



## **Chapter 538**

### **School-Based Health Services**

## **Appendix 538H**

### **Targeted Case Management Billing Form**

## Progress Notes – School Based Targeted Case Management

Targeted Care Management MUST be identified on the Plan of Care. Maximum of five (5) units per instructional day. Unit is 15 minutes.

Medicaid Number	Last Name	First Name		Date of Birth
WVEIS Number	Diagnosis Code	County	School	Procedure Code
				T1017 SE
Targeted Case Manager (Print)		Month/Year Service Provided		
Types of Contact: 1. Face-to-Face 2. Correspondence 3. Telephone Contact				

<b>Date of Service</b>	Click here to enter a date.	<b>Progress Note:</b> <b>Activity:</b> Choose an item.  <b>Purpose:</b> Choose an item.  <b>Individualized Service Note:</b>
<b>Type of Contact</b>	Choose an item.	
<b>TCM Activity</b>	Choose an item.	
<b>Time In:</b>		
<b>Time Out:</b>		
<b>Total Minutes</b>		
<b>Signature &amp; Credentials:</b>		<b>Date:</b> Click here to enter a date.

<b>Date of Service</b>	Click here to enter a date.	<b>Progress Note:</b> <b>Activity:</b> Choose an item.  <b>Purpose:</b> Choose an item.  <b>Individualized Service Note:</b>
<b>Type of Contact</b>	Choose an item.	
<b>TCM Activity</b>	Choose an item.	
<b>Time In:</b>		
<b>Time Out:</b>		
<b>Total Minutes</b>		
<b>Signature &amp; Credentials:</b>		<b>Date:</b> Click here to enter a date.

<b>Date of Service</b>	Click here to enter a date.	<b>Progress Note:</b> <b>Activity:</b> Choose an item.  <b>Purpose:</b> Choose an item.  <b>Individualized Service Note:</b>
<b>Type of Contact</b>	Choose an item.	
<b>TCM Activity</b>	Choose an item.	
<b>Time In:</b>		
<b>Time Out:</b>		
<b>Total Minutes</b>		
<b>Signature &amp; Credentials:</b>		<b>Date:</b> Click here to enter a date.

<b>Date of Service</b>	Click here to enter a date.	<b>Progress Note:</b> <b>Activity:</b> Choose an item.  <b>Purpose:</b> Choose an item.  <b>Individualized Service Note:</b>
<b>Type of Contact</b>	Choose an item.	
<b>TCM Activity</b>	Choose an item.	
<b>Time In:</b>		
<b>Time Out:</b>		
<b>Total Minutes</b>		
<b>Signature &amp; Credentials:</b>		<b>Date:</b> Click here to enter a date.

<b>Date of Service</b>	Click here to enter a date.	<b>Progress Note:</b> <b>Activity:</b> Choose an item.  <b>Purpose:</b> Choose an item.  <b>Individualized Service Note:</b>
<b>Type of Contact</b>	Choose an item.	
<b>TCM Activity</b>	Choose an item.	
<b>Time In:</b>		
<b>Time Out:</b>		
<b>Total Minutes</b>		
<b>Signature &amp; Credentials:</b>		<b>Date:</b> Click here to enter a date.