

IEP Services Personal Care Assistance Time Study

Student Name:	DOB:	Type of Service: PCA Services (T1019)
School Name:	ISD Number:	Total minutes of 10 days = _____ Average minutes/day = _____

Service Providers: *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.*

PCA/Para Names (please print)	Signatures	Initials

Follow the Individual Care Plan, Health Plan or Behavior Plan

Instructions for PCA/Para: Complete time study data for 10 school days. Use the following key to record the activity.
Do not use pencil, whiteout, ditto marks or arrows.

KEY: B=Behaviors E=Eating D= Dressing G= Grooming M=Mobility T=Toileting TR=Transfers P=Positioning
 S=Active Seizures RX=Medication ROM=ROM/Muscle Exercises 2 person assist=service code x2 (both providers initial)

Date of Service MM/DD/YYYY	Activity	Start Time	End Time	Group Size	Total Minutes	Provider Initials	
Case Manager Print Name:			Case Manager Signature:			Date:	

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School Name:	DOB:	Notes:

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