

Medicaid Activities of Daily Living (ADLs) and IEP Compliance

CUSD Student Services



Required data and documentation in the IEP

Activities of Daily Living (ADL) Services

- ❖ Cover Sheet Signature Page (Form A-2)
 - All IEP team members sign the IEP participation page (Form A-2) at annual IEP meetings and for addended IEPs (with or without a meeting)
- ❖ PLAAFP/Section 4 (Form B): Functional Performance
 - Physical Development – Functional Activities of Daily Living (Adaptive)
- ❖ Environment & Services (Form I)
 - Supplementary Aids and Services for Students
- ❖ Medicaid Services (Form I-2)

IEP COVER SHEET (FORM A)

- In e-IEP PRO at the bottom of the cover sheet, add the **Roles** in the Meeting Participants section
- Enter the **names** of the meeting participants next to each role
- The names will print on the Cover Sheet Signature Section (Form A-2)

**** IEP meetings require signatures from all IEP participants on Form A-2 with current IEP team members listed – applies to annual reviews and addendums, with or without a meeting ****

NOTE - This is different from the practice to document only the participant *roles* on Meeting Notices

Meeting Participants

| Delete | Role | Name | Attended | Signature | Electronic Sig/Confirm |
|--------|---------------------------------------|-----------------|--------------------------|--------------------------|------------------------|
| | Parent/Guardian/Surrogate | Mrs. Smith | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Special Education Teacher | Freddy Fish | <input type="checkbox"/> | <input type="checkbox"/> | |
| | District/School Representative | Scott Secondary | <input type="checkbox"/> | <input type="checkbox"/> | |
| | General Education Teacher | Polly Preschool | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Ind. to interpret instr. implications | Freddy Fish | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Speech Language Pathologist | Johnny Rocket | <input type="checkbox"/> | <input type="checkbox"/> | |

Save ChangesCopy From Meeting Notice

Meeting Roles

Meeting Participants:

- *Student
- Adapted PE
- Administrator or designee/LEA
- Agency Representative
- Audiologist
- Counselor
- District/School Representative
- General Education Teacher
- Ind. to interpret instr. implications
- Nurse

Add Selected Roles

SIGNATURE OF QUALIFIED MEDICAL PROVIDER (QMP)

Cover Sheet Signature Section (Form A-2)

QMP signatures are required for all IEPs with Medicaid billable services, including ADLs

Qualified Medical Providers (QMP) Include:

- OT
- PT
- SLP - CCC
- RN, LPN
- LCSW, LPC, and LMFT (Counselors)
- All IEP meeting participants sign and date the form (with or without a meeting)
- Scan the signed form into e-IEP PRO Supporting Documents

| Chandler Unified School District Student Services | | |
|--|--|---|
| Individualized Education Program (IEP) | | |
| Student Name: ELEMENTARY, ELLA Student ID: EL123 State ID: 87654321 | Cover Sheet Signature Section (Form A-2) | IEP Meeting Date: 10/28/2024 DOB: 11/10/2011 |
| 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 | Mrs. Smith | |
| Special Education Teacher | Freddy Fish | |
| District/School Representative | Scott Secondary | |
| General Education Teacher | Polly Preschool | |
| Ind. to interpret instr. implications | Freddy Fish | |
| Speech Language Pathologist | Johnny Rocket | |
| Procedural Safeguards were offered to Parent/Guardian/Adult Student _____ (initials) | | |

9 Activities of Daily Living (ADL)

- Data defines the student's *individual* need for Activities of Daily Living (ADLs) and is reviewed by the IEP team
- ADL services provided by paraprofessionals/health aides are Medicaid billable as determined by the IEP team
- Service Coordinator is informed of the full description of each ADL
- Service Coordinator ensures para/health aide is fully informed of the ADL needs for each student on their caseload

What are Activities of Daily Living (ADLs)?

