

SCHOOL BASED PERSONAL CARE MEDICAID LOG SHEET (Page 1 of 2)

Total Number of Allowable Units (28 - 15 minute units per instructional day)

Medicaid Number	Last Name	First Name	County	School	Procedure Code
					T1019 SE
WVEIS #	Diagnosis Code	Date of Birth	Month/Year	Provider Name (Printed)	

Personal Care must be identified on the Service Plan

DATE OF SERVICE: _____

CATEGORY/ACTIVITY	START/END TIMES FOR EACH ACTIVITY												MINUTES
	For each time an activity is provided list the start and end time. If more than six in one activity use an additional form												
	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	
Self Help Skills													
A. Grooming													
B. Bathing													
C. Toileting													
D. Dressing													
E. Laundry (Employee Doing)													
F. Brushing Teeth													
G. Hand Washing													
Non-Tech Physical Assistance	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	
A. Repositioning/Transfer													
B. Walking													
C. Medical Equipment (Adaptive)													
D. Assistance with Medication													
E. Range of Motion (ROM) (Per Phys. Order)													
F. Vitals (Per Phys. Order)													
G. Catheterization													
H. Communication													

SCHOOL BASED PERSONAL CARE MEDICAID LOG SHEET (Page 2 of 2)

Student Name: _____

DATE OF SERVICE: _____

CATEGORY/ACTIVITY	START/END TIMES FOR EACH ACTIVITY												MINUTES
	For each time an activity is provided list the start and end time. If more than six in one activity use an additional form												
Nutritional Support	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	
A. Meal Preparation													
B. Feeding													
C. Special Dietary Needs													
Environmental	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	
A. Housecleaning													
B. Laundry/Ironing (Supervision)													
C. Making/Changing Bed													
D. Dishwashing													
Behavior Modifications	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	
A. Supervision of Non-Educational Time													
B. Redirection													
C. Positive Behavior Supports													

CARRYOVER MINUTES FROM PREVIOUS INSTRUCTIONAL DAY	
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TOTAL DAILY MINUTES	DIVIDE BY 15 =	TOTAL DAILY UNITS	Carryover minutes for next instructional day
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PROVIDER SIGNATURE/CREDENTIAL: _____ DATE: _____