The Florida Senate

Interim Project Report 98-30 *September 1998*

Committee on Health Care

STUDY WAYS TO MAXIMIZE FUNDING FOR CHILD AND ADOLESCENT HEALTH SERVICES

SUMMARY

This project was designed to assess Florida's current efforts in the delivery of school health services: funding levels, service availability, the respective service-delivery roles of the Department of Health and the Department of Education, the increasing role of the Agency for Health Care Administration as a funding source for services already being rendered through the school setting, an indication of how Florida's efforts compare to those of other states, and an attempt to determine if there are untapped resources that could be directed to addressing unmet or insufficiently met needs.

This report offers seven recommendations for specific action, addressing: sovereign immunity for certain "volunteer" providers of school health services; reimbursement mechanisms for consultants under the Medicaid certified school match program; the need for a school health summit; the need to "reconstitute" the Florida full-service school nomenclature; the need to monitor the impact of the Florida Kidcare Program on children's health programs; the need for additional categorical funding for school health services; and Title V agency designation for purposes of Medicaid billing.

BACKGROUND

That there is public benefit to be derived from the delivery of health services in the schools is well documented in the literature. School health services have been extensively reviewed nationally and in the state. For this reason, no attempt has been made in this review to specifically reflect any of these findings.

Every day, 50 million young people attend more than 110,000 schools across the United States. Given the size and accessibility of this population, schools and school health services can make an enormous, positive impact on the health of the nation in general. The U.S. Congress emphasized the opportunity afforded by schools when it urged the Centers for Disease Control and Prevention (CDC) to provide for "the establishment of a comprehensive approach to health education in the school setting." To ensure a comprehensive approach to school-based health programs, CDC has designed an 8-component model for comprehensive school health services addressing: health education, physical education, health services, nutrition services, health promotion for staff, counseling and psychological services, a healthy school environment, and parent and community involvement.

An assessment of Florida's school-based health activities based on all the CDC parameters is beyond the scope of an interim project. For this reason, the focus of this project is a single element of CDC's model, namely, school health services, as that term has been operationalized by the Department of Health and its county health departments. In that context, school health services are divided into two parts, as specified in statute. The basic school health services program provides preventive health services in grades K-12 including record reviews; health, nursing, and nutrition assessments; a preventive dental program; vision, hearing, scoliosis, growth, and development screening; and curriculum development in public and private schools. The comprehensive school health services program provides all of the basic school health services, plus health room services, medical assessments, case management, referrals for services, community outreach, and health education, all influenced by a locally-designed model.

It is unclear what impact the recently-enacted Florida Kidcare Program will have on the school health services program and other state programs that have traditionally provided services to children. Given this uncertainty, proviso language contained in the 1998-99 General Appropriations Act required the Department of Health to analyze this situation and report findings to the Governor and legislative fiscal committees by December 31, 1998.

METHODOLOGY

Staff discussed possible topics for the project with the oversight Senators, and had multiple discussions with the Senators during the course of the project. Staff met with and had discussions with staff of the Department of Health (DOH), the Department of Education (DOE), and the Agency for Health Care Administration (AHCA). Staff reviewed existing materials from these agencies and sought additional specific information from the agencies as to what school health resources exist in Florida. Staff had discussions with representatives of various local governments and with one of the consultants who works with local governments throughout the state regarding school health funding issues.

Staff reviewed information from the National Conference of State Legislatures (NCSL) regarding other states' school health initiatives. Staff participated in an NCSL-sponsored round table forum on school health attended by invitees representing legislatures (members and staff) and staff of Departments of Health and Education from Florida and 5 other states.

FINDINGS

Florida Statutes Relating to School Health Services
This portion of the report identifies those sections of the Florida Statutes that relate to school health services. For the identified sections that relate only indirectly to such services, the section number and subject are identified. For more relevant statutes, there is a greater explanation of the statute, either in this portion of the report or in other sections of the report when the explanation of the statute best fits with a summary of the implementation of that provision of statute.

