| ICLS Time and Activity Documentation TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER WEEK 2 | | | | | | | | K 2 | | | | | | | |
|---|----------|-----------|-----------|--------------|-----------|----------|----------|------------------------------------|----------|------------|-----------|--------------|------------|----------|----------|
| WEEK 1 of pay period | MON | TUE | WED | THU | FRI | SAT | SUN | WEEK 2 of pay period | MON | TUE | WED | THU | FRI | SAT | SUN |
| Month/Day/Year | | | | | | | | Month/Day/Year | | | | | | | |
| VISIT ONE | | | | | | | | VISIT ONE | | | | | | | |
| TIME IN | AM PM | | AM PM | AM PM | AM PM | AM PM | AM PM | TIME IN | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| TIME OUT | AM PM | | AM PM | AM PM | AM PM | AM PM | AM PM | TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Visit 1 Hours: | | | | | | | | Visit 1 Hours: | | | | | | | |
| VISIT TWO | | | | | | | | VISIT TWO | | | | | | | |
| TIME IN | AM PM | | AM PM | AM PM | AM PM | AM PM | AM PM | TIME IN | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| TIME OUT | AM PM | | AM PM | AM PM | AM PM | AM PM | AM PM | TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Visit 2 Hours | | | | | | | | Visit 2 Hours | | | | | | | |
| | | Total you | daily hou | rs in the b | oxes belo | N | | · | | Total your | daily hou | rs in the b | oxes belov | N | |
| Total Daily Hrs: | | | | | | | | Total Daily Hrs: | | | | | | | |
| W | EEK 1 | | ILS V | Vk 1 Total h | ours: | | | W | EEK 2 | | ILS V | Vk 2 Total h | ours: | | |
| Supports | | | | | | | | Supports | | | | | | | |
| ADL's | | | | | | | | ADL's | | | | | | | |
| Household Mgt | | | | | | | | Household Mgt | | | | | | | |
| Health, Safety & Wellness | | | | | | | | Health, Safety & Wellness | | | | | | | |
| Community Living | | | | | | | | Community Living | | | | | | | |
| Engagement | | | | | | | | Engagement | | | | | | | |
| Adaptive Support | | | | | | | | Adaptive Support | | | | | | | |
| Active Cognitive Face to Face | | | | | | | | Active Cognitive Face to Face | | | | | | | |
| Active Cognitive Remote (15min) | | | | | | | | Active Cognitive Remote (15min) | | | | | | | |

Acknowledgements & Signatures: After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan. I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution.

| Print Recipient Name | MA Member # or DOB | Please use standard 12 hr time, in 15 min (quarter: 25, 30, 75) increments | | | | | |
|---|-----------------------------|---|---|-----------------|--|--|--|
| | | Timesheet must indicate AM or PM for every Time IN and every Time OUT. | | | | | |
| Recipient/Responsible Party Signature: | Date: | Every date box must have month/day/year entered for entire timesheet. | | | | | |
| | | Timesheet must be filled out each shift. | | | | | |
| Print PCA Name | PCA Provider # (office use) | Tim | Timesheet must be an ORIGINAL timesheet - not photocopied. | | | | |
| | | Incomplet | Incomplete, incorrect, or illegible timesheets cannot be accepted for billi | | | | |
| PCA Signature | Date: | Total Hours (office use) | | BEMIDJI | | | |
| Charting Codes | Dates & location | | HEARTLAND PCA | P: 320-233-0119 | | | |
| C -Completed D -Declined V -Verbal Prompt | of client stay in | | HOMECARE | F: 320-233-0129 | | | |
| M -Modeling Prompt P -Physical Assistance | hospital or care | | | | | | |
| | facility | Late timesheets will not be processed until the next payroll cycle (2 more weeks) | | | | | |

| Goals Being Addressed: | 2024 Pay Periods and Pay Days | | | | | | |
|---------------------------|---|-----------------|------------|------------|--|--|--|
| | Charting is due every other MONDAY , after week 2 is unless Monday is a holiday, then submit by or before Tu Payday is FRIDAY. | | | | | | |
| Steps taken to accomplish | Pay Period | Due Date Payday | | | | | |
| Goal: | 12/11/2023 - | 12/24/2023 | 12/25/2023 | 1/5/2024 | | | |
| | 12/25/2023 - | 1/7/2024 | 1/8/2024 | 1/19/2024 | | | |
| | 1/8/2024 - | 1/21/2024 | 1/22/2024 | 2/2/2024 | | | |
| | 1/22/2024 - | 2/4/2024 | 2/5/2024 | 2/16/2024 | | | |
| | 2/5/2024 - | 2/18/2024 | 2/19/2024 | 3/1/2024 | | | |
| | 2/19/2024 - | 3/3/2024 | 3/4/2024 | 3/15/2024 | | | |
| | 3/4/2024 - | 3/17/2024 | 3/18/2024 | 3/29/2024 | | | |
| | 3/18/2024 - | 3/31/2024 | 4/1/2024 | 4/12/2024 | | | |
| | 4/1/2024 - | 4/14/2024 | 4/15/2024 | 4/26/2024 | | | |
| | 4/15/2024 - | 4/28/2024 | 4/29/2024 | 5/10/2024 | | | |
| | 4/29/2024 - | 5/12/2024 | 5/13/2024 | 5/24/2024 | | | |
| | 5/13/2024 - | 5/26/2024 | 5/27/2024 | 6/7/2024 | | | |
| | 5/27/2024 - | 6/9/2024 | 6/10/2024 | 6/21/2024 | | | |
| Additional Information: | 6/10/2024 - | 6/23/2024 | 6/24/2024 | 7/5/2024 | | | |
| | 6/24/2024 - | 7/7/2024 | 7/8/2024 | | | | |
| | 7/8/2024 - | 7/21/2024 | 7/22/2024 | 8/2/2024 | | | |
| | 7/22/2024 - | 8/4/2024 | 8/5/2024 | 8/16/2024 | | | |
| | 8/5/2024 - | 8/18/2024 | 8/19/2024 | 8/30/2024 | | | |
| | 8/19/2024 - | 9/1/2024 | 9/2/2024 | 9/13/2024 | | | |
| | 9/2/2024 - | 9/15/2024 | 9/16/2024 | 9/27/2024 | | | |
| | 9/16/2024 - | 9/29/2024 | 9/30/2024 | 10/11/2024 | | | |
| | 9/30/2024 - | 10/13/2024 | 10/14/2024 | 10/25/2024 | | | |
| | 10/14/2024 - | 10/27/2024 | 10/28/2024 | 11/8/2024 | | | |
| | 10/28/2024 - | 11/10/2024 | 11/11/2024 | 11/22/2024 | | | |
| | 11/11/2024 - | 11/24/2024 | 11/25/2024 | 12/6/2024 | | | |
| | 11/25/2024 - | 12/8/2024 | 12/9/2024 | 12/20/2024 | | | |
| | 12/9/2024 - | 12/22/2024 | 12/23/2024 | 1/3/2025 | | | |