

ASSEMBLY BILL

No. 58

Introduced by Assembly Member Salas

December 7, 2020

An act to amend Section 215 of the Education Code, to add Section 124174.8 to the Health and Safety Code, and to amend Section 14115.8 of the Welfare and Institutions Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

AB 58, as introduced, Salas. Pupil health: suicide prevention policies and training: school-based health programs: pilot program.

(1) Existing law requires the governing board or body of a county office of education, school district, state special school, or charter school that serves pupils in kindergarten and grades 1 to 12, inclusive, to adopt a policy on pupil suicide prevention that specifically addresses, among other things, procedures relating to suicide prevention, intervention, and postvention, and any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency. Existing law requires the State Department of Education to develop and maintain a model policy in accordance with these provisions to serve as a guide for local educational agencies in developing policies for pupil suicide prevention.

This bill would require a local educational agency, on or before June 1, 2022, to review and update its policy on pupil suicide prevention, and revise its training materials, to incorporate best practices identified by the department in the department's model policy. The bill would require a local educational agency, commencing with the 2022–23 school year, to provide suicide awareness and prevention training, at the beginning of each school year, to teachers of pupils in all of the

grades served by the local educational agency. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department, on or before June 1, 2022, to complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely.

(2) Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to perform specified functions relating to the establishment, retention, or expansion of school health centers in California. Existing law authorizes a school health center, as defined, to conduct routine physical health, mental health, and oral health assessments, and provide for any services not offered onsite or through a referral process. Existing law requires the State Department of Public Health, to the extent funds are appropriated to the department for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers, and the development of new school health centers, in accordance with specified procedures. Existing law requires the department, subject to an appropriation, to establish standardized collection procedures and collect specified data from school health centers on an ongoing basis.

This bill would state the intent of the Legislature to require the department to create a pilot program to establish a school health center at 5 local educational agencies located in counties with high rates of youth suicide and self-harm. The bill would also state the intent of the Legislature to require the department, in collaboration with the State Department of Education, to collect data on the pilot program and provide annual reports on the effectiveness and cost of the pilot program.

(3) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental

agency or local educational agency (LEA). Existing law also provides that specified services provided by LEAs are covered Medi-Cal benefits and are reimbursable on a fee-for-service basis under the LEA Medi-Cal billing option.

Existing law requires the department to engage in specified activities relating to the LEA Medi-Cal billing option, such as amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services and examining methodologies for increasing school participation in the LEA Medi-Cal billing option.

This bill would require the department to additionally provide technical assistance to the State Department of Education and LEAs to ensure LEAs take full advantage of federal funds for Medi-Cal eligible students.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 215 of the Education Code is amended
2 to read:

3 215. (a) (1) The governing board or body of a local
4 educational agency that serves pupils in grades 7 to 12, inclusive,
5 shall, before the beginning of the 2017–18 school year, adopt, at
6 a regularly scheduled meeting, a policy on pupil suicide prevention
7 in grades 7 to 12, inclusive. The policy shall be developed in
8 consultation with school and community stakeholders,
9 school-employed mental health professionals, and suicide
10 prevention experts and shall, at a minimum, address procedures
11 relating to suicide prevention, intervention, and postvention.

12 (2) (A) The governing board or body of a local educational
13 agency that serves pupils in kindergarten and grades 1 to 6,
14 inclusive, shall, before the beginning of the 2020–21 school year,
15 adopt, at a regularly scheduled meeting, a policy on pupil suicide

1 prevention in kindergarten and grades 1 to 6, inclusive. The policy
2 shall be developed in consultation with school and community
3 stakeholders, the county mental health plan, school-employed
4 mental health professionals, and suicide prevention experts and
5 shall, at a minimum, address procedures relating to suicide
6 prevention, intervention, and postvention.

7 (B) The policy for pupils in kindergarten and grades 1 to 6,
8 inclusive, shall be age appropriate and shall be delivered and
9 discussed in a manner that is sensitive to the needs of young pupils.

10 (C) The policy for pupils in kindergarten and grades 1 to 6,
11 inclusive, shall be written to ensure proper coordination and
12 consultation with the county mental health plan if a referral is made
13 for mental health or related services on behalf of a pupil who is a
14 Medi-Cal beneficiary.

