

Imagine Enterprises – Financial Management Services Agency

Consumer Directed Services Time Sheet Process

Imagine Enterprises uses the [Form 1745 - Time Sheet](#), developed by the state – Department of Aging and Disability Services / Health and Human Services Commission (DADS-HHSC). Form1745 - Time Sheet was last revised in August 2014. Several requirements have been added to the payroll process since. These guidelines ensure the protectionⁱ of CDS Employers and your staff to meet current Federal and state Medicaid time sheet requirements and payroll is efficient, timely and correct.

Employees must fill out their own time sheet, sign it, and then give to the employer to review, sign & submit. Employers may contact us with questions on time sheet/payroll issues at: [_](#) or call us at 713-253-9792. Go to www.imagineenterprises.org to locate Imagine Enterprises FMSA information, [Form 1745 – Time Sheet](#) and the [payroll schedule](#). Copy the Form1745-Time Sheet only on white paper in a Landscape page setup. White paper is easier to read to complete the payroll and billing process.

I. Service Definitions and Acronym for HCS and Texas Home Living Services:

- a. Respite (R): A break for the un-paid care-giver. Place of service for Respite can be Home or Community, or both.
- b. Personal Assistant Services/Habilitation (PAS): Work one-on-one with an individual on goals or support needs identified in the annual staff meeting and Person-Directed Plan (PDP). Place of Service can be Home or Community or both. Sometimes seen as PAS/HAB, this abbreviation is the Community First Choice (CFC) waiver for “Personal Assistant Services/Habilitation”.
- c. Person Directed Plan (PDP) and Individual Plan of Care (IPC): At the annual staff meeting the Service Coordinator, recipient, and their family, staff or friends define the person’s support services, goals, related activities and the associated hours. Only the services and activities identified in the PDP are eligible for payment. The hours are recorded in the IPC document.
- d. Supported Employment (SE) or Employment Assistance (EA) Services: Support to an individual to find, get or keep a job.
- e. Transportation (T): While providing PAS, time spent in the vehicle is billed separately as transportation. Transportation does not apply to Respite, Employment Assistance or Supported Employment.

II. Navigating the Time Sheet - *Please reference the sample Time Sheet, Form 1745 provided when reviewing this section.*

1. Page 1, Section 1:

Fill in every square. Do not leave blanks. If you are not sure how to respond, please ask! Either **type or print** in the information, and never assume we “know who you are”!

⇒ Program: Either HCS or TxHL

⇒ Pay Period: Use the dates from the IMAGINE pay chart to identify the pay period

⇒ Service Provider Name: Full Employee Name

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- ⇒ Participant Name: Full name of person receiving services
- ⇒ Employer Name: The Employer is identified at the annual staff meeting and is registered with the Federal IRS and Texas Workforce Commission. It may be the Medicaid waiver recipient, a parent, relative, or legally authorized representative (LAR).
- ⇒ Service Type: Mark or type in the Service Type for each service that is on that page of the time sheet. After “Other,” write in Transportation and/or Employment Assistance, Supported Employment. Each “Service Type” is important because it identifies the rate of pay per the service definitions defined above and the funding source we access to bill Medicaid for your services. DO NOT USE: SHL, Community Support or Residential Habilitation

| | |
|---|--|
| Program Home and Community Service (HCS) or Texas Home Living (TxHL) | Participant Name Mary Smith |
| Pay Period July 2 - 15, 2017 | Employer Name Mary Smith |
| Service Provider Name Annetta Frank | Service Type <input checked="" type="checkbox"/> PAS <input type="checkbox"/> SHL <input type="checkbox"/> Respite <input type="checkbox"/> Community Support <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Other Transportation |

2. Page 1, Section 2:

Services details include these sections on Page 1. We will go over detail for each column.

