# PCA Time and Activity Documentation

**Employee #**

| **Dates of Service** | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
|---|---|---|---|---|---|---|---|
| **Activities** | | | | | | | |
| Dressing | | | | | | | |
| Grooming | | | | | | | |
| Bathing | | | | | | | |
| Eating | | | | | | | |
| Transfers | | | | | | | |
| Mobility | | | | | | | |
| Positioning | | | | | | | |
| Toileting | | | | | | | |
| Light Housekeeping | | | | | | | |
| Laundry | | | | | | | |
| Health Related | | | | | | | |
| Behavior | | | | | | | |
| Other | | | | | | | |

**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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Shared care location | | | | | | | |
| Time in (circle AM/PM) | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| Time out (circle AM/PM) | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |

**Visit Two**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Shared care location | | | | | | | |
| Time in (circle AM/PM) | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| Time out (circle AM/PM) | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |

**Visit Three**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Shared care location | | | | | | | |
| Time in (circle AM/PM) | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| Time out (circle AM/PM) | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Daily Total (Minutes)** | | | | | | | |

| | | | |
|---|---|---|---|
| **Total Minutes This Time Sheet** | **Total 1:1** | **Total 1:2** | **Total 1:3** |
| **Total Hours This Time Sheet** | | | |

## Acknowledgement 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.

| RECIPIENT NAME(First, Mi, Last) | MA MEMBER # OR BIRTH DATE | PCA (First, Mi, Last) | PCA PROVIDER NUMBER |
|---|---|---|---|
| | | | |

| RECIPIENT / RESPONSIBLE PARTY SIGNATURE | Date | PCA SIGNATURE | Date |
|---|---|---|---|
| | | | |