

# 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	
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## 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
_____ Name of Day/Residential School <i>(please print)</i>	

## 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/mashealth/bull\\_2009/sbm-18.pdf](http://www.mass.gov/Eeohhs2/docs/mashealth/bull_2009/sbm-18.pdf)