Massachusetts School Based Medicaid Service Documentation for Day/Residential Special Education Schools

PART I – Information to be provided by day or residential special education school

Student Name			SASID	
Date	Procedure Code*	Activity/Procedure Notes	Individual or Group (circle one)	Service Time
			I G	
			I G	
			I G	
			I G	
			I G	
			I G	
			I G	
			I G	
			I G	
			I G	

PART II – Signatures to be provided by day or residential special education school staff

Provider's Signature _____ Date _____

Provider's Name *(please print)* _____ Title _____

Supervising Professional's Signature *(when required for services provided "under the direction of")* _____ Date _____

Supervising Professional's Name *(please print)* _____ Title _____

Name of Day/Residential School *(please print)* _____

PART III – Information to be provided by LEA

School District Name		Provider Number
Student's MassHealth ID	Student Date of Birth	Service Period, Year

*Use one of the procedure codes from Medicaid Bulletin #18 at http://www.mass.gov/Eeohhs2/docs/masshealth/bull_2009/sbm-18.pdf

This form was developed and approved in a joint effort between the Massachusetts Department of Elementary and Secondary Education, the Massachusetts Association of 766 Approved Private Schools (maaps), the Massachusetts Administrators for Special Education (ASE), and the state Medicaid office.

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