

SCHOOL BASED PERSONAL CARE MEDICAID LOG SHEET

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Maximum of 28 units per instructional day. Unit = 15 minutes. Personal Care must be identified as a service on Plan of Care.

Medicaid Number	Last Name	First Name	Date of Birth	Date of Service	Procedure Code
					T1019 SE
WVEIS Number	Diagnosis Code(s)	County	School	Provider Name/Credentials	

- | | | | | |
|---------------------|---------------------------|-----------------------------|-----------------------------|---------------------------------|
| 1. Grooming | 6. Brushing Teeth | 11. Assistance w/Medication | 16. Meal Preparation | 21. Making/Changing Bed |
| 2. Bathing | 7. Hand Washing | 12. Range of Motion* | 17. Feeding | 22. Dishwashing |
| 3. Toileting | 8. Repositioning/Transfer | 13. Vitals* | 18. Special Dietary Needs | 23. Supervision/Non-Educational |
| 4. Dressing | 9. Walking | 14. Catheterization | 19. Housecleaning | 24. Redirection |
| 5. Laundry/Employee | 10. Medical Equipment** | 15. Communication | 20. Laundry/Ironing Student | 25. Positive Behavior Support |

****Adaptive**

***Per Physician Orders**

Activity Number	Start Time	End Time	Activity Number	Start Time	End Time	Activity Number	Start Time	End Time
TOTAL MINUTES PER COLUMN			TOTAL MINUTES PER COLUMN			TOTAL MINUTES PER COLUMN		

Carryover Minutes from Previous Day: _____ + Total Minutes Today: _____ = _____ ÷ 15 Minutes = **Total Units:** _____ + Carryover for next day: _____
 No carryover if maximum units reached for the day.



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX E

PROVIDER SIGNATURE/CREDENTIALS: _____ DATE: _____