

Progress Note / Service Entry

NAME/MRN _____

Facility Name: _____ ID: _____ Program Name: _____ ID: _____

Provider: _____ ID: _____ Service Date: _____

Service Category:

CPT/HCPC Service Provided Lockout - CPT/HCPC Service Provided

Other Service Provided:

- Money Management Providing transportation Leaving voicemails
- Coordination of logistics Clerical work Other _____

Direct Service Time (Min): _____ Documentation Time (Min): _____ Travel Time (Min): _____

Number in Group: _____ CPT/HCPC Code: _____ Quantity: _____

Location of Service (Please check one)

- Age-Specific Community Center Homeless/Emergency Shelter Phone-provided other than in client's home
- Client's Job Site Inpatient Residential Care - Adults
- Correctional Facility Mobile Service Residential Care - Children
- Faith-Based Non-Traditional service location School
- Field Office Telehealth/Video-provided in client's home
- Health Care/Primary Care Other Community Location Telehealth/Video-provided other than in Client's home
- Home Phone-provided in client's home Unknown/Not Reported
- Nontraditional Location Other _____ Unknown

Did this service involve interactive complexity? Yes No

For Clients Under 21 only:

COUNTY STAFF ONLY: Does this service fall under FFPSA (Qualified Individual?) Yes No

Is this an ICC Service? Yes No

Is this service linked to a Child and Family Team? Yes No

Was an Interpreter used? Yes No

Name of Interpreter: _____

Language

Language service provided

in other than English: Spanish Other _____

Is the client pregnant? Yes No (If yes, please document how service was pregnancy-related)

EBP/Service Strategies:

- Assertive Community Treatment Therapeutic Foster Care In Partnership w/ Health Care
- Supportive Employment Multisystemic Therapy In Partnership w/ Social Services
- Supportive Housing Functional Family Therapy In Partnership w/ SA Services
- Family Psychoeducation Peer/Family Delivered Services Integrated Services for MH/Aging
- Integrated Dual Diagnosis Treatment Psychoeducation Integrated Services for MH/DD
- Illness Management and Recovery Family Support Ethnic-Specific Service Strategy
- Medication Management Supportive Education Age-Specific Service Strategy
- New Generation Medications In Partnership w/ Law Enforcement Unknown Service Strategy

NAME/MRN

Evidence-based practice/tracking program? Yes No **Program** _____

This service was provided via telehealth with the consent of the client or authorized representative.

Diagnosis:

Primary
ICD-10 Code: _____ DSM-5 Narrative: _____

Secondary
ICD-10 Code: _____ DSM-5 Narrative: _____

Problem/Behavioral Health Need Addressed. Describe problem/need, reason for contact, status update, clinical impression.

Focus of Activity. Describe type of service rendered, how the service addressed client's behavioral health need, how the client responded – symptoms, condition, diagnosis, and/or risk factors.

Plan. Describe next steps – action steps by provider or client, collaboration with the client or other providers, updates to the problem list as appropriate.

NAME/MRN _____

Form MHC-016, Targeted Case Management Plan and Level of Care Determination, was completed in conjunction with this progress note.

Is this late documentation? Yes No

The problem list/Care Plan has been updated as needed: Yes No

Signature/License/Designation

Printed Name

Date

Co-Signature/license (if applicable)

Printed Name

Date

Data Entry Clerk Initials _____