



PCA Time and Activity Documentation

Dates of Service	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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Activities

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Light Housekeeping							
Laundry							
Health Related							
Behavior							
Other							

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 care location																		
Time in (circle AM/PM)	AM			AM			AM			AM			AM			AM		
	PM			PM			PM			PM			PM			PM		
Time out (circle AM/PM)	AM			AM			AM			AM			AM			AM		
	PM			PM			PM			PM			PM			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 care location																		
Time in (circle AM/PM)	AM			AM			AM			AM			AM			AM		
	PM			PM			PM			PM			PM			PM		
Time out (circle AM/PM)	AM			AM			AM			AM			AM			AM		
	PM			PM			PM			PM			PM			PM		

Visit Three

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 care location																		
Time in (circle AM/PM)	AM			AM			AM			AM			AM			AM		
	PM			PM			PM			PM			PM			PM		
Time out (circle AM/PM)	AM			AM			AM			AM			AM			AM		
	PM			PM			PM			PM			PM			PM		

Daily Total (Minutes)

	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES		
Total Minutes This Time Sheet	Total 1:1			Total 1:2			Total 1:3		
	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 and 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 BIRTH DATE	PCA NAME (First, MI, Last)	PCA PROVIDER NUMBER
RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

Instructions for PCA Time and Activity Documentation:

This form documents time and activity between one PCA and one recipient. Document up to three 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.

Dates of Service: 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 – Appropriate clothing for the day, includes laying-out of clothing, actual applying and changing clothing, orthotics, prosthetics, transfers, mobility and positioning to complete this task.

Grooming – Personal hygiene, includes hair care, oral care, nail care, shaving hair, applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aids and applying orthotics.

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 from one place to another, including using a wheelchair.

Positioning - Moving the person's body for necessary care and comfort or to relieve pressure areas.

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.

Light Housekeeping – Light housekeeping integral to personal care may include washing dishes, putting dishes in dishwasher, clearing tables, taking out garbage, making the bed and cleaning bathroom.

Laundry – Laundry integral to personal care, includes sorting clothes, putting clothes in washer and dryer, adding soap and/or dryer sheet, folding and putting away clothes.

Health-related Functions – Hands-on assistance, supervision and cueing for health related tasks under the direction of a Qualified Professional or the person's physician.

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

Other – Other activities performed in care plan not included above.

Visit One: Documentation of the first visit of the day.

Ratio of Staff to Recipient:

1:1 = One PCA to one recipient

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

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

Circle the appropriate ratio of staff to recipients for this visit. PCA recipients must agree to Shared Care and have a written agreement and plan for how to use Shared Care.

Shared Care Location: (Required for shared care only)

Write a brief description of the location where you provided the shared care, 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.

Visit Two: Same as visit one

Visit Three: Same as visit one

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 Provider ID Number (for identifying purposes). PCA signs and dates form.

This information is available in other forms to people with disabilities by contacting us at (651) 431-2400 (voice) or toll free at (800) 747-5484. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.