

## Service Log - Case Management Annual IEP T1024 TM

-Blue paper form-

**Student:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

SS# \_\_\_\_\_ **School District:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Supervisory Union:** \_\_\_\_\_

All header information must be completed:  
Student Name  
Social Security Number (SS#)  
Date of Birth  
Diagnosis Code  
School District  
Supervisory Union

**Check appropriate box to indicate type of IEP:**

- Initial IEP (cannot be reimbursed)
- Student's first IEP but was on IFSP
- Annual IEP
- IEP Revision (cannot be reimbursed)

The type of IEP must be checked. Initial IEP's and IEP revisions/amendments are not billable

**Beginning Date of IEP Process:** \_\_\_\_\_

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

**IEP Process Completed:** \_\_\_\_\_

**IEP meeting:** \_\_\_\_\_

The IEP 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 IEP 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 most recent eligibility determination
<input type="checkbox"/>	2. Reviewed testing/evaluation results
<input type="checkbox"/>	3. Reviewed process reports
<input type="checkbox"/>	4. Reviewed student's existing IEP
<input type="checkbox"/>	5. Gathered information from other providers, teacher, mental health counselor, student and student's performance
<input type="checkbox"/>	6. Compiled and interpreted information
<input type="checkbox"/>	7. IEP pre-meeting to discuss issues with other providers
<input type="checkbox"/>	8. Visit to home, childcare, etc. to collect additional student information
<input type="checkbox"/>	9. Classroom observation
<input type="checkbox"/>	10. Interpretation and compilation of information to develop the IEP
<input type="checkbox"/>	11. IEP Meeting to develop goals and plan of services
<input type="checkbox"/>	12. Initial coordination of services

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

**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: \_\_\_\_\_  
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