PCA Supervision

When new staff is assigned to provide personal care services and those services will be billed to Minnesota Health Care Programs (MA), supervision of that individual must occur within **14 days** of the start of the assignment. When personal care services are provided for a child/student and those services will be billed to MA, the service must be supervised at least every 90 days during the first year of service and every 120 days thereafter.

Supervision should through direct observation or consultation; that the paraprofessional:

- 1.) is capable of providing the services
- 2.) is knowledgeable about the plan of services to be provided
- 3.) is knowledgeable about the essential needs of the student and observed conditions that should be brought to the supervisor's attention
- 4.) is knowledgeable about changes in the plan of services

Supervision provided by:	Licensure:	
District #:	Building:	
Student Name:	Date of Birth:	
PCA #1:	PCA #2:	
PCA #3:	PCA #4:Name	
PCA #5:	PCA #6:Name	

Task		PCA#		PCA#		PCA#	
Plan of care compliance	SIN		SIN		SIN		SIN
Dressing	SIN		SIN		SIN		SIN
Mobility	SIN		SIN		SIN		SIN
Positioning	SIN		SIN		SIN		SIN
Toileting	SIN		SIN		SIN		SIN
Transfers	SIN		SIN		SIN		SIN
Eating	SIN		SIN		SIN		SIN
Bathing	SIN		SIN		SIN		SIN
Grooming	SIN		SIN		SIN		SIN
Range of motion	SIN		SIN		SIN		SIN
Medications (self-admin.)	SIN		SIN		SIN		SIN
Respiratory	SIN		SIN		SIN		SIN
Seizures	SIN		SIN		SIN		SIN
Skin care	SIN		SIN		SIN		SIN
Behavior	SIN		SIN		SIN		SIN
	SIN		SIN		SIN		SIN
	SIN		SIN		SIN		SIN
	SIN		SIN		SIN		SIN
	SIN		SIN		SIN		SIN

S = Satisfactory I = Instruction Given N = Not satisfactory

Supervision was face to face ____Yes ____ If "No", supervision was done by consulting with:_____

PCA Supervision Log and Comment

	Date
Initial Orientation & Training	
Initial Supervision (within 14 days from start date)	
Year 1 Supervision	
(every 90 days for the first year)	
Year 2+ Supervision	
(every 120 days if the PCA continues to assist the same student)	
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If "I" or "N" is checked, indicate the date and plan of action:	
Signature of Supervisor: Title:	Date;
Send to district due process facilitator.	