Department of Health & Human Services | Services for People with Disabilities

QUARTERLY TIMESHEET REVIEW CHECKLIST

Self-administered services

Version date: July 2026

Privacy statement:
DHHS is collecting this data to determine continued eligibility for the Employer and Employee to participate in the Self-Administered Services (SAS) Program. This personal data will only be used by DHHS and, if needed, by a Person or party contracted with DHHS. Without this data, you may not use the SAS model. This data is part of record series 15735 or 15376.

Person's name:
PID#:
Employer name:
Start date of quarter:
End date of quarter:

Background:
In addition to reviewing and approving each provider billing, support coordinators must conduct quarterly reviews to ensure there is no duplication of services, fraud, or overlap of services.

1. According to the State Implementation Plan, all SAS timesheets must be reviewed to ensure proper billing. See SIP (Appendix C: Participant Services - Quality Improvement: Qualified Providers)(a)(ii)) for these waivers:
   - Acquired Brain Injury Waiver;
   - Community Supports Waiverer;
   - Community Transition Waiver;
   - Limited Supports Waiver; and
   - Physical Disability Waiver

2. When provider services are used in the same budget as self-administered services (SAS), provider timesheets must be compared to SAS timesheets to ensure there is no fraud or overlap in services.

   References:
   - Rule R539-5-8(3) Self-Administered Services
   - Rule R539-16-7(3) Caregiver Compensation Services

   For which clients should I complete this quarterly form?
   - If the client is receiving any self-administered services (SAS)
     OR
   - If the client is receiving caregiver compensation services.

Employee timesheet review:

All SAS employee timesheets must be reviewed to ensure proper billing. Additionally, if the client is using a combination of provider and self-administered services or any caregiver compensation services, billing must be reviewed quarterly to ensure no duplication of services, fraud, or overlap of services.

1. All SAS timesheets for this review period have been reviewed to ensure proper billing Yes
   Proper billing review notes:

2. Did the client use multiple service models (both provider and SAS)?

   ☐ Yes ☐ No

3. Did the client use any caregiver compensation services (either provider-based or SAS)?

   ☐ Yes ☐ No

4. If you answered "Yes" to question #2 OR question #3, document your quarterly review to ensure no fraud or overlap in services. You can use the "Timesheet Summary" in the USTEPS report portal to assist with this task. Document any identified concerns and actions taken here:

Attestation:

By signing this form, I confirm that the information I have provided is accurate and true.

Support coordinator name:

Support coordinator signature: Date: