

Three Rivers Inc.

Technology Assisted Personal Attendant (PA) Timesheet								Pay-Period from (/ /) to (/ /)							
PA name								PA residence							
Waiver Participant name/Parent or Legal Guardian name						Medicaid ID		Participant residence/ Place of service							

Year 20__	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day
Month & Day:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Day of Week:																
Time in																
Time out																
Time in																
Time out																
Time in																
Time out																

-----Enter total hours worked for each day-----

Total hrs/day																
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other comments concerning change in Participant condition or care: _____

- By signing below, the PA and Parent/Legal Guardian attest to the following:
1. The PA named above worked the above logged dates and times attending to the needs of the Participant. PA and Parent/Legal Guardian understand that if any of the above logged hours were not worked as documented, even if by agreement between the Parent/Legal Guardian and the PA, it would be considered fraud and exploitation as defined by the State of Kansas.
 2. Timesheets are to be kept at the place of employment, and hours are documented as they occur.
 3. No other home care agency, hospital, nursing facility, ICF/MR, or IMD was providing care for the Participant during any of the above logged dates and times.
 4. Tasks provided were identified as necessary tasks authorized and delegated on the PA Skills Checklist.
 5. The PA has had no legal arrest or investigations during the term of this timesheet that have not been disclosed to the Parent/ Legal Guardian and the Fiscal Management Service (FMS)
 6. Any changes in the Participant's medical status or care has been documented and a new PA Skills Checklist has been revised as appropriate.
 7. Attendant Care Services on the TA waiver may not exceed 12 hours per day.

PA

Date

Parent/ Legal Guardian or Designated Signatory

Date

This form contains personal identifiable information and is intended for review and use of no one except authorized parties. Misuse or disclosure of this information is prohibited by State and Federal Laws.

Office Use Only	
TA-PA	

Three Rivers Inc.

Participant:

PA:

Note: Dates should correspond with accompanied timesheet. On a daily basis the PA should "X" the services they provided that day. At the end of each day PA and Parent/Legal Guardian should initial where indicated. PA and Parent/Legal guardian should sign the bottom of the document before submitting to the Fiscal Management Service (FMS).

Month: _____ Year: _____		Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day
ADL's...	Lifting/Body Mechanics/Transfer/Positioning																
	Dressing/Bathing/Hair/Oral/Skin/Nail																
	Diet/Nutrition Prep/Clean-up																
	Toileting/Diapering/Personal Adjustment																
	Housekeeping/Laundry																
	Ambulation Technique Assistance																
Health...	Medication Administration																
	Oxygen Administration																
	CPR/First Aid																
	Emergency Procedures																
	Tracheotomy Care																
	Seizure Control																
	Infection Control																
	Suction Machine Use																
	Glucometer Use (blood sugar monitoring)																
	Vital Sign Monitoring (Temp,BP,Pulse,Pulse Ox,Resp)																
	NG/GT/NJ Feeding and Care																
	Catheter Care/Recording Input & Output																
	Enema/Suppository Insertion																
	Range of Motion Exercises																
	Documentation/Record Keeping																
Support...	Recreation/Socialization																
	Transportation																
	Hearing Impaired Assistance																
	Visually Impaired Assistance																
	Communication Technique Assistance																
	Behavior Modification Technique Assistance																
Other																	
	Initials of PA to verify that the services were provided.....																
	Initials of Parent/Legal Guardian to verify that services were provided..																

General Notes & Comments (If additional room is required please attach additional notes as needed)

Parent/Legal Guardian Signature

Date

PA Attendant Signature

Date

Instructions for Completing Timesheet

(TA- Technology Assistance)

Where do I fill in my time? Days 1 – 15 should be filled in for the first pay period of the month. Days 16 thru the end of the month are filled in on the next timesheet . Once you have worked the last day of the month, fill in your hours worked and submit your timesheet.

How should I fill in my time? We recommend that you use a calendar to write down the exact time you worked each day, including the time you started work and the time you ended work. At the end of the pay period, write your work time on the timesheet, being sure to put the correct time in and out with AM/PM beside the correct time.

What day does my workweek start? The workweek starts Sunday and runs through Saturday.

Who needs to sign the timesheet? The **consumer** must sign the timesheet to **confirm** that you worked the hours. Then you must sign the timesheet to **verify** the hours that you worked.

Can we sign the timesheet before we fill it in? No, absolutely not. Your signature verifies the hours listed were actually worked. This is for your safety and security.

What happens if the timesheet isn't filled out correctly or doesn't have both signatures? Your timesheet may be returned to you for correction, which could delay payment.

When should timesheets be turned in to Three Rivers? Timesheets for the first part of the month, 1st – 15th, must be received by Three Rivers by 12 noon on the 19th of the month. Timesheets for the second part of the month, 16th thru the end of the month, must be received by Three Rivers by 12 noon on the 4th of the following month.

When does the PA get paid? Pay days are the 10th and 25th of each month.

How will the Personal Attendant receive their check? Three Rivers pays by Direct Deposit or Payroll Card.

General Employment Information:

Overtime, more than 40 hours a week, must be approved by Three Rivers in advance.

You will not accrue vacation, sick or holiday leave.

Immediately notify the payroll department & the counselor of changes to the consumer's routine, such as hospitalizations, vacations, etc., and indicate the consumer's absence on the timesheet. If the consumer is unable to contact the counselor, you should do so. You cannot clock-in for any time while a consumer is in a nursing home or hospital.

Work-related incidents that result in, or may result in injury to the you or the consumer, must be reported to Three Rivers within 24 hours of occurrence. You will be given information on procedures to follow for work related injuries.

Name changes for payroll purposes can only occur after Three Rivers has received a copy of your new social security card documenting proof of the change.

Three Rivers will comply with all garnishment or wage withholding orders as received by a court ordered authority. Three Rivers will deduct an administrative fee of \$5.00 per garnishment from each paycheck, not to exceed \$20 per month, in addition to the garnished amount.

Address and/or Phone Number Change for Personal Attendant: (print)

Name: _____

Address: _____

Phone: _____ Effective Date: _____