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.

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*

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*

Date	Description Code	POS	Amount of Time Spent With Member	Units	Documentation of Activities and Signature

Total Monthly Units: _____   **Total Units:** _____

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.