

Child Waiver Timesheets & Documentation Requirements



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Agenda

- Where requirements come from
- Documentation needed
- Allowable Hours
- Turning in timesheets & documentation
- Deadlines
- How to fill out a timesheet
- How to fill out data logs
- How to write a shift note

Requirements

- Medicaid
 - Original documentation
 - Black or blue ink
 - Shift note
 - CLS data log
- Contractual Obligations
 - Timeline for submitting documentation for billing
 - Signature on corrections & data logs

Documentation Needed

- Original Timesheet
- Original Shift Note (this may be part of the data log for CLS services)
- Original Data Log (for CLS services)

All must be received to show the time worked and service provided.

Allowable Hours

- CLS may not be provided on a school day during school hours. (usually 9am–3pm)
- CLS may not be provided after the usual bed time for the child.
- If the child is not in school on a school day – respite only can be provided.



Turning in Timesheets & Documentation

- Mail
- Drop box at ExpertCare Troy office

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Deadlines

Original Documentation:

- **Must** be turned in weekly
- **Must** be received every Monday before 8 a.m.
- A timesheet can only contain one month.
Example: If January 31st is on a Monday, Sunday and Monday only should be filled out. If additional days were worked, a new timesheet starting with Tuesday's hours must be submitted.

Examples of End of the Month

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Week Total |
|-----------------------|---------|---------|------|-----|-------|-----|-----|------------|
| Date: | 1/30/11 | 1/31/11 | | | | | | |
| CLS-Time In | 4:00 pm | | | | | | | |
| CLS-Time out | 8:15 pm | | | | | | | |
| CLS Total | 4.25 | | | | | | | 4.25 |
| Respite Time In | | 4:00pm | | | | | | |
| Respite Time Out | | 6:00pm | | | | | | |
| Respite Total | | 2 | | | | | | 2.0 |
| Per Diem Time in | | | | | | | | |
| Per Diem Time Out | | | | | | | | |
| Per Diem Total | | | | | | | | |

Timesheet stops on the last day of the month and is mailed in/dropped off with documentation immediately.

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Week Total |
|-----------------------|-----|-----|--------|--------|---------|--------|---------|------------|
| Date: | | | 2/1/11 | 2/2/11 | 2/3/11 | 2/4/11 | 2/5/11/ | |
| CLS-Time In | | | | | 4:00 pm | | | |
| CLS-Time out | | | | | 8:15 pm | | | |
| CLS Total | | | | | 4.25 | | | 4.25 |
| Respite Time In | | | | | | 4:00pm | | |
| Respite Time Out | | | | | | 6:00pm | | |
| Respite Total | | | | | | 2 | | 2.0 |
| Per Diem Time in | | | | | | | | |
| Per Diem Time Out | | | | | | | | |
| Per Diem Total | | | | | | | | |

New timesheet starts on the first of the month (Tuesday, February 1st and is turned in at the end of the week as normal)

Timesheets

Timesheets acceptable for processing must:

- Be written in blue or black ink
- Have A.M. or P.M. for each time in or out
- Be signed and dated by guardian
- Be signed by caregiver
- White out can NOT be used
- Have any corrections signed by a guardian – 1st initial & last name
- Match times on orange log in home (pertains to Macomb County)

Sample Timesheet



CW- MORC TIMESHEET – TIME IN/TIME OUT

PAGE 2 OF 2

I understand as a condition of my employment, I must adhere to the scheduled hours allocated to the consumer for whom I provide care. In the event a budget is modified, ExpertCare Management Services is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to and including termination. **Provider:** Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the completed time card **must be received** in our office by 8:00am on Monday, **regardless of a holiday**. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

| Week Ending | Consumer (Please Print) | Provider (Please Print) |
|-------------|-------------------------|-------------------------|
| 2/5/2011 | John Doe | Theresa Baker |

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Week Total |
|-----------------------|---------|---------|------|-----|-------|-----|-----|------------|
| Date: | 1/30/11 | 1/31/11 | | | | | | |
| CLS-Time In | 4:00 pm | | | | | | | |
| CLS-Time out | 8:15 pm | | | | | | | |
| CLS Total | 4.25 | | | | | | | 4.25 |
| Respite Time In | | 4:00pm | | | | | | |
| Respite Time Out | | 6:00pm | | | | | | |
| Respite Total | | 2 | | | | | | 2.0 |
| Per Diem Time in | | | | | | | | |
| Per Diem Time Out | | | | | | | | |
| Per Diem Total | | | | | | | | |

Please indicate if hours worked are CLS, Respite or Per Diem by completing the box aligned with the service you performed. Specify 2:1 care if applicable.

