HCBS Time Sheet

Employee Name: ______________________ Dates of Service: __________ to __________

Member Name: ______________________ DDD Support Coordinator: ______________________

DATE	START TIME	END TIME	HOME OR COMMUNITY	RSP / ATC / HAH	TOTAL UNITS	GUARDIAN INITIALS
NOTES:						
DATE	START TIME	END TIME	HOME OR COMMUNITY	RSP / ATC / HAH	TOTAL UNITS	GUARDIAN INITIALS
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NOTES:						

TOTAL UNITS BILLED:	

(see overleaf for signature and instructions policy)

Employee Signature: ______________________ Date: ______________________

Member/Guardian Signature: ______________________ Date: ______________________

(PLEASE SUBMIT ELECTRONIC TIME SHEETS TO info@gwensadvancedcare.com EVERY SUNDAY BY 7:00 PM)

(ORIGINAL THIME SHEETS DUE TO ADMINISTRATION BY THE 1ST and 15TH OF EACH MONTH)

TELEPHONE: 602.595.5707 FAX: 602.595.7147

Gwen's Advance Care, LLC
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HCBS Time Sheet

EXTRA SHIFTS:

DATE	START TIME	END TIME	HOME OR COMMUNITY	RSP / ATC / HAH	TOTAL UNITS	GUARDIAN INITIALS
NOTES:						
DATE	**START TIME**	**END TIME**	**HOME OR COMMUNITY**	**RSP / ATC / HAH**	**TOTAL UNITS**	**GUARDIAN INITIALS**
NOTES:						

CANCELLED SHIFTS:

DATE	START TIME	END TIME	HOME OR COMMUNITY	RSP / ATC / HAH	CANCELLED BY MEMBER OR EMPLOYEE	CALL DATE	CALL TIME	GUARDIAN/EMPLOYEE INITIALS
NOTES:								
DATE	**START TIME**	**END TIME**	**HOME OR COMMUNITY**	**RSP / ATC / HAH**	**CANCELLED BY MEMBER OR EMPLOYEE**	**CALL DATE**	**CALL TIME**	**GUARDIAN/EMPLOYEE INITIALS**
NOTES:								

ADDITIONAL SHIFT NOTES:

SIGNATURE POILCY:

By signing this time sheet, both the employee and member/guardian certify that the time entries are true and accurate accounts of the HCBS services provided. This also certifies that respite hours did not exceed 12 hours (continuous or non-continuous) in a 24-hour period; habilitation hours did not exceed 10 hours (continuous or non-continuous) in a 24-hour hour period; ATC hours sis not exceed 40 hours in a week. It is also certified that no medications or transportation was provided without prior approval from Gwen's Advance Care Administration. If the number of HCBS hours billed exceeds the allocated by DDD, member/guardian certifies that they are financially responsible to Gwen's Advance Care for those hours. Time sheets will not be accepted without both signatures. Please use black or blue ink only. Original forms must be submitted to Gwen's Advance Care Administrative offices. Gwen's Advance Care reserves the right to hold paychecks until DDD reimbursement for any time sheets turned in late and/or requiring corrections. Any false billing on time sheets is considered Medical Fraud and is a punishable crime.

Time to Units Conversion Table:

Minutes	Conversion	Minutes	Conversion	Minutes	Conversion	Minutes	Conversion	Minutes
2-8	**0.10**	**15-20**	**0.30**	**27-32**	**0.50**	**39-44**	**0.70**	**51-56**
9-14	**0.20**	**21-26**	**0.40**	**33-38**	**0.60**	**45-50**	**0.80**	**55-60**

Time difference calculator: visit this site to calculate the hours you have worked for units' conversion http://www.grun1.com/units/timediff.cfm

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