PEOPLECARE
HEALTH SERVICES
(720) 863-1520

Timesheet Rules and Procedures

A timesheet is a legal document used to record the services provided by you, a Personal Care Worker (Caregiver), to a Client, a person in need. Timesheets document everything required on a Care Plan, which reflects what kind of assistance the Client must receive. You should always have your Care Plan in front of you with this checklist. The timesheet checklist should be used to reference, check, and review before timesheet submission at the deadline of 12 p.m. (noon) every Monday. State rules and regulations such as labor laws and regulations of agencies like Health First Colorado (Medicaid) provide the framework for our timesheets. Compliance to these rules and regulations is required in the state of Colorado to be a health care provider.

PeopleCare Health Services (PCHS) has broken down your timesheet into 5 sections to be checked, and reviewed daily:

Section 1

- Client and Caregiver Information

Section 2

- Month and Year, Dates

Section 3

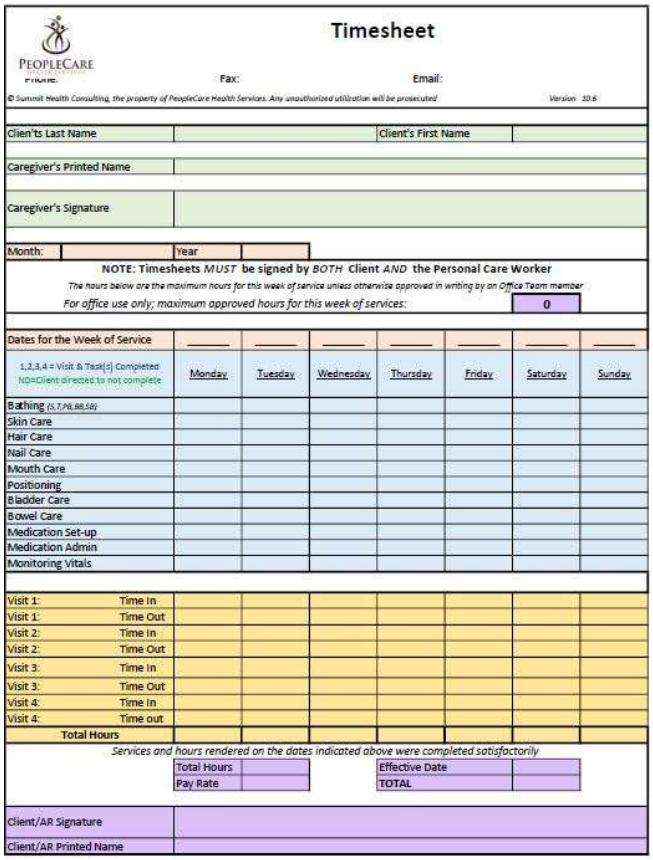
- Tasks per Care Plan

Section 4

- Visit Number, Time In/Out

Section 5

- Total Hours, Pay Rate, Client/AR Sig.



Timesheet

PEOPLECARE

Fax: Email:

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Clien'ts Last Name		Client's First Name	
Caregiver's Printed Name			
Caregiver's Signature			
Month:		Year	

NOTE: Timesheets *MUST* be signed by *BOTH* Client *AND* the Personal Care Worker

The hours below are the maximum hours for this week of service unless otherwise approved in writing by an Office Team member

For office use only; maximum approved hours for this week of services: 0

Dates for the Week of Service							
1,2,3,4 = Visit & Task(s) Completed NO=Client directed to not complete	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bathing (5,7,P8,B8,S8)							
Skin Care							
Hair Care							
Nail Care							
Mouth Care							
Positioning							
Bladder Care							
Bowel Care							
Medication Set-up							
Medication Admin							
Monitoring Vitals							
Visit 1: Time In							
Visit 1: Time Out							
Visit 2: Time In							
Visit 2: Time Out							
Visit 3: Time In							
Visit 3: Time Out							
Visit 4: Time In							
Visit 4: Time out							
Total Hours							

