

# School Nurse UPDATE



#3 October 23, 2025

## FEATURED STORIES

Greetings!

It is beginning to feel a little more like Fall here in Madison. Fall activities are keeping school nurses busy, **especially immunization compliance!** I am happy to assist you with your questions. Since the Department of Health Services (DHS) is the agency of authority for school immunizations you can also reach out directly to the immunization program at [DHSImmProgram@dhs.wisconsin.gov](mailto:DHSImmProgram@dhs.wisconsin.gov)

There are links to two school nurse surveys in this newsletter. One is a **workforce study conducted by the National Association of School Nurses (NASN)**. I highly encourage school nurses to complete the survey! The other is conducted by School Health Associates seeking input on possible school nursing professional development activities. Note the Department of Public Instruction's (DPI's) disclaimer.

I recently attended the State Alcohol and Other Drug (AODA) Council meeting. DPI's AODA consultant presented on current vaping delivery devices and DHS and DPI resources. I was blown away by the sheer number of new devices, both FDA approved (76) and those available to our students without approval (6,000)! Readers may want to apply for **free vaping prevention campaign materials** (p. 12).

Wisconsin's Office of Childrens' Mental Health has published information on **student mental health and attendance**. School nurses are prominently promoted (p. 8).

At the time of this writing the federal government is shut down. Several items in this newsletter address the concerns and consequences.

**Billing Medicaid for school-based services** is addressed in Practice Points. November's office hours will be a didactic session with DHS representatives sharing information and answering questions as able.

### PRACTICE POINTS - Medicaid 101

New CGM Guidelines (DPI  
News)

Bully Prevention  
Resources (p.3)

NASN Workforce Study  
(p.10)

Vaping Program (p. 12)

## SAVE THE DATES

DPI Consultant Office  
hours October 28, 2025  
3-3:45 PM  
November 21, 2025 9-  
9:45 AM (guest presenter  
on Medicaid expansion)

DiSH November 19, 2025  
3-4 PM

WASN Annual  
Conference April 27-29,  
2026, Madison

# DPI News



## **New Resources Added to School Nursing Webpages**

The following are new resources added to DPI School Nursing and Health Services webpages.

The American Diabetes Association's [Guidance for the Use of Continuous Glucose Monitoring in the School Setting](#) (May 2025) has been placed on the [Diabetes webpage](#) under resources.

This resource was recently added under the first aid tab on the school nursing [Resources webpage](#): [Guidelines for the Nurse in the School Setting](#) 4<sup>th</sup> Edition 2022.

## **Re-entry With Care: A Guide for Supporting Students During and After Hospitalization for Suicide Risk or a Mental Health Crisis**

This resource, [Re-entry with Care: A Guide for Supporting Students During and After Hospitalization for Suicide Risk or a Mental Health Crisis](#), provides guidance for schools in supporting students returning to school after hospitalization for suicide risk or a mental health crisis. This critical transition requires thoughtful planning and collaboration among the student, caregivers, mental health providers, hospital staff, and school staff during hospitalization and following discharge. This guide highlights best practices for fostering well-being, collaborative support, student voice, and academic success. Featuring checklists of key action steps and editable templates for re-entry and safety plans, this resource equips school staff to create a compassionate, coordinated re-entry process.

## **Suicide Prevention Annual Model Notice Requirement**

[Wis. Stat. § 115.365\(3\)](#) requires that "Each school board and the governing body of each private school annually shall inform their professional staff of the resources available from the department and other sources regarding suicide prevention." The statute also requires the DPI to create a [model notice](#) of suicide prevention resources and services available in the state. See [Wis. Stat. §115.36 Assistance to schools for suicide prevention programs](#) for additional details. DPI's [dedicated webpages](#) provide resources to equip schools and staff with the tools to support student mental health and well-being and prevent suicide.

[Re-entry with Care: A Guide for Supporting Students During and After Hospitalization for Suicide Risk or a Mental Health Crisis](#), provides guidance for schools in supporting students returning to school after hospitalization for suicide risk or a mental health crisis

# DPI News



## **Bullying Prevention Month Resources**

October is nationally recognized as Bullying Prevention Month, and it offers us an opportunity to reaffirm our commitment to fostering safe, inclusive, and respectful school environments. Educators play a pivotal role not only in responding to bullying when it occurs, but in laying a foundation of prevention by teaching social emotional skills, empowering bystanders, fostering student connectedness and belonging, and building other proactive systems of support.

The Wisconsin Department of Public Instruction offers free resources designed to support school and district efforts in bullying prevention and response. Visit the [DPI Comprehensive Approach to Bullying Prevention webpage](#) to learn more and access resources.

## **Bullying Prevention Toolkit**

The Bullying Prevention Toolkit serves as a resource for schools to implement and strengthen their comprehensive approach to bullying prevention and response. The toolkit provides guidance for bullying prevention practices including educating students, staff, and caregivers about bullying, establishing a bullying prevention task force, and creating a bullying prevention action plan that can be integrated into existing multilevel systems of support. The toolkit also provides guidance for bullying response protocols including reporting, investigation, and decision-making procedures. Letters, fillable forms, and caregiver resources are also included.

## **Awareness and Prevention of School-Based Bullying Online Training**

The DPI Student Services Section, in collaboration with Dr. Chad Rose and the University of Missouri Bully Prevention Lab, is offering a free, online bullying prevention training course for Wisconsin educators and Wisconsin out-of-school time programs! This course is designed for all educators, including regular and special education teachers, student services professionals, administrators, out-of-school time program staff, and any other school personnel. This five-module, self-paced course can be completed by an individual in approximately two hours. The five modules provide foundational knowledge of bullying prevention.

