# Coordination of Care Progress Note

Designed for use by PROS, Case Management Programs, and OMH Clinics, ACT Teams, CDT, and Partial Hospitalization Programs to document Case Consultation, Family Consultation or Collateral Contact services. This form can be used for either billable or non-billable services.

| Data Field | Identifying Information |
|---|---|
| **Organization Name** | Enter the organization's name. |
| **Program Name** | Enter your program name. |
| **Individual's Name** | Record the first name, middle initial and last name of the Individual served. Order of name is at agency discretion. |
| **Record #** | Record your agency's established record number for the Individual served. |
| **DOB** | Record the Individual's date of birth.<br>**Example : mm/dd/yyyy** |
| **Type of Scheduled Contact** | Indicate if contact was an in-person meeting, and if so whether it was onsite or offsite (include location), or via telephone. If individual was not present explain in the Summary of Discussion section. |
| **Service** | Check **one** of the following services provided:<br><br>**Case Consultation** - a face-to-face or telephone communication (note regulatory requirements for duration and billing if required), between staff and another treating provider in order to identify, plan, and coordinate treatment. (e.g. PCP, pediatrician, psychiatrist, therapist, case manager). Case consultation can be for individuals of any age (both children and adults in treatment) ***Please note****:* Clinical supervision or consultation with other clinicians within the same provider agency are not billable.<br><br>**Family Consultation** - a face-to-face or telephone communication (note regulatory requirements for duration and billing if required) between staff and the individual's identified family in order to identify, plan, and coordinate treatment.<br><br>**Collateral Contact** - is a face-to-face or telephone communication by the staff and/a person or agency, in order to support and/or reinforce the treatment plan. A collateral contact is a person or plan participant who is not paid with OMH, OASAS, or Medicaid Funding.<br><br>**Other –** another type of coordination of care service not described by the categories noted above. |
| **Purpose:** | Check the relevant purpose(s) of this contact: Assessment of the appropriateness of current services; Coordination planning; Discharge/Transition/Aftercare planning; Clinical consultation (not supervision); Other. If Other, provide relevant information. |

| Data Field | List of Participants, Summary, Actions, and Responsible Party Instructions |
|---|---|
| **List of Participants** | Identify all who participated in the contact. List name(s), agency (s) represented, and relationship(s) to individual served. |
| **Summary of discussion with this contact.** | Indicate the coordination of care discussion (e.g. treatment goals, objectives, or interventions) addressed during contact. |
| **Actions that will occur as a result of this contact** | Indicate any resulting actions to occur from this contact, (e.g., new appointment scheduled with primary therapist, change in frequency of therapy, etc.). Write no action if none is needed. |
| **Responsible Party** | Indicate the person(s) responsible for carrying out the resulting action from this contact (correspond with numbers in the Actions section). |
| **Data Field** | **Staff Signatures and Billing Strip** |
| **Print Staff Name/Credentials/Title:** | Print the staff's name, credentials (degree/license), and title. |
| **Staff Signature** | Legible signature |
| **Date** | Record the date of the signature including month, day, and year.<br>**Example : mm/dd/yyyy** |
| **Supervisor Name/Credential/Title** | Print the staff's name, credentials (degree/license), and title. |
| **Supervisor Signature** | Legible signature. |
| **Date** | Record the date of the signature including month, day and year.<br>**Example : mm/dd/yyyy** |
| **Individual's Signature (Optional)** | Legible signature. This is encouraged, especially if the note was written collaboratively. |