

Instructions for Time Sheets / Time & Activity Documentation

This form documents time & activity for one PCA & one client, document up to two visits per day. For shared care you must use a separate time sheet for each additional person for whom you are providing care.

Enter the current year.

Check either PCA or Homemaking.

Dates of Service

Dates of services must be in consecutive order. Enter the date in **mm/dd** format for each field. All the dates must be entered whether or not you worked on that date.

Activities

For each date you provide care, enter an "X" next to all the activities you provided.

The following are general descriptions of daily living & instrumental activities of daily living.

Dressing Choosing appropriate clothing for the day, includes laying out of clothing, actual applying & changing clothing, special appliances or wraps, transfers, mobility & positioning to complete this task.

Grooming Personal hygiene, includes basic hair care, oral care, nail care, shaving, applying cosmetics & deodorant, care of eyeglasses, contact lenses, hearing aids.

Bathing Starting & finishing a bath or shower, transfers, mobility, positioning, using soap, shampoo, conditioner, rinsing, drying, inspecting skin, applying lotion or powder.

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 or position to another.

Mobility Moving, including assistance with ambulation, including use of a wheelchair, walker, or cane. Mobility does not include providing transportation for the client.

Positioning Including assistance with positioning or turning a client for necessary care & comfort.

Toileting Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, & inspecting skin & adjusting clothing.

Housekeeping Washing dishes, vacuuming, dusting, taking out garbage, making bed, putting items away, including laundry, dishes, wiping down areas of frequent use.

Laundry Sorting, loading & unloading washer & dryer, folding, putting away clothing, towels, etc...

Health & related procedures & Tasks Health related procedures & tasks according to PCA Policy. Examples include: range of motion & passive exercise, assistance with self administered medication including bring medication to the client, and assistance with opening medication under the direction of the client or responsible party, interventions, monitoring & observations for seizure disorders & other activities listed on the care plan & considered within the scope of the PCA services meeting the definition of health-related procedures & tasks.

Behaviors Redirecting, intervening, observing, monitoring, & documenting behavior.

Visit One Documentation of the first visit of the day. (default is 1:1)

Ratio of PCA to Client: 1:1= One PCA to one Client

1:2= One PCA to two Clients (Shared services)

1:3- One PCA to three client (Shared services)

Choose the appropriate ratio of PCA to client for this visit.

Care Location (Required for shared care only) Choose the appropriate location to where the services were provided. (default is Home)

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Time in Choose the appropriate time in which you began providing care. (In 15 Min. increments). Choose AM or PM.

Time Out Choose the appropriate time in which you stopped providing care. (In 15 Min. increments). Choose AM or PM.

Visit Two This documentation is for the second visit of the day. Follow instructions for visit one, above.

Total Time Add the time in 15 minute increments that you spent with this client for the care documented in the column. Enter the amount of time. (ie: 2 hours & 45 minutes, is 2.75, 1 hour & 15 min. is 1.25).

Total Time for pay period Add the hours for all visits on the entire time sheet & enter the total .

Acknowledgement & Required Signatures Recipient/responsible party enters the clients name, middle initial, & last name, & MA member number or birth date. Recipient/responsible party signs & dates form. PCA enters his/her first name, middle initial, last name, individual PCA Provider number. Signs & dates.

Electronic Signatures Click on the red tab, a window will open, where there will be instructions on how to sign electronically. You will need to set up a password, **make note of the password for future use.**

Completing Time sheets We receive many time sheets that are incomplete, with errors & late. This causes delays.

Must be legible. Use black or blue ink, no white out.

Must be dated consecutively for the whole pay period.

Must indicate activities performed, for each day worked.

Must indicate time in & time out with AM or PM selected.

Must be signed by client & PCA.

Must have the clients MA # or DOB.

Must have PCA's provider number if it has been issued.

Time sheets are Due by 5PM on the appropriate Wednesdays.

If you are working with more than one client, please fax or email them separately.

Cover sheets are not necessary.