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BI-WEEKLY PCA TIME & ACTIVITY DOCUMENTATION rev. 10/11

EMPLOYEE NAME: _____ FIRST AND LAST NAME
CLIENT NAME: _____ LAST NAME, FIRST NAME
PERIOD COVERED: ____ / ____ /20 TO ____ / ____ /20

Dates / Location of Recipient Stay in HOSPITAL / CARE FACILITY / INCARCERATION:

Activities	Please write your initials next to all the activities you provided on a daily basis.													
PROCEDURES / DAYS	MON	TUES	WED	TH	FRI	SAT	SUN	MON	TUES	WED	TH	FRI	SAT	SUN
Dressing														
Grooming														
Bathing														
Eating														
Transfers														
Mobility														
Positioning														
Toileting														
Health Related														
Behavior														
IADL's (clients age 18+)														

DAY	DATE	VISIT ONE		Ratio Staff to Client	Location (shared only)	VISIT TWO		Ratio Staff to Client	Location (shared only)	TOTAL TIME
		IN	OUT			IN	OUT			
MONDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
TUESDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
WEDNESDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
THURSDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
FRIDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
SATURDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
SUNDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
MONDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
TUESDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
WEDNESDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
THURSDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
FRIDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
SATURDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
SUNDAY	/ /20	AM	AM	1:1 1:2		AM	AM	1:1 1:2		
		PM	PM	1:3		PM	PM	1:3		
TOTAL HOURS & MINUTES (HH:MM) THIS TIME SHEET						Total 1:1	Total 1:2	Total 1:3	=	TOTAL TIME
						+	+		=	

Relationship:
I am related to the recipient as: (use the appropriate modifier on the claim, for example: U1 if the individual PCA provider is the parent or adoptive parent of the recipient). All PCA's are required to check one of the boxes below or timecard may be considered incomplete!
 Parent, Sibling, Adult Child, Grandparent or Grandchild (U1)
 None of the above (UD)

Acknowledgement and Required Signatures:
After the PCA has documented his/her time and activity, the recipient must draw a line through any times and dates he/she did not receive 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

TERMS AND CONDITIONS

**Caring Professionals Homecare, LLC
hereinafter referred to as "Agency"**

Instructions for completing your time sheet:

- * Use one time sheet for each client and for each 2 week pay period.
- * ORIGINAL Timecards are needed to get paid. Use a BLUE or BLACK pen when completing your timecard.
- * A pay period is defined as Monday – Sunday (2 week cycle).
- * Client name should be in Last Name, First Name format.
- * Print your name clearly on each timecard.
- Recipient Stays: Enter dates and location of recipient stays in a hospital, care facility or incarceration in box on top of timecard!**

Visit One

Documentation of the first visit of the day.
Ratio of PCA to Recipient (Ratio Staff to Client)–
 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 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

This is documentation for the second visit of the day. Follow instructions for Visit One above.

Relationship (new as of 10/2011):

The PCA Must indicate the relationship of the PCA provider to the recipient (client). If the PCA is not related to the client, the PCA must still check the appropriate box or the timecard will be considered incomplete and not valid for processing.

- * Daily Total – Add the total time in hours and minutes that you spent working with this recipient for the care documented in the box called "TOTAL TIME"
- * Subtotal your time based on 1:1, 1:2 or 1:3 shared care time in the boxes labeled Total 1:1, Total 1:2 and Total 1:3.
- * Your Total Time should equal the hours and minutes itemized for each daily visit as well as the subtotals for 1:1, 1:2 and 1:3 shared care.
- * 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 for each client. This is explained in more detail below.
- * PCA Provider Number: You MUST include your PCA provider number on all timecards or your timecard is considered incomplete.
- * You may mail or drop original off in person by 12:00pm – every other Wednesday as per the current company payroll calendar. Timesheets submitted late will result in a delay in processing your check and/or will be subject to a \$50 payroll advance loan fee to accommodate paycheck processing as stated in the employee handbook.
- * Pink/Yellow copy of time sheet is to remain with client after both you and Client sign after services have been provided for the pay period.

* Incomplete timecards may not be accepted by the Agency. You may be asked to complete a new timecard and you may not be paid on time if your timecard is not completed.

* When adding up your hours, add your hours first and write them down. Then add up all of your minutes and divide by 60 to get the total hours and the remaining minutes must then be rounded up or down to the following values:

:00 :15 :30 :45

FOR EMPLOYEE:

I certify that the hours recorded on the reverse side are true and correct, were worked by me during the week ending as shown and were properly certified by the client or the client's authorized representative.

I understand that this timeslip is a record of my visits and hours worked. If I do not sign it and deliver or mail it to the office, I cannot be paid.

I agree to notify the Agency by phone or mail within 48 hours of termination of each assignment. If I fail to give such notice, Agency may assume that I am not available for employment.

In the event of an injury to myself or my assigned client, I agree to notify the Agency within 24 hours of such incident.

FOR CLIENT:

Client certifies that the hours recorded on the reverse side are true and correct and that the work was completed in a satisfactory manner. In the event of any claim under the Agency fidelity bond, client agrees to notify Agency within 20 days of the Incident and understands that the failure to notify Agency in writing within such time will constitute a waiver of the claim.

Agency does not allow its employees to borrow items such as money or automobiles from its clients. Please comply with our policy.

Client also referred to as the Recipient agrees to draw a line through any dates and times PCA services were not provided.

**Office: Original White Copy
Client: Pink/Yellow Copy**

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 as adapted from the Minnesota Department of Human Services (DHS) (April 2010):

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 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.