

## School-Based Medicaid Service Documentation Form

If the service is delivered in a private residential school, check the box at the top left corner of the form.

**School district name:** This line captures the name of the school district where services are provided.

**Provider ID:** This line indicates the school provider identification number used to bill the Medicaid program.

**Service period:** This line indicates the IEP period during which services are provided. Indicate the month and year. This form is to be completed weekly.

**Student Name:** This line includes the student's complete legal name.

**Student DOB:** This line includes the student's complete date of birth.

**Student's MassHealth ID:** This line includes the student's Medicaid recipient identification number (RID).

### Daily service blocks:

Complete one block for each date of service. There are five service blocks per form:

**Date of Service:** Indicate the date of service in a MM/DD/YY format.

**Group Size:** Check *Individual* for 1:1 service; check *Group* for group service. If group is checked, indicate the number of students in the group. Services for groups larger than six students are not billable to Medicaid.

**Service Time:** This section captures the exact time of service provided to the student. This should be recorded as the amount of time in minutes. This can capture the cumulative time the provider spent delivering the services over the day.

**Description:** Check the appropriate box corresponding to the service description.

**Activity/Procedure Notes:** In this section, check the box indicating the specific activity or procedure(s) provided. Indicate any additional notes in the notes section.

**Signatures:** The signature of the medical professional authorizing the services must comply with the generally accepted standards for record keeping within the applicable provider type as they may be found in laws and regulations of the relevant board of registration. A licensed professional must supervise all services provided by an assistant or paraprofessional and must co-sign their documentation forms.