Client Service:				Sign	Update	Reprocess	Clone	Add To Do	List			
										ID:	692846	
Namelan Torrer	Pacific North	west	Employee N	lame:	Sean Wri	jht, MA , MS , LMF	IC, MHP	Recipient:		Client		
Service Type:	MH Treatme	nt Plan	Program:		SP SAFT	SP SAFT OP			Location:		Spokane Office	
Time In:	3:41 PM		Time Out:		4:18 PM			Date:		3/12/2024		
Revised Time In:			Revised Time Out:						Duration:		37	
CPT Code:	NB		Insurance:		Molina : 0	Molina : 000000000WA			Non Billable:		True	
Rate :	0.00		Units :		1	1		Сорау:		\$0.00		
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Approved:	False		Approved E	sy / On: 🤨				Diagnosis:		(300.9/F99))	
pisode ID:	23391		Billing Matrix:		MH Treat	MH Treatement Plan		Transferred:		3/12/2024 3:43 PM		
Status:	COMPLETE	D	Authorization	on ID:	×			Signed:		3/12/2024 3	3:43 PM	
chedule Date:			Merged:					Billing Group	:	Spokane		
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Version 1			03/12/2024 03:43:23 PM			Sean Wright (5028)			Current			
LCSWA Treatment Plan									1 - 1 of 1 items Search Answers + Edit Full Vi		i iterris	
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1 of 2

Intervention/Modality: COORDINATION: Referrals and coordination with other providers including: dr

Start Date: 3/12/2024 Target Date: End Date:

Description: Individual Treatment Services: Comprehensive Community Support Frequency: Weekly; Duration: 60 minutes. Provider: Clinical Care Team

members, including Care Coordinator.

Intervention/Modality: CLINICAL SUPPORT: Reinforce skill taught by therapist and take steps in support of service plan Start Date: 3/12/2024 Target Date: End Date:

Description: Modality: Individual treatment services: Comprehensive Community Support. Duration: 60 min. Frequency: 1-2 times weekly. Provider:

Clinical Care Team, including Mental Health Technicians.

Objective: Increase socializing with friends from 0 to 2 times per month

Description: Currently, client is avoiding being in public with friends out of fear of having a panic attack. Socializing looks like spending time outside the

house with at least one friend.

Intervention/Modality: Face fears of having panic attacks through brave practice

Start Date: 3/12/2024 **Target Date:** 6/11/2024 **End Date:**

Description: Model: Cognitive Behavioral Therapy. Essential element posure, cognitive restructuring. Modality: Individual Treatment Services:

Psychotherapy. Frequency: once per week. Duration: 60 minutes.

Employee Signature

Add To Do

De P. wijet

3/12/2024 3:43 PM Sean Wright - Clinical Director MA, MS, LMHC, MHP, CMHS

Summary Sign Update Log Reprocess

2 of 2 3/12/2024, 4:04 PM