



9531 West 78<sup>th</sup> Street, Suite 230, Eden Prairie, MN 55344  
 TEL: (952) 854-6104 FAX: (952) 540-4672

## PCA Time and Activity Documentation

Dates of service	MM/DD/YY (Saturday)	MM/DD/YY (Sunday)	MM/DD/YY (Monday)	MM/DD/YY (Tuesday)	MM/DD/YY (Wednesday)	MM/DD/YY (Thursday)	MM/DD/YY (Friday)
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### Activities

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADL's (18 and up)							

IADL's= meal prep, laundry, household tasks, shopping/errands, accompany to appointments (18 and over ONLY)

### 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)																			
Time Out (Circle AM / 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)																			
Time Out (Circle AM / 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)																			
Time Out (Circle AM / PM)																			

<b>DAILY TOTAL (Minutes)</b>	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
	<b>Total 1:1</b>			<b>Total 1:2</b>			<b>Total 1:3</b>
<b>Total Minutes This Timesheet</b>	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. I verify the accuracy of the information reported on this document and understand that submission of false documentation is cause for termination and possible penalties.

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

