|  |  |  |
| --- | --- | --- |
| PLAAFP | **Checkmark with solid fillDO*** List each ADL needed
* Give a detailed description on WHY each ADL is needed (statement of need)
* Use professional, positive language
 | **DON’T*** Put minutes in the PLAAFP
* Write paragraphs for the statement of need. A few detailed sentences works best.
 |
| I-Form | **Checkmark with solid fillDO*** **LESS IS MORE**
* List the para/health aide in the provider space
* Use the higher number of range for the frequency
* Make sure the start/end dates match the I-2 and are consistent in all service areas in the IEP
 | **DON’T**Medicaid Reference Sheet* Don’t put ADLs in the LRE
* Don’t list the ADLs individually
* Make sure you’re not using any of the words to avoid
 |
| I-2 Form | **Checkmark with solid fillDO*** Select the dropdown for the range (scope, frequency, and duration)
* Make sure minutes match the I form
* Select only the ADLs listed in the PLAAFP
 | **DON’T*** Don’t Stress!
* When in doubt visit the Medicaid website or call the Medicaid Coordinator at 480-812-7095 or the IEP Compliance Specialist at 480-812-7573
 |

Medicaid Reference Sheet

HELPFUL TIPS

**Words to Avoid:**

* Up to
* Maximum/Minimum
* At least

If your student has a G-Tube… please include the phrase “G-tube feeding is not a Medicaid billable service when administered by a para.” …If including Eating/Feeding ADLs make sure the words “BY MOUTH” are present in your statement of need.

QMP (Qualified Medicaid Provider) signature is required on all IEPs that have ADLs/Specialized Transportation

The Medicaid Statement: “Services include Medicaid billable and non-billable services” used when listing paras as 6.5 hours