



THIRD PARTY/MA BILLING RESOURCE GUIDE

2020-2021
School Year

If you have any questions related to MA/3rd Party Billing, please contact:

Kim Sandstrom

(320) 257-7342 or email: ksandstrom@bentonstearns.k12.mn.us

TABLE OF CONTENTS

Topic	Page Number
<ul style="list-style-type: none"> ● Table of Contents 	1
<ul style="list-style-type: none"> ● Background Information on MA Billing <ul style="list-style-type: none"> ● MHCP Provider Manual IEP Services Link 	2
<ul style="list-style-type: none"> ● Flow Chart for MA Billing Process 	3
<ul style="list-style-type: none"> ● Consent & Inform Process 	4-6
<ul style="list-style-type: none"> ● Covered Services <ul style="list-style-type: none"> ● Distance Learning/Hybrid Model Considerations ● Speech/Language Pathology and Audiology ● Occupational Therapy or Physical Therapy ● Assistive Technology Devices ● Oral Language & Sign Language Interpreter Services ● Mental Health Services ● Initial Evaluations, Reevaluations and Health Related Assessments ● Nursing Services ● Special Transportation ● Personal Care Assistant (PCA) Services 	7-16
<ul style="list-style-type: none"> ● Tips for MA Billing and Documentation <ul style="list-style-type: none"> ● ICD-10 Codes ● Activity Log Documentation <ul style="list-style-type: none"> ▪ PCA Time Study Information ● PCA Care Plan Required Documentation in IEP 	17-20
<ul style="list-style-type: none"> ● Resources and Documents <ul style="list-style-type: none"> ● PCA Documents <ul style="list-style-type: none"> ▪ Teacher PCA Checklist ▪ DHS Training Resources and Link ▪ QP Information & Supervision Documents 	21-24

BACKGROUND INFORMATION ON MA BILLING

Federal and State law **requires** all Minnesota Public School Districts to seek reimbursement from both private and public insurers. Benton Stearns Education District and its members will only seek to bill public insurance carriers: Minnesota Health Care Programs (MHCP), which includes Medical Assistance (MA) and Minnesota Care (MNCare), for educational assessments and Individualized Education Program (IEP) health-related services. If your child receives health-related services as part of their IEP or IFSP, a member of your child's team may ask parent permission to share information with your insurer and/or physician to bill for these services.

Covered services may include:

- Speech/Language Pathology and Audiology
- Occupational Therapy or Physical Therapy
- Assistive Technology Devices
- Oral Language & Sign Language Interpreter Services
- Mental Health Evaluations by School Psychologist
- Nursing Service
- Special Transportation
- Paraprofessional/Personal Care Assistant (PCA) Services
- Telemedicine

As of July 2013, the application for MHCP contains a section in which the parent/guardian provides consent to school districts to bill the Minnesota Department of Human Services for IEP health-related services that the child may receive. If a child is covered by an MHCP, these services will be billed by your child's school district, unless a parent denies or revokes consent to share information. There is no cost to families, and it will not affect their MA or MNCare coverage.

Benton Stearns Education District follows the most current policies issued by MHCP in its "[IEP Provider Manual](#)." This manual identifies eligible services, establishes licensing and other requirements for health providers, outlines training and supervision requirements, and details necessary documentation and billing procedures. Our district complies with all aspects of the manual as written including its stipulations for coverage of telemedicine.

Individual Education Program (IEP) health-related services are billable when all the following are in place:

A student is eligible for Special Education, the service is described on the IEP/IFSP, provided during the school day, and is necessary for the student to benefit from their services

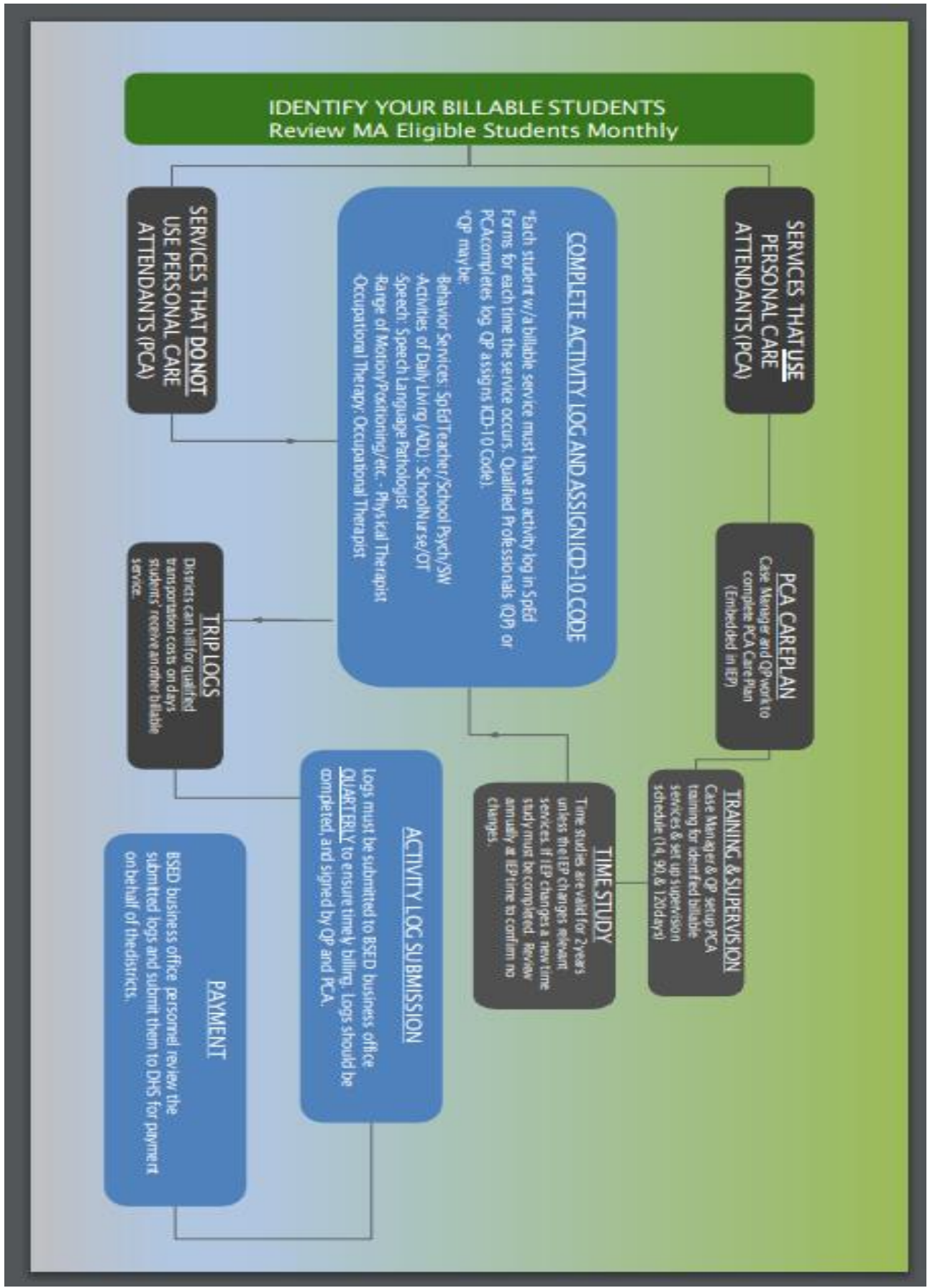
- A student is eligible under a public health plan when the covered service is provided
- The parent/legal representative has been informed, and appropriate consents are obtained
- The service meets the criteria of the health plan including medical necessity, staff credentials, medical orders, authorization, and documentation.

