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| --- | --- | --- | --- | --- |
| Month/ Year: | Student First/Last Name:  | Student ID: | School: | T1018-U6TM PCA & Transp.U8School Year: **2025-2026** |
| **Activities of Daily Living or Level 1 Behavior (Must check one to qualify for PCA billing)**□ Eating □ Toileting □ Dressing □ Grooming/Hygiene □ Bathing □ Transfers□ Mobility □ Positioning / Behavior: □ Self-injurious □ Injurious to others □ Property damage | **Day 1****Date** |  | **Day 2****Date** |  | **Day 3****Date** |  | **Day 4****Date** |  | **Day 5****Date** |  |
| **Instruction**: **Must be Legible. No Pencil!** Check all activity boxes below that apply. Record date. Record start and end time for each occurrence of that activity. In the second column put the total minutes for that timeframe. Record the group size in the small box if appropriate. Para must initial each set of times. | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin |
| **Assistance with Feeding/Eating (if group size varies with each occurrence add a box)** |  |  |  |  |  |  |  |  |  |  |
| □ Transfers & positioning for eating |  |  |  |  |  |  |  |  |  |  |
| □ Serving, preparing food to eat (opening, chopping, thickening, etc.) |
| □ Feeding (partial or total assistance) |
| □ Assistance with hand washing |
| □ Applying required orthotics or prosthetics for eating |
| □ Cueing & supervision of eating |
| **Toileting – 1:1 activity (no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Moving, transferring & positioning for toileting/diapering |
| □ Assistance with using toileting equipment & supplies, including feminine hygiene |
| □ Diapering |
| □ Cleansing, inspection of skin (wiping, cleaning, inspection)  |
| □ Assistance with adjusting clothing before & after toileting |
| □ Cueing & supervision to complete toileting |
| **Dressing 1:1 activity (no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Cueing/Assistance with choosing, applying or changing clothing (includes outerwear) |
| □ Assistance with applying orthotics & prosthetics or clothing (TED hose)  |
| □ Laundering clothing that is soiled |
| **Grooming 1:1 activity (no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Assistance with oral care |
| □ Assistance with basic hair care / nail care/ shaving |
| □ Assistance for care of hearing aids (positioning & batteries), eyeglasses contact lenses |
| □ Applying cosmetics & deodorant |
| **Transferring, Ambulation & Mobility, Positioning**  |  |  |  |  |  |  |  |  |  |  |
| □ Transferring: moving student from one seating/reclining area to another (including standby assist, pivoting, 2-person assist and using a Hoyer lift) **(no group size)** |
| □ Ambulation/Mobility: Assisting student with walking or using a wheelchair |  |  |  |  |  |  |  |  |  |  |
| □ Positioning: Moving student for needed care & comfort using pillows, wedges/bolster, including relieving pressure areas **(no group size)** |  |  |  |  |  |  |  |  |  |  |
| **Directions: 1) Enter minutes for behavior redirection episodes OR****2) Students with ongoing behavior monitoring (daily behavior episodes), Add total ADL’s and subtract from 390. Divide remaining minutes by group size (use box)** | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin |
| **Redirection & Intervention for Behavior, Including Observation & Monitoring**  **(Redirection & Intervention for behavior that is medically necessary & related to the student’s diagnosis.)** |  |  |  |  |  |  |  |  |  |  |
| □ Behaviors or potential behavior that may injure self (self-hitting, biting, cutting, head banging, poking, stabbing, pulling out hair, ingesting foreign objects, & suicide threats) |
| □ Behaviors or potential behaviors that may injure others (hitting, biting, kicking, pinching, or scratching)  |
| □ Behaviors or potential behaviors that may damage property (breaking furniture or windows, tearing clothes, setting fires, using tools or objects to damage property) |
| □ Behavior that is verbally aggressive and resistive to care that can cause care to take longer than normally expected. |
| □ Increased vulnerability due to behavior that is socially inappropriate, or behavior related to cognitive deficits. **(Staying on task with lessons, generally disrupting class or making verbal comments out loud are not an MA covered service!)** |
| **Health Related Tasks & Procedures (1:1 activity- no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Assisting with medication that is self-administered (reminding, obtaining, checking, opening, and making sure the student has taken the med or self-administered the med) |
| □ Assisting with maintenance /progressive exercises to maintain function & strength |
| □ Intervene for seizure disorders, including monitoring and observation, while the child is having a seizure. Monitoring when a child is NOT having a seizure is not billable) |
| □Assisting with other health-related tasks/procedures that do not require the skill of a nurse but are supervised by the LSN. **Describe**:  |  |  |  |  |  |  |  |  |  |  |
| **DAILY MINUTE TOTALS:** |  |  |  |  |  |  |  |  |  |  |

 (**Must initial below for transportation billing if student rode the bus- no checkmarks!)**

|  |  |  |  |  |  |  |
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| **Special Ed Transportation (T1018-U8) Adaptation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Directions:* ***Place initials*** *in the* **A.M** *or* **P.M***. box if student received special transportation either one-way or roundtrip. Do not initial if student was brought to school or picked up by parent, guardian or other means.* ***Mileage is not needed.*** | A.M. |  |  |  |  |  |
| P.M. |  |  |  |  |  |

***\*Mental health behavior aid services are not PCA services and cannot be documented on this checklist. It is a federal crime to provide false information on personal care service billings for medical assistance payment.***

