

Alaska Habilitative Timesheet

For the week of service, timesheets are due the following Monday by 5:00 pm if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. 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.

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID	Sunday that started your work week
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>			

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Service Codes: In-Home Support (IHS): T2017 U4 Supported Living (SL): T2017 Day Habilitation (DH): T2021								H = Home C = Community		Location of Service	
Service Date Month (MM) Day (DD) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		Time In Hour (HH) Min (MM) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <input type="radio"/> AM <input type="radio"/> PM		Time Out Hour (HH) Min (MM) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <input type="radio"/> AM <input type="radio"/> PM		IHS SL DH <input type="radio"/> <input type="radio"/> <input type="radio"/>		<input type="radio"/> H <input type="radio"/> C		If community, note location(s) (or, if DH shift, submit DH mileage log):	
Objective Number										Skill Number	
Support Code / Number of Times Addressed		/		/		/		/		/	

Case Notes: Describe the skill-building activities completed during the shift. You may also mark down additional objectives addressed, or add other comments as outlined in the *Habilitative Service Documentation Guide*.

Service Date Month (MM) Day (DD) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		Time In Hour (HH) Min (MM) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <input type="radio"/> AM <input type="radio"/> PM		Time Out Hour (HH) Min (MM) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <input type="radio"/> AM <input type="radio"/> PM		IHS SL DH <input type="radio"/> <input type="radio"/> <input type="radio"/>		<input type="radio"/> H <input type="radio"/> C		If community, note location(s) (or, if DH shift, submit DH mileage log):	
Objective Number										Skill Number	
Support Code / Number of Times Addressed		/		/		/		/		/	

Case Notes: Describe the skill-building activities completed during the shift. You may also mark down additional objectives addressed, or add other comments as outlined in the *Habilitative Service Documentation Guide*.

Mark the support and teaching strategies used during the shifts recorded above:					Employee Signature		Date (MM/DD/YY) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	
<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								
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 14 days 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.					Client/Representative Signature		Date (MM/DD/YY) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	