

County of San Diego Mental Health Plan  
**Therapeutic Foster Care (TFC)**  
**Daily Progress Note**

**COMPLETED BY:**

Certified TFC Parent

**REVIEWED AND CO-SIGNED BY:**

TFC Clinical Lead designated as one of the following:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

**COMPLETION REQUIREMENTS:**

1. TFC Daily Progress Note is completed by the TFC Parent in the CCBH Electronic Health record within 24 hours of the service\*\*
2. TFC Daily Progress Note is reviewed by the TFC Clinical Lead within 48 hours of when note is entered in the CCBH system\*\*
3. If no corrections are needed, the TFC Clinical Lead co-signs and Final Approves the TFC Daily Progress Note in the CCBH system
4. If corrections are needed, the TFC Clinical Lead will inform the TFC Parent of corrections. Corrections are required to be completed by the TFC Parent within 24 hours of receipt\*\*
5. Prior Authorization must be obtained before TFC services are initiated, and a continuing request must be authorized prior to providing services once the initial request expires
6. TFC Daily Progress Notes will **not** be eligible for reimbursement in the following circumstances:
  - TFC Daily Progress Notes submitted without Prior Authorization from Optum
  - TFC Daily Progress Notes not finalized within the county standards of 14 days – TFC Provider may establish a shorter timeline\*\*
  - TFC Daily Progress Notes submitted during a week when there is no 1:1 meeting between the TFC Parent and TFC Clinical Lead\*\*

**DOCUMENTATION STANDARDS:**

*The following elements of the TFC Daily Progress Note form must be addressed*

**1. Client Information\***

- Must include name, Case #, Date of Service and Program Name

**2. Day of the Week**

- Must include Day of the Week that the Service was provided

**3. Youth's Overall Mood/Behavior**

- Each Daily TFC Progress note must have the following completed for the Morning, Afternoon and Evening when the youth is present
  - **Youth Presentation \***
    - Select the descriptions that best describe the TFC Parent's observation of the youth's presentation. More than one box can be selected.
    - If other, provide a description of the youth's presentation

- **Describe youth’s targeted behavior observed and include any antecedents\***
    - Provide a brief description of the observed targeted behavior for that specific time of the day
    - Include appropriate behaviors and interactions the youth engaged in
    - Describe any known antecedents to the observed behavior for that time of the day
  - **Intervention(s) Utilized\***
    - Describe strategies used to address the target behavior and/or strategies to reinforce appropriate behaviors and interactions
    - Strategies used to address behavior must be based on the TFC Parent interventions in the Client Plan, as guided by the Child and Family Team (CFT)
  - **Youth’s Response to Interventions\***
    - Describe how the youth responded to the specific interventions used by the TFC Parent
    - Include details/observations of youth before intervention, during intervention, and after intervention
    - Include detail regarding strategies the youth used related to TFC Parent/Client Plan interventions
  - ❖ If the TFC Parent does not have access to the youth (youth not present) for a portion of the day select “No Access”
  - ❖ All times of day (morning, afternoon, evening) must be completed in which the youth is present
  - ❖ To meet Medi-Cal standards for reimbursement, youth must be present for at least one portion of the day and the subsequent TFC Daily Note section (morning, afternoon, evening) must be completed
- 4. Sleep Pattern (explain any behaviors associated with sleep on the day of the progress note)**
- Select any observed or reported sleep concerns
    - Multiple boxes can be selected
  - Provide a brief explanation if sleep concerns are identified
  - If no sleep concerns are identified select “No Concerns”
- 5. Eating**
- Select any observed or reported eating concerns from the day of service
    - Multiple boxes can be selected
  - Provide a brief explanation if eating concerns are identified
  - If no eating concerns are identified select “No Concerns”
- 6. Toileting**
- Select any observed or reported toileting concerns
    - Multiple boxes can be selected
  - Provide a brief explanation if toileting concerns are identified
  - If no toileting concerns are identified select “No Concerns”
- 7. Aggression**
- If aggression is observed or reported, select one of the following options:
    - Mild, Moderate or Severe
  - Provide a brief explanation if aggression is present
  - If no aggression is present, select “No Concerns”

## 8. Additional Collateral Information

- Describe any contact with members of the youth's CFT or other significant support person(s)
  - Collateral Information excludes any exchange of information with the TFC program (FFAST team)

## 9. Overall Risk\*

- **Danger to Self**
  - Describe observations or reports of youth displaying danger to self
  - Danger to self may include threats or actions of self-harm, risk-taking behavior, suicide attempts or other actions indicating a danger to self that require immediate intervention
- **Danger to Others**
  - Describe observations or reports of threats or actions of danger to others
  - Danger to others may include verbal or physical threats or actions, aggression, violence, property destruction with potential for harming others, or other actions indicating a danger to others that require immediate intervention
- **Action(s) Taken**
  - If Danger to Self or Others is identified, describe the interventions/actions taken by the TFC Parent to evaluate the youth's risk and/or reduce or mitigate danger
  - Actions taken may include contacting the TFC Lead, calling the police or PERT team, calling 911 in an emergency, and/or other actions by the TFC Parent to help reduce the risk of danger

## 10. Signature/Title/Credential

- TFC Parent electronically signs TFC Daily Progress Note in CCBH
- TFC Clinical Lead electronically provides co-signature in CCBH
- TFC Parent title and credentials will be indicated in CCBH

\*Indicates required fields on TFC Daily Progress Note

\*\*TFC Provider established timelines and therefore TFC Provider may issue written exceptions, but must adhere to Medi-Cal and County established timelines.

Paper TFC Progress Notes are only to be completed when the electronic health record is not accessible