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct and compliant with Federal and State Funds. Signatures are not to be copied from a previous timesheet and must be the original signatures. Consumers, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted. Timesheets must reflect actual hours worked.

Provider's Signature: Theresa Baker

Last 4 digits of social security: 1234

Authorized Consumer Signature: Jane Doe

IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH PAGE 1 AND 2 FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE!

IT IS A REQUIREMENT THAT CLS AND RESPITE HOURS BE DOCUMENTED AGAINST THE GOALS IN THE PLAN OF SERVICE. ANY QUESTIONS PLEASE CALL 1-866-812-8896

If you would like to verify receipt of timesheet please leave a message in the payroll mailbox: 248-205-7205 Payroll will return the call on Monday if there is a problem or if the timesheet was not received.

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Corrections on Timesheets

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Week Total |
|-----------------------|-----|-----|--------|--------|---------|---------------------------|---------|------------|
| Date: | | | 2/1/11 | 2/2/11 | 2/3/11 | 2/4/11 | 2/5/11/ | |
| CLS-Time In | | | | | 4:00 pm | | | |
| CLS-Time out | | | | | 8:15 pm | | | |
| CLS Total | | | | | 4.25 | | | 4.25 |
| Respite Time In | | | | | | 4:00pm 3:30 pm | T Baker | |
| Respite Time Out | | | | | | 6:00pm | J. Doe | |
| Respite Total | | | | | | 2.5 | | 2.5 |
| Per Diem Time in | | | | | | | | |
| Per Diem Time Out | | | | | | | | |
| Per Diem Total | | | | | | | | |

- Corrections are made with a single line through the mistake
- The correct information written in
- Signature of guardian/parent (first initial/last name) and caregiver (first initial/last name) next to the correction
- White-out can NOT be used in corrections on any documentation

Do not:

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Week Total |
|-------------------|-----|-----|--------|--------|-------------------|--------|---------|------------|
| Date: | | | 2/1/11 | 2/2/11 | 2/3/11 | 2/4/11 | 2/5/11/ | |
| CLS-Time In | | | | | 4:00 pm | | | |
| CLS-Time out | | | | | 8:15 pm | | | |
| CLS Total | | | | | 4.25 | | | 4.25 |
| Respite Time In | | | | | → 7:00 | 3:00 ← | | |
| Respite Time Out | | | | | | 6:00pm | J.D ← | |
| Respite Total | | | | | → 3 | → 3 | | 3 |
| Per Diem Time in | | | | | | | | |
| Per Diem Time Out | | | | | | | | |
| Per Diem Total | | | | | | | | |

-  Correction is scribbled – must be single line
-  Number is written over – must be crossed out and written separately
-  Only initials – need first initial/last name and caregiver's signature
-  A.M/P.M need in correction

Data Logs

Data Logs acceptable for processing must:

- Be complete
- Be completed at the end of each shift
- Be filled out in blue or black ink
- Be approved and signed by an authorized person (usually a parent or guardian)
- Be signed by caregiver
- Indicate AM or PM when recording start and stop times
- Match days and times on timesheet
- Be legible
- NOT use white out for corrections
- Have corrections crossed out with a single line and signed by parent/guardian



Data Log Sample

Data Sheet

Staff Name: Theresa Baker Agency Name: ExpertCare

Date: 1/30/2011 Time In: 4:00PM Time Out: 8:15PM Total Hours: 4.25

Theresa Baker 1/30/11

Staff Signature Date

Jare Doe 1/30/11

Guardian Signature Date

GOAL 1: TO INCREASE SAFE AND ADAPTIVE BEHAVIORS

| Behavior | Frequency | Redirection Used (use key to write in which was used.) | Redirection Successful (tally yes) |
|---|-----------|--|---------------------------------------|
| Physical Aggression (to others) | | HD, REM | |
| Tantrums | None | | |
| Self-Injury (punching, hitting, biting, pinching self, etc.) | | RLX | |

KEY: REM (reminder), ACT (Alternate Activity), CHOICE (giving 2 positive choices), SENS/PHYS (sensory activity or physical exercise activity), QT (quiet time), IGN (ignoring), HD (Hands Down), RLX (relaxation technique)

DESCRIBE KNOWN TRIGGERS TO ABOVE BEHAVIORS:

Some people at the rec center were very loud right before John started pinching himself. Before 1 of the Physical Aggressions, I told John the activity would end in 10 minutes. No known trigger for the first instance.

