



Kentucky Public Health

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School Health

Considerations for Developing a School Health Services Contract and Implementing a Satellite Clinic in the School Setting

Cabinet for Health and Family Services

Department for Public Health

Division of Maternal and Child Health

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Topics Included in this document:**Developing a School Health Services Contract and Implementing a Satellite Clinic in the School Setting****School policies and considerations****KDE Guidance for school health services contracts****LHD contract considerations****Roles and responsibilities of the nurse in the LHD school satellite clinic (not all-inclusive)****Confidentiality of student health records****Coding and billing considerations****Developing a School Health Services Contract and Implementing a Satellite Clinic in the School Setting**

A comprehensive health services contract between Local Health Departments (LHD) and local school districts should define the specific roles and responsibilities of each agency/party in providing health services in a satellite clinic to school children. This agreement will depend upon local resources and policies and will vary from county to county. This memorandum of agreement/contract should be written to provide understanding, give direction, and establish specific responsibilities.

In the process of developing and refining the details of the school health contract, it is necessary for key personnel from each agency to meet and assess needs and establish what services are needed and can be provided. The LHD or the local school district may initiate a partnership. Any local school district contract must go before their school board for approval. Contracts must be reviewed, updated, and renegotiated annually. Contracts are to be saved to the appropriate LHD folder on the L-Drive. Procedures for submitting contracts for review are located in the Financial Management Section of the [LHD Administrative Reference](#) and are to be followed. Both the LHD and the local school district should have specific responsibilities which are clearly defined in the planning and evaluation of the contract.

School policies and considerations

The Kentucky Department of Education (KDE) is the lead agency to fulfill the requirements relating to the provision of health care services in the schools as stated in KRS 156.070(1). It requires the Kentucky Board of Education to manage and control all common schools and programs operated in these schools.

702 KAR 1:160. School health services. The school district health coordinator (usually school nurse designated by the superintendent) shall work in cooperation with all school personnel, the local school board, the Kentucky Department of Education, the local health department, family resource and youth services center, and parents in planning, promoting, and implementing a school health services program.

All local school districts are responsible for writing their own health policies and procedures. Most school districts utilize the Kentucky School Boards Association's policy writing service ([Kentucky School Boards Association Policy Services System \(ksba.org\)](#)).

KDE Guidance for School Health Services Contracts

[Guidance for school health services contracts \(ADA\)2023.pdf \(ky.gov\)](#)

Please note that local boards of education are responsible for compliance with all state and federal laws applicable to school health services. As laws tend to change over time, local school districts are cautioned to check for any updates or changes to state and federal laws. This guidance may be used as a review tool to ensure that the basic requirements in law and regulation are covered by any contract with health providers or health departments who contract with school boards for student health services.

[702 KAR 1:160 School health services](#) requires:

1. Preventive medical examinations for students;
2. Student vision examinations;
3. Student dental screenings or examinations;
4. Current Immunization certificate compliant with [902 KAR 2:060](#);
5. Continuous health supervision of all enrolled students;
6. Emergency care procedures;
7. First aid facilities compliant with [702 KAR 4:170](#);
8. Personnel trained in First Aid and CPR;
9. Creation and maintenance of a “cumulative health record” for each student;
10. Reporting of all required student health data;
11. Designation of an appropriate school health coordinator for the district; and
12. Appropriate training for all unlicensed school personnel that have accepted delegation to perform medication administration in school.

School districts are required to use the Kentucky Student Information System (KSIS), to enter: (1) all health data required; (2) student health conditions; and (3) utilize The Kentucky Department of Education (KDE) [Recommended Infinite Campus ICD-10 codes \(ky.gov\)](#) document for appropriate ICD 10 codes to track student health conditions. For effective continuous health supervision, it is best practice to include the following in Kentucky Student Information System (KSIS), Infinite Campus (IC): (1) Student medications; (2) health room visits showing the student went back to class, home with a parent or called 911. Guidance on how to set up health office visits and other Infinite Campus information can be found [here](#). If this information is not entered into KSIS, a copy of these records must be provided to the school as a part of the student’s educational health record.

