Division of Medicaid Services F-03257A (12/2023)

FORWARDHEALTH CHILD CARE COORDINATION MONTHLY TIME LOG FOR ONGOING CARE COORDINATION AND MONITORING INSTRUCTIONS

INSTRUCTIONS

Providers can use this optional form to track their time spent with Medicaid members receiving child care coordination (CCC) services.

SECTION I – MEMBER INFORMATION

Complete the fields as directed on the form.

SECTION II – PROVIDER INFORMATION

Complete the fields as directed on the form.

SECTION III – TIME LOG

Include the following information for each contact with the member:

- Date of service
- Description code that describes the type of contact with the member
- Place of service
- Exact amount of time spent with the member
- · Corresponding number of units billed
- Overview of activities done with the member. Overview documentation of activities should be concise, but descriptive
 and relevant. Documentation should contain a clear description of the reason for and nature of the contact with the
 member. Documentation for each entry should reflect the length of time that has been documented for the activity.
 The care coordinator must sign and date each entry.

As a reminder, telephone/audio-only and virtual/audio-visual contacts should be considered telehealth contacts for claims. Providers should refer to the rounding guidelines included when calculating their total units for billing. For more information on telehealth, providers may refer to the Telehealth chapter of the ForwardHealth Online Handbook at https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=54&s=2&c=676.

SECTION IV - BILLING CODES FOR REFERENCE

This section is included for reference. Refer to the Child Care Coordination service area of the Online Handbook for more information on billing and CCC.