S. 230.23166, F.S. - Teenage parent program.

S. 232.0315, F.S. - School-entry health examinations.

S. 232.032, F.S. - Immunization against communicable diseases; school attendance requirements; exemptions.

S. 232.246, F.S. - Requirements for high school graduation: Among the 24 credit hours required for high school graduation is one-half credit in life management skills, which credit is given for a course taken by all students in either the 9th or 10th grade.

S. 232.46, F.S. - Administration of medication by school district personnel.

S. 232.465, F.S. - Provision of medical services; restrictions: Provides the parameters and circumstances under which properly-trained non-medical assistive school district personnel may perform health-related services on students.

S. 233.061, F.S. - Required education (for high school graduation): Paragraph (2)(m) requires comprehensive health education among these requirements.

S. 233.0612, F.S. - Authorized instruction: Subsection (7) identifies comprehensive health education among the subject areas about which school districts may provide students with programs and instruction at appropriate grade levels.

S. 233.0672, F.S. - Specifies the content of school district health education instruction regarding acquired immune deficiency syndrome.

S. 236.0812, F.S. - Provides for Medicaid certified school funding maximization.

S. 381.005, F.S. - Primary and preventive health services: Specifies the primary and preventive health services that must be provided by the Department of Health as part of fulfilling its public health mission. Among these is paragraph(1)(d), school health services in accordance with ch. 232, F.S.

S. 381.0056, F.S. - School health services program.

S. 381.0057, F.S. - Funding for school health services.

S. 402.3026, F.S. - Full-service schools.

S. 409.9071, F.S. - Medicaid provider agreements for school districts certifying state match.

S. 409.9122, F.S. - Mandatory Medicaid managed care enrollment; programs and procedures: Paragraph (2)(a) of this section provides for certified match funding for school districts and county health departments.

An Overview of School Health Services in Florida
Basic School Health Services: Section 381.0056, F.S., is entitled the "School Health Services Act," also known as the basic school health services program. This section authorizes DOH, in cooperation with DOE, to administer the school health services program, consisting of mandated services and the biennial development of a local school health services delivery plan. The following services, plus immunizations, must be addressed in the school health services plan.

- Health appraisal;
- Records review;
- Nurse assessment;
- Nutrition assessment;
- A preventive dental program;
- Vision screening;
- Hearing screening;
- Scoliosis screening;
- Growth and development screening;
- Health counseling;
- Referral and follow-up of suspected or confirmed health problems by the local county health department;
- Meeting emergency health needs in each school;
- County health department personnel to assist school personnel in health education curriculum development;
- Referral of students to appropriate health treatment, in cooperation with the private health community whenever possible;

- Consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated;
- Maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs; except, however, that provisions in the plan for maintenance of health records of individual students must be in accordance with s. 228.093, F.S.;
- Health information which will be provided by the school health nurses, when necessary, regarding the placement of students in exceptional student programs and the reevaluation at periodic intervals of students placed in such programs; and
- Notification to the local non-public schools of the school health services program and the opportunity for representatives of the local non-public schools to participate in the development of the cooperative health services plan.

Comprehensive School Health Services: Section 381.0057, F.S., relates to funding for school health services, commonly referred to as the comprehensive school health services program. Comprehensive school health services projects are co-designed by county health departments and local school districts, with 3 goals: promote student health; decrease student involvement in drug/alcohol abuse, suicide/homicide, and other forms of risk-taking behaviors; and reduce the incidence of teenage pregnancy.

Program funds specifically target those school districts and schools where there is a high incidence of: medically under-served high-risk children, low birth weight babies, infant mortality, or teenage pregnancy. The purpose of this funding is to phase in those programs which offer the greatest potential for promoting the health of students and reducing teenage pregnancy.

This section also provides the guidelines, purposes, and service requirements for 4 types of comprehensive school health services programs: school health improvement pilot projects, student support services team program, full service schools, and any other program that is comparable to any of these programs but is designed to meet the particular needs of the community. Selection of a project for funding is based on those school districts or schools that most closely meet the following criteria:

- Have evidence of a comprehensive in-service staff development plan to ensure delivery of appropriate curriculum;
- Have evidence of a cooperative working relationship between the county health department and the school district or school and have community as well as parental support;
- Have a high percentage of subsidized school lunches; and
- Have a high incidence of medically under-served high-risk children, low birth weight babies, infant mortality, or teenage pregnancy.