a. Service Date

| Service Date | Time In (AM or PM) | Time Out (AM or PM) | Time In (AM or PM) | Time Out (AM or PM) | Total Hours | Place of Service | Written Narrative Continue narrative on next page, if needed. |
|--------------|--------------------|---------------------|--------------------|---------------------|-------------|------------------|--|
| 07/06/17 | | | | | | | |
| 7/6/17 | | | | | | | |

Put the full date: Month, Day, Year. Always make sure that you put the year on each date—*this is the most common error found by auditors*. The form includes a drop-down box marked by the black arrow that you can click on the calendar date.

b. Time In & Time Out

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Put AM or PM on each begin and each end time. Do not circle the AM or PM in the grey area – it is not legible and does not meet DADS standards. Do NOT use **24-hour military time, only regular time.** Only put one “begin and end” time per line. You can use the first “in and out” columns for PAS, and the second “in and out” columns for Transportation. But, do not use both “in and out” columns on the same line for different services.

Example:

Only one-time period per line

| Time In (AM or PM) | Time Out (AM or PM) | Time In (AM or PM) | Time Out (AM or PM) | Total Hours |
|-----------------------|------------------------|-----------------------|------------------------|-------------|
| 6 am | 7:30 AM | : | : | 1.5 |
| | | 7:30 AM | 7:45 AM | 0.25 |

c. Report your time in 15 minute increments

For instance, 1:00 pm, 1:15 pm, 1:30 pm, 1:45 pm, or, for military time: 13:00, 13:15, 13:30, 13:45. **Never** write less, such as 8 minutes; or more, such as 25 minutes. etc. If you work 7 minutes or less, the time period is rounded **down**. If you work 8 minutes or more, the time period is rounded **up**.

d. Total Hours for Each Line

To complete each line with the Total Hours on that line, determine the Total Hours from the Time In-Time Out you recorded. Each 15-minute increment equals one quarter, or .25, of an hour.

| | | | |
|---------------------------|--------------------------|---------------------------|----------------|
| 15 minutes is .25 | 30 minutes is .5 | 45 minutes is .75 | 1 hour is 1.0 |
| 1 hour 15 minutes is 1.25 | 1 hour 30 minutes is 1.5 | 1 hour 45 minutes is 1.75 | 2 hours is 2.0 |

Example of how to write total time:



| Service Date | Time In (AM or PM) | Time Out (AM or PM) | Time In (AM or PM) | Time Out (AM or PM) | Total Hours |
|--------------|-----------------------|------------------------|-----------------------|------------------------|-------------|
| 07/06/17 | 6 am | 7:30 AM | : | : | 1.5 |
| 07/06/17 | | | 7:30 AM | 7:45 AM | 0.25 |
| 07/06/17 | 7:45 AM | 9 am | : | : | 1.25 |
| | : | : | : | : | |
| | : | : | : | : | |
| 07/06/17 | | | 9 am | 9:15 AM | 0.25 |
| 07/06/17 | 9:15 AM | 11:30 AM | : | : | 2.25 |

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e. Total Hours for the Page

Fill in the total hours for **each** page at the bottom of the Total Hours column. If you rounded the begin and end times correctly, it is much easier to do the total time.

| | | | | | |
|--------------------|---|---|---|---|-----|
| | : | : | : | : | |
| Total Hours | | | | | 5.5 |



f. Place of Service

Place of Service is reported for every time period. There are only 2 options to put in this column: “H” or “C” – no other information is required or needed and each entry needs an H or C. Do not put CS, an address or name of a destination here. Put that information in the log note (not here). The place of service does NOT determine if your services are PAS/HAB or Respite!

| Place of Service |
|------------------|
| C |
| C |
| H & C |
| H |
| H |

- i. If service took place in client home, record “H” for client home.
- ii. Any service provided outside the client home, is “C”, meaning community or a location that is not the client home.
- iii. If services are provided in both place in both the Home and Community, record as “H and C”. For instance, PAS and Respite may be both.

