

SCHOOL BASED PERSONAL CARE MEDICAID LOG SHEET Page ___ of ___

Total Number of Allowable Units (28 - 15 minute units per instructional day). Personal Care must be identified as a service on Plan of Care.

Medicaid Number	Last Name	First Name	County	School	Procedure Code
					T1019 SE
WVEIS #	Diagnosis Code(s)	Date of Birth	Date of Service	Provider Name (Printed)	
1. Grooming	6. Brushing Teeth	11. Assistance with 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)

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

Carryover Minutes from Previous Instructional Day ___ TOTAL MINUTES: ___ TOTAL ___ Carryover for next instructional day: ___
 No carryover if maximum units reached for the day.

UNITS: PROVIDER SIGNATURE/CREDENTIAL: _____ DATE: _____