ADLs are defined by the Center for Medicaid Services and the Arizona Health Cost Containment System (AHCCCS). It is important to use the ADL titles as specified for compliance. ADL's are provided by Health Aides. ADL's must be written in the IEP and must include scope, frequency and duration.

1. Eating/Feeding: The process of assistance with eating to maintain subsistent nutritional intake. Preparation of food (obtaining/selecting school lunch), setting up the food (opening milk carton, cutting meat, buttering bread, etc.), and washing hands/face are also components of eating/feeding. The trip to and from the cafeteria is also included if student has mobility needs. Due to their diagnosis or other related medical condition, some students may require observation to prevent choking based on frequent episodes (once or more per week). Working with a student on how to make meal choices, how to set up their meal and how to clean up afterward, while assisting them in the process of eating, would be examples of assisting with the ADL-Eating/Feeding. **NOTE: Tube feeding of any type may only be reimbursed when done by an RN or LPN.**

2. Dressing: The process of assisting with dressing or undressing. Includes any transfers, mobility or positioning that needs to be done during the process. Discussion with the student regarding the need to wear weather appropriate clothing, how to select such and how to operate any buttons, zippers, etc., while assisting them in the process of dressing, are examples of assisting with the ADL-Dressing.

3. Toileting: The process of assisting with bowel and bladder elimination. This would include following a toileting schedule, feminine hygiene, use of toilet equipment such as standard toilet or commode, cleansing of perineal area after elimination, draining a leg bag and adjusting clothing. Toileting also includes diapering, as well as emptying of catheter and ostomy bags. It does not include catheter insertion. The trip to and from the restroom is also included if the student has mobility needs. **NOTE: Catheter insertion and catheter/ostomy care may only be reimbursed when done by a RN or LPN.**

4. Mobility: The process of assisting with moving between locations. Mobility may be part of another personal care service and it may stand alone. A student may or may not use a device such as a walker or wheelchair and may or may not need assistance with the device, but still needs to be accompanied. (This would include escorting a student to classes, recess and/or activities).

5. Grooming: The process of assisting with personal hygiene. Most grooming tasks will be done at home. There may be reasons for assisting a student to complete *some* grooming at school on a regular or basis. Grooming includes tasks such as combing/brushing hair, insertion, brushing teeth, removal of contact lenses, glasses or hearing aids. It is important particularly with the ADL-Grooming to remember that *only* those services prescribed by a qualified provider and *conducted with enough frequency to warrant inclusion in the IEP* are claimable activities of grooming.

6. Use of Assistive Devices: The process of assisting students when using or operating an assistive device. Examples of assistive devices may include standers, lifters, braces, and communicative devices. While the ADLs-Positioning or Mobility may also represent tasks associated with helping a student with an assistive device, devices such as communicative devices in which a student might need help setting up the device may also be appropriate as long as the task is included in the IEP as requiring assistance by a Health Aide.

7. Transfers: The process of assisting with moving between positions (i.e., from a piece of equipment to a chair). Many transfers will be part of another personal care service, but some may stand alone. There are different types of transfers such as a pivot, sliding board, Hoyer lift and two people transfers.

8. Positioning: The process of assisting with aligning the body to provide necessary care and comfort. This includes the use of equipment such as bolsters, wedges, Velcro straps, etc. Positioning may be part of another personal care service, or it may stand alone.

9. Safety Monitoring (SM): (Inside and outside the classroom) assistance with students with behavioral health issues, such as flight risk or actions that harm themselves or others, and/or assistance with students that have serious and/or chronic physical medical needs, such as seizure monitoring and/or monitoring students using medical equipment such as a respirator. **Does not include medical treatment.**

9 Activities of Daily Living (ADL) continued...

____ **Eating/Feeding (E):** Any assistance provided to help a student consume a meal or a snack. Food preparation, setting up food, spoon feeding, food choices, washing hands and face, cleaning up after oneself, trip to and from the cafeteria. **Does not include tube feeding.**

____ **Grooming (G):** Combing/brushing hair, blowing nose, insertion and removal of contact lenses, or hearing aids, glasses care, keeping hands clean, and teaching how to brush teeth, masks etc.

