

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
00000000001	Doe	Jane	059	201	T1019 SE
WVEIS #	Diagnosis Code	Date of Birth	Month/Year	Provider Name (Printed)	
59000001	F72	01-01-1900	August 2015	John Smith	

Personal Care must be identified on the Service Plan

DATE OF SERVICE: August 27, 2015

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	8:00	8:10	1:00	1:10									20
B. Bathing													
C. Toileting	9:05	9:15	2:15	2:35									22
D. Dressing													
E. Laundry (Employee Doing)													
F. Brushing Teeth	12:10	12:15											5
G. Hand Washing	9:15	9:20	11:05	11:10	2:25	2:30							15
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: Jane Doe

DATE OF SERVICE: August 27, 2015

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	
Nutritional Support													
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	7:30	8:00	11:10	12:10									90
B. Redirection	9:30	9:40	9:55	10:00	1:15	1:20	1:30	1:39	1:50	1:55			34
C. Positive Behavior Supports	1:55	2:15											20

CARRYOVER MINUTES FROM PREVIOUS INSTRUCTIONAL DAY	0
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TOTAL DAILY MINUTES	206	DIVIDE BY 15 =	TOTAL DAILY UNITS	13	Carryover minutes for next instructional day	11
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PROVIDER SIGNATURE/CREDENTIAL: _____ /Aide III _____ DATE: 8-27-2015