# **Chapter 538** School-Based Health Services

# Appendix 538H

Targeted Case Management Form

Effective Date: August 1, 2015

#### \* Must be identified on the Service Plan

### Service Plan Date:\_\_\_\_\_

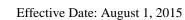
## Progress Notes – School Based Targeted Case Management

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	
т	vpes of Contact: 1. Face to F	ace 2. Correspondence	3. Telephone	Contact

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

Date of Service	Progress Note:
Type of Contact	
TCM Activity	Activity:
Time In:	Purpose:
Time Out:	Individualized Service Note:
Total Minutes	
Signature & Credent	ials: Date:



Date of Service	Progress Note: Activity:
Type of Contact	Purpose:
TCM Activity	
Time In:	Individualized Service Note:
Time Out:	
Total Minutes	
Signature & Creder	tials: Date:

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

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