IHS Time and Activity Documentation					TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER WEEK 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	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	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	ırs in the b	oxes belo	)W				Total your	daily hou	rs in the b	oxes belo	W	
Total Daily Hrs:								Total Daily Hrs:							
WEEK 1			IHS Wk 1 Total hours:			W			EEK 2 IHS Wk 2 Total hours:						
Supports								Supports							
Household Mgt								Household Mgt.							
Health, Safety & Wellness								Health, Safety & Wellness							
Community Participationt								Community Participation							
Adaptive Skills								Adaptive Skills							
Remote Support (2 hours per day if assessed)								Remote Support (2 hours per day if assessed)							

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)	Timesheet must be an ORIGINAL timesheet - not photocopied.				
		Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.				
PCA Signature	Date:	Total Hours (office use) SANDSTONE				
Charting Codes	Dates & location	HEARTLAND PCA HOMECARE P: 320-233-0119 E: 320-233-0120				
C -Completed D -Declined V -Verbal Prompt	of client stay in	HOMECARE F: 320-233-0129				
<b>M</b> -Modeling Prompt <b>P</b> -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							
Odio Benig Addressed.								
	Charting is due eve	ery other MONDAV	at 4:30 PM a	fter week 2 is				
		Charting is due every other <b>MONDAY at 4:30 PM</b> , after week 2 is over, unless Monday is a holiday, then submit by or before Tuesday.						
	over, unicess interior	Payday is FRIDAY.						
		Tayday is I KIDA1.						
Steps taken to accomplish	Pay Period		Due Date	<u>Payday</u>				
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	1,21,202	1/22/2024	2/2/2024				
	1/22/2024	2, 1, 202 1	2/5/2024	2/16/2024				
	2/5/2024	-, -0, -0- :	2/19/2024	3/1/2024				
	2/19/2024	0,0,00	3/4/2024	3/15/2024				
	3/4/2024	0, -, , - 0	3/18/2024	3/29/2024				
	3/18/2024	-,,	4/1/2024	4/12/2024				
	4/1/2024	.,,	4/15/2024	4/26/2024				
	4/15/2024	., _0, _0	4/29/2024	5/10/2024				
	4/29/2024	0,, :	5/13/2024	5/24/2024				
	5/13/2024	0, -0, -0- :	5/27/2024	6/7/2024				
	5/27/2024	0/5/202	6/10/2024	6/21/2024				
Additional Information:	6/10/2024	0,20,202	6/24/2024	7/5/2024				
	6/24/2024	,,,,202 .	7/8/2024	7/19/2024				
	7/8/2024	,,,	7/22/2024	8/2/2024				
	7/22/2024	0, 1, 202 1	8/5/2024	8/16/2024				
	8/5/2024	0, 20, 202 .	8/19/2024	8/30/2024				
	8/19/2024	0, -, - 0	9/2/2024	9/13/2024				
	9/2/2024	0, 20, 202 :	9/16/2024	9/27/2024				
	9/16/2024	9/29/2024	9/30/2024	10/11/2024				
	9/30/2024	10, 10, 202 :	10/14/2024	10/25/2024				
		10/27/2024	10/28/2024	11/8/2024				
	-0, -0, -0- :	11/10/2024	11/11/2024	11/22/2024				
	11/11/2024	,,	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				