

West Virginia Personal Options Traumatic Brain Injury Waiver Program Timesheet Instructions for Employees

These instructions are to assist in accurately completing a timesheet prior to submitting to PPL. Please do your part to correctly complete timesheets to insure payment is not delayed. Timesheets are read by a machine

IMPORTANT: You will be responsible for informing your employee of their employment start date. PPL cannot pay for services provided before this date.

There are 15 required fields that must be completed on the timesheet. These are described below:

The form is titled "PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (West Virginia Personal Options - TBI Waiver Program)". It includes fields for Participant's Name (1), Employee's Name (2), Participant's ID (3), and Employee's ID (4). A service selection box (5) has "Personal Attendant Service" selected. Contact information is provided: FAX: PPL @ 1-877-692-8470 and MAIL: PUBLIC PARTNERSHIPS, 601-3 E. Brockway Ave. Suite E Morgantown, WV 26501. The timesheet is divided into two weekly sections, "Week 1" and "Week 2". Each section has a "Begin: Monday (mm/dd/yy)" field (6) and an "End: Sunday (mm/dd/yy)" field (7). The timesheet grid has columns for "Time IN AM/PM", "Time OUT AM/PM", and "Total Hours" for each day of the week (8-11). At the bottom, there are signature lines for the employee (12) and employer (15), each with a date field (13 and 14). A warning at the bottom states: "WARNING: Falsifying a signature or reporting hours not worked is Medicaid fraud."

Required Fields

All of the fields pointed out on the timesheet are required and MUST be completed for the timesheet to be paid. The numbering below corresponds with the number pointed out on the timesheet.

1. **Participant's Name:** Enter the name of the person receiving services.
2. **Employee's Name:** Enter your name as the person providing services.
3. **Participant ID:** This is the ID that will be used by PPL to identify your participant.
4. **Employee ID:** This is the ID that will be used by PPL to identify you as an employee (*this number is assigned by PPL and will be provided by your participant/employer or a resource consultant*).
5. **Pay Period Start Date:** This is the start day of the pay period. Your payroll schedule will list these dates for you.
6. **Pay Period End Date:** This is the last day of the pay period. Your payroll schedule will list these dates for you.
7. **Time In:** Enter in the time you started working.
8. **AM/PM:** Fill in the circle indicating if you worked in the AM or PM.
9. **Time Out:** Enter in the time you finished working. Please see the instructions below for entering overnight time and multiple times.
10. **AM/PM:** Fill in the circle indicating if you worked in the AM or PM.
11. **Total Hours:** Enter in the total number of hours and minutes worked. You do not need to round time to the closest 15 minutes.
12. **Date of Employee Signature:** This is the date that you sign the timesheet.
13. **Employee Signature:** This is where you sign the timesheet.
14. **Date of Participant/Employer Signature:** This is the date that the participant or participant representative's signs the timesheet.
15. **Participant/Employer Signature:** This is the participant or participant representative's signature. An "X" or a mark is accepted as a signature.

If you need assistance filling out your timesheet, please call your Resource Consultant or Customer Service at 1-877-908-1755.

Here is an example of a correctly completed timesheet:

PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (West Virginia Personal Options - TBI Waiver Program)

Participant's Name: Participant Participant's ID: C0000000 Service (fill one)
 Employee's Name: Employee Employee's ID: E0000000 Personal Attendant Service

FAX: PPL @ 1-877-692-8470 MAIL: PUBLIC PARTNERSHIPS, 601-3 E. Brockway Ave. Suite E Morgantown, WV 26501

Week 1		Begin: Monday (mm/dd/yy)		05/14/12		Week 2		End: Sunday (mm/dd/yy)		05/27/12			
Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Mon							09:00			12:00			03:00
Tue	10:00		03:00			05:00							
Wed							10:00			03:00			05:00
Thu	08:00		11:59			03:59				05:00			08:00
Fri	12:00		06:00			06:00							
Sat													
Sun													

By signing below, I certify that I have provided the services to the employer during the time described on this timesheet.
 Date (mm/dd/yyyy): 05/27/2012 Employee Signature: Employee Signature

By signing below, I certify that I received the hours of service as reported and the hours do not exceed my monthly plan.
 Date (mm/dd/yyyy): 05/27/2012 Employer Signature: Employer Signature

WARNING: Falsifying a signature or reporting hours not worked is Medicaid fraud.

