Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) Nursing Quality Assurance Checklist			
Review Period: 2025-2026		**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 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 Education Program (IEP)/Individualized Family Service Plan (IFSP)?		
2.3	Is there a referral, prescription or medical order completed prior to the first date of service during the review period?		
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) present in the IEP/IFSP to cover the year in review?		
3.2	Does the assessment report include the title, date, and signature (electronically or handwritten) of the Registered Nurse (RN)?		

3.3	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 IEP or IFSP. • assessments 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. • emergency care.		
3.4	If the Licensed Practical Nurse (LPN) received additional information regarding the student's health after the assessment, was there a consultation with the RN in accordance with Advisory Opinion #33 of the South Carolina Board of Nursing?		
Treatment Plan (IEP/IFSP)		**MET**	**COMMENTS/RECOMMENDATIONS**
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			
4.1	Is there an IEP/IFSP to cover the year in review?		
4.2	Is the IEP/IFSP signed, titled, dated (electronically or handwritten) by the RN?		
4.3	Is the IEP/IFSP in the student's file dated prior to the first date of service in the year of review?		
4.4	Is the frequency of service listed on the IEP/IFSP?		
4.5	Is the duration of service listed on the IEP/IFSP?		
4.6	Does the IEP/IFSP specify the service that will address the student's needs?		
4.7	Are there long-term goals listed on the IEP/IFSP?		
4.8	Are short-term objectives listed on the IEP/IFSP? Note: Short-term objectives are only required if the student is SC-ALT participant.		
4.9	Is the type of interventions to be utilized listed on the IEP/IFSP?		
4.10	Are the criteria for achievement listed on the IEP/IFSP?		
4.11	Is the IEP/IFSP individualized?		
4.12	If additional services or treatment changes were required, was the IEP/IFSP amendment documented if applicable?		
CLINICAL SERVICE NOTES (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 6: REPORTING/DOCUMENTATION – Clinical Service Notes			

5.1	Are there CSNs present to support all billed claims?		
5.2	Is each CSN dated, titled, and signed (electronically or handwritten) by the rendering provider?		
5.3	Does the CSN reflect the delivery of a Medicaid billable service as specified in the student's IEP/IFSP?		
5.4	Does each CSN correspond to the date of service billed?		
5.5	Does each CSN correspond to the type of service billed?		
5.6	Is the documentation sufficient to support the number of units billed to Medicaid?		
5.7	Does the CSN document a Medicaid reimbursable activity? Note: See nursing procedures reimbursed by Medicaid.		
5.8	Is each CSN individualized and student specific?		
5.9	Does the CSN include a description of the activities that took place during the nursing encounter related to the IEP/IFSP goals?		
5.10	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			
6.1	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. OMS recommends that Supervision be documented in a log.		
6.2	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			
7.1	Is the documentation typed or legibly handwritten in ink?		
7.2	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)?		
7.3	Is there an abbreviations and symbols key available?		

7.4	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			
8.1	Is the staff's SCLLR credentials current and present in the staff's file? (Copies must be stored in the credential or student's file.)		
8.2	Are 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.)		
8.3	Are the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		