

Targeted Case Management Progress Note

Community Counseling Services

Rev 01/17

Case Name _____
Case Id# _____
Date: _____
Service Code: _____
Start Time: _____ End Time: _____ Minutes _____

This service was provided In-person Via Telephone

Reason for Targeted Case Management: *(check all that apply)*

- Treatment plan monitoring to ensure team members are completing task that are assigned to them
- Monitoring that follow up and/or follow through are occurring
- Identifying when the treatment team may need to review the treatment plan for updates, if the established plan is not working
- Coordination of services
- Addressing problems or issues encountered by individual receiving services
- Other _____
- Other _____
- Other _____

Summary /Comments:

Assessment:

Plan of Follow Up:

Names of others participating in this TCM event: *(including collaterals with a release)*

Clinician's Signature and Credentials

Date

Supervisor's Signature and Credentials *(if applicable)*

Date