HealthMax
Home Health Care

2023
1:1 PCA TIME & ACTIVITY DOCUMENTATION

	WEEK 1							WEEK 2						
DAY:	**SUN**	**MON**	**TUE**	**WED**	**THU**	**FRI**	**SAT**	**SUN**	**MON**	**TUE**	**WED**	**THU**	**FRI**	**SAT**
DATE:														
VISIT 1: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1 TOTAL:														
VISIT 2: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2 TOTAL:														
DAILY TOTAL:														
	WEEK 1 TOTAL:							**WEEK 2 TOTAL:**				**PAY PERIOD TOTAL:**		
ADL's														
Dressing														
Grooming														
Bathing														
Eating														
Transfers														
Mobility														
Positioning														
Toileting														
Behavior														
Health-Related														
IADL's														

Was the recipient in Hospital or other Care Facility during this pay period? Y N **Dates:**

Location:

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

Printed Client Name:	**Date of Birth:**	**Client/Responsible Party Signature:**	**Date:**

Time Sheet Rules: Time sheets are due every other MONDAY by 4:00pm, following the company payroll calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You must write in correct dates and circle AM or PM. Time sheets with white out will **NOT** be accepted. Incomplete, incorrect, or illegible time sheets will **NOT** be accepted. **Email to info@healthmaxmn.com** or **fax to 1-888-979-9951 .** If you fax, call **763-575-8045 TO CONFIRM IT HAS BEEN RECEIVED.** I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings**. By signing below I certify and swear under penalty of law that I have accurately reported on this time sheet: the hours I actually worked, the services provided, and the date/times worked.**

Printed Employee Name:	**UMPI/Provider #**	**Employee Signature:**	**Date:**