**Sanilac County Community Mental Health Authority**

**COMPREHENSIVE COMMUNITY SUPPORT SERVICES (CCSS) LOG**

|  |  |
| --- | --- |
| Name: | Provider Name: |
| Case #: | Rate: | Home Name:  | CCSS Code: |
| **Instructions:*****1.*** *For any period in which the person received Comprehensive Community Supports (i.e., guidance, direction or monitoring in the home or community), staff must write in the “Date,” “Start Time” & “Stop Time” (circle “am” or “pm”).* ***Note:*** *No CCSS services may be billed for periods when the person is not present, or when the person is admitted to an inpatient setting; transportation services may not be billed for medical appointments but supports are billable.****2.*** *Staff must calculate the total minutes between Start & Stop time & write in the total number in “Elapsed Minutes”.****3.*** *Staff must divide total minutes by 15 to get number of billable Units –* ***Note:*** *do not include any partial units of less than 15 minutes (ex., 6 hrs & 54 Min. = 414 Min. = 27.6 units = 27 billable units).* | ***4.***  *Staff providing service should initial in the column(s) below for any type(s) of supports that were provided for the consumer during that period.* |
|  | ***Rate*** | ***Cost (total)***  | ***Monitoring for Safety & Health (incl sleep hrs)*** | ***Other*** | ***Other*** |  | ***5****. All staff providing services during the time covered must sign & date to certify that services were provided according to the contract & Individual Plan of Service & that documentation has been completed as required.****6.*** *Provider/staff must**Total the units & report in the box on the last row with signature & date.* |
| **Date** | **Start Time** | **Stop Time** | **Elapsed Minutes** | **Billable Units** | **Signature(s) of staff initialing columns & Date** |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  | ampm  | ampm |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **Total Billable Units**  |  | ***Signature/Date*** |