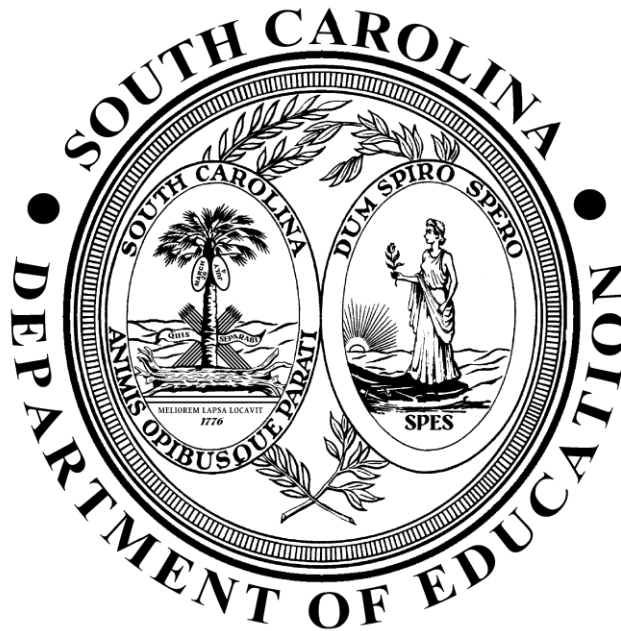


**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF EDUCATION**

**MOLLY M. SPEARMAN**  
*STATE SUPERINTENDENT OF EDUCATION*



## Frequently Asked Questions about Individual Health Care Plans

Based on Requirements of Section 59-63-80 of the South Carolina Code of Laws

March 2019

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## Overview

Many students attending school have health conditions for which special health care services are needed during the school day and at school-sponsored functions. Students with special health care needs require an individual assessment and plan of care to ensure that their unique needs are identified and addressed. Better management and control of health conditions are the keys to success for these students, both now in their school endeavors and in the future so that they can lead happier, more productive lives. As students with health conditions grow and mature, the responsibility for making health decisions shifts from parents and caretakers to the students themselves. Care for students with health conditions should thus include teaching and encouraging the practice of self-care skills.

Many health care procedures and services can be successfully provided to students during the school day and can thus allow those students with health conditions to remain at school, where they can further their education in the least restrictive environment. School nurses are often able to work with parents/guardians, health care practitioners, school administrators—and, of course, the students themselves, as appropriate—to develop individual health care plans (IHPs) for meeting special health care needs. The definition of an IHP is a health plan document written and signed by a registered nurse (RN). IHPs outline specific actions that will be taken to ensure that each student's health needs are met in a consistent manner during the school day and at school-sponsored functions.

On May 26, 2005, Chapter 63 of Title 59 of the South Carolina Code of Laws was amended to include Section 59-63-80, "Development of policies governing IHPs or students with special health care needs; definitions; written statements." The following mandates were set forth:

1. Each school district must adopt a policy requiring that IHPs be developed for students with special health care needs. This policy must provide for the authorization of a student to self-monitor and self-administer medications as prescribed by the student's health care practitioner unless there is sufficient evidence that unsupervised self-monitoring or self-medicating would seriously jeopardize the safety of the student or others.
2. The South Carolina Department of Education (SCDE) must develop guidelines for required components of a written student IHP that must be developed with input from and with the approval of (a) the health care practitioner who prescribed the medication for the student; (b) the student's parent or legal guardian; (c) the student, if appropriate; and (d) the school nurse or other designated school staff member. If a student qualifies for an accommodation plan under Section 504 of the Rehabilitation Act of 1973 (Section 504), that process must meet the requirements for the state-required IHP. The parent/guardian and the student, if appropriate, are required to authorize the school to share the student's IHP with school staff who have a legitimate need for the information. (S.C. Code Ann. § 59-63-80(D))
3. All medication authorized to be carried by the student must be maintained in a container appropriately labeled by the pharmacist who filled the prescription. (S.C. Code Ann. § 59-63-80(E))
4. A student's permission to self-monitor or self-administer medication may be revoked if the student endangers him- or herself or others through the misuse of the monitoring device or

medication. The permission for self-monitoring or self-administration of medication is effective for the school year in which it is granted and must be renewed each school year upon the parent's/guardian's fulfilling the requirements of the law. (S.C. Code Ann. § 59-63- 80(F)–(G))

5. A parent/guardian must sign a statement acknowledging that the school district and its employees and agents are not liable for an injury arising from a student's self-monitoring or self-administration of medication and that the parent/guardian will indemnify and hold harmless the district and its employees and agents against a claim arising from a student's self-monitoring or self-administration of medication. (S.C. Code Ann. § 59-63-80(H))

6. The SCDE must develop a notice that school districts must send at the beginning of the school year to all parents/guardians informing them of available services and rights pursuant to Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and medical homebound regulations. (S.C. Code Ann. § 59-63-90)

The intent of this document is to provide school districts with answers to some of the questions that have frequently arisen with regard to the establishment of IHPs for students. This document will also fulfill the SCDE's charge to provide guidelines for the required components of the written student IHP. Information related to students self-medicating and self-monitoring is provided in a separate document. If you have questions regarding the contents of this document related to IHPs, please contact the Office of Health and Nutrition School Nurse Consultant. For questions regarding Medicaid billing, please contact the Office of Medicaid Services.

## Frequently Asked Questions

### *Question 1: What is an IHP?*

Section 59-63-80(A)(3) of the South Carolina Code stipulates that an “‘individual health care plan’ (IHP) is . . . a plan of care designed specifically for an individual student to provide for meeting the health monitoring and care of the student during the school day or at school- sponsored functions.” School-sponsored functions include those conducted during regular school hours on school grounds, before- and after-school activities conducted by the school on school property, transit to or from school or school-sponsored activities when the vehicles are owned or leased by the school district, and any school-sponsored activity in which the student is a participant officially representing the school. Examples of school-sponsored activities are field trips, interscholastic sporting events, and fine arts events in which the student is a participant.

