

~~"A picture is worth a thousand words"~~

Sometimes, a few words are needed to get the full picture!

Progress Notes 8/20/21

Note#000158

Client relayed that she was not able to reach the nurse to schedule her next home visit for this Thursday to administer her **injection**. Care Manager will call the nursing agency to confirm that someone will come. Client also has a **dental** procedure for which Care Manager arranged **transportation**. We also spoke about client's upcoming **psychiatry** appointment. Client wants to her medications changed as she believes it is causing her negative side effects. Client's daughter had asked Care Manager to help her mom find a **nutritionist**, and Care Manager inquired whether client would be interested in joining a local Nutrition group. Client was optimistic about idea, and we did a conference call to set up an intake appointment.

Note#000429

Client reached out to Care Manager, she has been up all night and she is not feeling her best. She was crying on the phone and expressed feelings of **self-harm**. Care Manager alerted supervisor and we were able to get in touch with client's daughter, brother, and her **HCBS** worker. Care Manager stayed on the phone with client and was able to help her **regulate**. Client was reminded that she can take her prescribed Clonazepam for such events. Care Manager made sure she was safe and arranged for the HCBS worker to go over and be there with client. Care Manager will **check in** later again.

Actual notes*
of the work our
CARE MANAGERS
do with our **clients** daily

(* with slight modifications to protect client identity)

Note#000301

Client contacted Care Manager that she received paperwork from **SSI**, as well as documentation request from State **Disability Assistance (SDA)**. In addition, she received a **medical bill** for a device that she was supposed to return to the company months ago but was unable to since she was **hospitalized** at that time. Care Manager assisted client in understanding her SSI award letter and compiling and submitting necessary documentation for SDA. Care Manager contacted the medical company that owns the medical device and **advocated** for an extended return grace period without incurring penalties. Care Manager then assisted client in processing the UPS return.

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Progress Notes 8/23/21

Note#00036

Care manager went over to client's house, to have lunch together. Client relayed that he was just in the **Emergency Room** for a visit post-fall. Client is still looking for an **aide** but had someone that is filling in temporarily in the meantime. He also expressed that he is raising funds to buy a used **car**, instead of getting a lease. Care Manager and client discussed **safety** plan and will follow up with his **nurse** caseworker.

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Note#000312

Care Manager met up with client at a local **coffee shop**. Care Manager aimed to create a trusting and safe environment in which client can feel supported. Client shared that in addition to his and his wife's own **mental health** struggles, he is dealing with a lot of **health issues** within the larger family. He shared that He is struggling to manage his feelings, as well as with panic attacks, sleeplessness and a lot of anxiety. Care Manager and client reviewed **treatment plans** and some short- and long-term **goals** that may help his daily life.

Note#000452

Care Manager called **insurance providers** and doctor together with client to receive prior approval for an **eye doctor** appointment. Care Manager **empowered** client to take charge and be assertive in the phone call while Care Manager advocated where necessary. Client felt great after the call that she was able to be in **control** of her own care.

Note#000618

Hospital social worker called Care Manager to explain that the client's **psychiatrist** had not agreed to meet with the client because he felt that the client requires a higher level of care and that if discharged to the community might pose a danger to himself or others. Care Manager will explore options of local inpatient and partial hospitalization programs, as well as advocating with **insurance provider** to approve a higher level of care.

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PROGRESS NOTES 8/30/21

Note#000739

Transportation to and from appointments has always been a challenge for client. It was falling on his overwhelmed family to make the arrangements. Care Manager suggested utilizing Medicaid Transportation, and was able to schedule transportation for client's upcoming physical therapy appointment. Care Manager also went over employment options with client and went over unemployment benefits to make sure client is receiving what they are eligible.

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Note#000316

Client asked to speak to Care Manager about the idea of returning to therapy. We discussed her specific concerns about her previous therapist and Care Manager encouraged client to communicate her anxiety with the therapist if she chooses to return. We also spoke about client's obsessive thoughts and her struggles with taking advice from others. At the conclusion of the call, client moved from precontemplation to seriously considering therapy.

Note#000549

Care Manager went over to local clinic to meet client and his support team. Client's treatment plan and housing options were discussed. Client was ambivalent about visiting the housing options until he is in a better state of mind. Client agreed that Care Manager could send over requested paperwork, in order to reserve the spot. Client relayed that he needed some food items. Care Manager drove the client over to the supermarket and assisted him with buying some food. Care Manager will follow up with his clinic to obtain the necessary paperwork.

Note#000255

Care Manager reached out to local SNAP Food Benefits office to explain that client lost her card and is currently in the hospital; she is concerned about getting another card. Care Manager requested that replacement card be mailed to Care Manager office address so client can receive it when she is discharged. Care Manager also left message for social worker at hospital to let client know about this development.

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Progress Notes 9/6/21

Note#000789

Supervisors and Care Managers discussed the obstacles to help client's family receive services for their **children**. Client is struggling with her **mental health** and is frustrated that she isn't receiving more assistance with her children and household. An action plan was developed to ensure that children receive appropriate services and Care Manager will reach out to client to continue developing rapport and encourage her to consider **therapy**.

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Note#000588

Client is continuing to respond well with Suboxone treatment post **detox**. The **hoarding** issue has reached a serious level where hygiene is threatened. Care Manager was able to connect with a government assistance **resource** providing mold remediation and access-to-home modifications which will help with the above as well with client's difficult **mobility** issues.

Note#000298

Client expressed that he has no extended family support—coming from a **dysfunctional family**. Client isn't an American citizen, and his green card will expire in one year, and he would like assistance reapplying, or help with gaining citizenship. Client isn't satisfied with his current **therapist** and would like to find someone new. Additionally, client is struggling financially, and would like assistance finding a **new job**. Client noted his **strength** of "I live in the moment. I'm happy, and I can take care of shopping and arranging things." Care Manager will assist client with his citizenship, therapist, and job.

Note#000752

Care Manager called **psych-hospital** to check in with client. Client was pleased with the call. Client sounds a lot better; it seems that the medication reset was helpful. Client expressed sadness with his inability to engage in **prayers** properly since he's there. Care Manager arranged for the Chaplain visit him on Friday. Client was very thankful to meet the Chaplain and be able to pray properly.

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Progress Notes 9/13/21

Note#000915

Client was able to be reflective regarding his **cannabis** usage and the harmful effect of cannabis-induced **psychosis**. Client relayed that he no longer is in **therapy** and doesn't want to have to restart sharing his whole background and journey with a new therapist. Care Manager encouraged the client to contact his old therapist, with whom he had a strong rapport with, to see if he would see him. Care Manager will also explore some **support groups** to aid client.

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Note#000867

Client expressed ambivalence with regards to taking his medications due to **hallucinations** involving religious rhetoric. Care Manager was able to **redirect** client and convinced him to follow course of **treatment** recommended by doctor as a way to serve God. Client notified Care Manager that he would schedule appointment with his **psychiatrist**. Client also wanted to know if he could have his **Homecare aide** as **SSI** payee, care manger provided information as needed.

Note#000867

Care Manager and client met at the office. She brought along her application packet for **housing** options that she needed assistance to complete for her upcoming interview with them. Care Manager also introduced the Access VR program, to help her with **vocational training**, and assisted client with completing this application as well. Client shared some of her frustrations that she is experiencing while staying with their **family** friends. She is not happy with the lack of her privacy. Care Manager provided **empathy** and went over available housing options.

Note#000751

Care Manager was able to arrange \$50 at a local grocery store for client to purchase **food**. Client explained that she has rented an **apartment** for the next two months and is still considering her long-term plans. Client says she is not looking forward to her **injection** next week and hopes something happens before then, so she doesn't need to receive it. Care Manager used 'Motivational Interviewing' techniques to reflect back to client pros and cons of following medication protocol.

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