____ **Dressing (D):** Assistance with buttoning and using a zipper, belts, putting on or taking off a sweater or jacket, discussing appropriate clothing for weather, tying/Velcro shoes.

____ **Use of Assistive Devices (A):** Communication devices (high and low tech) that may include setup/takedown, transporting the devices between locations, use of picture systems and use **to communicate personal wants and needs** (not the time using for academics). Other assistive devices would include standers, lifters, braces, pencil grips etc.

____ **Mobility (M):** Accompanying a student (outside the classroom) to class, assisting, and accompanying between locations on campus, assisting with wheelchair or walker.

____ **Toileting (T):** Any assistance provided to assist a student in the completion of their toileting routine. Queuing/use of a toileting schedule, use of toilet/sink, ensuring cleanliness following elimination, feminine hygiene, diapering, draining/emptying a bag, washing up after elimination, trip to and from the restroom. **Does not include catheterization.**

____ **Transfers (F):** Assisting with moving in and out of a chair/wheelchair, moving from a piece of equipment to another, may require use of equipment, e.g. Hoyer lift, sliding board, etc.

____ **Positioning (P):** Turning a student from back to side, using a wedge to keep student on their side, using a bolster to relieve pressure points, elevating the leg rests on a wheelchair, putting a pillow behind the head of a student in a wheelchair, providing necessary care and comfort.

____ **Safety Monitoring (SM):** (inside out outside the classroom) assisting in behavior and safety needs by, monitoring, reassurance, redirection, set-up, hands-on, standby assistance, and reminding. Monitoring for a chronic illness, seizure and safety monitoring while using medical equipment such as feeding tube or respirator.

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Examples:

- *Eating/Feeding* - assistance with washing hands/face, getting to/from the cafeteria, etc.
- *Toileting* - assistance with /hand washing, dressing as in unbutton/button clothing, getting to/from the restroom, entire toileting routine, etc.
- *Mobility* – define adult assistance **outside** the classroom
- *Safety Monitoring* – define adult assistance **inside** and **outside** the classroom
- *Assistive Devices* – assistance to communicate personal **wants and needs**, not time used for academics, etc.

**** See ADL forms on the CUSD Special Education website – Medicaid folder for full descriptions of each ADL ****

HOW TO DETERMINE ADL NEEDS AND DAILY MINUTES

Data, Data, Data!

Collect Data on Each ADL

- **Define** what ADL service(s) the student consistently requires from a para/health aide – read full ADL descriptions
(Qualitative Data)

Consider:

- What can the student do?
- What can the teachers/related therapists assist with?
- What support/service is the student already receiving in the current LRE?

Consider student's bell to bell schedule

- **Document** the daily minutes the para/health aide assists the student with the ADL(s)
(Quantitative Data)

Consider:

- What are the total minutes in a student's day?
- Be mindful of **all** services and supports provided to the student when calculating daily ADL minutes

Example of ADL Daily Minutes:

- Eating/Feeding – 15 minutes/day
- Toileting – 20 minutes/day
- Assistive Devices – 10 minutes/day

ADL total daily minutes are 45 minutes per day

Bell to Bell schedule – student minutes per day

Elementary – 390 minutes per day

Junior High – 414 minutes per day

High School – 410 minutes per day

Reminders:

- ❖ Above minutes are based on a student's typical bell to bell schedule
- ❖ Calculate all minutes based on the student's bell to bell schedule

- Consider all special education *daily* service minutes
- Consider all related services *daily* service minutes
- Consider all ADL *daily* minutes provided by paraprofessional/health aide

****Exception****

If a para/health aide provides ADL services outside of the bell-to-bell schedule – Follow the Chain of Command to involve your **assigned Specialist**

Supplementary Aids and Services

Para assistance outside of ADL services

The IEP team makes decisions based on data in order to identify student needs and the most qualified provider to service/support those needs.

