

**Nebraska Department of Health and Human Services
Form CFS-22 BILLING DOCUMENT INSTRUCTIONS
Disabled Persons and Family Support (DPFS) Program
Revised 01/2015**

1. Check the box for **Disabled Persons and Family Support**.
2. Complete the **name, client ID #, phone number, Email address, and mailing address** for the client, the person with the special needs.
3. Complete **name, email address, and mailing address** for the provider, the person providing the services.
4. Complete the **name and payee ID #** of the person being paid. Payee ID#s appear on our check stubs. If a new provider and no payee ID# yet see # 5 below.
5. **If this is a new provider OR a new person to be paid, provide the Social Security # or Federal ID # in the box provided.**
6. **Check the box** indicating who we are to pay. If no box is checked, the billing document will be returned.
7. **Service details:**
 - A. **Service performed.** This should match your Approval Letter.
 - B. Enter the **month and year of service**. Enter the **date of each service**.
 - C. Enter the **number of units**, such as hours, days, etc.
 - D. Enter the **rate** charged per unit.
 - E. **Total** each line.
 - F. **Total the bill**.
8. **Two signatures and dates** must be on the bottom of the form. The first signature is the client's, the second is the provider's. **Payment will not be made if the provider signed and dated the form after the client.*
9. If we are paying more than one provider, use a separate form for each one.
10. If we are reimbursing you, attach receipts, or the provider's signature is required.
11. Use a separate claim form for each month. Submit white copy to DHHS and Payee keeps yellow copy. Bills must be submitted within **60 days of the first date of service**. This is a change in policy effective Spring 2014.

Department of Health & Human Services
Division of Children & Family Services, Economic Assistance
P.O. Box 95026
Lincoln, NE 68509-5026

OR

Email to dhhs.dpfs@nebraska.gov

12. Billing Document may be submitted on any day of the month after respite has been provided. NOTE: first week of the month the highest volume is received resulting in slower payments. Payment Specialist is responsible for paying bills from several programs and not just Lifespan Respite Subsidy. **Do not call Program staff for payment status until a minimum of 30 days has passed since DHHS received Billing Document and you have not received payment.**

If you have any questions about the completion of the Billing Document please contact us at 1-800-430-3244 and ask for Tammy Usrey, DPFS Social Services Worker at (402) 471- 9220 or dhhs.dpfs@nebraska.gov. **Incomplete or improperly completed forms must be returned for correction.**