Minnesota Department of Human Services
IEP Services Personal Care Assistance Activities Log

Mental health behavior aide services are not PCA services and cannot be documented on this log

STUDENT INFORMATION	DISTRICT & SCHOOL:
NAME:	TYPE OF SERVICE: PCA (T1018-U6TM)
DATE OF BIRTH**:**	TIME STUDY MINUTES:

SERVICE PROVIDERS: *(List all PCAs who provide covered activities)*

Print Name:	Signature:	Initials:

Time based on most recent time study documenting the start and end times spent providing PCA services conducted according to the child's current Care Plan. If a child is absent or attends a partial day in school, you must adjust the average daily time to reflect the time the services were not provided.

DO NOT USE WHITE OUT, PENCIL, DITTO MARKS, OR ARROWS.

Date of Service			All activities and/or tasks identified in the current plan and time study were performed (x)	Partial Day of Services Arrived Late (time)	Partial Day of Services Left Early (time)	Student Absent (x)	All PCAs absent (subs not billable) (x)	Provider Initials					Total Minutes

It is a federal crime to provide false information on personal care service 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. Keep all documentation for 5 years.

Case Manager Signature: _____ Date _____

Print Name/ Title: _____

Supervisor must sign and date if he/she conducts a periodic evaluation/supervision during the month on this activity log.

Supervisor Signature: _____ Date of Supervision _____

Print Name/ Title: _____