Services and hours rendered on the dates indicated above were completed satisfactorily

Total Hours		Effective Date	
Pay Rate		TOTAL	

Client/AR Signature	
Client/AR Printed Name	

Timesheet

PEOPLECARE HEALTH SERVICES

Phone: Fax: Email:

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Clien'ts Last Name		Client's First Name	
Caregiver's Printed Name			
Caregiver's Signature			

Month:		Year	

NOTE: Timesheets *MUST* be signed by *BOTH* Client *AND* the Personal Care Worker

The hours below are the maximum hours for this week of service unless otherwise approved in writing by an Office Team member

For office use only; maximum approved hours for this week of services: **0**

Dates for the Week of Service	_____	_____	_____	_____	_____	_____	_____
1,2,3,4 = Visit & Task(s) Completed ND=Client directed to not complete	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bathing *(S,T,PB,BB,SB)*							
Skin Care							
Hair Care							
Nail Care							
Mouth Care							
Positioning							
Bladder Care							
Bowel Care							
Medication Set-up							
Medication Admin							
Monitoring Vitals							
Visit 1: Time In							
Visit 1: Time Out							
Visit 2: Time In							
Visit 2: Time Out							
Visit 3: Time In							
Visit 3: Time Out							
Visit 4: Time In							
Visit 4: Time out							
Total Hours							

Services and hours rendered on the dates indicated above were completed satisfactorily

Total Hours		Effective Date	
Pay Rate		TOTAL	

Client/AR Signature	
Client/AR Printed Name	

Quick Tips: Formatting

1. Use a new timesheet every week. Previously submitted timesheets must not be photocopied and used again – these will not be accepted.
2. Never use pencil, or a light-colored pen – use black or blue ink
3. Never use white-out
    a. If you have a lot of "scribbles" on the timesheet - use a new timesheet
4. Make sure to check the readability of your timesheets before submitting to the office.
    a. Timesheets should be visibly clear in their entirety. If you photograph your timesheet, make sure to have good lighting, and that the ENTIRE timesheet is legible from top to bottom in the image

Section 1: Client and Caregiver Information

Clien'ts Last Name	1. Client last name	Client's First Name	1. Client first name
Caregiver's Printed Name	2. Your first and last name		
Caregiver's Signature	3. *Your Signature*		

1. Auto-filled – Client's first & last name
2. Written-in – Your first & last name
3. Signature – Your first & last name

Section 2: Year and Month, Dates

Month:	1. June	Year	1. 2017				
NOTE: Timesheets *MUST* be signed by *BOTH* Client *AND* the Personal Care Worker							
The hours below are the maximum hours for this week of service unless otherwise approved in writing by an Office Team member							
For office use only; maximum approved hours for this week of services:						0	
Dates for the Week of Service 2.	06/05	06/06	06/07	06/08	06/09	06/10	06/11

1. List the current Month and Year in the Spaces provided
2. Label each day Monday-Sunday with the correct dates for the week, filling in every box
    a. If you do not have a space provided for this, please write it in to the side where there is room available

Section 3: Tasks Completed During Daily Visits

1,2,3,4 = Visit & Task(s) Completed ND=Client directed to not complete	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bathing (S,T,PB,BB,SB)	1						
Skin Care	ND						
Hair Care	2						
Nail Care	1						
Mouth Care 1.,2.	3						
Positioning	2,4						
Bladder Care	3						
Bowel Care	3						
Medication Set-up	ND						
Medication Admin	1,2,3,4						
Monitoring Vitals							

3.

1. Use '1,2,3,4' to indicate during which daily Visit the task was completed
    a. If a task is done during multiple Visits for the day, write each Visit number in for that task
    b. If a task is only done during one shift, the task should not show multiple shifts
2. For tasks the Client does not want done - mark "ND" for Not Directed
3. There should be NO empty boxes in this portion of the timesheet
    a. If there *are* empty boxes, then either the timesheet does not reflect the Care Plan properly, or you are not providing all care required.

