

## Minnesota Department of **Human Services** **IEP Services Personal Care Assistant Activities Checklist**

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

STUDENT INFORMATION:		SCHOOL:	
NAME:		TYPE OF SERVICE AND CODE:	
DATE OF BIRTH: (MM/DD/YYYY)		PERSONAL CARE ASSISTANT/PARAPROFESSIONAL (T1018-U6)	

**Service providers:** (List names and titles of all PCAs who provide covered activities.)


\*To document time, you can use information from a mini-time study conducted to determine the amount of time required to complete daily activities. Keep all documentation for 5 years.

<b>Date of Service</b> MM/DD/YY	<b>Activities</b> (List covered activities provided daily)	Enter an "x" or initials of the service provider (if more than one) each time the activity is provided daily.	<b># in group</b>	<b>Time*</b> HH:MM

**It is a federal crime to provide false information on personal care service billings for medical assistance payment.**

TYPED/PRINTED NAME/TITLE OF PCA/PARAPROFESSIONAL		TYPED/PRINTED NAME/TITLE OF SUPERVISOR	
SIGNATURE/TITLE:		SIGNATURE	
		DATE OF SUPERVISION: <input type="checkbox"/> 14 <input type="checkbox"/> 90 <input type="checkbox"/> 120 DAYS	