Special Situations

- Working Overnight:** When you work overnight, there are special instructions for filling in the overnight shift on the timesheet. You must complete one line for services provided before midnight and another line in the next day for services provided after midnight. .

For example, say you worked overnight Thursday night from 8:00 PM to 6:00 AM on Friday morning. Enter the start time as 8:00 PM as seen below. Enter the end time for that day as 11:59 PM. Now, you did not finish working at 11:59 PM, you just finished working on Thursday at that time. Enter the rest of your time on Friday as shown below – 12:00 AM to 6:00 AM.

Thu													
	08:00		11:59			03:59							
Fri	12:00		06:00			06:00							

- Working multiple times in one day.** Many employees work with someone several times in a day. You can enter as many in and out times as you want but you must enter each on a new line.

For example, say you started working at 9:00 AM and stopped at 12:00PM; you left to run an errand, came back at 2:00 PM and stayed until 5:00 PM. You would enter one line for each time you were providing services as shown below. If you came back a third time that evening, you would need to move onto another timesheet.

Mon	09	:	00	●	○	AM	PM	12	:	00	○	●	AM	PM	03	:	00
	02	:	00	○	●	AM	PM	05	:	00	○	●	AM	PM	03	:	00

Important Timesheet Information

To avoid delays in payment, please use the important information below:

- ✓ **Start with a clean copy of the timesheet.**
- ✓ **Print clearly using a black pen.** Mark letters and numbers only inside the lines and boxes. If you make a mistake start over with a clean timesheet.
- ✓ **Do not use military time.**
- ✓ **Do not reduce the size of the timesheet or use a poor copy.**
- ✓ **Do not fill in boxes on days you did not work.**
- ✓ **Do not round-up or round-down hours and minutes worked.** Report your actual time in and time out. PPL will calculate your time worked to the nearest quarter hour.

Submitting Timesheets

If you are unable to submit timesheets electronically on the PPL Web Portal you need to complete and submit a paper timesheet. PPL accepts paper timesheets by fax or mail.

- Faxing the timesheet to PPL at 1-877-692-8470. This fax number is for timesheets only.
- Mailing the timesheet to PPL, use:
Public Partnerships, LLC
WV PO TBI
601-3 E. Brockway Ave., Suite E
Morgantown, WV 26501

IMPORTANT POLICY REGARDING PAYMENT: Timesheets/invoices must be submitted by 5:00 p.m. on the Tuesday following the end of the two week payroll period. If there are errors or problems with a timesheet submitted by fax or mail, the employee and participant (or appointed Program Representative) will receive an automated phone call instructing them to contact PPL's Customer Service Department. Late and inaccurate timesheets and/or invoices will result in a one week delay from the payment date listed on the payroll schedule.

If you would like to confirm that your faxed timesheet or invoice has been received you **may** call Customer Service at 1-877-908-1755 faxing to confirm receipt. Please note that it is best to wait 24-48hrs after faxing as your faxed timesheets are scanned and optically verified by a computer.

Obtaining Timesheets

You can make copies of the timesheets we give you but make sure they are full size and not tilted or our computer will not read them.

You can download and print copies of timesheets online at www.publicpartnerships.com. Select the state of West Virginia and the Traumatic Brain Injury Waiver Program. The username is: wvtbi
The password is: pplwvtbi88

You can also contact Customer Service at 1-877-908-1755 and ask them to send you timesheets.