

# NATIONAL HOME HEALTHCARE INC

1731 SELBY AVENUE  
ST PAUL, MN 55104

## PCA TIME AND ACTIVITY DOCUMENTATION

| Date of Service (in consecutive order) | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|----------|--------|--------|---------|-----------|----------|--------|
|--|----------|--------|--------|---------|-----------|----------|--------|

### Activities

|                |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|
| Dressing       |  |  |  |  |  |  |  |
| Grooming       |  |  |  |  |  |  |  |
| Bathing        |  |  |  |  |  |  |  |
| Eating         |  |  |  |  |  |  |  |
| Transfers      |  |  |  |  |  |  |  |
| Mobility       |  |  |  |  |  |  |  |
| Positioning    |  |  |  |  |  |  |  |
| Toileting      |  |  |  |  |  |  |  |
| Health Related |  |  |  |  |  |  |  |
| Behavior       |  |  |  |  |  |  |  |
| IADL's         |  |  |  |  |  |  |  |

### 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 |
| Shared service location  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Time in (circle AM/PM)   |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |
|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |
| Time out (circle AM/PM)  |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |
|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |

### Visit Two

|                          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
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|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |
| Time out (circle AM/PM)  |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |
|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |

|                               |           |         |         |           |         |           |         |
|-------------------------------|-----------|---------|---------|-----------|---------|-----------|---------|
| Daily Total (Minutes)         | Minutes   | Minutes | Minutes | Minutes   | Minutes | Minutes   | Minutes |
|                               | TOTAL 1:1 |         |         | TOTAL 1:2 |         | TOTAL 1:3 |         |
| Total Minutes This time sheet | 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/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 in the PCA Care Plan

|                                  |                         |                                     |      |
|----------------------------------|-------------------------|-------------------------------------|------|
| RECIPIENT NAME (First, MI, Last) | MA MEMBER# OR BIRTHDATE | RECIPIENT/REPOSIBLE PARTY SIGNATURE | DATE |
| PCA NAME (First , MI, Last)      |                         | PCA SIGNATURE                       | DATE |

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| Shared service location  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Time in (circle AM/PM)   |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |     | AM  |     |
|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |
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|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |

### Visit Two

|                          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
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|                          |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |     | PM  |     |
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|-------------------------------|-----------|---------|---------|-----------|---------|-----------|---------|
| Daily Total (Minutes)         | Minutes   | Minutes | Minutes | Minutes   | Minutes | Minutes   | Minutes |
|                               | TOTAL 1:1 |         |         | TOTAL 1:2 |         | TOTAL 1:3 |         |
|                               | Minutes   |         |         | Minutes   |         | Minutes   |         |
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| PCA NAME (First , MI, Last       |                         | PCA SIGNATURE                       | DATE |