Health departments acting as third-party contractors for school districts must treat student records as educational records subject to Family Education Rights and Privacy Act (FERPA). [eCFR :: 34 CFR Part 99 -- Family Educational Rights and Privacy](#) . If this information is not entered into IC, a copy of these records must be provided to the school as it is a part of the student’s educational health record. The Family Education Rights and Privacy Act (FERPA) provides that “education records” are records that are directly related to a student and that are maintained by an educational agency or institution, or by a party acting for the agency or institution. These are FERPA records, and the school must maintain them following the [Public School District Retention Schedule June 2022](#) school health records section guidance.

[KRS 160.700](#) also defines “educational records” as data and information directly relating to a student that is collected or maintained by educational institutions or by a person acting for an institution including academic records and portfolios; achievement tests; aptitude scores; teacher and counselor evaluations; health and

personal data; behavioral and psychological evaluations; and directory data recorded in any medium including handwriting, magnetic tapes, film, video, microfiche, computer-generated and stored data, or data otherwise maintained and used by the educational institution or a person acting for an institution.

In December 2019 the U.S. Department of Health and Human Services and the U.S. Department of Education updated their Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability (HIPAA) to Student Health Records. That document may be found [here](#). The purpose of this guidance is to explain the relationship between the Family Educational Rights and Privacy Act (FERPA) statute and implementing regulations and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This document updates and expands on prior guidance to help address potential confusion on the part of school administrators, health care professionals, and others on how FERPA and HIPAA apply to records maintained on students.

The joint guidance document specifically addresses this question: Does FERPA or HIPAA apply to student health records maintained by a health care provider acting for a FERPA-covered elementary or secondary school that is not employed by the school?

Health records that directly relate to students and are maintained by a health care provider, such as a third party contractor, acting for a FERPA-covered elementary or secondary school, would qualify as education records subject to FERPA regardless of whether the health care provider is employed by the school. HIPAA would apply to student records maintained by a health care provider that are not subject to FERPA only if the provider transmits any PHI electronically in connection with a transaction for which HHS has adopted a transaction standard, e.g., health care claims, and the records contain PHI.

LHD contract considerations

1. Understand and outline which health services will be provided by the LHD and which ones by the local school district.
2. Contract language should refer to school satellite clinic/site.
3. Nurse/clerk salaries, benefits, travel, and training costs.
4. Schedules, location(s), hours and supervision.
5. Nursing substitutes required when the nurse is out ill, attending mandatory LHD meeting, training, or other professional development.
6. Office equipment (maintenance & repair), supplies, phone, with access to outside line & computer lines, health supplies, furniture and refrigerator for vaccines (if appropriate) and medications.
7. Job responsibilities/services to be provided including serving on the advisory committees/consultation for individual health care plans, (i.e. 504 & IEP).
8. Training requirements for the school nurse position, i.e. CPR, OSHA, medication delegation, special procedures, mandated screenings: dental, hearing, and vision.
9. Responsibility of the nurse related to delegating/attending student field trips and providing home visits.
10. Signed release form by parents in order to share confidential health information between the two agencies if/when needed.
11. Key contact of school employees for the nurse (i.e., school health personnel and, first responders).

12. It is the responsibility of the local school district to develop their own health services policies, procedures and forms using the [Health Services Reference Guide - Kentucky Department of Education](#) as a reference. This reference should also be utilized when school health services are provided that are not included in the [CSG](#) and [AR](#). Many other resources related to the provision of school health services can be found at [Student Health Services - Kentucky Department of Education](#).
13. [FERPA/HIPPA](#) regulations and [HIPAA Privacy Rule and Public Health](#).
14. Responsibilities of maintaining school health records, data entry for the school system and maintaining confidential and secure LHD records.
15. Responsibility for submission of claims for reimbursement to any third party payer or other funding sources, fees or co-payment charges.
16. Professional liability/secondary liability insurance of contracted employees.
17. Provision of adequate facilities for private and confidential setting, maintenance, upkeep and utilities for the satellite clinic. First aid facilities meeting the requirements of [702 KAR 4:170.Facility programming and construction criteria](#), including provisions for designated areas for the child to recline.
18. Services provided for/to faculty and staff (i.e., blood pressure screening or influenza immunizations and fees assessed).
19. School district to have responsibility of providing and sending out the LHD-specific consent form to provide school health services.

Roles and responsibilities of the nurse in the LHD school satellite clinic (not all-inclusive)

The role of the school nurse will vary depending on individual needs of local school districts to facilitate the educational process by removal or modification of health-related barriers to student learning.

A Nurse's Responsibility and Accountability

Each nurse is individually responsible and accountable for their individual acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform per [KRS 314.021](#).