In addition, please check out free, valuable bullying prevention and response resources from our partners. Also see Children's Wisconsin section.

*October is nationally recognized as Bullying Prevention Month, and it offers us an opportunity to reaffirm our commitment to fostering safe, inclusive, and respectful school environments.*

# DPI News



## **[Speak Up Speak Out \(SUSO\) Tipline](#)**

SUSO is a confidential reporting system for school safety concerns, including bullying. It is managed by the Office of School Safety, which is part of the Wisconsin Department of Justice. Students, caregivers, and anyone else who has concerns about bullying, violence, or other safety concerns at school can report their concerns through this tipline. Concerns can be reported confidentially, and resource center staff can help to deploy a response locally by communicating directly with school staff and law enforcement as needed.

## **Functional Behavioral Assessments**

In collaboration with partners across the state, the Wisconsin DPI has **updated resources on conducting functional behavioral assessments (FBA)** for students with individualized education plans (IEPs). The updated resources include building team readiness to conduct thorough and useful FBAs, when teams should consider use of an FBA, consent requirements, the components of an FBA, how to use the results, and FBA and BIP examples/templates for teams to use or customize to meet their local needs. The FBA resources and **information on upcoming FBA professional learning opportunities can be found on the DPI [Functional Behavioral Assessment webpage](#).**

## **New RIOT-ICEL Resource**

DPI posted a new resource to support IEP team processes to assist with special education evaluations, functional behavioral assessments and problem-solving teams utilizing the matrix for RIOT (Review, Interview, Observe, Test) and ICEL (Instruction, Curriculum, Environment, Learner). [Click to view RIOT-IDCEL Matrix: A Tool to Support IEP Team Processes](#). This resource was added to the [Comprehensive Special Education Evaluation webpage](#).

*Students, caregivers, and anyone else who has concerns about bullying, violence, or other safety concerns at school can report their concerns through this tipline. Concerns can be reported confidentially, and resource center staff can help to deploy a response locally by communicating directly with school staff and law enforcement as needed.*

# DPI News

## **Federal Layoffs and IDEA and ESEA Implications**

We want to acknowledge the concern and uncertainty that recent federal staffing reductions may bring. The U.S. Department of Education's Offices of Special Education Programs (OSEP) and Elementary and Secondary Education (OESE) have experienced significant staff layoffs, including most program personnel.

We know how deeply committed you are to supporting students, families, and educators—and how challenging it can be to navigate shifting guidance and systems while continuing to meet the needs of your communities.

Despite these changes at the federal level, states and school districts remain responsible for fulfilling all requirements under the Individuals with Disabilities Education Act (IDEA) and the Elementary and Secondary Education Act (ESEA). At this time, short-term funding and allocations are expected to continue without interruption.

While the long-term impacts of these reductions are not yet clear, we encourage continued focus on meeting student needs and staying informed as more information becomes available. We will continue to monitor the situation closely and share updates as they become available.

## **DPI Secures Funding to Sustain Services for Deafblind Learners after Federal Grant Termination**

The Wisconsin Department of Public Instruction announced October 8th it has secured new funding to continue critical services for deafblind children and young adults across the state. This comes after the unexpected and sudden termination of federal funding for [the Wisconsin Deafblind Technical Assistance Project \(WDBTAP\)](#).

[In September](#), the U.S. Department of Education notified the DPI that it was ending the federal grant that supported the WDBTAP, [a program serving 170 learners from birth to age 21 who are both deaf and blind](#). The project was in the middle of a five-year grant cycle totaling more than \$550,000, originally expected to continue through September 2028.

The USDE cited a shift in federal policy priorities as the reason for terminating the grant, stating the program "reflect(ed) the prior administration's priorities and policy preferences and conflict(ed) with those of the current administration." The DPI appealed the decision, but the appeal was denied on September 23, 2025.

To prevent disruption of services, the DPI successfully secured a subgrant from [the National Center on Deafblindness](#), led by [the Helen Keller National Center for Deafblind Youths and Adults](#). This funding will allow the WDBTAP to continue offering essential services across Wisconsin for the next year, including providing assistive technology tools, specialized coaching and training for educators, family support and consultation, professional development for service providers across Wisconsin, and more.

For more information on the WDBTAP, [visit the DPI's website](#).

# DPI News

## **State School Aids Announced**

The Wisconsin Department of Public Instruction published state general school aids that school districts will receive during the current school year.

This release of certified financial figures is based on data from the previous school year, including student counts and year-end financial data. The information published today includes certified general school aid amounts for each school district, as well as 2025-26 student enrollment numbers for independent charter schools and private schools participating in the Private School Choice Programs and the Special Needs Scholarship Program. Certain enrollment numbers for these programs are used to determine the dollar amounts to be withheld from school districts' aid payments to fund the programs as applicable.

[General school aids](#) are the largest form of state support for PK-12 schools in Wisconsin and are based on prior-year data. The Private School Choice Program (PSCP), Special Needs Scholarship Program (SNSP), and independent charter school programs are funded based on current year data. The DPI is required by state law to release the certified aid figures by October 15 of each year. General school aid amounts for school districts are calculated using student counts and year-end financial data from the previous school year (2024-25). This certified data replaces [preliminary aid estimates released in July](#).

