

Employee Name (Please Print)

Shopping, CI, Waiver, Training, & Medical Escort **TIMESHEET**



For the week of service, timesheets are due the following Monday by Midnight. You may fax, drop off, or email your timesheets. Mail is discouraged as it can not guarantee timely pay. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay.

Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

Please see back for instructions.

Employee Name (Please P	Print) Employee ID	Member Name (Please	Print) Member ID	
John Smith	n 10023	45 Jane Doe	1234567	
Service Date (MM/DD)	Shift/Drive Start	Shift/Drive End	Service Code	
101/02	0 0 0 AM	1 1 : 0 0 O AM O PM	CFCSHOPCI	
201/03	0 0 0 O PM	1 1 : 0 0 O PM	CFCSHOPCI	
301/03	02:15 O AM O PM	0 H: 0 D O AM	CFCMEDESC	
401/04	03:00 OAM	05:00°AM	SOCSUP	
501/06	02:30°AM	03:30°AM	HOMEMAKER	
601/05	0 3 : 3 0 O AM	04:30° AM	SOCGUP	
7 /	: O AM O PM	O AM O PM		
8 / /	O AM O PM	: O AM O PM		
9 /	O AM O PM	: O AM O PM		
Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week? O Yes Explain:				
Comments: Include the specific destination for all Shopping or CI time. For Medical Escort, write the location of the appointment and the name of the healthcare provider. A Medical Office Representative must sign off on this information to indicate that services were provided. 010217-6000000000000000000000000000000000000				
01/03/17 - CI - Mail (Holiday VIIIage 10+4 Are SO)				
certify that the hours, service	es,			
and tasks indicated above we	re Employee Signature		Date (MM/DD/YY)	
provided to the Member by the Employee as recorded. Medic Escort services were provided	cal Campola		01/05/17	
the nearest Medicaid Provide			Date (MM/DD/YY)	

Ε Ε The Member was NOT in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature	Date (MM/DD/YY)
Sample	01/05/17
Member/PR Signature	Date (MM/DD/YY)
Sample	01/05/17
Provider Representative Signature	Date (MM/DD/YY)
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Duan Off. 100 Consuma Dianet XV Ct. 145 N.	1) (// / / / / / / / / / / / / / / / / /

Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 59808

Fax: 1-855-486-7246

Email: cdmtts@consumerdirectcare.com





Timesheet Instructions

These items must be completed for your timesheet to be processed:

- **Employee Name**
- Employee ID (first 7 digits)
- **Member Name**
- Member ID
- **Employee Signature & Date**
 - Must be dated on or after the last day worked.
- Member Signature & Date
 - o Must be dated on or after the last day worked.

Each line of time must include:

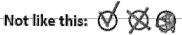
- Service Date (MM/DD format)
- Time In (including am/pm)
- Time Out (including am/pm)
- Service Code

Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

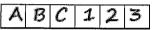
Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form

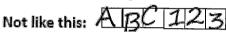
For best results use **BLACK** ink

Shade circles completely, like this:



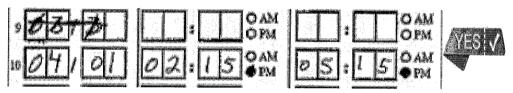
Fill boxes like this:



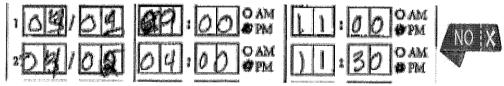


Making Corrections

If you make a mistake before turning in your timesheet, cross out the incorrect line and rewrite the information on the next blank-line-like this:



Do not write over the top of incorrect information like this:



If you make a mistake and the timesheet gets returned to you for corrections, you must fill out a new timesheet.

Service Codes				
Service	Enter As:			
Community Integration	CFCSHOPCI			
Med Escort	CFCMEDESC			
Shopping	CFCSHOPCI			
Waiver - Habilitation Aide	HABAID			
Waiver - Homemaker	HOMEMAKER			
Waiver - Respite	RESPITE			
Waiver - Skilled Habilitation Aide	STAHAB			
Waiver - Social Supervision	SOCSUP			
Training	TRAINING			