

# Medicaid Student Intake Form

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

<b>Student Name</b>	
<b>Date of Birth</b>	
<b>Student District of Liability</b>	

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):

<input type="checkbox"/>	Audiology
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Psychological
<input type="checkbox"/>	Rehabilitative Assistance (Weekly LPHA* consultation to aide required by NH Medicaid to Schools Program)
<input type="checkbox"/>	Speech Language
<input type="checkbox"/>	Vision

District Responsibilities	Facility Responsible to Provide
<ul style="list-style-type: none"> <li>IEP</li> <li>Order/Recommendation/Referral Form</li> <li>Parental Consent (for purpose of billing Medicaid)</li> <li>Ensure that services are documented appropriately</li> <li>Apply for waivers (if needed) and forward copies to MSB</li> <li>Notify MSB when 402 cap is reached (if applicable)</li> <li>Retain Practitioner Credentials</li> </ul>	<ul style="list-style-type: none"> <li>Compliant service records per NH Medicaid to Schools Program</li> <li>Student attendance</li> <li>School calendar</li> <li>Copies of practitioner credentials</li> <li>Cost information (hourly rates)</li> </ul>

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*