- What can the student do?
- What can the certified teachers do?
 - General Education
 - Special Education
- What can related therapist(s) do?
- What needs are not met but require additional para assistance?

Paraprofessional as a supplementary aid and service

- Calculate total daily minutes ADLs are provided and the additional daily minutes that require para assistance outside of ADLs

Out of Compliance: The combined ADL daily minutes, inclusive of 6 hrs of daily para assistance, exceeds the student's total daily minutes at school

| Supplementary Aids/Assistive Technology and Services for Students Educationally Relevant Supplementary Aids/Assistive Technology and Services Are Listed Below. | | | | | |
|--|--|-----------|----------------|------------------|------------|
| ADL - TOILETING | Special Education Classroom | 11/1/2024 | 20 minutes/day | Paraprofessional | 10/27/2025 |
| | Frequency and Duration: Toileting is provided for 20 minutes per day for five days per week. | | | | |
| | (NAME) requires adult assistance with changing her diaper, to get to from the restroom, to wash her hands, and to remove and put on clothing as part of the toileting routine. | | | | |
| ADL - GROOMING | Special Education Classroom | 11/1/2024 | 10 minutes/day | Paraprofessional | 10/27/2025 |
| | Frequency and Duration: Grooming is provided for 10 minutes per day for five days per week. | | | | |
| | (NAME) requires adult assistance to wipe saliva from her face throughout the school day. | | | | |
| ADL - EATING/FEEDING | Special Education Classroom | 11/1/2024 | 20 minutes/day | Paraprofessional | 10/27/2025 |
| | Frequency and Duration: Eating/Feeding is provided for 20 minutes per day for five days per week. | | | | |
| | (NAME) requires adult assistance to use a spoon to eat her food, to get to and from the cafeteria, and to make her daily lunch choice. | | | | |
| ADL - DRESSING | Special Education Classroom | 11/1/2024 | 10 minutes/day | Paraprofessional | 10/27/2025 |
| | Frequency and Duration: Dressing is provided for 10 minutes per day for five days per week. | | | | |
| | (NAME) requires adult assistance in discussing appropriate clothing for weather and tying her shoes. | | | | |
| Paraprofessional | Special Education Classroom | 11/1/2024 | 6 hours/day | Paraprofessional | 10/27/2025 |
| | Frequency and Duration: Para assistance provided for 6 hours a day, five days a week | | | | |
| | (NAME) requires paraprofessional assistance inside and outside the classroom every day of the week. | | | | |

Supplementary Aids and Services (cont'd)

Considerations for Augmentative and Alternate Communication (AAC) Devices

- AAC as ADL - Para assists the student with using the AAC device for ***personal wants and needs***
- AAC not an ADL - Para assists student with using the AAC device for ***academic needs*** (participate in group lesson, completion of assignments and assessments)
-

AAC Device Data Review

- Consult with the assigned Speech Language Pathologist to review data and make decisions as an IEP team
- Consult with your assigned Specialist if additional questions arise

PLAAFP - SECTION 4 (FORM B)

Data is documented in the PLAAFP
Section 4 – Physical Development

- Functional Activities of Daily Living (Adaptive) section

For each ADL, describe the area/s
where the student requires
assistance

REMINDER: Individualized need

DRAFT VIEW

Physical Development: how does the child's physical development impact his/her involvement and progress in the general curriculum? (Describe the student's sensory/motor development, health, vitality (for OHI), and physical skills or limitations that pertain to the learning process. Identify levels and strengths and needs and assistive technology (if any). If applicable, identify how this area will affect desired post school outcomes) ([HTML Text Edit Tips](#))

Spell Check

Save Changes

- ☐ 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](#))

Click box to
select

Click to input ADL data

TOILETING: (NAME) requires adult assistance to change her diaper, to get to and from the restroom, to wash her hands, and to remove and put on clothing as part of the toileting routine.
GROOMING: (NAME) requires adult assistance to wipe saliva from her face throughout the school day.
EATING/FEEDING: (NAME) requires adult assistance to use a spoon to eat her food, to get to and from the cafeteria, and to make her daily lunch choice.
DRESSING: (NAME) requires adult assistance in discussing appropriate clothing for weather and tying her shoes.

