CLN Use only:

Input

Lifeways Self Determination Timesheet



Fax: 734-482-3894 Email: timesheets@communityalliance.com

TIMESHEETS ARE DUE THREE (3) DAYS AFTER THE PAY PERIOD ENDS

Alliance		based on CMH billing guidelines.									Paid	
Period B			od Begins:				Period Ends:			_ LifeWays Case #:		
erson Receiving Services:				Employee Name:					Employee ID Number:			
Date	Service Code	Time IN hh:mm	AM/PM	Time OUT hh:mm	AM/PM	Total	Service Code	Time IN hh:mm	AM/PM	Time OUT hh:mm	AM/PM	Total DHS Not paid by CLN
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ontact phone: () mployee Signature:				Date: As the person receiving services or representative, I certify that the hours shown on this timesheet are the work performed is per Medica By signing, I certify that I have work and dates shown on this timesheet timesheet have presented it for a person that I believe is an aut representative of/for the person			the employee's at are correct and dicaid standards worked the hour heet and that the for approval to an authorized	paid against the Lifeways authorization. You may use the DHS side for your tracking purposes if needed. You should not bill DHS and CLN for the				
ontact phone:				services.								

All timesheets must have support notes with matching dates and times for payroll to be completed.

All hours presented on CLN time sheets are subject to Utilization Management Review of Medicaid Rules against the Lifeways Authorization. Inaccuracy may cause delay in payroll.