



SERVICE
LEADERSHIP
COLLABORATION
EXCELLENCE

Medicaid Supervision Documentation for a Licensed Practical Nurse

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

For billing purposes, Medicaid School Services Program requires nursing services to 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 and reviewing Medicaid service notes. **Please document the dates of supervision below.**

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

Date

LPN Signature

Date

Please return this completed form to your Special Education office – it must be retained for seven years in the case of an audit.