GOAL 2: TO INCREASE INDEPENDENCE IN DAILY LIVING

Did John brush his teeth today? (circle one) YES NO

If YES, circle level of assistance needed below:

HAND OVER HAND VERBAL PROMPTING INDEPENDENT

| Toileting Trials | Number of Prompts | Comments |
|-----------------------|-------------------------|----------|
| Trial 1 | 1 (2) 3 4 5 + | |
| Attempted? <u>Y</u> N | Successful? U <u>BM</u> | |
| Trial 2 | 1 (2) 3 4 5 + | |
| Attempted? Y <u>N</u> | Successful? U BM | |
| Trial 3 | 1 2 3 4 5 + | |
| Attempted? Y N | Successful? U BM | |

If John had a BM, indicate level of assistance needed for wiping:

HAND OVER HAND VERBAL PROMPTING INDEPENDENT

| Table Work Activity (please list) | Length of Time | # Prompts Needed |
|--------------------------------------|----------------|------------------|
| Coloring | 15 minutes | 2 |
| | | |
| | | |

GOAL 3: TO INCREASE SOCIAL SKILLS

Did John go on an outing today? YES NO

If YES, list location & who else participated: Community Rec Center

How long was the outing? 45 minutes

Did any maladaptive behaviors occur? YES NO

If YES, please describe: listed above – pinching self and aggression when it was almost time to leave

Was outing ended due to behaviors? YES NO

| Community Access Skills | Did John Practice? |
|---|--------------------|
| Eye Contact | <u>YES</u> NO |
| Stayed with Staff | <u>YES</u> NO |
| Wore seatbelt | <u>YES</u> NO |
| Looked both ways when crossing street/parking lot | YES <u>NO</u> |
| Other: | YES <u>NO</u> |

January 2011

Reviewed by: Sue Smith, LLMSW: _____

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Documentation Instructions

CLS Shift

- Data Log
- Shift note – indicating at least one goal in the IPOS that was worked on during shift.

Remember to note:

- Improvements
- Unusual problems
- Behavioral issues

Respite Shift

- Shift note – summarizing services delivered

Each data log and shift note must be signed by the caregiver. All Macomb data logs require guardian signature. Any data log with a space for guardian signature must be signed by the guardian

Writing Notes

- Each time you work CLS hours, you need to work toward the goals in the plan of service and properly document what you did toward this goal and any progress or regression. Remember that working toward a goal is not the same as achieving it and as long as you are working on the goal, the service is authorized. You do not need to write about things that are not on the plan. However, you should note items not in the plan that may affect the health and safety of the consumer.

Words to Use

| | | | | |
|-------------------|-----------|-------------|--------------|-------------|
| Assisted | Observed | Monitored | Taught | Teaching |
| Coordinated | Advocated | Maintaining | Activities | Attended |
| Guided | Planned | Choices | Checked | Training |
| Helped | Explained | Built | Participated | Socializing |
| Prompted | Provided | Completed | Aware | Prepared |
| Verbal directions | Directed | Safety | Independent | Skills |
| Arranged | Reminded | Supported | Achieved | |

Note Example #1



IPOS Goal 1:

Susie's goal is to better communicate using gestures, words or picture cards.

Good Note:

Susie was pacing the kitchen, trying to open cupboards. I directed her to her picture cards and asked what she wanted. Susie walked away and pulled on the cupboard. I asked if she was hungry or thirsty. She indicated thirsty with a gesture. I reminded her of the picture cards and offered choices of drinks. She indicated her preference. Throughout the shift, Susie was reminded to use cards to indicate her needs or wants. She participated about 50% of the time.

Bad Note:

Susie was upset. I got her a glass of water. We did many things.

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Note Example #2



IPOS Goal #3:

Jon's goal for community inclusion is to attend 1 activity of his choice and work on appropriate interactions with people in the community.

Good Note:

Jon participated in the choice of today's activity by choosing between two activities. We went to the mall. Jon responded to the salesclerk's questions with no prompts. His answers were appropriate. Jon waited a long time in line to get a pop. He yelled when he ordered, but after sitting down and calming down we talked about the encounter and how he could do it differently next time.

Bad Note:

Went to the mall. It was fun. Jon had a good day.

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Documentation Instructions

Questions?



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