Health Plans and How They Interface with IEPs

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Today’s presentation will...

<table>
<thead>
<tr>
<th>Identify</th>
<th>Identify the various health plans used in schools.</th>
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<tbody>
<tr>
<td>Describe</td>
<td>Describe how a health-related need translates into an “effect of disability” or “disability related need” in a special education evaluation or IEP.</td>
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<tr>
<td>Locate in</td>
<td>Locate in an IEP how a school plans to address a student’s health needs.</td>
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<tr>
<td>Articulate</td>
<td>Articulate how decisions regarding who meets health needs in school might be determined.</td>
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</table>
• Identify the various health plans used in schools.
  
• Individualized Healthcare Plans (IHP)

• Emergency Action Plans (EAP)

• Student Health Plan
**NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) initiates and develops an Individualized Healthcare Plan (IHP) for students whose healthcare needs require more complex school nursing services. *An IHP is a plan of care written by the registered nurse for students with or at risk for physical or mental health needs* (ANA & NASN, 2017). It is the responsibility of the school nurse to annually evaluate the IHP, as well as to update the plan if deemed appropriate, to reflect changes in the student’s healthcare needs and address nursing interventions and/or student healthcare outcomes. NASN 2020.
IHP – Individualized Healthcare Plan

- Foundational document from which other health information flows to other plans
- Uses and documents Nursing Process
- Documentation of student health needs
- (Professional) Nursing care to be provided to meet needs
- Plan to evaluate the outcome of this care
IHP – Individualized Health

- IHP’s also provide information for the delegation and determining of staffing needs in each school.

- IHP’s may or may not be part of IEP process or 504 Plans.

- IHP designed to be stand alone document.
Individual Health Care Plan (IHP)

For health needs that may result in an emergency and/or need management or monitoring.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Medical Diagnosis:</th>
<th>Part of IEP: Yes No</th>
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<tbody>
<tr>
<td>School:</td>
<td>Health Care Provider:</td>
<td>Date Initiated:</td>
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<tr>
<td>Grade:</td>
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<td>By:</td>
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<td>Date Reviewed:</td>
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<td>By:</td>
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Circle areas of concern: Medical management, dental management, safety, vital functions, elimination, mobility, rest, comfort.

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<thead>
<tr>
<th>NURSING ASSESSMENT</th>
<th>NURSING DIAGNOSIS</th>
<th>NURSING INTERVENTIONS</th>
<th>EVALUATION</th>
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<tr>
<td></td>
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<td>The school nurse will:</td>
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<td>Student Outcomes:</td>
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Emergency Action Plans (EAP)

Maintenance of student’s health and safety in an anticipated life-threatening emergency.
EAP – Emergency Action Plan

• Information regarding child’s medical condition
• Current and emergency medications
• Appropriate emergency interventions
• Logical step by step order
• Understood by individuals with limited nursing/medical knowledge
• Shared with appropriate building staff
Sample Emergency Action Plan

SEVERE BEE STING ALLERGY
EMERGENCY PLAN

Student: _____________________________ School: _____________________________
Teacher: _____________________________ Grade: _____________________________

SIGNS OF AN ALLERGIC REACTION:
Mouth: itching and swelling of lips, tongue, or mouth
Throat: itching and/or sensation of tightness in throat, hoarseness, hacking cough
Skin: hives, itching rash, and/or swelling about face or extremities
Gut: nausea, abdominal cramps, vomiting, diarrhea
Lung: shortness of breath, repetitive cough, and/or wheezing
Heart: “low” pulse, “passing out”

THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE, ALL SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION!

ACTION
1. If contact/injection suspected:
2. Call 911
3. Then call parent or emergency contact.

EPISIEN LOCATED _____________________________

Emergency Action Plan:

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Do This</th>
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</table>

Sign of an allergic reaction:

1. Stop if symptoms last or get worse.
2. Call 911 if symptoms get worse.
3. Ask for an epiPen if symptoms get worse.
4. Get medical attention right away.

Emergency联系人:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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In case of emergency contact the school immediately.

