

AuthentiCare Directions

ID, PD, TBI Waivers

Worker Name: _____ Worker ID: _____

Clock-In Directions

1. Dial **1-800-903-4676** from an authorized phone.
2. Enter your worker ID number followed by the pound (#) sign when prompted: _____#.
3. **Press 1** for Clock-in
4. You will then hear the name of the client you are there to serve. **If it is correct, press 1.**
 - If KS AuthentiCare does not recognize the phone number you are calling from, you will be asked to enter the client's ID number (Medicaid number) followed by the pound (#) sign.
5. You will hear a list of services available for the client and be asked to choose the one you are there to perform by pressing the appropriate number on the phone keypad:

Code	Service
1	Self-Directed PCS
2	Enhanced Care Services
3	Overnight Respite

6. KS AuthentiCare will then repeat back your name, the individual's name, and the service to be provided. **If this is all correct, press 1. If the information is not correct, press 2.** You will be able to correct the information before you finish the call.
7. If the information is correct, you will be told that the check-in was successful at (states the time). **At this point, you will be instructed to press 2 to end the call.**

Clock-Out Directions

1. Dial **1-800-903-4676** from an authorized phone.
2. Enter your worker ID number followed by the pound (#) sign when prompted: _____#.
3. **Press 2** for Clock-out
 - If you failed to check in, the system will read the individual's name back to you or, if it does not recognize the number you're calling from, you'll be asked to enter the client's ID number, followed by the # sign. You will also be asked to select a service (refer to table above).
4. If you provided PCS services, you'll be prompted to enter activity codes, one at a time, each followed by the # sign. Once you have entered all the activity codes, **press 8 to continue to the next step.**
5. KS AuthentiCare will repeat back your name, the agency's name (Life Patterns, Inc.) the individual's name, and the service you provided. **If this is all correct, press 1. If not, press 2** and you will be able to correct the information before you finish the call.
6. If the information was correct, you will be told that you have successfully filed your claims and the time. **Press 2 to end your call.**

See back for Activity Code List!

****If you miss a clock in or out time, your Employer will need to submit a correction within 48 hours!****

AuthentiCare Directions

Activity Code List

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Service	Activity Code
Bathing	11
Dressing	12
Oral Hygiene	13
Hair Care	14
Skin Care	15
Nail Care	16
Shaving	17
Prosthetic/Orthotic Assistance	18
Toileting	19
Transfer	20
Walking/Mobility	21
Wheelchair Maneuvering	22
Eating	23
Meal Planning, Preparation, Clean-up	24
Shopping and Errands	25
Medications/Treatments	26
Transportation	27
Use of Telephone	28
Laundry	29
Housekeeping	30
Minor Sewing/Mending	31
Exercises/Range of Motion Activities	32
Other Health Maintenance Activities	33
Assistance in the Community	34
Non-Physical Support, Supervision to assure health and safety	35
Money Management	38
Teaching opportunities that may include therapeutic or academic components	39 - IDD and PD only
Leisure and/or recreational activities	40
