

**FORWARDHEALTH
PRENATAL CARE COORDINATION TRAINING PLAN**

INSTRUCTIONS: Type or print clearly. The Wisconsin Department of Health Services (DHS) requires providers to send a training plan to DHS as part of enrollment and revalidation in Wisconsin Medicaid. The training plan describes the prenatal care coordination (PNCC) provider's ability to carry out the full PNCC benefit and all PNCC activities in a family-centered and culturally appropriate way. The PNCC provider's training plan must be part of the accessible records the PNCC provider keeps. Providers can find more information about these requirements in Wis. Admin. Code § [DHS 105.52\(4\)\(h\)](#) and the Key Prenatal Care Coordination Requirements section of the PNCC service area of the ForwardHealth Online Handbook at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=54>.

Providers can use this form to meet these record-keeping requirements. Providers can also keep records in a different way as long as they meet the requirements.

DHS can ask to see PNCC training plans to check that providers are meeting all policy rules. DHS will also use this information to check that the provider can meet the needs of Medicaid members.

SECTION I – POLICIES AND OBJECTIVES

1. Name – PNCC Provider

2. Goals, Mission, and Priorities – PNCC Provider

3. Name – Managing Employee (For example, a general manager, business manager, administrator, director, or other person who is responsible for the day-to-day operation of the organization)

4. Describe the internal policies and procedures the provider uses to make sure that they are providing high-quality services that follow Medicaid rules.

SECTION II – JOB DUTY DESCRIPTIONS

- Specific duties assigned to each job
- How different job duties are related to each other
- How staff members communicate with each other to provide services

Job Title	Job Duty Description and Position in Organization	Trainings and Resources Provided	Staff Name / Date Training Completed

Job Title	Job Duty Description and Position in Organization	Trainings and Resources Provided	Staff Name / Date Training Completed

6. Describe how qualified professionals supervise care coordinators when they provide services.

7. Describe the provider's hiring and training timelines.

SECTION III – PROCEDURES

8. Describe the provider's health and safety procedures for working in a home environment.

9. Describe the provider's procedures for responding to medical and nonmedical emergencies.

SECTION IV – ETHICS, CLIENT CONFIDENTIALITY, AND CLIENT RIGHTS

10. Describe the PNCC provider's policies about ethics, client confidentiality, and client rights, including Medicaid rules and procedures as necessary.

SECTION V – SIGNATURE

SIGNATURE – Managing Employee

Print Name – Managing Employee

Date Signed – Managing Employee
