

* 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:
Type of Contact		
TCM Activity		
Time In:		
Time Out:		
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Type of Contact		
TCM Activity		
Time In:		
Time Out:		
Total Minutes		
Signature & Credentials:		Date: