

PCA Time and Activity Documentation

PCA AGENCY NAME													PHC	PHONE NUMBER								
Alliance Home Health Care & Nursing Services DATES/LOCATION OF RECIPENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION													(763) 208-6295									
DATES/LOCATION OF RI	ECIPENT	STAY	IN HOS	PITAL/	CARE F	ACILITY	//INCAR	CERAT	TION													
INDIVIDUAL PCA PROVI	DER NA	ME							RI	EPCIPIE	NT NA	ME										
																				FRIDAY		
Dates of Service	SATURDAY SUN			SUNDAY M			1OND/	AY	TUESDAY			WEDNESDAY			IH	URSD	ΑY	1	Y			
Activities																						
Dressing																1			T			
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	1:1	1:2	1:3	1:1	1:2	1:3	
Shared care location																						
Time in (circle AM/PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM	
Time out			AM			AM			AM			AM			AM			AM	_		AM	
(circle AM/PM)			PM			PM			PM			PM			PM			PM	<u></u>		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			•••	<u> </u>														•••	<u> </u>			
Time in (circle AM/PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM	
Time out			AM			AM			AM			AM			AM			AM	+		AM	
(circle AM/PM)		PM PM						PM			PM				PM	PM			PM			
Daily Total (minutes)	MINUTES MINUTES						MINU	TES		TES		MINU	TES		MINU	TES		MINU	TES			
Total Minutes	Total 1:1									T	otal 1	:2				•		Total :	1:3			
This Time Sheet	MINUT	ΓES						MINU	MINUTES							MINUTES						
Relationship I am related to the recipie					adifia.		alaina fa			if the in	مائدية ماريم	al DCA is		م ماه ه:					ha uaaiu	-ian#\		
Parent, Sibli	·						•		•				f these	•		or adopt	ive pai	ent or t	пе гесір	iletit)		
Acknowledgement a	nd Roce	uired	Signat	ures																		
After the PCA has docun					vity, th	ie recip	ient mu	ıst drav	w a line	throug	h any	dates a	nd time	s he/s	he did	not rec	eive se	rvices	from th	e PCA.	Review	
the completed time shee verifies the time and ser	et for ac	curacy	y before	e signin	g. It is	a feder	al crime	e to pro	ovide fa	lse info	rmatic	on on P	CA billin	gs for	Medic	al Assist						
RECIPIENT NAME (FIRST, MI, LAST)						MA N	MA MEMBER # or DATE OF BIRTH RE							SPON	SIBLE P	PARTY S	IGNAT	URE	DATE			
							IDI /I IN A	DI.				DCA C	ICNIAT'	DE					DATE			
PCA NAME (FIRST, MI, LAST)						PCA N	IPI/UMI	۲I				PCA SIGNATURE DATE										



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PCA NAME (FIRST, MI, LAST)

PCA AGENCY NAME Alliance Home Health Care & Nursing Services														PHONE NUMBER (763) 208-6295							
DATES/LOCATION OF R	ECIPENT	STAY	IN HOS	PITAL/0	CARE F	ACILITY	//INCAR	CERAT	ION												
INDIVIDUAL PCA PROVI	INDIVIDUAL PCA PROVIDER NAME REPCIPIENT NAME																				
Dates of Service	SATURDAY SUNDA					Υ	N	1ONDAY		TUESDAY		WEDNESDAY			TH	URSD	AY	FI	•		
Activities																					
Dressing																					
Grooming																					
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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	1																		1		
Time in			AM			AM			AM			AM			AM			AM			AM
(circle AM/PM)			PM			PM			PM			PM			PM			PM			PM
Time out (circle AM/PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM 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			AM			AM			AM			AM			AM			AM			AM
(circle AM/PM)			PM			PM			PM			PM			PM			PM			PM
Time out (circle AM/PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM
Daily Total (minutes)	MINUT	ES		MINU	TES		MINU	TES		MINU	JTES		MINUTES			MINUTES			MINUTES		
Total Minutes			Т	otal 1:	1					Т	otal 1	:2					-	Total :	1:3		
This Time Sheet	MINUTES							MINUTES							MINUTES						
Relationship																					
I am related to the recipion	ent as: (u	se the	approp	riate m	odifier	on the	claim, fo	r exam	ple: U1	if the ir	ndividua	al PCA p	rovider	is the p	arent c	r adopti	ive par	ent of t	he recip	ient)	
☐ Parent, Sibli	ing, Ad	ult C	hild, G	Grand	paren	t, Gra	ndchi	ld (U:	1)		None	of th	ese (U	D)							
Acknowledgement at After the PCA has docun the completed time sher verifies the time and ser	nented h et for activices en	nis/her curacy tered	time a	nd acti	g. It is	a feder nd that	al crime t the sei	to pro	ovide fa were pe	lse info	ormation ed as sp	on on Po	CA billir	gs for	Medica	al Assist					
RECIPIENT NAME (FIRST, MI, LAST)						MA MEMBER # or DATE OF BIRTH RECIPIENT/RESPO									SIBLE P	ARTY SI	GNAT	DATE			

PCA NPI/UMPI

PCA SIGNATURE

DATE