

Sample

12

ANOKA HENNINGER ISD PERSONAL CARE ASSISTANT TIMES STUDY LOG AND

| Month/Year | Student First/Last Name: <i>George Demo</i> | Student DOB: <i>3-3-13</i> | School: <i>ESC</i> | TI018-U6TM PCA & Transp.U8 School Year: 2018-19 | | | | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|-------------------------------------------------|----------------|----------------|-------------------|--|
| | | Day 1 Date | Day 2 Date | Day 3 Date | Day 4 Date | Day 5 Date | Grp size/ Tot min | |
| Sept/2018 | | 9/14 | 9/17 | 9/18 | 9/19 | 9/20 | | |
| | Activities of Daily Living or Level 1 Behavior (Must check one to qualify for PCA billing) | 12-12:30 GR | 12-12:30 GR | 12-12:30 GR | 12-12:30 GR | 12-12:30 GR | 6/30 = 5 | |
| | <input checked="" type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Dressing <input type="checkbox"/> Grooming/Hygiene <input type="checkbox"/> Bathing <input type="checkbox"/> Transfers | | | | | | | |
| | <input type="checkbox"/> Mobility <input type="checkbox"/> Positioning Behavior <input checked="" type="checkbox"/> Self-injurious <input checked="" type="checkbox"/> Injurious to others <input checked="" type="checkbox"/> Property damage | | | | | | | |
| | Instruction: Check all applicable boxes below that apply. Record date. Record start and end time for each occurrence of <i>ASST</i> in the second column put the total minutes for that time-frame. Record the group size in the small box if appropriate. | | | | | | | |
| | <input type="checkbox"/> Assistance with Feeding/Eating (if group size varies with each occurrence add a box) | | | | | | | |
| | <input type="checkbox"/> Transfers & positioning for eating | | | | | | | |
| | <input type="checkbox"/> Serving, preparing food to eat (opening, chopping, thickening, etc.) | | | | | | | |
| | <input type="checkbox"/> Feeding (partial or total assistance) | | | | | | | |
| | <input type="checkbox"/> Assistance with hand washing | | | | | | | |
| | <input type="checkbox"/> Applying required orthotics or prosthetics for eating | | | | | | | |
| | <input checked="" type="checkbox"/> Cueing & supervision of eating | | | | | | | |
| | <input type="checkbox"/> Toileting (no group size) | | | | | | | |
| | <input type="checkbox"/> Moving, transferring & positioning for toileting/diapering | | | | | | | |
| | <input type="checkbox"/> Assistance with using toileting equipment & supplies, including feminine hygiene | | | | | | | |
| | <input type="checkbox"/> Diapering | | | | | | | |
| | <input type="checkbox"/> Cleansing, inspection of skin (wiping, cleaning, inspection) | | | | | | | |
| | <input type="checkbox"/> Assistance with adjusting clothing before & after toileting | | | | | | | |
| | <input type="checkbox"/> Cueing & supervision to complete toileting | | | | | | | |
| | <input type="checkbox"/> Dressing (no group size) | | | | | | | |
| | <input type="checkbox"/> Cueing/Assistance with choosing, applying or changing clothing (includes outerwear) | | | | | | | |
| | <input type="checkbox"/> Assistance with applying orthotics & prosthetics or clothing (TED hose) | | | | | | | |
| | <input type="checkbox"/> Laundering clothing that is soiled | | | | | | | |
| | <input type="checkbox"/> Grooming (no group size) | | | | | | | |
| | <input type="checkbox"/> Assistance with oral care | | | | | | | |
| | <input type="checkbox"/> Assistance with basic hair care / nail care/ shaving | | | | | | | |
| | <input type="checkbox"/> Assistance for care of hearing aids (positioning & batteries), eye glasses contact lenses | | | | | | | |
| | <input type="checkbox"/> Applying cosmetics & deodorant | | | | | | | |
| | <input type="checkbox"/> Transferring, Ambulation & Mobility, Positioning | | | | | | | |
| | <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 | | | | | | | |
| | <input type="checkbox"/> Positioning: Moving student for needed care & comfort using pillows, wedges/bolster, including relieving pressure areas (no group size) | | | | | | | |

ANOKA HENNINGSEN'S PERSONAL CARE ASSISTANT TRAINING STUDY LOG AND

| Put the group size # in the small box. If group size changes, draw another box and record the new group size in the box beside each behavior time frame. | End Times | size/ Tot min | Times | size/ Tot min | End Times | size/ Tot min | End Times | size/ Tot min |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|
| | 9/14 | 2/60 | 9/18 | 2/60 | 9/19 | 2/60 | 9/20 | 1/60 |
| | 10:20 | 30 | 9:20-10:20 | 30 | 9:20-10:20 | 30 | 9:20-10:20 | 1/60 |
| | 11:30 | 3/15 | 11:30-11:45 | 3/15 | 11:30-11:45 | 3/15 | 11:30-11:45 | 3/15 |
| | 12:30 | 4/30 | 12:30-1:00 | 5/30 | 12:30-1:00 | 6/30 | 12:30-1:00 | 5/30 |
| | 1:00 | 1/5 | 1:00-1:30 | 2/80 | 1:30-2:50 | 2/80 | 1:30-2:50 | 1/80 |
| | 2:50 | 40 | 2:50-3:20 | 7/30 | 3:20-3:50 | 8/30 | 3:20-3:50 | 7/30 |
| | 3:20 | 5 | 3:20-3:50 | 1/3 | 3:50-4:15 | 3/15 | 3:50-4:15 | 1/3 |
| | | 95 | | 91.3 | | 88.5 | | 14.3 |

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

| Special Ed Transportation (T1018-U8) | A.M. | P.M. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| 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. | CG | CG |
| | CG | CG |

*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.

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|--------------|--------------------------|---------|----------------------------|
| Month/ Year: | Student First/Last Name: | School: | T1018-U6TM PCA & Transp.U8 |
|--------------|--------------------------|---------|----------------------------|