Meeting Current Standards for School Nurses Statewide May Cost Up to $79 Million Annually

A presentation to the Joint Legislative Program Evaluation Oversight Committee

April 9, 2018

Sara Nienow, Principal Program Evaluator
Handouts

The Full Report

Meeting Current Standards for School Nurses Statewide May Cost Up to $79 Million Annually

Final Report to the Joint Legislative Program Evaluation Oversight Committee

Report Number 2017-04

May 1, 2017

Today’s Slides

Meeting Current Standards for School Nurses Statewide May Cost Up to $79 Million Annually

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The Full Report

Today’s Slides
Our Charge

• Analyze the need for school nurses and determine how nurses are funded
  – Current staffing levels
  – Roles and responsibilities
  – LEA and state funding

• Focused on traditional public schools

Report p. 2
Overview: Findings

1. Duties have increased in scope and complexity

2. North Carolina didn’t meet nurse-to-student ratio by 2014 nor does it have one nurse per school

3. State-funded programs are only accessible to schools and LEAs that meet criteria
Overview: Findings (cont.)

4. Medicaid pays for school nursing services; most LEAs do not seek reimbursement

5. Education budget subsidizes health care when non-nurses provide care
Overview: Recommendations

The General Assembly should direct

1. State Board of Education to update the school nurse staffing standard
2. DHHS and DPI to plan to combine state-funded programs and implement acuity models
3. DHHS to examine the Medicaid rates for school nursing services
4. DHHS to request a Medicaid State Plan Amendment to authorize reimbursement for services on IHP or 504 Plans
Background

North Carolina School Health Nurses

Keeping Students in Class and Ready to Learn
Background

School nursing is a specialized practice of nursing that advances the well-being, academic success, and lifelong achievement and health of students.

—Frequently, the school nurse is the only licensed health care provider in a school.

—School nurses manage all school health services and programs.

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Funding for School Nurses

• Local governments provided most funding for school nurses until 2004

• The General Assembly:
  – School Nurse Funding Initiative (SNFI) in 2004
  – Child and Family Support Teams (CFST) in 2005

• Other funding:
  – instructional support positions
  – local hospitals
  – federal grants

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Division of State Responsibilities

• Department of Health and Human Services (DHHS)
  – SNFI funding
  – Professional oversight and technical assistance
  – Continuing education

• Department of Public Instruction (DPI)
  – CFST funding
  – Communicates federal, state, and State Board of Education policies and procedures
School Nurse Facts FY 2015–16

• 1,318 FTE nurses served 2,313 schools

• Responsibilities include
  – Medication distribution and distribution audits
  – Delegation of tasks to assistive personnel
  – Verification of all immunization and health assessments
  – Individual student health counseling

Report pp. 3-5
22% of School Nurses Serve 3 or More Schools
Findings
Finding 1

School nurse duties have increased in scope and complexity due to

• an increase in student health issues
• increases in federal and state legislation
• other cultural and contextual factors
Increasing Number of Health Conditions

• More prematurely born children survive infancy
  – Increases number of school-aged children with moderate to severe disabilities

• 75% increase in chronic health conditions such as asthma, diabetes, and food allergies from 2002–2015
Increases in Federal and State Legislation

Federal Legislation

- Individuals with Disabilities Education Improvement Act 1975, 1991
  - Nearly 14% of school children are in Exceptional Children programs
- Vocational Rehabilitation Act 1973

State Legislation

- Health Assessments for Children in Public Schools 2014
- EpiPens in Schools 2014
Cultural and Contextual Factors

• Familial and community factors increase school nurse workloads
  – Lack of transportation
  – Poverty

• Nurses provide home visits to assess and address needs
  – More than 8,300 in 2015-16

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Finding 2

North Carolina neither met the State Board of Education’s recommended nurse-to-student ratio by its target date of 2014 nor is it meeting the National Association of School Nurses’ current recommendation of one nurse per school.

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School Nurse Standards

• In 1985, Basic Education Act required
  - 1 state-funded school nurse for 3,000 students

• In 2004, SBE recommended ratio of 1:750

• Current state ratio is 1:1,086; 46 LEAs have a 1:750 ratio or lower
Growth in School Nurse Staffing
2004–2016

- Additional Locally Funded Positions
- Additional State-Funded Positions

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Sources of School Nurse Funding
2015–2016

- State Government: 48%
- Local Government: 45%
- Federal: 2%
- Grants/Other: 5%

Total Spending on School Nurses is $91.6 million
Report p. 13
Achieving Staffing Standards

• National Association of School Nurses recommends students have access to an RN at all times
• 1 school nurse per 750 students ≈ $45 million
• A school nurse in every school ≈ $79 million
  – Based on cost of new instructional support positions
  – Will be less due to co-located schools

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Finding 3

The two state-funded school nurse programs are only accessible to schools and LEAs that meet certain criteria, and these criteria are not reevaluated at regular intervals.

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School Nurse Funding Initiative

• Distribute funds based on
  1. greatest need & least ability to pay
  2. nurse-to-student ratio
  3. economic status of the community
  4. health needs of children

• Program partially funds 236 positions; costs $11.8 million

• Last redistributed in 2011

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Child and Family Support Teams

• Award criteria:
  1. Number of at-risk children
  2. Commitment to address the needs of children and families
  3. Geographic diversity
  4. Readiness to implement at community and school level

• State oversight and support removed 2011–14

• 79 positions, costs ≈ $5.5 million
• Allocations have never been reevaluated

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Two State School Nurse Programs

• SNFI awards less valuable than CFST – $50,000 versus approximately $69,500

• 10 LEAs receive neither CFST nor SNFI

• 14 CFST or SNFI positions could be reallocated to LEAs that do not achieve 1:750 ratio

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Finding 4

The North Carolina Medicaid program pays for school nursing services, but most LEAs do not seek reimbursement for Medicaid-eligible students.

Report p. 20
Medicaid Reimbursement for School Nurse Services

• Medicaid-eligible students must have an IEP and a plan of care
• 4 LEAs currently seek reimbursement
• Barriers
  – Medicaid reimbursement rates are low
  – IEPs fail to address school-based nursing services

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More Students Now Eligible for Medicaid Reimbursement

• Services can be documented in IHP or 504 plan

• The Division of Medical Assistance must be directed to amend North Carolina’s State Medicaid Plan

• Will take ≈ 2 years to implement

Report pp. 21-22
Finding 5

The State’s education budget subsidizes health care costs when school personnel other than nurses perform health care services

Report p. 22
Who Provides School Medical Care?

• Registered Nurses (RN)
  – May practice independently
  – May delegate some tasks

• Licensed Practical Nurses (LPNs)
  – Unable to practice independently

• Unlicensed Assistive Personnel (UAP)
  – Must receive training and oversight from RN

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76% of Medication Administration is Performed by UAPs

Unlicensed Assistive Personnel 76%

School Nurses 24%

Secretary 25%
Teacher/Assistant/Coach 24%
Principal/Assistant Principal 19%
Other 8%

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Education Dollars Subsidize Health Care

- Medication administration by non-health school staff = 331 full time jobs in school year 2015–16

- Total cost to system is greater because of other tasks assigned to UAPs

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Acuity Models

- Allow districts to prioritize nurse time
- Acuity models are used in other medical settings
- Several districts are in the process of using or designing model

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Recommendations
Recommendation 1

The General Assembly should direct the State Board of Education to:

1. Update the school nurse staffing standard

2. Develop an implementation plan for achieving the revised standard
Recommendation 1 (cont.)

The revised staffing standard and implementation plan should be submitted to legislative committees by January 15, 2020
Recommendation 2

The General Assembly should direct DHHS and DPI to

1. Prepare a consolidation plan for the two state-funded school nurse programs

2. Implement the use of acuity models

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Recommendation 2 (cont.)

• Complete initial reallocation of school nurse funding starting in FY 2020–21

• DHHS and DPI should report on the consolidated school nurse plan to legislative committees by May 1, 2020
Recommendation 3

The General Assembly should direct DHHS to examine the Medicaid rates for school nursing services and determine whether the rates should be increased.
Recommendation 4

The General Assembly should direct DHHS to request a Medicaid State Plan amendment to authorize Medicaid reimbursement for school-based nursing services documented in an Individual Health Plan or a 504 Plan

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Summary: Findings

1. Duties have increased in scope and complexity

2. North Carolina did not meet nurse-to-student ratio by 2014 nor does it have one nurse per school

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Summary: Responses

Both DHHS and DPI reported general agreement with findings and recommendations
Report available online at
www.ncleg.net/PED/Reports/reports.html