Minnesota law requires that any money received from MA billing can be used for three things:

1. For the benefit of students with special needs within the district
2. To pay for the cost of doing MA billing
3. For training and help to increase the amount of MA billing

[BSED Procedure for Third Party Billing](#)

Billing Process Flow Chart



CONSENT & INFORM PROCESS

Districts are required to get consent from parents to share information with the Department of Human Services for billing of the health-related services indicated in the IEP/IFSP, when a team determines that the student needs these services to benefit from special education.

INITIAL CONSENT REQUIREMENTS- ONLY PRIOR TO BILLING FOR THE FIRST TIME: (SEE SAMPLE-PG. 4-5)

- **Part B Students-** Case manager (or other designated staff) at the initial meeting will provide a copy of the *Consent to Share Data and Seek Payment for Individualized IFSP/IEP Health-Related Services* complete and sign. This form can be found in SpEd Forms under MA Forms on the student page. You can also get blank copies from the Benton Stearns Education District (BSED).

SpEd Forms		MA Forms		504 Forms		RTI Forms		History		Calendar	
Sharing/Transfer						Setup					
MA Billing Setup	EN	ICD-10 Code Setup	EN								
1. Activity Logs	EN	2. Trip Logs	EN								
3. MA Parental Consent	SP EN SU EN	Revoked MHCP Release	EN								
5. MA Release of Information	SP EN	6. Communication Regarding PCA Services	EN								
7. Third Party Liability	EN	8. Annual Physician Release	EN								
9. IEP/IFSP Services Record	EN	10. Physical Therapy Referral	EN								
13. Annual Notice for IFSP Health Related Services	EN	14. PCA Plan Menu	EN								

- The parent will just need to complete this form ONE time for initial billing. Once completed, make a copy for your records, and send to BSED MA Billing Department to keep on file.
- If the student is receiving eligible services, on a public insurance program, and no initial consent is on file, BSED MA Billing Coordinator will follow up with qualified professionals and verify consent status and/or assist in seeking consent.

PROCESS TO FOLLOW ANNUALLY TO PROVIDE CONSENT (PART B):

- One team member, typically the case manager, will discuss third party billing with the parent. They will provide a copy of the *Notice of Procedural Safeguards* to the parent or legal representative which is *annual written notice* of:
 - The district's intent to seek reimbursement from Medical Assistance or MNCare for IEP or IFSP health related services provided by the district;
 - The rights of the parent or legal representative to request a copy of all records concerning IEP or IFSP health-related services disclosed by the district to any third party; and
 - The right to withdraw consent for disclosure of a child's records any time without consequence. If a parent wishes to discontinue billing for their child's services, they will need to provide written notice or complete the Revoke MHCP Release form found on SpEd Forms. Once signed, the form needs to be sent to the BSED Office.
- The case manager will document that the parent or legal representative received the *Notice of Procedural Safeguards* on the *Record of a Team Meeting* form, a document that is signed by all team members attending the meeting. The document will be retained in the child's due process file. [Sample of Record of a Team Meeting Notice](#)
- **PART C ONLY:** The provider will provide the *Consent to Share Data and Seek Payment for Individualized IFSP/IEP Health-Related Services* AND the *Written Annual Notice Related to Third Party Billing for IFSP Health-Related Services*. **Both documents will be provided annually when a child is in Part C.**



Sample School
 School Sample Ave
 Sartell MN 56377
 Tel 320-252-8427

Consent to Share Data and Seek Payment for
 Individualized Family Service Plan (IFSP)
 Education Program (IEP) Health-Related Services

Section 1: Complete if your child receives special education.

Child's Last Name: Sample First Name: Dan Middle Initial: A Birthdate: 10/17/2008

Child's Home Address:

City: _____ State: _ Zip: _____

Parent 1 Name: Dave Sample Parent 2 Name: _____

Is your address the same as your child's?
 Yes No (If no, please provide.)

Is your address the same as your child's?:
 Yes No (If no, please provide.)

Address: 123 Main Street Address: _____

City: Pleasantville State: MN Zip: 56303 City: _____ State: _ Zip: _____

Parent 1 Phone Number(s)

Parent 2 Phone Number(s)

Home: _____ Home: _____

Work: _____ Work: _____

Other: _____ Other: _____

Section 2: Complete if your child has Medical Assistance (MA) or Minnesota Care.

School District # 0000 will bill MA or MinnesotaCare for the health-related services your child receives. The type, amount and frequency of services are in your child's IFSP/IEP. We need your signature to share data with the Minnesota Department of Human Services (DHS) to bill for these services. The information includes your child's name, date of birth, member number, dates of service and type of service codes. If audited by DHS or the U.S. Department of Health and Human Services (DHHS) the data shared may also include your child's IFSP/IEP, evaluation reports, documentation of service and attendance and medical orders.

I understand

- This is a release to share data with DHS and DHHS. It starts 9/3/2019 and is good as long as my child is eligible for special education.
- I can change or stop this release in writing at any time.
- The type, amount and frequency of services are in my child's IFSP/IEP.
- If I ask, I can get copies of all data shared with DHS or DHHS.
- I can get a copy of this release.
- Laws that protect private data sometimes allow the data to be re-disclosed.
- If I do not give information or do not agree to share data with DHS and DHHS, my child's IFSP/IEP services will not change or stop.

Minnesota Health Care Program (MHCP) Member Number: 01236545

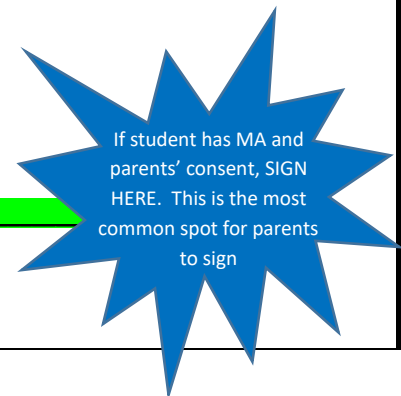
My signature allows the district to release information to:

1) DHS to get paid from MA or MinnesotaCare, and 2)

DHS or DHHS if there is an audit.

Parent/Legal Representative Signature: _____ Date: _____

HAVE PARENTS SIGN HERE IF THEY HAVE MEDICAL ASSISTANCE



Section 3: Complete if your child also has Private Health Insurance

For children with an IFSP: Your consent below is required when private health insurance is billed initially and whenever the IFSP is revised due to an increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP. (34 CFR §303.520(b)(1)(i)).

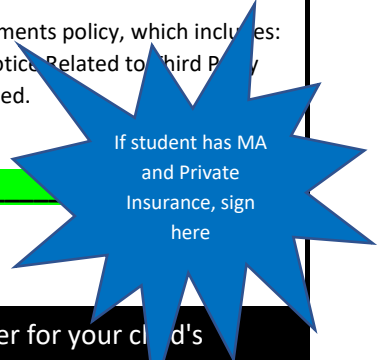
If your child is on MA or MinnesotaCare and your private health insurance does not cover the IFSP/IEP services your child receives, the district may bill MA or MinnesotaCare. So that we can determine if your insurance covers the services, we need information about your private health insurance coverage. The school district will use this information to determine if the private health insurance company covers the IFSP/IEP health-related services your child receives.

Name of private insurance company: BCBS
Policy Holder/Member's Name: Sample, Mary
Group or Policy Number: 266477885 Child's Insurance ID: Number:
Policy Holder's Relationship to child Mother Father Other

I understand

- The district will use my private health insurance information to determine whether or not my private insurance covers the IFSP/IEP health-related services that my child receives.
- If the private insurance does not cover the IFSP/IEP health related services my child receives, the school district can bill MA or MinnesotaCare. (see Section 2).
- For children with an IFSP: My child has an IFSP and I have received a copy of the state system of payments policy, which includes: (1) Consent to Share Data and Seek Payment for IFSP Health Related Services; and (2) Written Annual Notice Related to Third Party Billing for IFSP Health Related Services. This policy will be provided to me each time my consent is required.

Parent/Legal Representative Signature: _____ Date: _____
HAVE PARENTS SIGN HERE IF THEY HAVE MA AND PRIVATE INSURANCE



Section 4: Complete if you do not want the district to bill MA, MinnesotaCare or any insurer for your child's IFSP/IEP health related services.

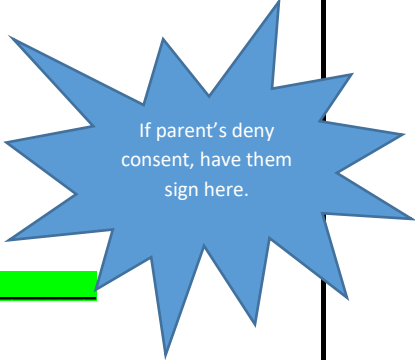
Release or Consent Denied. I choose to not let the district:

- Share information with DHS to get paid for covered IFSP/IEP health-related services.
- Ask my private health insurer if IFSP/IEP health-related services are covered. If the services are not covered, the school district can bill MA or MinnesotaCare.

I understand

- By signing below, my child's IFSP/IEP services will not change or stop;
- and I can get a copy of this form.

Parent/Legal Representative Signature: _____ Date: _____
HAVE PARENTS SIGN HERE IF THEY DENY BILLING



MA BILLING- COVERED SERVICES

(Adopted from the MHCP IEP Manual)



DISTANCE LEARNING & TELEMEDICINE REQUIREMENTS FOR BILLING

DHS Guidance for COVID Waivers and Exemptions for IEP-Based Services Document- MA Billing Guidance on IEP Based Services Related to Telemedicine

IEP Distance Learning Guidance DHS will continue to reimburse schools for IEP health-related services provided in the child's home during the COVID-19 distance-learning period when the services are identified in the child's IEP or Individualized Family Service Plan (IFSP), and these services continue to be provided in the manner prescribed in the IEP or IFSP or plan of care.

Childcare for Essential Workers Covered Services:

Refer to the IEP Services section of the Provider Manual for specific details. COVID-19 Childcare for Children of Essential Workers MHCP will continue to reimburse schools for covered IEP health-related services when children whose parents have been deemed essential workers during the COVID-19 pandemic attend school.

TELEMEDICINE

Telemedicine is the use of telecommunications to deliver speech therapy, occupational therapy, physical therapy and IEP evaluations. Telemedicine can be provided in many ways (telephone calls and virtual sessions) and schools are considered an approved venue.

MHCP covers the following services:

- Providing a live service for the student through a video platform such as Google Hangouts/Meet-Google G Suite (with BAA), Skype for Business, Microsoft Teams, Updox, VSee, Zoom for Healthcare (not just Zoom), Doxy.me, Cisco Webex Meetings, Amazon Chime, GoToMeeting, etc.
 - Facebook Live, Twitch, TikTok, and similar video communication applications should not be used in the provision of telehealth by covered health care providers.
- If you have questions regarding the compliance of a specific platform, please consult your district special education supervisor, or Kim Sandstrom for assistance.

Noncovered Telemedicine Services:

- MHCP will not cover "store and forward" (asynchronous service, such as the transmission of recorded health history and images) services for: Occupational therapy, Physical therapy, Speech language pathology, Audiology, Interpreter services
- MHCP will not cover telemedicine or telephonic services for: IEP Personal Care Assistance, Assistive Technology (for example, research or trials), Special Transportation (for example, phone calls to schedule busing), Nursing (Some portions of an assessment may be eligible for reimbursement.)

Criteria for Providing Services via Telemedicine:

- MHCP allows payment for telemedicine services for some IEP health-related services. Telemedicine is defined as the delivery of health care services or consultations while the child or youth is at an originating site and the licensed health care provider is at a distant site.
 - **Originating site and Distant Site:**
 - The originating site is the location of the child or youth at the time the provider is providing the service via a telecommunication system. The distant site is the location

where the licensed health care provider is located while providing the service via telemedicine. In Sped forms, use dropdown with your service and (telephonic) on the activity log to indicate that the services were provided in this manner. This service type should be used for all telemedicine services: telephone and virtual meeting. In the description of services, you will need to include the information listed in the documentation requirements below.

- **Eligible Members:**
 - To be eligible for reimbursement, the school or school district must be a school district or education district/cooperative, complete the Assurance Statement (these have been completed by BSED in collaboration with member districts), and have procedures in place for telemedicine (see link in background information above for additional details.)
- **Documentation Requirements:**
 - The type of service provided
 - The start and end time of the service and location of originating and distant site
 - Description of why the telemedicine was provided (related to COVID-19, as appropriate)
 - The platform used/mode of transmission of the telemedicine services

Covered Service Changes and Modifications:

- Until further notice, MHCP is temporarily expanding coverage of telemedicine visits. The following changes are effective for dates of service on or after March. 19, 2020, for eligible providers who render services via telemedicine:
 - Eligible providers can provide services virtually via telephone when providers determine it is safe and effective to do so. You must still enter all required documentation to be considered a covered service.
 - The current limitation of three telemedicine encounters per week is suspended.
 - In delivering telemedicine, including via telephone, the distant site (provider's location) can be the eligible provider's home. The originating site (member's location) can be delivered to members while they are in their home.

Store and Forward Services:

- May be provided by Occupational Therapist, Physical Therapist or Speech Language Pathologist during distance learning. This is effective from August 1st, 2020 through the end of the pandemic.

