

Service Record – Personal Care (full-day student)

Medicaid Number		Last Name		First Name	
Date of Birth		Diagnosis Code			
County	Beginning Date	Ending Date	Procedure Code	Units	
			T1020		

PERSONAL CARE – *FULL DAY STUDENT* **T1020**

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 full day student. Full-time service means at least 5.5 hours per day.

Check dates if the part-time student had a personal care aide for the full time in school (5.5 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
Full-day Student																																

Signature

Date