

All information for PCA billing can be referenced in the MHCP IEP Provider Online Manual.

Paraprofessional Training to Personal Care Assistant

- Complete required DHS Individual Personal Care Assistant (PCA) Training.
- Take test, print two copies one for school district and one for PCA to keep.

Only the IEP Team, parents/guardians and IEP health related providers authorize students' PCA services. ICD-10-CM code must be included in "Student MA Set-up" for services starting October 1, 2015

Personal Care Assistance Services (PCA)

- Activities of Daily Living (to qualify for MA billing, student must be dependent in at least one ADL <u>or</u> Level I Behavior*) ADL are Eating, Toileting, Grooming, Dressing, Bathing, Transferring, Mobility, Positioning
- 2. Level I behaviors*: Observe and redirect for behavior that is medically necessary and related to the child's medical disability. Level I behaviors are behaviors that cause injury to self, others and destruction of property.
 - a. MN Statute: 256B.0659 Subs 3, (d): An assessment of behaviors must meet the criteria in this paragraph. A recipient qualifies as having a need for assistance due to behaviors if the recipient's and shows one or more of the following behaviors:
 - i. (1) physical aggression towards self or others, or destruction of property that requires the immediate response of another person;
- 3. If qualify under I (ADL) or 2 (Level I Behaviors) then can bill for other behaviors: Increased vulnerability due to cognitive deficits or socially inappropriate behavior and/or resisting care and verbal aggression that cause care to take longer than normally expected.
- 4. Other health related tasks, e.g.,
 - ROM, muscle strengthening or tasks to maintain function
 - Assistance with self-administered medications
 - Tracheostomy suctioning and ventilator care clean not sterile procedures.
 - Supervision of PCA provided by qualified personnel

NOTE: Personal care includes total or partial physical assistance with the activities above or assisting, monitoring or prompting students to complete the tasks above or observation, monitoring, intervention and redirection related to the tasks above. Any level of assistance, supervision, reminders, prompting, etc. that is age appropriate (the same type of assistance an individual would typically provide an individual of the same age) does not qualify as medically necessary personal care.



PCA Initial Training Documentation/Orientation and/or Care Plan
Written by PCA supervisor to train PCA within 14 days of student being placed with PC
Include detailed written description of the actual services delivered to an individual child.
QP (Qualified Provider) must review PCA initial Training/Orientation and/or Care Plan
annually. Needs to be signed by QP supervisor, PCA and dated.
Copy kept in the student's special education file.
Can be used as a tool for PCA substitutes/teachers.
Master Copy on Sped Forms— under MA FORMS.
PCA Time Study—to be completed ONCE after PCA services are determined and PCA is
trained
Update only if time/services change for PCA/student, or new PCA assisting, etc.Master Copy on Sped Forms— under MA FORMS
Should reflect what is included in "Child Specific Paraprofessional Support" (CSPS).
CSPS should clearly delineate services by dividing tasks into separate categories of "academics", "behaviors", "ADLs" and "other health related services" when appropriate.
*PCA verbiage must be used whenever MA billing will be done.
*Paraprofessional is used when a student receives "academic" assistance only. PCA is for "medical"
assistance. When student receiving both types of services, always use PCA in the description.
This information MUST BE INCLUDED in the child/student's IEP under "Child Specific
Paraprofessional Support" or "Accommodations" for room PCA:
Identification of medical diagnosis, condition, sign or symptoms related to the need for
PCA services and
Description of the student's condition and/or ability to function and
Description of PCA assistance that will be provided to student and
Clarification as to why these services are necessary for the student to benefit from
special instruction and the outcome of the PCA services provided.
Frequency and average duration per day (based on the Mini Time Study)
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PCA Supervision by Qualified Professional (QP)

The qualifications for a person providing supervision of a person providing PCA services are based on the service provided, and on the license, certification, and scope of practice, professional responsibilities and professional experience of the supervisor.

For example, ADL's such as positioning, transfers or toileting may be taught and supervised by an occupational therapist, physical therapist or professional nurse. But these ADLs may not be taught or supervised by a speech pathologist, audiologist, special education teacher, and school psychologist or school social worker because it is not within their scope of practice.

QP may be an:

- Audiologist
- Licensed School Psychologist
- Licensed School Social Worker
- Mental Health Professionals (MHP)
- Occupational Therapist
- Physical Therapist
- Professional Nurse
- Special Education Teacher MN State Statute 8710.5050 TEACHERS OF SPECIAL EDUCATION: ACADEMIC AND BEHAVIORAL STRATEGIST.
- Speech Language Pathologist

QP Duties

A QP must supervise anyone providing personal care assistance through use of direct training, observation, return demonstrations and consultation with school staff, the child or youth, and the parent or guardian of the child or youth.

