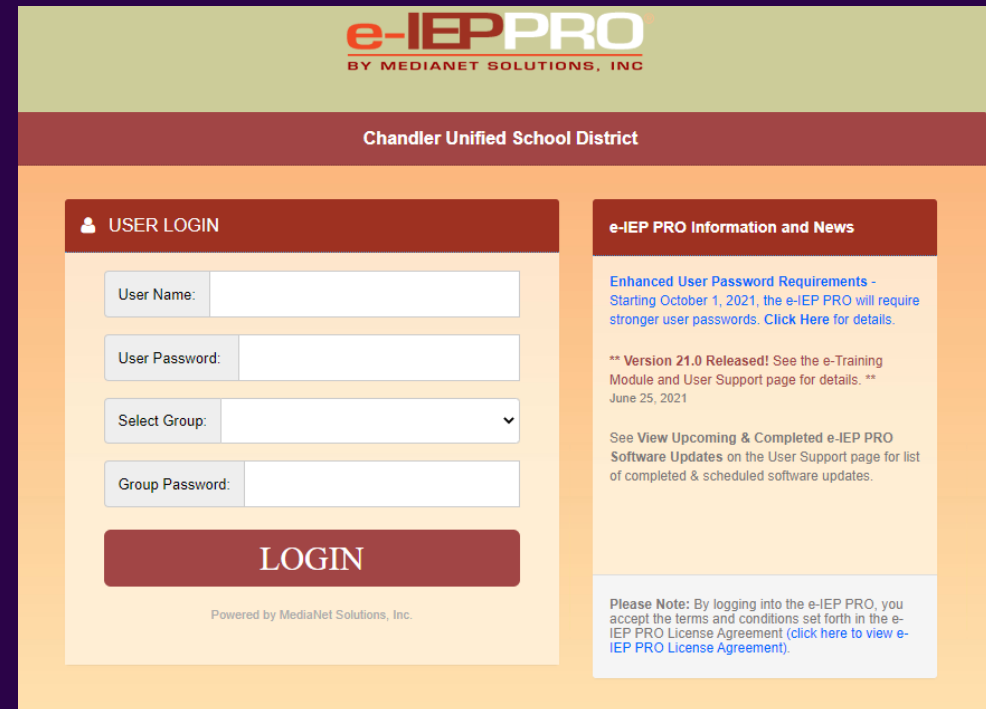


MEDICAID IEP COMPLIANCE



Required Medicaid Sections in the IEP:

- PLAAFP/Section 4: Functional Performance
- Form I
- Form I-2



The screenshot shows the e-IEP PRO login interface. At the top, the logo reads "e-IEP PRO BY MEDIANET SOLUTIONS, INC". Below this, a header bar identifies the "Chandler Unified School District". The main content area is divided into two columns. The left column, titled "USER LOGIN", contains four input fields: "User Name:", "User Password:", "Select Group:" (a dropdown menu), and "Group Password:". A large "LOGIN" button is positioned below these fields. The right column, titled "e-IEP PRO Information and News", contains three text blocks: a link for "Enhanced User Password Requirements", a notice about "Version 21.0 Released", and a link to view software updates. A "Please Note" section at the bottom right states that logging in implies acceptance of the terms and conditions in the e-IEP PRO License Agreement.

e-IEP PRO
BY MEDIANET SOLUTIONS, INC

Chandler Unified School District

USER LOGIN

User Name:

User Password:

Select Group:

Group Password:

LOGIN

Powered by MediaNet Solutions, Inc.

e-IEP PRO Information and News

[Enhanced User Password Requirements](#) - Starting October 1, 2021, the e-IEP PRO will require stronger user passwords. [Click Here](#) for details.

**** Version 21.0 Released!** See the e-Training Module and User Support page for details. **
June 25, 2021

See [View Upcoming & Completed e-IEP PRO Software Updates](#) on the User Support page for list of completed & scheduled software updates.

Please Note: By logging into the e-IEP PRO, you accept the terms and conditions set forth in the e-IEP PRO License Agreement ([click here to view e-IEP PRO License Agreement](#)).

