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

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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

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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

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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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Participant Signature

- Participant should <u>only</u> 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. <u>should not</u> 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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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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								l	2.	Employee Name:							_
									Į.		11,	/22	110	0			
_											11,	/ 23	·/ T:	9			
	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS		Week Ending:							_
	11/19/19	9:00AM	11:00AM		8			l		Uamanakian	Lau	110	711	1805	THE		
	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS		Homemaking Clean Bathroom	30	MO	10	WE	TH	FK	SA
M	Date	Time in	Time Out	HMIN	PC	NC.	PUN	CLS		Change/Make Bed	+	\vdash	\vdash	\vdash	\vdash	-	-
N								l		Clean Living Room	+		\vdash	\vdash	\vdash	-	-
	Client Signatur	9.		TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS		Clean Appliances	+	\vdash	Н	\vdash	\vdash		-
	onom orginator		~ .	101111111			1011011			Dishes	+	\vdash	Н	\vdash	\vdash		-
		John	Doe		8			l		Clean Kitchen	+		Н	Н	\vdash		\neg
	•				_				•	Meal Prep/Clean Up	+	\vdash	Н	\vdash	\vdash	-	\neg
	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS	Ī	Laundry	+		М	\vdash	\Box		\neg
										Dusting	+		М	\vdash	\Box		\neg
_								l		Sweep/mop/vacuum	\top		М	\vdash	\Box		\neg
U	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS		Empty Trash	\top		М	\Box	\Box		\neg
E										Shopping Errands	\top		П	\Box	\Box		\neg
S								l		Ironing/lylending	\top		П	\Box	\Box		\neg
•	Client Signatur	9:	•	TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS		Correspondence	\top		П	\Box	\Box		\neg
										Other							
										Personal Care	SU	MO	TU	WE	TH	FR	SA
										Dietary Meals/Clean Up		*					
	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS	ĺ	Dressing Grooming		*					
										Bathing/Pers. Hyglene		*		\Box			
										Tolleting/Continence	\perp	*	Ш	ш	Ш		
w	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS		Mobility/Transfer Asst.	\perp		\sqcup	oxdot	\sqcup		
E								l		Asst. Self Admin. Meds	\bot		ш	ш	\sqcup		
D										Med. Related HC Tasks	\bot		ш	oxdot	\sqcup		
	Client Signatur	0 :		TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS		Other							
								l		Respite Hours	SU	MO	TU	WE	TH	FR	SA
									Į.	Delivate Districtions	011	MO	711	WE		FR	SA
_	5-4-	There is		110.012	20		PDN	01.0		Private Duty Nursing	50	MO	10	WE	In	FK	SA
	Date	Time in	Time Out	HMK	PC	RC	PUN	CLS		PDN - RN PDN - LPN	+	\vdash	\vdash	\vdash	\vdash	_	-
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т	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS		Grass Cutting	30	MU	10	WE	In	FK	SA
н	Date	Time in	Time Out	HIMIN	FU	NC.	FUN	CLO		Snow Removal	+		Н	Н	\vdash	-	-
U								l		Fall Clean-Up	+	\vdash	\vdash	\vdash	\vdash	-	-
R	Client Signatur	9.	1	TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS		Community Living Sup.	SU	MO	TU	WE	TH	FR	SA
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	Date	Time in	Time Out	HMK	PC	RC	PDN	CLS		By signing below, I certify the			recei	ived t	hese (servi	300
										and all information is true an	d come	ot.					
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s	Date	Time in	Time Out	HMK	PC	RC	PDN			Jan	e l	כע	<u>re</u> z				
A T										Employ	99 1 5	signa	ture				
1	Ollows Street			TOTION	TOTO	TOTOC	TOTOR	TOTOL									
	Client Signatur	e.		TOT HMK	TOT PC	TOTAC	TOT PDN	TOT CLS		Facetor		Plan-	du-				—
										Employ	88 2	orgna	nture				
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mployee's Supervisor Signature 11/19/19