### *Question 2: For what students are IHPs required?*

IHPs are required for students with special health care needs (Section 59-63-80(B)). Students with special health care needs are students with health conditions requiring treatments, medical procedures, medications, and/or monitoring that must be performed by school personnel and meet one or more of the criteria below;

- (a) are complicated and/or lengthy,
- (b) require several contacts with the nurse or health assistant during the school day,
- (c) are needed to prevent death or disability on an emergent basis,
- (d) are needed for students who have medically fragile health conditions, and/or
- (e) are prescribed for treatment, medical procedures, medications and/or monitoring administered at school more than fourteen consecutive days.

Students who have been granted permission to self-medicate and/or self-monitor in accordance with the school district’s policy are also considered to have special health care needs. An IHP must be established in order for a student to be allowed to self-medicate and/or self-monitor.

Appendix A provides a flowchart that outlines a decision-making process for determining which students require an IHP.

### *Question 3: Who is responsible for writing a student’s IHP?*

A registered nurse (RN) must develop and coordinate the IHP. The development of an IHP requires an assessment of the student’s health condition, identification of potential or existing health problems that need to be addressed at school, the development of goals and the actions that should be taken to address the problems, and a method for evaluating the outcomes of the care that is provided. According to South Carolina’s Nurse Practice Act, these steps in the process required to develop an IHP fall within the scope of practice of an RN (S.C. Code Ann. § 40-33-20(48) (2011)). A licensed practical nurse (LPN) may assist the RN in the collection of data for establishing the IHP; however, the RN must be responsible for analyzing the data gathered and for creating the IHP for the particular student (S.C. Code Ann. § 40-33-20(47) (2011)).

The South Carolina Board of Nursing (SCBN) provides further clarification of the roles of the RN and the LPN. The SCBN's advisory statements are published online.

*Question 4: What is a Medical order?*

A medical order is a written order by an authorized licensed prescriber for a medication, treatment or procedure; may also be referred to as a treatment order, medication permission form, or prescription.

*Question 5: Is there a specific time in the school year during which IHPs must be written?*

IHPs for students diagnosed with health conditions that require an IHP during the school year should be developed within a reasonable time following diagnosis. It is best to have a student's IHP ready for implementation on the first day that he or she will attend school; however, it is not always possible for schools to adhere to this schedule.

The time that it takes to develop an IHP and secure the appropriate signatures of approval is dependent upon several variables: school nurse staffing, parent/guardian response time, and staffing within the student's health care practitioner's office. During the IHP development process, the student must be provided health services that are consistent with nursing practice standards and the medical orders provided by his or her health care practitioner.

If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought by the RN who is responsible for the student's care. With the appropriate consent forms signed by the student's parent/guardian, the RN's communication with the health care practitioner's office may occur via phone, fax, email, or regular mail.

*Question 6: Once it has been determined that an IHP is needed for a student, is there a specific time frame within which it must be completed?*

The RN who is responsible for developing the school's IHPs should prioritize the plans on the basis of the complexity of the care that is needed for the individual students. The RN may develop and implement a tracking system to monitor the progress of each student's plan toward completion. (A confidential tracking log may be used for this purpose. A sample log is included as appendix B.)

*Question 7: What are the required components of an IHP?*

The SCDE, under Section 59-63-80(D), must develop guidelines for the required components of a written IHP. In consultation with the South Carolina Department of Health and Environmental Control (DHEC), the SCDE utilized the following four sources in determining the particular components that every IHP is required to contain: School Nursing: A Comprehensive Text, 2nd edition, edited by Janice Selekman and published by F. A. Davis Company in 2013; the position statement "Individualized Healthcare Plans: The Role of the School Nurse," issued by the National Association of School Nurses in January 2015; Individualized Healthcare Plans for the School Nurse, 2nd edition, edited by Susan I. S. Will et al. and published by Sunrise River Press in 2017; and School Health: Policy and Practice, 7th edition, written by the American Academy of Pediatrics' Committee on School Health and published by the Academy in 2016.

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The following items must appear in every IHP developed in the state's public school system:

- (a) student's name and date of birth;
- (b) current International Statistical Classification of Diseases and Related Health Problems (ICD) (diagnosis code);
- (c) summary of the student's health assessment data;
- (d) identification of the student's health problems/nursing diagnoses;
- (e) goals related to the identified health problems/nursing diagnoses;
- (f) actions to be taken during the school day or at school-sponsored functions to address the health problems/nursing diagnoses;
- (g) procedures to ensure safety and appropriate health services (1) when the student is in transit to or from school or school-sponsored activities when vehicles owned or leased by the school district are being used, (2) during before-school or after-school activities conducted by the school on school property, and (3) during school-sponsored field trips and any other school-sponsored activity in which the student is a participant officially representing the school;
- (h) expected outcomes for the student based on the actions outlined in the IHP;
- (i) Emergency Action Plan (EAP) for handling emergency situations that may occur as a result of a student's medical diagnosis at school or at school-sponsored functions (if applicable); and
- (j) documentation of approval of the IHP by the required individuals (see question 9, below).

See appendix C for a sample IHP form with points to consider when completing the form. See appendix D for a sample EAP form with points to consider when completing the form.

*Question 8: Are school districts required to use the sample forms provided by the SCDE?*

No, school districts are not required to use the sample forms provided by the SCDE; however, IHPs must include at a minimum the information in the items specified in question 7, above. When billing Medicaid, see appendix H for list of items needed to bill Medicaid.

*Question 9: Who is required to approve the IHP and what documentation of approval is required for a student's IHP?*

Section 59-63-80(D)(1) states that a written IHP must be developed with input from and with the approval of the health care practitioner who prescribed the medication/treatment for the student, the student's parent/guardian, the student (if appropriate), and the school nurse or other designated school staff member. The IHP for a student who is an emancipated minor does not require the approval of the student's parent. South Carolina law does not specify the methodology for documenting approval of a student's IHP.

