

PCA Time and Activity Documentation 1:1 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 | 7:00 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 | | | | Total weekly hours: | | | | WEEK 2 | | | | Total 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

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



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): _____

2023 Pay Periods and Pay Days

Week 1

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

Charting is due every other **MONDAY by 4:30 PM**, after week 2 is over. Payday is FRIDAY.

Week 2

| 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 |
|-------------------------|-------------------|------------|
| 12/12/2022 - 12/25/2022 | 12/26/2022 | 1/6/2023 |
| 12/26/2022 - 1/8/2023 | 1/9/2023 | 1/20/2023 |
| 1/9/2023 - 1/22/2023 | 1/23/2023 | 2/3/2023 |
| 1/23/2023 - 2/5/2023 | 2/6/2023 | 2/17/2023 |
| 2/6/2023 - 2/19/2023 | 2/20/2023 | 3/3/2023 |
| 2/20/2023 - 3/5/2023 | 3/6/2023 | 3/17/2023 |
| 3/6/2023 - 3/19/2023 | 3/20/2023 | 3/31/2023 |
| 3/20/2023 - 4/2/2023 | 4/3/2023 | 4/14/2023 |
| 4/3/2023 - 4/16/2023 | 4/17/2023 | 4/28/2023 |
| 4/17/2023 - 4/30/2023 | 5/1/2023 | 5/12/2023 |
| 5/1/2023 - 5/14/2023 | 5/15/2023 | 5/26/2023 |
| 5/15/2023 - 5/28/2023 | 5/29/2023 | 6/9/2023 |
| 5/29/2023 - 6/11/2023 | 6/12/2023 | 6/23/2023 |
| 6/12/2023 - 6/25/2023 | 6/26/2023 | 7/7/2023 |
| 6/26/2023 - 7/9/2023 | 7/10/2023 | 7/21/2023 |
| 7/10/2023 - 7/23/2023 | 7/24/2023 | 8/4/2023 |
| 7/24/2023 - 8/6/2023 | 8/7/2023 | 8/18/2023 |
| 8/7/2023 - 8/20/2023 | 8/21/2023 | 9/1/2023 |
| 8/21/2023 - 9/3/2023 | 9/4/2023 | 9/15/2023 |
| 9/4/2023 - 9/17/2023 | 9/18/2023 | 9/29/2023 |
| 9/18/2023 - 10/1/2023 | 10/2/2023 | 10/13/2023 |
| 10/2/2023 - 10/15/2023 | 10/16/2023 | 10/27/2023 |
| 10/16/2023 - 10/29/2023 | 10/30/2023 | 11/10/2023 |
| 10/30/2023 - 11/12/2023 | 11/13/2023 | 11/24/2023 |
| 11/13/2023 - 11/26/2023 | 11/27/2023 | 12/8/2023 |
| 11/27/2023 - 12/10/2023 | 12/11/2023 | 12/22/2023 |
| 12/11/2023 - 12/24/2023 | 12/25/2023 | 1/5/2024 |