



NON-EVV SERVICE DELIVERY LOG WITH WRITTEN NARRATIVE

Employee Name

Consumer Name

Submit by Email: infocdtx@consumerdirectcare.com or **Fax:** 1-866-409-5389

Submit by Monday at midnight for the previous week after all work is completed. Refer to the payroll calendar. Late submittal will result in late pay. Timesheets submitted later than 45 days after the date of service may result in the employer being fully responsible for payment due to billing requirements. Please fill out all fields completely and legibly.

Check MCO: <input type="checkbox"/> AETNA <input type="checkbox"/> AMG <input type="checkbox"/> BCBS <input type="checkbox"/> CFHP <input type="checkbox"/> Cigna HP <input type="checkbox"/> COOK <input type="checkbox"/> DRIS <input type="checkbox"/> MOL <input type="checkbox"/> SUP <input type="checkbox"/> TCHP <input type="checkbox"/> UHC							
Check Program: <input type="checkbox"/> CLASS <input type="checkbox"/> DBMD <input type="checkbox"/> HCS <input type="checkbox"/> MDCP <input type="checkbox"/> PHC <input type="checkbox"/> Star Plus <input type="checkbox"/> TxHmL							
	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							
Total Weekly Hours							
Service Date (mm/dd/yy)	Place of Service	Written Narrative/Summary					

Employee/Employer Acknowledgement: I acknowledge by signing below that 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 *Service Delivery Log* is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution.

Employee Signature

Date

EOR/Designated Rep. Signature

Date



Program	Service Code	Code Description
CLASS	13BV	Nursing RN
	13AV	Nursing LVN
	13CV	Specialized Nursing RN
	13DV	Specialized Nursing LVN
	48V	Transportation
	37V	Supported Employment
	54V	Employment Assistance
DBMD	10V	Habilitation
	45V	Intervener
	45AV	Intervener I
	45BV	Intervener II
	45CV	Intervener III
	37V	Supported Employment
	54V	Employment Assistance
	48V	Transportation
HCS	13BV-1 or 13BV-8	Nursing RN
	13AV-1 or 13AV-8	Nursing LVN
	13CV-1 or 13CV-8	Specialized Nursing RN
	13DV-1 or 13DV-8	Specialized Nursing LVN
	37V-1 or 37V-8	Supported Employment
	54V-1 or 54V-8	Employment Assistance
	48V-1 or 48V-8	Transportation
MDCP Nursing	T1005 TE UC	MDCP/Respite – LVN
	T1005 TE U7 UC	MDCP/Respite – Specialized LVN
	T1005 TD UC	MDCP/Respite – RN
	T1005 TD U7 UC	MDCP/Respite – Specialized RN
	S9482 TE UC	Flexible Family SS – LVN
	S9482 TE U7 UC	Flexible Family SS – Specialized LVN
	S9482 TD UC	Flexible Family SS – RN
	S9482 TD U7 UC	Flexible Family SS – Specialized RN
PHC	17CV-1	PAS Family Care
	17CV-2	PAS Family Care
Star Plus Nursing	S9124 U3 UC	Professional – LVN Nursing
	S9123 U3 UC	Professional – RN Nursing
TxHmL	37V	Supported Employment
	54V	Employment Assistance
	13BV	Nursing RN
	13AV	Nursing LVN
	13CV	Specialized Nursing RN
	13DV	Specialized Nursing LVN
	48V	Transportation