Three common scenarios have been developed to provide schools with procedure guidance that facilitate review and approval of IHPs. The following statements apply to all three of these common scenarios:

1. The term medical orders refer to the document that a health care practitioner and a parent/guardian can submit to the school detailing the treatments, medications, and special needs of an individual student (for example, diabetes management plan, asthma management plan) while he or she is at school. The medical orders must

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- (a) be signed by the health care practitioner along with the identifying title and the student's parent/guardian
  - (b) specify the condition, the medication, treatment and/or procedure
  - (c) specify the frequency and duration of the medical treatment, procedure, or medication
2. IHPs and related documents for students who are emancipated minors require the approval of the student instead of the student's parent/guardian.

**Scenario A.** The parent/guardian presents the medical orders signed by both the parent/ guardian and the health care practitioner.

1. Upon receipt of the medical orders, the RN must determine whether all elements of the medical orders can be implemented as written and whether the student needs an IHP. (If all elements of the medical orders cannot be implemented as written, see scenario B.)
2. If all elements for the medical orders can be implemented as written but the student does not meet the requirements for an IHP, the RN can put into practice the required interventions without writing an IHP. However, if the parent/guardian requests an IHP, the RN must assess the student's health status and facilitate, if appropriate, the development of an IHP that is in the best interest of the student.
3. If all elements for the medical orders can be implemented as written and the student meets the requirements for an IHP, the RN must work with appropriate school staff, the student, and the student's parent/guardian to establish an IHP for meeting the student's needs.
4. The medical orders must be attached to the IHP. References to the health care practitioner's medical orders may be made in the IHP.
5. The student (if appropriate), the RN who developed the IHP, and other designated school staff (an LPN assigned to the student's school, a principal, or a special education teacher, for example, if appropriate) must sign the IHP.
6. If the medical orders will be followed by the school as written and the IHP is consistent with these documents, the signature of the health care practitioner and the student's parent/guardian on the IHP will not be required.
7. If the student's parent/guardian has no objections and if the IHP is consistent with the medical orders, then the school should give the parent/guardian a copy. The parent/guardian can share with the Health Care Provider (HCP) if they choose.

Recap of signatures required for scenario A:

- (1) On the medical orders, the signatures of the following are required:
- ☐ student's parent/guardian
  - ☐ health care practitioner

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Note: In scenario A, the medical orders are implemented as written, thus the health care practitioner's signature and the student's parent/guardian's signature on the medical orders serves as approval for the IHP.

(2) On the IHP, the signatures of the following are required:

- ☐ student (if appropriate)
- ☐ RN who developed the IHP
- ☐ Other designated school staff as appropriate (an LPN who may be assigned to the student's school, a principal, or a special education teacher, for example)

**Scenario B.** The parent/guardian presents medical orders, but the RN has determined that some elements of the treatment plan or medical orders cannot be safely accommodated by the school or are in conflict with existing laws, regulations, standards for nursing practice, or school policies.

1. Discussion—either in person or in written communications—must be held to work out a solution that is in the best interest of the student. Such discussion must involve the student (if appropriate), his or her parent/guardian, his or her health care practitioner, and the appropriate school personnel.
2. While discussions are taking place, the RN must use nursing judgment based on the current standards of care to implement specific interventions that will be necessary for ensuring a safe learning environment for the student.
3. Documentation of the discussion must be entered into the student's health record. (If revised medical orders are received and all elements of the revised medical orders can be implemented as written, see scenario A.)

**Scenario C.** A student requires an IHP, but the health care practitioner and the parent/guardian have not submitted medical orders or consensus over submitted orders has not been established.

1. The RN must contact the student's parent/guardian to discuss the benefits of developing an IHP for the student. NOTE: If parent desires an IHP but the student does not require a medication or treatment order see four below.
2. If the student's parent/guardian declines the IHP, the RN must
  - (a) document in the student's health record the discussion with the parent/guardian,
  - (b) ask the parent/guardian to sign a declination statement indicating that at this time he or she does not wish an IHP to be developed (see appendix F for a sample form), and
  - (c) provide health services that are based on best-practice standards.
3. If the student's parent/guardian agrees to have an IHP developed, the RN must
  - (a) coordinate the gathering of any additional information needed for developing the IHP, (If revised medical orders are received and all elements of the revised medical orders can be implemented as written, see scenario A).
  - (b) provide health services that are based on best-practice standards during the time that the IHP is being developed,

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- (c) write the IHP,
- (d) send the IHP to the parent/guardian for approval, and
- (e) assist the parent/guardian in securing the approval of the health care practitioner at the student's next appointment or sooner if necessary.

Recap of signatures required for scenario C: on the IHP, the signatures of

- ☐ student's health care practitioner
- ☐ student's parent/guardian
- ☐ student (if appropriate)
- ☐ RN who developed the IHP
- ☐ other designated school staff as appropriate (an LPN assigned to the student's school, a principal, or a special education teacher, for example)

*Question 10: What actions must be taken if attempts to secure the signature of the student's health care practitioner and/or the student's parent/guardian on the IHP are unsuccessful?*

There may be instances in which, despite the best efforts of school employees, the health care practitioner and/or the student's parent/guardian do not respond to requests for approving the IHP. At least three attempts should be made to determine whether the health care practitioner and/or the parent/guardian has received the requests for approval and whether there are questions about the IHP. One of the three attempts should be made via regular or certified mail. All attempts and outcomes should be documented in the student's individual health record.

It may happen that the IHP has been developed and although the RN has been unable to secure the signature of the student's parent/guardian and/or the student's health care practitioner, there is no evidence that the parent/guardian or health care practitioner disagree with it. In such a situation, the RN—using nursing judgment based on the current standards of care—must implement those elements of the IHP that are necessary to ensure a safe learning environment for the student. If the student's parent/guardian and/or the health care practitioner do disagree with portions of the IHP that are critical to ensuring the safety of the student, the RN must use the appropriate chain of communication to seek advice from the school district's legal counsel.