g. Complete the Written Narrative

The Written Narrative Section contains the log note entry that corresponds with the Time-In/Time-Out period. Each Time-In/Time-Out time period has its own log note. A single log note cannot cover multiple “Time-In/Time-Out” entries.

| Service Date | Time In (AM or PM) | Time Out (AM or PM) | Time In (AM or PM) | Time Out (AM or PM) | Total Hours | Place of Service | Written Narrative Continue narrative on next page, if needed. |
|--------------|--------------------|---------------------|--------------------|---------------------|-------------|------------------|---|
| 07/06/17 | 6 am | 7:30 AM | : | : | 1.5 | H | P - Assisted Mary to get up and progress through morning routine. Dress for workout. |
| 07/06/17 | | | 7:30 AM | 7:45 AM | 0.25 | C | T - Drove Mary to gym for workout. |
| 07/06/17 | 7:45 AM | 9 am | : | : | 1.25 | C | P - Provided support while Mary progressed through her work out. Some problems today |
| | : | : | : | : | | | with the weight machine and got gym trainer to assist with adjustments. Finished entire |
| | : | : | : | : | | | routine today in 45 minutes! Great progress. |
| 07/06/17 | | | 9 am | 9:15 AM | 0.25 | C | T - Drove Mary home. |
| 07/06/17 | 9:15 AM | 11:30 AM | : | : | 2.25 | H | P - Assisted Mary to bathe and prepare for the rest of her day. Made lunch and packed |

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| | | | | | | | |
|----------|----------|----------|---|---|------|-------|--|
| 07/03/17 | 10:45 AM | 11:00 AM | : | : | 0.25 | C | T - drove from McDonalds to home to drop Mary off |
| 07/04/17 | 7 AM | 5 PM | : | : | 10 | H & C | R - Mary's mother is ill today. Assisted Mary with her morning hygiene routine and meal. |
| | : | : | : | : | | | Supported morning chores included cleaning the kitchen and doing a batch of laundry. |
| | : | : | : | : | | | Packed a lunch and went to one of the local parks to walk and have a picnic. Provided |
| | : | : | : | : | | | help with planning and making supper for both Mary and her mother. |
| 07/05/17 | 7 am | 8 :15AM | : | : | 1.25 | H | P - Assisted Mary through her morning routine, breakfast and personal hygiene. |
| 07/05/17 | 8:15 AM | 8:45 AM | : | : | 0.5 | C | T - Drove to Pasadena Community Center for aerobic class and social games. |

When there is more than one service on the time sheet, identify each log note with abbreviation so we know which service to pay for that line. If there is only one service on the time sheet, you do not need to abbreviate each line to identify the service. Then only one box is checked in Section 1 for Service Type.

- P - for Community First Choice PAS/HAB
- T - for Transportation
- R - for Respite
- SE - for Supported Employment.
- EA - for Employment Assistance

It is permissible to use a different time sheet for each service, but this is prone to error. Mistakes are either gaps or overlapping times. When all services are on the same time sheet the majority of employees make less errors. *Overlapping times cannot be paid.* If we find that some have been paid, Imagine staff will contact you about this situation – the state will ask for repayment.

You may use more than one line on **Page 1** for a log note.

| Service Date | Time In (AM or PM) | Time Out (AM or PM) | Time In (AM or PM) | Time Out (AM or PM) | Total Hours | Place of Service | Written Narrative Continue narrative on next page, if needed. |
|--------------|--------------------|---------------------|--------------------|---------------------|-------------|------------------|---|
| 07/06/17 | 6 am | 7:30 AM | : | : | 1.5 | H | P - Assisted Mary to get up and progress through morning routine. Dress for workout. |
| 07/06/17 | | | 7:30 AM | 7:45 AM | 0.25 | C | T - Drove Mary to gym for workout. |
| 07/06/17 | 7:45 AM | 9 am | : | : | 1.25 | C | P - Provided support while Mary progressed through her work out. Some problems today |
| | : | : | : | : | | | with the weight machine and got gym trainer to assist with adjustments. Finished entire |
| | : | : | : | : | | | routine today in 45 minutes! Great progress. |
| 07/06/17 | | | 9 am | 9:15 AM | 0.25 | C | T - Drove Mary home. |
| 07/06/17 | 9:15 AM | 11:30 AM | : | : | 2.25 | H | P - Assisted Mary to bathe and prepare for the rest of her day. Made lunch and packed |

