S&A UNIFIED HOME CARE, INC.
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HHA/PCA DUTY-SHEET

HHA/PCA NAME (Last, First) PRINTED:		PATIENT NAME (Last, First) PRINTED:
COORDINATOR:	YEAR: 202___	PATIENT ADDRESS:

DATE:___/___/___ MONTH DAY YEAR	TIME IN:_____ AM PM	TIME OUT:_____ AM PM	TOTAL HOURS
(OPTIONAL: SHIFT 2)	TIME IN:_____ AM PM	TIME OUT:_____ AM PM	TOTAL HOURS

PATIENT SIGNATURE

For Live-In Cases: ☐ I certify that I recieved 5 hrs of uninterrapted sleep and 3 hrs meal-break every day of service.

NOTE: Patient's signature is required for each DATE when service was provided.
Patient's signature certifies that the hours of service noted above have been received. **HHA/PCA SIGNATURE:**_____

TASKS (Must be checked)

	DESCRIPTION	S	M	T	W	T	F	S
BATH	TUB -100 / SHOWER -101							
	TOTAL CARE -103							
	MOUTH CARE / DENTURE CARE - 106							
PERSONAL CARE	HAIR CARE COMB-107 / SHAMPOO-108							
	GROOMING SHAVE -109/ NAILS - 110							
	ASSSIST WITH DRESSING -111							
	SKIN CARE -112 / FOOT CARE -113							
	DIAPER- 114 / COMMODE -115							
	BEDPAN / URINAL -116 / TOILET- 117							
MEALS	PRESCRIBED DIET -201							
	PREPARE BREAKFAST -202							
	PREPARE LUNCH -203							
	PREPARE DINNER -204							
	PREPARE SNACK -205							
	ASSIST WITH FEEDING -206							
	RECORD INTAKE: FOOD-207 / FLUID-208							

	DESCRIPTION	S	M	T	W	T	F	S
HOUSEHOLD	CHANGE BED LINEN -500							
	PATIENT LAUNDRY -501							
	LIGHT HOUSEKEPING -502							
	DO PATIENT SHOPPING / ERRANDS -506							
	ACCOMPANY TO MED.APPOINTMENT-508							
ACTIVITIES	TRANSFERRING -300							
	ASSIST WITH WALKING -301							
	ASSISTIVE DEVICE IN USE -302							
	MODERATE EXERCISE/WALKING -305							
	TURNING AND POSITIONING -311							
OTHER	TAKE TEMPERATURE -400							
	REMIND TO TAKE MEDICATION -411							
	DIVERSIONAL ACTIVITIES SPEAK/READ)-509							
	MONITOR PATIENT SAFETY- 511							
	ASSIST WITH TREARTMENT AS PER POC							

REASON FOR TIMESHEET (must be marked)

- ☐ Called In or Out of the EVV system early or late
- ☐ Unable to connect to internet or EVV system is down
- ☐ Clocked In/Out using wrong Time pin ID
- ☐ Phone in use by consumer or individual in consumer home
- ☐ Consumer received services outside of the home
- ☐ Sabbath Observant
- ☐ FOB device malfunctioned/GPS address did not link
- ☐ Consumer's phone line not working

21st Century Cures Act Sec. 12006.
Electronic visit verification required for personal care services and home health care services under Medicaid and went into effect on January 1st, 2021.

I CERTIFY THAT ABOVE INFORMATION IS ACCURATE: **PATIENT UNABLE TO SIGN DUE TO MED.CONDITION:** ☐BLIND ☐BED-BOUND ☐OTHER_____

NOTE: USE **BLACK INK** ONLY.
TIMESHEETS MUST BE SUBMITTED **LATEST ON MONDAY** at 12PM.
ORIGINAL TIMESHEETS MUST BE MAILED TO THE OFFICE.
TIMESHEETS MUST BE SIGNED & DATED BY PATIENT AND AIDE.
TIMESHEETS MAY NOT HAVE ANY WHITE-OUT ON IT. DO NOT WHITE OUT PREVIOUSLY DATED TIMESHEETS.