Emergency Action Plan:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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Emergency phone numbers:

<table>
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<tr>
<th>Name</th>
<th>Phone</th>
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</table>

In case of emergency contact the school immediately.
Sample Emergency Action Plan
MEDICAL ALERT

Student: [Student's Name]

Date of Birth: [Date of Birth]

Grade: [Grade]

School: [School Name]

Physician: [Physician's Name]

Student Health Plan (SHP)

Medical Alert: [Medical Condition]

Symptoms: [Symptoms]

Treatments: [Treatments]

Special Considerations:

1. [Special Consideration 1]
2. [Special Consideration 2]
3. [Special Consideration 3]

Emergency Contact: [Contact Information]

In case of emergency, contact [Contact Information] immediately.

Note: This medical alert is for informational purposes only and does not replace professional medical advice.

Medical Record Number: [Record Number]

Date: [Date]

[Signatures]

[Company Name]

[Address]

[Phone Number]
Comparison of EAP, IHP, and Student Health Plans

IHP – Addresses actual or potential responses of a student to a health condition. *Is the nursing care plan for school nurses.*

EAPs and SHPs are used to communicate student health needs to school staff.

EAP – Deals with a specific potential medical emergency.
# Comparison of Health Plans Used in Schools

<table>
<thead>
<tr>
<th>Plan</th>
<th>Used by</th>
<th>Used for</th>
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<tbody>
<tr>
<td>IHP</td>
<td>Nurses</td>
<td>Professional workplan and accountability</td>
</tr>
<tr>
<td>EAP</td>
<td>School staff</td>
<td>Medical emergencies</td>
</tr>
<tr>
<td>SHP</td>
<td>School staff</td>
<td>Acute and chronic health conditions</td>
</tr>
</tbody>
</table>
Recommended that Student Health Plan/EAP NOT be included as part of IEP document. It should/can be mentioned but not kept as part.

Need to reconvene IEP meeting if need to change health plan.
Describe how a health-related need translates into an “effect of disability” or “disability related need” in a Special Education evaluation and IEP.
In order to identify a student as meeting educational eligibility for an impairment, the IEP team must find the student’s learning and educational performance is adversely affected.
Child with a Disability

Two-part test:

• First, does the child meet the educational eligibility impairment criteria for one of the disability areas that adversely affects his/her educational performance?

• And, as a result of the disability, does the child need special education and related services?

• BOTH!
Determining a health-related need

• Functional Performance

• Use of Disability Criteria Sheets (OHI)

• Functional disability related need
Educational vs. Medical...

- Impairment categories may include students with many different medical diagnoses.
- Medical diagnosis is **not required** to determine educational eligibility.
- If medical information is available, it should be considered but must not be the sole component.
- School nurses often serve an important role in explaining how the impairment categories and medical diagnoses relate to each other.
Alejandro is a 5-year-old with cerebral palsy that affects his self-care and cognitive abilities and his communication. He is fed orally since his G- button was removed three years ago and tolerates a soft (mashed) diet. Alejandro requires assistance with oral feedings and daily cares. Alejandro has a known food allergy to tree nuts (cashews, pistachios, almonds, Brazil nuts, chestnuts, macadamia nuts, pecans, pine nuts, shea nuts, and walnuts) with history of anaphylaxis.
OHI Disability Checklist (Criteria Sheet)

Form updated 5/2022

CRITERIA FOR DISABILITY CATEGORY
OTHER HEALTH IMPAIRMENT
Form ER-4018I (Rev. 05/2022)

Date form completed: ____________________________
LEA: ____________________________

Name of Student: ____________________________
WIDE: ____________________________
LEA’s Student ID: ____________________________

☐ Initial Evaluation (must complete on intake)
☐ Reevaluation (must complete for section)

This form is provided to assist multieducation personnel (MEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 393, Wis. Stats., and 115.00, Wis. Admin. Code. The MEP team should complete the form in accordance with the guidelines in Section 115.20 Wis. Stats. and Wis. Admin. Code and submit the form with other data to the LEA. The LEA is responsible for determining if the student meets the criteria for the disability category. This criteria sheet is not intended to be used as a substitute for the Evaluation Report (ER), which contains the complete evaluation data.

