Month/ Year:	Student First/Last Name:	Student ID:		School:			T1018-U6TM PCA & Transp.U8					
							School Year: 2023-2024					
Activities of Daily Living or Level 1 Behavior (Must check one to qualify for PCA billing)			Day 1		Day 2		Day 3		Day 4		Day 5	
□ Eating □ Toileting □ Dressing □ Grooming/Hygiene □ Bathing □ Transfers			Date 🌓		Date 🌓		Date 🜓		Date 🌓		Date 🔷	
	havior: Self-injurious Injurious to others Proboxes below that apply. Record date. Record start a		C 0	Cm	C 0	Cm	G	Cm	C 0	Cm	C 0	Cm
	vity. In the second column put the total minutes for		Start & End	Grp size/	Start &	Grp size/	Start & End Time	Grp size/	Start &	Grp size/	Start &	Grp size/
frame. Record the group size in		that time-	Time	Tot	End Time	Tot	Епа 1 іте	Tot	End Time	Tot	End Time	Tot
Trainer record the group size in the sintain box is appropriate.			1 ime	min	1 ime	min		min	1 ime	min	Time	min
Assistance with Feeding/Eating (if group size varies with each occurrence add a box)								Ш		Ш		Ш
☐ Transfers & positioning for	or eating											
	o eat (opening, chopping, thickening, etc.)											
☐ Feeding (partial or total as	,											
☐ Assistance with hand was	C											
☐ Applying required orthoti												
☐ Cueing & supervision of o	eating											
Toileting – 1:1 activity (no	group size)											
	ositioning for toileting/diapering											
☐ Assistance with using toil	eting equipment & supplies, including femining	e hygiene										
□ Diapering												
☐ Cleansing, inspection of s	kin (wiping, cleaning, inspection)											
☐ Assistance with adjusting	clothing before & after toileting											
☐ Cueing & supervision to a												
Dressing 1:1 activity (no a	group size)											
☐ Cueing/Assistance with c	hoosing, applying or changing clothing (include	es outerwear)										
☐ Assistance with applying	orthotics & prosthetics or clothing (TED hose)											
□ Laundering clothing that	is soiled											
Grooming 1:1 activity (no	group size)											
☐ Assistance with oral care												
☐ Assistance with basic hair	r care / nail care/ shaving											
☐ Assistance for care of hea	ring aids(positioning & batteries), eye glasses	contact lenses										
☐ Applying cosmetics & de	odorant											
Transferring, Ambulation												
	dent from one seating/reclining area to another											
standby assist, pivoting, 2-p	person assist and using a Hoyer lift) (no group s	size)										
☐ Ambulation/Mobility: As	ssisting student with walking or using a wheelch	hair										
·												
□ Positioning: Moving stud	ent for needed care & comfort using pillows,											
	elieving pressure areas (no group size)											
Jagos, Joistor, morading 10	pressure areas (no group size)											

2) Students with angoing behavior manitaring (daily behavior enisades) Add total		Start & End Times	Grp size/ Tot	Start & End Times	Grp size/ Tot	Start & End Times	Grp size/ Tot	Start & End Times	Grp size/ Tot	Start & End Times	Grp size/ Tot
Redirection & Intervention for Behavior, Including Observation & Monitoring (Redirection & Intervention for behavior that is medically necessary & related to the student's diagnosis.)			min		min		min		min		min
☐ Behaviors or potential behavior that may injure self (self-hitting, biting, cutting, head banging, poking, stabbing, pulling out hair, ingesting foreign objects, & suicide threats)											
☐ Behaviors or potential behaviors that may injure others (hitting, biting, kicking pinching 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 take longer than normally expected.											
☐ 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)											
☐ 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 & strength ☐ Intervene for seizure disorders, including monitoring and observation, while the child is having a seizure. Monitoring when a child is NOT having a seizure is not billable)											
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 init	tial below	for trai	sportation	billin	g if student r	ode th	e bus- no c	heckn	narks!)	
Special Ed Transportation (T1018-U8)	A.M.			1	•						
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. 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

