



District School Board of Pasco County Documentation of Need for Health Related Services

Student	
D.O.B.	
Student Number	
Medicaid Number	
School	
Date of IEP	

The following services are needed to help your child benefit from educational experiences at school.

<input type="checkbox"/> Nursing Services and/or medication administration *	_____ / _____ Signature of Nurse	_____ / _____ Title	_____ / _____ Date
<input type="checkbox"/> Therapy Services *	_____ / _____ Signature of Speech, Occupational or Physical Therapist	_____ / _____ Title	_____ / _____ Date
<input type="checkbox"/> Behavioral Services *	_____ / _____ Signature of School Psychologist	_____ / _____ Title	_____ / _____ Date
<input type="checkbox"/> Behavioral Services *	_____ / _____ Signature of Social Worker	_____ / _____ Title	_____ / _____ Date

* Explanation of need (**required**): includes evaluation, reevaluation, social history, counseling, and/or consultation to meet goals on the IEP/FSP.

Student will receive medication daily from clinic assistant _____ School nurse initials _____ Date

Note: The need for all health-related services (nursing, therapy, behavioral) must be referenced on the student's IEP/FSP for purposes of Medicaid billing. If service provider is not in attendance at the IEP meeting, this form must be completed and filed behind the IEP prior to billing.

* Please ensure there are no gaps in dates / coverage if using for nursing services, medication administration, or therapies.

Scheduled T/IEP Meeting Date/Time/Location _____

Dear School Nurse:

Please answer the following questions regarding the above student. This information provided will be used to help us draft his/her Individual Educational Plan. Your input is important for developing the Present Level Statement and to determine recommended services while at school.

Based on _____, this student has been diagnosed with:

This diagnosis impacts the student by (can be used as part of the disability statement or support for Health Care funding on the Matrix):

Current medications provided at school:

Current health-related procedures/special equipment provided at school:

Is staff training needed to provide medications/services or to use equipment? If yes, please specify:

Please indicate the following services from the drop down screen from Related Services:

- _____ Skilled medical services
- _____ Specialized administration of medication
- _____ Health monitoring & management

Please remember we DO NOT specify titles or level of training in the T/IEP. You CAN indicate “trained staff” will provide required health-related services.

Terminology for Related Services is critical as it applies to Medicaid billing & Matrix documentation. Reason for offering health services should be provided in the Present Level Statement (PLS) of the T/IEP. School Nurse input is important to recommend appropriate phrasing and school-based health services.

Service Recommendations (Found on Related Services pull down screen on PlanMaker service page):

1. **Skilled medical services:** tube feedings, glucose monitoring, suctioning, tracheostomy care, oxygen administration, ventilator care, chest physiotherapy (chest percussion), ostomy care, catheterization, specimen collection
2. **Specialized administration of medication:** students requiring medication administration at a different location directly related to student accessing education (i.e. self-contained students due to physical/medical needs), crushing pills, liquefying medication, mixing medications into food, medication delivered through feeding tube, use of inhaler or nebulizer with assistance, injectable medications (i.e. insulin, epipen), suppositories (i.e. diastat), topical medications, wound care involving medication.

*Matrix Note: Medications that can be routinely administered to any student through the clinic are not considered under this category for matrix documentation purposes (i.e. student goes to clinic for lunch time medication).

3. **Health Monitoring & Management:** consultation & collaboration with school staff, health screenings, nutritional/weight counseling, supervision of student performance of healthcare needs (i.e. instruction /monitoring of self-catheterization, self-medication or self- glucose monitoring), monitoring/positioning due to skin breakdown, wound care, student reaction to medication, monitoring any of the following: blood glucose levels, vital signs, fluid intake & output, respiratory and/or cardiac status, skin conditions, seizure activity, shunt failure