

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

STUDENT INFORMATION	District & SCHOOL: MAWSECO Trek Program
NAME: Susie Student	TYPE OF SERVICE AND CODE: T1018-U6TM (PCA/Para)
DATE OF BIRTH: 2/14/2004	TIME STUDY MINUTES: 46

Service providers: (List names of all PCA's who provide covered activities for the times listed below)

Para 1	Sarah Thompson	Para 2	Para 3
Para 4		Para 5	Para 6

Time based on most recent time study documenting the average daily time spent providing PCA services conducted according to the child's current plan of care. If a child is absent or attends a partial day in school, you must adjust the average daily time to reflect the time the services were not provided.

A copy of the plan of care and the time study used to complete this form must also be submitted) DO NOT use pencil or whiteout!

[illegible]

It is a federal crime to provide false information on personal care service billings for medical assistance payment. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the PCA care plan.

PARA 1 Sarah Thompson _____ PCA Signature	PARA 2 _____ PCA Signature	PARA 3 _____ PCA Signature
PARA 4 _____ PCA Signature	PARA 5 _____ PCA Signature	PARA 6 _____ PCA Signature

SUPERVISOR NAME PRINTED: Fake Teacher **TITLE:** Special Ed Teacher

SUPERVISOR SIGNATURE: *Fake Teacher*

Date: 11/01/2021

Keep all documentation for 5 years

Rev. 12/2021

Don't forget to include PCA *and* Supervisor signatures at the bottom of the document!