Individual Health Plan (IHP) Nursing Checklist Quality Assurance			
Review Period: 2025-2026		**Date:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor:		**Supervisor:**	
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 or guardian authorizing treatment?		
1.2	Is there a Release of Information form signed and dated (electronically or handwritten) by the student if 18 or older, student's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
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, dentist, advanced practice registered nurse (e.g., nurse practitioners (NPs), certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNS), or physician assistant?		
2.2	Is there a referral, prescription or medical order completed prior to the Individualized Health Plan (IHP)?		
2.3	Is there a referral, prescription or medical order completed prior to the first date of service during the review period?		
Assessment & Individual Health Plan (IHP)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 3: ELIGIBLE PROVIDERS – Licensed Practical Nurse and Chapter 4: Covered Services And Definitions – Nursing Assessment. Reference – LEA Manual, Chapter 1: Individuals with Disabilities Education Act and Medicaid and Chapter 4: Other Medicaid – Covered School-Based Services and Individual Treatment Plan			
3.1	Is there an IHP to cover the year in review? Note: A IHP document must be completed annually.		
3.2	Is the IHP signed, titled, dated (electronically or handwritten) by the RN?		
3.3	Is there an assessment to cover the year in review?		

3.4	Does the assessment report include the printed name, initials, title, date and signature (electronically or handwritten) of the Registered Nurse (RN)?		
3.5	Is the nursing assessment completed for any of the following: • Assessment of applicants registering for early child development programs. • Assessment of children referred for special education eligibility evaluation. • Assessment related to the IHP. • Assessment of new or previously identified medical/health problems based on the child initiated or teacher/staff referral to nurse including substance use assessment, child abuse assessment, pregnancy confirmation, etc. • Home visits for comprehensive health, developmental and/or environmental assessment?		
3.6	If the Licensed Practical Nurse (LPN) received additional information regarding the student's health after the assessment was completed, was there a consultation with the RN in accordance with Advisory Opinion #33 of the South Carolina Board of Nursing? Note: The RN must write and amend the IHP, as necessary.		
3.7	Is the IHP in the student's file dated prior to the first date of service for the year of review? Note: For Medicaid billing purposes the IHP must be dated prior to the first date of service.		
3.8	Is the frequency of service listed on the IHP?		
3.9	Is the duration of service listed on the IHP?		
3.10	Does the IHP specify the service that will address the student's needs?		
3.11	Are there goals listed on the IHP?		
3.12	Are the criteria for achievement for goals listed on the IHP?		
3.13	Is the IHP individualized?		
3.14	If additional services or treatment or medication was changed, did the IHP reflect the change?		
CLINICAL SERVICE NOTES (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 6: REPORTING/DOCUMENTATION – Clinical Service Notes			
4.1	Are there CSNs present to support all billed claims?		

4.2	Is each CSN dated, titled, and signed (electronically or handwritten) by the provider?		
4.3	Does the CSN reflect the delivery of a Medicaid billable service as specified in the student's IHP/?		
4.4	Does each CSN correspond to the date of service?		
4.5	Does each CSN correspond to the type of service?		
4.6	Is the documentation sufficient to support the number of units billed to Medicaid?		
4.7	Does the CSN document a Medicaid reimbursable activity? Note: See the chart titled "Nursing Procedures Reimbursed by Medicaid" in the LEA Provider manual		
4.8	Is each CSN individualized and student specific?		
4.9	Does the CSN include a description of the activities that took place during the nursing encounter related to the IHP goals?		
4.10	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. Note: 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 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 abbreviations and symbols 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	Is the staff's SCLLR credentials current and present in the staff's file? (Copies must be stored in credential file or student's file.)		
7.2	Are 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	Are the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be store in the credential file or student's file.)		