

## Helpful Tips in Filling Out Monthly Personal Care Log Sheets

- If you provided a service, put your initials in the box versus a checkmark or an x. If a TA is absent, another TA will fill in. This distinguishes who did what.
- **DO NOT leave a column blank.** For absences and no school days, draw a line extending the entire column length so there is no confusion, or mark the student absent box. *If no services were needed that day even though the student was present, please mark the "No services provided this day" box.* Any other school closures due to snow days, power outages, etc should also be marked.
- All TAs/Paras who provided personal care during any given month for a student will sign and date the log sheet.
- Always have the Teacher or Supervisor sign and date the log sheet.
- **All School Districts:** Log sheets are kept in student's file or given to Special Ed department (ask what your district prefers)
- **WISD:** Turn log sheets into Anisa Isap at the TLC Building. (You can email them to [aisap@washtenawisd.org](mailto:aisap@washtenawisd.org) or send physical copies through interoffice mail.)
- All logged services in PSSP are due the 15<sup>th</sup> of the following month (eg. September due October 15<sup>th</sup>)

Personal Care Services Log for the Month of MONTH 2024



Student (Print Full Name): JOHN DOE DOB: 1-1-2001 Location: HIGH POINT (WISD)

Please clearly note no school days, days the student was absent, and days where a service was not provided for any other different reason by placing an "x" in the appropriate box.

MONTH		2nd	3rd	4th	5th	6th	9th	10th	11th	12th	13th	16th	17th	18th	19th	20th	23rd	24th	25th	26th	27th	30th	
Personal Care Services	P.Care Needed (X)	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	
	Eating/Feeding		LS	LS		PK	PK	↑	↑	LS	LS					PK	PK	LS	LS	LS	LS	LS	LS
	Meal Preparation		LS	LS		PK	PK			LS	LS					PK	PK	LS	LS	LS	LS	LS	LS
	Bathing																						
	Dressing		LS	LS		PK	PK			LS	LS					PK	PK	LS	LS	LS	LS	LS	LS
	Grooming																						
	Personal Hygiene																						
	Skin Care																						
	Assist. w/Self-Administered Meds																						
	Health related functions through hands-on assistance, supervision and cueing																						
	Intervention for Seizure Disorder																						
	Medical Equipment Maintenance																						
	Redirection and Intervention for Behavior																						
	Respiratory Assistance																						
	Ambulation																						
	Mobility																						
	Muscle Strengthening																						
	Positioning																						
	Transferring																						
	Toileting		LS	LS		PK	PK			LS	LS					PK	PK	LS	LS	LS	LS	LS	LS
	Maintaining continence																						
	Student Absent				X								X	X	X								
NO services provided this day																							

We/I attest that the services documented above with initials were provided on the date indicated. Return form to your Spec.Ed. Office at the end of each month.

LUCY STANTON  
PARA/TA (Print Name)

LS  
Initials

Lucy Stanton  
PARA/TA Signature

9/30/2024  
Date

PENELOPE KRUGER  
PARA/TA (Print Name)

PK  
Initials

P. Kruger  
PARA/TA Signature

9-30-2024  
Date

SARAH KENNEDY  
Case Manager/Supervisor (Print Name)

SK  
Initials

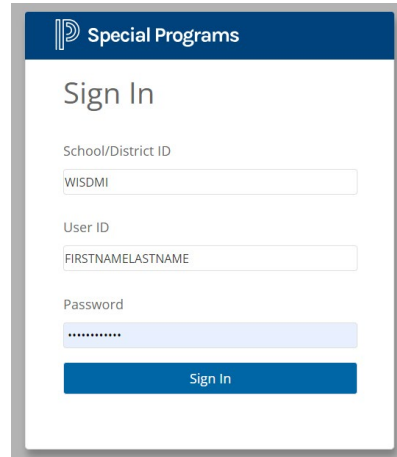
Sarah Kennedy  
Case Manager/Supervisor Signature

9/30/24  
Date

## PARA/TA: Instructions for Logging Personal Care Services in PSSP

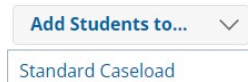
All logged services are due the 15<sup>th</sup> of the following month (eg. September logs are due October 15<sup>th</sup>).

- Log into PSSP <https://mi.specialprograms.powerschool.com/>



- Add Students to your Caseload:**

- On the PSSP Homepage, scroll down to **“My Students”**, click the **Edit** link.
- Then click **“Add Students” to...** click **Standard Caseload**



- Search by last name and first name only. Once the student pops up, check the box and click add.

**Add Students Marked Below to Standard Caseload**

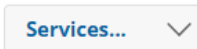
- Enter the personal care services a month at a time:**

- Click on **Service Capture** (the last icon on the top blue toolbar) and then **Service Calendar**



Service Calendar

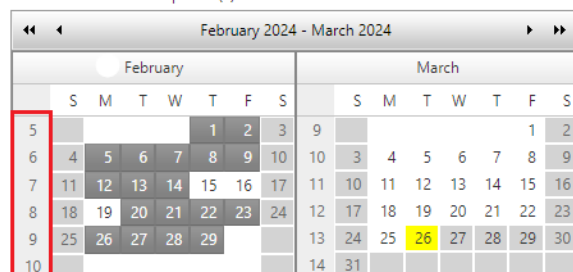
- Select the **student’s name** from the column on the left.
- Then click on the **Services** drop down and select **Record Past Services**. A calendar will appear.



Record Past Services

- On the calendar for the correct month, click on all numbers in the far left column (see screenshot below – the red rectangle). This highlights all dates for the weeks. **\*\*\*Next, check your monthly log sheet and click on the calendar dates for absences and no school days so you do not log those, and click Okay.** You can also select individual calendar days to do a week at a time.

