


PCA Time and Activity Documentation 1:2 Care								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	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	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 your daily hours in the boxes below								Total your daily hours in the boxes below							
Total Daily Hrs:								Total Daily Hrs:							
WEEK 1				1:2Total weekly hours:				WEEK 2				1:2Total weekly hours:			
Activities								Activities							
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Behavior								Behavior							
Health-Related								Health-Related							
Instrumental Activities of Daily Living (only Recipients age 18+)								Instrumental Activities of Daily Living (only Recipients age 18+)							
Laundry								Laundry							
Housekeeping								Housekeeping							
Other (note on back)								Other (note on back)							

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 Client Name	MA Member # or DOB	Please use standard 12 hr time, in 15 min (quarter: 15, 25, 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)	Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.			
		Do not pre-fill or pre-sign/date timesheets.			
PCA Signature	Date:	Total Hours (office use)			DULUTH P: 218-727-0990 F: 218-727-1179
Relative Status (check one): I (PCA) am this client's	Dates & location of client stay in hospital or care facility	Late timesheets will not be processed until the next payroll cycle (2 more weeks)			
<input type="checkbox"/> Parent/adoptive parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child					
<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Not related					
<input type="checkbox"/> Other (list relationship:)					

If you provided shared services, DHS requires that you complete the following information: 1) who the shared services were with, 2) any change in the client's condition, and 3) any concerns or issues. If you did not provide shared services, you may use the additional narrative spaces to document any client changes, activities, issues or concerns.

Shared services provided with (if any): _____

2019 Pay Periods and Pay Days

Charting is due every other **MONDAY**, after week 2 is over, unless Monday is a holiday, then submit by or before Tuesday. Payday is **FRIDAY**.

Week 1			
Day	Date	Changes in Condition? If yes, what?	Issues or Concerns? If yes, what?
MON			
TUES			
WED			
THURS			
FRI			
SAT			
SUN			

Pay Period	Payday
12/31/2018 - 1/13/2019	1/25/2019
1/14/2019 - 1/27/2019	2/8/2019
1/28/2019 - 2/10/2019	2/22/2019
2/11/2019 - 2/24/2019	3/8/2019
2/25/2019 - 3/10/2019	3/22/2019
3/11/2019 - 3/24/2019	4/5/2019
3/25/2019 - 4/7/2019	4/19/2019
4/8/2019 - 4/21/2019	5/3/2019
4/22/2019 - 5/5/2019	5/17/2019
5/6/2019 - 5/19/2019	5/31/2019
5/20/2019 - 6/2/2019	6/14/2019
6/3/2019 - 6/16/2019	6/28/2019
6/17/2019 - 6/30/2019	7/12/2019
7/1/2019 - 7/14/2019	7/26/2019
7/15/2019 - 7/28/2019	8/9/2019
7/29/2019 - 8/11/2019	8/23/2019
8/12/2019 - 8/25/2019	9/6/2019
8/26/2019 - 9/8/2019	9/20/2019
9/9/2019 - 9/22/2019	10/4/2019
9/23/2019 - 10/6/2019	10/18/2019
10/7/2019 - 10/20/2019	11/1/2019
10/21/2019 - 11/3/2019	11/15/2019
11/4/2019 - 11/17/2019	11/29/2019
11/18/2019 - 12/1/2019	12/13/2019
12/2/2019 - 12/15/2019	12/27/2019
12/16/2019 - 12/29/2019	1/10/2020
12/30/2019 - 1/12/2020	1/24/2020

Week 2			
Day	Date	Changes in Condition? If yes, what?	Issues or Concerns? If yes, what?
MON			
TUES			
WED			
THURS			
FRI			
SAT			
SUN			