

**Prenatal Care Coordination Monthly Time Log for Ongoing Care Coordination and Monitoring
(Completed Sample Format)**

Name — Client (Last, First, Middle Initial) Recipient, Im A.	Month 06	Year 1999
Wisconsin Medicaid ID Number 1234567890	Name and Title — Care Coordinator	
Agency Care Coordination Agency	Jayne Smith, Care Coordinator	

Description Codes (to be used in the second column below)

RF = Recipient Contact — Face-to-Face

RT = Recipient Contact — Telephone

S = Staffing / Consultations

CF = Collateral Contact — Face-to-Face

CT = Collateral Contact — Telephone

R = Record-Keeping

Date	Code	Place of Service	Hours	Minutes	Documentation of Activities
2/3/1999	RF	Recipient Home	1		Discussed care plan and arrangements for transportation for prenatal checkup, discussed recipient concerns about pregnancy, housing, clothing, for recipient. <i>J.S., R.N.</i>
2/4/1999	CT	Office		15	Talked to sister of recipient, confirmed appointment and transportation to WIC office/nutrition counseling. <i>J.S., R.N.</i>
2/5/1999	R	Office		15	Chart notations related to 2/3-2/4 contact with recipient. <i>J.S., R.N.</i>
2/12/1999	S	Office		15	Discussed case with PNCC supervisor. <i>J.S., R.N.</i>
2/21/1999	RF	Office	1	30	Prenatal health education (one-on-one with recipient) pregnancy anatomy/physiology: body changes, discomfort management, danger signs, fetal development. <i>J.S., R.N.</i>
Monthly Total <u>3 hrs., 15 min.</u>			Total Units <u>3.3</u> Refer to Appendix 6 of this handbook for rounding guidelines		