

## Instructions for Completing the Self-Hired Employee Time Sheet and Service Documentation

The **Employee Time Sheet and Service Documentation** is available in a weekly or biweekly version for FI providers to use and/or modify, as needed. These documents are designed to:

- record the total number of hours staff worked and hours for which staff will be paid;
- record billable and non-billable time;
- meet documentation requirements that support billing to Medicaid; and
- ensure the Self-Direction participant is receiving the supports and services funded in his/her approved Self-Direction Budget.

The Employee Time Sheet and Service Documentation form has two purposes:

- to obtain supporting documentation needed to pay staff, and
- to provide supporting documentation needed to bill Medicaid.

### **Instructions for the Fiscal Intermediary (FI):**

The FI completes (or instructs the employee to complete) the top section of the form including the:

- Individual's name
- Individual's Medicaid CIN (Medicaid CIN may be added after the time sheet is completed/signed/submitted)
- FI agency name
- Service type
- Primary service location(s)
- Time sheet end date (i.e., Time Sheet for Period Ending (mo/day/year)).

### **Instructions for the Employee:**

This time sheet is similar to a traditional time sheet in that it:

- Provides supporting documentation for you to get paid, and
- Serves as documentation of the supports and services you provided to the participant.

<b><i>As an employee, you'll enter information into each column as described below:</i></b>	
<b>Date: Mo/Day</b>	Month/date for each day worked.
<b>Hrs Worked: From/To</b>	Total duration of time you worked (e.g., 9 am - 3 pm).
<b>Total Hrs Worked</b>	Summed total of the hours you worked.
<b>Face-to-Face Time</b>	Number of hours you spent providing direct, face-to-face support to the participant.
<b>Non-Billable Time</b>	Time spent doing non-habilitative activities (e.g., paperwork, educating family members, attending trainings, etc.).
<b>Service Description</b>	A brief description about the type of support you provided to the participant. This support must relate to Community Habilitation and Supported Employment Habilitation Plans, and/or ISP valued outcomes.
<b>Initials</b>	Place your initials at the end of the row to attest to the hours you worked each day.

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At the end of each time period, you must sign, initial and date your signature on the line at the bottom of the Employee Time Sheet labeled "Signature of Employee". Your signature and the date must be **contemporaneous** to the service you provided.

Please give this form to the participant and/or his/her designee. The participant or his/her designee will review your Employee Time Sheet for accuracy.

The participant will forward your Employee Time Sheet to the Fiscal Intermediary (FI) agency for processing so that you can get paid.

**Instructions for the Individual:**

Each of your employees must complete an Employee Time Sheet. You must make sure you give your employees a copy of this time sheet and that they complete it in a timely manner. You should discuss with your Fiscal Intermediary (FI) who will provide the time sheets to your employees.

<b><i>When the employee gives you his/her time sheet, you should:</i></b>
1) Look it over to be sure the information is complete and correct.
2) Make sure the employee initialed the line for each day worked.
3) Make sure the employee signed, initialed and dated the bottom.
4) If everything is correct, sign and date the form.

**\*\*Note:** If other goods/services (e.g., mileage or staff activity fees) are billed, ensure that they correlate with dates you received services.

**The only persons who should complete and sign this form are people who are listed in your Self-Direction Budget and have been given permission by you.**

Send the completed Employee Time Sheet to your FI. It is very important that your FI get this form as soon as possible so that it can be processed to pay your staff.