



Instructions for PCA Time and Activity Documentation

Dates of Service: Dates of service must be in consecutive order. Enter 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 – 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 aides

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, transfer, 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, 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.

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

Other – Other tasks integral to personal care

Visit One: Documentation of the first visit of the day

Ratio of PCA to Recipient

1:1 = One PCA to one recipient

1:2 = One PCA to two recipients (must be approved for shared care)

1:3 = One PCA to three recipients (must be approved for 1:3 shared care)

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 should be rounded to the nearest quarter hour.

Time Out: Enter time in the hours and minutes that you stopped providing care and circle AM or PM. Time should be rounded to the nearest quarter hour.

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

Daily Total (Hours): Add the total time in hours that you spent with this recipient for the care documented in one column

Total Hours for the Week: Add the time in hours for all visits on this entire time sheet

Wage: Enter your current hourly wage if you know it; if you don't know it, you can leave it blank

Dates, Location of Recipient Stay in Hospital /Care Facility/Incarceration: Enter dates and location if recipient stayed in a hospital, care facility or incarceration

Acknowledgement and Required Signatures: Recipient/Responsible Party prints the recipient's first name, middle initial, last name, and MA Member 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 Unique Minnesota Provider Identifier (UMPI). PCA signs and dates form.