

**PERSONAL ASSISTANT SERVICES**

**FAX to 651.603.2036 CALL 651.347.6071 TO CONFIRM RECEIPT**

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:							
<b>Supports</b>	<b>Total WK 1 Hrs:</b>							<b>Total WK 2 Hrs:</b>							
Dressing								Supports							
Grooming								Dressing							
Bathing								Grooming							
Meal Prep								Bathing							
Transfers								Meal Prep							
Mobility								Transfers							
Positioning								Mobility							
Bathroom								Positioning							
Cleaning								Bathroom							
Laundry								Cleaning							
Health-Related								Laundry							
Behavior								Health-Related							
Other								Behavior							
								Other							
<b>Two Week Total:</b>															

**Acknowledgements & Signatures:**

After the DSP 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 are accurate and were performed as specified in the consumer care plan. It is a Federal Crime to provide false information on PCA billings for Medical Assistance payment. MCIL will investigate and report suspected fraud.

**PCA Notes:**

(Ex: Hospitalization dates, vacation, etc.) DSPs may not bill for dates/times when the consumer is hospitalized or has moved out of State.

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

**By signing this timesheet you acknowledge that you have not worked more than 275 hours per month under your DSP Provider Number. Over-Billing may result in your immediate termination from MCIL.**

Please use standard 12 hr time and indicate AM & PM.

Please cross off days the DSP did not work.

You must initial each box in which supports were provided by you for each shift. Timesheets will be returned and processed late if they are not initialed.

Timesheets are due every other Monday by 4:30pm.

Faxing timesheets? You must call 651347.6071 to confirm receipt.

**Shaded areas for office-use only**

