

Service Record – Care Coordination

Medicaid Number		Last Name		First Name	
WVEIS Number		Diagnosis Code		School	
County	Beginning Date	Ending Date	Procedure Code	Units	
			T2022	1	

Care Coordination. T2022 = 1 unit per month. List dates of any and all activities completed this calendar month.

Care Coordination Activities	Date(s)
A. Met with Special Ed. or Reg. Ed. teacher regarding child’s service needs/progress	
B. Met with Therapist regarding service needs/progress	
C. Met with Psychologist regarding service needs/progress	
D. Met with Social Worker	
E. Met with Counselor regarding service needs/progress	
F. Met with Personal Care Aide regarding needs/progress	
G. Met with other health care provider regarding child’s service needs/progress	
H. Issued letter/memorandum regarding child’s service needs/progress	
I. Contacted provider(s) to schedule testing/consultation	
J. Met with parent(s)/guardian(s) regarding child’s treatment needs/progress	
K. Met with parent(s)/guardian(s) on testing results	
L. Issued letter/memorandum to parent(s)/guardian(s)	
M. Contacted parent(s)/guardian(s) to schedule consultation	
N. Met with child to discuss progress	
O. Met with child to discuss service needs	
P. Met with child to discuss social/behavioral issues	
Q. Reviewed provider assessment/testing results	
R. Reviewed provider notes/memoranda regarding child’s service needs/progress	
S. Prepared progress notes	
T. Prepared summary of provider consultation	
U. Prepared summary of parent/guardian consultation	
V. Prepared summary of child consultation	
W. Prepared other documentation of service treatment/progress	
X. Other:	

Outcome: (Circle one) **A. Progress Satisfactory - Continue IEP until completion date.**
or

B. Reconvene IEP Team to address change

Signature

Date