



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX E

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

**Appendix 538E** Personal Care Medicaid Log

BMS Provider Manual Chapter 538 School-Based Health Services Appendix E, Personal Care Medicaid Log

Effective 8/1/19

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

## SCHOOL BASED PERSONAL CARE MEDICAID LOG SHEET Page \_\_\_\_ of \_\_\_\_

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/                  | Crede                        | entials        |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
| 1. Grooming 6. Brushing Teeth |                      |                    | rushing Teeth                  | 11. Assistance w/        | 16. Meal                  | Preparation         | /laking/Changi                  | king/Changing Bed            |                |          |
| 2. Bathing                    | 2. Bathing 7. Hand W |                    | and Washing                    | 12. Range of Mot         | on*                       | 17. Feeding         |                                 | 22. Dishwashing              |                |          |
| 3. Toileting 8. Repo          |                      | epositioning/Trans | sitioning/Transfer 13. Vitals* |                          | 18. Special Dietary Needs |                     | 23. Supervision/Non-Educational |                              |                |          |
| 4. Dressing 9. Walking        |                      |                    | alking                         | 14. Catheterizatio       | 19. Hous                  | ecleaning           | 24. F                           | 24. Redirection              |                |          |
| 5. Laundry/Employee 10. Media |                      |                    | Medical Equipmer               | t** 15. Communicatio     | 20. Launo                 | dry/Ironing Student | 25. F                           | 5. Positive Behavior Support |                |          |
|                               |                      | **A                | daptive                        | *Per Physician Orders    |                           |                     |                                 |                              |                |          |
| Activity Number               | Start T              | ime                | End Time                       | Activity Number S        | tart Time                 | End Time            | Activity Number                 | S                            | tart Time      | End Time |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
|                               |                      |                    |                                |                          |                           |                     |                                 |                              |                |          |
| TOTAL MINUTES PER COLUMN      |                      |                    |                                | TOTAL MINUTES PER COLUMN |                           |                     | TOTAL MINUTES PER COLUMN        |                              |                |          |
| Carryover Minutes fr          | rom Prev             | vious              | Day: + To                      | tal Minutes Today:       | = ÷                       | 15 Minutes          | = Total Units:                  | + Ca                         | rryover for ne | ext day: |

No carryover if maximum units reached for the day.





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PROVIDER SIGNATURE/CREDENTIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

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