SanLuisObispoCntySmartcareQA | 12/02/2023

Progress Note

Client Name:	Do not use Sa Client	**Client ID:**	400013	**Status:**	Show
Clinician Name:	Julianne Elizabeth Schmidt	**Service:**	TCM/ICC		
Date Of Service:	01/26/2024	**Start Time:**	11:15 AM	**Face to Face Time:**	115.00 Minutes
Program:	DAS SLO Adult COD 1.0 (5404)				
Location:	Telehealth - Telephone Audio Only Not in Client Home				
Documentation Time:	16 Minutes				

Problems addressed during this session

- [ ] Receiving unemployment benefits (finding)
- [ ] Job seeking history (finding)
- [x] On probation (finding)
- [ ] Continuous chronic alcoholism (disorder)
- [x] Housing instability

Information

Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).

This Case Manager provided case management services on this day to focus on the client's recovery environment (ASAM Dimension 6).

11:15am-12:05pm
Contacted three RR providers to inquire about availability for the client's urgent need for placement (ROI in place).
Provided information about one available bed/placement to client's primary Counselor.
Attempted to reach client by telephone (left message, time not billed).

3:00pm-3:25pm
Provided client with RR contact information when client returned this Case Managers phone call and notified client that a bed/placement was available immediately.
Assessed for client needs for transportation to RR and learned that he had a relative that was prepared and available to take him this evening.
Discussed RR funding with client (client's RR will be funded 100% for the first 2 months of placement by AB109 program).
Contacted RR Owner to notify of client's intention to make contact and enter the sober residence today.

5:15pm-5:55pm
Confirmed by telephone call to RR Owner that the client arrived at the RR.
Notified the client's PO by phone message and notified the client's Counselor by email.
Completed RR Authorization form and faxed copy to RR.

Care Plan

Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan.

Client entered RR at 4:45 today, transported there by his sister. The plan is for the client to stay in the Recovery Residence for approximately 3 months, however length of stay can be adjust based on clinical need.

Staff:	Julianne Elizabeth Schmidt, LMFT	**Signature Date:**	01/26/2024