



COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS)

CFSS Worker Time and Activity Documentation

Provider agencies and financial management services (FMS) can use this form to document worker time and activity. Provider agencies and FMS providers may use their own forms/systems to capture this information.

For PCA version of this document, go to [PCA timesheet, DHS-4691 \(PDF\)](#).

CFSS PROVIDER AGENCY/FMS NAME Nova Home Health Care	PHONE NUMBER 612-263-4219	DATES/LOCATION OF PERSON'S STAY IN HOSPITAL/CARE FACILITY/INCARCERATION (if known)
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Dates of service

Only enter dates you provided services. Enter each shift in a new column for multiple shifts a day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Covered activities

Check for each covered activity under the date indicated.

Dressing	<input type="checkbox"/>						
Grooming	<input type="checkbox"/>						
Bathing	<input type="checkbox"/>						
Eating	<input type="checkbox"/>						
Transfers	<input type="checkbox"/>						
Mobility	<input type="checkbox"/>						
Positioning	<input type="checkbox"/>						
Toileting	<input type="checkbox"/>						
Health related	<input type="checkbox"/>						
IADLs	<input type="checkbox"/>						
Behaviors	<input type="checkbox"/>						

Visit details

For each day noted above, provide visit details. If you provided services to one person using CFSS at a time, select 1:1. If you provided services to 2 or 3 people at once, select 1:2 or 1:3. If you select 1:2 or 1:3, you must complete a timesheet for each person.

Ratio (staff to person, 1:1-1:3)	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Shared services location (if app.)							
Time in (hh:mm am/pm)							
Time out (hh:mm am/pm)							

Daily totals

Enter time (in minutes) for covered and other employer-required activities (i.e., training, performance evals).

Covered activities							
Other activities							

CFSS worker's signature

I declare under penalty of perjury that all hours worked and descriptions of work performed contained in the submitted shifts are true and correct with full knowledge that all of this information may be subject to investigation and that any false or dishonest information contained on these shifts may be grounds for denial of payment and/or reporting of findings to the investigation unit of the Department of Human Services.

FIRST NAME	MI	LAST NAME	NPI or UMPI	SIGNATURE	DATE SIGNED
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Person's signature

Review for accuracy before signing. It is a crime to provide false information on billings for Medical Assistance payments. By signing you swear and verify the time/services entered are accurate and that services were performed by the worker listed below as specified in the person's plan.

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	PERSON/PARTICIPANT'S REPRESENTATIVE SIGNATURE	DATE SIGNED
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Review [Provider Time and Activity Documentation](#) for additional policy information about timesheet requirements.

Instructions to complete CFSS Time and Activity Documentation form

This form documents time and activity between one CFSS worker and one person who uses CFSS. Employers may have additional instructions or documentation requirements. For shared care, you must use a separate form for each person you provide care to.

Name of CFSS provider or FMS

Enter name of the CFSS provider agency or financial management services (FMS) provider and its phone number.

Person using CFSS stays (if known)

Enter dates and location a person stays in a hospital, care facility or incarceration, if known.

Dates of service

Dates of service must be in consecutive order. Enter the date in mm/dd/yy format for each date you provide services. Do not enter dates you did not provide services on.

Activities

For each date you provided care, check the box. The following are general descriptions of activities of activities of daily living:

