



9531 West 78th Street, Suite 230, Eden Prairie, MN 55344
 TEL: (952) 858-8827 FAX: (952) 540-4672

PCA Time and Activity Documentation

Prescreening Completed

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)
------------------	------------------------	----------------------	----------------------	-----------------------	-------------------------	------------------------	----------------------

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

DAILY TOTAL (Minutes)	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	
	Total 1:1			Total 1:2			Total 1:3		
Total Minutes This Timesheet	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 NPI/UMPI
RECIPIENT/ RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