### ***General school aids***

The 2025-2027 state biennial budget kept funding for general school aids for the 2025-26 school year flat at \$5.58 billion. Statewide, a majority of general aid is [equalization aid](#), which is distributed according to a formula designed to help Wisconsin communities provide public education despite local differences in property wealth. The formula incorporates school district expenditures, property values, and resident student counts (called "membership"). The other, smaller elements of general school aids are integration aid (or "Chapter 220" aid) and special adjustment aid. The latter, also known as "hold harmless" aid, prevents districts from receiving more than a 15 percent reduction in gross general aid from year to year and will rise to 88 districts for 2025-26. However, total aid for 68 districts decreased more than 15 percent year-to-year due to prior year aid adjustments. These adjustments typically stem from shifts in expenditures used to calculate prior year aid.

Aid varies widely by district based on the equalization formula. Of 421 districts, 111 (26 percent) will receive more aid for 2025-26 than in 2024-25; 301 (71 percent) of districts will receive less. Aid amounts for each school district [can be found on the department's School Financial Services webpage](#), both alphabetically and by percent change. General school aids [are paid in four installments during the school year](#).

New independent charter schools, the SNSP, and incoming students participating in the Wisconsin Parental Choice Program and Racine Parental Choice Program are funded by withholding aid from districts of participating resident students, resulting in a difference between aid eligibility announced today and actual aid payments to be made this year. Additional data and information, including enrollment figures, is available on the DPI's website ([PSCP data](#), [SNSP data](#), and [independent charter school data](#)). For more information related to the impacts of these programs, [visit this page of the DPI's website](#).

# DHS News

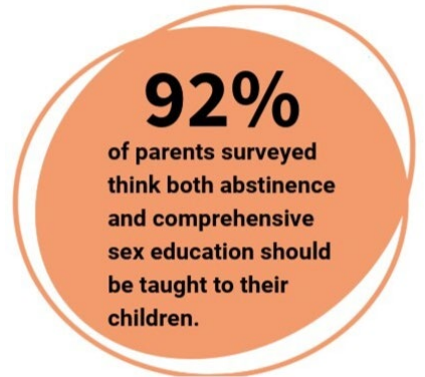
## Parent and Student Attitudes about Sexual Health Education

The Wisconsin Adolescent Health team would like to announce two new summaries of attitudes and opinions from Wisconsin parents, caregivers, and youth about sexual health education in public schools.

**To understand what parents think** about sexual health education in schools, the Adolescent Health team partnered with University of Wisconsin Population Health Institute and the Survey of the Health of Wisconsin to conduct a survey of parents and caregivers of children ages 4–18 across all five public health regions in Wisconsin.

The results of this survey show widespread support for many topics related to sexual health, across many parent characteristics, including age, education level, religion, political orientation, and geography.

Review and share [Parental Support for Comprehensive Sexual Education in Wisconsin](#).



**To understand what youth want adults to know about sexual health education in schools**, the Adolescent Health Team partnered with Providers and Teens Communicated for Health (PATCH) to conduct two focus groups with teens living and attending school in rural and urban communities across Wisconsin. Youth told us they want to learn the basics about sex and healthy relationships, how to prevent pregnancy and sexually transmitted infections, and how to access health care services.

Review and share [Students' Thoughts on Sexual Health Education in Wisconsin](#).

**We should start with the basics:** what is sex, what is safe sex, what is a healthy relationship.

The Wisconsin Adolescent Health team supports the wellbeing, growth, and safety of Wisconsin's young people. It promotes this unique stage of life as one where youth find out who they are and want to be.

I absolutely think **how to access health care services** should be covered. It is also important to talk about what the process of getting care looks like.

## Interactive Respiratory Illness Data

To view respiratory illness data, visit the interactive respiratory illness [summary data](#), [emergency department data](#), [laboratory testing data](#), [death data](#), or [hospitalization data](#). Interactive vaccination data for [COVID-19](#), [flu](#), and [RSV](#) is also available. A new [Measles dashboard](#) has been added.



## **Understanding the Link between Mental Health, School Attendance, and Chronic Absenteeism**

Poor mental health can be both a cause and an effect of absenteeism. When students miss school, their absence can lead to social isolation, anxiety, and loneliness – and for those with existing mental health challenges – deepen their struggles.

Regular school attendance is critical to child well-being because it leads to improved academic, economic, health, and relational outcomes over a child's lifetime. This and more information on the links between youth mental health, attendance and absenteeism are in the latest [Fact Sheet](#) from the Wisconsin Office of Children's Mental Health (OCMH).

Kids who attend school regularly tend to be more engaged with their learning, have better relationships with their teachers as well as their peers, and do better academically. "This probably isn't surprising but the wide-ranging and long-term impacts – such as lifelong wellness and even earnings – might surprise parents," said Linda Hall, the OCMH director. Kids may stay home because of bullying, or anxiety, or simply feeling overwhelmed. Evading school may feel like self-care in the moment, but each absence increases the amount of work missed and can further isolate the child, which often exacerbates their anxiety.

"Especially since the pandemic, many parents think letting their child who is feeling anxious stay home for a day or two is ok. By building an understanding of the anxiety-attendance dynamic – where one gets worse, so does the other – we hope that caregivers will understand the importance of regular attendance," explained Hall.

