

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 not be limited to, providing information about the Medi-Cal program on the application for free and

SCHOOL HEALTH SERVICES (continued)

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; 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:

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 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)*

Legal Reference: (continued on next page)

SCHOOL HEALTH SERVICES (continued)

Legal Reference: (continued)

WELFARE AND INSTITUTIONS CODE

14059.5 Definition of "medically necessary"

14100.2 Confidentiality of Medi-Cal information

14115 Medi-Cal claims process

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

2699.6500-2699.6905 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 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: (see next page)

SCHOOL HEALTH SERVICES (continued)

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, 2003

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONS

LEA Medi-Cal Provider Manual

California School-Based Medi-Cal Administrative Activities Manual

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

WEB SITES

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

CSBA, PractiCal Program: <http://www.csba.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 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>

Policy
adopted: February 23, 1999
revised: August 22, 2000
revised: August 14, 2012

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. 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)

2. First aid and administration of medications

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

3. Diagnosis and treatment of minor injuries and acute medical conditions

4. Management of chronic medical conditions

(cf. 5141.23 - Asthma Management)

5. Basic laboratory tests

6. Referral to and follow-up for specialty care

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. This notification may be returned by the parent/guardian to consent to the treatment or to indicate that the student shall not

SCHOOL HEALTH SERVICES (continued)

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

(cf. 5141.25 - Availability of Condoms)

13. Screening of students to identify the need for physical, mental, and oral health services

14. Referrals and linkage to services not offered on-site

15. Public health and disease surveillance

16. Individual and family health education

17. 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)

SCHOOL HEALTH SERVICES (continued)

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. (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)

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 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)

Medi-Cal Administrative Activities

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, referral of health and mental health services, translation services, facilitation of applications, scheduling and arranging emergency and medical transportation of eligible individuals, contracting for services, program planning and policy development, claims administration, and general administration.

SCHOOL HEALTH SERVICES (continued)

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.

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 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 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
approved: February 23, 1999
revised: August 22, 2000
revised: June 21, 2012

VISALIA UNIFIED SCHOOL DISTRICT
Visalia, California

Students

**SAMPLE RESOLUTION
STUDENT HEALTH AND LEARNING**

WHEREAS on July 1, 1998, California's new Healthy Families program joined forces with Medi-Cal for Children to provide low-cost and no-cost comprehensive health, dental and vision care coverage to the state's most vulnerable population - low income, uninsured children under 19 years of age. This effort is funded in a part by a federal allocation of state grants known as the Children's Health Insurance Program.

WHEREAS, the Governing Board of the Visalia Unified School District recognizes that good health is a prerequisite to optimal learning and that schools can help students achieve academic success by participating in efforts that promote good health, including access to regular medical care.

WHEREAS, health is defined in a broad sense as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

WHEREAS, California schools have already demonstrated their commitment to students' health through the institution of such programs as Healthy Start and after-school programs, early care and education programs, school-based/school-linked health services, child nutrition services, counseling services, and immunization programs.

WHEREAS, of California's over 9 million children, nearly one in five has no health care coverage. In addition, nearly one in five children without health care coverage do not receive necessary medical treatment for a chronic illness that was serious enough to keep the child from functioning in school.

WHEREAS, absenteeism among students is clearly associated with school failure. Research shows that students who miss more than 10 days of school in a 90-day semester have trouble remaining at their grade level.

WHEREAS, health services is one of the important elements of a comprehensive approach to promoting health and preventing disease and disability in children and youth.

WHEREAS, the Board acknowledges the value of health insurance in keeping children healthy through access to regular medical care.

Students

SAMPLE RESOLUTION (continued)

WHEREAS, children without health insurance are less likely to: have a family doctor; receive timely preventive care; receive medical treatment; learn in school; and grow up to be healthy, productive adults.

WHEREAS, the Board acknowledges that while our schools play a critical role in helping children access health care services, it is essential to achieve this in collaboration with local agencies and community-based organizations. It is only through the shared responsibility and collective action of schools, local agencies and/or community-based organizations that we can ensure positive outcomes for our children and youth.

THEREFORE BE IT RESOLVED that the Board of the Visalia Unified School District will work to improve children's health, thereby improving their academic performance, by helping to ensure that all children have health insurance. To this end, the district will participate in outreach and enrollment efforts related to California's low-cost Healthy Families Program, no-cost Medi-Cal for Children, and other affordable health programs. This will help assure optimal learning for every child by addressing children's health problems and maximizing school attendance.

PASSED AND ADOPTED THIS _____ day of _____, _____ at a regular meeting, by the following vote:

AYES: _____ NOES: _____ ABSENT: _____

Attest:

Secretary

President