# Non-Residential Treatment Services Form

**Confidential Patient Information under HIPAA & 42 CFR Part 2**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>ID</th>
<th>Program Name</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Name</td>
<td>MRN</td>
<td>Provider/Staff Name</td>
<td>ID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elapsed Time: Hrs</th>
<th>Min</th>
<th>Total Minutes:</th>
<th>Travel Time: Hrs</th>
<th>Min</th>
</tr>
</thead>
</table>

**Service Strategies (check up to 2)**
- [ ] 50 – Peer/Family Delivered Services
- [ ] 51 – Psychoeducation
- [ ] 52 – Family Support
- [ ] 53 – Supportive Education
- [ ] 54 – In Partnership w/ Law Enforcement
- [ ] 55 – In Partnership w/ Health Care
- [ ] 56 – In Partnership w/ Social Services
- [ ] 57 – In Partnership w/ SUD Services
- [ ] 58 – Integrated Services for MH/Aging
- [ ] 59 – Integrated Services for MH/DD
- [ ] 60 – Ethnic-Specific Service
- [ ] 61 – Age-Specific Service
- [ ] 99 – Unknown

**Place of Service (Check 1)**
- [ ] Office
- [ ] Primary Care Health Clinic
- [ ] Home
- [ ] Skilled Nursing Facility
- [ ] Phone
- [ ] Hospice
- [ ] Inpatient Psychiatric
- [ ] Job Site
- [ ] School
- [ ] Mobile Service
- [ ] Emergency Room
- [ ] Age Specialty Center
- [ ] Crisis Field
- [ ] Telehealth
- [ ] Emergency Shelter
- [ ] Non Traditional Location
- [ ] Inpatient Health
- [ ] Faith Based Location
- [ ] Residential Treatment Center
- [ ] Other Location
- [ ] Jail
- [ ] Field

**Evidence-Based Practice (Check 1)**
- [ ] 01 – Assertive Community Treatment
- [ ] 02 – Supportive Employment
- [ ] 03 – Supportive Housing
- [ ] 04 – Family Psychoeducation
- [ ] 05 – Integrated Dual DX Treatment
- [ ] 06 – Illness Management and Recovery
- [ ] 07 – Medication Management
- [ ] 08 – New Generation Medications
- [ ] 09 – Therapeutic Foster Care
- [ ] 10 – Multi-systemic Therapy
- [ ] 11 – Functional Family Therapy
- [ ] 12 – Motivational Interviewing
- [ ] 13 – Cognitive Behavioral Therapy
- [ ] 99 - Unknown

**Confirmed Pregnancy**
- [ ] Yes
- [ ] No

**DRUG MEDI-CAL SERVICES (check no more than 1)**

**DMC Level 1.0 Outpatient Treatment**
- [ ] 103-85 Group Counseling
- [ ] 104-80 Individual Treatment/Counseling
- [ ] 106-85 Education Group
- [ ] 107-80 Collateral Service
- [ ] 110-80 Crisis Intervention
- [ ] 115-80 Intake Clinical
- [ ] 126-88 Physician Consultation
- [ ] 129-80 Discharge Planning
- [ ] 135-87 Recovery Support Services
- [ ] 561-68 Case Mgmt – Client Contact
- [ ] 562-68 Case Management – Collateral
- [ ] 141-00 Missed Appointment / No Show

**DMC Level 2.1 Intensive Outpatient Treatment**
- [ ] 103-30 Group Counseling
- [ ] 104-30 Individual Treatment/Counseling
- [ ] 106-30 Education Group
- [ ] 107-30 Collateral Service
- [ ] 110-30 Crisis Intervention
- [ ] 115-30 Intake Clinical
- [ ] 126-38 Physician Consultation
- [ ] 129-30 Discharge Planning
- [ ] 135-37 Recovery Support Services
- [ ] 561-6A Case Mgmt – Client Contact
- [ ] 562-6A Case Management – Collateral
- [ ] 141-00 Missed Appointment / No Show

**DMC Level 3.1 Case Management, Recovery Support & Physician Consultation Only**
- [ ] 126-44 Physician Consultation
- [ ] 135-47 Recovery Support Services
- [ ] 561-69 Case Mgmt – Client Contact
- [ ] 562-69 Case Management – Collateral

**DMC Level 3.2 Case Management, Recovery Support & Physician Consultation Only**
- [ ] 126-45 Physician Consultation
- [ ] 561-68 Case Mgmt – Client Contact
- [ ] 562-68 Case Management – Collateral
**Non-DRUG MEDI-CAL SERVICES** (check no more than 1)

<table>
<thead>
<tr>
<th>Non-Residential AB-109, SAPT or Other Non-DMC Services</th>
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<tbody>
<tr>
<td>☐ 103-00 Group Counseling</td>
<td>☐ 109-00 Treatment Planning</td>
</tr>
<tr>
<td>☐ 104-00 Individual Treatment/Counseling</td>
<td>☐ 110-00 Crisis Intervention</td>
</tr>
<tr>
<td>☐ 106-00 Education Group</td>
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**SAMHWorks**

|  |
|--------------------------------------------------------|---------------------------------|
| ☐ 103-00 Group Counseling                               | ☐ 174-00 MH Service – Pre-School Social |
| ☐ 104-00 Individual Treatment/Counseling               | ☐ 175-00 MH Service – Child Counseling |
| ☐ 106-00 Education Group                               | ☐ 176-00 Psychotherapy Evaluation |
| ☐ 172-00 Children Linkage                              | ☐ 177-00 Child/Family Services Contact |
| ☐ 178-00 Employment Specialist Contact                 | ☐ 196-00 Transitional Counsel Individual |

**NTP**

|  |
|--------------------------------------------------------|---------------------------------|
| ☐ 103-8B Group Counseling                               | ☐ 148-8B NTP Group Counseling   |
| ☐ 104-8A Individual Treatment/Counseling               | ☐ 149-8A NTP Individual Tx/Counseling |
| ☐ 143-29 NTP Perinatal Group Counseling                 | ☐ 401-20 NTP Dose – Methadone    |
| ☐ 144-26 NTP Perinatal Individual Treatment             | ☐ 402-8A Medication Monitoring   |
| ☐ 404-25 NTP Dose - Perinatal                          | ☐ 561-6C Case Mgmt – Client Contact |
| ☐ 562-6C Case Management – Collateral                   |  |

**PROGRESS NOTE**
The description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals


Dimension area(s) covered / topic(s) of session:

Therapist or Counselor Printed Name: Therapist or Counselor Signature (with credentials): Date Name Printed & Signed: