|  |  |  |
| --- | --- | --- |
| 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