Schools that offer essential health services at school, those with a school nurse and a comprehensive student services team, can help students manage the link between health and academics. Students often feel less stigma seeing the school nurse, and nurses can provide care to students who might otherwise be sent home. They can also refer students to the school counselor, school social worker, or school psychologist. Since these student services professionals are a safe haven to many students with mental health concerns, they play an important role in bolstering student well-being as well as improving attendance and reducing absenteeism. "How a school responds to a student's absence is also important. Supportive responses that work to identify reasons behind school absence and problem solve with the family are more effective than punitive responses," Hall advised.

See the Fact Sheet for further recommendations.

See the [complete fact sheet](#).

See [previous fact sheets](#).

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# NASN News

## **NASN Strongly Condemns Layoffs at OSERS**

The National Association of School Nurses (NASN) strongly condemns the recent layoffs at the Office of Special Education and Rehabilitative Services (OSERS) within the U.S. Department of Education. This action jeopardizes federal oversight of the Individuals with Disabilities Education Act (IDEA) and the essential rights of children with disabilities.

School nurses are often the first line of support for students with disabilities, ensuring access to education, health services, and a safe participation in school life. Prior to IDEA's passage, 50 years ago, many children with disabilities were denied access to public education entirely. IDEA serves as a vital safeguard for millions of students, ensuring their access to services and supports that promote educational success and lifelong opportunity.

[Read NASN's full release.](#)

## **NASN Reaffirms Support for School Immunization Requirements**

School nurses remain at the forefront of vaccination efforts. This week, NASN released its updated position statement, "[Immunization and Vaccination Requirements](#)," emphasizing the essential role of timely, up-to-date, and complete vaccinations in protecting students, staff, and communities from preventable, serious infectious diseases. NASN advocates for school immunization requirements to align with the best available, scientifically rigorous evidence. [View the release.](#)

## **Updated Position Statements**

- [Gender and Sexual Diversity Support in Schools](#) [Revised June 2025]
- [Head Lice \(Pediculosis Capitis\) Management in Schools](#) [Revised June 2025]
- [School Nurse Workload – Essential Staffing for Safe and Equitable Student Care](#) [Revised June 2025]

## **NASN Documents**

- [Caffeine and Teens: What School Nurses Need to Know and How to Help](#)
- [Back-To-School Must-Haves: Evidence-Based Tools for School Nurses](#)



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# NASN News

## You are invited to participate in the 2025 National School Nurse Workforce Study Survey!

The National Association of School Nurses (NASN) is conducting the 2025 National School Nurse Workforce Study Survey to collect data on school nurse education, credentialing, team support, and workforce experiences. The goal of the data is to **advocate for greater support, visibility, and resources for school nurses.**

**Time commitment:** Up to 25-30 minutes

**Eligibility:** Have an active nursing license, provide school nursing services in a school setting.

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### Follow this link to the Survey:

[Take the survey](#)

Or copy and paste the URL below into your internet browser:

[https://nasn.qualtrics.com/jfe/form/SV\\_5my9OesHAASULik?Q\\_DL=tz4NKkPQf7HKkSM\\_5my9OesHAASULik\\_CGC\\_6Vv3veva5GHw1tk&Q\\_CHL=email](https://nasn.qualtrics.com/jfe/form/SV_5my9OesHAASULik?Q_DL=tz4NKkPQf7HKkSM_5my9OesHAASULik_CGC_6Vv3veva5GHw1tk&Q_CHL=email)

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Survey results are:

- **Confidential and you will never be individually identified.**
- Results will only be reported at state, region, or national levels. You may voluntarily provide your ZIP code and select the school (or schools) where you work so we can determine how representative the survey is.

There are no direct benefits to you, but your responses will provide valuable insight into school nursing and will strengthen NASN's ability to advocate for resources and support school nurses' needs. The risks are minimal.

If you have questions about this study, please contact Alexandria Albers ([aalbers@nasn.org](mailto:aalbers@nasn.org)).

### Thank you for your interest,

Alexandria Albers, PhD, MPH, MS  
Research Fellow, National Association of School Nurses  
[aalbers@nasn.org](mailto:aalbers@nasn.org)

On behalf of the NASN research team:

- Kimberly Stanislo, DNP, APRN-CNP, LSN, NCSN, CPNP-PC – [kstanislo@nasn.org](mailto:kstanislo@nasn.org)
- Andrea Tanner, PhD, RN, NCSN – [atanner@nasn.org](mailto:atanner@nasn.org)
- Deborah D'Souza Vazirani, DrPH, MHSA – [dvazirani@nasn.org](mailto:dvazirani@nasn.org)
- Terri Hinkley, EdD, MBA, BScN, RN, CAE – [thinkley@nasn.org](mailto:thinkley@nasn.org)

# School Nurse Blog

## [The Relentless School Nurse: Grandparents Are Speaking Out—And We Should All Be Listening](#)

By Robin Cogan NCSN, FNASN, FANN

After decades in school health, I've learned that the most powerful public health movements begin with storytelling—real people speaking hard truths with heart. That's exactly what's happening with [Grandparents for Vaccines](#), a movement that refuses to let disinformation drown out lived experience.

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## Miscellaneous



### **School Health Associates Survey**

Think back to those early days as a school nurse. What were you wishing you knew more about? What aspects of the practice were completely new to you? Did you find it hard to locate continuing education resources? Share your [experiences](#) with School Health Associates on this survey. Your responses will assist us in identification and development of needed continuing education resources.