Ensure that policies and procedures adhere to legal and regulatory statutes and ethical standards of nursing practice and are provided within the nursing providers scope of work per [KRS 156.502](#).

1. Delegation of medication administration to unlicensed school personnel per [702 KAR 1:160](#).
2. Coordinate care and delegation of special medical procedures/prescribed treatments ordered by private physicians to unlicensed school personnel.
3. Administer medication per physician order in accordance to state/school/LHD policies.
4. Serve on advisory committees/consultation for individual health care plans, (i.e., 504 & IEP).
5. Make appropriate referrals based on nursing assessment.
6. Coordinate and assist with mandated screenings (i.e., vision, hearing and referrals according to state and school policies per [KRS 156.160](#)).
7. Review immunization records; outreach and/or administer student immunizations to ensure compliance with Kentucky Immunization laws.
 - [902 KAR 2:055 Data reporting and exchange](#),
 - [KRS 214.034 First time enrollees](#),
 - [KRS 211.180 Detection, prevention, and control of communicable diseases](#),

- [KRS 158.035 Certificate of Immunization needed to enroll](#),
 - [KRS 156.730 Interstate Compact on Educational Opportunity for Military Children](#),
 - [KRS 214.036 Exceptions to testing or immunization requirement](#), and
 - [704 KAR 7:090.Homeless Children and Youth Education Program and ensuring educational stability of children in foster care.](#)
8. Promote health education and anticipatory guidance.
 9. Provide home visits when needed.
 10. Serve as a liaison between the LHD, school, family, local healthcare providers and community.
 11. Provide first aid/emergency care in the event of illness or injury.
 12. Data collection and entry into Infinite Campus for Department of Education mandated reports related to health services ([What Should I Enter Into Infinite Campus? \(ky.gov\)](#)).
 13. Provide staff educational in-services (i.e., CPR training, and OSHA updates).
 14. Provide staff services for blood pressure screening, adult immunizations as requested.
 15. Coordinate care and student emergency action plans related to diabetes, seizures, asthma, allergies and use of emergency medications (i.e., EPI-Pen, Glucagon and Diastat, or any other condition requiring emergency care while at school per KRS 158.838).
 16. Obtain parental/guardian consent for health services.
 17. Participate in the implementation of the school's emergency care plan.
 18. Serve as a resource for students and staff related to communicable disease and chronically ill students.
 19. Serve in a leadership role for health, policies and programs, and promote a healthy school environment.

Confidentiality of Student Health Records

[LHDAdminRef.pdf \(ky.gov\)](#)

The [Family Educational Rights and Privacy Act \(FERPA\)](#) is the federal law that protects the privacy interest and educational records of the student. FERPA applies to any education agency or institution that receives funds from the U.S. Department of Education.

In most cases, the HIPAA Privacy Rule does not apply to an elementary or secondary school because the school either: (1) is not a HIPAA covered entity or (2) is a HIPAA covered entity but maintains health information only on students in records that are by definition "education records" under FERPA and, therefore, is not subject to the HIPAA Privacy Rule.

The educational institution or agency that employs a school nurse is subject to the Health Insurance Portability and Accountability (HIPAA) regulation if the school nurse or the school engages in a HIPAA transaction, such as transmitting electronic billing or submitting claims ([513-Does the HIPAA Privacy Rule apply to an elementary or secondary school | HHS.gov](#)).

Where a school does employ a health care provider that conducts one or more covered transactions electronically, such as electronically transmitting health care claims to a health plan for payment, the school is a HIPAA covered entity and must comply with the HIPAA Transactions and Code Sets and Identifier Rules with respect to such transactions.

Coding and Billing

Nurses are also required to report school health services provided in schools in the LHD Network System(s), PATIENT ENCOUNTER FORM COMPLETION FOR BILLING. It is the LHD's responsibility to ensure the provider meets the criteria to document and bill for services. An audit and monitoring process is recommended for ensuring compliance.

Reporting Requirements:

- LHD School Health Nurses shall report completed services according to KDE and LHD policy and procedures,
- Community Health Services Report and KDE reports are required, and
- School health nurses shall report health services as required by KDE.

Billing and coding procedures are to follow Administrative Reference guidelines [LHDAdminRef.pdf \(ky.gov\)](#) and LHD policies and procedures for clinical services and according to services stated in contract with the school or school district.