

INTENSIVE CASE MANAGEMENT ACTIVITY REPORT

PROVIDER: _____

MONTH/YEAR: _____

This report is designed to capture the amount of supportive activity provided to individuals involved with intensive case management services. Activity must be reported by 15 minute units (a single 15 minute unit is between 7½ to 15 minutes). The report must also capture the reporting period (Month) and the year-to-date (YTD) activity, as well as activity for SCA and CCBH clients.

	TOTAL		SCA		CCBH	
	MONTH	YTD	MONTH	YTD	MONTH	YTD
1. CLIENTS SERVED <i>Those individuals provided direct and/or related services (as defined below) during the reporting period.</i>						
2. DIRECT CLIENT CONTACTS <i>This includes face-to-face and/or telephone contact directly with a client, but does not include messages left for or received from a client.</i>						
3. CLIENT RELATED CONTACTS <i>This includes face-to-face and telephone contacts for any client related matter. This could include employers, family members and/or any referrals or discussion with service organization. This does not include staff meeting discussions or any telephone messages left for or received from a client</i>						

Report due to the Council on Chemical Abuse by the 10th of the month following service.