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## Your Local Epidemiologist Blog

### [Updated 2025 fall vaccine guide](#)

Your guide, frequently asked questions, webinar recording and resources

By KATELYN JETELINA

### [Weekend chaos at the CDC](#)

By KATELYN JETELINA

And bird flu is back, patching together the disease "weather" report, measles continues to burn through, teen depression rates are falling, and more!



# Children's Wisconsin



## **Free High School Vaping Prevention Campaign**

Children's Wisconsin's free fall high school vaping prevention campaign is now available. Vaping has negative effects on teens' mental, emotional, and physical health – as well as their ability to learn. Children's Wisconsin is here to help you address and prevent vaping in your school with new vaping prevention content for high school.

This campaign is designed to be led and implemented by a student group and a faculty campaign champion. Register today, the first 20 high schools to register receive a free campaign kit, and the first 15 high schools to complete the campaign requirements will qualify for a monetary award of \$500 per school.

**Complete the [request more information form](#) to receive a registration sheet and campaign steps in your email.**

Registration sheets must be signed and submitted via email to [healthykids@childrenswi.org](mailto:healthykids@childrenswi.org).

## **[E-Learning Center Bullying Prevention Learning Activities](#)|Children's Wisconsin**

Children's Wisconsin's Bullying Prevention program offers interactive online lessons, activities, and games tailored for K-12 students, educators, and caregivers, aiming to raise awareness and equip participants with age-appropriate strategies to prevent and address bullying.

## **[Parents Act Now! Bullying Prevention](#) | Children's Wisconsin**

Children's Wisconsin's "Parents Act Now! Bullying Prevention" initiative offers a comprehensive online resource to assist parents and caregivers in recognizing, understanding, and addressing various forms of bullying that may impact their children. The program provides educational materials, including videos and fact sheets, to help families identify bullying behaviors and implement effective strategies to support their children in navigating and preventing bullying situations.

# Medscape Nurses

## **Alpha-Gal Syndrome: What to Know.**

The syndrome is spreading across the country. [Read article.](#)

## **COVID: Is the 'Frankenstein' Variant Dangerous?**

New variant spreading in Europe and Asia. [Read article.](#)



# Legislative Update

## **[Wisconsin legislature passes bill banning cell phones in classrooms, local schools share impact of ban](#)**

A bill banning cell phones in classrooms is heading to Governor Tony Evers' desk after the Wisconsin legislature passed the measure this week. The legislation requires public school boards to adopt a policy banning students from using wireless communication devices during class time by July 1, 2026. Although the policy could be a big change for districts, a number of Coulee Region schools have already implemented a cell phone ban.

## **[GOP bill requiring more notice for vaccine waivers gets public hearing](#)**

Republican authors of a bill directing schools and childcare facilities to create a process telling parents how to opt their kids out of vaccine requirements said at a public hearing Wednesday the measure isn't "anti-vax." But Democratic lawmakers were skeptical, with state Rep. Lisa Subeck, D-Madison, alleging the bill is redundant and "one more opportunity to shake that confidence in vaccines." The [legislation](#) authored by state Rep. Lindee Brill, R-Sheboygan Falls and co-sponsored Sen. Rachael Cabral-Guevara, R-Appleton, would mandate that schools, day care centers and nursery schools create new processes aimed at making it easier for parents to learn about how to opt their children out of state vaccine requirements before they're enrolled.

# Diabetes in School Health

## Upcoming DiSH Sessions

Sessions are held on the 3rd Wednesday of the month, from 3-4 PM, CST. *Click the session dates to add them to your calendar as an .ics file!*

### [October 15, 2025](#)

[Hypoglycemia at the End of the School Day: Going Low and Going Home?](#)

### [November 19, 2025](#)

[Information Overload: How to Help Families Navigate a New Diagnosis of Diabetes](#)

### [December 10, 2025](#)

[When Every Day is a Holiday: Diabetes and Nutrition](#)

### [January 21, 2026](#)

[Supporting Success: How to Empower Teens to Thrive with Diabetes](#)

### [February 18, 2026](#)

[Stronger Together: Partnering with School Leaders to Support Diabetes Care](#)

### [March 18, 2026](#)

[Diabetes Technology](#)

### [April 15, 2026](#)

[Innovation in Immunotherapy: Hope for What's to Come in Diabetes Care](#)

### [May 20, 2026](#)

[Diabetes Emergencies](#)

## Miscellaneous

### [Common Causes of Behavior Problems in Kids](#) - Child Mind Institute

- Knowing what makes kids act out is the first step to finding solutions

### [Jane the Brain Video Series](#) - NIH

- Hello kids, meet Jane the Brain! This colorful video series from NIMH introduces kids to Jane, our super-smart and friendly animated character, who helps kids understand and cope with big feelings like stress, frustration, and sadness.

### **Child Maltreatment and Children with Disabilities**

- [Articles from the Council for Exceptional Children](#) on incidence and impact, observation and reporting, prevention and response.
- [Kidpower International Resources on Safety and healthy relationships](#)
- [Resources for Health and Safety for Students with Disabilities](#) - DPI

### [Is your child missing school due to anxiety? Flier for Parents](#) - Attendance Works

- What are the symptoms and what can families do?

