

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: <span style="float:right">(MM/DD/YYYY)</span>	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.

Date of Service MM/DD/YY	Activities (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.	# in group	Time* 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: <span style="float:right;"> <input type="checkbox"/> 14 <input type="checkbox"/> 90 <input type="checkbox"/> 120 DAYS </span>	