SPEECH LANGUAGE PATHOLOGY/AUDIOLOGY SERVICES

MHCP covers the following services:

- Individual and group speech and language pathology services provided by a speech and language pathologist, an educational speech or language pathologist who meets the requirements, or a clinical fellowship licensee
- Audiology services provided by an audiologist
- Specialized maintenance therapy provided by a speech-language pathologist and that is specified in the child's IEP or IFSP and is necessary for maintaining a child's functional status at a level consistent with the child's physical or mental limitations.
- Specialized maintenance therapy must meet one of the following: prevent deterioration and sustain function; provide interventions that enable the child to live at his or her highest level of independence (in the case of chronic or progressive disability); or, provide treatment interventions for children who are progressing, but not at a rate comparable to expectations of restorative care.

- Some telemedicine services provided by a speech-language pathologist. Refer to coverage criteria under telemedicine in the Covered and Noncovered IEP Health-Related Services section
- A speech and language pathologist, audiologist, educational speech and language pathologist or clinical fellowship licensee who meets the requirements in Minnesota Statutes must provide the IEP evaluations and re-evaluations under speech and audiology services. These evaluations must be health-related and result in an IEP or IFSP with covered IEP services or determine the need for continued services. IEP or IFSP assessments to determine progress and need for changes in services and re-evaluations are also covered if the result determines a need to continue or change a service.
 - Activities included are: administering face-to-face assessments, interpreting test results and writing reports (meetings to discuss evaluation results or make recommendations are not covered).

OCCUPATIONAL THERAPY SERVICES

MHCP covers the following services:

- Individual, group, and specialized maintenance therapy provided by an occupational therapist or occupational therapy assistant under the direction of an occupational therapist
- Specialized maintenance therapy provided by an occupational therapist or occupational therapy assistant that is specified in the child's IEP or IFSP and is necessary for maintaining a child's functional status at a level consistent with the child's physical or mental limitations. Specialized maintenance therapy must meet one of the following: prevent deterioration and sustain function; provide interventions that enable the child to live at his or her highest level of independence (in the case of chronic or progressive disability); or, provide treatment interventions for children who are progressing, but not at a rate comparable to expectations of restorative care
- Administering face-to-face assessments, interpreting test results, and writing reports (meetings to discuss evaluation results or make recommendations are not covered)

PHYSICAL THERAPY SERVICES

MHCP covers the following services:

- Individual, group, and specialized maintenance therapy provided by a physical therapist or physical therapy assistant under the direction of a physical therapist
- Specialized maintenance therapy provided by a physical therapist or physical therapy assistant that is specified in the child's IEP or IFSP and is necessary for maintaining a child's functional status at a level consistent with the child's physical or mental limitations.
- Specialized maintenance therapy must meet one of the following: prevent deterioration and sustain function; provide interventions that enable the child to live at his or her highest level of independence (in the case of chronic or progressive disability); or, provide treatment interventions for children who are progressing, but not at a rate comparable to expectations of restorative care
- Some telemedicine services provided by a physical therapist. Refer to coverage criteria under telemedicine in the Covered and Noncovered IEP Health-Related Services section
- Administering face-to-face assessments, interpreting test results, and writing reports (meetings to discuss evaluation results or make recommendations are not covered).

ASSISTIVE TECHNOLOGY DEVICES

MHCP covers the following services:

- Assistive technology devices and equipment for MHCP-eligible students when identified in a child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and covered under Medical Assistance
- The AT Device is ordered by a health care professional under the scope of their practice. Professionals who are part of the child's IEP team who may authorize and order an AT device include:
 - Nurse
 - Occupational Therapist
 - Physical Therapist
 - Speech-Language Pathologist or Audiologist (Only SLPs are responsible for ordering communication devices)
- Devices may include:
 - Hearing amplification devices- for example, FM systems
 - Dedicated speech generating devices
 - Communication picture books
 - Communication charts and boards
 - Mechanical devices
 - Electronic tablets
 - Communication software application
 - Carrying cases or mounting
 - Mobility devices- for example, wheelchairs or walkers
 - Positioning devices- for example, standing boards.

NOTE: If you intend to bill assistive technology devices and have questions regarding covered services or eligibility criteria for coverage, please speak to your district special education coordinator or Kim Sandstrom at Benton Stearns Education District.

ORAL AND SIGN LANGUAGE INTERPRETER SERVICES

MHCP covers the following services:

- **Spoken Language Interpreter Services** are covered as follows:
 - When provided by a competent interpreter who has enrolled with MDH and is listed on the MDH spoken language health care roster.
 - When provided to a child with limited English proficiency, in conjunction with another covered IEP service when the child, service provider and interpreter are present.
 - When provided to a parent with limited English proficiency in order to obtain and relay information regarding the child during a covered IEP evaluation or reevaluation. When provided in person or by telephone or teleconference.
- **Sign Language Interpreter Services** are covered as follows:
 - When provided in conjunction with another covered IEP service when a child who is deaf who communicates by signing, a service provider and an interpreter are present.

- When provided by a competent sign language interpreter during the course of providing a direct, person-to-person, covered health care service.
- When provided to a parent who communicates by signing to obtain and relay information regarding the child during a covered IEP service or evaluation of a child when the child, parent, service provider and interpreter are present at the evaluation or service.
- Must be an accurate and quality service provided by a qualified interpreter. DHS encourages the use of certified sign language interpreters.

MENTAL HEALTH SERVICES

MHCP covers the following services:

- Individualized Education Plans (IEP) and Individual Family Service Plans (IFSP) evaluations, re-evaluations, and assessments are used to determine special education eligibility and to identify health-related services needed for a child’s IEP or IFSP.
- IEP or IFSP mental health evaluations may be provided by: Licensed School Psychologists, Licensed Mental Health Professionals, Clinical Mental Health trainees working under the supervision of a mental health professional.
- See additional information under initial evaluations, reevaluations, and health-related assessments section.

INITIAL EVALUATIONS, REEVALUATIONS AND HEALTH-RELATED ASSESSMENTS

Effective **August 1, 2017**, Medical Assistance (MA), Minnesota’s Medicaid, will reimburse the federal share of the cost of covered health-related evaluations and assessments under the Individuals with Disabilities Education Act (IDEA) when conducted for the sole purpose of identifying the health-related needs for a child’s IEP or Individualized Family Service Plan (IFSP) or to determine the need for continued coverage. Meaning, if the school is evaluating a child for the sole purpose of identifying the health-related needs of that child for the child’s IEP or IFSP, **MA will cover the time spent performing that evaluation or assessment even if the service does not get added to the IEP or IFSP or result in an IEP or IFSP.**

Eligible Providers

For an IEP health-related assessment to be covered, the assessment must be conducted by one of the following licensed professionals working within their scope of practice:

- Physical therapists
- Occupational therapists
- Speech language pathologists and audiologists
- Mental health professionals, clinical trainees, and school psychologists
- Licensed registered nurses

Covered and Non-Covered Health-Related Components of an IEP Evaluation or Reevaluation

MHCP WILL cover the following:

- Face-to-face health-related assessments used to identify rehabilitative services to restore or improve the condition of the child to the child’s best possible functional level
- Interpreting health-related assessment results
- Writing a report of the health-related assessment results

MHCP WILL NOT cover time spent evaluating educational needs for the following:

