

Nursing Individual Health Plan, Monthly Follow-Up Report Service Detail Record

Only a licensed RN or LPN may use this form

Student Name: Licensed Nurse (Print):		chool Name: Current IHP Date: Licensed Nurse (Signature):
Nursing Service (Detailed Below) New or Updated IHP Monthly Follow-Up Check Quarterly Follow-UP Check Skilled Nursing Service		Oversight/Supervision of LPN (if applicable) RN Review Date:
1) An IHP is billed once per year. An IHP is required to bill for Nursing or PCS and must be attached to the IEP. 2) PCS-Supervising RN visit is required at least quarterly. 3) The RN monthly visit is to monitor tasks, document student's response and to make any adjustments or accommodations of the PCS service listed on the IHP. 4) Nursing Services must be in the IEP/Care Plan and only include services that require skilled nursing by a licensed RN or LPN. 5) Nursing services cannot be delegated to paraprofessionals and do not include emergency care, first aide, or non-routine medication administration not identified in the IHP. LPN must practice at the direction of RN or licensed physician. 6) Oversight/Supervision and Social History will be performed by an RN. 7) Personal Care Services are tasks that can be delegated to unlicensed personnel who follow a plan of care included in the IEP.		
Date: Skilled Nursing Services Start Time End Time Duration	Nursing Services	Notes: Initial:
Date:	Nursing Services	Notes: Initial:
Date: Social/Medical History	Nursing Services	Notes: Initial: