



DATE: August 2, 2010
TO: Participating LEAs
FROM: Florie Wong, Project Manager
RE: Health Aide Prepayment Review

Effective July 1, 2010, PCG and AHCCCS require a completed Health Aide Prepayment Review form to accompany the student's Individual Education Plan (IEP) with each request for health aide services exceeding the allowable 8 units. The Health Aide Prepayment Review form will be used as a guide to determine if additional health aide units are allowable on a case by case basis. All requests for additional services without a completed Health Aide Prepayment Review form will be returned to the LEA.

As described on the Health Aide Prepayment Review form, a designated LEA contact should provide the following information pertaining to the sections on the form:

1. Complete contact information
2. Complete student IEP information
3. Number of health aide minutes per day requested
4. Name(s), position, and certification of qualified medical provider(s) that signed the IEP and recommended Activities of Daily Living (ADL)
5. What Medicaid reimbursable ADL(s) have been prescribed for the student?
6. List page number(s) of the IEP that demonstrate the qualified medical provider is recommending need for the ADL(s), highlight relevant sentences in the IEP
7. List the page number(s) of the IEP that clearly state the scope, frequency, and duration (SFD) of Medicaid allowable services to be provided by a health aide, highlight SFD in the IEP
8. Does the student need health aide services that are not Medicaid reimbursable ADL?
9. Signature and confirmation of representative completing the Health Aide Prepayment Review form

Additional information related to health aide services can be referenced in the Health Aide Documentation Guidance and the AHCCCS Medical Policy Manual (AMPM), Chapter 700, School Based Claiming Program/Direct Services Claiming.

Health Aide Documentation Guidance link:

http://web.pcgus.com/azschools/pdf/AZ_DSCHandbook/01_Health_Aide_Documentation_Guidance_-_Chap_1_Attach_1.pdf

AHCCCS Medical Policy Manual, Chapter 700 link:

<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap700.pdf>

Contact your assigned Account Manager at 877-877-8011 if you have any questions.

CC: Patricia Krotenberg, AHCCCS
Melinda Hollinshead, AHCCCS