Other health impairments means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is limited to a heart condition, tuberculosis, hemophilia, epilepsy, asthma, sickle cell anemia, hernia, epilepsy, lead poisoning, diabetes, or anemia that is severe or of long duration caused by internal or external conditions, which adversely affects a child’s educational performance. 115.00(10), Wis. Admin. Code.

Criteria for the disability category of Other Health Impairment may be documented as follows: all yes/no questions must be checked:

SECTION I. HEALTH CONDITION

☐ Yes ☐ No

☐ Does the student have a health problem? (includes, but is not limited to a heart condition, tuberculosis, hemophilia, epilepsy, asthma, sickle cell anemia, hernia, epilepsy, lead poisoning, diabetes, or anemia that is severe or of long duration caused by internal or external conditions) NOTE: A sole diagnosis from a health professional is NOT required for the MEP team to consider OHI. Explain or reference data or evidence.

☐ Yes ☐ No

☐ Is the health problem chronic or acute? (if yes, check ALL theApply)

☐ Chronic (long-lasting, continuous over time, or worsening frequently). Explain or reference data or evidence.

☐ Acute (temporary or severe). Explain or reference data or evidence.

☐ Yes ☐ No

☐ Does the student’s health problem result in limited strength, vitality, or alertness? (if yes, check ALL the Apply)

☐ Limited strength (inability to perform typical or routine tasks at school). Explain or reference data or evidence.

☐ Limited vitality (inability to sustain effort or endure throughout an activity). Explain or reference data or evidence.
SECTION I. HEALTH CONDITION

☐ Yes  ☐ No Does the student have a health problem? (Including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions.) **NOTE:** A prior diagnosis from a licensed physician is **not** required for the IEP team to consider OHI. **Explain or reference data or evidence:**
☐ Yes  ☐ No  Is the health problem chronic or acute? If yes, check ALL that apply.

☐ Chronic (long-standing, continuous over time, or recurring frequently). Explain or reference data or evidence:

☐ Acute (severe or intense). Explain or reference data or evidence:
OHI Disability Checklist

☐ Yes  ☐ No Does the student's health problem result in limited strength, vitality, or alertness? If yes, check ALL that apply.

☐ Limited strength (inability to perform typical or routine tasks at school). Explain or reference data or evidence:

☐ Limited vitality (inability to sustain effort or endure throughout an activity). Explain or reference data or evidence:

☐ Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness). Explain or reference data or evidence:
SECTION II. EDUCATIONAL PERFORMANCE

☑ Yes  ☐ No  Is the student’s educational performance in **one or more** of the following areas adversely affected as a result? If yes, check ALL that apply. Consider both academic and nonacademic skills and progress.

☑ Pre-academic or academic achievement

☑ Adaptive behavior

☐ Behavior

☑ Classroom performance

☑ Communication

☑ Motor skills

☑ Social/Emotional Functioning

☐ Vocational skills

☐ Other. Describe:

*Explain or reference data or evidence (required).*
☒ Yes  ☐ No  The documentation of the criteria above demonstrates limited strength, vitality, or alertness, due to chronic or acute health problems which adversely affects the student's educational performance. The student meets the eligibility criteria under the disability category of Other Health Impairment.
Alejandro experiences spastic movements of both his arms and legs related to his cerebral palsy. He requires assistance with self cares and feeding. Alejandro requires an emergency action plan to prevent and treat any exposure to tree nuts. Alejandro is at risk for injury if he is exposed to his food allergens. Alejandro has a cognitive disability that affects his ability to self-advocate, protect himself from exposure to his allergens, or alert staff to symptoms of food allergy. **Alejandro is not able to participate in his education if he is ill or injured after exposure to food allergens.**

The student needs to develop/improve...
- Ability to communicate symptoms of allergic reactions
Locate in an IEP how a school plans to address a student’s health needs.
Addressing health-related need

• Program Summary and Supplemental Aids and Services

• Related Services Needed to Benefit from Special Education

• Program Modification or Supports for School Personnel
Statement of Supplementary Aids and Services

List accommodations that enable student with a disability to be educated with students without disabilities to the maximum extent appropriate

Examples:
• extended time (when taking graded exams)
• alarm clock (to remind to come to office to take medication)
• permission to leave class randomly (to check blood sugar)
• ability not to take test (if blood sugar out of normal range)
• wearing of percussion vest for student with cystic fibrosis (addresses need for adequate respiration)

