

PCA Activity Log T1019

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

Student Information	District & School:
Name:	ICD 10 Code(s):
Date of Birth:	TIME STUDY MINUTES:

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

Para 1	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 Signature	Para 2 Signature	Para 3 Signature
Para 4 Signature	Para 5 Signature	Para 6 Signature

Supervisor Name (Printed):	Title:
Supervisor Signature:	Date:

Keep all documentation for 5 years