

# Consumer Choices Option Semi-Monthly Time Sheet

**Employer Name:**

**Employer Medicaid Number:**

**Employee Name:**

**Employee Number:**

All fields on the timesheet must be completed or the time sheet will be returned. All times must be documented to the nearest quarter of an hour in black ink or typed. All signatures must be signed following the hours worked, using black ink and signatures may not be reproduced. No pencil please.

The department of labor requires employers to have employees paid in accordance with the payment schedule. The program requires employees' time sheets to be submitted within 30 days of the last date service is provided.

\*Additional documentation required to demonstrate services provided ([hhs.iowa.gov/Providers/tools-trainings-and-services/CBT-for-LTSS/Archive](https://hhs.iowa.gov/Providers/tools-trainings-and-services/CBT-for-LTSS/Archive))

Date MM/DD/YY	Start Time AM/PM	End Time AM/PM	Total Hours Worked	Service

By my signature below, I certify and attest that the services that are being submitted for payment have been delivered and received in accordance with the Member's budget. I declare that I am eligible to receive payment through a Medicaid Program and do not appear on any Federal or State Exclusion Lists, and I do not have a criminal history that would exclude me from payment. I understand that payment of this claim may be from the use of Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of material fact. Misuse of funds may result in me being fined or penalized including but not limited to the repayment of this claim, collection costs, and legal fees. I understand that any costs incurred due to the submission of a false claim is my legal responsibility. In addition, if I am paid in error, I understand it is my responsibility to repay the funds paid to me in error. I also authorize Veridian to withdraw/withhold any overpaid funds from future payroll. Medicaid fraud is considered a crime and will be investigated and is punishable by law.

Employee Signature:	Date:
Employer Signature:	Date: