LEA Medicaid Billing - Service Documentation – Behavioral Paraprofessional Services

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ICD 10 code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_ School district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Para Role Quote in IEP Services F Page Paraprofessional for Health, Physical or Behavior Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Service | Time in | Time out | I Individual G Group | Student Behavior (see below)  | Intervention (see below) | Student Response to Intervention |  | Initials  |
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 **Total time: \_\_\_\_\_\_\_\_ (minutes)**

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| **INDIVIDUAL** 1st unit **96158** =16-30 minutes; For minutes rest of the day each 15 minute unit is **96159** **GROUP** 1st unit **96164** =16-30 minutes; For minutes rest of the day each 15 minute unit is **96165** 1 unit (minutes 38-52); 2(53-67); 3(68-82); 4(83-97); 5(98-112); 6(113-127); 7(128-142); 8(143-157); 9(158-172); 10(173-187);11(188-202); 12(203-217); 13(218-232); 14(233-247); 15(248-262); 16(263-277); 17(278-292); 18 (293-307) ;19 (308-322); 20 (323-337); 21(338-352); 2 (353-367); 23(368-382); 24(383-397); 25(398-412); 26(413-427) |

**Behavior codes Interventions Student Response**

|  |  |  |  |  |  |  |
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| ARG =Argumentative | IT = Inappropriate transition | PA = Physically aggressive | AL = Allowed to leave | I = Ignore behavior  | RC= Removal from class | C = Compliant |
| C = Compliant | NFD-= Not following directions | SI = Socially inappropriate | BIP = BIP intervention | PR =Praise/ reinforce  | RP= Remove privileges | BC = Behavior Continues  |
| D = Disrespectful | NC =Non-compliant | T = Threatening/bullying | C = Calm | M = Monitor | TO = Time out | OT = On Task |
| E = Elopes | OA = Out of area | VA = Verbally aggressive | D = Directive | R = Redirection | VR= Visual reminder |  |

**Service providers:**

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| Name (spelled out) Position Paraprofessional |
| Signature Initials  |
| Name (spelled out) Position Paraprofessional |
| Signature Initials  |
| Name (spelled out) Position: Sp. Ed. Teacher/School Soc. Worker/Sch. Psych. |
| Signature \* Initials |

\* I attest that the services/interventions provided by the LEA staff members are consistent with this student’s treatment plan or specific goal(s) as described in the student’s IEP. This does not imply my supervision of the LEA staff members, nor have I necessarily observed these services. (05-01-19)