**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*