Record Past Services: 1 profile(s) selected for individual service



February							March								
	S	M	T	W	T	F	S		S	M	T	W	T	F	S
5					1	2	3	9						1	2
6	4	5	6	7	8	9	10	10	3	4	5	6	7	8	9
7	11	12	13	14	15	16	17	11	10	11	12	13	14	15	16
8	18	19	20	21	22	23	24	12	17	18	19	20	21	22	23
9	25	26	27	28	29			13	24	25	26	27	28	29	30
10								14	31						

(continued from previous page)

- **Service Record** opens with the dates you selected. Select the **approximate time** personal care services begin; then click **Repeat Same Time**.

02/01/2024: 9:00 AM Repeat Same Time...  
02/02/2024: 9:00 AM   
02/05/2024: 9:00 AM   
02/06/2024: 9:00 AM

- Scroll down to the Service Record and - **For Service:** click Personal Care Services **For Service Type:** click Personal Care Services [T1020]
- Under **Areas Covered/Assessed** - select **Other**. To the right: **(If other, specify):** Type in Personal Care Services. **Another Option:** select 1 personal care service the student receives.
- Always click on the box titled **Has this service been completed?** This releases your service records to be billed. Then click **Continue**.

## Service Record

**Student** AAASample,Josephine **Service** \* Personal Care Services  
**Staff** Isap,Anisa **Service Type** \* Personal Care Service [T1020]  
**Service Date Time** **Duration Minutes** **Progress Report** **Group Size** 1  
**Provider Notes**

**Areas Covered/Assessed:**

Other	(If Other Specify):	Personal Care Services
(none)	(If Other Specify):	
(none)	(If Other Specify):	

Has this service been completed?

- Because you pre-selected several days to log: at the top left above **Service Record** is a box with Student name. (see example below). Click dropdown arrow. Each date you selected will appear.

**Record Services:**

Select Record: SAMPLE, JOHN DOE (SAMPLE81010) - 12/04/2017 # Records Saved: 0 of 5  
Complete the SAMPLE, JOHN DOE (SAMPLE81010) - 12/05/2017  
SAMPLE, JOHN DOE (SAMPLE81010) - 12/06/2017  
SAMPLE, JOHN DOE (SAMPLE81010) - 12/07/2017  
SAMPLE, JOHN DOE (SAMPLE81010) - 12/08/2017

- Click one date at a time. Then click **Save** at the bottom.

These red warnings will pop up. You may ignore them.

- **Warning: You must have a valid prescription for this type of service.**
- **Warning: Once this record is submitted for billing, it cannot be edited or deleted.**

**IMPORTANT:** If you exit before saving all of your dates in the dropdown, you will lose the 'unsaved' ones and have to re-do those dates. Once all records are saved, **Log Out**.

# Logging a Personal Care Service

## Service Record

Student Sample, A

Service

Staff Sample, B

Service Type

Service Date Time



Select the approximate time you began personal care.

Group Size

Duration Minutes

Progress Report

Duration Minutes, Progress Report and Provider Notes can be left blank.



Provider Notes

### Areas Covered/Assessed:

(If Other Specify):

Areas covered: select one service you provided OR choose "Other" and then write "Personal Care Services" in the field to the right labeled "(If Other Specify):"

(If Other Specify):

(If Other Specify):

Has this service been completed?

Check this box when you are done.

Lastly, click save.

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

## Random Moment Time Studies – a guideline for [Personal Care Providers](#)

- If selected, you will be notified by email from [miaop@pcgus.com](mailto:miaop@pcgus.com).
- If you are **not** working with a student at the time of your moment or you are **not** at work, the time study still needs to be completed; takes approximately 5-10 min.

You will be prompted to answer 5 questions. Do not include student names. Provide truthful and detailed responses.

It's important that the person who reviews and assigns a code to your answers understands your activity. Being descriptive helps avoid follow-up questions.

1. Were you working during your sampled moment?" If yes, then answer ...
2. Who was with you?
3. What were you doing?
4. Why are you doing this activity?
5. Does the student have an IEP in place for the services you are performing? Yes. Pick IEP, 504, Plan of Care **or** Other.

### Question: *Who was with you?*

TOO VAGUE	DESCRIPTIVE
A student	A student who is physically impaired
A teacher	A spec. ed. classroom teacher
A parent	A parent of a student who is autistic

### Question: *What were you doing?*

TOO VAGUE	DESCRIPTIVE
Helped student with lunch	I was assisting a student with feeding who is unable to feed himself
Took student to the bathroom	Assisting student with toileting as student cannot walk or stand on his own
Helping student with assignment	Assisting a student with a task to prevent an emotional/behavior meltdown
In class with student taking notes and keeping student on track	In class with emotionally impaired student monitoring behavior
Accompanying student to a different class	Student has mobility issues, so I assisted him walking to class
With student during class time	Keeping student with behavior issues focused on task
Supervising student in gym, during bus loading.... etc.	Assisting a student who is physically impaired in gym, during bus loading ... et cetera
Sitting with student in a circle	Monitoring student's behavior and prompting to pay attention during classroom activity

### Question: *Why were you doing this activity?* Explain **why** the student needs your assistance, for example:

- *Because the student cannot perform this task alone.*
- *Because chronic behavior issues are impacting progress toward his/her goals.*
- *Because the student requires visual aides to participate in classroom activities.*
- *Because the student has poor motor skills and it disrupts her ability to participate in classroom activities.*

**Vague is saying:** Student indicated they needed to use the bathroom. **Detailed is saying:** Student needs assistance with toileting due to her impairment. She has trouble walking and standing on her own.