“Student will leave class early to provide safe mobility to class” frequency – daily every class period; amount - 5 minutes; location- all classrooms; need met-safety and fatigue prevention
Related Services Needed to Benefit from Special Education

Related services can be **direct services** that involve hands on nursing interventions: medication administration, tube feeding, urinary catheterization, glucose testing, physical assessment or

**indirect services** which are provided on behalf of the student: calling parent to update SHP, communicating with medical provider to clarify orders, delegating nursing procedure to UAPs
C. Related Services Needed to Benefit from Special Education
Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. For each related service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Frequency</th>
<th>Amount</th>
<th>Location</th>
<th>Duration</th>
<th>Addresses Goal(s)</th>
<th>Addresses Need(s)</th>
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<tbody>
<tr>
<td>Assistive Technology</td>
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<td>Describe service or device:</td>
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<td>Auditory</td>
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<td>Counseling</td>
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<td>Educational Interpreting</td>
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<td>Medical Services for Diagnosis and Evaluation</td>
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<td>Occupational Therapy</td>
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<td>Orientation and Mobility (For students meeting criteria under Blind and Visually Impaired or Deafblind)</td>
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<td>Physical Therapy</td>
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<td>Psychological Services</td>
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<td>Recreation</td>
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<td>School Health Services</td>
<td>Every day</td>
<td>45 minutes</td>
<td>Special Ed Classroom</td>
<td>IEP year</td>
<td>Totally dependent for tube feeding</td>
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<tr>
<td>School Nurse Services</td>
<td>Once every week</td>
<td>45 minutes</td>
<td>Special Ed Classroom</td>
<td>IEP year</td>
<td>Supervision of delegated procedure</td>
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<td>School Social Work Services</td>
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<td>Speech / Language</td>
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<td>Transportation</td>
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Related Services Needed to Benefit from Special Education

- **School Nurse Services** – services provided by a qualified school nurse
- **School Health Services** – services that may be provided by either a qualified school nurse or other qualified person
Program Modification or Supports for School Personnel

Describes what health training will be provided to school staff

Could include a statement such as “School nurse develops and maintains an Individualized Health Plan (IHP-nursing care plan), Student Health Plan (SHP), or Emergency Action Plan (EAP) that addresses student health needs and the plan(s) is/are on file in the health office.”
Articulate how decisions regarding who meets health needs in school might be determined.
“Nursing and school health services are required to provide medication management and administration to maintain health status and attendance pattern in order to obtain IEP goals.”

“School health services are required for medication administration so that xxx can concentrate and control his impulsivity in order to attain his IEP goals.”

“XXX requires tube feedings to maintain nutritional status while at school. This tube feeding will be performed by the classroom teacher assistants under the delegation of school nurse.” (School Nursing and School Health Services)

“XXX requires school nurse to train staff on implementation of Emergency Action Plan to maintain health status in order to obtain IEP goals.” (School Nursing and School Health Services)
Related Services

- **School Nurse Services** – services provided by a qualified school nurse
- **School Health Services** – services that may be provided by either a qualified school nurse or other qualified person
Which staff will meet the needs

Does level of care require a nursing license?

Can care be safely (therefore legally) delegated by a registered nurse “to LPNs or less skilled assistants.”
Where does which staff provide the care get documented?

Related Services Needed to Benefit from Special Education

**School Health Services**  Everyday- 45 minutes- Special Education Classroom- IEP Year – Totally dependent for tube feeding

**School Nurse Services**  Once every week- 45 minutes- Special Education Classroom- IEP Year – Supervision of Delegated Procedure
How Health Plans Interface with IEPs

• School nurses use health plans including IHPs, to describe how a health need impacts a student’s functional and academic success (disability related need)
• Health plans may indicate what level of (related) service (which staff) perform health functions (School Health Services and/or School Nursing Services)
• Having a health plan to follow are part of the program modifications or support given to personnel
• Health plans should not be attached or an official part of the IEP because if health plan changes an IEP meeting might need to be held
Contact information

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608-266-8857


Resources


Special Education in Plain Language: