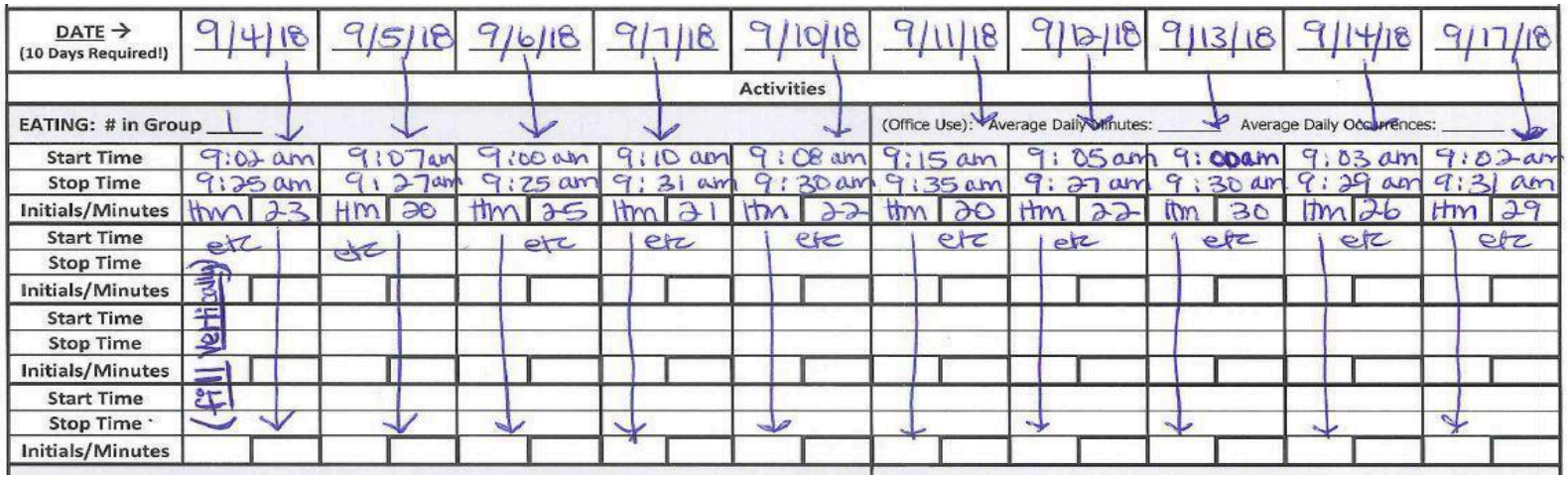
PCA/Paraprofessional Services 10-Day Time Study – Instruction Page

Student Name:	**School Year:**
District:	**School:**
Date of Birth:	**Case Manager:**

Time Study Directions

1) Fill in the date at the top of EACH column (activities will be filled out vertically below the date). DO NOT pre-fill the dates in case a student is absent.
   PLEASE NOTE: We need activities to be tracked for 10 FULL days. They do not need to be consecutive days, but as close as you can.
2) Fill in the # in group *(this should almost ALWAYS be 1 unless you are truly providing care to more than one student simultaneously)*
3) Document start and end times each time a task is completed (Fill down the column vertically!). Initial below times and write in the total minutes for each task.
4) Activities Include: Eating, Toileting, Grooming, Dressing, Mobility, Positioning, Transfers, Behavior, Vulnerability, Bathing, & Health Tasks
   See page 2 for a description of what is billable for each category!
5) For behaviors that require constant redirection – please use the block of time that each Para is with the student in between other ADLs - **DO NOT OVERLAP TIMES**!
6) Once all 10 days have been tracked, have all PCAs that initialled the sheet fill in their names and sign.
7) **The Case Manager and PCA Supervisor will also have to sign off on the time study.**
8) Upon completion, the time study should be sent immediately to Stacie Mooney, smooney@asec.net. She will confirm billing and get back to you with an average daily amount of minutes to use in activity logs.
9) Please e-mail Stacie with questions – smooney@asec.net

TIME STUDY SAMPLE



Personal Care Assistant Services – Activities of Daily Living (Assist & Cue) & Behaviors (Observe, Prevent, Intervene & Redirect)

Covered Services

Activities of Daily Living (ADLs)

Dependent in an ADL means the child requires cuing and stand-by supervision or hands-on assistance from a personal care assistant to begin and complete an activity of daily living.

Activities of daily living include health and hygiene needs that are part of daily living, as well as activities integral to the activity (for example, cleaning up spills, laundering soiled clothing and cleaning up toileting accidents). ADLs include the following:

- **Dressing:** Assistance with choosing, putting on and changing clothing and with application of special appliances, wraps or clothing
- **Grooming:** Assistance with basic hair care, oral care, shaving, applying cosmetics and deodorant; ensuring clothes are clean and properly fastened; and care of eyeglasses and hearing aids (confirming batteries work, positioning aids). Nail care is included, except for a child or youth who has diabetes or poor circulation
- **Bathing: Assistance with basic personal hygiene and skin care**
- **Eating:** Assistance with hand washing and applying orthotics required for eating, as well as transfers and feeding
- **Transfers:** Assistance with transferring the child or youth from one seating or reclining area to another
- **Mobility:** Assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a child or youth
- **Positioning:** Assistance with positioning or turning a child or youth for necessary care and comfort
- **Toileting:** Assistance with bowel or bladder elimination and care, including transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin and adjusting clothing

Level 1 Behaviors

A child or youth qualifies as having the need for assistance from a personal care assistant through observation, redirection or intervention of a behavior episode if the episode is due to a medical or mental health condition and requires the immediate response of another person to prevent injury to self or others, or damage to property. Behaviors may occur at different levels and in different situations. To qualify for PCA services, the display of a level 1 behavior must be current, and determined to be either daily or episodic and ongoing (for example, four times a week).

Level 1 behaviors are defined as:

- Physical aggression toward self (self-injurious behaviors)
- Physical aggression toward others (physical injury to others)
- Destruction of property

Examples of level 1 behaviors

Self-injurious	Physical injury to others	Destruction of property
Hitting	Hitting	Breaking windows, lamps or furniture
Biting oneself	Biting	Tearing clothes
Head banging	Pinching	Setting fires
Burning oneself	Scratching	Using tools or objects to damage property
Self-poking or stabbing	Kicking	
Ingesting foreign substances		
Pulling out hair		
Suicide threats		

When determining the level of need for behavior intervention, address the following considerations:

- Are the behaviors related to the medical need that qualified the child for IEP services?
- How current are the behaviors?
- Are there times when the behavior does not occur?
- Are there identifiable triggers that are likely to induce the behavior?
- Is it possible to modify the school or classroom environment to avoid the triggers that might make the behavior more likely?
- What are the reasonable expectations of the behavior reoccurring throughout the school day?

If a current, but infrequent (less than four times per week or less than once daily) level 1 behavior is identified in the IEP plan that will require the immediate response of another person to intervene and redirect the physical aggression toward self or others or destruction of property, the IEP team will assign a personal care assistant to intervene or redirect the child or youth during that episode. Medical Assistance (MA) will pay for this response time. The time allowed is when the personal care assistant is fully engaged, working face-to-face or hands-on with the child or youth.

Once a child or youth qualifies for PCA services, he or she **may** also receive assistance from a personal care assistant for redirection or intervention during a behavioral episode, when the child or youth displays increased vulnerability due to cognitive deficits or socially inappropriate behaviors, and for other delegated health-related procedures and tasks.

Determine how the lack of cognitive skill or vulnerability is affecting the child's or youth's behavior and what assistance must be provided to redirect or intervene during a behavioral episode.

MHCP does not pay to have a PCA sit with a child or youth to watch for a behavior that occurs infrequently or to keep the child on task with his or her educational activities or assignments.

The increased vulnerability due to cognitive deficits or socially inappropriate behavior of a child and youth who is verbally aggressive or resistive to care must relate back to:

- The medical need of the child or youth
- Whether the need would otherwise prevent the child or youth from attending school
- Whether the behavior would put the child or youth, another person or property in harm's way that is beyond what is expected for the child's age

Other Health-Related Procedures and Tasks – we typically do not bill these services if a nurse is not staffed.

Health-related procedures and tasks may be delegated or assigned by a licensed health care professional under state law to be performed by a person providing PCA services.

Document delegation of health-related procedures and tasks and training in the PCA plan of care for the child or youth and in the file of the person providing the PCA services. These PCA services include, but are not limited to the following:

- Range of motion and passive exercise to maintain a child's or youth's strength and muscle function
- Assistance with self-administered medication, including reminders to take medication, bringing medication to the child or youth, and assistance with opening medication containers; including medications given through a nebulizer. A PCA must not determine the medication dose or time for medication.
- Interventions for seizure disorders that occur more than two times per week and require physical assistance to maintain safety
- Procedures for complex health-related needs, including tracheostomy suctioning, services to a child or youth needing ventilator support and other direct cares. These are covered PCA services if delegation, training and supervision is by a registered nurse (RN), the service can be competently and safely completed, training is specialized and individualized to the needs of the child or youth, and delegation and training are documented

PCA/Paraprofessional Services 10-Day Time Study – Page 1

Student Name:	**School Year:**
District:	**School:**
Date of Birth:	**Case Manager:**

Enter Start and Stop Time for EACH Activity, then initial below and write in total minutes for the activity. **Do not use white out, pencil, ditto marks, or arrows.**

Details of Activities can be found in the Student's Care Plan – as provided by the PCA Supervisor

It is a federal crime to provide false information on personal care services billed for medical assistance payment.

DATE (10 Days Required!)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Activities										
EATING: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
TOILETING: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										

PCA/Paraprofessional Services 10-Day Time Study – Page 2

Student Name:	**School Year:**
District:	**School:**
Date of Birth:	**Case Manager:**

Enter Start and Stop Time for EACH Activity, then initial below and write in total minutes for the activity. **Do not use white out, pencil, ditto marks, or arrows.**

Details of Activities can be found in the Student's Care Plan – as provided by the PCA Supervisor

It is a federal crime to provide false information on personal care services billed for medical assistance payment.

DATE (10 Days Required!)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Activities										
GROOMING: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
DRESSING: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										

PCA/Paraprofessional Services 10-Day Time Study – Page 3

Student Name:	**School Year:**
District:	**School:**
Date of Birth:	**Case Manager:**

Enter Start and Stop Time for EACH Activity, then initial below and write in total minutes for the activity. **Do not use white out, pencil, ditto marks, or arrows.**

Details of Activities can be found in the Student's Care Plan – as provided by the PCA Supervisor

It is a federal crime to provide false information on personal care services billed for medical assistance payment.

DATE (10 Days Required!)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Activities										
MOBILITY: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
POSITIONING/TRANSFERS: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										

PCA/Paraprofessional Services 10-Day Time Study – Page 4

Student Name:	**School Year:**
District:	**School:**
Date of Birth:	**Case Manager:**

Enter Start and Stop Time for EACH Activity, then initial below and write in total minutes for the activity. **Do not use white out, pencil, ditto marks, or arrows.**

Details of Activities can be found in the Student's Care Plan – as provided by the PCA Supervisor

It is a federal crime to provide false information on personal care services billed for medical assistance payment.

DATE (10 Days Required!)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Activities										
BEHAVIOR/VULNERABILITY: # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
OTHER (circle) – Bathing / Range of Motion / Health Tasks; # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										

IEP Services PCA 10-Day Time Study - Page 5

Student Name:	**School Year:**
Student ID #:	**School:**
Date of Birth:	**Case Manager:**

Enter Start and Stop Time for EACH Activity, then initial below and write in total minutes for the activity. **Do not use white out, pencil, ditto marks, or arrows.**

Details of Activities can be found in the Student's Care Plan – as provided by the PCA Supervisor

It is a federal crime to provide false information on personal care services billed for medical assistance payment.

DATE (10 Days Required!)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Activities										
ADDITIONAL SPACE (if needed) – Indicate Activity _____; # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
ADDITIONAL SPACE (if needed) – Indicate Activity _____; # in Group _____						(Office Use): Average Daily Minutes: _____				
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										
Start Time										
Stop Time										
Initials/Minutes										

IEP Services PCA 10-Day Time Study - Page 6

Student Name:	**School Year:**
Student ID #:	**School:**
Date of Birth:	**Case Manager:**

It is a federal crime to provide false information on PCA billing for Medical Assistance payment. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the PCA care plan.

Service Providers: (list all PCA's who provide covered activities) *Must have required DHS PCA Certification		
Name:	Signature:	Initials:
Name:	Signature:	Initials:
Name:	Signature:	Initials:
Name:	Signature:	Initials:
Name:	Signature:	Initials:
IEP Dates:	*IEP Minutes:*	
□ *Confirmation email sent*	□ *MA eligible*	
□ *Admin approval*		
Average minutes: _____		
Case Manager:	Signature:	Date:
PCA Supervisor:	Signature:	Date:

PCA training/evaluation/supervision is done by the PCA Supervisor

Please return signed time study <u>immediately</u> after completion

to Stacie Mooney smooney@asec.net

(office use)