

Placer County Systems of Care
Systems of Care Progress Note

Date of Service: 8-24-07

Billing Formula: Minutes of Service: 20 + Documentation Time 10 + Travel Time* 25 = Total Billable Minutes: 55

Group Billing Formula:

Names of staff members providing the group. Staff #1: _____ Staff #2: _____ Staff #3: _____
 Staff #1: [Min. of Group: _____ + Travel Time*: _____] + # Clients: _____ + Doc. Time for this note: _____ = Total Billable Minutes for Staff #1: _____
 Staff #2: [Min. of Group: _____ + Travel Time*: _____] + # Clients: _____ + Doc. Time for this note: _____ = Total Billable Minutes for Staff #2: _____
 Staff #3: [Min. of Group: _____ + Travel Time*: _____] + # Clients: _____ + Doc. Time for this note: _____ = Total Billable Minutes for Staff #3: _____

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Collateral | <input type="checkbox"/> Targeted Case Management |
| <input type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Group - Rehabilitative | <input type="checkbox"/> Plan Development | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Family Psychotherapy | <input type="checkbox"/> Group - Psychotherapy | <input type="checkbox"/> Therapeutic Behavioral Service (TBS) | <input type="checkbox"/> Non-Billable Activity |

Location of Service: Office Field Phone

Unified Service Plan objective client is working on: 1. Reduce aggressive acts and replace these aggressive acts by utilizing new coping skills. 2. Practice how to express his feelings and thoughts using words. 3. Increase his personal self esteem/self-image to value his contribution to relationships with others. 4. Respond to increased structure and set rules at home by reducing defiant acts and increasing compliance. 5. Increase pro-social peer interactions. 6. Participate in organized, non-school, after school activity.

Narrative:

Client's Current Functioning/Progress:

This Th. drove to _____ in Roseville to meet with _____ The front office staff told this Th. that _____ did not show up for the first day of school. The school called the mother on her cell and learned that over the summer the family moved from their Roseville apartment to a new residence in Citrus Heights. There is no current information or progress since the last session in May 2007.

Current Intervention:

This Th. drove to the Rsvl. school to meet w _____ I learned the family moved out of county.

Client's Response:

None.

Follow-up and/or Referrals Made:

Follow up with the 26.5 case coor. to notify the new school tha _____ has weekly 26.5 MH services as part of his IEP.

 Signature (include licensure or job title)

8-24-07
 Date Completed

 Print Name

Client Name: _____

AVATAR Number _____

Systems of Care Progress Note

Date of Service: 7/20/2007

Billing Formula: Minutas of Service: 22 + Documentation Time: 10 + Travel Time:* 0 = Total Billable Minutes: 32

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Assessment | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Collateral | <input type="checkbox"/> Targeted Case Management |
| <input type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Group - Rehabilitative | <input type="checkbox"/> Plan Development | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Family Psychotherapy | <input type="checkbox"/> Group - Psychotherapy | <input type="checkbox"/> Therapeutic Behavioral Service (TBS) | <input type="checkbox"/> Non-Billable Activity |

Location of Service:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Office (In-Person) | <input checked="" type="checkbox"/> Phone | <input type="checkbox"/> Health Care/Primary Care | <input type="checkbox"/> Age Specific Comm. Center |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Client's Job Site | <input type="checkbox"/> Home | <input type="checkbox"/> Homeless/Emergency Shelter |
| <input type="checkbox"/> Residential Care/Child | <input type="checkbox"/> Non-Traditional Location | <input type="checkbox"/> School | <input type="checkbox"/> Faith Based Location |
| <input type="checkbox"/> Residential Care/Adult | <input type="checkbox"/> Mobile Service Unit | <input type="checkbox"/> In Patient | <input type="checkbox"/> Field (only use if nothing applies) |
| | | | <input type="checkbox"/> Tele-Health |
| | | | <input type="checkbox"/> Unknown/Not Reported |

Unified Service Plan objective client is working on: Developing USP objectives

Narrative:

Client's Current Functioning/Progress:

1 lives in Roseville with her mother step-father and siblings. She is also currelty attending th. : in Roseville

Current Intervention:

This worker made phone conatct wifl and arranged a time to meet for the first 1 on 7/20/07 at 9:30am at the family home.