The QP trains and supervises the person providing PCA services and evaluates the effectiveness
of the services. The QP must do the following:
Confirm that the personal care assistant meets the qualifications to provide the services.
Appropriately assign tasks to the personal care assistant.
Provide training and ensure competency of the personal care assistant in meeting the
individual needs of the child or youth before services are provided.
Verify that the PCA plan of care, based on the needs of the child or youth as described
in the IEP plan, is completed within the first week after the start of services and updated as
needed
Review the PCA's documentation of services provided
Document training, communication, initial and periodic evaluations of the PCA services,
and what actions are needed to improve the services provided by the personal care assistant.



PCA Plan of Care

As a part of the IEP planning process that includes the parent or guardian, the IEP team identifies and records in the IEP plan the needs of the child or youth, the expected goals and outcomes, and the plan to meet those needs. Include the type and amount of PCA services and that a QP supervises the person providing PCA services. Each child or youth must have a current PCA plan of care based on the needs if the child or youth and the services identified in the IEP plan.

The QP must list his or her qualifications, (such as, school nurse, occupational therapist, special education teacher with certificate) to train and supervise the PCA services needed by the child or youth. The same procedures, tasks or activities performed by the personal care assistant are within the license, certification, and scope of practice, professional responsibilities and professional experience of the QP and could be provided by the QP in the absence of the PCA.

A copy of the most current PCA plan of care, including emergency contact information, must be in the child's or youth's IEP file and immediately available to the personal care assistant while services are being provided.

The PCA plan of care must be completed within the first week after the start of services being provided and updated as needed to clarify instructions or when there is a change in the need for PCA services. Update the PCA plan as changes occur and review it annually.

The PCA plan of care must have the following components:
A start and end date of the care plan
New start/end dates when the plan changes or to reflect the date of the annual review
Child's or youth's name, date of birth and other information such as student
identification number if needed to clearly identify the child or youth
Emergency contact information readily available, including parent's or guardian's name
and telephone number, primary health care provider and contact information. Include
instructions for making emergency contacts.
A clear summary of the essential needs of the child or youth, that:
Identifies the ADL's, level I behaviors or health-related tasks
Describes what the PCA will do to meet the needs of the child youth
List of special instructions or procedures required, such as meeting communication
needs of the child or youth who has a hearing impairment or language barrier or requires a
personal care assistant of the same gender
Steps to address safety and vulnerability issues of the child or youth, including but not
limited to responding immediately to predictable, identifiable triggers to level 1 behavior
episodes Instructions to notify the QP about concerns and changes to the child's condition or
behavior
Directions about personal care assistant and QP communication with the child's and
youth's primary teacher, IEP teachers, and parent or guardian
Instructions for daily documentation by the person providing the PCA services



Backup staffing plan to meet the needs of the child. (Personal care assistant substitutes
need training and supervision if services are to be billed to MHCP)
Signature of QP and personal care assistant and date

Evaluation of the Person Providing PCA Services

Initial evaluation

The QP must complete an initial evaluation of the personal care assistant through direct observation of the PCA's work within the first 14 days (or sooner as determined by the QP) of starting to provide regularly scheduled services to the child or youth.

After the initial evaluation, subsequent visits do not require direct observation of each person providing PCA services unless determined by the QP based on the needs of the child and the PCA's ability to meet those needs.

Periodic Evaluations

The QP must complete periodic evaluations as follows:

- At least every 90 days for the first year of service to the child or youth. After the first two 90-day evaluations (total of 180 days) of a PCA providing service to the same child, the supervisory visits may alternate between unscheduled phone or internet technology and in-person visits, unless the in-person visits are needed according to the care plan
- Every 120 days in the second and succeeding years that the same person is providing the PCA services to the same child

Sign, date and indicate the supervision visit on the PCA Supervision Log when a periodic evaluation and supervision visit is conducted during the period identified on the Activity Checklist.

Conduct evaluations more often if:

- The QP determines more are necessary based on the needs of the child or the PCA's ability to meet those needs
- The child or youth, parent or guardian, teacher, IEP case manager or other educator makes a request for increased supervision of the PCA services
- The PCA plan of care requires more frequent evaluations

Documentation of Evaluations

At the initial and each periodic supervisory visit, the QP must evaluate whether the PCA services:
Meet the needs of the child or youth as identified in the IEP or IFSPHelp the child or youth participate in and benefit from regular and special education
The QP evaluation must include review and documentation of the following:Satisfaction level of the child or youth and parent or guardian with the PCA services