PLAAFP/SECTION 4:

There are 8 Activities of Daily Living:

- Mobility
- Eating/Feeding
- Grooming
- Dressing
- Toileting
- Transfers
- Positioning
- Use of Assistive Devices



☐ Occupational Therapy (OT) ([view/edit notes](#))

☐ Physical Therapy (PT) ([view/edit notes](#))

☐ Adapted P.E. (PE) ([view/edit notes](#))

☐ Orientation and Mobility (O&M) ([view/edit notes](#))

☒ Functional Activities of Daily Living (Adaptive) ([view/edit notes](#))

GROOMING: Student requires adult assistance to wipe saliva from face

TOILETING: Student requires adult assistance to change her diaper

TRANSFER: Student requires 2 people to lift her and transfer her into equipment and on/off the floor

DRESSING: Student requires adult assistance with buttons, zippers, and snaps on clothing

POSITIONING: Student requires adult assistance to position her throughout the day for her comfort

Spell Check Save Changes

Select to input ADLs

DRAFT VIEW

Section 4: Functional Performance

Social Emotional and Behavior:

Physical Development:

Functional Activities of Daily Living Notes (Adaptive):

GROOMING: Student requires adult assistance to wipe saliva from face

TOILETING: Student requires adult assistance to change her diaper

TRANSFER: Student requires 2 people to lift her and transfer her into equipment and on/off the floor

DRESSING: Student requires adult assistance with buttons, zippers, and snaps on clothing

POSITIONING: Student requires adult assistance to position her throughout the day for her comfort

MOBILITY: Student requires adult assistance when navigating the campus

USE OF ASSISTIVE DEVICES: Student requires adult assistance when using assistive devices to communicate wants and needs

EATING/FEEDING: Student requires adult assistance to cut up her food into smaller pieces

LOCKED/IN-FORCE VIEW

FORM I

DRAFT VIEW

Supplementary Aids/Assistive Technology and Services for Students

Educationally Relevant Supplementary Aids/Assistive Technology and Services Are Listed Below ([see examples](#)).

- ☒ Educationally relevant supplementary aids/assistive technology and services
☐ Check here if supplementary aids/assistive technology and services were considered but are not necessary to provide special education

(Examples: paraprofessional; sign language interpreter; calculator; personal hearing aids; aug com device; cane; FM system; word processor available; reinforce embedded language goals...)

Supplementary Aids	Instr. Setting/Location	Start Date	Total Minutes	Provider	End Date
ADLs	Special Education Classroom	10/01/2021	150	Paraprofessio	10/01/2022
Frequency and Duration: 120-150 Minutes Daily					
Clarification:					

EXAMPLES IN LOCKED/IN-FORCE VIEW:

Supplementary Aids/Assistive Technology and Services for Students					
Educationally Relevant Supplementary Aids/Assistive Technology and Services Are Listed Below.					
ADLs	Special Education Classroom	10/1/2021	150 minutes/day	Paraprofessional/H.A.	10/1/2022
Frequency and Duration: 120-150 Minutes Daily					

Supplementary Aids/Assistive Technology and Services for Students					
Educationally Relevant Supplementary Aids/Assistive Technology and Services Are Listed Below.					
Personal Care/ADL	Special Education Classroom	12/2/2019	7 hrs/day	Staff	12/01/2020

Clarification: Max will have access to an aide 7 hours per day which includes Medicaid billable and nonbillable services. See Form I-2 and PLAAF of the IEP for details of Medicaid billable services. Due to Max's high and unique needs, staff will receive 30 minutes of training per quarter from the Munroe-Meyers institute if needed.
Vision: for preparation of materials and staff development specific to working with students with vision loss.

FORM I-2

DRAFT VIEW

MEDICAID SERVICES / DSC DATA FORM (FORM I2)

Review and complete Section A1 below as appropriate if the student receives the assistance of an aide to address any of needs listed (includes all aides serving students that have an IEP).