Section 4: Visit # -Time In/Out

Visit 1:	Time In	09:30 a.m.						
Visit 1:	Time Out	10:15 a.m.						
Visit 2:	Time In	11:00 a.m.						
Visit 2: 1., 3.	Time Out	11:45 a.m.						
Visit 3:	Time In	02:30 p.m.						
Visit 3:	Time Out	03:30 p.m. 2.						
Visit 4:	Time In	03:30 p.m.						
Visit 4:	Time out	04:15 p.m.						
Total Hours		4.- 3.25						

1. List the Time In and the Time Out for each Visit you make to the Client
2. For consecutive Visits, do not record them separately (see example above of *incorrectly* completed time for the Time Out of Visit 3 with the Time In of Visit 4)
    a. Instead, combine the Visits into "1" Visit (this example would be one visit, 2:30-4:15)

3. For Visit Time In/Out, use minutes as shown on the chart
    a. We understand you *will* round times, which is okay
4. When adding up Visit times for each day, convert minutes to decimal units (use this table)
    a. You must total each day for the time you have worked

1-Hour Increment Conversions		
1 Hour	:15 min	.25 units
	:30 min	.50 units
	:45 min	.75 units
	:60 min	1.0 units

5. There should be NO Overlap Time between any of your or a coworker's timesheets
    a. This means two shifts for a client cannot occur at the same time, on the same day
    b. *Overlap Time is only accepted if it is specifically APPROVED on the Care Plan, or by an Agency Manager*

Section 5: Total Hours, Pay Rate, Client or A/R Signature

NOTE: Timesheets *MUST* be signed by *BOTH* Client *AND* the Personal Care Worker

The hours below are the maximum hours for this week of service unless otherwise approved in writing by an Office Team member

For office use only; maximum approved hours for this week of services: 3.25

Services and hours rendered on the dates indicated above were completed satisfactorily

Total Hours	1. 3.25	Effective Date	
Pay Rate	2. 9.30	TOTAL	

Client/AR Signature	3. Client/AR Signature
Client/AR Printed Name	

1. List your Total Hours in the space provided. This amount should not exceed the maximum approved hours for the week
    a. For overtime, or any additional services provided, first contact the office for approval of the shift, then indicate on the timesheet at the bottom, or on the side where there is room available - reasons the overtime care is required
2. Check the printed rate to ensure it is the agreed amount between you and the Agency
3. Get the Client/AR *signature* and *date* at the end of your last shift worked for the week

Checklist

This checklist is provided for your use each week to ensure your timesheet is correct, complete and valid for payment. Checking off each box will ensure you've met all the requirements to process your timesheet for a paycheck. If you're not able to check every box as complete, then your timesheet is NOT ready for submission to the Agency timesheet email.

Timesheets are due Mondays by 12 p.m. noon. Timesheets received after this time can be subject to late pay

Questions? Validation Phone: (720)863-1520

- ☐ A new, blank Timesheet is being used
- ☐ A dark pen is being used
- ☐ The Client's printed first and last name are correct
- ☐ Your name is written neatly, with your signature listed below
- ☐ The current month and year are filled out
- ☐ Dates are listed above each day, Monday-Sunday -or, in a space you can list them
- ☐ For each day worked, the appropriate Visit #'s are listed next to each task
- ☐ "ND" is used for tasks not directed to complete; there are NO empty boxes
- ☐ Visit time in/out is legible, and uses :15, :30, :45, and :00 minute increments
- ☐ There is NO overlap between your timesheets
- ☐ For each day, add up every day using .25, .50, .75, and .00 decimals
- ☐ The Total Hours worked for all days combined is the allowable amount on the Care Plan
- ☐ The rate is correct
- ☐ A new, dated signature from the Client/AR has been received
- ☐ The image to be sent to the Office is clear quality, and no part is cut out of view