Medicaid Home and Community-Based Services Waiver Programs
Nurse Monitor Time Sheet (use only for people at home)

Waiver Program: ☐ Waiver for Older Adults (WOA) ☐ Living at Home Waiver (LAH)

_____ _____
Waiver Participant's Name (Print) Nurse Monitor's Name (Print)

Please check all applicable boxes below:

Provider Type: ☐ Agency _____(Name) ☐ Independent

Type of visit:

Waiver for Older Adults

☐ Initial Visit
☐ Monthly Visit
☐ Other _____ (note frequency)

Living at Home Waiver

☐ Initial Visit
☐ 45 Day Visit
☐ 3 Month Visit
☐ 4 Month Visit
☐ Other _____ (note frequency)

Date of Service	Start Time	Stop Time	Start Time	Stop Time	Total Hours

Participant and Provider Certification – Please carefully read, date and sign this section.

By signing this statement, the Nurse Monitor certifies that the delegated nursing functions, participant assessment and caregivers' performance is in accordance with the authorized Plan of Service/Care. The nurse monitor and participant also certify that the nurse monitor provided the service hours on the dates listed on this form.

_____ _____
Participant's/ Representative's Signature Date

_____ _____
Nurse Monitor's Signature Date

LAH – Independent nurse monitor – Attach the white copy of this signed timesheet to the appropriate program billing form (LAH – DHMH 4660.) Send both forms to the billing department for payment.
LAH and WOA – Agency nurse monitor – Submit the white copy of this signed time sheet to your agency. They will attach the white copy of this timesheet to the appropriate billing document for payment.

Immediately report any serious issues or participant needs to the Living at Home Waiver 1-877-463-3464 or the Waiver for Older Adults 1-800-243-3425.

Immediately report suspected abuse, neglect or exploitation to Adult Protective Services at 1-800-917-7383. Report any serious health or safety concerns to the case manager.