*Question 11: With whom can the school nurse share information from a student's IHP?*

School districts should adopt a policy of confidentiality with regard to the sharing of a student's health information. To help ensure that a student's health needs are met consistently, information from the student's IHP must be appropriately shared with school staff—for example, principals, teachers, bus drivers, and teaching assistants. Section 59-63-80(D)(3) specifically addresses this issue: "The parent or guardian and the student, if appropriate, shall authorize the school to share the student's individual health care plan with school staff who have a legitimate need for knowledge of the information."

*Question 12: What is the relationship between a Section 504 accommodation plan and an IHP?*

Section 59-63-80(D)(2) of the South Carolina Code stipulates, "If a student qualifies for a Federal 504 medical accommodations plan, that process must meet the requirements for the state-required individual health plan." In other words, a 504 accommodations plan must contain the components of an IHP. In limited circumstances a 504 and IHP Plan can be a combined document. In most circumstances, the

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assessment section of the IHP can refer to the 504 plan and you may attach a copy if desired. The 504 plan may also reference that the student has an IHP plan, but due to confidential information which may be in the IHP and may not need to be shared with the recipients of the 504 plan, a reference to the presence of a plan is sufficient. In addition, the student's health care practitioner, the student's parent/guardian, the student (if appropriate), and the school nurse or other designated school staff member must be involved in the development and the approval of the plan.

To be eligible under Section 504 for an accommodations plan, a student must have a disability that substantially limits a major life activity. A Section 504 accommodations plan outlines specific actions that will be taken or adjustments that will be made for the student with a disability to receive a free appropriate public education in the least restrictive environment. A 504 accommodations plan must be developed by a team that should include the student's parent/guardian, the student (if able), and others who know about the student's disability such as a teacher, a guidance counselor, a school nurse, and other school staff.

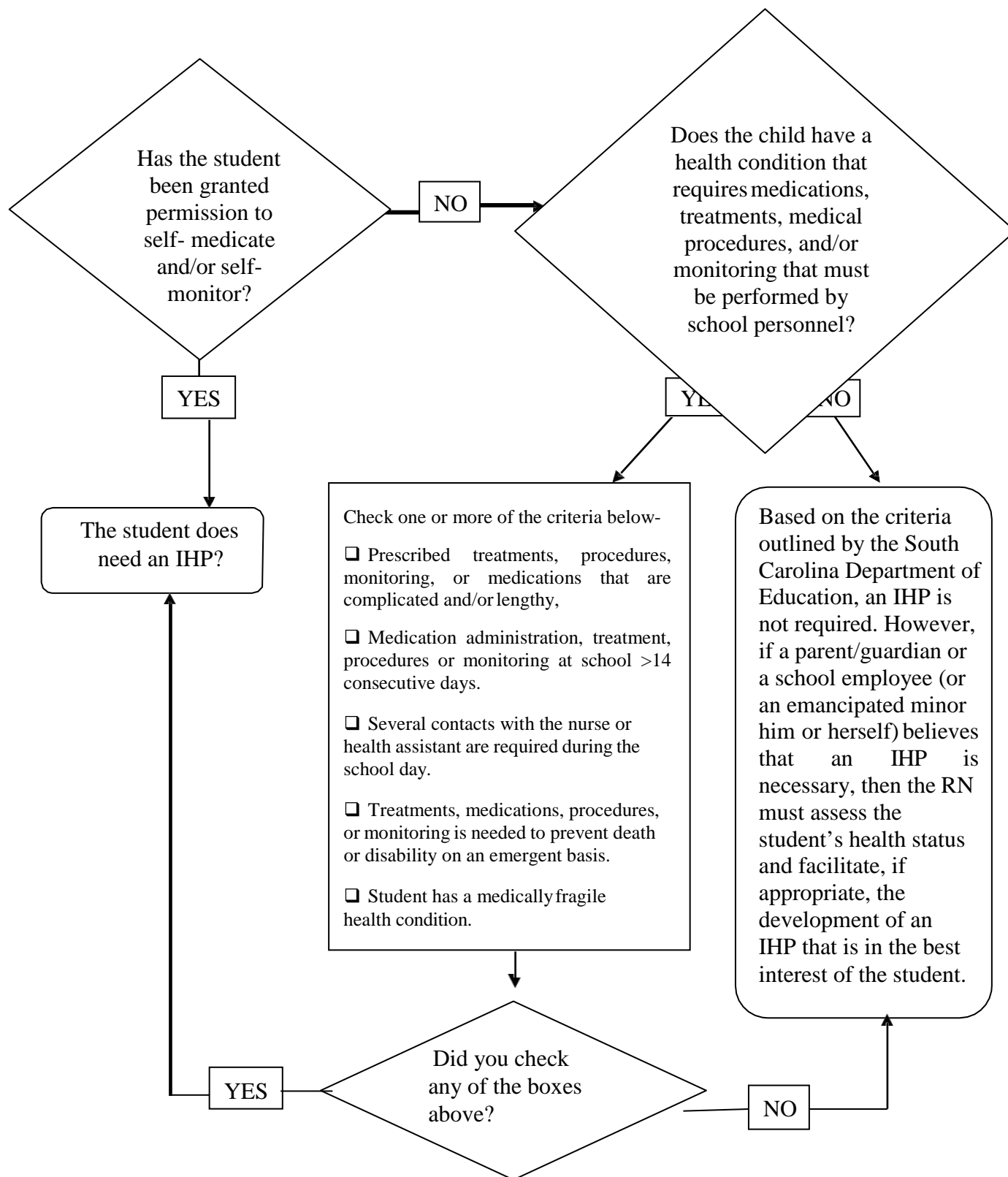
An IHP outlines specific actions that will be taken or adjustments that will be made for a student with a special health care need to attend school. If a child has a special health care need as defined in question two, an RN develops a plan for addressing the student's health needs with input from and the approval of the student's health care practitioner, the student's parent/guardian, the student (if appropriate), and/or other designated school staff.

If a student meets the requirements for an IHP, the local educational agency must consider evaluating the student for Section 504 eligibility. If the student qualifies under Section 504, the local educational agency must develop a plan in accordance with implementing regulations under Section 504—34 CFR 104.34, 34 CFR 104.35, and 34 CFR 104.36—and provide the student with the procedural safeguards guaranteed by Section 504.