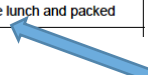
When you do this, be sure to move to the next line to put the correct Time-In/Time-Out for the next service.

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Use of **Page 2** of form 1745 is *optional*. If needed, start the narrative on Page 1 and continue on Page 2 of the time sheet for additional comments. If you use the optional second page, all information and both signatures must also be filled in on the 2nd page. Here is an example for a note started on Page 1 and ending on Page 2.

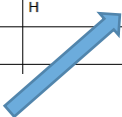
| Texas Department of Aging and Disability Services | | Consumer Directed Services | | Form 1745 August 2014-E Page 1 of 2 | | | |
|---|--------------------|---|--------------------------------|---|-------------|------------------|---|
| Service Delivery Log with Written Narrative/Written Summary | | | | | | | |
| Program Home and Community Service (HCS) or Texas Home Living (TxHL) | | | Participant Name Mary Smith | | | | |
| Pay Period July 2 - 15, 2017 | | | Employer Name Mary Smith | | | | |
| Service Provider Name Annetta Frank | | Service Type <input checked="" type="checkbox"/> PAS <input type="checkbox"/> SHL <input type="checkbox"/> Respite <input type="checkbox"/> Community Support <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Other <input type="checkbox"/> Transportation | | | | | |
| Service Date | Time In (AM or PM) | Time Out (AM or PM) | Time In (AM or PM) | Time Out (AM or PM) | Total Hours | Place of Service | Written Narrative <small>Continue narrative on next page, if needed.</small> |
| 07/06/17 | 6 am | 7:30 AM | : | : | 1.5 | H | P - Assisted Mary to get up and progress through morning routine. Dress for workout. |
| 07/06/17 | | | 7:30 AM | 7:45 AM | 0.25 | C | T - Drove Mary to gym for workout. |
| 07/06/17 | 7:45 AM | 9 am | : | : | 1.25 | C | P - Provided support while Mary progressed through her work out. Some problems today with the weight machine and got gym trainer to assist with adjustments. Finished entire routine today in 45 minutes! Great progress. |
| 07/06/17 | | | 9 am | 9:15 AM | 0.25 | C | T - Drove Mary home. |
| 07/06/17 | 9:15 AM | 11:30 AM | : | : | 2.25 | H | P - Assisted Mary to bathe and prepare for the rest of her day. Made lunch and packed |



h. Content of Log Notes

Log notes MUST reflect goals/activities established in the annual Person Directed Plan (PDP) and be detailed enough to account for amount of time for services. The examples below describe what is acceptable or not acceptable for service delivery time. Please use complete, understandable sentences. Stating something such as “Community Inclusion” or “Out in Community” or “Activities at home” are not acceptable log notes.

| Texas Department of Aging and Disability Services | | Consumer Directed Services | | Form 1745 Page 2 of 2, 08/2014-E | | |
|--|------------------|--|--------------------------------|-------------------------------------|--|--|
| Service Delivery Log with Written Narrative/Written Summary | | | | | | |
| Program HCS | | | Participant Name Mary Smith | | | |
| Pay Period July 2 - 15, 2017 | | | Employer Name Mary Smith | | | |
| Service Provider Name Annetta Frank | | Service Type <input checked="" type="checkbox"/> PAS <input type="checkbox"/> SHL <input type="checkbox"/> Respite <input type="checkbox"/> Community Support <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Other <input type="checkbox"/> Transportation | | | | |
| Service Date | Place of Service | Written Narrative | | | | |
| 7/6/17 | H | P - backpack for work. Included her iPhone and made sure the sounds are turned on so she can hear alarms. Mary decided to take her iPad to show a new coworker her work video. Reminded Mary that she needs to get new pictures of coworkers who have just started to add to the work portfolio. Put reminder on iPhone. Mary left on the bus to work. | | | | |



