



Rightway Home Care Service Inc.  
7082 Brooklyn Boulevard  
Brooklyn Center, MN 55429

2023 -

Week# \_\_\_\_\_

## PCA Time and Activity Documentation

PCA AGENCY NAME	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION						PHONE NUMBER
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<b>Dates of Service</b> (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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### Activities

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADLs							

### Visit One \*

Ratio staff to recipient	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>
Shared services location							
Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

### Visit Two \* *Use this section if you see client twice in one day \**

Ratio staff to recipient	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>	1:1 <del>1:2</del> <del>1:3</del>
Shared services location							
Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

### Daily Total (minutes)

MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
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### Total Minutes This Time Sheet

Total 1:1		Total 1:2		Total 1:3	
MINUTES		MINUTES	XXXXXXXXXXXXXXXXXX	MINUTES	XXXXXXXXXXXXXXXXXX

### Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a crime to provide false information on PCA billings for Medical Assistance payment. By signing below you swear and verify the time and services entered above are accurate and that the services were performed by the PCA listed below as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
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I certify and swear under penalty of law that I have accurately 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, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE
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Review PCA Provider Time and Activity Documentation for additional policy information about timesheet requirements.

## 2023 Weekly Calendar

WK #	Monday	Thru	Sunday	Paid On	WK #	Monday	Thru	Sunday	Paid On
				<i>Friday</i>					<i>Friday</i>
1	Dec 12	TO	Dec 18		27	Jun 12	TO	Jun 18	
2	Dec 19	TO	Dec 25	Jan 6	28	Jun 19	TO	Jun 25	Jul 7
3	Dec 26	TO	Jan 1		29	Jun 26	TO	Jul 2	
4	Jan 2	TO	Jan 8	Jan 20	30	Jul 3	TO	Jul 9	Jul 21
5	Jan 9	TO	Jan 15		31	Jul 10	TO	Jul 16	
6	Jan 16	TO	Jan 22	Feb 3	32	Jul 17	TO	Jul 23	Aug 4
7	Jan 23	TO	Jan 29		33	Jul 24	TO	Jul 30	
8	Jan 30	TO	Feb 5	Feb 17	34	Jul 31	TO	Aug 6	Aug 18
9	Feb 6	TO	Feb 12		35	Aug 7	TO	Aug 13	
10	Feb 13	TO	Feb 19	Mar 3	36	Aug 14	TO	Aug 20	Sept 1
11	Feb 20	TO	Feb 26		37	Aug 21	TO	Aug 27	
12	Feb 27	TO	Mar 5	Mar 17	38	Aug 28	TO	Sep 3	Sept 15
13	Mar 6	TO	Mar 12		39	Sep 4	TO	Sep 10	
14	Mar 13	TO	Mar 19	Mar 31	40	Sep 11	TO	Sep 17	Sept 29
15	Mar 20	TO	Mar 26		41	Sep 18	TO	Sep 24	
16	Mar 27	TO	Apr 2	Apr 14	42	Sep 25	TO	Oct 1	Oct 13
17	Apr 3	TO	Apr 9		43	Oct 2	TO	Oct 8	
18	Apr 10	TO	Apr 16	Apr 28	44	Oct 9	TO	Oct 15	Oct 27
19	Apr 17	TO	Apr 23		45	Oct 16	TO	Oct 22	
20	Apr 24	TO	Apr 30	May 12	46	Oct 23	TO	Oct 29	Nov 10
21	May 1	TO	May 7		47	Oct 30	TO	Nov 5	
22	May 8	TO	May 14	May 26	48	Nov 6	TO	Nov 12	Nov 24
23	May 15	TO	May 21		49	Nov 13	TO	Nov 19	
24	May 22	TO	May 28	Jun 9	50	Nov 20	TO	Nov 26	Dec 8
25	May 29	TO	Jun 4		51	Nov 27	TO	Dec 3	
26	Jun 5	TO	Jun 11	Jun 23	52	Dec 4	TO	Dec 10	Dec 22

**\*TIME SHEETS ARE DUE MONDAY BY 4:30 P.M., PLEASE EITHER FAX 763-208-5725, EMAIL –RIGHTWAY@RHCSI.COM OR BRING IN YOUR TIME SHEETS TO THE OFFICE, IF FAXING OR EMAILING ORIGINAL TIME SHEETS MUST BE BROUGHT INTO THE OFFICE ON PAYDAY.**

**\*REPORT TO THE OFFICE ANY NEW CLIENT INFORMATION (i.e. client in hospital, rehab etc.) AND ALSO REPORT WHEN THE CLIENT COMES BACK HOME.**

**\*REPORT TO THE OFFICE ANY TIME YOU ARE NOT GOING TO BE AT WORK (i.e. sickness, vacation, any time off)**

**COMMENTS:** \_\_\_\_\_

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