

**COLORADO DIVISION FOR DEVELOPMENTAL DISABILITIES**

**OBRA BILLING (2010 - 2011)**

**INDIVIDUAL INFORMATION**

Consumer Name:

\_\_\_\_\_

**SERVICES** (Check all that were provided.)

	<u><b>Amt. Due</b></u>
Referral and Eligibility Determination - \$136.90	\$ _____
Psychological Evaluation (not to exceed \$390.59)	_____
Private Pay Level of Care - \$29.33 (Long-Term Care Eligibility Assessment – Non-Medicaid)	_____
Colorado PASARR Assessment - \$49.29	_____
New Referral: OBRA Preadmission Evaluation (OPE form) - \$136.90	_____
Nursing Facility Annual Resident Review (NFARR) - \$58.53	_____
<b>TOTAL</b>	<b>\$ _____</b>

\_\_\_\_\_  
**Name of Community Centered Board**

\_\_\_\_\_  
**Signature of CCB Business Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**DDD Approval**

\_\_\_\_\_  
**Date**