



PCA Time and Activity Documentation

PCA Name _____

AbbeyCare, Inc. 1148 Grand Ave St. Paul, MN 55105 651-690-5352 www.abbeycareinc.com

Days of Service	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Dressing/Undressing														
Grooming/Bathing														
Range of Motion/Exercise														
Eating/Meal Prep														
Transfers/Mobility														
Medication Assistance														
Positioning														
Toileting														
Housekeeping														
Laundry														
Health Related														
Behavior/Observation														
Other														

Dates of Service MM/DD/YY	Visit One		Visit Two		Daily Total
	Time In (Circle AM/PM)	Time Out (Circle AM/PM)	Time In (Circle AM/PM)	Time Out (Circle AM/PM)	
Mon		AM PM		AM PM	AM PM
Tue		AM PM		AM PM	AM PM
Wed		AM PM		AM PM	AM PM
Thu		AM PM		AM PM	AM PM
Fri		AM PM		AM PM	AM PM
Sat		AM PM		AM PM	AM PM
Sun		AM PM		AM PM	AM PM
Mon		AM PM		AM PM	AM PM
Tue		AM PM		AM PM	AM PM
Wed		AM PM		AM PM	AM PM
Thu		AM PM		AM PM	AM PM
Fri		AM PM		AM PM	AM PM
Sat		AM PM		AM PM	AM PM
Sun		AM PM		AM PM	AM PM

OVERTIME (OVER 40 HRS/WK) MUST HAVE PRIOR AUTHORIZATION FROM ABBEYCARE
Hours that exceed the authorized limit will not be paid

TOTAL

Hospitalization _____
 Dates/Times _____

Physical changes noted in client _____

Acknowledgment 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.

CLIENT NAME (First, MI, Last)	MA MEMBER # OR DOB	PCA NAME (First, MI, Last)	PCA PROVIDER NUMBER
CLIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

PCA's Current Phone Number: _____

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.

Activities: For each day of the week 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 a day, initial only once. The following are general descriptions of activities of daily living and instrumental activities of daily living.

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

Range of Motion/Exercise – Assist with exercise program as prescribed by MD, PT, and/or OT.

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

Transfers/Mobility – Moving from one seating/reclining area or position to another. Moving from one place to another, including using a wheelchair.

Medication Assistance – Taking Medication as prescribed by physician.

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/Observation – Redirecting, intervening, observing, monitoring and documenting behavior.

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

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

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

Visit Two: Second visit of the day

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 that you spent with this recipient for the care documented in one column.

Time Sheet Total: Add the time for all visits on this entire time sheet and enter the total in the appropriate box.

Hospitalization Dates: List any dates the client spent in the hospital during the pay period.

Physical changes noted in client: Describe any noticeable changes in the client, including bruises, swelling, discoloration, increased pain, decreased mobility, decreased appetite, any new wounds, etc.

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