- Determining the child's present academic levels or the academic instructional needs of a child
- Screenings or discussions performed by a teacher, specialist, or health-related services professional to determine academic instructional strategies for the child's education setting and curriculum
- Meetings are not billable
- Evaluations or assessments conducted to determine 504 plans

Your Evaluation Activity log should have only 1 date on it with the total time that was spent testing and writing the report. Example: Use the date that you are done with the evaluation. (See Sample Below)

NURSING SERVICES

MHCP covers the following services:

MHCP-covered IEP health-related services are individual face-to-face nursing services that will help the child attend school and receive a free appropriate public education (FAPE). A professional nurse, or a practical nurse under the direction of a professional nurse, provides the services. Some of these services include:

- Catheterization, tube feeding, suctioning and ventilator care
- Complex medication administration that requires the skill of a nurse and is administered rectally or through an IV, injection, nebulizer, or gastrostomy tube, or has complex interactions with other medication and treatments
- The simple administration of prescription medications by a nurse who is employed by or under contract with a school district (To be a covered service, simple medication administration must be identified in the child's IEP or IFSP.)
- Medication management provided by a professional nurse that includes reviewing a child's current medications and adhering to the prescribed medication regimen (including review and knowledge of the frequency and dosage of all medications taken) and one or more of the following, as appropriate:
 - Nurse evaluation for adverse reactions to medications, such as nursing assessment or review of health status; identification of health hazards and actual or potential health needs; evaluation of health behavior; and physical, emotional, and psychological health
 - Health teaching and counseling the child about his or her medication and proper medication administration. This could include teaching the child about his or her medication, possible side effects, reactions and need for compliance (This does not include in-depth nutritional counseling normally performed by a licensed dietician and structured diabetic education programs.)
 - Contact with the health care provider about prescriptions or treatment orders, tolerance, or adherence
 - Independent nursing interventions
 - Chronic disease management
 - Nursing assessment and diagnostic testing, such as vital signs and glucose testing (when medically necessary, related to the medical condition identified on the IEP)
- Activities of daily living when the IEP indicates a one-on-one nurse is required at school
- Medical orders are required each school year or when a child's plan is modified for all nursing services that require a medical order under the nurse's scope of practice.
- Billable activities include administering face-to-face assessments, interpreting test results, and writing reports. Meetings to discuss evaluation results or make recommendations are **NOT** covered.

CO-THERAPY AND CO-TREATMENT

Co-therapy may be appropriate when practitioners from different professional disciplines can effectively address their treatment goals while the patient is engaged in a single therapy session. For example, a child may receive treatment from a speech language pathologist while a physical therapist is training the child to use a wheelchair or working with the child to retrain balance to increase independence and mobility. Follow these guidelines for co-therapy:

- Provide co-therapy only if the purpose of the treatment is to enhance the quality of the care the child receives, not simply for scheduling convenience
- Identify and document the need for co-therapy in the IEP or IFSP
- The therapist's notes and documentation must clearly indicate that the session was co-therapy, the rationale for co-therapy, and identify which goals were addressed through this method
- Each practitioner must document co-therapy sessions stating which goals were addressed and the progress made
- Limit co-therapy to two disciplines providing treatment during one session
- The two therapists must split the session time between the two disciplines when documenting the actual time spent actively engaged with the child (observation, taking turns or waiting for the other therapist is not considered reimbursable time)

Co-treatment may be medically necessary for two service providers to care for a child at the same time. This could occur when a second PCA is needed, for the safety of the child and the first PCA, to provide activities of daily living or a behavior intervention or redirection. This could also happen when a nurse needs assistance from a PCA to complete a health-related activity or task. Follow these guidelines for co-treatment:

- Providers must identify and document the need for co-treatment in the IEP or IFSP
- The plan of care should identify the need and explain how the assist should be performed
- Both service providers should document only the time they were face-to-face actively engaged with the child
- Teaching or training a therapy assistant or PCA is not considered co-therapy or co-treatment. Supervision and other administrative costs are covered by the indirect cost percentage added to the rate for each service and cannot be billed separately.

SPECIAL TRANSPORTATION

MHCP covers the following services:

MHCP covers special transportation services as IEP health-related services when a child or youth is transported to or from school on a day when another covered IEP service is provided and the child or youth has:

- Physical or mental impairment – psychological disorder
- Physical condition or mental disorder
- Demonstrates Level 1 behavior or needs help with at least one ADLs while being transported

The special transportation services are covered for:

- Station to station (home to school, school to home)
- A child who requires a special adaptation to the bus, for example, wheelchair lift, special harness, safety vest or special car seat (not a regular car seat or seat belt) or requires help from a nurse or PCA
- One PCA who may provide shared services for up to three children, if appropriate and reasonable. For example, one PCA may sit between two small children.

PERSONAL CARE ASSISTANT (PCA) SERVICES

Eligible Recipients

To be eligible for PCA services in school, the child or youth must be dependent and need assistance for one or more of their activities of daily living (ADL), or require intervention or redirection from another person for Level 1 Behavior(s) or social vulnerability.

A child may not be found to be dependent in an activity of daily living if the child's need for assistance is age appropriate.

Scope of PCA Services

Service	Activity
Assist	Provide hands-on assistance with an ADL task
Cue	Remind or stand by and direct the completion of an ADL
Observe and Intervene/Redirect	Identify and deescalate episodes of behavior
Monitor	Perform delegated health related procedures and tasks

MHCP covers the following services:

<u>Activities of Daily Living (ADLs)</u>	<u>Level 1 Behaviors</u>
<p>Activities of daily living include health and hygiene needs that are part of daily living, as well as activities integral to the activity (for example, cleaning up spills, laundering soiled clothing, and cleaning up toileting accidents). ADLs include the following:</p> <ul style="list-style-type: none"> • Dressing: Assistance with choosing, putting on and changing clothing and with application of special appliances, wraps, or clothing • Grooming: Assistance with basic hair care, oral care, shaving, applying cosmetics and deodorant; ensuring clothes are clean and properly fastened; care of eyeglasses and hearing aids (confirming batteries work, positioning aids). Nail care is included, except for a child or youth who has diabetes or poor circulation • Bathing: Assistance with basic personal hygiene and skin care • Eating: Assistance with hand washing and applying orthotics required for eating, transfers and feeding • Transfers: Assistance with transferring the child or youth from one seating or reclining area to another • Mobility: Assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a child or youth • Positioning: Assistance with positioning or turning a child or youth for necessary care and comfort 	<p>A child or youth qualifies as having the need for assistance from a personal care assistant through observation, redirection, or intervention of a behavior episode if the episode is due to a medical or mental health condition and requires the immediate response of another person to prevent injury to self or others, or damage to property.</p> <p>Behaviors may occur at different levels and in different situations. To qualify for PCA services, the display of a Level 1 Behavior must be current and determined to be either daily or episodic and ongoing (for example four times a week).</p> <p><u>Level 1 behaviors (definition and examples):</u></p> <ul style="list-style-type: none"> • Physical aggression toward self (self-injurious behaviors) <ul style="list-style-type: none"> ○ Examples: Hitting, biting oneself, head banging, burning, stabbing, ingesting foreign substances, pulling out hair, suicide threats • Physical aggression toward others (physical injury to others) <ul style="list-style-type: none"> ○ Examples: Hitting, biting, pinching, scratching, kicking • Destruction of property

