

The Senior Alliance Timesheet Training

Timesheet Accuracy

- All caregivers should be trained on how to properly fill out timesheets.
- Importance of accurate timesheets should be stressed.
- Errors on timesheets/missing components can be considered fraud.
- Participants should be signing timesheets that accurately describe the services that were provided.
- **Units should not be billed in vendor billing if there is not an accurate timesheet signed by a participant to support the units.**

Participant/ Caregiver Name

- Participant name should be filled out and spelled correctly
- Employee actually providing services should be listed
- Week ending date should be given

S U N	Date	Time In	Time Out	HMK	PC	RC		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
M O N	Date	Time In	Time Out	HMK	PC	RC		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
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	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
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	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
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	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
S A T	Date	Time In	Time Out	HMK	PC	RC		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Date & Time In/Time Out

- Dates should match days of the week
- Time in and time out should accurately reflect the time the caregiver arrived and left
- Days with no services provided should be blank
- New month = new timesheet should be started

S U N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

M O N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	11/19/19	9:00AM	11:00AM					
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T U E S	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

W E D	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T H U R	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

F R I	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: John Doe

1. Employee Name: Jane Doe

2. Employee Name: _____

Week Ending: 11/23/19

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hour	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Unit Breakdown

- Hours should be converted into units (1 hour = 4 units)
- Units should be recorded in the correct service code box
- Units should be carried down to the “total units” box

S U N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
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M O N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
		11/19/19	9:00AM	11:00AM		8		
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S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
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Shopping Errands							
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Personal Care	SU	MO	TU	WE	TH	FR	SA
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Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

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Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Tasks Completed

- Tasks should be checked off for all services completed
- Checked off tasks should help show the services the participant received each day and should match services listed on the authorization

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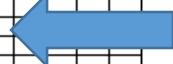
Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

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Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up		✘	✘				
Dressing Grooming		✘	✘				
Bathing/Pers. Hygiene		✘	✘				
Toileting/Continence		✘	✘				
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
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PDN - LPN							
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Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA



Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

 Employee 1 Signature

 Employee 2 Signature

 Employee's Supervisor Signature

 Date

Participant Signature

- Participant should only be signing after services have been provided on the same day they were provided.
- Participants should not be signing before the services are provided, or a few days after.
- Caregivers should not submitting pre-filled out/copied timesheets – this is fraud.
- Caregiver, family members, etc. should not be signing the participant's name for participant.
- Units should not be billed if there is no participant signature.**
- It should be confirmed that participants are unable to sign before noting on timesheets.

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Client: John Doe

1. Employee Name: Jane Doe

2. Employee Name: _____

Week Ending: 11/23/19

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Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up		✘					
Dressing Grooming		✘					
Bathing/Pers. Hygiene		✘					
Toileting/Continence		✘					
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
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Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

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Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Caregiver Signature

- Caregivers should be signing off and therefore confirming the services they provided for the week.
- Caregiver signatures should be dated.
- Units should not be billed for timesheets that are not signed and dated by caregiver.**

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	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
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M O N	11/19/19	9:00AM	11:00AM		8			
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Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

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Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up		✘	✘				
Dressing/Grooming		✘					
Bathing/Pers. Hygiene		✘					
Toileting/Continence		✘					
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
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Other							
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Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Jane Doe
 Employee 1 Signature

 Employee 2 Signature

 Employee's Supervisor Signature
11/19/19
 Date