

Chapter 538
School-Based Health Services

Appendix 538H

Targeted Case Management Form



* Must be identified on the Service Plan

Service Plan Date: _____

Progress Notes – Targeted Case Management

Medicaid Number		Last Name		First Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
WVEIS Number		Date of Birth		Diagnosis Code	School
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
County	Teacher Name (Print)	Month Service Provided		Procedure Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>		T1017	
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:	<input type="text"/>	
Time Out:	<input type="text"/>	
Total Minutes	<input type="text"/>	
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 Notes:
Type of Contact	Choose an item.	
TCM Activity	Choose an item.	
Time In:	<input type="text"/>	
Time Out:	<input type="text"/>	
Total Minutes	<input type="text"/>	
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 Notes:
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 Notes:
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 Notes:
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.