^{***}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-U6TM PCA & Transp.U8							
									School Year: 2023-22024				
Activities of Daily Living or Level 1 Behavior (Must check one to qualify for PCA billing)			Day 6		Day 7		Day 8		Day 9		Day 10		
□ Eating □ Toileting □ Dressing □ Grooming/Hygiene □ Bathing □ Transfers □ Mobility □ Positioning Behavior: □ Self-injurious □ Injurious to others □ Property damage			Date 🔷		Date 🕏		Date 🔖		Date 🔷		Date 🔷		
	boxes below that apply. Record date. Record start a		Start &	Grp	Start &	Grp	Start &	Grp	Start &	Grp	Start &	Grp	
	vity. In the second column put the total minutes for t		End	size/	End	size/	End Time	size/	End	size/	End	size/	
frame. Record the group size in			Time	Tot min	Time	Tot	Lna rine	Tot	Time	Tot min	Time	Tot	
Assistance with Feeding/Eating (if group size varies with each occurrence add a box)						min		min		min		min	
□ Transfers & positioning for eating					j	ļ ——							
☐ Serving, preparing food to	o eat (opening, chopping, thickening, etc.)												
☐ Feeding (partial or total as	ssistance)												
☐ Assistance with hand was	hing												
☐ Applying required orthoti	cs 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	eting equipment & supplies, including femining	e hygiene											
□ Diapering													
☐ Cleansing, inspection of s	kin (wiping, cleaning, inspection)												
	clothing before & after toileting												
☐ Cueing & supervision to o													
Dressing 1:1 activity (no													
	hoosing, applying or changing clothing (include	es outerwear)											
	orthotics & prosthetics or clothing (TED hose)	,											
☐ Laundering clothing that i													
Grooming 1:1 activity (no													
☐ Assistance with oral care													
☐ Assistance with basic hair	care / nail care/ shaving												
☐ Assistance for care of hea	ring aids(positioning & batteries), eye glasses of	ontact lenses											
☐ Applying cosmetics & de													
Transferring, Ambulation													
	lent from one seating/reclining area to another (including											
	erson assist and using a Hoyer lift) (No group												
☐ Ambulation/Mobility: Assisting student with walking or using a wheelchair													
	ent for needed care & comfort using pillows,												
wedges/bolster, including re-	elieving pressure areas (No group size)												
					<u> </u>	<u> </u>						<u> </u>	

Directions: 1) Enter minutes for behavior 2) Students with ongoing behavior more ADL's and subtract from 390. Divide received the Redirection & Intervention for Behavior (Redirection & Intervention for behavior the student's diagnosis.) Behaviors or potential behavior that may be behaviors or potential behaviors that may pinching or scratching) Behaviors or potential behaviors that may be be behaviors or potential behaviors that may be behaviors or potential behaviors that may be be be behaviors or potential behaviors that may be be behaviors or potential behaviors that may be behaviors or potential behaviors or potential beha	itoring (daily behavior episodes), A remaining minutes by group size (u or, Including Observation & Monit hat is medically necessary & related to y injure self (self-hitting, biting, cuttir, ingesting foreign objects, & suicing y injure others (hitting, biting, kicking) damage property (breaking furniting tools or objects to damage property).	se box) toring the ting, head de threats) ing, ure or	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
 □ Behavior that is verbally aggressive and resistive to care that can cause care to take longer than normally expected. □ 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 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 & strength												
☐ Intervene for seizure disorders, including monitoring and observation, while the child is having a seizure. Monitoring when a child is NOT having a seizure is not billable) ☐ Assisting with other health-related tasks/procedures that do not require the skill of a nurse but are supervised by the LSN. Describe :												
	NUTE TOTALS:											
(Please add the total of all 10 days and divid	e by 10 to get the average daily minut		ial below	for trai	,		ILY MINUI g if student 1			checkn	l narks!)	
Special Ed Transportation (T1018-U8) 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.		A.M. P.M.										
Mental health behavior aid services are not PCA services a All Paras recording on time study must p				nformation	on personal cai	e service	billings for medic	al assista	ince payment.*I	Keep all de	ocumentation fo	or five years
Print Name/Title Print Name/Title Print Name/Title	Signature Signature Signature		Print Nam Print Nam Print Nam	e/Title				Signa Signa Signa	ture			
Case Manager Signature (Responsible Party) Para Supervisor Signature		in the stud	affing per B ent's condit	uilding A	Administrator erns or quest action or cor	ions.	will communi		-	sed staff	regarding c	hanges