

Minnesota Department of Human Services

PCA-IEP Services Activities Daily Log (based off 10 day time study)

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

STUDENT NAME:	DISTRICT & SCHOOL:
DATE OF BIRTH:	Case Manager/PCA Supervisor:
MINUTES FROM TIME STUDY:	TYPE OF SERVICE CODE: T1018-U6TM

Time based on most recent time study documenting the start and end times spent providing services conducted according to the child's current IEP/Care Plan.

SERVICE PROVIDERS: (PRINT names of all PCA's who provide covered activities for the times listed below)

Para 1:	Para 2:	Para 3:
Para 4:	Para 5:	Para 6:

If the child is absent or attends a partial day in school, you must adjust the daily time to reflect the time the services were not provided.

Please use BLACK PEN on all documentation and NO whiteout.

Date of Service	All activities and/or tasks identified in the current plan and time study were performed (v)	Partial Day: Arrived Late (time)	Partial Day: Left Early (time)	Student Absent (v)	All PCAs absent (subs not billable) (v)	PCA/Para Initials								Total PCA min. <i>if child arrived late or left early</i>	

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

Para 1: _____ Signature and Initials	Para 2: _____ Signature and Initials	Para 3: _____ Signature and Initials
Para 4: _____ Signature and Initials:	Para 5: _____ Signature and Initials	Para 6: _____ Signature and Initials

PCA Supervisor is the designated person that verifies the child named on this form received the PCA services identified in the Activities section and for the dates of service listed. If Supervisor conducted a periodic evaluation during the time identified on the activity checklist above, please enter date of supervision and check appropriate evaluation period. **Date of Supervision:** ____/____/____ 14 days 90 days 120 days

Supervisor Name PRINTED: _____ **Title:** _____ **Supervisor Signature:** _____ **Date** ____/____/____