# Practice Points

By Louise Wilson, MS, BSN, RN, LSN, NCSN, FNASN



## Medicaid 101

Effective for the 2025-2026 school year expansion of school-based services (SBS) for Medicaid-enrolled students (between 3 and 21 years of age) is in effect. The topic for the August DPI School Nurse Summer Institute was Medicaid billing. The emphasis for the Wisconsin Association of School Nurses (WASN) spring 2026 conference will be on Medicaid billing. WASN has advocated for years to expand billable services to all Medicaid-enrolled students as has been allowed since 2014. It is now a reality for Wisconsin students and school districts.


Some school nurses, even those who had been billing for services provided to special education Medicaid-enrolled students, might wonder why this is such a big deal. Thus, I thought a primer on Medicaid might be a worthy topic for Practice Points.

Medicaid provides health coverage to more than 65 million people, including 37 million children in low-income families. It covers comprehensive and preventive physical and behavioral healthcare services. Medicaid's signature benefit for children and adolescents, the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) benefit](#), is designed to ensure that children receive all medically necessary services. Its components include:

- Early: Assessing and identifying problems early;
- Periodic: Checking children's health at periodic, age-appropriate intervals;
- Screening: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems;
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified; and
- Treatment: Control, correct or reduce health problems found

Medicaid provides a significant amount of funding in almost every state for school health services, particularly for children with disabilities, although it's only a small proportion of Medicaid's overall expenditures. Since 1988, Medicaid has reimbursed states for certain medically necessary services provided in a school-based setting to children with an Individualized Education Program (IEP) and in other limited situations, providing billions of dollars of federal funding to support school health services.

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States are not required to participate in Medicaid, nor are they automatically eligible to receive Medicaid payment for services provided in schools. But schools are required to provide the services listed in an IEP, or services a student needs to attend school whether or not Medicaid funding is available.

The cost of school health services is covered by different funding streams. Federal, state, and local sources of education funding cover most of the cost, while Medicaid reimburses a smaller portion of the total healthcare costs. Many states and school districts rely on federal Medicaid funding to offset the expenses of providing these medically necessary services and ease the pressure on state and local education budgets.

For services to be considered medically necessary, they must be reasonable and necessary for the treatment of illness, injury, disease, disability or developmental condition. Medical necessity is a critical factor for determining eligibility for Medicaid reimbursable services. Billing for School Based Services (SBS) by schools does not influence approval or denial of services for the student from other community providers. In other words, billing for services provided at school does not affect the amount of money for services that can be billed by the child's other providers.

The Centers for Medicare and Medicaid Services (CMS) reimburses states for a portion of the services that are billed, and each state passes some of the money back to schools and districts. The process for reimbursement is complicated and varies state-by-state. **Not billing for otherwise eligible services that are already being provided in schools means leaving federal dollars unclaimed.**

Benefits and eligibility levels are outlined in each state's Medicaid state plan. This agreement between a state and the federal government describes how the state administers its Medicaid program and includes clear guidelines about who gets covered, what services are covered, and who are eligible providers. States have significant flexibility in designing their state Medicaid plan within certain CMS guidelines. In Wisconsin the Division of Medicaid Services (DMS) administers the Medicaid programs of the (federal) Centers for Medicare and Medicaid Services (CMS).

In 2014 CMS stated that services could be expanded to include students without IEPs (non-special education students) if the services met the same criteria for medical necessity. States were required to change their state Medicaid plans in order to do this. Wisconsin's DMS is now making those changes and expanding the plan (along with some other changes they are required by the CMS to make).

So why you are hearing so much about Medicaid now, and why has WASN advocated for so long to expand the coverage to all Medicaid-enrolled students? **School nurses provide a lot of medically necessary care in schools.** We also document this care. This makes billing for these services to all Medicaid-enrolled students less of a "lift" for school nurses. Potentially school nursing services could bring in more money for school districts.

I presented at the Summer Institute how school nurses can document medical necessity, so that their school can bill for the services school nurses provide. I will be presenting this topic at the WASN 2026 conference. I highlighted above what is considered medically necessary services.

School nurses provide numerous medically necessary services throughout the school day! Given the number of students who are Medicaid-enrolled in many Wisconsin school districts, this is a lot of potential increased funding for school districts. (WASN is advocating that the extra money be used for school health services. But that's another story.)

School nurses can (still) document medical necessity in the IEP for special education students. School nurses can also document medical necessity in an Individualized Health Care Plan (IHP), Student Health Plan (SHP), and even in a medication order or medical order they receive to perform (or delegate) a procedure. These documents can be used to document medical necessity for all students (special education and regular education students).

Documenting medical necessity includes:

- Start and End Dates
- Frequency
- Duration
- Type or Scope of Service Provided
- Statement of Medical Need

Because Wisconsin schools can now bill for non-special education students, medical necessity is not tied to how the service benefits them educationally, only that it is required for them to be able to attend school. (Documenting how a health condition affects the student's education is still important in special education evaluations and IEP development. However, that too is another story for another Practice Points or presentation!)

I will be providing more information and opportunities to learn about this Medicaid expansion. DHS representatives have agreed to attend the November school nurse consultant office hours. DPI is working with a team at the Department of Health Services' DMS to help them write clear guidelines for school-based providers. For the mean time, I hope this Medicaid primer sets the stage for the possibilities that exist with Wisconsin expanding school-based Medicaid services.

