Consumer Direct Care Network Texas
Phone: 512-420-0832, Toll Free: 1-877-903-0832
Toll Free Fax: 1-866-409-5389
8701 Shoal Creek Blvd, Suite 303
Austin TX 78757-6809

Consumer Directed Services

Service Delivery Log with Written Narrative/Written Summary

Texas Health and Human Services
Form 1745-compliant

Employee Name	Consumer Name

Time sheet due date: If faxed or dropped off, time sheets are due at the Consumer Direct Care Network office by Monday (at midnight) following the week of service. If mailed, they must be postmarked by Monday following the week of service. Late time sheets will result in late pay. Time sheets submitted later than 45 days after the date of service may result in the employer being fully responsible for payment due to billing requirements.

Check Managed Care Organization: ☐ AETNA ☐ AMG ☐ BCBS ☐ CFHP ☐ CMC ☐ COOK ☐ DRIS ☐ MOL ☐ SUP ☐ TCHP ☐ UHC

Check Program: ☐ CFC ☐ CFC PAS/HAB ☐ MDCP ☐ PCS Foster Care ☐ PHC ☐ Star Kids ☐ Star+ Plus

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Service Date (mm/dd/yy)							
Service Code							
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Daily Total							

NOTE: Time sheets must be signed AFTER the work is completed. Advance time sheets will not be accepted. **Total Weekly Hours**

Service Date (mm/dd/yy)	Place of Service	Written Narrative/Summary

Employee/Consumer: I certify that the work hours listed above are accurate, that services were provided in accordance with the Employee Work Schedule and Assigned Tasks (HHS 1731), and that services were NOT provided while the Consumer was in a hospital, nursing home or other Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution. I also understand and agree that I must submit time sheets by Monday at midnight of the following week. Late time sheets will result in late pay. Time sheets submitted later than 45 days after the date of service may result in the employer being fully responsible for payment due to billing requirements.

Employee Signature **Date**

Consumer Signature **Date**