Spell Check

Save Changes

Functional Activities of Daily Living Notes (Adaptive):

TOILETING: (NAME) requires adult assistance to change her diaper, to get to and from the restroom, to wash her hands, and to remove and put on clothing as part of the toileting routine.

GROOMING: (NAME) requires adult assistance to wipe saliva from her face throughout the school day.

EATING/FEEDING: (NAME) requires adult assistance to use a spoon to eat her food, to get to and from the cafeteria, and to make her daily lunch choice.

DRESSING: (NAME) requires adult assistance in discussing appropriate clothing for weather and tying her shoes.

IN-FORCE,
LOCKED
VIEW

ENVIRONMENT & SERVICES (FORM I)

SUPPLEMENTARY AIDS AND SERVICES

- Enter each ADL on an individual service line
 - **must match ADLs list in the PLAAFP Section 4**
- Fill out each service line completely to include:
 - **Start Date** and **End Date** as determined by the IEP team
 - **Provider** is paraprofessional or health aide as determined by the IEP team
 - **Frequency and Duration** is defined as *minutes per day* for a specified number of days each week
 - **Clarification** for *each* ADL - input the same data stated in the PLAAFP Section 4 (Form B) Functional Activities of Daily Living

| Supplementary Aids | Instr. Setting/Location | Start Date | Total Minutes | Provider | End Date |
|---|-----------------------------|------------|---------------|---------------|------------|
| ADL - TOILETING | Special Education Classroom | 11/01/2024 | 20 minutes/d | Paraprofessio | 10/27/2025 |
| Frequency and Duration: Toileting is provided for 20 minutes per day for five days per week. | | | | | |
| Clarification: (NAME) requires adult assistance with changing her diaper, to get to from the restroom, to wash her hands, and to rer | | | | | |
| ADL - GROOMING | Special Education Classroom | 11/01/2024 | 10 minutes/d | Paraprofessio | 10/27/2025 |
| Frequency and Duration: Grooming is provided for 10 minutes per day for five days per week. | | | | | |
| Clarification: (NAME) requires adult assistance to wipe saliva from her face throughout the school day. | | | | | |
| ADL - EATING/FEEDING | Special Education Classroom | 11/01/2024 | 20 minutes/d | Paraprofessio | 10/27/2025 |
| Frequency and Duration: Eating/Feeding is provided for 20 minutes per day for five days per week. | | | | | |
| Clarification: (NAME) requires adult assistance to use a spoon to eat her food, to get to and from the cafeteria, and to make her dail | | | | | |
| ADL - DRESSING | Special Education Classroom | 11/01/2024 | 10 minutes/d | Paraprofessio | 10/27/2025 |
| Frequency and Duration: Dressing is provided for 10 minutes per day for five days per week. | | | | | |
| Clarification: (NAME) requires adult assistance in discussing appropriate clothing for weather and tying her shoes. | | | | | |
| | -- Please select -- | 10/28/2024 | | | 10/27/2025 |
| Frequency and Duration: | | | | | |
| <input type="button" value="Add New/Save"/> | | | | | |
| Clarification: | | | | | |
| <input type="button" value="Spell Check"/> <input type="button" value="Save Changes"/> | | | | | |

DRAFT VIEW

MEDICAID SERVICES (FORM I-2)

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: 11/01/2024 | End Date: 10/27/2025 | |
| <input checked="" type="checkbox"/> toileting | Start Date: 11/01/2024 | End Date: 10/27/2025 | |
| <input checked="" type="checkbox"/> eating/feeding | Start Date: 11/01/2024 | End Date: 10/27/2025 | |
| <input checked="" type="checkbox"/> dressing | Start Date: 11/01/2024 | End Date: 10/27/2025 | |

grooming
toileting
transfers
eating/feeding
dressing

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 30 and 60 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).

