

Ally Home Health Care Timesheet
 5701 Shingle Creek Parkway Suite 300
 Brooklyn Center, MN 55430
 Phone: 763-231-2045 Fax: 763-560-1945
 Email: allyhomehealthcare@gmail.com

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| CLIENT SERVICES INCLUDE: <input type="checkbox"/> CHOICE <input type="checkbox"/> STANDARD <input type="checkbox"/> WAIVER |
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| |
|---------------------------------------|
| <input type="checkbox"/> UNION MEMBER |
|---------------------------------------|

Client Name: _____
 DOB: _____
 Emergency Contact: _____
 Date/Location recipient stays at hospital, care facility, or detention center: _____

Client MHCP ID# : _____
 Phone Number: _____
 Phone Number: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

| | | | | | | | |
|--------------------|----|----|----|----|----|----|----|
| Date MM/DD/YR | | | | | | | |
| Time In | am | am | am | am | am | am | am |
| Circle am/pm | pm | pm | pm | pm | pm | pm | pm |
| Time Out | am | am | am | am | am | am | am |
| Circle am/pm | pm | pm | pm | pm | pm | pm | pm |
| Daily Total | | | | | | | |

Week Total: _____

Activities

| | | | | | | | |
|----------------|--|--|--|--|--|--|--|
| Dressing | | | | | | | |
| Grooming | | | | | | | |
| Bathing | | | | | | | |
| Eating | | | | | | | |
| Transfers | | | | | | | |
| Mobility | | | | | | | |
| Positioning | | | | | | | |
| Toileting | | | | | | | |
| Behavior | | | | | | | |
| Health Related | | | | | | | |

IADL' s - Only if client is over the age of 18

| | | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| Light Housekeeping | | | | | | | |
| Laundry | | | | | | | |
| Other | | | | | | | |

After the PCA has documented their time and activity the recipient must draw a line through the dates and times he/she did not receive services from the PCA. Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information on PCA billing for Medical Assistance payment. Your signature verifies the time and services entered above and that the services were performed as specified in the PCA Care Plan. I also understand that I am not to work over 40 hours unless preauthorized by payroll.

Recipients Signature/Responsible Party: _____ Date: _____

PCA Name: _____ PCA Signature: _____ Date: _____

PCA UMPI#: _____ PCA Phone #: _____

The Minnesota State Legislature has limited the amount of hours PCA may work. Monthly =275 hours/Daily = 16 hours regardless of how many clients or companies the PCA works for. In addition a PCA may not work more than 16 hours per day. It is the PCA's responsibility to keep each company they work for informed of all hours worked on a weekly basis to avoid overbilling to the PCA's provider number resulting in lost revenue to the PCA companies and wages to the PCA.