Each school district or school program that is funded under this section is required to provide a mechanism through which a parent may, by written request, exempt a child from all or certain services provided by a school health services program.

Section 402.3026, F.S., provides additional statutory guidance for full-service schools, under which county health department staff provide their services on school campuses as an extension of the educational environment. DOE and DOH are to jointly establish full-service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of demographic evaluations. Services may include nutritional services, medical services, aid to dependent children, parenting skills, counseling for abused children, education for the students' parents or guardians, and counseling for children at high risk for delinquent behavior and their parents. Full-service schools must integrate the services that are critical to the continuity-of-care process and provide services to these high-risk students through facilities established within the grounds of the school.

The School Health Services Annual Report

The following highlights regarding basic and comprehensive school health services activities are taken from the Department of Health's School Health Services Annual Report for 1995-96, the most recent annual report available, which was transmitted to legislative leadership on March 20, 1998.

Basic school health services:

- 114,251 students visit school health rooms every day.
- Over 1.7 million on-site evaluations were provided by 1481 paraprofessionals, and appropriate follow-up referrals were made.
- 569 RNs and LPNs provided 832,510 nursing assessments, which provided the basis for RN plans of care.
- 1,992,496 screening services were provided, identifying 81,813 abnormal results, with 75,719 (97%) referrals completed.
- School health staff provided 741,849 consultations with parents and school staff.
- School health staff provided over 30,000 services for Exceptional Student Education students, ranging from screening to participation in placement staffing.
- Required student emergency information cards identified 223,982 students with a health disorder.
- RNs developed over 21,600 health care plans for students with chronic health care problems.
- 205,883 preventive dental health services (fluoride treatments and dental sealants) were reported.

- 6,740 dental health education classes were provided.
- More than 73,600 health education programs were provided by school health staff as a complement to school academic personnel health education efforts.
- School health staff reviewed over 460,000 records to identify health problems and determine immunization status.
- An average of 61,948 medication doses were given each school day.
- Over 183,700 immunization follow-up services were provided to prepare students to meet requirements.

Comprehensive school health services:

- 71 projects in 50 counties served 10.5 % of public school students.
- Projects returned 90% of students seeking services back to the classroom.
- 2,041 education programs were provided for parents at project schools.
- 959 worksite wellness activities were conducted for school staff.
- Education or counseling was provided to 115,030 participants related to prevention of HIV or STD exposure.
- 97,512 students participated in violence prevention/reduction.
- 5,755 students were referred for further mental health evaluation and treatment.
- 2,107 education classes with more than 56,000 participants were presented or coordinated by health staff on pregnancy prevention.
- When births did occur to students enrolled in comprehensive school health services projects, better birth outcomes were reported than in teen births generally, in terms of the teen birth rate, low birth weight births, and repeat teen births.

Nurse-to-Student Ratio: A "gold standard" that is used in assessing school health services efforts is the nurse-to-student ratio. The National Association of School Nurses recommends a staffing ratio of one RN for every 750 students. In 1987, the Department of Education recommended a quality standard for Florida of no less than one RN for every 1,500 generic students. The ratio in the basic school health services program is 1:6,059 students, while the ratio in the comprehensive school health services projects is 1:1,586 students. Florida's nurse-to-student ratio varies greatly according to region and program. Only 7 counties/school districts achieved the recommended 1:1,500 ratio for basic school health services, while 34 counties/districts have a ratio exceeding 1:3,000.

Specific Florida Initiatives

School Health Services Partnerships: According to the Department of Health, private business partners were recruited during the 1997-98 school year in at least 9 of Florida's counties from whom county health departments received direct funding or services for enhancing school health service delivery capability. The following are highlights of these arrangements:

-Brevard: Area hospitals donated funding to provide 74 school health aides, at least one for each school.

-Broward: Two hospital districts provide 10 ARNPs who provide primary care services for students and others in the community in 10 of 194 schools in the county.

-Collier: a hospital provides 4 RNs who provide generic school health services in 4 of the county's 31 schools.