Note that some students who do not qualify for an IHP may qualify for a Section 504 accommodations plan and vice versa.

## Appendix A

### Flowchart: Does This Student Need an IHP?



## Appendix B

### Sample IHP Tracking Sheet

This sheet is for tracking purposes only. Official documentation regarding correspondence with parents/guardians and health care practitioners must be included in each student's individual health record. \*The IHP and related documents for a student who is an emancipated minor require the approval of the student him- or herself instead of the parent/guardian.

Student's Name	Parent/Guardian* Contacted	IHP Sent to Parent/Guardian*	Signed IHP Received from Parent/Guardian*, if applicable	IHP Sent to Health Care Practitioner if applicable	IHP Received from Health Care Practitioner	IHP Completed with Signatures and Sent to Parent/Guardian*
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

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	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____
	<input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	<input type="checkbox"/> Not applicable; student emancipated			<input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	
	Date: _____ <input type="checkbox"/> IHP desired <input type="checkbox"/> IHP not desired	Date: _____ <input type="checkbox"/> Not applicable; student emancipated	Date: _____	Date: _____	Date: _____ <input type="checkbox"/> Not applicable; signed treatment plan/medical orders received	Date: _____

## **Appendix C**

### *Sample IHP*

#### *Important Considerations for Completing the Sample IHP*

#### *Sample IHP Work Sheet*



# Sample Nursing Services Individual Health Care Plan (IHP)

To be updated annually or sooner as needed

Student Name (last, first):	DOB:	Gender:	Grade:	School:
-----------------------------	------	---------	--------	---------

**Medicaid ID:**  
(Secondary)

--	--	--	--	--	--	--	--	--	--

Current ICD Code:

--

Health Care Provider:

--

**Primary Insurance:**

--	--	--	--	--	--	--	--	--	--

Medical Diagnosis on File:

--

Initial Assessment Summary:							Allergies:	
Nursing Diagnosis		Goals		Interventions			Person Responsible	
		1.						
		2.						
		3.						
Expected Student Outcome		Expected Student Outcome		Expected Student Outcome			Expected Student Outcome	
Plan of Care Date	Additional Assessment Information		Goal # Addressed	Medication, Treatment or Procedure	Dose	Frequency	Discontinue	Nurse Signature

RN: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date Signed

*\*If all of the medical orders will be followed by the school as written and the IHP is consistent with the medical orders, the signature of the Health Care Practitioner and the student's parent/guardian on the IHP will not be required. However, if the IHP is not consistent with medical orders, the IHP Provider Response Form and the Parental Response Form will need to be signed.*

*\*EAP will be developed, if applicable.*

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## **IHP Approvals (if applicable)**

This IHP for \_\_\_\_\_ was prepared by the following nurse:

RN's signature: \_\_\_\_\_ Date: \_\_\_\_\_

RN's name (*print/type*): \_\_\_\_\_ RN's initials: \_\_\_\_\_

Additional school staff signature (if applicable): \_\_\_\_\_

Review plan: ☐ beginning of next school year ☐ upon parent/health care practitioner/school request ☐ other: \_\_\_\_\_

### **IHP Approvals (if not already obtained through the medical order)**

**Note: By signing this document, the parent/guardian and/or the student authorize sharing this information with school personnel who have a legitimate need for knowledge of the information.**

#### **Parent/guardian:**

I agree with this plan of care for my child while he or she is at school or is attending school-sponsored functions. I agree to let the school know of changes in my child's health condition or treatment and changes to the contact information on page 1 of this individual health care plan.

Sign name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Health care practitioner:**

I agree with this plan of care while at school or attending school-sponsored functions.

Sign name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Student (if appropriate):**

I agree with this plan of care for me while I am at school or school-sponsored functions.

Sign name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Health care practitioner:**

I agree with this plan of care while at school or attending school-sponsored functions.

Sign name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's last name and first initial: \_\_\_\_\_ RN's initials: \_\_\_\_\_ Date: \_\_\_\_\_ (page \_\_\_\_ of \_\_\_\_)

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## **Important Considerations for Completing the Sample IHP**

Listed below are explanations that you may find helpful in completing the IHP.

- Write a brief summary assessment of the student's health—including, for example, the length of time the student has had the disease/condition/illness, description of symptoms and frequency, the impact of the disease/condition/illness on the student's ability to function in a school setting, and the student's needs for assistance and level of independence.
- List all of the student's allergies (e.g., medication, food, insect bites).
- If it is determined a student needs an EAP, it should be listed as an intervention in the IHP. See appendix D.

Use of a work sheet may be helpful in organizing this type of information (see the sample on the page following these lists of considerations):

- **Initial Assessment Summary.** List the data gathered during the assessment of the student's health condition that correlate with the health problems or nursing diagnoses that you are going to address in the student's IHP.
- **Nursing Diagnoses.** Write problem statements or nursing diagnoses that summarize the student's health problems or needs. State the health problem or nursing diagnosis in terms that can be understood by individuals who are not nurses. The North American Nursing Diagnosis Association International (NANDA-I) has developed a listing of actual or potential health problems that you may find helpful. You may order the most recent edition of the list by going to the NANDA-I Web site at <http://www.nanda.org>.
- **Goals.** List goals that are related to the student's particular health problems or nursing diagnoses.
- **Interventions and Responsible Persons.** List the actions that will be taken to ensure that the student's needs are met during the school day and at school-sponsored functions and the names or identifying titles of the person(s) who will be responsible for the actions. Interventions must be stated in terms that can be understood by individuals who are not nurses. You may find the Nursing Interventions Classification (NIC) developed by the University of Iowa, College of Nursing helpful (an overview and ordering information are available online at <http://www.nursing.uiowa.edu/centers/cncce/nic/index.htm>).
- **Expected Student Outcomes.** Write a statement that reflects what is expected to be accomplished for or by the student given the interventions (actions) that have been outlined. The outcomes must be related to the health problems/nursing diagnoses and goals. The expected student outcomes must be measurable statements that reflect how you will know that you are meeting the stated goals. Outcomes must be stated in terms that can be understood by individuals who are not nurses. You may find the Nursing Outcomes Classification (NOC) developed by the University Of Iowa College Of

Nursing helpful (an overview and ordering information are available online).

