



PCA TIME-SHEET ACTIVITY AND DOCUMENTATION

PCA	Multicultural Home Care LLC 1821 University Ave W STE S 109 St Paul, MN 55104 # (651) 756 - 1068 Fax# (651) 756 - 1082							PCA	PCA NOTES: Dates / Location of Recipient stay in Hospital PCA's shall not bill for dates / times when the consumer is hospitalized						
DAILY LIVING ACTIVITIES (ADL's)															
CARE PLAN	DATES OF SERVICE							CARE PLAN	DATES OF SERVICE						
Week #1	WED	THUR	FRI	SAT	SUN	MON	TUE	Week #2	WED	THUR	FRI	SAT	SUN	MON	TUE
MM/DD/YYYY															
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfer								Transfer							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Behavior								Behavior							
ADL's								ADL's							
First Shift	FIRST Shift							First Shift	FIRST Shift						
Ratio	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	Ratio	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI	1:1 1:2 AMI
TIME IN	PM	PM	PM	PM	PM	PM	PM	TIME IN	PM	PM	PM	PM	PM	PM	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
Second Shift	SECOND Shift							Second Shift	SECOND Shift						
Ratio	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	Ratio	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2
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
Daily total Min															
Recipient Name (First, Mi, Last)			MA # OR Date of Birth				Minutes week 1	Acknowledgement and Required 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 provide services from the PCA. Review the completed timesheet for accuracy before signing. It is 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. Multicultural Home care, LLC will Investigate and report suspected fraud. Note: Time sheets are due on every other Wednesday							
							Minutes week 2								
RECIPIENT / RESP. SIGNATURE			Date:				Total Minutes Worked								
PCA Name (First, Mi, Last)			PCA NPI NUMBER												
PCA SIGNATURE:			Date:												