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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** | **Date** | **Direct Client Contact**  **(Minutes)** | **Case work**  **(Minutes)** | **Training Related to SOC**  **(Hours)** | **School Meetings**  **(Hours)** | **Marketing\**  **Outreach**  **(Hours)** | **Mileage** | **# Attempted Contacts with Referred Family** | **# No Shows**  **For Active Clients** |
|  |  |  |  |  |  |  |  |  |  |
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| **MONTHLY TOTALS** |  |  |  |  |  |  |  |  |  |

**Southern Plains Behavioral Health Services**

**Systems of Care**

**Billing Log**

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Active Family:** for the first 2 months, minimum of one face-to-face 30-minute contact

After the initial 2 months, minimum of one face-to-face 15-minute contact and at least one other contact (phone, text, email)

Telehealth is considered a face-to-face contact.