15 (3) The policy shall specifically address the needs of high-risk
16 groups, including, but not limited to, all of the following:

17 (A) Youth bereaved by suicide.

18 (B) Youth with disabilities, mental illness, or substance use
19 disorders.

20 (C) Youth experiencing homelessness or *youth* in out-of-home
21 settings, such as foster care.

22 (D) Lesbian, gay, bisexual, transgender, or questioning youth.

23 (4) (A) The policy shall also address any training on suicide
24 awareness and prevention to be provided to teachers of pupils in
25 all of the grades served by the local educational agency.

26 (B) Materials approved by a local educational agency for
27 training shall include how to identify appropriate mental health
28 services, both at the schoolsite and within the larger community,
29 and when and how to refer youth and their families to those
30 services.

31 (C) Materials approved for training may also include programs
32 that can be completed through self-review of suitable suicide
33 prevention materials.

34 (D) *On or before June 1, 2022, a local educational agency shall*
35 *revise its training materials to incorporate best practices identified*
36 *by the department in the department's model policy.*

37 (E) *Commencing with the 2022–23 school year, a local*
38 *educational agency shall, at the beginning of each school year,*
39 *provide suicide awareness and prevention training to teachers of*
40 *pupils in all of the grades served by the local educational agency.*

1 (5) The policy shall be written to ensure that a school employee
2 acts only within the authorization and scope of the employee’s
3 credential or license. Nothing in this section shall be construed as
4 authorizing or encouraging a school employee to diagnose or treat
5 mental illness unless the employee is specifically licensed and
6 employed to do so.

7 (6) (A) To assist local educational agencies in developing
8 policies for pupil suicide prevention, the department shall develop
9 and maintain a model policy in accordance with this section to
10 serve as a guide for local educational agencies.

11 (B) *On or before June 1, 2022, the department shall complete*
12 *the development of, and issue to local educational agencies,*
13 *resources and guidance on how to conduct suicide awareness and*
14 *prevention training remotely.*

15 (b) (1) The governing board or body of a local educational
16 agency that serves pupils in kindergarten and grades 1 to 12,
17 inclusive, shall review, at minimum every fifth year, its policy on
18 pupil suicide prevention and, if necessary, update its policy.

19 (e)

20 (2) Nothing in this section shall prevent the governing board or
21 body of a local educational agency from reviewing or updating its
22 policy on pupil suicide prevention more frequently than every fifth
23 year.

24 (3) *On or before June 1, 2022, the governing board or body of*
25 *a local educational agency that serves pupils in kindergarten and*
26 *grades 1 to 12, inclusive, shall review and update its policy on*
27 *pupil suicide prevention to incorporate best practices identified*
28 *by the department in the department’s model policy.*

29 (d)

30 (c) For purposes of this section, “local educational agency”
31 means a county office of education, school district, state special
32 school, or charter school.

33 SEC. 2. Section 124174.8 is added to the Health and Safety
34 Code, to read:

35 124174.8. It is the intent of the Legislature to require both of
36 the following:

37 (a) The department to create a pilot program to establish a school
38 health center at five local educational agencies located in counties
39 with high rates of youth suicide and self-harm.

1 (b) The department, in collaboration with the State Department
2 of Education, to collect data on the pilot program and provide
3 annual reports on the effectiveness and cost of the pilot program.

4 SEC. 3. Section 14115.8 of the Welfare and Institutions Code
5 is amended to read:

6 14115.8. (a) (1) The department shall amend the Medicaid
7 state plan with respect to the billing option for services by local
8 educational agencies (LEAs), to ensure that schools shall be
9 reimbursed for all eligible services that they provide that are not
10 precluded by federal requirements.

11 (2) The department shall examine methodologies for increasing
12 school participation in the Medi-Cal billing option for LEAs so
13 that schools can meet the health care needs of their students.

14 (3) ~~The department,~~ *department shall,* to the extent possible,
15 ~~shall~~ simplify claiming processes for LEA billing.

16 (4) The department shall eliminate and modify state plan and
17 regulatory requirements that exceed federal requirements when
18 they are unnecessary.

