Sanilac County Community Mental Health Authority

**OBRA CHARGE SLIP**

# Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type- □ PAS □ Initial □ Annual □ Change in Condition □ Re-Eval □ HED

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time: | Date | Start Time | Stop Time | Time |
| Direct |  |  |  |  |
|  |  |  |  |  |
| Indirect |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Write-Up |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Travel |  |  |  |  |
|  |  |  |  |  |
| Total: | | | |  |

# To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Where

ENTER REGULAR WORK HOURS ON TIME SHEET UNDER “OBRA Hours.” IF APPROVED AS OVERTIME, ENTER ON TIME SHEET UNDER “OBRA OVERTIME HOURS.”

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_

OBRA Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_

DIRECTIONS:

1. Staff and contractors completing assessment - forward assessments and charge slips to OBRA Coordinator.
2. Coordinator enters all individual OBRA charge slips pertaining to one individual on the “Summary of OBRA screening” form.
3. Coordinator initials OBRA charge slip and forwards to supervisor.
4. Supervisor reviews charges, signs, and returns to OBRA Coordinator to be distributed to Finance Department.
5. CMH staff should enter their time ALSO on their time sheets. (See explanation above.)
6. CMH contractual staff need to record services to OBRA clients on their bill/invoice for service.