

Personal Care Assistance Services Procedures IEP Managers/Paraprofessionals

Basic Information

General

- PCA services are provided to a child/student who is unable, because of his/her disability or condition, to manage the activities him/herself. However, if most children within the age group need assistance with an activity, the task is not billable. For example, assisting a two year old child with toileting would not be billable because most two year old children require assistance with toileting. Assisting a ten year old child with toileting would be a billable PCA service.
- IEP PCA services are not provided in the student's home.
- PCA services are described in detail in the student's IEP/IIIP/IFSP.

IEP Managers and Paraprofessionals are responsible for completing the following forms, as needed:

- Third Party Billing Consent Form (for all students - be sure that section 6 is completed)
- Personal Care Assistance Documentation of Services Provided (If the response to this form is "No" then the process stops)
- IEP Services Personal Care Assistance Activities Checklist – 2 Week Time Study
- IEP Services Personal Care Assistance Activities Checklist

Timing

The procedures listed below are completed at the beginning of each school year and for new students. The consent form is completed annually by the calendar date next to the parent's signature.

Procedures and Documentation

Form 1 - Third Party Billing Consent form

Complete this form as usual. *Section 6* of the consent form needs to be completed before we can bill for personal care assistance service time. A new consent form needs to be completed annually (from calendar date). Regardless of the parents response send a copy of the consent form to Donniel Robinson at the DAO.

Form 2 - Personal Care Assistance Documentation of Services Provided (pupil support provided by a para)

***See the sample document at <http://isd742.org/specialeducation/tpb/SamplePCAChecklist.pdf> ***

This form is printed on blue paper. The form will be sent to the student's IEP Manager once services have been verified on a student's IEP/IIIP/IFSP. The date, the student's name, and the IEP manager's name will be on the form when it's sent from the DAO. The IEP manager should:

1. Mark either "Yes" the student has PCA services or "No" the student does not have PCA services.
2. If the "Yes" box is marked then the IEP manager should mark each billable service that is being provided to the student by a paraprofessional. The bulleted items are general billable categories. The boxes represent specific tasks that can be marked. If the "No" box is marked, return the form without marking any other areas of the form.
3. For the last bulleted area, mark the "Task" box and write the specific task on the line that follows.
4. Write in the name(s) of the paraprofessional(s) who are working with the student in the lines provided at the bottom of the page.
5. Return this document to Donniel Robinson at the DAO (questions, call extension 1214)

Form 3 - IEP Services Personal Care Assistance Activities Checklist – 2 Week Time Study

***See the sample document at <http://isd742.org/specialeducation/tpb/PCATimeStudy.pdf> ***

This document will be sent to the IEP manager after the *Personal Care Assistance Documentation of Services Provided* form has been returned to the DAO. The purpose of this form is to determine the EXACT amount of time that a student has personal care assistance services provided. The IEP manager will give this document to the paraprofessional(s) who are working with the student. Each paraprofessional should have this form when they are working with the student. There should be only one form per student. **DO NOT MAKE COPIES OF THIS FORM.**

1. IEP Manager – The student’s information and the tasks in the Activities column will be pre-populated. Give the form to the paraprofessional(s) who will be providing the services and tracking the time for the Time Study.
2. Paraprofessional – Name: Print the name of each paraprofessional working with the student in the Service Providers section.
3. Paraprofessional – Date: Enter the calendar date under the first weekday for which time for services is being tracked. It does not need to be a Monday. Enter the date on each subsequent day of service. Continue on the back of the form if needed.
4. Paraprofessional – Track **10 full days** of service. Service must be provided on each of the 10 days. Days that the student is absent and holidays do not count towards the time study.
5. Paraprofessional – # in Group: At the end of each day enter “# in Group”. This is the number of students to whom you provide direct services for the majority of the day (over ½ the day). The students must require you to be there to be successful. Its okay to help other students on your down time, but don’t count them on this form. **DO NOT ENTER THE NUMBER FOR THE WHOLE CLASS.**
6. Paraprofessional – Initials: Enter your initials in the grid, next to a task, **each time you complete that task**. For example if a student needs help with eating and has two snacks plus lunch, there should be initials entered three times (once for each instance). There may be initials from multiple paraprofessionals for each task by the end of the day.

The tasks are listed in the “Activities” column and are on the far left side of the document. The activities listed are from the *Personal Care Assistance Documentation of Services Provided* form, which the student’s IEP Manager completed earlier.

Activities List covered activities provided daily.	MONDAY				Total Time for the Day HH:MM
	Date <i>09-08-09</i> MM/DD/YY				
	# in Group*				
	<i>3</i>				
Eating – cutting up food	<i>DJ</i>	<i>DJ</i>	<i>DJ</i>		<i>01:15</i>
Toileting – positioning, cleansing	<i>DJ</i>	<i>DJ</i>			<i>00:45</i>
Mobility – pushing wheelchair	<i>DJ</i>	<i>DJ</i>	<i>DJ</i>	<i>DJ</i>	<i>00:30</i>

7. Paraprofessional – Total Time: At the end of each day enter the EXACT cumulative time for each task under the “Total Time for the Day” column. For example, if the student had assistance with toileting three times during the day and each instance took 15 minutes then 45 minutes should be entered in the column.
8. Paraprofessional – Signature: At the end of the Time Study period (10 days minimum) each paraprofessional needs to sign next to their printed name in the Service Provider section of the form.
9. IEP Manager – Name/Signature: Print and sign your name next to “Responsible Party” in the Service Provider section of the form.
10. IEP Manager – Return this document to Donniel Robinson at the DAO as soon as the form is complete.

Form 4 - IEP Services Personal Care Assistance Activities Checklist

***See the sample document at <http://isd742.org/specialeducation/tpb/PCAServiceDoc.pdf> ***

This document will be sent to the IEP manager after the *IEP Services Personal Care Assistance Activities Checklist – 2 Week Time Study* form has been returned to the Special Education office at the DAO. The purpose of this form is to track the monthly activity of the paraprofessionals working with the student. The IEP manager will give this document to the paraprofessional(s) who are working with the student. There should be only one form per student. **DO NOT MAKE COPIES OF THIS FORM.**

1. IEP Manager – The student’s information, the service provider information, the tasks, the average task time, and the dates will be pre-populated. Give the form to the paraprofessional(s) who will be providing the service.
2. Paraprofessional – # in Group: At the end of each day enter “# in Group”. This is the number of students to whom you provide direct services for the majority of the day (over ½ the day). The students must require you to be there to be successful. Its okay to help other students on your down time but do not count them on this form. **DO NOT ENTER THE NUMBER FOR THE WHOLE CLASS.**
3. Paraprofessional – Initials: Enter your initials in the grid next to a task **each time you complete that task**. For example, if a student needs help with eating and has two snacks plus lunch, there should be initials entered three times (once for each instance). There may be initials from multiple paraprofessionals for each task by the end of the day.

The tasks and AVERAGE time required for each task are listed on the far left side of the document. The activities listed are from the *Personal Care Assistance Documentation of Services Provided* form, which the IEP Manager completed earlier. The average time is from the *IEP Services Personal Care Assistance Activities Checklist – 2 Week Time Study* also completed earlier. Do not change these times. If the time needed to perform a task changes significantly (shorter day, new task etc.) a new time study will be required.

Avg. Time** HH:MM	Activities List covered activities provided daily.	MONDAY Date 10-12-09 MM/DD/YY # in Group* 2				
01:00	Eating – cutting up John’s Food	DJ	DJ	DJ		
00:30	Toileting – positioning, cleansing	DJ	DJ			
00:45	Mobility – Pushing Wheelchair	DJ	DJ	DJ	DJ	DJ

4. Paraprofessional – Signature: At the end of the month each paraprofessional needs to sign next to their printed name in the Service Provider section of the form.
5. IEP Manager – Signature: At the end of the month, review the document for accuracy. Sign your name next to “Responsible Party” in the Service Provider section of the form.
6. IEP Manager – Return this document to Donniel Robinson at the DAO as soon as the form is completed. A new form will be sent to you monthly.