

MEDICAID Supervision Documentation for RNs

LPN (first/last name):	District:	School Year:
RN (first/last name):	Buildings:	

For billing purposes, Medicaid School Services Program requires nursing services be provided by a Licensed Registered Nurse (**RN**), or a Licensed Practical Nurse (**LPN**) under the supervision of a licensed **RN**. 'Under the supervision of' includes supervising the LPN consistently throughout the school year. Nursing services **may** include catheterization/catheter care, medication administration, suctioning/ventilator care, diabetes management, tube feeding, oxygen administration, maintenance of tracheotomies. **Please document the dates of supervision below.**

Meeting Date	Start Time	End Time	Type of Supervision <small>Training of skill delegated Communication (phone, email, in person) Routine evaluation of skill/performance</small>	Notes

_____	_____	_____	_____
RN Signature	Date	LPN Signature	Date

_____ **RN has approved records electronically in PSSP**
(please initial)

RN: *Submit a copy of this log to your Spec. Ed office at the end of the school year*
LEA/ISD Spec. Ed office: *Forward a copy to the ISD Medicaid Dept. (aisap@washtenawisd.org)*