**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** | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  | am  pm | am  pm | |  |  |  |  | |  |  |  |  |  |  | |
|  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
|  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **Total Billable Units** | | | | |  | ***Signature/Date*** | | | | | | | | | |