-Dade: 16 partners, including hospitals, mental health centers, an insurance company, and an adopt-a-school program, provide 23 RNs who provide generic school health services in 23 public and 3 private schools, out of over 300 county public schools.

-Marion: a hospital and a hospital foundation provide 2 RNs who provide generic school health services in 6 of the county's 47 schools.

-Orange: a hospital provides 8 RNs who provide generic school health services in 8 of the county's 134 schools.

-Palm Beach: The Palm Beach County Health Care District, working in cooperation with the Palm Beach County Health Department, Palm Beach County School District, Florida Atlantic University College of Nursing, Quantum Foundation, and various Palm Beach County hospitals, established a comprehensive school health program. The partnership resources, when coupled with the state funding for basic and comprehensive school health services, allow for at least one full-time nurse in each of the county's 129 schools.

-Polk: a hospital provides 5 RNs who provide generic school health services in 6 of the county's 118 schools.

-Volusia: Two hospitals and a local PTA provide 5 RNs and a number of school health aides in 5 of the county's 79 schools.

Coordinated School Health Services Pilot Schools: This CDC-funded initiative has, via a request-for-proposals process, selected 9 schools to serve as pilot sites for coordinated school health programs. These schools are receiving intensive technical assistance and training to promote student health and academic achievement by implementing CDC's 8-component model for coordinated school health. Examples of training and technical assistance include: implementing and evaluating DOE's Health Education and Physical Education Sunshine State Standards and Benchmarks; integrating school health education and physical education into other curriculum areas; enhancing student decision-making skills to improve student behavior and learning; a variety of similar subjects; and grant-writing skills. Participating schools are required to collect baseline data related to the pilot's eight components, collect and report additional data over the three-year pilot period, and permit selected school staff to participate in pilot training activities. Initial training was conducted during the summer of 1998 for pilot school staff, and follow-up training is scheduled for October 1998 teacher planning days. The nine pilot schools and their locations are:

- Charlotte High, Punta Gorda, Charlotte County
- DeLand Middle, DeLand, Volusia County
- Forest Grove Middle, Ft. Pierce, St. Lucie County
- John F. Kennedy Middle, Rockledge, Brevard County
- Longleaf Elementary, Pensacola, Escambia County
- McIntosh Middle, Sarasota, Sarasota County
- Rock Lake Elementary, Orlando, Orange County

- Rutherford High, Panama City, Bay County
- Sligh Middle and Health Explorations Academy, Tampa, Hillsborough County

Best Practices Highlights: Several school districts and county health departments have, through their own initiative, taken steps to enhance school health service delivery capabilities. The following are highlights of a sampling of these as mentioned by DOH and DOE:

-Hamilton: By combining funds for Comprehensive School Health and Full Service Schools, the county provides a school health clinic in each school, and a full service clinic on the high school campus staffed with a registered nurse, a social worker, and a part time physician. These services increase student access to health care in this rural community with limited health care services, and staff provide health education using a school district and community approved health curriculum to all students.

-Santa Rosa: A portion of the district's funding for Safe and Drug-Free Schools, full service school funds, county health department funds, grant funding from a major telecommunications company, a local technical center, and a local home health care agency are used by the school district to train School Health Technicians to work as school-based health care paraprofessionals, under the supervision of an RN, in all elementary and middle schools. This project links health and education reform in a school-to-work program.

-Broward: Has developed an anti-tobacco curriculum using seed money from a DOE grant. This curriculum, the centerpiece of which incorporates this health message into other subject areas, is being used as a model curriculum in other school districts in Florida and in other states.

-Escambia: Promotes staff and student wellness via a program implemented at each of the schools in the district. These activities are centered around CDC's 8-component model of a comprehensive school health program.

-Four school districts have successfully competed for CDC funding for the development of HIV/AIDS training curricula. Dade and Broward Counties have been involved for some time, and Orange and Palm Beach Counties initiated these activities in December, 1997.

Medicaid Funding for School Health Services

School District Certified Match: Chapter 95-336, L.O.F., authorized school districts to certify school district expenditures for certain services rendered to students who are eligible for both Medicaid and the exceptional student education (ESE) program (ss. 236.0813 and 409.9071, F.S., and relevant portions of s. 409.9122 (2)(a), F.S.). Certain school district services rendered to ESE students who are Medicaid eligible qualify for federal Medicaid matching funds. School districts must certify to AHCA that such expenditures have been incurred and federal Medicaid matching funds are paid to the school districts.

