

Nursing IEP Services Quality Assurance Review

Review Period:	Student: <input style="width: 90%;" type="text"/>
Provider: <input style="width: 90%;" type="text"/>	Medicaid #: <input style="width: 90%;" type="text"/>
Date: <input style="width: 90%;" type="text"/>	Reviewer: <input style="width: 90%;" type="text"/>

Save Data	Return	Delete This Record
---------------------------	------------------------	------------------------------------

	MEDICAL NECESSITY	MET	COMMENTS/RECOMMENDATIONS
1.1	Is there a current and valid IEP/IFSP/ITP/IHP that identifies the need for Nursing Services, or is there a Supplemental Statement on file?	Yes	
1.2	Is the IEP/IFSP/ITP/IHP signed and dated by the Registered Nurse (responsible for IEP development) within the required time frames? a. Are the needs identified individualized? b. Are the goals and objectives listed on the IEP/IFSP when the nursing service is not a routine or maintenance related service? c. If goals are warranted, are the goals based on an assessment of the child's current needs and level of functioning?	Yes	
1.3	Is there a clinical service note that documents nursing care/treatment provided and reflects delivery of a specific billable service?	Yes	
1.4	If needed, is there a written order for services signed by a licensed physician or other practitioner of the healing arts? Note: (A copy of the label from the prescribed medication bottle can be used as documentation in lieu of a prescription).	Yes	

	CLINICAL SERVICE NOTES	MET	COMMENTS/RECOMMENDATIONS
2.1	Does the clinical service note provide a description of the activities that took place, including an indication of the child's response to care/treatment and, if applicable, progress toward stated goals?	Yes	
2.2	Do the services rendered correspond to billing as to date of service, type of service rendered, and length of time of service delivery? Are start time and stop time given?	Yes	
2.3	Is the documentation sufficient to support the number of units billed to Medicaid?	Yes	

2.4	Is each clinical service note individualized and patient specific?	Yes	
2.5	Is each entry dated and legibly signed by the licensed nurse including the professional title or initialed with corresponding signatures?	Yes	
2.6	Do the clinical service notes document that appropriate procedure codes are being used based upon the amount of time spent by the nurse (15 minutes or more billed in units vs. less than 15 minutes billed as encounter)?	Yes	
2.7	Are entries filed in the child's clinical record in chronological order?	Yes	
2.8	Are errors corrected according to district/Medicaid policy?	Yes	
2.9	Are abbreviations used included in listing approved by the school district?	Yes	
2.10	Is each entry typed or legibly handwritten in dark ink? (If photostatic copies, are they completely legible and are the originals available if needed?)	Yes	
GENERAL		MET	COMMENTS/RECOMMENDATIONS
3.1	Is the credentials file available and updated regularly?	Yes	
3.2	Is there evidence of supervision of LPN by RN as required by the State Board of Nursing? * Supervised by an RN accessible via beeper or telephone at all times the LPN is on duty; * Services provided are those allowable under state licensure; * LPN follows policies, procedures, and guidelines for the employing school district; * As appropriate, RN supervisor provides initial assessment and establishes a plan of care; * As needed, LPN consults with RN upon receipt of additional health information after the initial assessment; * RN supervision documented at a minimum of every 60 days.	Yes	
3.3	Is there a Consent/Release of Information Form signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the child?	Yes	
3.4	(Note: This Applies Only to Advanced Practice	Yes	

<p>Registered Nurse.) Physician Oversight: If the nurses are practicing under and "extended role," is there a written physician preceptor agreement and a written protocol agreed upon by the physician and nurse, signed and dated by all parties, and reviewed annually? If a physician preceptor agreement and written protocols are in place, is the physician readily available and able to be contacted in person or by telecommunications or other electronic means to provide consultation and advice as needed? (Local Education Agency Provider Manual, p. 2-40)</p>		
--	--	--

[Save Data](#) | [Return](#) | [Delete This Record](#)

July 2014