<ul style="list-style-type: none"> • Toileting: Assistance with bowel or bladder elimination and care, including transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin, and adjusting clothing 	<ul style="list-style-type: none"> ○ Examples: Breaking windows, lamps, or furniture, tearing clothes, setting fires, using tools or objects to damage property • Vulnerability due to cognitive deficits or socially inappropriate behavior <ul style="list-style-type: none"> ○ Examples: elopement or any other behavior that has the potential to put the child, another person, or property in harm's way that is beyond what is expected for the child's age and requires supervision
--	--

When determining the level of need for behavior intervention, address the following considerations:

- **Are the behaviors related to the medical need that qualified the child for IEP services?**
- **How current are the behaviors?**
- **Are there times when the behavior does not occur?**
- **Are there identifiable triggers that are likely to induce the behavior?**
- **Is it possible to modify the school or classroom environment to avoid the triggers that might make the behavior more likely?**
- **What are the reasonable expectations of the behavior reoccurring throughout the school day?**

If a current, but infrequent, (less than four times per week or less than once daily) level 1 behavior is identified in the IEP plan that will require the immediate response of another person to intervene and redirect the physical aggression toward self or others or destruction of property, a personal care assistant may be assigned to intervene or redirect the child or youth during that episode. Medical Assistance (MA) will pay for this response time. The time allowed is when the personal care assistant is fully engaged, working face-to-face or hands-on with the child or youth.

Once a child or youth qualifies for PCA services, he or she may also receive assistance from a personal care assistant for redirection or intervention during a behavioral episode, when the child or youth displays increased vulnerability due to cognitive deficits or socially inappropriate behaviors, and for other delegated health related procedures and tasks.

Determine how the lack of cognitive skill or vulnerability is affecting the child or youth behavior and what assistance must be provided to redirect or intervene during a behavioral episode.

For example: A child with Down syndrome has qualified for PCA service for two ADLs: toileting and eating. Because the child qualifies for PCA services, the child or youth can receive PCA services because of their increased vulnerability due to cognitive deficits. The child has a history of elopement (wandering away) from the past school year and is currently displaying episodes of elopement when given the opportunity. In this case it may be necessary to have a personal care assistant with the child, during times such as recess, lunch, in the halls and going to the restroom. During these times, there is a reasonable expectation that the child may find the opportunity to elope and MA will cover PCA services during these periods.

However, once the child is in the classroom, a teacher or paraprofessional is watching over the room and a personal care assistant does not need to be available to observe the child in case the child may elope.

Other situations may require a personal care assistant to assist with ADLs and monitor a child for health-related concerns for the full day at school. Such situations may be for a child or youth who is medically fragile and needs assistance with multiple ADLs, needs constant intervention or redirection of behaviors, or both. Documentation must clearly identify the child 's or youth's specific medical needs, why constant continuous care is needed throughout the school day, and how the services provided relates to the child or youth's medical needs. MHCP does not pay to have a PCA sit with a child or youth to watch for a behavior that occurs infrequently or to keep the child on task with their educational activities or assignments.

The increased vulnerability due to cognitive deficits or socially inappropriate behavior of a child and youth who is verbally aggressive or resistive to care must relate back to:

- The medical need of the child or youth
- Whether the need would otherwise prevent the child or youth from attending school
- Whether the behavior would put the child or youth, another person, or property in harm's way that is beyond what is expected for the child's age

If the child or youth is not staying on task with the lesson plan, listening to the teacher, or is speaking out of turn, making comments out loud, grabbing for other children's property or generally disrupting the class, it is the responsibility of the school to have the teacher, teaching assistant or paraprofessional assigned to the classroom or to that child or youth to keep the child or youth on task for his or her educational needs and classroom behavior protocol. Classroom support of this type is not an MA covered PCA service.

Other Health-Related Procedures and Tasks

Health-related procedures and tasks may be delegated or assigned by a licensed health care professional under state law to be performed by a person providing PCA services. Document the delegation of health-related procedures and tasks and training in the PCA plan of care for the child or youth and in the file of the person providing the PCA services. These PCA services include, but are not limited to the following:

- Range of motion and passive exercise to maintain a child's or youth's strength and muscle function
- Assistance with self-administered medication, including reminders to take medication, bringing medication to the child or youth, and assistance with opening medication containers under the direction of the child or youth, including medications given through a nebulizer. A PCA must not determine the medication dose or time for medication.
- Interventions for seizure disorders that occur more than two times per week and require physical assistance to maintain safety
- Procedures for complex health-related needs, including tracheostomy suctioning, services to a child or youth needing ventilator support and other direct cares. These are covered PCA services if delegation, training and supervision is by a registered nurse (RN), the service can be competently and safely completed, training is specialized and individualized to the needs of the child or youth, and delegation and training are documented.

Non-Covered Services

MHCP does not cover the following:

- Assistance provided to a child or youth by a personal care assistant who is not qualified as a personal care assistant or has not been trained or supervised by a QP
- Services provided by substitutes who have not received the required training and supervision
- Services provided by a parent, stepparent, paid legal guardian or foster parent

- Care that requires the skill of a trained nurse or other trained medical professional, for example, re-inserting g-tubes; sterile procedures; giving injections; administering medication; nurse assessments either delegated or provided by someone who is not a nurse
- Classroom support by a paraprofessional to ensure children stay on task
- Hearing aid check (programming such as setting and resetting volume, calibrating, or other adjustment)
- Services provided to a child or youth that would reasonably require assistance for a child of that age
- Helping a child or youth with school assignments and class activities or redirecting, cueing, and intervening to help a child stay on task to complete school assignments, projects or activities
- Monitoring and assisting the child or youth to perform assigned “jobs” at school, job training or coaching or vocational services
- Services provided to a child or youth as a before and after school activity, including sports, clubs, class projects, tutoring, music lessons and childcare
- Activities that teach anything, including teaching a child to grocery shop, manage finances, get around in the community by taking buses
- Instrumental Activities of Daily Living (IADL)
- Continuous monitoring or observation in case a child might run away if there is no reasonable expectation that the child will have the opportunity to elope (for example, in a classroom setting where a teacher and paraprofessional are present)
- Continuous monitoring or observation of a child who may have a behavioral episode occur infrequently
- Monitoring juvenile offenders to prevent harm to others or inappropriate behavior
- Services being provided by a special transportation aide or bus driver while transporting eligible children
- Restraining a child or youth, applying restraints, or monitoring a child or youth who is placed in isolation or time-out

TIPS FOR MA BILLING AND DOCUMENTATION

SERVICE DOCUMENTATION:

All services need to be documented in the IEP, on the service page with time & frequency or in the Child Specific Paraprofessional Support Box (see additional information on PCA documentation in IEP under the specific section).

