Clear Form

CONSUMER DIRECT CARE NETWORK

# Alaska
# Habitative Timesheet

For the week of service, timesheets are due the following Monday by midnight if faxed or dropped off, and postmarked by Monday if mailed. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

**Sunday that started your work week**

MM / DD / YY

**Employee Name (Please Print)** | **Employee ID** | **Client Name (Please Print)** | **Client ID**

**Service Codes: In-Home Support: T2017U4 Supported Living: T2017 Day Habilitation: T2021**

H = Home
C = Community

**Location of Service**

| | Service Date Month (MM) Day (DD) | Time In Hour (HH) Min (MM) | Time Out Hour (HH) Min (MM) | In-Home Support | Supported Living | Day Habilitation | H | C |
|---|---|---|---|---|---|---|---|---|
| 1 | / | : AM PM | : AM PM | | | | | |
| 2 | / | : AM PM | : AM PM | | | | | |
| 3 | / | : AM PM | : AM PM | | | | | |
| 4 | / | : AM PM | : AM PM | | | | | |
| 5 | / | : AM PM | : AM PM | | | | | |
| 6 | / | : AM PM | : AM PM | | | | | |
| 7 | / | : AM PM | : AM PM | | | | | |
| 8 | / | : AM PM | : AM PM | | | | | |
| 9 | / | : AM PM | : AM PM | | | | | |
| 10 | / | : AM PM | : AM PM | | | | | |
| 11 | / | : AM PM | : AM PM | | | | | |
| 12 | / | : AM PM | : AM PM | | | | | |

I certify that the hours and services recorded on this timesheet were provided to the client by the employee; that the client was not in a hospital, nursing home, or institution when services were provided; and that original entries for each recorded shift, including associated entries on any related service documents, were completed within 72 hours of the date on which each shift ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

**Employee Signature** **Date (MM/DD/YY)** / /

**Client/Representative Signature** **Date (MM/DD/YY)** / /


615 E. 82nd Ave, Ste. 101
**Anchorage**, AK 99518
Phone: 1-888-966-8777
Fax: 1-907-677-8777

126 Pioneer Ave, Ste. 5
**Homer**, AK 99603
Phone: 1-907-226-1157
Fax: 1-907-226-1159

412 Frontage Road, #40
**Kenai**, AK 99611
Phone: 1-877-532-8540
Fax: 1-877-532-8541

2417 Tongass Ave, #207
**Ketchikan**, AK 99901
Phone: 1-877-270-9581
Fax: 1-800-295-9013

1941B Mill Bay Road
**Kodiak**, AK 99615
Phone: 1-907-481-3070
Fax: 1-907-481-3071

131 E. Swanson Ave, Ste. 1
**Wasilla**, AK 99654
Phone: 1-888-900-7962
Fax: 1-866-495-7963

CONSUMER DIRECT CARE NETWORK

# Alaska Habilitative Timesheet
# Skills Report

**Sunday that started your work week** ☐☐ / ☐☐ / ☐☐

**Employee Name (please print)** | **Employee ID** ☐☐☐☐☐☐☐ | **Client Name (please print)** | **Client ID** ☐☐☐☐☐☐☐

| Skills | Shift # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **COMMUNICATION** | | | | | | | | | | | | | |
| | Verbal | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Non-verbal | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Communication device | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **COMMUNITY LIVING** | | | | | | | | | | | | | |
| | Selecting community activities | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Accessing the community | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Participating in community activities | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **DAILY LIVING** | | | | | | | | | | | | | |
| | ADLs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | IADLs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **LEARNING** | | | | | | | | | | | | | |
| | Acquiring information | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Problem solving | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Paying attention | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **PERSONAL LIVING** | | | | | | | | | | | | | |
| | Understanding routines | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Managing time/money | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Maintaining a living space | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **MOBILITY/MOTOR SKILLS** | | | | | | | | | | | | | |
| | Ambulation/locomotion | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Fine/gross motor control | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Physical exercises | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **SELF-CARE** | | | | | | | | | | | | | |
| | Emotional needs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Physical needs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Spiritual needs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **SELF-DIRECTION** | | | | | | | | | | | | | |
| | Advocating | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Recognizing boundaries | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Following rules | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Processing difficulties | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **SOCIALIZATION** | | | | | | | | | | | | | |
| | Family | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Friends | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Acquaintances | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Others/general public | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Employee signature also confirms that the employee reviewed the client's goals, objectives, and methodologies (GOM) packet and addressed the skills marked above consistent with those materials.

