

PERSONAL CARE ASSISTANT TIME STUDY

PERSONAL CARE ASSISTANT SERVICES

ACTIVITIES OF DAILY LIVING (ASSIST AND CUE)

Dressing: Assistance with choosing, putting on and changing clothing and with application of special appliances, wraps or clothing

Grooming: Assistance with basic hair care, oral care, shaving, applying cosmetics and deodorant; ensuring clothes are clean and properly fastened; and care of eyeglasses and hearing aids (confirming batteries work, positioning aids). Nail care is included, except for a child or youth who has diabetes or poor circulation

Bathing: Assistance with basic personal hygiene and skin care

Eating: Assistance with hand washing and applying orthotics required for eating, transfers and feeding

Transfers: Assistance with transferring the child or youth from one seating or reclining area to another

Mobility: Assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a child or youth

Positioning: Assistance with positioning or turning a child or youth for necessary care and comfort

Toileting: Assistance with bowel or bladder elimination and care, including transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin, and adjusting clothing

HEALTH RELATED TASKS

○ Range of motion and passive exercise to maintain a child's or youth's strength and muscle function

○ Assistance with self-administered medication, including reminders to take medication, bringing medication to the child or youth, and assistance with opening medication containers under the direction of the child or youth, including medications given through a nebulizer. A PCA must not determine the medication dose or time for medication

○ Interventions for seizure disorders that occur more than two times per week and require physical assistance to maintain safety

○ Procedures for complete health-related needs, including tracheostomy suctioning, services to a child or youth needing ventilator support and other direct cares. These are covered PCA services if delegation, training and supervision is by a registered nurse (RN), the service can be competently and safely completed, training is specialized and individualized to the needs of the child or youth, and delegation and training are documented.

LEVEL 1 BEHAVIORS (Observe, Intervene & Redirect)

- Physical aggression toward self (self-injurious behaviors)
- Physical aggression toward others (physical injury to others)
- Destruction of property

Examples of Level 1 Behaviors:

- Scratching
- Using tools or objects to damage property
- Self-poking or stabbing
- Kicking
- Ingesting foreign substances
- Pulling out hair

Once a child or youth qualifies for PCA services, he or she may also receive assistance from a personal care assistant for redirection or intervention during a behavior episode, when the child or youth displays increased vulnerability due to cognitive deficits or socially inappropriate behaviors, and for other delegated health related procedures and tasks.

Send ORIGINAL COMPLETED FORM to:
Your BSED Special Education Supervisor

District & School Name: _____

Student Name: _____

Date of Birth: _____

IEP Manager/QP: _____

PCA Name: _____

Signature: _____

PCA Name: _____

Signature: _____

PCA Name: _____

Signature: _____

TIME STUDY DIRECTIONS

- Document start and end times each time a task is completed
- **DO NOT OVERLAP TIMES**
Initial by your start/end times
- Include the total number of students per group for each activity
- Total the daily minutes in the row below the task
- Total the minutes for the days on each page in the column labeled Total Minutes
- To calculate 10-day average: add total minutes and divide by 10
- Time studies need to be completed at least every 2 years and reviewed annually, unless the needs of the child change requiring updates to the plan of care and time study

DUE DATE: October 18, 2023

	DAY 1 DATE: _____					DAY 2 DATE: _____					
	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	
TOILETING											Total Minutes
Daily Total Minutes					Daily Total Minutes						
EATING											Total Minutes
Daily Total Minutes					Daily Total Minutes						
GROOMING & BATHING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
DRESSING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
POSITIONING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
TRANSFERS											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
MOBILITY											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
RANGE OF MOTION											Total Minutes
Daily Total Minutes					Daily Total Minutes						
Redirection for: Aggressive behavior to self, others or property											Total Minutes
Daily Total Minutes					Daily Total Minutes						
Redirection of Behavior Vulnerability- Socially inappropriate- Resisting Care - Verbally aggressive											Total Minutes
Daily Total Minutes					Daily Total Minutes						

	DAY 3 DATE: _____					DAY 4 DATE: _____					
	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	
TOILETING											Total Minutes
Daily Total Minutes						Daily Total Minutes					
EATING											Total Minutes
Daily Total Minutes						Daily Total Minutes					
GROOMING & BATHING											Total Minutes
	Daily Total Minutes						Daily Total Minutes				
DRESSING											Total Minutes
	Daily Total Minutes						Daily Total Minutes				
POSITIONING											Total Minutes
	Daily Total Minutes						Daily Total Minutes				
TRANSFERS											Total Minutes
	Daily Total Minutes						Daily Total Minutes				
MOBILITY											Total Minutes
	Daily Total Minutes						Daily Total Minutes				
RANGE OF MOTION											Total Minutes
Daily Total Minutes						Daily Total Minutes					
Redirection for: Aggressive behavior to self, others or property											Total Minutes
Daily Total Minutes						Daily Total Minutes					
Redirection of Behavior Vulnerability- Socially inappropriate- Resisting Care - Verbally aggressive											Total Minutes
Daily Total Minutes						Daily Total Minutes					

	DAY 5 DATE: _____					DAY 6 DATE: _____						
	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP		
TOILETING											Total Minutes	
Daily Total Minutes					Daily Total Minutes							
EATING											Total Minutes	
Daily Total Minutes					Daily Total Minutes							
GROOMING & BATHING											Total Minutes	
	Daily Total Minutes					Daily Total Minutes						
DRESSING											Total Minutes	
	Daily Total Minutes					Daily Total Minutes						
POSITIONING											Total Minutes	
	Daily Total Minutes					Daily Total Minutes						
TRANSFERS											Total Minutes	
	Daily Total Minutes					Daily Total Minutes						
MOBILITY											Total Minutes	
	Daily Total Minutes					Daily Total Minutes						
RANGE OF MOTION											Total Minutes	
Daily Total Minutes					Daily Total Minutes							
Redirection for: Aggressive behavior to self, others or property											Total Minutes	
Daily Total Minutes					Daily Total Minutes							
Redirection of Behavior Vulnerability- Socially inappropriate- Resisting Care - Verbally aggressive											Total Minutes	
Daily Total Minutes					Daily Total Minutes							

	DAY 7 DATE: _____					DAY 8 DATE: _____					
	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS / GROUP	
TOILETING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
EATING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
GROOMING & BATHING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
DRESSING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
POSITIONING											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
TRANSFERS											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
MOBILITY											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
RANGE OF MOTION											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
Redirection for: Aggressive behavior to self, others or property											Total Minutes
	Daily Total Minutes					Daily Total Minutes					
Redirection of Behavior Vulnerability- Socially inappropriate- Resisting Care - Verbally aggressive											Total Minutes
	Daily Total Minutes					Daily Total Minutes					

	DAY 9 DATE: _____					DAY 10 DATE: _____					Total Time for 10 days	Average Time for 10 days	
	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS/ GROUP	INITIALS	START TIME	END TIME	# OF MINUTES	# OF STUDENTS/ GROUP			
TOILETING											Total Minutes	Calculate total: add all the total minutes for all 10 days	Calculate average: divide the total minutes by 10
Daily Total Minutes					Daily Total Minutes								
EATING											Total Minutes	Total Time Study Minutes	Total Average Minute
Daily Total Minutes					Daily Total Minutes								
GROOMING & BATHING											Total Minutes	Total Time Study Minutes	Total Average Minute
	Daily Total Minutes					Daily Total Minutes							
DRESSING											Total Minutes	Total Time Study Minutes	Total Average Minute
	Daily Total Minutes					Daily Total Minutes							
POSITIONING											Total Minutes	Total Time Study Minutes	Total Average Minute
	Daily Total Minutes					Daily Total Minutes							
TRANSFERS											Total Minutes	Total Time Study Minutes	Total Average Minute
	Daily Total Minutes					Daily Total Minutes							
MOBILITY											Total Minutes	Total Time Study Minutes	Total Average Minute
	Daily Total Minutes					Daily Total Minutes							
RANGE OF MOTION											Total Minutes	Total Time Study Minutes	Total Average Minute
Daily Total Minutes					Daily Total Minutes								
Redirection for: Aggressive behavior to self, others or property											Total Minutes	Total Time Study Minutes	Total Average Minute
Daily Total Minutes					Daily Total Minutes								
Redirection of Behavior Vulnerability- Socially inappropriate- Resisting Care - Verbally aggressive											Total Minutes	Total Time Study Minutes	Total Average Minute
Daily Total Minutes					Daily Total Minutes								

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

Total Billable Minutes