

This packet contains four habilitative timesheets. Each timesheet covers two shifts, so each packet may be used to document up to eight shifts. Additional single timesheets are available if a caregiver needs to document more than eight shifts.

QUICK REFERENCE MATERIALS

► Always refer to the *Habilitative Service Documentation Guide* for detailed information and directions.

- For service types: Refer to the client’s goals, objectives, and methodologies (GOM) packet or the client’s objective cue sheet(s).
- For objective numbers: Refer to the client’s objective cue sheet(s). **Remember, any objective not marked down will be assumed to be N/A (not attempted).** Routine failure to address an objective is not acceptable and will be questioned by the agency.
- For support codes: Refer to the *Support Codes Key* below.

Support Codes Key		
P = Physical assistance	PC = Physical cues*	U = Attempted but unable to complete
M = Modeling*	PS = Protective supervision	R = Refused/non-compliant
V = Verbal cues*	I = Independent/no assistance required	* = Requires prompt frequency <i>after</i> the code but <i>before</i> the slash (for example:V3/4)

- For skill numbers: Refer to the *Skill Numbers Key* below. **Remember, a caregiver’s signature on a timesheet confirms that the caregiver reviewed the client’s goals, objectives, and methodologies (GOM) packet and addressed the skills marked down consistent with those materials.**

Skill Numbers Key		
COMMUNICATION 1. Verbal 2. Non-verbal 3. Communication device	LEARNING 9. Acquiring information 10. Problem solving 11. Paying attention	SELF-CARE 18. Emotional needs 19. Physical needs 20. Spiritual needs
COMMUNITY LIVING 4. Participating in community activities 5. Selecting community activities 6. Accessing the community	PERSONAL LIVING 12. Understanding routines 13. Managing time/money 14. Maintaining a living space	SELF-DIRECTION 21. Advocating 22. Recognizing boundaries 23. Following rules 24. Processing difficulties
DAILY LIVING 7. ADLs 8. IADLs	MOBILITY/MOTOR SKILLS 15. Ambulation/locomotion 16. Fine/gross motor control 17. Physical exercises	SOCIALIZATION 25. Family 26. Friends 27. Acquaintances 28. Others/general public

Anchorage	Homer	Kenai	Ketchikan	Kodiak	Mat-Su
615 E. 82nd Avenue, Ste. 101 Anchorage, AK 99518 Phone: (907) 222-2652 Fax: (907) 677-8777	126 Pioneer Avenue, Ste. 5 Homer, AK 99603 Phone: (907) 226-1157 Fax: (907) 226-1159	412 Frontage Road, Ste. 40 Kenai, AK 99611 Phone: (907) 283-0809 Fax: (907) 283-0811	2417 Tongass Avenue, Ste. 207 Ketchikan, AK 99901 Phone: (907) 220-9461 Fax: (907) 220-9465	1941B Mill Bay Road Kodiak, AK 99615 Phone: (907) 481-3070 Fax: (907) 481-3071	131 E. Swanson Avenue, Ste. 1 Wasilla, AK 99654 Phone: (907) 357-7962 Fax: (907) 357-7963

Alaska Habilitative Timesheet

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18108

Service Codes: In-Home Support (IHS): T2017U4 Supported Living (SL): T2017 Day Habilitation (DH): T2021				H = Home C = Community		Location of Service								
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Objective Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Skill Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Support Code / Number of Times Addressed	/	/	/	/	/	/	/								

Case Notes: Discuss the service provided during the shift, as outlined in the *Habilitative Service Documentation Guide*. You may also mark down additional objectives (must include support codes/numbers of times addressed).

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<p>Mark the support and teaching strategies used during the shifts recorded above:</p> <p> <input type="radio"/> Administered <input type="radio"/> Encouraged <input type="radio"/> Instructed <input type="radio"/> Praised <input type="radio"/> Role Played <input type="radio"/> Coached <input type="radio"/> Explored <input type="radio"/> Participated <input type="radio"/> Pre-Taught <input type="radio"/> Used Adaptive Equipment <input type="radio"/> Coordinated <input type="radio"/> Followed Up <input type="radio"/> Practiced <input type="radio"/> Redirected <input type="radio"/> Used Visual Learning Aids </p> <p>Attestation: 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.</p>	<p>Employee Signature _____</p> <p>Date (MM/DD/YY) <input style="width: 30px; height: 30px;" type="text"/> / <input style="width: 30px; height: 30px;" type="text"/> / <input style="width: 30px; height: 30px;" type="text"/></p> <hr/> <p>Client/Representative Signature _____</p> <p>Date (MM/DD/YY) <input style="width: 30px; height: 30px;" type="text"/> / <input style="width: 30px; height: 30px;" type="text"/> / <input style="width: 30px; height: 30px;" type="text"/></p>
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Alaska Habilitative Timesheet

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<input type="radio"/> Coached	<input type="radio"/> Explored	<input type="radio"/> Participated	<input type="radio"/> Pre-Taught	<input type="radio"/> Used Adaptive Equipment
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