

ANOKA-HENNEPIN ISD#11 PERSONAL CARE ASSISTANT TIME STUDY LOG AND CARE PLAN

<input type="checkbox"/> Ambulation/Mobility: Assisting student with walking or using a wheelchair										
<input type="checkbox"/> Positioning: Moving student for needed care & comfort using pillows, wedges/bolster, including relieving pressure areas (no group size)										
Directions: 1) Enter minutes for behavior redirection episodes OR 2) Students with ongoing behavior monitoring (daily behavior episodes), Add total ADL's and subtract from 390. Divide remaining minutes by group size (use box)	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>	<i>Start & End Times</i>	<i>Grp size / Tot min</i>	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>
Redirection & Intervention for Behavior, Including Observation & Monitoring (Redirection & Intervention for behavior that is medically necessary & related to the student's diagnosis.)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Behaviors or potential behavior that may injure self (self-hitting, biting, cutting, head banging, poking, stabbing, pulling out hair, ingesting foreign objects, & suicide threats)										
<input type="checkbox"/> Behaviors or potential behaviors that may injure others (hitting, biting, kicking, pinching or scratching)										
<input type="checkbox"/> Behaviors or potential behaviors that may damage property (breaking furniture or windows, tearing clothes, setting fires, using tools or objects to damage property)										
<input type="checkbox"/> Behavior that is verbally aggressive and resistive to care that can cause care to take longer than normally expected.										
<input type="checkbox"/> Increased vulnerability due to behavior that is socially inappropriate or behavior related to cognitive deficits. (Staying on task with lessons, generally disrupting class or making verbal comments out loud are not an MA covered service!)										
Health Related Tasks & Procedures (1:1 activity- no group size)										
<input type="checkbox"/> Assisting with medication that is self-administered (reminding, obtaining, checking, opening and making sure the student has taken the med or self-administered the med)										
<input type="checkbox"/> Assisting with maintenance /progressive exercises to maintain function & strength										
<input type="checkbox"/> Intervene for seizure disorders, including monitoring and observation, <u>while the child is having a seizure</u> . Monitoring when a child is NOT having a seizure is not billable)										
<input type="checkbox"/> Assisting with other health-related tasks/procedures that do not require the skill of a nurse but are supervised by the LSN. Describe:										
DAILY MINUTE TOTALS:										

(Must initial below for transportation billing if student rode the bus- no checkmarks!)

Special Ed Transportation (T1018-U8) <i>Directions: Place initials in the A.M or P.M. box if student received special transportation either one-way or roundtrip. Do not initial if student was brought to school or picked up by parent, guardian or other means. Mileage is not needed.</i>	A.M.						
	P.M.						

**Mental health behavior aid services are not PCA services and cannot be documented on this checklist. It is a federal crime to provide false information on personal care service billings for medical assistance payment.
Keep all documentation for five years

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<input type="checkbox"/> Transferring: moving student from one seating/reclining area to another (including standby assist, pivoting, 2-person assist and using a Hoyer lift) (No group size)											
<input type="checkbox"/> Ambulation/Mobility: Assisting student with walking or using a wheelchair											
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Directions: 1) Enter minutes for behavior redirection episodes OR 2) Students with ongoing behavior monitoring (daily behavior episodes), Add total ADL's and subtract from 390. Divide remaining minutes by group size (use box)	<i>Start & End Times</i>	<i>Grp size/ Tot min.</i>	<i>Start & End Times</i>	<i>Grp size / Tot min</i>	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>	<i>Start & End Times</i>	<i>Grp size/ Tot min</i>	
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DAILY MINUTE TOTALS:											

(Please add the total of all 10 days and divide by 10 to get the average daily minute total) >

AVERAGE DAILY MINUTE TOTAL:

(Must initial below for transportation billing if student rode the bus- no checkmarks!)

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All Paras recording on time study must print name, title and provide signature below.

Print Name/Title _____	Signature _____	Print Name/Title _____	Signature _____
Print Name/Title _____	Signature _____	Print Name/Title _____	Signature _____
Print Name/Title _____	Signature _____	Print Name/Title _____	Signature _____

Backup Staffing per Building Administrator. PCA will communicate with QP/Licensed staff regarding changes in the student's condition/concerns or questions.
Provide detail, special instruction or comments:

Case Manager Signature _____

(Responsible Party)

Para Supervisor Signature _____