DO NOT use ditto marks or a line drawn down the page to indicate repeated activities – this will be immediately rejected as it does not meet DADS criteria.

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Example 1:

Not Acceptable: “Eating at McDonalds.”

Good Note: “Trip to McDonalds to practice using money and ordering food at a restaurant. Supported Mary to make sure she asked for no hot sauce and pay for her food. Mary enjoyed her meal and cleaned up after eating. She went to the bathroom with no assistance. Her friend joined us for a nice visit over coffee. We planned activities for next week to go to the zoo.”

Example 2:

Not acceptable: “Shopping”

Good Note: “Mary used her shopping list, coupons and check book for her shopping trip. Selected groceries and personal hygiene items as needed. Supported Mary at the check-out counter to ensure she provided her coupons and wrote out her check properly.”

i. Correcting Mistakes on the Time Sheet

If you make an error, simply correct by drawing a line through the error, initial, then write the correction above the line or on the next line. Corrections must be legible.

WHITE OUT is not accepted on any time sheet and you will be required to rewrite the entire time sheet before payment can be made.

j. Signatures

At the bottom of both page 1 and 2 of Form 1745 are the spaces for the Employee’s (Service Provider) signature on the left side and the Employer’s or Designated Representative signature on the right side. Each signature must be dated. Most CDS Employers print out the time sheet, then sign and scan it in for payment.

The employee and employer certify that the information provided above is complete and accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.

Signature — Service Provider Date Signature — Employer or Designated Representative (DR) Date

Electronic signatures, such as shown below, may be used where the orange arrow appears on the Form 1745. You will need to set up this signature using ADOBE software. It will record the date and time that you completed and signed the document.

The instructions for creating your own electronic signature is found at:

The employee and employer certify that the information provided above is complete and accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.

Annetta Frank Digitally signed by Annetta Frank 07/06/2017 Mary Smith Digitally signed by Mary Smith 07/06/2017
Signature — Service Provider Date Signature — Employer or Designated Representative (DR) Date

<http://www.ai.edu/portals/ai/CMAdmin/Files/Howtocreateanelectronicsignature.pdf>

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Do and Don'ts for Signatures

1. DO: Always use an original signature on each Time Sheet.
2. DO NOT sign a blank Time Sheet, then make copies for future log notes. You cannot make copies of pre-signed forms for your payroll. And yes, we can tell.
2. DO: Signatures must be obtained after the work is completed. Not before.
3. DO NOT: You may not sign any other name than your own on the time sheet. Employees cannot sign for employers, and employers cannot sign for employees.
4. DO: All signatures must also be DATED.
5. DO NOT: Typing in your name is NOT an electronic signature.

III. Service Hours and Employee Responsibilities

It is the responsibility of the Employee and Employer to ensure that they do not work more hours than authorized by DADS. Exceeding the authorized hours can result in non-payment. The Person Directed Plan (PDP) defines the goals and related activities, and the number of hours allocated for services is recorded in the Individual Plan of Care (IPC). Performing non-related activities can result in dollar recoupment.

The Service Coordinator is the only person that can adjust the hours you have available in the Individual Plan of Care - IPC or change the goals/activities stated in the Person Directed Plan- PDP. Imagine Enterprises FMSA does not have this authority. You can request a change at ANYTIME!

It is not allowable to exchange PAS hours for Transportation hours or vice-versa. Each is a different funding sources and are not interchangeable.