- Select each ADL that aligns with the PLAAFP Section 4 (Form B) and Supplementary Aids and Services (Form I) sections of the IEP
- Enter the same **start date** and **end date** for each ADL that is reflected on the Supplementary Aids and Services (Form I) of the IEP

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- Add up the **TOTAL DAILY MINUTES** of all ADLs listed in the Supplementary Aids and Services (Form I) page of the IEP
- Select the **range of minutes** per day on the “Scope of Health Aide Services – Personal Care/ADL” based on the **TOTAL DAILY MINUTES** of all ADLs

DATA AND COMMUNICATION

The Service Coordinator assigns each para the student/s to whom he/she will provide ADL services

Service Coordinator will:

1. Complete the *Health Aide Service Record* and provides it to the para/health aide (annually and/or addendums when ADL changes are made)
 - Found in e-IEP PRO **Miscellaneous Forms** and **IEP Designer** buttons under ***District Uploaded Forms***
2. Printed IEP Services (Form I) with ADLs highlighted

Service Coordinator will:

- Monitor provision of ADL services
- Ensures para/health aide is collecting data and documenting on the *Health Aide Service Record*
- Ensures para/health aide is billing the Medicaid ADL services in *DSCtop*
 - Paras can bill **under** the daily minutes for each ADL but **cannot** bill over the daily minutes
- Consistently monitors ADL data and adjusts the IEP as necessary

DSC Health Aide Service Record

e-IEP PRO – Miscellaneous Forms and IEP Designer buttons – District Uploaded Forms

Service Coordinator will:

- Complete the excel spreadsheet
- Provide to para/health aide
- Edit as ADL changes are made (annually and/or IEP addendums)
- Consistently monitor ADL data
- Oversee and ensure provision of ADLs
- Oversee and ensure para/health aide bills ADLs in DSCtop

Para/Health Aide will:

- Track daily minutes for each ADL
- Enter ADL minutes in DSCtop for Medicaid billing
- Can bill **under** the daily minutes for each ADL but can **never bill over** the daily minutes for each ADL
- Communicate with Service Coordinator if daily minutes are consistently over/under the minutes stated on the IEP

e-IEP PRO
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Service Coordinator will:

- Complete the excel spreadsheet
- Provide to para/health aide
- Edit as ADL changes are made (annually and/or IEP addendums)
- Consistently monitor ADL data
- Oversee and ensure provision of ADLs
- Oversee and ensure para/health aide bills ADLs in DSCtop

- Track daily minutes for each ADL
- Enter ADL minutes in DSCtop for Medicaid billing
- Can bill **under** the daily minutes for each ADL but can **never bill over** the daily minutes for each ADL
- Communicate with Service Coordinator if daily minutes are consistently over/under the minutes stated on the IEP

TIPS & REMINDERS

- Ensure all ADLs, total daily minutes and start/end dates align throughout the PLAAFP Section 4, Supplementary Aides and Services (Form I), and Medicaid Services (Form I-2)
- In lieu of words and phrases like "anticipated", "up to", "maximum/minimum of", and "approximately", please be specific when defining the ADL total minutes and clarification statements throughout the IEP
- Ensure QMP and IEP participants signatures are collected on the Cover Sheet Signature Page (Form A-2) no matter the type of IEP (annual or addendum with and without a meeting)
- Double check that the calculation of **total daily minutes** of all ADLs is accurately reflected on Medicaid Services (Form I-2) range to align with the **total daily minutes** of each ADL listed in Supplementary Aids and Services (Form I)
- The Service Coordinator **provides** to the paraprofessional/health aide:
 - Printed IEP Services (Form I) with the ADLs highlighted for each student
 - Completed Health Aide Service Record for each student
 - Any changes made to the ADL services at annual IEP meetings and/or addendums as documented on the Health Aide Service Record and IEP Services (Form I)

THANK YOU

