**Personal Care Guidelines**

**Definition of Personal Care Services:**

Defined by the Michigan Department of Health and Human Services (MDHHS) in the Medicaid Provider Manual dated July 1, 2016, 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.”

Personal Care guidelines are intended to simplify the process and reduce the number of young students that have been referred for personal care for services that are not yet age appropriate (dressing, feeding, toileting, etc.).

Students who have a medical need that requires Personal Care services will have supporting data within the student’s PLAAFP section of the IEP. These students have a medical and/or behavioral problem and are appropriately referred.

**Students who are appropriately referred have:**

1. Supporting data in the PLAAFP
   
<table>
<thead>
<tr>
<th>Special Factors, Supplementary Aids &amp; Assessments</th>
<th>Frequency/Timeline</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care services needed to maintain access to school</td>
<td>Daily</td>
<td>Throughout school</td>
</tr>
</tbody>
</table>

2. Personal Care written in the Special Factors, Supplementary Aids & Assessments section of the IEP
3. Personal Care Authorization uploaded as a “Stand Alone File Based Document” to PSE with the proper naming convention. Naming convention must read: student last name, first name, type of prescription and date prescription was signed. (Example: Bunyan, Paul_Personal Care_1-15-2015)
4. Personal Care Authorization date added to Prescription Profile. Blank Personal Care Authorizations can be located by clicking Help within PSE and clicking on the Medicaid Resource Page.

**Personal Care Staff Qualifications:**

Personal Care 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).

**Service Documentation:**

- The need for Personal Care service must be documented in the PLAAFP.
- Personal Care must be listed on the Special Factors, Supplementary Aids & Assessments page of the student’s current IEP.
- The student must have a current “Personal Care Authorization” form (aligning with the PLAAFP) on file. A copy must be provided to the staff member providing Personal Care Services.

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**Revision Details:**

Rev. October 2018
Checking the IEP for Personal Care Services:

1) Search for Student

2) Click on Documents icon next to the student’s name

3) Locate and click on the student’s active, most recent IEP

4) Click on the arrow next to “Participants and Profile” to expand the menu as shown below.

5) Click on “PLAAFP” and review for Activities of Daily Living or a reference to personal care services within the PLAAFP.

6) Click on the arrow next to “PLAAFP” to expand the menu and select “Special Factors/Supplementary Aids/Assessments”

7) Under the Supplementary Aids/Program Modifications/Support for School Personnel look for: “Personal Care services needed to maintain access to school”

8) To check for the student’s Personal Care Authorization Form, click on “Student Name (UIC) > Documents”
9) In the Document section look for the student’s Personal Care Authorization Form. If the student does not have a form, contact the student’s case manager. If the student has a form, it will appear as shown below.

10) Click on the student’s uploaded Authorization Form to download and print.

11) Give a copy of the Personal Care Authorization Form to your aide so they are aware of the areas that can be billed for the student.

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**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 PLANN which the above named student requires on a daily basis:

- Eating/Feeding;
- Respiratory assistance;
- toileting;
- Grooming;
- Dressing;
- transfers;
- personal hygiene;
- Mobility/Positioning;
- Meal preparation;
- Skin care;
- Bathtime;
- Maintaining continence;
- Assistance with self-administered medications;
- Redirection and intervention for behavior; and
- Health related functions through hands-on assistance, supervision and cueing.

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 (MSP).

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 in the student’s PLANN and Personal Care Service has been documented in the Supplementary data/Program Modifications/Support for School Personnel section of the student’s IEP.

Authorized Practitioner Signature: __________________________

Printed Name & Title: __________________________

Date: __________________________

Please ensure this form is signed, dated and uploaded as a “Read Aloud File Based Document” in Jetlet. Name conversation should be: student last name, first name, type of prescription and date prescription was signed. (Example: Ezequiel, Paul_Personal Care 11/17/2018)

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.

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**Personal Care Services may include, but are not limited to:**

<table>
<thead>
<tr>
<th>Personal Care Services</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulation</td>
<td>Helping/assisting a student with walking on their own or with some type of walker or other equipment.</td>
</tr>
<tr>
<td>Assistance w/self-administered medications</td>
<td>Assisting/cueing student with medication, such as an inhaler, that the student carries with him/her.</td>
</tr>
<tr>
<td>Bathing</td>
<td>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).</td>
</tr>
<tr>
<td>Dressing</td>
<td>Assisting/cueing student to dress themselves for outdoors, following toileting, etc.</td>
</tr>
<tr>
<td>Eating/Feeding</td>
<td>Assisting/cueing student with meal and snack feeding.  This would not be marked for tube feeding.  <em>Tube feedings are a skilled nursing service &amp; are not billable by classroom aides.</em></td>
</tr>
<tr>
<td>Grooming</td>
<td>Assist/cueing student with washing face and hands, combing hair, personal appearance, etc.</td>
</tr>
<tr>
<td>Health related functions through hands-on assistance, supervision, and cueing</td>
<td>Broad range of assistance/cueing that is not covered under other categories.  <em>Use this area if the service is not listed in another category.</em></td>
</tr>
<tr>
<td>Maintaining continence</td>
<td>Assisting/cueing student with accessing the restroom in a timely manner (e.g., cueing the student to visit the restroom).</td>
</tr>
<tr>
<td>Meal preparation</td>
<td>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).</td>
</tr>
<tr>
<td>Mobility/Positioning</td>
<td>Assisting/cueing student to adjust his/her positioning to prevent stiff muscles/sores, (e.g., using stander).</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>Assisting/cueing student with teeth brushing, maintaining hygienic conditions, assistance with female menstrual periods, diaper changes, wiping nose, etc.</td>
</tr>
<tr>
<td>Redirection and interventions for behavior</td>
<td>Any cueing or physical hands-on redirection of student for behavior purposes.</td>
</tr>
<tr>
<td>Respiratory assistance</td>
<td>Assistance with exercises to increase lung capacity.  This would not be marked for vent work or suctioning.  <em>Ventilators &amp; suctioning are skilled nursing services and not billable for classroom aides.</em></td>
</tr>
<tr>
<td>Skin care</td>
<td>Assisting student with proper skin care in the case of a chronic skin condition.</td>
</tr>
<tr>
<td>Toileting</td>
<td>Physically assisting/cueing student to access the toilet.</td>
</tr>
<tr>
<td>Transferring</td>
<td>Physically assisting student to move about the classroom as needed.</td>
</tr>
</tbody>
</table>