

Documenting Personal Care Services

UNDERSTANDING MODIFIERS

HA: General Education: Caring 4 Students Program (C4S) – Anticipated 2020-21 SY for personal care services.

1] SBS: SPECIAL EDUCATION STUDENTS	
T1020	<p>1] SBS: Personal Care Service [T1020]</p> <p>Personal Care Services may include, but are not limited to, assisting with the following:</p> <ul style="list-style-type: none"> • Ambulation: Helping/assisting a student with walking on their own or with some type of walker/equipment. • Assistance w/self-administered medications: Assisting/cueing student with medication, such as an inhaler, that the student carries with him/her. • Bathing: Assisting student with extensive bathing/washing (e.g., student has regular/irregular bowel/bladder habits and has incontinent episodes that require staff assistance to clean/change). • Dressing: Assisting/cueing student to dress themselves for outdoors, following toileting, etc. • Eating/Feeding: Assisting/cueing student with meal and snack feeding. • Grooming: Assist/cueing student with washing face and hands, combing hair, personal appearance, etc. • Health Related Functions through Hands-on Assistance, Supervision and Cueing: Broad range of assistance/cueing that is not covered under other categories. <u>Use this area if the service is not listed in another category.</u> • Maintaining Continence: Assisting/cueing student with accessing the restroom in a timely manner (e.g. cueing the student to visit the restroom). • Meal Preparation: Assisting/cueing student in preparing his/her meal or snack (e.g., such as grinding food in a food processor in order for the student to be able to eat, preparation of formula). • Mobility/Positioning: Assisting/cueing student to adjust his/her positioning to prevent stiff muscles/sores, (e.g., using stander). • Personal Hygiene: Assisting/cueing student with teeth brushing, maintaining hygienic conditions, assistance with female menstrual periods, diaper changes, wiping noses, etc. • Redirection and Interventions for Behavior: Any cueing or physical hands-on redirection of student for behavior purposes. • Respiratory Assistance: Assistance with exercises to increase lung capacity. • Skin Care: Assisting student with proper skin care in the case of a chronic skin condition. • Toileting: Physically assisting/cueing student to access the toilet. • Transferring: Physically assisting student to move about the classroom as needed.
GENERAL SERVICE INFORMATION	
<ul style="list-style-type: none"> • Service entry is due within the month that services were provided. • Personal Care Service may be billed once per day/per student. • Monthly Summary comments must include services were performed in accordance to IEP and link personally to the student. • Please keep on file a completed, signed and dated monthly activity log/checklist for each student. • The need for Personal Care service must be documented in the PLAAFP. • Personal Care must be listed on the Accommodations page of the student’s current IEP. • The student must have a current “Personal Care Authorization” form on file. <p>***PLEASE DO NOT BEGIN ENTERING SERVICES UNTIL THE CLASSROOM TEACHER PROVIDES YOU WITH A COPY OF THE PERSONAL CARE AUTHORIZATION FORM.</p>	

Monthly Summaries:

All students with PCA services in their IEP that have service logs entered on the Medicaid site require a monthly summary. Your monthly summary should consist of at least two sentences to explain why you are providing services and how the student is generally doing.

Monthly Summary Example:

9/30/2015—Personal care services provided to “Student Name” in accordance to his/her IEP. Over the last month I noted Student Name appears less stiff when using his walker.

Staff Qualifications:

These services may be reimbursed when provided by: Teacher Aides, Health Care Aides, Instructional Aides, Bilingual Aides, Program/Teaching Assistants, Trainable Aides, under the direction of a qualified professional. Note that some districts have ‘Assistants’ as opposed to ‘Aides’. These assistants are also qualified to record their services.

Personal Care Services are **not** covered if they are: provided by a family member or “legally responsible relative”, not documented in the IEP/IFSP, not supported by a personal care authorization, or if they are educational in focus (including tutoring, preparation of educational materials or Braille interpretation).

Annual Requirements: A Personal Care Authorization form is required annually. It must list the student’s personal care needs and be signed by an authorized practitioner (RN, OT, PT, LMSW or Physician) operating within their scope of practice.

Supervision & Under the Direction Of:

Michigan Department of Health and Human Services Provider Manual dated October 2019

1.4 UNDER THE DIRECTION OF AND SUPERVISION

Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care which, at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

Help Desk Contacts

General questions regarding Medicaid, Service Capture, or PSSE can be answered by contacting:

Erin Burcham
eburcham@eatonresa.org
(517) 541-8742

Personal Care Service Authorization

Student Name:
Date of Birth:
School District:
Attending School:

PERSONAL CARE SERVICES are a range of human assistance services provided to persons with disabilities and chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/herself.

Please indicate with a check mark services identified in the PLAAFP section that the above named student requires on a daily basis:

- Ambulation;
- Assistance with self-administered medications;
- Bathing;
- Dressing;
- Eating/feeding;
- Grooming;
- Health related functions through hands-on assistance, supervision and cueing.
- Maintaining continence;
- Meal preparation;
- Mobility/Positioning;
- Personal hygiene;
- Redirection and intervention for behavior; and
- Respiratory assistance;
- Skin care;
- Toileting;
- Transferring;

Authorization Personal care services require an authorization by a licensed practitioner operating within the scope of their practice, including Registered Nurses (RN), Occupational Therapists (OT), Physical Therapists (PT) and Master of Social Work (MSW).

Licensed Practitioner Authorization:

I certify that the above named student requires daily personal care services due to their disability or medical condition. Services indicated above are noted the student's PLAAFP and Personal Care Service has been documented in the *Supplementary Aids/Program Modifications/Support for School Personnel* section of the student's IEP.

Licensed Practitioner Signature

Printed Name & Title

Date

Please ensure this form is signed, dated and uploaded as a "Stand Alone File Based Document" to PSSE. Naming convention should be: student last name, first name, type of prescription and date prescription was signed. (Example: Bunyan, Paul_Personal Care_1/15/2015).

The student's Prescription Profile must also be completed. If you do not have access to add prescription information to the student's profile, please send this form to your Special Ed Secretary.