

Consumer Name: _____ Record #: _____ MID #: _____

ADULT

SOUTH CAROLINA TCM CLIENT MEDICAL RECORD

Unique Caring Foundation

Date _____ Service Provided: Targeted Case Management

Use PIE Format (Goal, Intervention, Outcome)

Purpose/Goal # ___ from the Case Management Plan	Staff Intervention Include what staff did to assist consumer and how the consumer responded. Indicate progress towards the goal. ***Please indicate where the service took place.	Total Time for This Goal
	Description of Intervention(s): <i>Person with who contact occurred and relationship to beneficiary.</i>	
Type of Contact:	Effectiveness/Outcome:	
Face to face <input type="checkbox"/>		
Over the Phone <input type="checkbox"/>		
Other <input type="checkbox"/> Explain:		
Type of Case Management:		
Target Group:		
Please see types below: #	Next Step:	
Location address of the face to face contact with Beneficiary/Guardian:		

Type of Case Management:

1. Assessment 2. Care Planning 3. Referral & Linkage 4. Monitoring & Follow Up

Target Group:

1. Individuals with Intellectual and Related Disabilities 2. Adults with Serious and Persistent Mental Illness
 3. Adults with Functional Impairments

Case Manager (Printed): _____ Case Manager Signature: _____ Date: _____