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

	Month/ Year:	Student First/Last Name:	Student ID:			School:			T1018-U6TM PCA & Transp.U8					
										School Year: 2023-2024				
		Level 1 Behavior (Must check one to qualify for J sing Grooming/Hygiene Bathing Transf		Day 1 Date		Day 2 Date		Day 3 Date 🍁		Day 4		Day 5 Date 화		
		ehavior: \Box Self-injurious \Box Injurious to others \Box Pro		Date 🔻		Date 🖣		Date 🔻		Date 📫		Date 🤛		
		boxes below that apply. Record date. Record start		Start &	Grp	Start &	Grp	Start &	Grp	Start &	Grp	Start &	Grp	
	time-frame Record the group s	ivity. In the second column put the total minutes for size in the small box if appropriate.	that	End	size/ Tot	End Time	size /	End Time	size/ Tot	End	size/ Tot	End	size/ Tot	
	time frame. Record the group to	size in the small box is appropriate.		Time	min		Tot min		min	Time	min	Time	min	
	Assistance with Feeding/E	Cating (if group size varies with each occurrence	add a box)											
	☐ Transfers & positioning for	or eating		i i		İ	i							
	☐ Serving, preparing food to	o eat (opening, chopping, thickening, etc.)		1										
	☐ Feeding (partial or total as	ssistance)		1										
	☐ Assistance with hand was	shing												
	☐ Applying required orthoti	ics or prosthetics for eating]										
	☐ Cueing & supervision of a	eating												
	Toileting – 1:1 activity (no	group size)												
	☐ Moving, transferring & po	ositioning for toileting/diapering												
	☐ Assistance with using toil	leting equipment & supplies, including feminir	ne hygiene											
	□ Diapering													
		skin (wiping, cleaning, inspection)												
		g clothing before & after toileting												
	☐ Cueing & supervision to a													
	Dressing 1:1 activity (no g													
	<u> </u>	choosing, applying or changing clothing (include												
		orthotics & prosthetics or clothing (TED hose))											
	☐ Laundering clothing that													
L	Grooming 1:1 activity (no	9 1 /												
	☐ Assistance with oral care													
	☐ Assistance with basic hair	<u>~</u>												
		aring aids(positioning & batteries), eye glasses	contact											
	lenses □ Applying cosmetics & de	andorant		-										
	Transferring, Ambulation													
\vdash	G.	dent from one seating/reclining area to another	(including	-										
		person assist and using a Hoyer lift) (no group												
	, 2 p	a riojoi mio group												

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	☐ Ambulation/Mobility: Assisting student with walking or using a wheelch	air										
	□ Positioning: Moving student for needed care & comfort using pillows, wedges/bolster, including relieving pressure areas (no group size)											
2)	irections: 1) Enter minutes for behavior redirection episodes OR Students with ongoing behavior monitoring (daily behavior episodes), A DL's and subtract from 390. Divide remaining minutes by group size (use		Start & End Times	Grp size/ Tot min	Start & End Times	Grp size / Tot min	Start & End Times	Grp size/ Tot min	Start & End Times	Grp size/ Tot min	Start & End Times	Grp size/ Tot min
(F	edirection & Intervention for Behavior, Including Observation & Monito Redirection & Intervention for behavior that is medically necessary & related to (agnosis.)		's									
ba	Behaviors or potential behavior that may injure self (self-hitting, biting, cuttinging, poking, stabbing, pulling out hair, ingesting foreign objects, & suicide Behaviors or potential behaviors that may injure others (hitting, biting, kicking).	e threats)	σ.									
or	scratching)	C 1	g 									
☐ Behaviors or potential behaviors that may damage property (breaking furniture or windows, tearing clothes, setting fires, using tools or objects to damage property)												
	☐ Behavior that is verbally aggressive and resistive to care that can cause care to take longer than normally expected.											
to	Increased vulnerability due to behavior that is socially inappropriate or behave cognitive deficits. (Staying on task with lessons, generally disrupting class aking verbal comments out loud are not an MA covered service!)											
	ealth Related Tasks & Procedures (1:1 activity- no group size)				Ì							
ор	Assisting with medication that is self-administered (reminding, obtaining, choening and making sure the student has taken the med or self-administered the	med)										
	Assisting with maintenance /progressive exercises to maintain function & stro Intervene for seizure disorders, including monitoring and observation, while to											
<u>ha</u>	ving a seizure. Monitoring when a child is NOT having a seizure is not billal	ble)	'									
	Assisting with other health-related tasks/procedures that do not require the surse but are supervised by the LSN. Describe :	skill of a										
	DAILY MINUTE TOTALS:											
			tial below for	transp	ortation bill	ing if s	student rode	the bu	ıs- no chec	kmark	(!s:)	
	pecial Ed Transportation (T1018-U8) rections: Place initials in the A.M or P.M. box if student received special transportation	A.M.										
eit	her one-way or roundtrip. Do not initial if student was brought to school or picked up by	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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***Paras must initial each set of minutes for each activity to show who provided the cares.

