

PCA Time and Activity Documentation 1:1 Care

FAX: 612-722-2186

WEEK 1	SAT	SUN	MON	TUE	WED	THUR	FRI	WEEK 2	SAT	SUN	MON	TUE	WED	THU	FRI
Month/Day/Year	06/30/18	07/01/18	07/02/18	07/03/18	07/04/18	07/05/18	07/06/18	Month/Day/Year	07/07/18	07/08/18	07/09/18	07/10/18	07/11/18	07/12/18	07/13/18
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 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
Total Daily Hrs:								Total Daily Hrs:							
WEEK 1				1:1Total weekly hours:				WEEK 2				1:1Total weekly hours:			
Activities								Activities							
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Behavior								Behavior							
IADL								IADL							
Meds Reminder								Meds Reminder							
Clean Equipment								Clean Equipment							

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.

Print Recipient Name	Member # or DOB	Please use standard 12 hr time, in 15 min increments, with minutes noted.
Recipient/Responsible Party Signature:	Date:	Timesheet must indicate AM or PM for every Time IN and every Time OUT.
Print PCA Name	PCA Provider #	Every date box must have month/day/year entered for entire timesheet.
PCA Signature:	Date:	Timesheet must be filled out each shift.
Dates and location of Recipient stay in Hospital or Care Facility.		Timesheet must be an ORIGINAL timesheet - not photocopied.
		Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.
		DIAMONDS HOME CARE, INC. 2740 Minnehaha Ave # 146 Minneapolis MN 55406 Website: www.diamonds-pca.com PH: 612-724-4254 FAX: 612-722-2186
		Reminder: Timesheets are due by 5:00PM on Monday 07/16/2018