19 (5) (A) The department shall, in consultation with the LEA Ad
20 Hoc Workgroup established pursuant to subdivision (c), and
21 consistent with any applicable federal requirements, issue and
22 regularly maintain a program guide for the LEA Medi-Cal Billing
23 Option program. The program guide shall contain fiscal and
24 programmatic compliance information regarding processes,
25 documentation, and guidance necessary for the proper submission
26 of claims, and auditing of LEAs, charter schools, and community
27 colleges, as required under the LEA Medi-Cal Billing Option
28 program.

29 (B) The program guide described in subparagraph (A) shall
30 include, but not be limited to, state plan amendments, Frequently
31 Asked Questions, policy and procedure letters, trainings, provider
32 manuals, and all other types of instructional materials relevant to
33 the LEA Medi-Cal Billing Option program.

34 (C) The department shall distribute the program guide to all
35 participating LEAs, charter schools, and community colleges by
36 January 1, 2020. Distribution of the program guide may occur by
37 electronic mail or by notification by electronic mail of the posting
38 of the guide on the department's ~~Internet Web site.~~ *internet website.*

39 (D) The department shall only adopt a revision of the program
40 guide after providing 30 calendar days' written notification of the

1 revision, including a statement of justification, to the LEA Ad Hoc
2 Workgroup and all other participating LEAs, charter schools, and
3 community colleges. The department may provide written notice
4 by electronic mail. Under extraordinary circumstances, when
5 revisions are necessary to reflect changes required by state or
6 federal law or otherwise mandated by the federal Centers for
7 Medicare and Medicaid Services and those changes require
8 immediate action, the department may provide less than 30 calendar
9 days' written notice.

10 (E) The department shall conduct an audit of a Medi-Cal billing
11 option claim consistent with, but not limited to, all of the following:

12 (i) The program guide and any revisions made pursuant to
13 subparagraph (D), including any revisions that are necessary to
14 reflect changes required by state or federal law or otherwise
15 mandated by the federal Centers for Medicare and Medicaid
16 Services, that are in effect at the time the service was provided.

17 (ii) Generally accepted accounting principles.

18 (iii) Federal audit regulations, as set forth in Part 200
19 (commencing with Section 200.0) of Title 2 of the Code of Federal
20 Regulations (Uniform Administrative Requirements, Cost
21 Principles, and Audit Requirements for Federal Awards), or its
22 successor.

23 (iv) Reasonable cost principles under the federal Medicare
24 Program, as set forth in Part 413 (commencing with Section 413.1)
25 of Title 42 of the Code of Federal Regulations, or its successor.

26 (v) The federal Centers for Medicare and Medicaid Services
27 Provider Reimbursement Manual Part 1 (CMS Publication 15-1).

28 (vi) Any and all applicable federal or state statutes and
29 regulations.

30 (F) For purposes of this paragraph, an audit shall refer to the
31 audit and cost recovery process described in Section 14170.

32 (G) Notwithstanding Chapter 3.5 (commencing with Section
33 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
34 the department may issue and regularly maintain the program guide
35 described in this paragraph without taking regulatory action.

36 (b) If a rate study for the LEA Medi-Cal billing option is
37 completed pursuant to Section 52 of Chapter 171 of the Statutes
38 of 2001, the department, in consultation with the entities named
39 in subdivision (c), shall implement the recommendations from the
40 study, to the extent feasible and appropriate.

1 (c) In order to assist the department in formulating the state plan
2 amendments required by subdivisions (a) and (b), the department
3 shall regularly consult with the State Department of Education,
4 representatives of urban, rural, ~~large~~ *large*, and small school
5 districts, and county offices of education, the local education
6 consortium, and local educational agencies. It is the intent of the
7 Legislature that the department also consult with staff from Region
8 IX of the federal Centers for Medicare and Medicaid Services,
9 experts from the fields of both health and education, and state
10 legislative staff.

11 (d) Notwithstanding any other law, or any other contrary state
12 requirement, the department shall take whatever action is necessary
13 to ensure that, to the extent there is capacity in its certified match,
14 an LEA shall be reimbursed retroactively for the maximum period
15 allowed by the federal government for any department change that
16 results in an increase in reimbursement to local educational agency
17 providers.