- Review the IHP at the beginning of every school year, at a minimum.
- Seek the approval of the student (as appropriate), the student's parent/guardian (if not already obtained through other means), health care practitioner who prescribed the medication (if not already obtained through other means), and the designated school staff member (if appropriate).
- If the IHP must be sent to the parent/guardian for signature, send two copies—one for the parent/guardian to keep and one for him or her to sign and return. Keep the copy signed by the parent in the student's health file and make a notation on the original document that the copy signed by the parent/guardian is located in the student's health file. Do not remove the signature page signed by the parent and attach it to any other document because if legal issues arise, the school will be asked to produce, in its original state, the document that the parent returned to the school.
- A similar process can be used for securing approval from health care practitioners.

## Sample IHP Work Sheet

<b>Assessment Data</b>	<b>Nursing Diagnoses</b>
<b>Goals</b>	<b>Interventions</b>
<b>Expected Outcomes</b>	<b><i>Additional notes:</i></b>

## **Appendix D**

### *Sample Emergency Action Plan*

#### *Important Considerations for Completing the Sample Emergency Action Plan*



## SAMPLE EMERGENCY ACTION PLAN

<b>Student:</b>	<b>Date of birth:</b>
<b>MEDICAL DIAGNOSES:</b>	<b>ALLERGIES:</b>

Scenario	
If you see this:	Do this:
If you see this:	Do this:

**This emergency action plan was prepared by the following nurse:**

RN's signature: \_\_\_\_\_

RN's name (*print/type*): \_\_\_\_\_

Date: \_\_\_\_\_

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## **Important Considerations for Completing the Sample Emergency Action Plan**

Listed below are explanations that you may find helpful in completing the Emergency Action Plan. The Emergency Action Plan should be as concise as possible

- Write the student's name and date of birth.
- Specify the student's medical diagnoses.
- Specify any allergies that the student may have so that the information will be readily available in case emergency transport is necessary. Include allergies to medications, foods, insect bites, and so forth.
- On the line following "Plan for" write the name of the emergent condition for which signs and symptoms are being monitored. Examples include hypoglycemia, severe allergic reaction to peanuts, acute asthma episode, and seizures.
- In the "If you see this" column, describe the signs/symptoms the student may exhibit or experience that will indicate that an emergency response is needed.
- In the "Do this" column, provide step-by-step instructions that must be followed if the student is exhibiting or experiencing signs/symptoms that indicate an emergent situation exists. Include instructions for whom to contact in case of an emergency and what must be done if the student's parent/guardian cannot be reached.
- When an emergency action plan is required, it is a part of the student's IHP. The emergency action plan should be submitted to the student's parent/guardian and health care practitioner for signature if not approved during the school year. Signing the IHP indicates agreement with the Emergency Action Plan.



## **Appendix E**

### *Sample IHP Letter to the Health Care Practitioner*



Delete this box and print on your school's letterhead. Be sure that the letterhead includes your school's address, fax number, and phone number.

To: \_\_\_\_\_

Date: \_\_\_\_\_

Re: IHP for [student's name]:

Section 59-63-80 (Supp. 2005) of the South Carolina Code of Laws requires that schools develop individual health care plans (IHPs) for students who have special health care needs that must be met during the school day or at school- sponsored functions. Section 59-63-80 also requires schools to seek input and approval from the student's health care provider when developing the IHP.

We value you as a partner in our efforts to keep students healthy and ready to learn. Accompanying this letter is an IHP developed for your patient (our student) referenced above.

- ☐ Please review the IHP, complete the IHP health care provider response form on the second sheet of this letter, and return it to us as soon as possible. Pending your response, we will implement the necessary interventions to keep the student safe at school. We understand that review of the IHP may take some time. In the meantime, we would appreciate an acknowledgment that you have received this letter and the IHP. For your convenience we have included the status box below. Please mark the appropriate statement in the status box and send a copy of this sheet to us by fax or by regular mail.

**Note:** The information included with this correspondence is considered privileged and confidential information. If the student referenced above is no longer your patient, please shred the IHP and indicate this in the status box.

If you have questions about the IHP, please don't hesitate to contact me. Thank you in advance for your assistance.

Sincerely,

\_\_\_\_\_  
Signature of school nurse

\_\_\_\_\_  
Name of school nurse (*please print*)

**STATUS BOX**  
(To be completed by health care provider)

- ☐ I will review the IHP as soon as possible and will send a response to you.
- ☐ I have shredded the IHP that accompanied this correspondence. The above-named student is no longer my patient.

Signature

## Sample IHP Health Care Provider Response

Please complete and return this form to the following:

School nurse's name and address:

Phone:

Fax:

Patient's/student's name: \_

Date of birth: \_\_\_\_\_

I have received the IHP, dated \_\_\_\_\_, and submitted by

\_\_\_\_\_ for my patient named above.  
(name of school)

### *Initial the appropriate statement below:*

\_\_\_\_\_ I approve the IHP as submitted for the \_\_\_\_\_ school year.

\_\_\_\_\_ I request changes to the IHP. I have attached my requested changes.

\_\_\_\_\_ In my opinion, this student does not require an IHP for the condition(s) that I am treating/managing for him or her.

### **Comments:**

Health care provider's signature:

Date:

Provider's printed name and address (may use a stamp):

Office phone number:

Office fax number:

## **Appendix F**

### *Sample School Health Services Parent/Guardian IHP Declination Statement*



<b>Sample School Health Services</b> <b>Parent/Guardian IHP Declination Statement</b>
--

Please complete and return this form to the following:

School Nurse's Name and Address:	Phone:
	Fax:

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I have received information about the benefits of having the school nurse develop an individual health care plan (IHP) for my child. At this time, I do not wish to have an IHP written for my child.

