CONSUMER DIRECT CARE NETWORK

Arizona
TIMESHEET

For the week of service, timesheets are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted. **Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way at www.AZ.mydirectcare.com.**

DCW Name (Please Print)

Member Name (Please Print)

Employee ID

Member/Employer ID

Sunday that started your work week

☐☐ / ☐☐ / ☐☐
MM   DD   YY

Please see back for instructions.

Service Date (MM/DD)	Time In		Time Out		Service Code
1 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
2 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
3 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
4 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
5 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
6 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
7 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
8 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
9 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐
10 ☐☐ / ☐☐	☐☐ : ☐☐	○ AM ○ PM	☐☐ : ☐☐	○ AM ○ PM	☐☐☐☐☐☐☐☐

DCW: Please initial and explain if the statement below applies for this time period.

_____ A decline in the member's health was observed. Explain: _____

Member: Please initial and explain any of the statements below that apply to this time period.

_____ 1) I was in the hospital   _____ 2) There has been a change in my health   _____ 3) A DCW called off this week

Explain: _____

I, the Direct Care Worker (DCW), certify that I have worked the hours and services indicated above. **I understand that I cannot provide services while the Member is hospitalized or not in their residence** and that false information or misrepresentation constitutes Medicaid Fraud. Further, I understand that Consumer Direct will not pay for any services provided by a DCW that does not have up-to-date CPR, First Aid, TB, or Continuing Education.

DCW Signature: _____   Date: ☐☐ / ☐☐ / ☐☐   (MM / DD / YY)

I, the Member or Managing Party, certify that the above DCW worked the hours listed for this Member, the services were provided in accordance with the care plan, and **the Member was NOT in a hospital, nursing home, or institution, or in a place other than Member's reseidence.** Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Member/Managing Party Signature: _____   Date: ☐☐ / ☐☐ / ☐☐   (MM / DD / YY)

4014

Timesheet Instructions

These items must be completed for your timesheet to be processed:

- **DCW Name**
- **Employee ID**
- **Sunday that started your work week**
  - For example, if your first day worked was Tuesday the 12th, this would be Sunday the 10th
- **Member Name**
- **Member/Employer ID**
- **Member Signature & Date**
  - Must be dated on or after the last day worked.
- **DCW Signature & Date**
  - Must be dated on or after the last day worked.

Each line of time must include:
- Service Date
- Time In with AM/PM
- Time Out with AM/PM
- Service Code

Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable. Fill AM/PM bubbles completely. **See examples below**.

Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second timesheet.

For best results use **BLACK** ink

Shade circles completely, like this: ⬤   Not like this: ✓ ⊗ ⊛

Fill boxes like this: A B C 1 2 3   Not like this: ABC 123

Please use the service codes that are approved on your wage memo

Service Codes		
	AHCCCS-MCOs (ex. UHCCP/Bridgeway)	**SEAGO**
Respite	S5150	RSP
Daily Respite	S5151	--------
Homemaker	S5130	HSK
Personal Care	T1019	PRC
Adult Companion Care	S5135	--------
Agency Based Traditional (ABT) Attendant Care	S5125	--------
ABT Spouse	S5125 U3	--------
ABT Family member not living with member	S5125 U4	--------
ABT Family member living with member	S5125 U5	--------
Self-Directed Attendant Care (SDAC) Attendant Care Worker	S5125 U2	--------
SDAC Family member not living with member	S5125 U2 U4	--------
SDAC Family member living with member	S5125 U2 U5	--------
Agency With Choice (AWC) Attendant Care Worker	S5125 U7	--------
AWC Spouse	S5125 U7 U3	--------
AWC Family member not living with member	S5125 U7 U4	--------
AWC Family member living with member	S5125 U7 U5	--------
Training	Training	Training
Training Family member not living with member	S5110	--------
Training Family member living with member	S5115	--------

Private Billing & Other Service Codes	
	Code
Personal Care Service	PCA
Private Pay Training	PVTTRAIN
ABT/AWC Sick Time	SICK1
SDAC Sick Time	SICK2

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