



# PCA Time and Activity Documentation

|                 |  |                     |
|-----------------|--|---------------------|
| PCA AGENCY NAME | DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION | PHONE NUMBER<br>- - |
|-----------------|--|---------------------|

|   |          |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|----------|
| <b>Dates of Service</b><br>(in consecutive order) | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
|---|----------|----------|----------|----------|----------|----------|----------|

## Activities

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

## Visit One

|                            |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |
|----------------------------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|
| Ratio staff to recipient   | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      |
| Shared services location   |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |
| Time in<br>(circle AM/PM)  |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |
| Time out<br>(circle AM/PM) |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |

## Visit Two

|                            |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |
|----------------------------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|
| Ratio staff to recipient   | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      | 1:1 | 1:2 | 1:3      |
| Shared services location   |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |     |     |          |
| Time in<br>(circle AM/PM)  |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |
| Time out<br>(circle AM/PM) |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |     |     | AM<br>PM |

## Daily Total (minutes)

|         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|
| MINUTES | MINUTES | MINUTES | MINUTES | MINUTES | MINUTES | MINUTES |
|---------|---------|---------|---------|---------|---------|---------|

## Total Minutes This Time Sheet

|                  |                  |                  |
|------------------|------------------|------------------|
| <b>Total 1:1</b> | <b>Total 1:2</b> | <b>Total 1:3</b> |
| MINUTES          | MINUTES          | MINUTES          |

## Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

|                                  |                              |                                       |      |
|----------------------------------|------------------------------|---------------------------------------|------|
| RECIPIENT NAME (FIRST, MI, LAST) | MA MEMBER # or DATE OF BIRTH | RECIPIENT/RESPONSIBLE PARTY SIGNATURE | DATE |
| PCA NAME (FIRST, MI, LAST)       | PCA NPI/UMPI                 | PCA SIGNATURE                         | DATE |

Review [PCA Provider Time and Activity Documentation](#) for additional policy information about timesheet requirements.

# Instructions for PCA Time and Activity Documentation

This form documents time and activity between one PCA and one recipient. Document up to two visits per day on this form. Employers may have additional instructions or documentation requirements. For shared care, you must use a separate form for each person for whom you are providing care.

## Name of PCA Provider Agency

Enter name of the PCA provider agency and its telephone number.

## Recipient Stays

Enter dates and location of recipient stays in a hospital, care facility or incarceration.

## Dates of Service

Dates of service must be in consecutive order. Enter the date in mm/dd/yy format for each date you provide service. The recipient must draw a line through any dates and times PCA services were not provided.

## Activities

For each date you provided care, write your initials next to all the activities you provided. Your initials indicate you provided the service as described in the PCA Care Plan. If you provide a service more than once in a day, initial only once. The following are general descriptions of activities of daily living and instrumental activities of daily living.

**Dressing** – Choosing appropriate clothing for the day, includes laying-out of clothing, actual applying and changing clothing, special appliances or wraps, transfers, mobility and positioning to complete this task.

**Grooming** – Personal hygiene, includes basic hair care, oral care, nail care (except recipients who are diabetic or have poor circulation), shaving hair, applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aids.

**Bathing** – Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.

**Eating** – Getting food into the body, transfers, mobility, positioning, hand washing, applying of orthotics needed for eating, feeding, preparing meals and grocery shopping.

**Transfers** – Moving from one seating/reclining area or position to another.

**Mobility** – Moving including assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a recipient.

**Positioning** – Including assistance with positioning or turning a recipient for necessary care and comfort.

**Toileting** – Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area and inspecting skin and adjusting clothing.

**Health-related Procedures and Tasks** – Health related procedures and tasks according to PCA policy. Examples include: range of motion and passive exercise, assistance with self-administered medication including bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party, interventions, monitoring and observations for seizure disorders, and other activities listed on the care plan and considered within the scope of the PCA service meeting the definition of health-related procedures and tasks.

**Behavior** – Redirecting, intervening, observing, monitoring and documenting behavior.

## IADLs (Instrumental Activities of Daily Living)

– Covered service for recipients over age 18 years only, such as: meal planning and preparation, basic assistance with paying the bills, shopping for food, clothing, and other essential items, performing household tasks integral to the personal care assistance services; assisting with recipient's communication by telephone, and other media, and accompanying the recipient with traveling to medical appointments and participation in the community.

## Visit One

Documentation of the first visit of the day.

### Ratio of PCA to Recipient –

1:1 = One PCA to one recipient

1:2 = One PCA to two recipients (shared services)

1:3 = One PCA to three recipients (shared services)

**Circle the appropriate ratio of PCA to recipients for this visit.**

## Visit Two

Documentation of the first visit of the day.

### Ratio of PCA to Recipient –

1:1 = One PCA to one recipient

1:2 = One PCA to two recipients (shared services)

1:3 = One PCA to three recipients (shared services)

**Circle the appropriate ratio of PCA to recipients for this visit.**

**Shared Services Location** – (Required for shared services only) Write a brief description of the location where you provided the shared services, examples include school, work, store and home.

**Time in** – Enter time in hours and minutes that you started providing care and circle AM or PM.

**Time out** – Enter time in the hours and minutes that you stopped providing care and circle AM or PM.

## Daily Total

Add the total time in minutes that you spent with this recipient for the care documented in one column.

## Total Minutes This Time Sheet

Add the time in minutes for all visits on this entire time sheet and enter the total in the appropriate ratio box.

## Acknowledgement and Required Signatures

Recipient/responsible party prints the recipient's first name, middle initial, last name, and MA Member (MHCPID) Number or birth date (for identifying purposes). Recipient/responsible party signs and dates form. PCA prints his/her first name, middle initial, last name, individual PCA Unique Minnesota Provider Identifier (UMPI) (for identifying purposes). PCA signs and dates form.

Attention. If you need free help interpreting this document, call your provider agency.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم your provider agency

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅតាមទូរស័ព្ទមកលេខ your provider agency ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite your provider agency.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau your provider agency.

ໄປຮອດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ your provider agency.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsi bilbiltu your provider agency.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по телефону your provider agency.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, wac your provider agency.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al your provider agency.

This information is available in alternative formats to individuals with disabilities by calling your PCA provider agency. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.