

Payperiods are 1st-15th and 16th-end of month.

Payroll is processed 2nd and 4th Wednesday of the month.

Bank Stop Check fee \$30 is responsibility of the employee.

Lifeways Self Determination Timesheet

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



LifeWays # \_\_\_\_\_

Period Begins: \_\_\_\_\_ Period Ends: \_\_\_\_\_

Person Receiving Services: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Table with 6 columns: Date, Service Code\*, Time IN (hh:mm), AM/PM, Time OUT (hh:mm), AM/PM, Total Hours. The table contains 16 rows for data entry.

\*See back of timesheet form for list of Service Codes.

All timesheets must include Support Notes. Payroll will not be processed without Support Notes.

Page Number \_\_\_\_\_ of \_\_\_\_\_ Total Hours: \_\_\_\_\_

As the employer (person receiving services or legal representative if one is appointed), I certify that this employee's hours shown on this timesheet are correct and that the work was performed satisfactorily.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

I certify that I worked the hours shown on this timesheet on the days indicated and that this timesheet has been certified by a person that I believe is an authorized representative of/for the person receiving services.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

TIMESHEETS MUST BE RECEIVED WITHIN 3 DAYS OF THE END OF THE PAY PERIOD.

Standard Service Codes

CPT	Modifier	Service Description
90785		Interactive Complexity
90834		Psychotherapy, 45 (38-52 mins)
90837		Psychotherapy, 60 (53+ mins)
97003		Occupational Therapy Evaluation
H2014	SB	Skill Building Assistance
H2014		Out-of-Home Non-Vocational Habilitation (HSW SKB)
H2015		Community Living Supports - In Community or In Home
H2023		Supported Employment
S5151		Respite Care, In-Home Setting, Per Diem
S9125		Respite Care, In-Home, Per Diem (RN)
T1000	TE	Private Duty Nursing - LPN
T1005		Respite Care, Per 15 Min
T1016		Supports Coordination
T1017		Targeted Case Management
T2015		Out of Home Pre Vocational Habilitation

Children's Waiver Service Codes

CPT	Modifier	Service Description
92506		Speech Hearing & Language Evaluation
92507		Speech Hearing & Language Therapy
97003		Occupational Therapy Evaluation
97530	CW	Therapeutic Activities, 15 min
97530		Occupational Therapy, 15 min
G0176		Activity Therapy
H2015		Community Living Supports - In Community
S5111		Family Training
S5116		Home Care Training, Non-Family
S5151		Respite Care, In-Home Setting, Per Diem
T1005	TD	Respite Care, Per 15 Min - RN
T1005	TE	Respite Care, Per 15 Min - LPN
T1005		Respite Care, Per 15 Min

NOTE: When multiple people are served face-to-face simultaneously with codes for Community Living Supports (H2015), Out-of-home Non-Vocational Habilitation/Skill Building (H2014), Private Duty Nursing (T1000), Respite (T1005), and Supported Employment (H2023) please include "TT" modifier.