

Service Date: _____

Reporting Unit: _____

INDIVIDUAL STAFF LOG

Staff Name: _____

Confidential Patient Information
See Welfare & Institutions Code 5328

Staff Number: _____

REHABILITATION SERVICES RENDERED DOCUMENT

See back of form for the most commonly used procedure code definitions.

PROCEDURE CODES

<u>REGULAR</u>	<u>AB3632</u>		<u>REGULAR</u>	<u>AB3632</u>	
300	300	No Show	361	362	Medication Support
311	312	Collateral	371		Crisis Intervention
321	322	Evaluation	381	382	Individual Rehabilitation
331	332	Assessment	391	392	Group Rehabilitation
341	342	Individual Therapy	571	572	Brokerage Services
351	352	Group Therapy	581	582	Plan Development

Client Pregnant: (Y=Yes) **Emergency:** (Y=Yes)

Note: Treating Staff: notate Y=Yes in CP if the client is pregnant and Y=Yes in ER if this is an emergency visit in the CP/ER shaded columns below. **Input staff** can only enter pregnant or emergency visit "Y" code on the **Single Service Entry Screen** **.

Client Number	Client Name	Procedure Code	Input	Duration	Co Staff #	Duration	Group Count	Serv* Loc	CP**	ER**
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Evidence-Based Practices/Service Strategies : ____ (DO NOT USE UNTIL FURTHER NOTICE)

*SERVICE LOCATION	6 = Satellite	13 = Age Specific Comm Ctr	19 = Res Care / Children
1 = Office	8 = Jail	14 = Client's Job Site	20 = Telehealth
2 = Field	9 = Inpatient	15 = Res Care / Adult	22 = Court
3 = Phone	10 = Homeless Emergency shelter	16 = Mobile Service	
4 = Home	11 = Faith based/ Church/Temple	17 = Non Traditional Serv	
5 = School	12 = Health Care/ Primary Care	18 = Other Community loc	

Data Entry Done by _____ Date _____

Procedure Code Definitions

311	COLLATERAL - Contact with one or more significant support persons in the life of the Individual which may include consultation and training to assist in better utilization of services and understanding mental illness. Services include, but are not limited to, helping significant support persons to understand and accept the Individual's condition and involving them in service planning and implementation of service plan(s). Family counseling or therapy which is provided on behalf of the Individual is considered collateral. This includes Plan Development when provided on the same day as the service.
312	AB3632 COLLATERAL - As indicated above in code 311 for the AB3632 client.
321	EVALUATION - An appraisal of the Individual's community functioning in several areas including living situation, daily activities, social support systems and health status. Cultural issues may be addressed where appropriate. This includes Plan Development when provided on the same day as the service.
322	AB3632 EVALUATION - As indicated above in code 321 for the AB3632 client.
331	ASSESSMENT - A clinical analysis of the history and current status of the Individual's mental, emotional, or behavioral disorder. Relevant cultural issues and history may be included where appropriate. Assessment includes diagnosis and the use of testing procedures. This includes Plan Development when provided on the same day as the service.
332	AB3632 ASSESSMENT - As indicated above in code 331 for the AB3632 client.
341	INDIVIDUAL-THERAPY - Therapeutic interventions delivered to an Individual consistent with the Individual's goals/desired results/personal milestones which focus primarily on symptom reduction as a means to improve functional impairments. This service may include family therapy. This includes Plan Development when provided on the same day as the service.
342	AB3632 INDIVIDUAL-THERAPY - As indicated above in code 341 for the AB3632 client.
381	INDIVIDUAL-REHABILITATION - Rehabilitation service activity, including any or all of the following: assistance in restoring or maintaining an Individual's functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources, counseling of the Individual and/or family, training in leisure activities needed to achieve the Individual's goals/desired results/ personal milestones, medication education. This includes Plan Development when provided on the same day as the services.
382	AB3632 INDIVIDUAL-REHABILITATION - As indicated above in code 381 for the AB3632 client.
351	GROUP-THERAPY - Therapeutic interventions delivered to a group of Individuals consistent with the Individuals' goals/desired results/personal milestones which focus primarily on symptom reduction as a means to improve functional impairments. This service may include family therapy. This includes Plan Development when provided on the same day as the service.
352	AB3632 GROUP-THERAPY - As indicated above in code 351 for the AB3632 client.
391	GROUP-REHABILITATION - Rehabilitation service activity, including any or all of the following: assistance in restoring or maintaining a group of Individuals' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources, counseling of the Individuals and/or family, training in leisure activities needed to achieve the Individuals' goals/desired results/personal milestones, medication education. This includes Plan Development when provided on the same day as the service.
392	AB3632 GROUP-REHABILITATION - As indicated above in code 391 for the AB3632 client.
361	MEDICATION SUPPORT SERVICES - Any service provided by a staff person, within the scope of practice of his/her profession and includes prescribing, administering and dispensing of psychiatric medications necessary to alleviate the symptoms of mental illness. This service includes: evaluation of the need for medication, evaluation of clinical effectiveness and side effects of medication, obtaining informed consent, medication education (including discussing risks, benefits and alternatives with the Individual or significant support persons), and plan development related to the delivery of this service.
362	AB3632 MEDICATION SUPPORT SERVICES - As indicated above in code 361 for the AB3632 client.
371	CRISIS INTERVENTION - A quick emergency response service enabling the Individual to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible. Crisis is an unplanned event that results in the Individual's need for immediate service intervention. Crisis Intervention services are limited to stabilization of the presenting emergency. Service activities include but are not limited to Assessment, Evaluation, Collateral, Therapy, and Medication Support.
571	BROKERAGE SERVICES - Activities provided by program staff to access needed medical, educational, social, prevocational, vocational, rehabilitative or other needed community services for eligible Individuals. <ul style="list-style-type: none"> ▪ Linkage and Consultation – Identification and pursuit of resources necessary and appropriate to implement the Individual Service Plan (ISP). ▪ Placement Services – Supportive assistance in the assessment and determination of need and in the securing of adequate and appropriate living arrangements including, but not limited to, the following: locating and securing living quarters and/or finding funding, pre-placement visit(s), related contract negotiations, placement, follow-up, and related supportive contacts with clients or others. This service includes Plan Development when provided on the same day as a primary service.
572	AB3632 BROKERAGE SERVICES - As indicated above in code 571 for the AB3632 client.
581	PLAN DEVELOPMENT - Any or all of the following: development of coordination plans and/or individual service plans, approval of plans, verification of medial or service necessity, and monitoring of the Individual's progress. This procedure may be used <u>only</u> when other linked services <u>are not</u> provided to the Individual on the same day.
582	AB3632 PLAN DEVELOPMENT - As indicated above in code 581 for the AB3632 client.