

PCA SELF-AUDIT

YES	NO	Is the student on an IEP or IFSP ?
YES	NO	Does the student have MA ?
YES	NO	Is there a consent or informed consent ?
YES	NO	Is there an ICD10 Code ?
YES	NO	• Complete the required training • Receive training and supervision from a qualified professional (QP) on how to meet the child's or youth's needs • Be at least 18 years of age • Not be a consumer of PCA services • Have the ability to effectively communicate with the child or youth and with the QP who is providing training and supervising • Be able to effectively provide PCA services according to the child's or youth's PCA plan of care • Be able to appropriately respond to the child's or youth's needs and immediately report significant changes to the supervising QP • Maintain required daily written records including, but not limited to, PCA activity check lists or logs • Be employed by the school district to provide PCA services or be under contract with an agency that has an agreement with district Required Training • View and complete the online DHS Individual Personal Care Assistant Training • Complete training and orientation given by the QP on the specific needs of the individual child • Be aware of the other support services provided for this child or youth • Be knowledgeable about the PCA plan of care and emergency procedures before performing services • Display competency in providing the required service according to the child's plan of care • Understand and use the processes the QP identifies to report changes in the child's condition or behaviors • Understand the documentation requirements for the services provided
YES	NO	Is the PCA qualified & trained ?.....
		PCA DHS certification date ?
YES	NO	Is the PCA listed on the MHCP or OIG Exclusion list?
		Is there an Individual Plan of Care or Imbedded in IEP ?
YES	NO	• Condition or diagnosis that creates the need • Covered tasks to be provided • Frequency • Method of delivery (hands on, cueing and constant supervision, observe/intervene/redirect/monitor) • Staff who will provide (by title not name) • Staff who will supervise tasks (Qualified Professional by title not name)
YES	NO	IEP Statement Contains ?.....

YES	NO	Plan of Care Contains ?..... • Start and end date of the plan of care • Child's name, student identification number, date of birth, and emergency contact information • List of special instructions or procedure required to meet the child's specific requests or needs • A clear summary including the diagnosis, condition, sign, or symptom that is creating the need for the service • Identify the ADL's, level 1 behaviors or health-related tasks the child will need. • Steps to address safety and vulnerability issues of the child • Date, name and signature of the QP.
YES	NO	Time Study Contains ?..... • Created based on the services identified in the child's IEP or IFSP and the child's current plan of care • Performed by a trained PCA who has or will work with the child throughout the school day • Conducted over a 10-day period. Document each task and the start and end times for each task or behavior episode • Calculate the average daily time for each task, and the total daily time for all PCA services. - Include the following in the time study documentation: • School information • Student information • Name, signature and initials of the service providers who provided the PCA service during the time study • Date • Task information • Initials of the person or persons providing the service • Number of children in the group if more than one child is receiving the same task at the same time (shared care) • Average daily time for each the task
YES	NO	PCA Logs Contains ?..... • Full name of the child or youth • Date of birth • Date, including month, day and year that the personal care assistant provided the task or service • Notation of reason no service was provided on a given day (example: child or youth absent from school) • Total time per day based on time study or the exact time if child is at school for a shortened day • Full name, signature and initials of each person providing PCA services to the child or youth • A statement that the time allocated has been determined by the most recent time study of PCA services • Date of QP evaluation of PCA services if conducted in the time period of the report • Signature of designated person who can verify services were performed • A statement that it is a federal crime to provide false information on personal care service billings for Medical Assistance payments
YES	NO	Supervision Document Contains ?..... The QP must complete periodic evaluations as follows: • At least every 90 days for the first year of service to the child or youth. • Every 120 days in the second and succeeding years that the same person is providing the PCA services to the same child 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 • Adequacy of the tasks and activities in the PCA plan of care to meet the needs of the child or youth • The personal care assistant's understanding of the child's needs, knowledge of the care plan, when to notify the QP • The personal care assistant's demonstrated ability to competently carry out the tasks and activities • Changes in the needs of the child, revision of the PCA care plan or additional training of the person providing PCA services • Actions necessary to correct the work of a person providing PCA services, actions taken and timeline • Hands-on training or individualized training for the care of the child or youth that was conducted

ATTACH CORRECTIVE ACTION PLAN