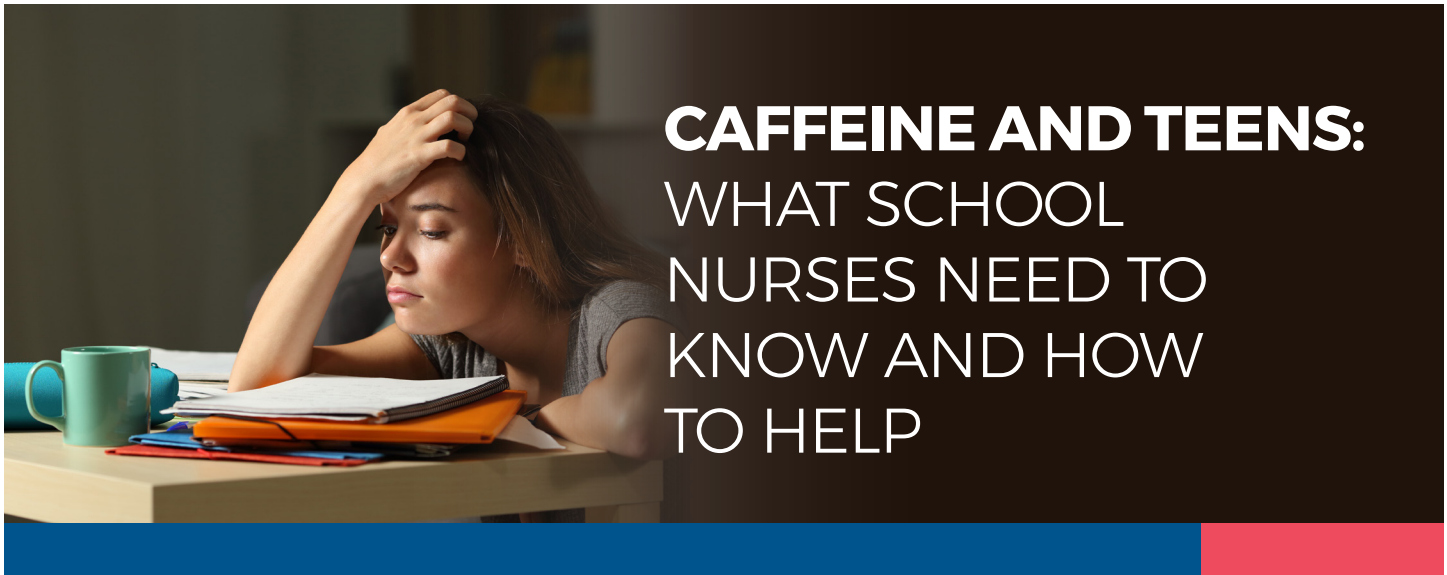
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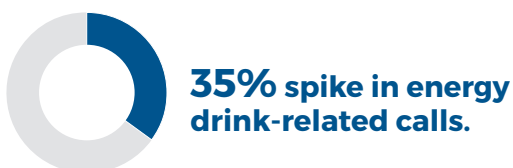
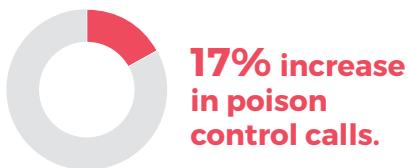


Today's teenagers face intense pressure—from academic demands to sports and social media. As a result, many turn to caffeine in energy drinks, coffee and supplements, to stay alert and keep up. But while caffeine is widely accepted in adult culture, excessive intake can pose significant risks for teenagers whose bodies and brains are still developing.

As a school nurse, you're in a unique position to identify signs of caffeine misuse, initiate supportive conversations, and guide students toward healthier choices.

## CAFFEINE TRENDS AMONG TEENS

A 12-year study by Dr. Hannah Hayes at Nationwide Children's Hospital (OH)<sup>1</sup> looked at trends of pediatric exposures to caffeine energy products reported to U.S. poison centers in individuals under 20 years old. Key findings included:



These numbers reflect a troubling trend: more teens are consuming high doses of caffeine—often without the knowledge to understand the risks.

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## KEY HEALTH RISKS<sup>2</sup> OF EXCESSIVE CAFFEINE USE IN TEENS

**Sleep Disruption:** Caffeine interferes with natural sleep patterns, a concern for teens who may struggle with late nights and early school schedules. Chronic sleep loss can impair regulation, concentration, immunity, and the ability to cope with stress.

**Cardiovascular Effects:** Elevated heart rate and blood pressure are common effects. Caffeine may trigger serious events like fainting or heart palpitations, which can lead to serious risks for students, including those with undiagnosed heart conditions.

**Dependence & Withdrawal:** Teens can become reliant on caffeine, developing withdrawal symptoms such as irritability, fatigue, and headaches when intake stops. This can impact their day-to-day lives and activities.

**Mental Health Impact:** High doses can heighten anxiety, jitteriness, and exacerbate existing emotional challenges.

**Poor Nutrition:** Energy drinks and supplements often contain excess sugar and lack nutrients, contributing to poor dietary habits.

**Dehydration<sup>3</sup>:** High levels of caffeine may contribute to dehydration by stimulating the body to release more liquid than usual.

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## EDUCATE STUDENTS: WHAT IS CAFFEINE?

Let students know that natural caffeine is a stimulant<sup>4</sup> found in foods like coffee, tea, and chocolate. It works by **blocking adenosine**, the brain chemical that signals sleepiness. Unlike natural caffeine, synthetic caffeine is produced in a lab and commonly added to beverages like soda, juice, or energy drinks. While caffeine can enhance alertness in the short-term, large doses can lead to dehydration, anxiety, and poor sleep.