A1. Assistance with Personal Care/Daily Living Skills / Activities of Daily Living

(Select all areas that apply - use ctrl or shift to select multiple items)

<input checked="" type="checkbox"/> grooming	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> toileting	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> transfers	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> eating/feeding	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> dressing	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> positioning	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> mobility	Start Date: 10/01/2021	End Date: 10/01/2022	
<input checked="" type="checkbox"/> use of assistive devices	Start Date: 10/01/2021	End Date: 10/01/2022	
grooming			

Add New / Save Changes

Scope of Health Aide Services - Personal Care/ADL

(select the maximum number of hours the student is expected to receive assistance with personal care)

between 120 and 150 minutes per day

NOTE: The medical necessity for the Activities of Daily Living skills (ADLs) should be specified/documented within Form B Present Level of Academic and Functional Performance (PLAAFP).

** Personal Care and Daily Living Skills

For the duration of the IEP, the student shall have access to a health aide in the listed areas between 180 and 240 minutes per day. The health aide will assist the student in the area(s) of personal care/activities of daily living to address the following need(s):

- toileting (2/25/2021 through 2/17/2022)
- transfers (2/25/2021 through 2/17/2022)
- eating/feeding (2/25/2021 through 2/17/2022)
- dressing (2/25/2021 through 2/17/2022)
- positioning (2/25/2021 through 2/17/2022)
- mobility (2/25/2021 through 2/17/2022)
- use of assistive devices (2/25/2021 through 2/17/2022)

LOCKED/IN-FORCED VIEW

TRANSPORTATION PRESCRIPTION

DRAFT VIEW

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

[Learn How To Use This Page](#)

Section 1: Current IEP Information

[Display Prior Goals Written and Met](#)

Goal Number Written: Goal Number Met:

Summarize special education services the student is receiving:

STUDENT attends a self-contained program for students with multiple disabilities at Basha High School. He receives a standards-based curriculum with modifications in Language Arts and Math. Physical Therapy, Occupational Therapy, Speech and Vision services are provided as Support for School Personnel. **Specialized transportation service is provided twice daily.** He requires paraprofessional support for medical needs, academic activities and Medicaid reimbursable and non-reimbursable services for activities of daily living (ADLs).

Spell Check

Save Changes

Related Services

Educationally Relevant Related Services Are Listed Below.

- ☒ Educationally relevant related services
☐ Check here if related services were considered but are not necessary to provide special education

Related Services	Instr. Setting/Location	Start Date	Total Minutes	End Date
(1) Special Education Transportation	<input type="text" value="Curb-to-Curb"/>	<input type="text" value="02/25/2021"/>	<input type="text" value="2"/> per <input type="text" value="daily"/>	<input type="text" value="02/17/2022"/>
Frequency and Duration: <input type="text" value="2 times a day"/>				
Provider(s): <input type="text" value="Transportation"/> <input type="text" value="-- Please select --"/> <input type="text" value="-- Please select --"/> <input type="text" value="DSC"/>				
Specially Designed Instruction: <input type="text" value="Transportation need for severe seizures and physical disability and vehicle adaptation for wheelchair accommodation"/> (see examples)				

* NOTE: For Transportation or Audiology the frequency will be printed as x times per frequency selected (i.e. times rather than minutes).

Instructional Setting/Location Note

Curb-to-Curb

- No Adult Assistance Required

Special Handling

- Adult Assistance Required

TRANSPORTATION PRESCRIPTION CONTINUED

F. Special Education Transportation

Complete the appropriate sections if the student needs special education transportation due to the disability, a medical necessity, and/or the ability to access the program site. Special education transportation MUST be listed as a related service on the service page.