Overnight hours can only be paid in specific PDP related goals where it is determined the person requires awake staff and monitoring during the night.

A monthly tracking report is provided to the Employer that details the approved hours on the IPC, hours used, and hours available. Employers are welcome to share this with their Employees, (they do not receive a copy from Imagine). Call if you have questions.

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IV. Where, when, and how to send time sheets

a. Send Time Sheets once to ONLY ONE of the following *secure sites* for processing:

Fax to 281-271-8670

E-mail to imagineenterprises@bill.com

b. DO NOT send time sheets to Imagine staff individual e-mails or to other fax numbers. Staff do not look in their individual accounts for payroll information.

c. When an error occurs, such as a Time Sheet is overlooked or not processed, and you do not get paid, Imagine will expedite the process for payment. In the event of an error, Imagine will ask for your *fax confirmation or e-mail* as proof that you sent in the Time Sheet in a timely manner, to the correct email or fax as stated above.

d. Imagine staff do not call employers to request time sheets. It is the Employer's responsibility to send to the correct fax number or e-mail address. Time Sheets not received before the deadline, will be paid the following pay period.

e. Payroll and other check runs occur every two weeks. Please do not request a special check run.

f. Fax or Email the correct (front) side of Time Sheet – it is not possible to process a blank Time Sheet. If it can be identified, staff will try to contact employers to resend. If pages cannot be identified or read, they can be resubmitted for the next pay period.

g. Tips for a good Scan to Fax or Email:

- i. Scan and save the Time Sheet as a PDF (Portable Document Format). If you use a photo copy from your smart phone, use an app such as iScanner (free) that will convert the photo into a PDF. **WARNING:** Do not send documents saved as JPEG, TIFF, PNG; these styles that take a lot of memory, download very s l o w l y, lack **clarity**, and often *unreadable*. If you need assistance with technology, call and we will try to assist!
- ii. Write your name on the back side of the time sheet just in case the fax or scan accidentally is only the back side (a blank page).
- iii. If you have your own fax machine, go into the fax memory and enter your name as the name of your fax so it will print across the top of the paper when faxed. You can get instructions on how to do this on-line by looking up your brand of fax machine.
- iv. If you use a cover sheet, be sure your name is on the fax.
- v. If you have multiple pages, please put Page ___ of ___ on the top of each page so we will know we received all the pages.
- vi. If you E-mail Time Sheets, be sure to add the PDF documents as attachments. Send to imagineenterprises@bill.com. When emailed Time Sheets are retrieved from Bill.com, we

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do not look for nor see the body of the e- mail message. Include all information you want us to see as a part of the scanned in PDF document and include it in the attachment.

i. Pay Day Chart

- i. Time sheets are due by 6:00 pm on MONDAYS detailed on the Pay Day Chart. There is a grace period until midnight on the due date. Time sheets received after midnight will be paid the following pay period.
- ii. Staff begin processing time sheets at 7 am on the Mondays they are due in order to complete the process and have payroll processes on time.
- iii. NOTE: Bank Holidays result in several SUNDAY due date – be sure to note these changes.

j. ORIGINAL TIME SHEETS ARE TO BE KEPT AT THE EMPLOYERS RESIDENCE. State audit staff may request originals during a home audit. Employees are welcome to keep copies of their time sheets.

V. Non-payment of Time Sheets

When there are errors on time-sheets and corrections are needed before approval, we may run out of time for the person's payroll to be processed. Time Sheets that are incomplete, unreadable, contain time errors, or simply do not meet payroll deadlines run the risk of missing a payroll period. When this occurs, the corrected Time Sheet will be processed for the following pay roll period. We are unable to make a separate check run for Time Sheets that do not meet the criteria as described in this document.

ⁱ DADS/HHSC does not permit use of other time sheets without prior review and approval by the state agency staff. Using an unapproved time sheet is grounds for repayment of funds for wages to DADS/HHSC.