***\*Keep all documentation for five years***

\*\*\*Paras must initial each set of minutes for each activity to show who provided the cares.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month/ Year: | Student First/Last Name:  | Student ID: | School: | T1018-U6TM PCA & Transp.U8**School Year: 2025-2026** |
| **Activities of Daily Living or Level 1 Behavior (Must check one to qualify for PCA billing)**□ Eating □ Toileting □ Dressing □ Grooming/Hygiene □ Bathing □ Transfers□ Mobility □ Positioning / Behavior: □ Self-injurious □ Injurious to others □ Property damage | **Day 6****Date** |  | **Day 7****Date** |  | **Day 8****Date** |  | **Day 9****Date** |  | **Day 10****Date** |  |
| **Instruction**: **Must be Legible. No pencil!!** Check all activity boxes below that apply. Record date. Record start and end time for each occurrence of that activity. In the second column put the total minutes for that timeframe. Record the group size in the small box if appropriate. Para must initial each set of times.  | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin | Start & End Time | Grp size/ Totmin |
| **Assistance with Feeding/Eating (if group size varies with each occurrence add a box)** |  |  |  |  |  |  |  |  |  |  |
| □ Transfers & positioning for eating |  |  |  |  |  |  |  |  |  |  |
| □ Serving, preparing food to eat (opening, chopping, thickening, etc.) |
| □ Feeding (partial or total assistance) |
| □ Assistance with hand washing |
| □ Applying required orthotics or prosthetics for eating |
| □ Cueing & supervision of eating |
| **Toileting 1:1 activity (no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Moving, transferring & positioning for toileting/diapering |
| □ Assistance with using toileting equipment & supplies, including feminine hygiene |
| □ Diapering |
| □ Cleansing, inspection of skin (wiping, cleaning, inspection)  |
| □ Assistance with adjusting clothing before & after toileting |
| □ Cueing & supervision to complete toileting |
| **Dressing 1:1 activity (no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Cueing/Assistance with choosing, applying, or changing clothing (includes outerwear) |
| □ Assistance with applying orthotics & prosthetics or clothing (TED hose)  |
| □ Laundering clothing that is soiled |
| **Grooming 1:1 activity (no group size)** |  |  |  |  |  |  |  |  |  |  |
| □ Assistance with oral care |
| □ Assistance with basic hair care / nail care/ shaving |
| □ Assistance for care of hearing aids (positioning & batteries), eyeglasses contact lenses |
| □ Applying cosmetics & deodorant |
| **Transferring, Ambulation & Mobility, Positioning** |  |  |  |  |  |  |  |  |  |  |
| □ Transferring: moving student from one seating/reclining area to another (including standby assist, pivoting, 2-person assist and using a Hoyer lift) **(No group size)** |
| □ Ambulation/Mobility: Assisting student with walking or using a wheelchair |  |  |  |  |  |  |  |  |  |  |
| □ Positioning: Moving student for needed care & comfort using pillows, wedges/bolster, including relieving pressure areas **(No group size)** |  |  |  |  |  |  |  |  |  |  |
| **Directions: 1) Enter minutes for behavior redirection episodes OR****2) Students with ongoing behavior monitoring (daily behavior episodes), Add total ADL’s and subtract from 390. Divide remaining minutes by group size (use box)** | Start & End Times | Grp size/ Totmin. | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin | Start & End Times | Grp size/ Totmin |
| **Redirection & Intervention for Behavior, Including Observation & Monitoring**  **(Redirection & Intervention for behavior that is medically necessary & related to the student’s diagnosis.)** |  |  |  |  |  |  |  |  |  |  |
| □ Behaviors or potential behavior that may injure self (self-hitting, biting, cutting, head banging, poking, stabbing, pulling out hair, ingesting foreign objects, & suicide threats) |
| □ Behaviors or potential behaviors that may injure others (hitting, biting, kicking, pinching, or scratching)  |
| □ Behaviors or potential behaviors that may damage property (breaking furniture or windows, tearing clothes, setting fires, using tools or objects to damage property) |
| □ Behavior that is verbally aggressive and resistive to care that can cause care to take longer than normally expected. |
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| □ Assisting with medication that is self-administered (reminding, obtaining, checking, opening and making sure the student has taken the med or self-administered the med) |
| □ Assisting with maintenance /progressive exercises to maintain function & strength |
| □ Intervene for seizure disorders, including monitoring and observation, while the child is having a seizure. Monitoring when a child is NOT having a seizure is not billable) |
| □Assisting with other health-related tasks/procedures that do not require the skill of a nurse but are supervised by the LSN. **Describe**:  |  |  |  |  |  |  |  |  |  |  |
| **DAILY MINUTE TOTALS:** |  |  |  |  |  |  |  |  |  |  |
| **(Please add the total of all 10 days and divide by 10 to get the average daily minute total) >** |  |  | **AVERAGE DAILY MINUTE TOTAL:** |  |

 (**Must initial below for transportation billing if student rode the bus- no checkmarks!)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Special Ed Transportation (T1018-U8) Adaptation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Directions:* ***Place initials*** *in the* **A.M** *or* **P.M***. box if student received special transportation either one-way or roundtrip. Do not initial if student was brought to school or picked up by parent, guardian or other means.* ***Mileage is not needed.*** | A.M. |  |  |  |  |  |
| P.M. |  |  |  |  |  |

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**All Paras recording on time study must print name, title and provide signature below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print Name/Title |  | Signature |  | Print Name/Title |  | Signature |  |
| Print Name/Title |  | Signature |  | Print Name/Title |  | Signature |  |
| Print Name/Title |  | Signature |  | Print Name/Title |  | Signature |  |
|  |  | Backup Staffing per Building Administrator. PCA will communicate with QP/Licensed staff regarding changes in the student’s condition/concerns or questions. Provide detail, special instruction, or comments: |
|  |  |  |

**Case Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Responsible Party)**

**Para Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**