F1. The student has significant health-related needs in the area of:

(Select all areas that apply - use ctrl or shift to select multiple items)

- ☒ need for adaptive vehicle due to physical disability (i.e. to accommodate a wheelchair or walker)
- ☒ to facilitate transfer from one authorized adult to another due to the disability

need for a related medical condition
as not to engage in any behavior that may be disruptive or unsafe (could be related to significant distractibility or behavior issues)
need for additional supervision in an unstructured environment
need for transportation in a separate non-adaptive vehicle due to behavior issues
Student requires specialized transportation due to significant cognitive disability and will not be transported with non-disabled
Student requires an adaptive vehicle to accommodate his/her wheelchair access. Student will not be transported with non-disabled
Student cannot be transported with non-disabled peers due to significant behavioral problems. Student will access school via
Other:

Add New / Save Changes

F2. Statement of related service that require the student to receive special education transportation:

(Select all areas that apply - use ctrl or shift to select multiple items)

No options selected.

The student will receive special education transportation due to their disability and/or behavioral/social-emotional needs. Click

Add New / Save Changes

DRAFT VIEW OF FORM I-2/ F1-F3

(Optional section: select only if appropriate)

F3. Vehicle adaptations (optional section: select only if appropriate):

(Select all areas that apply - use ctrl or shift to select multiple items)

- ☒ wheelchair capabilities

harness
car seat
must be guided onto bus and into seat cannot manage boarding independently
safety vest
hand and/or foot restraints
Other:

Add New / Save Changes

LOCKED/IN-FORCE VIEW

** Special Education Transportation

The student has significant health-related needs in the areas of:

- need for adaptive vehicle due to physical disability (i.e. to accommodate a wheelchair or walker)
- to facilitate transfer from one authorized adult to another due to the disability.

Vehicle adaptations in the areas of: wheelchair capabilities...

SIGNATURE OF QUALIFIED MEDICAL PROVIDER (QMP)

Qualified Medical Providers Include:

- OT
- PT
- CCC-SLP
- RN, LPN
- LCSW, LPC, and LMFT (Counselors)

E-Signature
Now An
Option!

Meeting Participants					
Delete	Role	Name	Attended	Signature	Electronic Sig/Confirm
	Parent/Guardian/Surrogate		<input type="checkbox"/>	<input type="checkbox"/>	
	Parent/Guardian/Surrogate		<input type="checkbox"/>	<input type="checkbox"/>	
	Special Education Teacher		<input type="checkbox"/>	<input type="checkbox"/>	
	General Education Teacher		<input type="checkbox"/>	<input type="checkbox"/>	
	District Rep/designee		<input type="checkbox"/>	<input type="checkbox"/>	
	Individual to interpret instructional implications		<input type="checkbox"/>	<input type="checkbox"/>	
	Student		<input type="checkbox"/>	<input type="checkbox"/>	

****QMP REQUIRED FOR ALL MEDICAID IEPs****

Chandler Unified School District
Student Services

Individualized Education Program (IEP)

Student Name: aaa.testing Cover Sheet Signature Section (Form A-2) IEP Meeting Date: 10/27/2021
Student ID: 1111111 | State ID: 01010101 DOB:

The following persons **participated or consulted** in this conference and/or the development of the IEP. Additionally, parents have been given a copy of their rights regarding the student's placement in special education and understand that they have the right to request a review of their child's IEP at any time.

Position/Relation to Student	Participant Name / Signature	Date (MM/DD/YY)
Parent/Guardian/Surrogate		
Parent/Guardian/Surrogate		
Special Education Teacher		
General Education Teacher		
District Rep/designee		
Individual to interpret instructional implications		
Student		

Procedural Safeguards were offered to Parent/Guardian/Adult Student _____ (initials)

Print Name
ALONG with
Signature



TIPS & REMINDERS

- Make sure all ADLs and Date Ranges align throughout PLAAFP, Form I, Form I-2
- Avoid phrases such as, "anticipated", "up to", "maximum of", and "approximately" when describing service minute frequency
- Confirm IEP date ranges begin *AFTER* the IEP Meeting was held
- Do NOT forget your QMP Signature Page with necessary requirements

THANK YOU

CONTACT YOUR MEDICAID TEAM:

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Medicaid Coordinator

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Mary Rocks

IEP Compliance & Sped Teacher Assistance

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Rocks.Mary@cusd80.com

Kara Brun-Garcia

Paraprofessional AHCCCS and CPR/FA Assistance

480-812-7096

Brungarcia.kara@cusd80.com

