

Sample Completed Monthly Log for Ongoing Monitoring and Service Coordination

Client (Last, First, MI): Doe, John J.					
MA ID Number: 1234567890			Case Manager – Name: Sue Smith		
Agency: ABC County			Title: MSW		
Description Codes (to be used in the second column below)					
BF = Beneficiary Contact – Face to Face		CF = Collateral Contact – Face to Face		S = Staffing/Consultation	
BT = Beneficiary Contact – Telephone		CT = Collateral Contact – Telephone		R = Record Keeping	
T = Travel Time to Provide Services under BF					
Date	Code	Place of Service	Hours	Minutes	Documentation of Activities (sign or initial each entry)
1/1/03	S	County Office		15	Consultation with county personal care provider at county office regarding arranging personal care service for client, John Doe, since he is having problems performing cares. Supervising nurse, Jessie Jones, from ABC personal care agency will set up appointment with client to do assessment within the next week. Will talk to her after the assessment to see if Mr. Doe qualifies for personal care. <div style="text-align: right;"><i>S.S., MSW</i></div>

Monthly Total: _____

Total Units: _____

Signature/Title: *Sue Smith, MSW*

Date: _____ MM/DD/YY