- **Dressing:** Choosing appropriate clothing for the day, includes laying out of clothing, actual applying and changing clothing, special appliances or wraps, transfers, mobility and positioning to complete this task.
- **Grooming:** Personal hygiene, which includes basic hair care, oral care, nail care (except people who are diabetic or have poor circulation), shaving hair, applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aids.
- **Bathing:** Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.
- **Eating:** Getting food into the body, including hand washing, applying of orthotics needed for eating, feeding.
- **Transfers:** Moving from one seated/reclining area or position to another.
- **Mobility:** Moving including assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a person.
- **Positioning:** Including assistance with positioning or turning a person for necessary care and comfort.
- **Toileting:** Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspecting skin and adjusting clothing.
- **Health-related procedures and tasks:** Activities listed on the service delivery plan and considered within the scope of CFSS services that meet the definition of health-related procedures and tasks, such as: Range of motion and passive exercise, assistance with self-administered medication (including bringing medication to the person and assistance with opening medication under the direction of the person/responsible party), interventions, monitoring/observations for seizure disorders and others.
- **Behavior:** Redirecting, intervening, observing, monitoring and documenting behavior.
- **IADLs (instrumental activities of daily living):** Activities related to living independently in the community, including but not limited to: Meal planning/preparation, shopping, laundry, housecleaning, managing finances, communicating needs and preferences during activities, driving.
- **Skills (acquisition, enhancement and maintenance):** If you assisted someone with skills, select activity they were learning/maintaining.

Visit

To document multiple visits in the same day, use a new form for each visit.

Ratio of worker to person

- 1:1** = One CFSS worker to one person using CFSS
- 1:2** = One CFSS worker to two people (shared services)
- 1:3** = One CFSS worker to three people (shared services)

Select the appropriate ratio for this visit from dropdown.

Shared services location

(Required for shared services only) Write a brief description of the location where you provided the shared services, examples include school, work, store and home.

Time in

Enter time in hours and minutes that you started providing care. If you use military time, it automatically will assign the a.m. or p.m. designation.

Time out

Enter time in the hours and minutes that you stopped providing care. If you use military time, it automatically will assign the a.m. or p.m. designation.

Daily total

Add the total time in minutes that you spent with this person for the care documented in each day's column. Then, enter the total time you worked providing covered services in first row. In the second row, enter the time you worked while doing other employer-required activities (e.g. training, performance evaluation, etc). If you are unsure if a task is covered or an other employer-required activity, ask your provider agency or FMS.

Total minutes this time sheet

Add the time in minutes for all visits on this entire time sheet and enter the total in the appropriate ratio box.

Acknowledgment and required signatures

Both the CFSS worker and the person (or their participant's representative) must complete all fields in their section.

NO ENGLISH



651-431-4300 or 866-267-7655 (toll free)

Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ:- ስለ ዶክመንቱ ነፃ ገለፃ ከፈለጉ፣ ወራተኛዎን ያነጋግሩ። Amharic

Arabic. انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه.

মনোযোগ দিন। যদি আপনি বিনামূল্যে এই নথিটির ব্যাখ্যার জন্যে সহায় চান তাহলে উপরোক্ত বাক্সে থাকা নম্বরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។
ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意!如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wąŋ. héčínhaŋ niyé wačínŋAŋ wayúiyeska ki de wówapi sutá, ečíyA kiŋ wóiyawa ed ophíye waŋ. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में नि:शुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH



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Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကိၣ်းထံလံာ်တီၤလံာ်မိတဖၣ်အယိ, ကိးနီၣ်ဂံၢ်လၢ အအိၣ်ဖဲတၢ်လွံၢ်နၢၣ် လၢတၢ်ဖိခိၣ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سه‌رنج بده. نه‌گهر بۆ وهرگیرانی ئەم بەلگەنامەیه پیوستت به یارمەتی بێبهرامبەرە، ئەوا په‌یوه‌ندی به‌و ژماره‌یه‌وه بکه که له بۆکسه‌که‌ی سه‌ره‌ودایه Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanǝ́ǝ́ thí wíyukčanpi kin yuhá níyungspe héčha čhéya, lé tkíčhuŋ kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。
Mandarin (Simplified Chinese)

P̄alɛ rɔ piny: Mi gööri luäk lɔrä ke luɔc kä mɛmɛ, ɣɔtni nämbär ɛmɔ tää nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

NO ENGLISH



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Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጅ ተቐጥጢ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò irànlówọ pẹ̀lú tí tú mò àkòṣẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba

LB (7-24)



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