

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
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			I G	

PART II – Signatures to be provided by day or residential special education school staff	
_____ Provider's Signature	_____ Date
_____ Provider's Name <i>(please print)</i>	_____ Title
_____ Supervising Professional's Signature <i>(when required for services provided "under the direction of")</i>	_____ Date
_____ Supervising Professional's Name <i>(please print)</i>	_____ Title

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