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PCA Time and Activity Documentation 2022  Maplewood Home Care 1736 Cope Ave. E. Suite 2 Maplewood, MN 55109  Phone: (952) 456 - 6561									PCA Time and Activity Documentation 2022							
Maplewood	Home Care 1	736 Cd	ope Ave.	E. Suite 2 Map	lewood, MN 5	55109	,	52) 456 - 6561 52) 777- 1668	Maplewood Home Care 1736 Cope Ave. E. Suite 2 Maplewood, MN 55109						Phone: (952) 456 - 6561 Fax: (952) 777- 1668	
	Date	s/Locat	ion of recip	pient Stay in Hos	oital/ Care Facili	ty/Incarceration	l		Dates/L	ocation of recipier	nt Stay in Hospita	I/ Care Facility	/Incarceration			
Date of Service	Sunday MM/DD/YYYY		Monday /DD/YYYY	Tuesday MM/DD/YYYY	Wednesday MM/DD/YYYY	Thursday MM/DD/YYYY	Friday MM/DD/YYYY	Saturday MM/DD/YYYY	Date of Service	Sunday MM/DD/YYYY	Monday MM/DD/YYYY	Tuesday MM/DD/YYYY	Wednesday MM/DD/YYYY	Thursday MM/DD/YYYY	Friday MM/DD/YYYY	Saturday MM/DD/YYYY
(in consecutive order)	/					1	II. DCA Co.	- DI )	(in consecutive order)		di i				II. BCA C	Bl \
	(your initials	inaic	ate you	provided the	services as	described in	the PCA Care	Pian)		our initials ir	idicate you pr	ovided the se	ervices as de	escribed in	tne PCA Ca	re Plan) T
Dressing									Dressing							
Grooming									Grooming							
Bathing									Bathing							
Eating									Eating							
Transfers									Transfers							
Mobility		_							Mobility							
Positioning									Positioning							
Toileting									Toileting							
Health Related									Health Related							
Behavior									Behavior							
IADLs (Covered serv	ver age of	18 years only)	_			IADLs (Covered services for recipients over age of 18 years only)										
Light Housekeeping									Light Housekeeping							
Laundry									Laundry							
Other									Other							
Visit One									Visit One							
Ratio Staff to recipient	1:1 1:2 1:3		1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	Ratio Staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Share services location									Share services location Time in							
Time in (circle AM/PM)	An PN		AM PM	AM PM			AM PM		(circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AN PN		AM PM
Time out	1A		AM	AM					Time out	AM	AM	AM		AM		
(circle AM/PM)	PN		PM	PM			PM		(circle AM/PM)	PM	PM	PM	PM	PIV		PM
Visit Two									Visit Two							
Ratio Staff to recipient	1:1 1:2 1:3	1:1	1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	Ratio Staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Share services location		-							Share services location							
Time in (circle AM/PM)	Af PN		AM PM	AM PM			AM PM		Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AN PN		AM PM
Time out	1A	и	AM	AM	AM	ı AM	AM	AM	Time out	AM	AM	AM	AM	AM	I AM	AM
(circle AM/PM)	PN		PM	PM	PM	PM	PM	PM	(circle AM/PM)	PM	PM	PM	PM	PIV	PM	PM
Daily Total (minutes)	Minutes		Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Daily Total (minutes)	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
Total Minutes this timesheet	Minutes	Tot	Total 1:1  Minutes		Total 1:2		Total 1:3		Total Minutes this timesheet	Minutes	Total 1:1 tes Minutes		Total 1:2		Total 1:3 Minutes	
Acknowlegement an After the PCA has docum from the PCA. Review th Medical Assistance paym specified in the PCA Care	d Required S nentation his/her e completed timent. Your signate	time ar e sheet	nd activity, for accurac	the recipient mus by before signing.	It is a federal cr	ime to provide fa	mes he/she did no	n PCA billing for	Acknowlegement an After the PCA has docun services from the PCA. R PCA billing for Medical were performed as specif	nd Required Si mentation his/her Review the comple Assistance payment	gnatures time and activity, the ted time sheet for ent. Your signature	the recipient must	signing. It is a f	federal crime to	times he/she d	information on
Recipient Name (First, MI, Last) MA Member # or DOB Recipient/ Responsible par					rty Signature	Date	Recipient Name (First, MI, Last) MA Member # or DOB Recipient/ Respon			Responsible par	ty Signature	Date				
I Certify and swear under penalty if law that I have auccurately reported on this time sheet the hours I actually worked, the services I provious and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.								I Certify and swear under penalty if law that I have auccurately 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 and civil proceedings.								
PCA Name (First,		PCA N	PI/UMPI		PCA Signatur	e	Date	PCA Name (First,	, MI, Last)	PCA NE	PI/UMPI	PCA Signature			Date	