### LEAD BY EXAMPLE:

School nurses can lead by example in modeling healthy behaviors and promoting alternatives to high caffeine drinks and foods. Keep water and healthy foods at your desk!

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## RED FLAG PRODUCTS TO WATCH FOR

- **Energy Drinks:** A single 16-oz energy drink may contain up to **240mg** of caffeine.
- **Energy Shots:** As much as 200mg in just 2 ounces (one shot).
- **Caffeine Powders:** Pure powder is especially dangerous—just **1 teaspoon = 28 cups of coffee**. The FDA warns against its use due to the risk of accidental overdose, which can include symptoms such as erratic heartbeat, seizures, and death. Vomiting, diarrhea, stupor, and disorientation are also symptoms of caffeine toxicity<sup>5</sup>.

Encourage students to **read labels** and question marketing claims<sup>6</sup> about boosting energy levels, improving focus and concentration, and enhancing athletic performance. The **American Academy of Pediatrics recommends** teens avoid energy drinks entirely<sup>7</sup>.

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## COUNSELING STRATEGIES FOR SCHOOL NURSES

### 1 Integrate Caffeine Checks into Wellness Visits

When students visit for fatigue, sleep issues, or headaches, gently ask about caffeine intake. Use open-ended questions to assess habits without judgment.

### 2 Collaborate with School Staff and Counselors

If you notice widespread use among a particular group (e.g., athletes), work with coaches or counselors to provide targeted education. For example, share observational insights and jointly monitor at-risk students through an intake tracking plan. Also deliver consistent messages from both nurses and coaches, as you will often see different sides of the student's behavior, performance, and health.

### 3 Host Mini-Lessons or Posters in the Health Office

Share information/visuals about caffeine content in popular drinks to spark curiosity and self-awareness.

#### 4 Engage Parents When Appropriate

If a student appears dependent or at risk, a compassionate call to parents can help align efforts at school and home. It might also be helpful to emphasize modeling healthy choices for their kids.

## HOW TO START THE CONVERSATION WITH STUDENTS

When you notice signs of fatigue, frequent energy drink use, or students reporting headaches or jitteriness, consider opening a dialogue with curiosity and empathy.

### Sample Conversation Starters:

- “Hey, I just wanted to check in. I’ve noticed a lot of students are turning to caffeine — like energy drinks— to get through long days and late nights. Some say it helps with staying alert, but others mention things like trouble sleeping, headaches, or feeling anxious. I’m really interested in getting your take on this. What’s your relationship with caffeine like? What benefits do you get from the energy drinks?”
- “How do you feel after drinking that energy drink? Do you notice any changes in your sleep or focus? How many do you consume in a day or how many did you consume today?”
- “If you ever wanted to make a change or cut back, what would be your reasons for doing that? What would cutting back look like for you?”

These questions help build trust and open the door for students to reflect on their choices without feeling criticized.

## HEALTHIER ALTERNATIVES TO RECOMMEND

You can guide students toward safer, sustainable energy sources<sup>8</sup>:

- **Water:** Dehydration often mimics fatigue. Suggest a refillable water bottle and regular hydration.
- **Healthy Foods:** Fruits (bananas, apples), whole grains, and protein-rich snacks like cottage cheese, Greek yogurt, and lean meats offer natural energy without a crash.
- **Movement:** Get up and walk around! Take regular brain breaks and move your body to feel energized.
- **Mindful Breaks:** Encourage students to take screen-free moments during the day to reset their focus.

## FINAL THOUGHTS FOR SCHOOL NURSES

Teen caffeine use is rising—but so is your opportunity to make a difference. Through trusted relationships, evidence-based education, and approachable conversations, school nurses can help students understand the **real impact of caffeine** and feel empowered to make **healthier decisions**.

Your role is proactive, preventative, and deeply influential in shaping lifelong health-promoting behaviors for your teen students.

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# The Facts About Autism & Vaccines



## What is Autism?

Autism is a complex, lifelong developmental condition that typically appears during early childhood and can impact a person's social skills, communication, relationships, and self-regulation.

**The Autism experience is different for everyone.**



## Why has the prevalence of Autism increased?

The rise in prevalence—**from 1 in 36 in 2023 to 1 in 31 in 2025**—may reflect several factors including greater awareness, improved screening and diagnostics – especially in communities that were previously underrepresented. **This reflects diagnostic progress and a need for more science-based research.**



## What causes Autism?

**There is not a singular cause of Autism**, however the scientific community agrees that it is typically caused by genetic, biological and environmental factors.



## What does research say about vaccines and Autism?

**Vaccines do not cause Autism. Vaccines save lives.**

**Numerous large-scale studies** involving millions of children worldwide have found **no evidence to support any connection between vaccines**, including the MMR vaccine, and Autism.



## If vaccines aren't linked to Autism, why did my loved one regress around 18 months old?

The genes related to Autism influence how the brain develops beginning in the prenatal period, long before a child receives vaccines. While the exact reasons for this typical timeframe of regression are not fully understood, there are typically earlier signs and characteristics of Autism before the 18 month mark. More research is needed, however **some studies indicate that rapid brain development during this period, genetic predispositions, and potential environmental influences, likely from the prenatal period, play a role in regressive traits.**



## The threat of vaccine misinformation is real.

**Vaccines are a critical part of keeping our schools and communities safe and our economies functioning.** It is important to support programs that make vaccines more accessible to everyone.



Scan for more information and resources.