Month/ Year:	Student First/Last Name:	Student ID:			School:				T1018-U6 School Ye		CA & Tran 23-22024	sp.U8
☐ Eating ☐ Toileting ☐ Dred☐ Mobility ☐ Positioning I	Level 1 Behavior (Must check one to qualify for Pessing Grooming/Hygiene Bathing Transfe Behavior: Self-injurious Injurious to others Pro	ers operty damage	Day 6 Date∳		Day 7 Date∳		Day 8 Date ♦		Day 9 Date∳		Day 10 Date 	
<u>Instruction</u> : Check all activi for each occurrence of that activities that activities the second se	ty boxes below that apply. Record date. Record start a ctivity. In the second column put the total minutes for a size in the small box if appropriate.	and end time	Start & End Time	Grp size/ Tot min	Start & End Time	Grp size / Tot min	Start & End Time	Grp size/ Tot min	Start & End Time	Grp size/ Tot min	Start & End Time	Grp size/ Tot min
Assistance with Feeding/	Eating (if group size varies with each occurrence	add a box)										
☐ Transfers & positioning												
☐ Serving, preparing food	to eat (opening, chopping, thickening, etc.)											
☐ Feeding (partial or total	assistance)											
☐ Assistance with hand wa	ashing											
☐ Applying required ortho	tics or prosthetics for eating											
□ Cueing & supervision of	f eating											
Toileting 1:1 activity (ne	o group size)											
\square Moving, transferring &	positioning for toileting/diapering											
☐ Assistance with using to	sileting equipment & supplies, including feminin	e hygiene										
□ Diapering												
•	Sskin (wiping, cleaning, inspection)											
☐ Assistance with adjusting	g clothing before & after toileting											
☐ Cueing & supervision to												
Dressing 1:1 activity (no	o group size)											
, in the second	choosing, applying or changing clothing (includ											
11.5	g orthotics & prosthetics or clothing (TED hose))										
☐ Laundering clothing that	t is soiled											
Grooming 1:1 activity (n	<u> </u>											
☐ Assistance with oral car	re											
	nir care / nail care/ shaving											
lenses	earing aids(positioning & batteries), eye glasses	contact										
☐ Applying cosmetics & d	leodorant											
	n & Mobility, Positioning											

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☐ Transferring: moving student from one seating/reclining area to another (is standby assist, pivoting, 2-person assist and using a Hoyer lift) (No group si											
☐ Ambulation/Mobility: Assisting student with walking or using a wheelcha	air										
□ 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), Ao ADL's and subtract from 390. Divide remaining minutes by group size (use	e box)	Start & End Times	Grp size/ Tot min.	Start & End Times	Grp size / Tot min	Start & End Times	Grp size/ Tot min	Start & End Times	Grp size/ Tot min	Start & End Times	Grp size/ Tot min
Redirection & Intervention for Behavior, Including Observation & Monito (Redirection & Intervention for behavior that is medically necessary & related to t diagnosis.)	_	s					Ш				Ш
□ Behaviors or potential behavior that may injure self (self-hitting, biting, cutting banging, poking, stabbing, pulling out hair, ingesting foreign objects, & suicides □ Behaviors or potential behaviors that may injure others (hitting, biting, kicking)	e threats)	<u> </u>									
or scratching) □ Behaviors or potential behaviors that may damage property (breaking furniture or											
windows, tearing clothes, setting fires, using tools or objects to damage property)											
☐ Behavior that is verbally aggressive and resistive to care that can cause care to longer than normally expected.	o take										
☐ Increased vulnerability due to behavior that is socially inappropriate or behav to cognitive deficits. (Staying on task with lessons, generally disrupting class											
making verbal comments out loud are not an MA covered service!!!)		_		Ţ						<u> </u>	
Health Related Tasks & Procedures											
☐ 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)											
☐ Assisting with maintenance /progressive exercises to maintain function & stre	ength									1	
☐ Intervene for seizure disorders, including monitoring and observation, while thaving a seizure. Monitoring when a child is NOT having a seizure is not billated.											
☐ Assisting with other health-related tasks/procedures that do not require the sinurse but are supervised by the LSN. Describe :	kill of a										
DAILY MINUTE TOTALS:											
(Please add the total of all 10 days and divide by 10 to get the average daily minute	total) >		_	AVERAG	E DA	ILY MINUT	Е ТО	TAL:			•
		ial below for	transpo	ortation bill	ing if s	student rode	the bu	ıs- no chec	<u>kmark</u>	<u>(s!)</u>	_
Special Ed Transportation (T1018-U8) Directions: Place initials in the A.M or P.M. box if student received special transportation	A.M.										
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.	P.M.										

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

Print Name/Title Print Name/Title Print Name/Title	Signature Signature Signature	Print Name/Title Print Name/Title Print Name/Title Print	Signatur
	2-6	Name/Title	е
		Backup Staffing per Building Administrator. Po in the student's condition/concerns or questions Provide detail, special instruction or comm	
Case Manager Signa (Responsible Party) Para Supervisor Signa			