

Time Sheet Documentation for Manual Electronic Visit Verification (EVV) Entries/Edits

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Direct Care Worker (DCW) Name:		DCW Last 4 digits of SSN:	
Participant Name:		Participant's Medicaid ID:	
Date of Service:	Work Start Time:	Work End Time:	Total Hours Worked:
Location of Service Provided:			

Duty Code	Activities	Performed	
		Yes	No
115	Meal Preparation		
116	Housework/Chore		
117	Managing Finances		
118	Managing Medications		
119	Shopping		
120	Transportation		
122	Personal Hygiene		
123	Dressing Upper		
124	Dressing Lower		
125	Locomotion		
126	Transfer		
127	Toilet Use		

Duty Code	Activities	Performed	
		Yes	No
128	Bed Mobility		
129	Eating		
130	Bladder Incontinence		
131	Bowel Incontinence		
132	Personal Care		
134	Bathing		
137	Lotion		
138	Laundry		
139	Reading Writing		
140	Supervision		
141	Incontinence Care		
142	Catheter Care		

Participant's Signature:	Date:
Provider signature and Agency position:	Date:
I, the undersigned Direct Care Worker, attest that I provided Personal Assistance Services, as describes above, to the Participant listed on the time sheet above, and that the hours are true and correct.	
Direct Care Worker signature:	Date:

Note: All sections of the time sheet must be completed and signed by the Direct Care Worker, Participant, and Agency Designee. By signing in the designated area(s) above, you are confirming that the hours shown and the services provided were performed by the Direct Care Worker whose name appears on the time sheet.
Do not sign blank time and activity sheets.