I understand that

- An IHP helps to make sure that there are plans in place for meeting my child's health needs at school.
- Health services will be provided according to the medical orders submitted by my child's health care practitioner as allowed by the school district's policies, except that an IHP is required for self-administering medications and using self-monitoring devices at school. If I decline the IHP, my child will not be allowed to self-medicate or use self-monitoring devices without supervision by a school employee.

I will let the school nurse know if I decide that my child needs a written plan.

Parent's/Guardian's Signature:	Date:
Parent/Guardian Name ( <i>please print</i> ):	Phone Number:

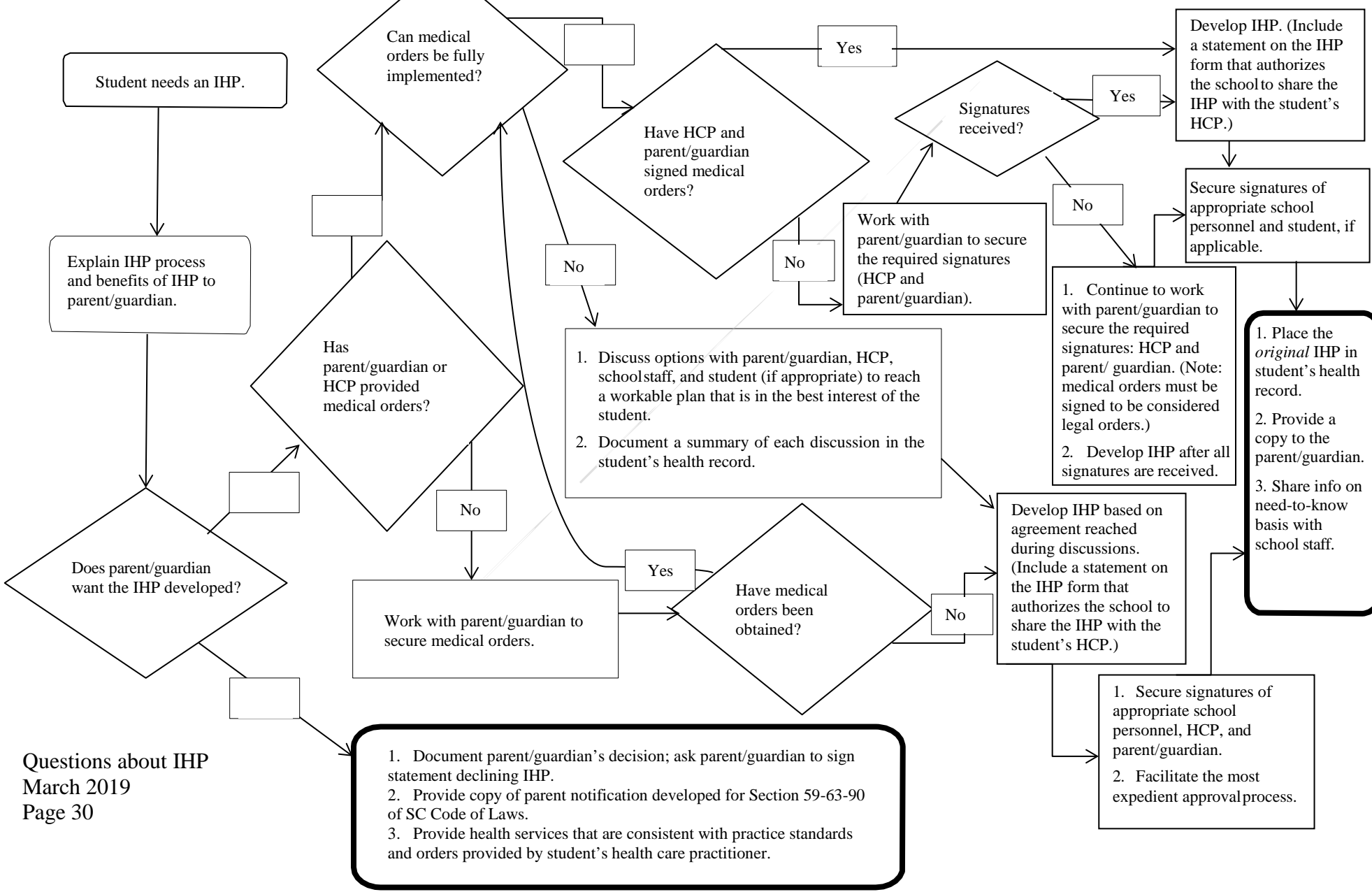
## **Appendix G**

### *Flowchart: Overview of the IHP Approval Process*



## Flowchart: Overview of the IHP Approval Process

During the entire IHP process, health services must be provided to the student that are consistent with nursing practice standards *and* medical orders provided by the student's health care practitioner. If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought. Students who are emancipated minors make decisions on their own behalf. Note: When billing Medicaid, the Medicaid general consent form must be signed.



## **Appendix H**

*Summary of the Medicaid Billing Process and Explains the Documentation in the Nursing Files*

### **What are the requirements to bill Medicaid for rendering nursing services and what documents are necessary?**

#### **Individual Treatment Program**

If an evaluation indicates that a medical service is warranted, the evaluation must result in the development of a treatment plan. The Nurse must develop and maintain the treatment plan. (See the Local Education Agency (LEA) Provider Manual.

The treatment plan outlines long-term goals, short-term objectives, as well as the recommended scope, frequency, and duration of treatment. The IEP, ITP, IFSP, or IHP may suffice as the treatment plan as long as the document contains the required elements for a treatment plan as outlined below.

The treatment plan should serve as a comprehensive plan of care by outlining the service delivery that will address the specific needs of the beneficiary. The treatment plan must be individualized and should specify problems to be addressed, goals of treatment, types of interventions to be utilized, planned frequency of service delivery, criteria for achievement, and estimated duration of treatment. Each treatment plan should specify the exact service the beneficiary should be receiving (i.e., nursing services). If it is found medically necessary for a beneficiary to receive services, a treatment plan must reflect the frequency and duration of treatment for each service (e.g.; 15 minutes per daily per week or 15 minutes two (2) times per week). Indicating the beneficiary's strengths and weaknesses in the treatment plan is recognized as best clinical practice and is strongly recommended. The treatment plan must contain the signature and title of the therapist and the date signed. (See the LEA Provider Manual.)

