

**LOUISIANA MEDICAID PROGRAM**

**ISSUED:**

**12/01/09**

**REPLACED:**

**CHAPTER 42: MULTI-SYSTEMIC THERAPY**

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**APPENDIX A: SERVICE LOG**

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## **APPENDIX A**

## MST Service Log

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Department of Health and Hospitals Behavioral Health Multi-Systemic Therapy Log
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Case Number: \_\_\_\_\_ Recipient Name: \_\_\_\_\_ Service Log #: \_\_\_\_\_  
Provider #: \_\_\_\_\_

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1. Date: \_\_\_/\_\_\_/\_\_\_                      5. Procedure Code: \_\_\_\_\_ Modifier: \_\_\_  
2. Begin Time: \_\_\_:\_\_\_ (hh:mm)        6. Service Participants: \_\_\_  
    End Time: \_\_\_:\_\_\_ (hh:mm)                      \_\_\_  
3. Place of Service: \_\_\_                                      \_\_\_  
4. Type of Contact: \_\_\_                                      \_\_\_

**NOTE:**

\*Please include persons present and relation to child, purpose of service contact (overarching goals addressed), interventions and progress.

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Therapist's Signature, Licensure *(required)*

Date

## MST SERVICE LOG CODES

### 3. PLACE OF SERVICE

- 03 School
- 11 Office
- 12 Home
- 14 Group Home
- 99 Other Place of Service

### 4. TYPE OF CONTACT

- 01 In Person
- 02 Telephone
- 03 Written

### 6. SERVICE PARTICIPANTS

- 01 Recipient
- 02 Family Member/Legal Guardian
- 03 Essential Other
- 04 Mental Health Provider
- 05 Education
- 06 OCS
- 07 Substance Abuse
- 08 Probation/OYD
- 09 Health
- 14 Clinical Management Team Member
- 99 Other