

## Service Record – Personal Care (partial day student)

<b>Medicaid Number</b>		<b>Last Name</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Diagnosis Code</b>			
<b>County</b>	<b>Beginning Date</b>	<b>Ending Date</b>	<b>Procedure Code</b>	<b>Units</b>	
			T1020 U5		

**PERSONAL CARE – PARTIAL DAY STUDENT T1020 U5**

**SERVICE UNIT:** Once per day

**DESCRIPTION:** Services related to a child’s physical and behavioral health requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulation and exercise, behavior modification, and/or other remedial services necessary to promote a child’s ability to participate in, and benefit from, the educational setting.

**QUALIFIED PROVIDERS:** Services are furnished by providers who have satisfactorily completed a program for home health aides/nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal care or related services for individuals with a need for assistance due to physical or behavioral conditions.

**MUST BE IDENTIFIED ON IEP:** Yes (“Child requires adult supervision and direct care on a continuous basis”, or equivalent)

**REQUIRES PHYSICIAN AUTHORIZATION:** No

**OTHER/MISC:** Service must be provided on a full-time basis to partial day student. Partial day student means a student who attends for no more than one-half of a normal school day. Full-time service means at least 2.75 hours per day.

**Check dates if the part-time student had a personal care aide for the full time in school (2.75 hours).**

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Partial-day Student																																

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Signature

\_\_\_\_\_  
Date