

Service Log - Case Management 3 Yr. Special Education Reevaluation T1018 TM

-Pink paper form-

Student: _____ **Diagnosis:** _____
Last Name First Name

UID _____ **School District:** _____

Date of Birth: _____ **Supervisory Union:** _____
mm/dd/yyyy

All header information must be completed:
 Student Name
 Medicaid Unique ID (UID)
 Date of Birth
 Diagnosis Code
 School District
 Supervisory Union

Check appropriate box to indicate type of eval:

- Initial Evaluation (cannot be reimbursed)
- Student's First Eval but was on IESP
- 3 Year Reevaluation
- Completed Form 8 (cannot be reimbursed)

The type of Eval must be checked. Initial Evaluations and Form 8's are not reimbursable

Beginning Date of Evaluation Process: _____
mm/dd/yyyy

The beginning date and completion date of the evaluation process must be completed

Evaluation Process Completed: _____
mm/dd/yyyy

Evaluation determination meeting: _____
mm/dd/yyyy

The evaluation meeting date is the date used as the to and from date when submitting the claim to HP Enterprise Services

Please check all activities completed during the evaluation process (at least 6 activities must be performed in order for the claim to be billable to Medicaid)

Check	Activity
<input type="checkbox"/>	1. Reviewed student's records prior to evaluation planning meeting
<input type="checkbox"/>	2. Requested input from service providers and team members to begin the evaluation
<input type="checkbox"/>	3. Meeting to plan evaluation
<input type="checkbox"/>	4. Arrange and schedule testing/assessment
<input type="checkbox"/>	5. Assessment/conduct testing
<input type="checkbox"/>	6. Gathered information from other providers, teacher, mental health counselor, principal, student and student's performance
<input type="checkbox"/>	7. Visit to home, childcare, etc...
<input type="checkbox"/>	8. Classroom observation
<input type="checkbox"/>	9. Interpreted information and testing results from other providers
<input type="checkbox"/>	10. Eligibility determination meeting and eligibility determination
	Eligible ←
	Not Eligible ←
<input type="checkbox"/>	11. Interpretation and compilation of information to develop the Evaluation Report

The case manager needs to indicate with a check or an "X" the activities that they completed as part of the evaluation process. A minimum of 6 activities must be performed in order for the evaluation to be billable to Medicaid

The eligibility determination must be indicated by placing a check or "X" next to eligible or not eligible

Case Manager's Signature _____ **Date:** _____

Case Manager's Printed Name: _____

The case manager needs to sign and date the form and print their name

Payment Information
 Submit Date: _____ RA Date: _____

The Medicaid clerk is able to update the header information, the case manager's printed name and the payment information. All other information **must** be completed by the case manager