TIMESHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly. If timesheets are not readable or are incomplete, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM and Time Out with AM/PM. Each day worked must include Daily Total hours and a Written Narrative/Summary of activities performed/services provided.

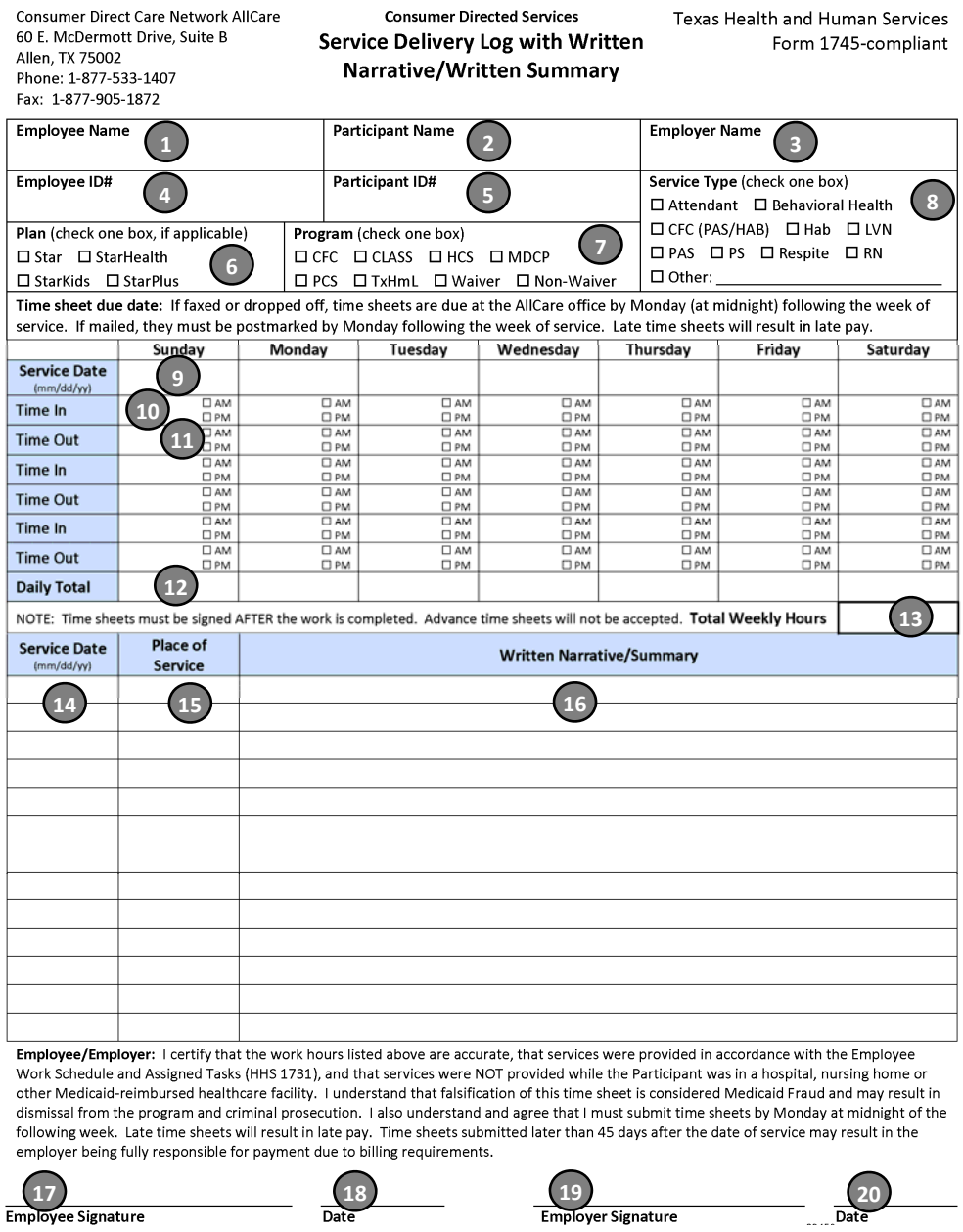
1, 2 & 3. Print applicable name.

4 & 5. Print applicable ID number.

6. **Plan.** Check the correct program plan, if applicable.
7. **Program.** Check the correct program option.
8. **Service Type.** Check the correct service type. If you check "other", enter the name of the service.
9. **Service Date.** Enter the date the service was provided, in MM/DD/YY format.
10. **Time In.** Enter the time your shift began, in **HH:MM** format (not military time). Check the **AM** or **PM** check box.
11. **Time Out.** Enter the time your shift ended, in **HH:MM** format (not military time). Check the **AM** or **PM** check box.
12. **Daily Total.** Enter the total hours worked each day.
13. **Total Weekly Hours.** Enter the total work hours for the week.

14-16. Written Narrative. For each day service was provided enter the Service Date (14), Place of Service (15) and Written Narrative (16) explaining in detail activities that occurred. The narrative must link the activities to the service plan goals.

17. **Employee Signature.** Sign form. Do not photocopy signatures.
18. **Employee Signature Date.** Date must be **on or after** the last day worked and filled in by the employee at the time of signing.
19. **Employer Signature.** Sign form. Do not photocopy signatures.
20. **Employer Signature Date.** Date must be **on or after** the last day worked and filled in by the employer at the time of signing.



Consumer Direct Care Network AllCare
60 E. McDermott Drive, Suite B
Allen, TX 75002
Phone: 1-877-533-1407
Fax: 1-877-905-1872

Consumer Directed Services
Service Delivery Log with Written Narrative/Written Summary

Texas Health and Human Services
Form 1745-compliant

Employee Name (1)	Participant Name (2)	Employer Name (3)
Employee ID# (4)	Participant ID# (5)	Service Type (check one box) (8) ☐ Attendant ☐ Behavioral Health ☐ CFC (PAS/HAB) ☐ Hab ☐ LVN ☐ PAS ☐ PS ☐ Respite ☐ RN ☐ Other: _____
Plan (check one box, if applicable) (6) ☐ Star ☐ StarHealth ☐ StarKids ☐ StarPlus	Program (check one box) (7) ☐ CFC ☐ CLASS ☐ HCS ☐ MDCP ☐ PCS ☐ TxHmL ☐ Waiver ☐ Non-Waiver	

Time sheet due date: If faxed or dropped off, time sheets are due at the AllCare office by Monday (at midnight) following the week of service. If mailed, they must be postmarked by Monday following the week of service. Late time sheets will result in late pay.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Service Date (mm/dd/yy)	(9)						
Time In	(10) ☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time Out	(11) ☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time In	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time Out	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time In	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time Out	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Daily Total	(12)						

NOTE: Time sheets must be signed AFTER the work is completed. Advance time sheets will not be accepted. **Total Weekly Hours** (13)

Service Date (mm/dd/yy)	Place of Service	Written Narrative/Summary
(14)	(15)	(16)

Employee/Employer: I certify that the work hours listed above are accurate, that services were provided in accordance with the Employee Work Schedule and Assigned Tasks (HHS 1731), and that services were NOT provided while the Participant was in a hospital, nursing home or other Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution. I also understand and agree that I must submit time sheets by Monday at midnight of the following week. Late time sheets will result in late pay. Time sheets submitted later than 45 days after the date of service may result in the employer being fully responsible for payment due to billing requirements.

(17) Employee Signature _____ (18) Date _____ (19) Employer Signature _____ (20) Date _____