**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-03257 (12/2023)

**FORWARDHEALTH**

**CHILD CARE COORDINATION MONTHLY TIME LOG  
FOR ONGOING CARE COORDINATION AND MONITORING**

**INSTRUCTIONS:** Type or print clearly. Child care coordination (CCC) service providers can use this form to track their time spent with Medicaid members receiving CCC services.

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| **SECTION I – MEMBER INFORMATION** | | | | | | |
| 1. Name – Member (Last, First, Middle Initial) | | | | | | |
| 2. Member Medicaid ID Number | | | | | | |
| **SECTION II – PROVIDER INFORMATION** | | | | | | |
| 3. Name and Title – Care Coordinator | | | | | | |
| 4. CCC Service Provider Agency | | | | | | |
| 5. Name – Supervising Qualified Professional | | | | | | |
| 6. Title – Supervising Qualified Professional | | | | | | |
| **SECTION III – TIME LOG** | | | | | | |
| Description Codes (To be Used in the Second Column Below): | | | | | | |
| MD = Member Contact – Direct, In-Person CD = Collateral Contact – Direct, In-Person  MT = Member Contact – Telephone/Audio-Only CT = Collateral Contact – Telephone/Audio-Only  MV = Member Contact – Virtual/Audio-Visual CV = Collateral Contact – Virtual/Audio-Visual  S = Staffing / Consultations R = Recordkeeping | | | | | | |
| **Date** | **Description Code** | **Place of Service (POS)** | **Amount of Time Spent With Member** | **Units** | **Documentation of Activities and Signature** |
| **Example:** 2/3/23 | MD | Member Home | 1 hour | 4.0 | Met with the member and discussed care plan and arrangements for childcare and transportation for 3-month HealthCheck wellness checkup. The member was provided an opportunity to ask questions about area transportation and childcare providers. They received the name and phone number for four licensed childcare providers and the recommended list was added to the member file. They also received information about non-emergency medical transportation (NEMT). A follow-up call was scheduled at the end of the home visit.  Ima Provider |

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| **Date** | **Description Code** | **POS** | **Amount of Time Spent With Member** | **Units** | **Documentation of Activities and Signature** |
| **Example:** 2/5/23 | MT | Member Home | 10 minutes | 0.7 | A phone call was placed to follow-up on a home visit that took place two days ago. Confirmed with the member that childcare and transportation for 3-month HealthCheck wellness checkup was secured. The member was provided an opportunity to ask questions about the upcoming checkup. The member had no questions.  Ima Provider |
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| **Date** | **Description Code** | **POS** | **Amount of Time Spent With Member** | **Units** | **Documentation of Activities and Signature** |
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| **Total Monthly Units:** | | | **Total Units:** | | |

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| **Rounding Guidelines**  Providers are required to round time units using the following guidelines when submitting claims for ongoing care coordination and monitoring using Healthcare Common Procedure Coding System procedure code T1016 with modifier U3. Refer to the Rounding Guidelines topic (#970) 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=10&nt=Rounding+Guidelines&adv=Y>. | | | | |
| **Accumulated Time** | | | **Unit(s) Billed** | |
| 1–5 minutes | | | 0.3 | |
| 6–10 minutes | | | 0.7 | |
| 11–15 minutes | | | 1.0 | |
| 16–20 minutes | | | 1.3 | |
| 21–25 minutes | | | 1.7 | |
| 26–30 minutes | | | 2.0 | |
| **SECTION IV – BILLING CODES FOR REFERENCE** | | | | |
| **CCC Service** | **Procedure Code** | **Procedure Code Description** | | **Modifier(s)** |
| Initial, comprehensive assessment | T1016 | Case management, each 15 minutes | | Required: UB or UC (CCC service provided in Milwaukee [UB] or Racine [UC]) and U1 (Comprehensive assessment) |
| Initial care plan development | T1016 | Case management, each 15 minutes | | Required: UB or UC (CCC service provided in Milwaukee [UB] or Racine [UC]) and U2 (Care plan development) |
| Ongoing care coordination and monitoring, assessment updates, and care plan updates | T1016 | Case management, each 15 minutes | | Required: UB or UC (CCC service provided in Milwaukee [UB] or Racine [UC]) and U3 (Ongoing care coordination and monitoring) |
| Note: Wisconsin Medicaid will reimburse only one comprehensive assessment and one comprehensive care plan per 365 days. | | | | |