\* Must be identified on the Plan of Care Plan of Care Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Progress Notes – School Based Targeted Case Management

Unit is 15 minutes with a maximum of five (5) units per instructional day.

|  |  |  |
| --- | --- | --- |
| **Medicaid Number** | **Last Name** | **First Name** |
|   |   |  |
| WVEIS Number | **Date of Birth** | **Diagnosis Code** |  **School** |
|   |  |  |  |
| County | Targeted Case Manager (Print) | **Month/Year Service Provided** | **Procedure Code** |
|  |  |  | **T1017 SE** |
| **Types of Contact: 1. Face to Face 2. Correspondence 3. Telephone Contact** |

|  |  |  |
| --- | --- | --- |
| **Date of Service** | Click here to enter a date. | **Progress Note:****Activity:** Choose an item.**Purpose:** Choose an item.**Individualized Service Note:** |
| **Type of Contact** | Choose an item. |
| **TCM Activity** | Choose an item. |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | **Date:** Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Date of Service** | Click here to enter a date. | **Progress Note:****Activity:** Choose an item.**Purpose:** Choose an item.**Individualized Service Note:** |
| **Type of Contact** | Choose an item. |
| **TCM Activity** | Choose an item. |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | **Date:** Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Date of Service** | Click here to enter a date. | **Progress Note:****Activity:** Choose an item.**Purpose:** Choose an item.**Individualized Service Note:** |
| **Type of Contact** | Choose an item. |
| **TCM Activity** | Choose an item. |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | **Date:** Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Date of Service** | Click here to enter a date. | **Progress Note:****Activity:** Choose an item.**Purpose:** Choose an item.**Individualized Service Note:** |
| **Type of Contact** | Choose an item. |
| **TCM Activity** | Choose an item. |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | **Date:** Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Date of Service** | Click here to enter a date. | **Progress Note:****Activity:** Choose an item.**Purpose:** Choose an item.**Individualized Service Note:** |
| **Type of Contact** | Choose an item. |
| **TCM Activity** | Choose an item. |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | **Date:** Click here to enter a date. |