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: _____ **DATE OF BIRTH:** _____/_____/_____	**DISTRICT & SCHOOL:**
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** (√)	**Partial Day: Arrived Late** (time)	**Partial Day: Left Early** (time)	**Student Absent** (√)	**All PCAs absent (subs not billable)** (√)	**PCA/Para Initials**						Total PCA min. ***if child arrived late or left early***

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

Supervisor Name PRINTED: _____ Title: _____

Supervisor must sign and date below IF he/she conducts a periodic evaluation during the month on this daily log.

Supervisor Signature: _____ Date: ____/____/____