CareManager ECM Progress Note

Practitioner (Staff) Name: ☐   **Staff Number:** ☐

Client Number: ☐   **Client Name (First Last):** ☐

Client Date of Birth: ☐

Episode Number (If Known): ☐   **Admission Program:** ECMMH – MH Enhanced Care Management")

Date of Service (MM/DD/YYYY): ☐

Service Program: ☐   (Will always be one of the following programs:)

- 3688ECMI - ENHANCED CARE MGMT BARSTOW I
- 3690ECMI - ENHANCED CARE MGMT VISTA
- 3691ECMI - ENHANCED CARE MGMT MESA I
- 3699ECMI - ENHANCED CARE MGMT APPLE I
- 36ACECMI - ENHANCED CARE MGMT VV I
- 36B1ECMI- ENHANCED CARE MGMT FORENSICS I
- 36B3ECMI - ENHANCED CARE MGMT PHOENIX I
- 36CSECMI - ENHANCED CARE MGMT NEEDLES I
- 8678ECMI - ENHANCED CARE MGMT MARIPOSA I

Service Location: ☐

Service Code: ☐

Clinical Staff use codes:

G9008	ECM By Clinical
G9008U1	ECM In-Person By Clinical
G9008U1GQ	ECM Phone/Video By Clinical
G9008U8	ECM Outrch In-Person By Clinical
G9008U8GQ	ECM Outrch Teleph/Elect By Clinical

Non-Clinical Staff use codes:

G9012	ECM By Non-Clinical
G9012U2	ECM In Person By Non-Clinical
G9012U2GQ	ECM Phone/Video By Non-Clinical
G9012U8	ECM Outrch In-Person By Non-Clinical
G9012U8GQ	ECM Outrch Teleph/Elect By Non-Clinical

Face to Face (Minutes): ☐ **Documentation Time:** ☐ **Travel Time:** ☐

ECM Service Notes

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Practitioner (Staff): ☐   **Credentials:** ☐

Date Signed: ☐

Reason for Completing Paper Progress Note:

☐ **myAvatar Not Available**   ☐ **CareManager Not Available**   ☐ **Internet Down:**

Other:

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