

I. About The Electronic Timesheets Module

- a. The Electronic Timesheets Module is a web-based interface through which Consumers, Surrogates, Personal Care Attendants (PCA), and Fiscal Intermediary staff can respectively view relevant timesheet information.
- b. Consumers, Surrogates and PCAs will be able to use the system to both submit and approve timesheets electronically for payment by the Fiscal Intermediary.
- c. A Consumer is not required to have a Surrogate in order to use the system. But in cases where a Consumer does have a Surrogate and the Consumer approves the Surrogate to have access to the Electronic Timesheets Submission Interface, both the Consumer and Surrogate will have identical abilities to enter and approve timesheets for payment.

II. Terms and Conditions

By signing below, you are agreeing to the following Terms and Conditions:

- a. The Consumer and/or Surrogate and the PCA **each have a valid, separate e-mail address** which they access frequently.
- b. The Consumer, Surrogate and the PCA agree to use the Electronic Timesheets Submission Interface as a method of submitting timesheets.
 - i. Signing this Agreement does not require you to only use the Electronic Timesheets Submission Interface. Other methods of submitting time, such as faxing or mailing, are still acceptable.
- c. A timesheet may not be submitted electronically if the Consumer, Surrogate and the PCA have not both signed and agreed to use the Electronic Timesheets Submission Interface via this Agreement.
- d. An individual Electronic Timesheets Agreement is required for each Consumer/PCA relationship that chooses to use the Electronic Timesheets Submission Interface. This is true even if the Consumer or PCA is already using the Electronic Timesheets Submission Interface in another Consumer/PCA relationship.

Consumer Name: _____

Consumer # _____

Consumer E-mail (Please Print Clearly):

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Consumer Signature: _____

Date: _____

Surrogate Name: _____

Surrogate E-mail (Please Print Clearly):

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Surrogate Signature: _____

Date: _____

PCA Name: _____

PCA E-mail (Please Print Clearly):

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PCA Signature: _____

Date: _____