**Employee Signature:** **Date:**

**Remember!** State law requires service documentation to be completed within 72 hours of the date on which service was provided.

CONSUMER DIRECT CARE NETWORK

# Alaska Habilitative Timesheet Progress Report

**Sunday that started your work week** ☐☐ / ☐☐ / ☐☐

| Employee Name (please print) | Employee ID | Client Name (please print) | Client ID |
|---|---|---|---|
| | | | |

| Service Type | Support Codes | | |
|---|---|---|---|
| **IH** = In-Home Support<br>**SL** = Supported Living<br>**DH** = Day Habilitation | **P** = Physical assistance | **PS** = Protective supervision | **R** = Refused/non-compliant |
| | **M** = Modeling* | **I** = Independent/no assistance required | **Other:** |
| | **V** = Verbal cues* | **N/A** = Not attempted/unable to attempt | **Other:** |
| | **PC** = Physical cues* | **U** = Attempted but unable to complete | * = Requires frequency (for example:V3) |

| **Objective #**<br>Reference the objective cue sheet(s). | **Service Type**<br>One service type per objective. DH may only be provided in a community setting. | **Enter the date of service under each day's letter below.** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | **S** | **M** | **T** | **W** | **T** | **F** | **S** |
| | | **For each day of service, enter a support code, as well as the number of times each objective was addressed. Example: V3/4** | | | | | | |
| | ☐ IH ☐ SL ☐ DH | / | / | / | / | / | / | / |
| | ☐ IH ☐ SL ☐ DH | / | / | / | / | / | / | / |
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**Any objective not noted above will be assumed to be marked N/A.** Routine failure to address an objective is not acceptable and will be questioned by the agency. Unusual service circumstances leading to an objective not being addressed **MUST** be directly reported to the agency.

Employee signature also confirms that any day habilitation services were provided in an appropriate community setting, or as otherwise authorized by the State of Alaska and CDCN.

**Employee Signature:** **Date:**

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# Alaska Habilitative Timesheet Progress Report

**Sunday that started your work week** ☐☐ / ☐☐ / ☐☐

| Employee Name (please print) | Employee ID | Client Name (please print) | Client ID |
|---|---|---|---|
| | ☐☐☐☐☐☐☐ | | ☐☐☐☐☐☐☐ |

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CONSUMER DIRECT CARE NETWORK

# Alaska Habilitative Timesheet Progress Report

**Sunday that started your work week** ☐☐ / ☐☐ / ☐☐

| Employee Name (please print) | Employee ID | Client Name (please print) | Client ID |
|---|---|---|---|
| | ☐☐☐☐☐☐☐ | | ☐☐☐☐☐☐☐ |

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**Employee Signature:** **Date:**

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CONSUMER DIRECT CARE NETWORK

# Alaska Habilitative Timesheet
# Daily Case Notes

**Sunday that started your work week** ☐☐ / ☐☐ / ☐☐

| Employee Name (please print) | Employee ID | Client Name (please print) | Client ID |
|---|---|---|---|
| | ☐☐☐☐☐☐☐ | | ☐☐☐☐☐☐☐ |

**Check all support and teaching strategies used this week:**

☐ Administered ☐ Coached ☐ Coordinated ☐ Encouraged ☐ Explored ☐ Followed Up ☐ Instructed ☐ Participated
☐ Practiced ☐ Praised ☐ Pre-Taught ☐ Redirected ☐ Role Played ☐ Used Visual Learning Aids
☐ Used Adaptive Equipment

**One note required per day, per service.**
If only one type of service was provided, you may use all lines to complete your note.

**SUN**
**IH/SL:**

**DH:**

**MON**
**IH/SL:**

**DH:**

**TUE**
**IH/SL:**

**DH:**

**WED**
**IH/SL:**

**DH:**

**THU**
**IH/SL:**

**DH:**

**FRI**
**IH/SL:**

**DH:**

**SAT**
**IH/SL:**

**DH:**

**Employee Signature:** **Date:**

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