


PCA Time and Activity Documentation 1:2 Shared 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							
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 Recipient Name	MA Member # or DOB	You must initial cares provided. Do not pre-fill or pre-sign/date timesheets. Every date box must have month/day/year for entire timesheet & include AM/PM notation Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.
Recipient/Responsible Party Signature:	Date:	
Print PCA Name	PCA Provider # (office use)	
PCA Signature	Date:	
Total Hours (office use)		FINLAYSON P: 320-233-0119 F: 320-233-0129
Late timesheets will not be processed until the next payroll cycle (2 more weeks)		
Dates & location of client stay in hospital or care facility or incarceration:		

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.

2020 Pay Periods and Pay Days

Shared services provided with (if any): _____
Week 1

Charting is due every other **MONDAY by 4:30 PM**, after week 2 is over. Payday is **FRIDAY**. The exception for 2020 is Christmas Eve (Thurs) will be a pay day due to Christmas being on a Friday.

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

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

Week 2

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