Client's Response:

was in agreement with the date and time of the FTM

Follow-up and/or Referrals Made:

Next home visit is scheduled for 7/26/07 at 9:30am

Signature (include licensure or job title)

7/30/2007

Date Completed

Print Name

Client Name:

AVATAR Number:

Systems of Care Progress Note

Date of Service: 04/08/08

Billing Formula: Minutes of Service: 10 + Documentation Time 5 + Travel Time* _____ = Total Billable Minutes: 15

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided:

- Assessment
- Rehabilitation
- Collateral
- Targeted Case Management
- Individual Psychotherapy
- Group - Rehabilitative
- Plan Development
- Crisis Intervention
- Family Psychotherapy
- Group - Psychotherapy
- Therapeutic Behavioral Service (TBS)
- Non-Billable Activity

Location of Service:

- Office
- Field
- Phone

Unified Service Plan objective client is working on:

_____ He will be transitioning t _____ y Hs
next fe _____ e will refrain from acts or threats of self-harm &/or trom property destruction when he is angry/upset. He will engage in 1:1 &
family counseling to increase self-control, healthy coping &social skills to be used 7 out of 10 times.

Narrative:

Client's Current Functioning/Progress:

_____ id called W _____ and set up appointment to meet with the therapetic staff and make a school visit for the purposes of preparing feedback for the continuing IEP.

Current Intervention:

Collaboration, consultation and coordination with IEP team members.

Client's Response:

N/A

Follow-up and/or Referrals Made:

School visit april 9th.

Signature (include licensure or job title)

4/08/08

Date Completed

Print Name

Client Name: _____

AVATAR Number: _____

Systems of Care Progress Note

Date of Service: 12/26/07

Billing Formula: Minutes of Service: 5 + Documentation Time: 5 + Travel Time:* 0 = Total Billable Minutes: 10

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided: Collateral

Location of Service Phone

Unified Service Plan objective client is working on: Decrease number of aggressive incidents from 8 out of 10 to 6 out of 10 opportunities. Increase ability to complete an assigned task without prompting or redirection from 5 out of 10 opportunities to 8 out of 10. Increase ability to communicate in a positive, non-violent manner from 25% to 50% of the time. 2/16/08

Narrative:

Client's Current Functioning/Progress was not present for this meeting.

Current Intervention: The undersigned called because they did not show up for a scheduled appointment. She stated that she had forgotten and said that they would come on 12/31/07 @ 1030a. She stated that their Christmas had gone well. She sounded tired.

Client's Response: N/A

Follow-up and/or Referrals Made: The undersigned to continue to include mother in the therapeutic process to continue receiving 26.5 services.

Signature (include licensure or job title)

12/26/2007
Date Completed

Print Name

Client Name: _____

AVATAR Number: _____

Systems of Care Progress Note

Date of Service: 11/21/2007

Billing Formula: Minutes of Service: 12 + Documentation Time: 9 + Travel Time:* 0 = Total Billable Minutes: 21

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided:

- Assessment
- Individual Psychotherapy
- Family Psychotherapy
- Rehabilitation
- Group - Rehabilitative
- Group - Psychotherapy
- Collateral
- Plan Development
- Therapeutic Behavioral Service (TBS)
- Targeted Case Management
- Crisis Intervention
- Non-Billable Activity

Location of Service:

- Office (In-Person)
- Correctional Facility
- Residential Care/Child
- Residential Care/Adult
- Client's Job Site
- Non-Traditional Location
- Mobile Service Unit
- Phone
- Home
- School
- In Patient
- Health Care/Primary Care
- Homeless/Emergency Shelter
- Faith Based Location
- Field (only use if nothing applies)
- Age Specific Comm. Center
- Other Comm. Location
- Tele-Health
- Unknown/Not Reported

Unified Service Plan objective client is working on: will use learned anger mgnt coping skills 3 out of 4 times, as reported by teachers, parents, and self-report, and evidence by increased grades and cessation of self-harm and suicide ideation

Narrative:

Client's Current Functioning/Progress:

Client is reported to still be in the Sierra Vista Hospital, and he is reported to have stormed out of a family session this morning after telling everyone off. Client's mother reports to be "throwing fits" and throwing things. She reports that she anticipates he will be extending his stay at the hospital. She states that [redacted] is his therapist and gave this worker her phone number. Client's former [redacted] m counselor, [redacted] reports that client is "very attached to his mother and angry that she is not attached to him."

Current Intervention:

Contacted client's mother for an update of his current status. Learned that client is not using any of his coping skills, and continuing in his frustrations and anger.

Client's Response:

N/A

Follow-up and/or Referrals Made:

Will resume therapy session with client upon his return to the school. Will continue to use collateral contacts.

[Signature]
Signature (include licensure or job title)

11/21/2007
Date Completed

Print Name _____

Client Name: [redacted]

AVATAR Number: _____