

DDS Timesheet-ACR Financial Management Services

Fax to: 860-627-0330 or Toll-Free 866-598-2227

Mail to: PO Box 509 East Windsor, CT 06088-0509

Part 1: Employee Information

Employee FIRST Name	
Employee LAST Name	
Employee Number:	Pay Period Ending Date:

Part 2: Employer Information

Employer FIRST Name	
Employer LAST Name	
Employer Number:	DDS Number:
CR	

Service	Individualized Home Support: I H S	Individual Day Support: IND	Adult Companion: COMP
Code Key	Independent Broker: INDB	Personal Support: PS	Respite: Flat Rate (24hr): RES
	Supported Employment Individual SEI	Respite Hourly: RES2	Individual Goods and services Supervisor IGS

Part III: Timesheet

YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW

Week 1	Date Mo/Day	Service Code	Time IN		Time OUT		Time IN		Time OUT		Total Hrs
Sunday					AM	PM			AM	PM	
Monday					AM	PM			AM	PM	
Tuesday					AM	PM			AM	PM	
Wednesday					AM	PM			AM	PM	
Thursday					AM	PM			AM	PM	
Friday					AM	PM			AM	PM	
Saturday Ends Midnight					AM	PM			AM	PM	
Week 2											
Sunday					AM	PM			AM	PM	
Monday					AM	PM			AM	PM	
Tuesday					AM	PM			AM	PM	
Wednesday					AM	PM			AM	PM	
Thursday					AM	PM			AM	PM	
Friday					AM	PM			AM	PM	
Saturday Ends Midnight					AM	PM			AM	PM	
Progress Notes:	Bi-weekly IP Outcome progress note: What did you do for the hours you worked? Enter comments below-REQUIRED!										

By signing below, I certify that I provided the services to the consumer for the times recorded on this timesheet.

Employee Signature

Date Signed

I certify that the consumer has received the hours of service recorded on this timesheet.

Please check and FAX change form, if applicable
Address Change _____
Telephone # Change _____

Employer Signature

Date Signed

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Timesheet Instructions

- Every Employee MUST complete a timesheet indicating specific days and hours worked. Please make sure that all areas of the timesheet are filled out clearly and completely.
- All time should be rounded to the nearest $\frac{1}{4}$ of an hour (15 minutes) and recorded with the start and stop times. Recorded times should be written on the correct days of the week.
- Every Employee and Employer (or Employer representative) **must sign the timesheet** to verify the accuracy of the hours worked. Unsigned timesheets cannot be processed.
- **Falsifying hours constitutes Medicaid Fraud.** Should you realize any errors, you must promptly submit corrected timesheets clearly identifying the correction(s).
- The following is an explanation of the codes listed for the services on the timesheet. Please note that other codes may apply to your budget and will be conveyed to you by our office.

IHS : Individualized Home Supports

IND: Individual Day

PS: Personal Support

IGS: Individual Goods and Services Supervisor

SEI: Supported Employment Individual

COMP: Adult Companion

INDB: Independent Broker

RES: Respite (Flat Rate)

RES: Respite (Hourly)

- The hours and services provided must be authorized by DDS and are to not exceed the approved budget.
- **Each employee MUST complete a progress note for each pay period. The notes document how the services provided relate to the participant's individual plan.**
- Please retain all original timesheets on file if you fax or email your timesheets. If you mail your timesheets, the original should be sent to Allied and you should maintain a copy. Please be sure to retain copies in a safe, secure location which is not accessible by your staff in order to maintain confidentiality.
- You may also refer to our Timesheet Sample for further explanation.
- Para ayuda en español, se puede comunicarse con Samaris en la extensión 133, a Marilyn en la extensión 146.
- If you need additional forms, please call our office at 1-866-275-1358, extension 171. Forms are also accessible on our website at www.acrfi.org. Click on the forms tab - Payroll & Payments – DDS – Timesheet.