**Medicaid Student Intake Form**

Use this form whenever a student is placed in a facility/private school.

|  |  |
| --- | --- |
| Student Name |  |
| Date of Birth |  |
| Student District of Liability |  |

|  |  |
| --- | --- |
| Name of Facility/Private School |  |
| Student Start/Placement Date with Facility/Private School |  |
| Is this a court-ordered (402) placement? | Circle one: Yes No |

**Check all IEP-ordered, health-related services for which the District expects to access Medicaid reimbursement** (compliant service records or electronic records via Lumea™ required):

|  |  |
| --- | --- |
|  | Audiology |
|  | Mental Health  |
|  | Nursing |
|  | Occupational Therapy |
|  | Physical Therapy |
|  | Psychological |
|  | Rehabilitative Assistance (Weekly LPHA\* consultation to aide required by NH Medicaid to Schools Program) |
|  | Speech Language |
|  | Vision |

|  |  |
| --- | --- |
| **District Responsibilities** | **Facility Responsible to Provide** |
| * IEP
* Order/Recommendation/Referral Form
* Parental Consent (for purpose of billing Medicaid)
* Ensure that services are documented appropriately
* Apply for waivers (if needed) and forward copies to MSB
* Notify MSB when 402 cap is reached (if applicable)
* Retain Practitioner Credentials
 | * Compliant service records per NH Medicaid to Schools Program
* Student attendance
* School calendar
* Copies of practitioner credentials
* Cost information (hourly rates)
 |

Signature from Sending District: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature from Out of District Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_

 *It is the District’s responsibility to ensure that only fully compliant transaction logs and Lumea sessions are submitted to MSB for Medicaid reimbursement.*

*\*Licensed Practitioner of the Healing Arts*