

Three Rivers Inc. Fiscal Agent

Timesheets are only allowed for missed clock in or out with AuthentiCare and must be submitted within 24 hours of shift.

Consumer (Print Name)

Program: PD FE IDD TA TBI

Direct Service Worker (Print Name)

Date	Activity Codes	Start Time	End Time	Total Time	DSW Initials	Consumer Initials
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
				Pay Period Total		

Client Signature **Date**
My signature verifies that this information is correct. Submission of claims for time beyond what is allowed on my Plan of Care may be considered Medicaid Fraud.

DSW Signature **Date**
My signature verifies that this information is correct. I understand that I am only authorized to work hours allowed by the approved Plan of Care. Submission of claims for time beyond what is allowed may be considered Medicaid Fraud.

Activity Codes for FE Program

70	Bathing
71	Dressing/Undressing
72	Toileting
73	Mobility
74	Eating
75	Meal Preparation
76	Shopping
77	Accompany to Medical Appointment
78	Laundry/Housekeeping
79	Manage Medication/Treatments

Please state why you are submitting a timesheet:

Office Use Only

Payroll Date		
Date Entered		
# of Hours		

Activity Codes for PD, TBI, TA, IDD

11	Bathing
12	Dressing
13	Oral Hygiene (brushing, flossing)
14	Hair Care (combing, styling)
15	Skin Care
16	Nail Care (cutting, filing)
17	Shaving
18	Prosthetic/Orthotic Assistance
19	Toileting
20	Transferring
21	Walking/Mobility
22	Wheelchair Maneuvering
23	Eating
24	Meal Planning/Clean-up
25	Shopping & Errands
26	Medication/Treatments
27	Transportation
28	Use of Telephone
29	Laundry (washing/drying/folding/put away)
30	Housekeeping
31	Minor Sweig/Mending
32	Exercises/Range of Motion
33	Other Health Maintenance Acts
34	Assistance in Community
35	non physical support/supervision for health/safety
36	Retainer Services
37	DSW Training (IDD Waiver Only)