

1st Choice In Home Care Services
CDS Timesheet (11/2018)

Client _____

Worker _____

| | |
|------------------------------------------------------------|-----------------|
| OFFICE USE ONLY | TOTAL HRS _____ |
| DCN _____ | RECEIVED _____ |
| BILLIED _____ | P/O _____ |
| COMMENTS <input type="checkbox"/> Replaces Telephony entry | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| IN <input type="checkbox"/> AM <input type="checkbox"/> PM | IN <input type="checkbox"/> AM <input type="checkbox"/> PM | IN <input type="checkbox"/> AM <input type="checkbox"/> PM | IN <input type="checkbox"/> AM <input type="checkbox"/> PM | IN <input type="checkbox"/> AM <input type="checkbox"/> PM | IN <input type="checkbox"/> AM <input type="checkbox"/> PM | IN <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Out <input type="checkbox"/> AM <input type="checkbox"/> PM | Out <input type="checkbox"/> AM <input type="checkbox"/> PM | Out <input type="checkbox"/> AM <input type="checkbox"/> PM | Out <input type="checkbox"/> AM <input type="checkbox"/> PM | Out <input type="checkbox"/> AM <input type="checkbox"/> PM | Out <input type="checkbox"/> AM <input type="checkbox"/> PM | Out <input type="checkbox"/> AM <input type="checkbox"/> PM |
| What work did you do for your client? <input type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation | What work did you do for your client? <input type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation | What work did you do for your client? <input type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation | What work did you do for your client? <input type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation | What work did you do for your client? <input checked="" type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation | What work did you do for your client? <input type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation | What work did you do for your client? <input type="checkbox"/> Health <input type="checkbox"/> Housekeeping <input type="checkbox"/> Meals <input type="checkbox"/> Personal Care <input type="checkbox"/> Toileting <input type="checkbox"/> Transportation |
| Client's Signature | Client's Signature | Client's Signature | Client's Signature | Client's Signature | Client's Signature | Client's Signature |
| Worker's Signature | Worker's Signature | Worker's Signature | Worker's Signature | Worker's Signature | Worker's Signature | Worker's Signature |

| | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Hospitalized |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

You ***MUST*** check the reason why you are using a timesheet Phone was not available Clock in/out error

DISCLAIMER You must sign timesheets daily to certify that the dates and times are accurate. False information on timesheets is considered FRAUD for misuse of Medicaid funds. We will notify the Division of Health & Senior Services to investigate falsified timesheets and you may no longer be able to receive CDS services with 1st Choice In Home Care Services.

How to Fill Out Your Timesheet

You **MUST** fill out the timesheet every day that you work.

Make sure that you have done the following:

- Timesheets must be legible and readable to be accepted. Scratch outs, white outs, and write overs are not accepted.
- Use only blue or black ink.
- Print both the client and your name at the top of each sheet.
- You must work in full 15 minute blocks of time.
- Write the time in (check am or pm) for each day that you worked. This is the time that you started working and must be the exact time your work began.
- Write the time out (check am or pm) for each day that you worked. This is the time that you stopped working and must be the exact time your work stopped.
- If your client is in the hospital, please check the box “Hospitalized”. For the days that your client is in the hospital for all 24 hours of the day, you cannot work for them. Do not fill in any tasks or sign the signature box, unless you worked before their admission to the hospital or after their discharge on that day. If you worked on a day that your client was hospitalized your client must provide additional documentation of hospital admission and discharge dates and times before wages can be paid for impacted dates of services.
- Check the box next to any task completed that you completed on that day. The task you provide must match the task listed on the Care Plan.
- The client must sign every day to certify the accuracy of the information on the timesheet for each day worked.
- The attendant must sign every day to certify the accuracy of the information on the timesheet for each day worked.
- You **MUST** check the box that gives the reason why you are using a timesheet. **TIMESHEETS WILL NOT BE PROCESSED IF A REASON IS NOT CHECKED!**

Timesheets from the 1st day of the month to the 15th day of the month are due in our office by 6 pm on the 16th day of the month. Timesheets from the 16th day of the month to the last day of the month are due in our office by 6 pm on the 1st day of the following month. If the 1st or 16th falls on a weekend or holiday timesheets are due in our office by 6 pm on the next business day. Timesheets that are not filled out correctly or not turned in on time will be delayed in payment.

You can download and print timesheets from our website at www.1stchoiceinhomecare.net. Select the tab marked “Employee Portal” and click the button labeled “Printable Timesheet”.

You can mail or drop off original timesheets to our office at 9647 Lackland Rd. St. Louis, MO 63114. There is a black drop box located outside of the building. You may also fax timesheets to (314) 438-0822.

Timesheets must be fully visible and readable to be accepted. The entire timesheet must be clearly visible and readable and all required sections must be completed.