

EXCELLENT CARE SERVICES, INC.

3003 43rd St Suite 106 NW

Rochester MN 55901

HOME HEALTH CARE

SERVICE ACTIVITY/ACTIVITY REPORT

Tel. (507) 289-0338 • Fax (507) 289-7484

WEEKLY TIME RECORD

Email: payroll@excellentservices.com

PCA Time and Activity Documentation

PCA AGENCY NAME	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERAT	PHONE NUMBER
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Dates of Service
(in consecutive order)

MM/DD/YY (MON)	MM/DD/YY (TUES)	MM/DD/YY (WED)	MM/DD/YY (THURS)	MM/DD/YY (FRI)	MM/DD/YY (SAT)	MM/DD/YY (SUN)
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Activities

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

Visit One

Ratio staff to client	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
Shared care location						
Time In (circle 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

Visit Two

Ratio staff to client	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
Shared care location						
Time In (circle 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

Daily Total
(HOURS)

HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
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Weekly Total Hours
This Time Sheet

Relationship

I am related to the recipient as: (use the appropriate modifier on the claim, for example: U1 if the individual PCA provider is the parent or adoptive parent of the recipient) Parent, Sibling, Adult Child, Grandparent or Grandchild (U1) None of the above (UD)

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw line through any dates and time 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.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER# or DATE OF BIRT	RECIPIENT/RESPONSIBLE PARTY SIG	DATE
PCA NAME (FIRST, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 12:00 P.M. NOON FOLLOWING THE WEEK WORKED