TEXAS Health and Human Services

Consumer Directed Services

Service Delivery Log with Written Narrative/Written Summary

Program	Participant Name
Pay Period	Employer Name
Service Provider Name	Service Type ☐ PAS ☐ SHL ☐ Respite ☐ Community Support ☐ Residential Habilitation ☐ Other _____

Service Date	Time In (AM or PM)	Time Out (AM or PM)	Time In (AM or PM)	Time Out (AM or PM)	Total Hours	Place of Service	Written Narrative Continue narrative on next page, if needed.
			:	:			
	:	:	:	:			
	:	:	:	:			
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	:	:	:	:			
	:	:	:	:			
	:	:	:	:			
	:	:	:	:			
				Total Hours			

The employer cannot submit a time sheet to the Financial Management Services Agency (FMSA) for time worked by the employee while the individual was in the hospital.
The employee and employer certify that the information provided above is complete and accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.

Signature — Service Provider _____ Date _____ Signature — Employer or Designated Representative (DR) _____ Date _____

____ I have both EVV & Non-EVV services this time sheet
____ I have ONLY EVV services this time sheet
____ I have ONLY Non-EVV services this time sheet

FMSA Use Only

Time sheet: ☐ Acceptable ☐ Unacceptable ☐ Return to employer

Notes: _____ **FMSA:** _____