The services which qualify for matching funds include: physical, occupational, speech-language therapy services (approved in 1995); and transportation, psychological, social work, and nursing services (added in 1997). For each category of services, service must be rendered by those school district employed or contracted staff rendering health-related services who meet Medicaid credentialing requirements. Services specifically excluded from coverage include family planning, immunizations, and prenatal care.

Implementation of this program has been slow. An appropriation of $50 million has been available each fiscal year since 1995-96. The following amounts have been paid to school districts as federal matching funds for services delivered: $329,967 was paid to the billing school districts in calendar year (CY) 1996, with 12 of 13 enrolled counties participating; $630,281 in CY 1997, with 18 of the 19 enrolled counties participating; and AHCA anticipates that payments will exceed $1.5 million in CY 1998, even though only 18 of the 58 enrolled districts have billed to date.

At least one statutory provision needs to be clarified--payment for services rendered by school district consultants. Sections 409.9071(1) and 409.913(9), F.S., appear to lend themselves to differing interpretations as to legislative intent regarding these provisions in the context of Medicaid certified school match. Since many school districts rely heavily on consultants for claims processing and related services, this issue needs to be clarified.

Administrative Claiming: A most significant expansion in Medicaid spending in the school districts has just occurred, approved 3 months ago by the federal Health Care Financing Administration. School districts are now eligible for reimbursement by Medicaid for school outreach activities (including application assistance, training, care planning and coordination, assisting in accessing care, and program planning) provided by a variety of school personnel. This Administrative Claiming process, unlike the Certified School Match Program which is limited to ESE students, can fund activities for all current or potential Medicaid eligibles. As of September 1998, AHCA released its first payment of $10 million to 10 school districts for the calendar quarter January-March 1998, based on a sampling of staff time for administrative claiming purposes. For the second calendar quarter's sampling, 23 school districts will participate, and for the third, 25.

County Health Department Certified Match: Chapter 98-191, L.O.F., expanded s. 409.9122(2)(a), F.S., to authorize county health departments to certify for federal Medicaid matching funds those state expenditures for school-based services (as specified in ss. 381.0056 and 381.0057, F.S.) rendered to a

Medicaid-eligible child who receives Medicaid-covered services in a school setting, regardless of whether the child is enrolled in Medicaid managed care. The federal government approved the Medicaid state plan amendment for this initiative on September 4, 1998, with reimbursement retroactive to July 1, 1998. As of September 28, 1998, 420 nurses employed in 48 counties have enrolled as Medicaid treating providers under this provision, and such enrollment continues. Administrative issues such as confirmation of Medicaid-eligibility of students and claims payment mechanisms continue to be addressed by DOH and AHCA.

School Health Services Funding

The Department of Education does not allocate specific funding to schools for school health services. All direct, categorical General Revenue funding for school health services is allocated through DOH. Funding amounts have remained fairly level over the past several years, while the number of public school students in the state has steadily increased.

School Health Services Funding
Fiscal Years 1994-95 - 1998-99
(in millions)

Fiscal Year	Basic	Compre-hensive	Full Service Operation	Full Service Facility
94-95	$4.9	$11.6	$9.4	$14.5
95-96	4.9	11.6	-0-	7.0
96-97	4.9	11.6	9.2	7.0
97-98	5.4	11.6	11.0	-0-
98-99	9.9	11.6	11.0	-0-

Appropriated basic school health services funding, derived from categorical General Revenue, has traditionally been allocated based on student enrollment. The new $500,000 appropriation for FY1997-98 was distributed to counties in grants of $25,000 based on need as determined by the nurse-to-student ratio, and local willingness to provide matching funds. The $4.5 million increase (derived from the Tobacco Settlement Trust Fund) in the current fiscal year was distributed in the following manner. Those counties with less than $55,000 were given sufficient funding to establish a minimum statewide standard of $55,000. Of the remaining funds, 50% were distributed on an equity basis using existing funding as the base, and the remaining 50% of the funds were distributed proportionately based on student enrollment. This revised distribution methodology was endorsed by the Florida Association of County Health Officers.