#### **Treatment Plan Review**

The treatment plan should be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required these services should be added to the treatment plan. When long-term treatment is required, a new referral must be obtained annually and a new treatment plan must be developed after a reevaluation. (See the LEA Provider Manual.)

**Clinical Service Notes - The purpose of these notes is to record the nature of the child's treatment by capturing the services provided and summarizing the child's participation in treatment.**

**Clinical Service Notes must include the following:**

1. Provide a pertinent clinical description of the activities that took place during the session, including an indication of the child's response to treatment as related to stated goals listed in the treatment plan.



2. Reflect delivery of a specific billable service as identified in the physician's or other LPHA's referral and the child's treatment plan.
3. Document that the services rendered correspond to billing as to date of service, type of service rendered (i.e. minutes or hours), and length of time of service delivery.
4. Be individualized with patient's level of participation and response to intervention when documenting group services.  
(See the LEA Provider Manual.)

Note: This language is a summary of the most recent edition of the LEA Provider Manual. For more details, review the LEA Provider Manual on the [scdhhs.gov](http://scdhhs.gov) website.

## **What is included in the Medicaid Nursing File?**

Note: Remember that Medicaid requirements for nursing may change. Please refer to the SCDHHS - Local Education Agency (LEA) Provider Manual or the SCDE Medicaid website for current updates.

### **The Medicaid Nursing File must include the following documents.**

#### **I. IEP – Individualized Education Program or IFSP – Individualized Family Service Plan or ITP – Individualized Treatment Plan**

##### **A. Consent Form**

- Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA and
- Medicaid General Consent

##### **B. IEP, IFSP or ITP**

- **Service must be included in the IEP, IFSP or ITP**  
Medical Services should include the following information in the Functional Service section-(Best Practice)
  - The recommended scope of service.
  - The specific needs of the beneficiary.
  - Address goals of treatment.
  - Types of interventions or medical services to be utilized.
- Services must be listed as an Objective with frequencies and durations
  - Planned frequency/duration of service
- Emergency or care response to the medication must be included in the IEP
- The nurse must sign the IEP.

##### **C. Medical Orders from a Licensed Healthcare Provider**

- The medical orders must be in the child's file.
- The medical orders must be dated before the IEP is written.
- The medical orders must be in the file at school before medications, treatments or procedures are rendered by the nurse.
- The medical orders need to say the time period for which they are to be given.
- If changes occur, new medical orders must be written and the IEP must be amended to indicate the changes.

##### **D. CSN**

- Child's name and Medicaid ID
- Date of the service
- Diagnoses code
- Procedure code
- Description of the service
- The length of time for the service delivery
- Signature of the nurse delivering the service

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- A description of the care/treatment provided by the nurse
- The child's response to care/treatment

#### **E. Credentials**

The credentials of the Nursing staff should be on file.

- Current copy of the Nurse's SC State License
- Proof the nurse is in good standing and not on the exclusion HHS-OIG list

## **II. Non-IEP Nursing which includes the IHP - Individualized Health Care Plan**

### **A. Consent Form**

- Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA and
- Medicaid General Consent or
- Medicaid Consent for Treatment, Release of Information, and Reimbursement for Non-IEP Nursing Services

### **B. IHP - Request for Administration of Medication or Treatment or use of Equipment Service must be included in the IHP**

- Student's Identifying information
- School's Identifying information
- Providers Information with signature (name, practice location, phone number.)
- Medication information (list the names of the medication), if applicable
- Medical information and emergency care and protocol, if applicable
- Medical/nursing services should include the following information:
  - List the child's diagnoses
  - The specific reason for medication and/or special considerations.
  - Types of interventions or special needs.
  - Planned frequency/duration of service.
- List medical/nursing services with frequencies and durations
- List Goals and Objective for Medical/nursing services
- Parent's signature and child's signature, if applicable.
- Signature of the Nurse and dated.
- The medical orders must be dated before the IHP is written.
- The medical orders must be in the file at school before medications, treatments or procedures are rendered by the nurse.
- The medical orders need to say the time period for which they are to be given.
- If changes occur, a new prescription or orders must be written. The IHP must be amended to indicate the changes.

### **C. CSN**

- Child's name and Medicaid ID
- Date of the service
- Diagnoses code

- Procedure code
- Description of the service
- The length of time for the service delivery
- Signature of who delivered the service
- A description of the care/treatment provided by the nurse
- The child's response to care/treatment

#### **D. Credentials**

- The credentials of the Nursing staff should be on file.
- Current copy of the Nurse's SC State License
- Proof of the nurse is in good standing and not on the exclusion HHS-OIG list

#### **E. IHP Review**

- The treatment plan must be reviewed and updated according to the level of care and progress.
- If a determination is made during treatment that additional services or changes are required, the RN will need to amend the IHP and update the plan of care.

### **III. Clinical Service Note (CSN) only**

When the child only receives routine medical services < 15 day the nurse will document the services on a clinical service note (CSN).

#### **A. Consent Form**

- Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA and
- Medicaid General Consent or
- Medicaid Consent for Treatment, Release of Information, and Reimbursement for Non-IEP Nursing Services

#### **B. CSN**

- Child's name and Medicaid ID
- Date of the service
- Diagnoses code
- Procedure code
- Description of the service
- The length of time for the service delivery
- Signature of the nurse delivering the service
- A description of the care/treatment provided by the nurse
- The child's response to care/treatment

#### **C. Credentials**

- The credentials of the Nursing staff should be on file.
- Current copy of the Nurse's SC State License
- Proof of the nurse is in good standing and not on the exclusion HHS-OIG list

**D. Emergency Procedures**

- A book or nursing document containing emergency procedures on how to administer emergency care must be on file.