ICD-10 CODES:

- ICD-10 Codes need to be entered in SpEd Forms by the IEP Health Professionals for these services.
 - [Click here for SpEd Forms user guide- ICD- 10 Codes](#)
 - [Click here for ICD-10 Code Look Up Site](#)
- The ICD-10 codes will need to be selected once for each type of service you plan to bill. (For example, one for Evaluation and one for Services). You can use the same ICD-10 code for evaluations as you use for services, though.
- ICD-10 Codes- Make sure the start date of the ICD-10 code is prior to your first date of you Activity log service. DO NOT DISABLE ICD-10 CODES.
- If you have questions on how to set up ICD-10 Codes, please reach out to Kim Sandstrom at Benton Stearns Education District.

ACTIVITY LOGS:

ACTIVITY LOGS (OT/PT/SLP or AUDIOLOGY/PSYCH/NURSING/INTERPRETER):

SAMPLE LOG for EVALUATION

SAMPLE LOG for SERVICE

- Fill out the ACTIVITY LOG in SpEd Forms with the following Steps:
 - Activity Log on MA Billing Section>New Activity Log
 - Choose Dropdown for Type of Service being Provided>Evaluation or Services
 - Add Activity>Enter Date, Start and End Times and # of Students in Group>Description of Services
 - To add additional activities to log> Duplicate or Add Activity
 - Save>Finalize

NOTE: A LOG SHOULD CONSIST OF ONE MONTH OF SERVICES

- START AND END TIMES OF SERVICE: Beginning in 2018, school districts are required to document actual start and end times for all health-related services and evaluations, and assessments to provide better supporting documentation and ensure actual time spent in the provision of service is captured.
 - Example, if the IEP or IFSP says that a service is expected to take 15 minutes, but it takes 23 minutes, document the 23 minutes by noting the actual start and end times of that service.

SAMPLE TELEPHONIC ACTIVITY LOG

- DISTANCE LEARNING/HYBRID MODEL NOTE: *If providing telehealth services, use the Service (Telephonic) dropdown (M95) on the activity log and enter the mode of transmission and originating and distant site. Also include why telehealth services were provided instead of face-to-face.*
- Watch for duplicate logs and dates of service
- Use the date that the first service takes place as your log date and complete one log per month.
 - Example: The 1st service date is 9/3/19 make this also your Log Date. Next Activity log is for 10/1/19 because your 1st service date is 10/1/19.
- Evaluation Activity Log should have only 1 date of service on it with the total time that was spent testing and writing the report. In the description enter all dates tested and actual services completed.
 - Example: Use the date that you are done with the evaluation. (See sample above)

TRANSPORTION TRIP/ACTIVITY LOGS

BLANK TRIP LOG

SAMPLE COMPLETED TRIP LOG

- If transportation is a service, state clearly why the student requires this service in the IEP under the special transportation section. Statements should include what special adaptation is needed such as wheelchair lift, special harness, special car seat or aide for the student.
- Logs should have either a 1 on BOTH the “to” and “from” with a corresponding date of service if the student rode transportation both ways that day. If the student is absent for the day, or for one way, mark an A for absent. Something should be marked every day for the log. You cannot use arrows or check marks.
- Print name and sign log before submitting to the BSED MA Billing Department.

PCA TIME STUDY AND ACTIVITY LOGS

BLANK TIME STUDY FORM

SAMPLE COMPLETED TIME STUDY

BLANK PCA ACTIVITY LOG

SAMPLE COMPLETED PCA ACTIVITY LOG

- Due to the frequency, multiple tasks and behavior episodes that may occur at any time during the school day, it is difficult for personal care assistance (PCA) providers to keep exact times for each task. Because of this, MHCP allows schools to conduct a 10 Day Time Study to determine the average time per day, per child for the specific PCA tasks for that child instead of documenting the start and end time for each service taking place.
- 10 Day Time Studies (and initial consent forms) must be completed prior to completing activity logs. Please remember to submit all completed time study and consent forms to the BSED MA Billing Department.
- PCA's need to initial with PEN each service they provided during each day for the student. No check marks or arrows.
- Clearly mark if a student is absent for a day on the PCA log by an X or write absent down the column. Also mark when no school is in session or when there are non-school days or snow days.
- On the back of the log, make sure to document that covered activities being provided are listed in the IEP PCA care plan and time study.
- Qualified Professional (DCD teacher, Nurse, OT, PT) needs to sign the bottom of the log and the back page of the log
- If you are noticing a pattern of change in time or activity you will need to amend the current time study to reflect the change. Only the specific task or activity will need to be updated.
- Time studies should be reviewed annually by the team and necessary changes made as appropriate. New information should be submitted to the BSED MA Billing Department. Time studies need to be completely redone every two years.

PCA Care Plan Required Documentation in IEP

2019 MDE FALL TRAINING- IEP SERVICES PCA DOCUMENTATION SAMPLES

- If a child has PCA services in their IEP, documentation should be clearly defined in the CHILD SPECIFIC section of the IEP and identify the following:
 - **What** specific health-related tasks will be provided
 - **Who** will perform the task
 - **How, when and where** the tasks will be completed
 - **Who** will supervise the PCA services

Activity of Daily Living (ADL) SAMPLES:

Toileting – 30 minutes spent assisting with toileting skills (getting toilet seat adaptation, transferring to toilet, assisting with hand washing and dressing – clothes and diaper, cleaning and monitoring skin condition in diaper area, and cleaning toilet seat adaptation.

Toileting: about 15 minutes a day assisting with toileting needs (changing diaper, dressing, proper hygiene)

Toileting – 25 minutes a day spent assisting with using the bathroom (and proper positioning on the potty chair), using proper bathroom hygiene (washing/drying hands, changing soiled clothes, etc.) and dressing skills/adjusting clothing.

Eating – 20 minutes a day spent assisting with eating skills – washing hands, using silverware, cutting up foods, opening containers, pouring liquids, cleaning up, etc.) during lunch.

Eating – 30 minutes a day spent assisting with washing hands, cutting up foods, opening containers/food items, self-feeding, and increasing independence with getting appropriate lunch materials/supplies and putting them away.

Dressing – 15 minutes a day assisting with dressing skills (coat on, zipping, changing clothes, etc.).

Dressing - 5 minutes a day assisting with dressing skills (coat on/off, adjusting clothing after bathroom use, hat, gloves, snow pants in winter, etc.).

Grooming – 15 minutes a day spent brushing teeth, combing hair, using lotion, therapy brushing, etc.

Grooming – 30 minutes a day spent assisting with brushing teeth, therapy brushing/joint compressions, and combing hair. washing hands and face, using lotion, chap stick, cleaning glasses, therapy brushing, etc.

BEHAVIOR Level 1- Injury to Self/Others or Property

Behavior – 90 minutes a day spent on preventing possible injury to self and others when behavior has escalated to an unsafe level (falls to floor and rolls around, reaches for staff member’s throats, scratches, bites / bites clothing of staff/ pulls staff to ground, hits, when frustrated) and 65 minutes spent on administering/instructing/monitoring calming techniques to deescalate behavior before they get to an unsafe level

Behavior – 70 minutes a day spent monitoring and redirecting behavior that could cause injury to self or others (running into doors and then falling, screaming, throwing objects, hitting, kicking). Applying interventions to deescalate behaviors that could lead to self-injury, injury to others, or injury to property.

