PARTICIPANT DIRECTED SERVICES
EMPLOYER/EMPLOYEE TIMESHEET INSTRUCTIONS

Participants/representatives and employees shall utilize the standardized timesheet provided by DAIL and DBHDID. Participants/representatives and employees must maintain documentation of services or activities performed, as well as hours worked and submit them according to their case manager agency and/or financial management agency’s written policy. No modifications to the document are allowed.

- At least one payroll sheet must be used for each employee. Participants/representatives and employees shall be held responsible for the accurate reporting of time.

- Timesheets shall be completed in a clear and legible manner. A correction must be a single line through the mistake, with the initials of the person making the correction and date. No other correction marks are allowable. Inappropriate corrections may result in a Corrective Action Plan (CAP), and may result in a delay of processing the timesheet/payment.

- Complete the employer/employee timesheet on page one (1) as outlined below:
  - Employee responsibility -
    - Date service provided - list the dates of providing approved service(s);
    - Service provided - label approved service(s);
    - Time in/time out - list actual start time and end time with a.m. or p.m.;
    - Total time - list total time a service was provided on each day;
    - Total hours - list total hours provided for each service; and
    - Signature and date - original signature of employee and date signed;
  - Participant/representative responsibility -
    - Signature and date - original signature of employer (i.e. consumer or representative) and date signed
  - Case manager may pre-fill the following to minimize error in submission:
    - Participant name - type first and last name as indicated on plan of care;
    - Employee name - type first and last name as indicated on plan of care;
    - If applicable, identification (ID) # - type MAID # for consumer, and provider # for employee;
    - Pay period - type start and end date of time period;
    - Employee address/zip - type address as indicated on I-9;
    - Gross total amount for pay period - for each service, list appropriate billing code, hours, pay rates, and total amount; and
    - Signature and date - original signature of support broker and date signed.
  - Financial Manager shall review the timesheet for billing and payroll, and sign to complete processing.

Note: By signing - the participant/representative and employee certifies that all information is true and correct; the case manager attests that services documented are relevant to the plan of care and that prior authorization limits have been adhered to.

- Complete the service documentation on page two (2) as outlined below:
  - Case manager may pre-fill the following to minimize error in submission -
    - Participant name - list first and last name as indicated on plan of care;
Employee name - list first and last name as indicated on plan of care; and
If applicable, identification (ID) # - type MAID # for consumer, and provider # for employee;

- Employee responsibility -
  - For each date of service, document the following -
  - A full description of the services that covers the entire shift; and
  - Evidence of training or support that supports the outcomes in the plan of care.
- Multiple copies can be produced and attached to one (1) timesheet. Incomplete documentation of services may result in a CAP, and may result in a delay of processing the timesheet/payment.