**\* Must be identified on the Service Plan Service Plan 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** |  | **Progress Note:**  **Activity: Purpose:**  **Individualized Service Note:** | |
| **Type of Contact** |  |
| **TCM Activity** |  |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | | | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Service** |  | **Progress Note:**  **Activity: Purpose:**  **Individualized Service Note:** | |
| **Type of Contact** |  |
| **TCM Activity** |  |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | | | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Service** |  | **Progress Note:**  **Activity: Purpose:**  **Individualized Service Note:** | |
| **Type of Contact** |  |
| **TCM Activity** |  |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | | | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Service** |  | **Progress Note:**  **Activity: Purpose:**  **Individualized Service Note:** | |
| **Type of Contact** |  |
| **TCM Activity** |  |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | | | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Service** |  | **Progress Note:**  **Activity: Purpose:**  **Individualized Service Note:** | |
| **Type of Contact** |  |
| **TCM Activity** |  |
| **Time In:** |  |
| **Time Out:** |  |
| **Total Minutes** |  |
| **Signature & Credentials:** | | | **Date:** |