

## **Chapter 538** School-Based Health Services

### **Appendix 538E** Personal Care Medicaid Log

# 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
<b>TOTAL MINUTES PER COLUMN</b>			<b>TOTAL MINUTES PER COLUMN</b>			<b>TOTAL MINUTES PER COLUMN</b>		

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: \_\_\_\_\_