Comprehensive school health services dollars, also derived from categorical General Revenue, have traditionally been distributed by a competitive grant process, focusing on those provisions specified in law relating to medically under-served populations, risk-taking behaviors, and teen pregnancy rates.

Full-service school funding has traditionally been appropriated from General Revenue through DOE. The General Appropriations Act for FY 1998-99 transferred the responsibility for allocation of the $11 million in this category to DOH, and used the Tobacco Settlement Trust Fund rather than General Revenue as the source of this funding.

Categorical school health services funding is heavily supplemented by a variety of sources, including non-categorical General Revenue allocated to county health departments, local school board donations, board of County Commissioners' contributions, etc. As an illustration of the amount of this supplementation, during FY 1996-97, categorical funding for school health services was $25.7 million, while total school health expenditures by county health departments totaled $34.3 million. These supplemental funds fluctuate with the economic resources of the county health departments and are difficult to rely on for long-term planning and commitment. School health services funds tend to be among the first areas to sustain cuts when school or county health department budgets face a funding reduction, according to the DOH annual school health report.

Sovereign Immunity Issues

Sovereign immunity insulates the state and any governmental officer, employee, or agent acting on behalf of the state from a lawsuit. Article X, sec. 13, of the State Constitution permits the Legislature to waive sovereign immunity by general law. Section 768.28, F.S., provides the state's waiver of sovereign immunity. Immunity is waived for claims up to $100,000 per person, or $200,000 per incident, and does not include any act committed in bad faith, malicious purpose, or any act involving gross negligence. An agent of the state is generally covered by the state's sovereign immunity, and may include a person or entity, not permanently employed by the state, who contracts with the state. To be considered an agent, a certain degree of control or supervision must be exerted by the governmental entity over the activities the agent undertakes on the entity's behalf. The resolution of whether a person is an agent is a mixed question of law and fact.

Under s. 110.504(4), F.S., volunteers are covered by state liability protection in accordance with provisions of the state's waiver of sovereign immunity. Section 110.501(1), F.S., defines "volunteer" to mean any person who, of his or her own free will, provides goods or services to any state department or agency, or nonprofit organization, with no monetary or material compensation. The Access to Health Care Act, as created by ch. 92-278, L.O.F., and codified as s. 766.1115, F.S., extends sovereign immunity protection to only those health care providers that provide *uncompensated* care to Medicaid recipients or uninsured, low-income persons (defined as a person whose family income does not exceed 150 percent of the federal poverty level, as defined by the federal Office of Management and Budget). The state extends sovereign immunity protection to health care providers, designated as agents of the state, who render free services, under contract entered into with governmental contractors (DOH, county health departments, hospitals owned and directly operated by governmental entities, or special taxing districts with health care responsibilities), to poor persons referred by the governmental contractors.

It is unclear whether nurses (and other health care providers) who participate in the delivery of school health services and who are not employees or contractors with the county health departments are considered agents of DOH so that the department is liable for the negligent acts of these nurses to the extent that sovereign immunity is waived. To the extent nurses participating in the school health services program are employees or contractors of an entity other than DOH, it is unclear in the event of conflicting supervision and control from an entity other than the department, how both the department and the other entity will effectively coordinate and enforce authority over and provide supervision of the professional and health-related activities of such nurses. This uncertainty leaves a question as to the waiver of sovereign immunity, and there is also uncertainty as to whether a hospital- employed nurse assigned to a school as part of his or her hospital employment could be considered a volunteer in this context, even though the employing hospital may be "volunteering" such services. These issues have not been tested in court. Clarification of this issue, either through an Attorney General's opinion or a specific legislative edict, or both, could result in greater participation in school health partnerships by a variety of health care entities.

School Health Services in Other States

Based on a staff review of materials from NCSL and from various Internet searches, staff concludes that there are a number of different approaches states have taken in addressing their school health needs. All of these approaches seem to be working to varying extents. Some states have been more successful in achieving a lower nurse-to-student ratio than Florida. In some cases, accomplishments are regional, not statewide. In some states, school health services seem to have more of a presence as part of a larger activity. Nothing has been identified in other states as a stellar model that Florida should replicate.