Behavior – 30 minutes a day redirecting/intervening with behaviors that could cause potential injury to self, other, or property (spitting, kicking, hitting, screaming, ripping/pulling/grabbing/throwing materials).

Behavior – 10 minutes a day spent on behavior redirection that could cause injury to self – dropping to the ground when angry/frustrated.

TRANSPORTATION – Must have Para on bus for Behavior OR Special Equipment

Transportation – 20 minutes a day on bus spent monitoring behavior related behavior that could cause injury to others or self (reaching for neck, scratching, biting, hitting, and remaining in his seat for the entire bus ride).

Mobility – 30 (PLUS) minutes a day spent assisting and monitoring activity during transitions from one place to another. JOHN also needs close supervision during phy-ed class (30 minutes) and noontime recess (10 minutes or more) when the students spend time outside. This time varies from day to day based on current weather conditions and will need to be documented each day. JOHN’s gross motor skills are developing. Although he can walk, he often walks too fast, is not using his eyes to watch for obstacles, and is more interested in getting to his destination quickly than safely. He falls often and requires close supervision to prevent serious injury.

Mobility: 30-45 minutes spent getting JOHN from place to place within the school building (activity to activity, class to class, etc.)

Transfers: 20-30 minutes a day spent on transfers (in /out of stander, in/out of chair for toileting needs, in/out of chair for classroom activities where Evan can sit on lap, in/out of chair for positioning activities, etc.)

Positioning: 30-60 minutes a day spent on providing appropriate positioning for Evan (stander, repositioning head, therapy ball activities, bolster activities, tummy activities, kneeling activities, etc.)

Prosth/Orthotics: about 10 minutes a day spent checking orthotics, putting on/ taking off, etc.

Insufficient Detail: A special education paraprofessional is available to assist teachers in carrying out the accommodations and modifications identified within the IEP in the educational setting and support student’s progress towards meeting IEP goals and objectives.

DEPARTMENT OF HUMAN SERVICES (DHS) PCA CERTIFICATION

(Adopted from ISD 318)

Before billing, every paraprofessional must take the DHS PCA training & be certified.

• The PCA Certificate from DHS

- All new PCAs are required to provide the district with a Certificate of Training from the “PCA and CFSS Worker Training” offered online by the Minnesota Department of Human Services (DHS). This training should be completed as soon as possible, preferably before the first day working with students. You may take the training and test as often as necessary to pass. Completing the short quizzes throughout the training module will prepare you to correctly answer the 25 questions on the test. Although you also will be presented with information about CFSS, please note that **Paraprofessionals only work as a PCA (Personal Care Assistant) in our school district.**

INSTRUCTIONS

- Type <http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16> in your browser’s address bar to take you to the homepage for DHS PCA/CFSS training. From that page you may access the training material and register to take the short test required for the certificate.
- **TRAINING:**
From the homepage for DHS PCA/CFSS training, click on the **Training**. This will open a new window with a button allowing you to choose **PCA and CFSS Worker Training** from a dropdown menu. You will then be prompted to choose your language. Once selected, you’ll be taken to the narrated course. Completing the whole course (including watching the linked videos and taking each mini-quiz) could take a few hours. You can pause the course and come back to it later if needed.



TEST:

From the homepage for DHS PCA/CFSS training, click on the dropdown menu next to “Event.” Choose “PCA/CFSS support workers begin registering on 2/23/20”. Click on the button that says **Next – Register**. Complete the form and submit. This will result in a message being sent to the e-mail address you provided. It will include a confirmation number and a link to the 25-question test. The link to the test is the underlined name of the language you selected when registering for the test.



Confirmation number: PCA/838849
Attendee: Amy Bean
To take the certification test click on your preferred language:
[English](#)

You must answer at least 20 questions correctly to pass. When you do, click on “Certificate of Training” and print or save a copy to give to Kim Sandstrom, MA Billing Coordinator at Benton Stearns Education District. A link to your certificate also will be sent to you by e-mail for future access.



Qualified Professional who supervises the PCA/paraprofessional

SAMPLE BLANK PCA SUPERVISOR LOG

SAMPLE COMPLETED PCA SUPERVISOR LOG

- The qualifications for a person providing supervision of a personal care assistant who is providing PCA services are based on the service provided, and the license, certification, scope of practice, professional responsibilities, and professional experience of the supervisor.
- For example, ADLs such as positioning, transfers or toileting may be taught and supervised by a physical therapist or professional nurse. These ADLs may not be taught or supervised by a speech pathologist, audiologist, school psychologist, social worker, or certain special education teacher, because it is not within the scope of practice of those professionals.
- Responding to level 1 behaviors is the scope of practice of school personnel such as, but not limited to, school social workers, school psychologists and some special education teachers.
- A QP may be any of the following:
 - Mental health professionals (MHP)
 - Occupational therapist
 - Physical therapist
 - Professional nurse
 - Special education teacher
 - Speech language pathologist/Audiologist

Qualified Professional Responsibilities Include:

- 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.
 - Provided training and ensure competency of the personal care assistant in meeting the individual needs of the child or youth before services are provided.
 - Review the personal care assistant's documentation of services provided.
 - Sign, date and document training, communication, initial and periodic evaluations of the PCA service, and what actions are needed to improve services provided by the personal care assistant on the PCA supervision log.
- 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 regularly scheduled services to the child.
 - After the initial evaluation, subsequent visits do not require direct observation of each person providing PCA services unless determined by the QP based on 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.
 - Every 120 days in the second and succeeding years that the same person is providing the PCA services to the same child.
 - If QP, the IEP, or a team member feels that additional evaluations are necessary, conduct them more frequently.

CASE MANAGER/QP CHECKLIST FOR PCA SERVICES

Student Name: _____ School Year: _____

- IEP meets PCA billing requirements
 - PCA Services are listed in the student's IEP with clear description of eligible services (see examples in the manual)
 - The IEP can **NOT** have less minutes then the PCA logs. The logs may have less minutes because all minutes may not be billable.
- PCA Training
 - PCA has completed the [DHS online training](#) and submitted a certificate to BSED MA Billing Department
- PCA - 10 Day Time Study (Must be completed for initial billing and every 2 years- Reviewed **annually**)
 - 10 Day Time Study includes start & end times for each service provided to determine average time to complete tasks.
 - DO NOT overlap start & end times**
 - Annual Review of Time Study
- PCA Supervision
 - QP and Case Manager complete appropriate training and supervision of PCA:
 - After 14 days of PCA providing services to student
 - After 90 days of PCA providing services to student
 - After 120 days of PCA providing services to student (Year 2 or after)
 - A copy of completed supervision logs sent to Kim Sandstrom at BSED
- PCA Activity Logs
 - List PCA Provided Activities
 - Note days student was absent
 - Signed and Initialed by PCA & QP
 - Submit MA Logs to the BSED MA Billing Department
- Logs Completed:** ___ September ___ October ___ November
 ___ December ___ January ___ February
 ___ March ___ April ___ May
 ___ June ___ July ___ Aug