General Nursing Services Quality Assurance Checklist			
Review Period: 2022-2023		**Date:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor Name:		**Supervisor Name:**	
CONSENT(S)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 6: REPORTING/DOCUMENTATION – Clinical Records, and Release of Information, Other Medicaid-Covered School-Based Services Nursing Services for Children under 21 Years			
1.1	Is there a General Consent form signed and dated (electronically or handwritten) by the student's parent guardian authorizing treatment?		
1.2	Is there a Release of Information form signed and dated (electronically or handwritten) by the student, student's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student, signed, and dated?		
REFERRAL(S)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 4 COVERED SERVICES AND DOCUMENTATION – Nursing and Chapter 6: REPORTING/DOCUMENTATION – Clinical Records			
2.1	Is there a referral, prescription or written medical order(s) for the procedure or treatment which is signed and dated (electronically or handwritten) by a physician, or dentist, advanced practice registered nurse, (nurse practitioners (NPs), certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNS)), or physician assistant?		
ASSESSMENT		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 3: ELIGIBLE PROVIDERS – Licensed Practical Nurse and Chapter 4: COVERED SERVICES AND DEFINITIONS – Nursing Assessment			
3.1	Is there an assessment of a new or previously identified medical/health problem(s) identified in the CSN?		
CLINICAL SERVICE NOTES (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 6: REPORTING/DOCUMENTATION – Clinical Service Notes			
4.1	Are the CSNs present to support all billed claims?		

4.2	Is each CSN dated, titled, and signed (electronically or handwritten) by the rendering provider?		
4.3	Are CSNs co-signed (electronically or handwritten) by the RN supervisor? Note: A co-signature is required for all nursing CSNs dated prior to October 21, 2022.		
4.4	Does the CSN reflect the delivery of a Medicaid billable service?		
4.5	Does each CSN correspond to the date of service?		
4.6	Does each CSN correspond to the type of service?		
4.7	Is the documentation sufficient to support the number of units billed to Medicaid?		
4.8	Does the CSN document a Medicaid reimbursable activity? Note: See the chart titled "Nursing Procedures Reimbursed by Medicaid" in the LEA Provider manual.		
4.9	Is each CSN individualized and student specific?		
4.10	Does the CSN include a description of the activities that took place during the nursing encounter?		
4.11	Does the CSN include the student's response to treatment?		
SUPERVISION		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference: LEA Manual, Chapter 3: ELIGIBLE PROVIDERS – Other Medicaid – Covered School-Based Services Staff			
5.1	Is the documentation of the RN's supervision of the LPN present in the file? Note: Documentation of RN supervision is required at least every 60 days. This can be done through direct observation or a review of clinical service notes. Supervision of the LPN must be documented no matter if the supervision is carried out by direct observation or review of CSNs.		
5.2	If the nurse is practicing in an "extended role", is the written physician, preceptor agreement and a written protocol agreed upon by the physician and nurse, signed and dated by all parties present in the record?		

CLINICAL RECORDS AND MAINTENANCE		MET	COMMENTS/RECOMMENDATIONS
Reference LEA Manual, Chapter 5: Legibility and Chapter 6: Reporting/Documentation – Record Maintenance			
6.1	Is the documentation typed or legibly handwritten in dark ink?		
6.2	Are the errors corrected according to Medicaid Policy and Procedures (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
6.3	Is there an abbreviation key available and on file?		
6.4	Is there a signature sheet available that identifies staff's name, signature, and initials in the file?		
PERSONNEL RECORDS		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Provider Administrative and Billing Manual, Chapter 1: Verification of Providers License, Certifications and/or Credentials			
7.1	Were the staff credentials checked via the SCLLR website and printed with date stamp during the school year in review? (Copies must be stored in the credential file or student's file.)		
7.2	Were the staff credentials checked via the SCDHHS OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
7.3	Were staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		