General Comments and Observations

There are many different aspects and activities associated with school health services in Florida. School districts and county health departments have certain traditional responsibilities that have evolved over time. Various federal funding initiatives have affected Florida's activities, as have specific state general revenue and trust funded initiatives and local funding fluctuations. These varying policy and funding issues have resulted in a somewhat patchwork approach to school health services throughout the state, and have resulted in no one best source of information regarding school health service resources and activities. With multi-agency involvement, there is no central "clearinghouse" for uniform program information.

Full service schools have operated as a joint DOE and DOH activity. The title "full service schools" tells little about these activities, nor is there any clear understanding as to how the full service schools relate to comprehensive school health services. These interactions and potential overlap need to be clarified.

The transfer of the administrative responsibility for full-service schools' funding from DOE to DOH, as specified in the current year's state budget, may be interpreted as a step in the direction of vesting more of the school health resources into a single agency. However, the fact remains that because of the need for students to access these services in the school setting, multi-agency involvement remains a necessity. The key to coordination rests with good working relationships between DOH and DOE, and, more importantly, between local school districts and county health departments. Given the different, basic missions of service delivery and education of students, there is a need for continued dual agency roles. Given its involvement via Medicaid funding, AHCA also needs

to be an active participant as well, especially since the recent infusion of potentially large amounts of Medicaid revenue has implications for reshaping school health services funding.

An issue that came up late during this project relates to Title V agency billing for Medicaid services. Federal law generally requires a provider of services to bill all recipients of a service in order to be eligible to seek Medicaid reimbursement for provision of that same service to Medicaid eligibles. Essentially, under federal law, Title V agencies, such as county health departments, rendering services to Medicaid-eligible students, are not required to bill for services rendered to the remainder of the school population. Entities other than county health departments, such as local health care taxing districts, would like a determination as to whether federal and state law permit DOH or a county health department to "delegate" its Title V authority to another unit of local government and under what circumstances such delegation would be permitted.

RECOMMENDATIONS

1. The chairman of the Senate Health Care Committee should seek an Attorney General's opinion regarding the extension of the state's sovereign immunity to those hospital-employed nurses working in the schools as part of public - private partnerships in the delivery of school health services. Depending on the Attorney General's opinion, the Legislature may need to clarify, in statute, the sovereign immunity status of "volunteer" nurses rendering services in the school setting as part of partnership activities.

2. The Legislature should clarify the legislative intent of that portion of 409.9071(1), F.S., relating to reimbursement for services rendered by school district consultants.

3. The Governor or the Legislature should convene a school health summit consisting of representatives of appropriate substantive and fiscal committees of the Senate and House of Representatives, the Governor's office, DOH, DOE, AHCA, local school districts, county health departments, and key stakeholders, the purpose of which is to indicate what school health should be, what it is, how Florida falls short, and what can be done to improve the situation. Given the forthcoming changes in the state's administration, convening such a summit sometime in 1999 would seem particularly timely.

4. The Legislature should provide for a working group to reconstitute and rename full-service schools, either as a legislative exercise or as a task jointly assigned to DOH and DOE, with recommendations prior to the 2000 session. As part of this, incorporate any update into the statutes to reflect the transfer of administrative and fiscal responsibilities for full-service schools from DOE to DOH, as provided for in the 1998-99 General Appropriations Act.

5. The Legislature should monitor the impact of implementation of the Florida Kidcare Program, with a particular emphasis on how this new program impacts those children served by traditional public health programs such as school health services.

6. While the community partnerships offer funding and staffing for delivery of school health services, additional direct funding from the legislature is necessary in light of the fact that, overall, Florida's nurse-to-student ratio is approximately four times higher than what is generally considered optimal.

7. The committee should continue to explore with DOH and AHCA the possibility of giving a local unit of government, other than a county health department, authority as a locally-designated entity to serve as a Title V agency for purposes of Medicaid billing.

COMMITTEE(S) INVOLVED IN REPORT ***(Contact first committee for more information.)***
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MEMBER OVERSIGHT
Senator Myers and Senator Klein