

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



nday that started this work week.							
	/			/			
MM	•	Ι	DD	•	Y	ΥY	•

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.

Please see back for instructions. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted. **Employee ID Employee Name (Please Print) Member Name (Please Print)** Member ID Service Date (MM/DD) Shift/Drive Start Shift/Drive End **Service Code** O AM O AM O PM O PM O AM O AM 9 O PM 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. I certify that the hours, services,

and tasks indicated above were provided to the Member by the Employee as recorded. Medical Escort services were provided to the nearest Medicaid Provider. 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.

Rev 6/19/17

Employee Signature	Date (MM/DD/YY)			
	/ //			
Member/PR Signature	Date (MM/DD/YY)			
	/ / //			
Provider Representative Signature	Date (MM/DD/YY)			
	/ / /			
Drop Off: 100 Consumer Direct Way Ste 145 Missoula MT	59808 18663			

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
 - Must be dated on or after the last day

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.

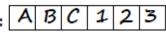
Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Shade circles completely, like this:



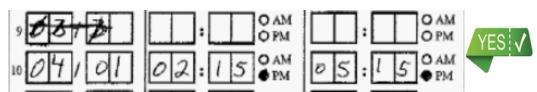
Fill boxes like this:



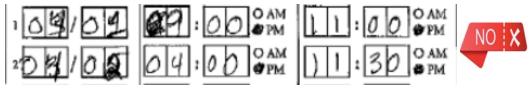


Making Corrections

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				

