

WEEK 1	SAT	SUN	MON	TUE	WED	THUR	FRI	WEEK 2	SAT	SUN	MON	TUE	WED	THUR	FRI
Month/Day/Year								Month/Day/Year							
Time IN								Time IN							
Time OUT								Time OUT							
Time IN								Time IN							
Time OUT								Time OUT							
Total Daily Hrs:								Total Daily Hrs:							
Supports	Total WK 1 Hrs:							Supports	Total WK 2 Hrs:						
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Meal Prep								Meal Prep							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Bathroom								Bathroom							
Cleaning								Cleaning							
Laundry								Laundry							
Health-Related								Health-Related							
Behavior								Behavior							
Other								Other							

Acknowledgements & Signatures:

After the PCA has documented time and supports, the consumer must review the timesheet and draw a line through any item in which services were not received. Signatures verify that the information entered above is accurate and cares were performed as specified in the consumer care plan. The DSP signature also acknowledges the DSP has not billed more than 275 hours for the current month, under their provider ID Number.

It is a Federal Crime to provide false information on PCA billings for Medical Assistance payment. MCIL will investigate and report suspected fraud.

Print PCA Name	Provider #
PCA Signature/Date:	
Print Consumer Name	MA #
Consumer Signature/Date: or Responsible Party	DOB
PAS Staff Signature/Date Rc'd Stamp:	

PCA Notes:

(Ex: Hospitalization dates, vacation, etc.) PCA's may not bill for dates/times when the consumer is hospitalized.

Please use standard 12 hr time and indicate AM & PM. Initial each box in which supports were provided by you for each shift. Timesheets are due every other Monday by 4:30pm. Faxing time sheets? You must call 651.603.0239 to confirm receipt.

Shaded areas for office-use only

