2-Week Participant/Self-Direction Timesheet for Payment   FAX 1-866-302-6787

Have you faxed this timesheet before (is it a duplicate)? ☐ **Yes** ☐ **No**   If Yes, when?_____

Employee Name:	Employee ID# (last 4 digits of employee's social security #)
Member/Participant:	Is this a correction to a PRIOR Timesheet? ☐ Yes ☐ No
Member/Participant's Date of Birth:	Begin Date End Date

Date	Time In Circle AM or PM		Time Out Circle AM or PM		Hours	Service Code	Services Provided (Please enter)
Week 1	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
Total Hours for Week 1 ➜						**Must not be over 40**	
Week 2	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
	AM	PM	AM	PM			
Total Hours for Week 2 ➜						**Must not be over 40**	
Total Hours for Timesheet (2 weeks) ➡						**Must not be over 80**	

Initial timesheets must be submitted for payment within ninety (90) days from date of service to meet timely-filing requirements. Initial timesheets submitted past ninety (90) days from date of service will deny for failure to meet Medicaid timely-filing requirements.

_____   _____
Employee Signature   **Employer Signature**

_____   _____
Date   **Employee Printed Name**   **Date**   **Employer Printed Name**

How to Complete a Timesheet

Example:

Date	Time In Circle AM or PM	Time Out Circle AM or PM	Hours	Service Code	Services Provided (Please enter)
04-23-11	(AM) 8:00 PM	(AM) 11:30 PM	3.5	99509	Prepared meals, went grocery shopping, ADLs, cleaned house.
	AM 3:00 (PM)	AM 5:00 (PM)	2.0	99509	
04-24-11	(AM) 9:00 PM	AM 12:00 (PM)	3.0	99509	Prepared meals, laundry, shopping, went to pharmacy.
	AM PM	AM PM			
	Total Hours for Week 1 →		8.5	Must _not_ be over 40	

(Week 1)

1. You must complete "Time In", "Time Out", "Hours", "Service Code", and "Services Provided", and circle am/pm.
2. Please write clearly. All columns must be completed.
3. Employee must sign and print name in the space provided and submit to your Employer.
4. Employer must sign and print name in the space provided and submit via FAX to the number at the top of the Timesheet form.
5. Incomplete timesheets will not be processed and will be returned to the Employer.
6. Do not submit timesheets for over 40 hours of work per week.
7. In the "Services Provided" space, briefly describe the activities carried out that day to support the member/participant's SSP outcomes.

For more information on completing timesheets, refer to the "Toolkit for Completing Timesheets".

PARTICIPANT/SELF-DIRECTION WAIVER SERVICE CODES (for Employees)

PARTICIPANT/SELF-DIRECTION WAIVER SERVICE	CODE[1]
Community Direct Support/Navigation[2]	H2021
Employment Supports (includes Job Coach)	T2019
Homemaker/Direct Support	99509
Respite - Standard	T1005SD
Transportation Time[3]	T2007

1 All codes available for Mi Via
2 Not available for Self-Direction
3 Not available for Supports Waiver

Please see the program policy for specific provider requirements at
http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83146.pdf
or call the Participant/Self-Direction Helpdesk: 1-866-916-0310