

# PCA Time and Activity Documentation

# 2023

Email / [ts@prohealthcare.net](mailto:ts@prohealthcare.net) (FAX: 763-746-8154)

| WEEK 1                           | MON 23                              | TUE 23 | WED 23 | THU 23 | FRI 23 | SAT 23 | SUN 23 | WEEK 2                           | MON 23                              | TUE 23 | WED 23 | THU 23 | FRI 23 | SAT 23 | SUN 23 |
|----------------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|----------------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|
| Mo/Day/Yr                        | /                                   | /      | /      | /      | /      | /      | /      | Mo/Day/Yr                        | /                                   | /      | /      | /      | /      | /      | /      |
| TIME IN                          | am                                  | am     | am     | am     | am     | am     | am     | TIME IN                          | am                                  | am     | am     | am     | am     | am     | am     |
|                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |
| TIME OUT                         | am                                  | am     | am     | am     | am     | am     | am     | TIME OUT                         | am                                  | am     | am     | am     | am     | am     | am     |
|                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |
| TIME IN                          | am                                  | am     | am     | am     | am     | am     | am     | TIME IN                          | am                                  | am     | am     | am     | am     | am     | am     |
|                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |
| TIME OUT                         | am                                  | am     | am     | am     | am     | am     | am     | TIME OUT                         | am                                  | am     | am     | am     | am     | am     | am     |
|                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |                                  | pm                                  | pm     | pm     | pm     | pm     | pm     | pm     |
| T,D, Hrs:                        |                                     |        |        |        |        |        |        | T, D, Hrs:                       |                                     |        |        |        |        |        |        |
| <b>Supports</b>                  | Total WK 1 Hrs: (1:1) (1:2) (1:3) : |        |        |        |        |        |        | <b>Supports</b>                  | Total WK 2 Hrs: (1:1) (1:2) (1:3) : |        |        |        |        |        |        |
| Dressing                         |                                     |        |        |        |        |        |        | Dressing                         |                                     |        |        |        |        |        |        |
| Grooming                         |                                     |        |        |        |        |        |        | Grooming                         |                                     |        |        |        |        |        |        |
| Bathing                          |                                     |        |        |        |        |        |        | Bathing                          |                                     |        |        |        |        |        |        |
| Eating                           |                                     |        |        |        |        |        |        | Eating                           |                                     |        |        |        |        |        |        |
| Transfers                        |                                     |        |        |        |        |        |        | Transfers                        |                                     |        |        |        |        |        |        |
| Mobility                         |                                     |        |        |        |        |        |        | Mobility                         |                                     |        |        |        |        |        |        |
| Positioning                      |                                     |        |        |        |        |        |        | Positioning                      |                                     |        |        |        |        |        |        |
| Toileting                        |                                     |        |        |        |        |        |        | Toileting                        |                                     |        |        |        |        |        |        |
| Health-Rel.                      |                                     |        |        |        |        |        |        | Health-Rel.                      |                                     |        |        |        |        |        |        |
| Behavior                         |                                     |        |        |        |        |        |        | Behavior                         |                                     |        |        |        |        |        |        |
| IADL's (Only recipients Age 18+) |                                     |        |        |        |        |        |        | IADL's (Only recipients Age 18+) |                                     |        |        |        |        |        |        |
| Light Hskping                    |                                     |        |        |        |        |        |        | Light Hskping                    |                                     |        |        |        |        |        |        |
| Laundry                          |                                     |        |        |        |        |        |        | Laundry                          |                                     |        |        |        |        |        |        |
| Other                            |                                     |        |        |        |        |        |        | Other                            |                                     |        |        |        |        |        |        |

### Acknowledgment 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 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.

Dates/Tmes/Location of client stay in Hospital/Care Facility/Incarceration

**NOTE:** All times of client stay in any of the above locations are **NOT** counted as PCA Service Hours, and therefore are **NOT** billable.

|  |                   |
|--|-------------------|
| Print PCA Name                         | Provider #        |
| PCA Signature:                         | Date:<br>/ / 2023 |
| Print Client Name                      | MA # or DOB       |
| Client or Responsible Party Signature: | Date:<br>/ / 2023 |

Please use standard 12 hr time and circle AM or PM.

PCA's: Initial each box in which supports were provided by you for each visit.

Timesheets are due on Monday after the last Sunday on the timesheet at 4:30 PM

OFFICE USE ONLY

Two Week Total:

Phone Number: 763-746-8155 After Hours Phone: 612-757-2320  
Pro-Health Care, Inc / 4710 Central Ave NE , Columbia Heights MN 55421

PCA Phone number: \_\_\_\_\_ . Is there a change of PCA or Client Address?  Yes  No, If Yes , please update address on the line below.