18 (e) The department may undertake all necessary activities to
19 recoup matching funds from the federal government for
20 reimbursable services that have already been provided in the state's
21 public schools. The department shall prepare and take whatever
22 action is necessary to implement all regulations, policies, state
23 plan amendments, and other requirements necessary to achieve
24 this purpose.

25 (f) The department shall file an annual report with the
26 Legislature that shall include at least all of the following:

27 (1) A copy of the annual comparison required by subdivision
28 (i).

29 (2) A state-by-state comparison of school-based Medicaid total
30 and per eligible child claims and federal revenues. The comparison
31 shall include a review of the most recent two years for which
32 completed data is available.

33 (3) A summary of department activities and an explanation of
34 how each activity contributed toward narrowing the gap between
35 California's per eligible student federal fund recovery and the per
36 student recovery of the top three states.

37 (4) A listing of all school-based services, activities, and
38 providers approved for reimbursement by the federal Centers for
39 Medicare and Medicaid Services in other state plans that are not

1 yet approved for reimbursement in California’s state plan and the
2 service unit rates approved for reimbursement.

3 (5) The official recommendations made to the department by
4 the entities named in subdivision (c) and the action taken by the
5 department regarding each recommendation.

6 (6) A one-year timetable for state plan amendments and other
7 actions necessary to obtain reimbursement for those items listed
8 in paragraph (4).

9 (7) Identification of any barriers to local educational agency
10 reimbursement, including those specified by the entities named in
11 subdivision (c), that are not imposed by federal requirements, and
12 a description of the actions that have been, and will be, taken to
13 eliminate them.

14 (g) (1) These activities shall be funded and staffed by
15 proportionately reducing federal Medicaid payments allocable to
16 LEAs for the provision of benefits funded by the federal Medicaid
17 program under the billing option for services by LEAs specified
18 in this section. Moneys collected as a result of the reduction in
19 federal Medicaid payments allocable to LEAs shall be deposited
20 into the Local Educational Agency Medi-Cal Recovery Fund,
21 which is hereby established in the Special Deposit Fund established
22 pursuant to Section 16370 of the Government Code. These funds
23 shall be used, upon appropriation by the Legislature, only to
24 support the department to meet all the requirements of this section.
25 If at any time this section is repealed, it is the intent of the
26 Legislature that all funds in the Local Educational Agency
27 Medi-Cal Recovery Fund be returned proportionally to all LEAs
28 whose federal Medicaid funds were used to create this fund. The
29 annual amount funded pursuant to this paragraph shall not exceed
30 one million five hundred thousand dollars (\$1,500,000).

31 (2) Moneys collected under paragraph (1) shall be
32 proportionately reduced from federal Medicaid payments to all
33 participating LEAs so that no one LEA loses a disproportionate
34 share of its federal Medicaid payments.

35 (h) (1) The department may enter into a sole source contract
36 to comply with the requirements of this section.

37 (2) The level of additional staff to comply with the requirements
38 of this section, including, but not limited to, staff for which the
39 department has contracted for pursuant to paragraph (1), shall be

1 limited to that level that can be funded with revenues derived
2 pursuant to subdivision (g).

3 (i) The activities of the department shall include all of the
4 following:

5 (1) An annual comparison of the school-based Medicaid systems
6 in comparable states.

7 (2) Efforts to improve communications with the federal
8 government, the State Department of Education, and local
9 educational agencies.

10 (3) The development and updating of written guidelines to local
11 educational agencies regarding best practices to avoid audit
12 exceptions, as needed.

13 (4) The establishment and maintenance of a local educational
14 agency user-friendly, interactive ~~Internet Web site~~ *internet website*.

15 (5) Collaboration with the State Department of Education to
16 help ensure LEA compliance with state and federal Medicaid
17 requirements and to help improve LEA participation in the
18 Medi-Cal billing option for LEAs.

19 (6) *Providing technical assistance to the State Department of*
20 *Education and LEAs to ensure LEAs take full advantage of federal*
21 *funds for Medi-Cal eligible students.*

22 SEC. 4. If the Commission on State Mandates determines that
23 this act contains costs mandated by the state, reimbursement to
24 local agencies and school districts for those costs shall be made
25 pursuant to Part 7 (commencing with Section 17500) of Division
26 4 of Title 2 of the Government Code.