Wisconsin

International Quality Homecare
Personal Care Services

PCW Time and Activity Documentation

SVC Code:

Dates/Location of recipient stay in hospital/care facility/incarceration:	Services: ☐ PCA ☐ SHC-Personal Care

ALL TASK SHEETS MUST BE IN THE OFFICE BY 12:00 PM EVERY MONDAY

	MON	TUE	WED	THU	FRI	SAT	SUN
DATE							
Note: telephony tasks must match tasks entered below							
DAILY ASSISTANCE							
☐ Dress / Undress							
☐ TEDS Stocking							
☐ Tub Bath							
☐ Bed / Sponge Bath							
☐ Shower							
☐ Hair Care							
☐ Oral Care							
☐ Skin Care							
☐ Nail Care							
☐ Shaving							
☐ Glasses / Hearing Aid							
☐ Ambulation (Walking)							
☐ Transfer (Hoyer)							
☐ Transfer							
☐ Positioning							
☐ Toileting							
☐ Incontinent Care							
☐ Catheter Care							
☐ Bowel Routine							
☐ Splints / Braces (On/Off)							
☐ Range of Motion Exercise							
☐ Accompany to Medical Appt.							
☐ Measure I and O							
☐ T, P, R, BP							
☐ Medication Reminder							
☐ Laundry							
☐ Dust / Clean							
☐ Meal Prep / Feeding							
☐ Wash Dishes							
☐ Other							

TIME REPORTING FOR FAILED TELEPHONY ONLY							
Time Begin	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time End	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
						Total Hours:	
Client's Initials							

Wellness Report:

1. Were there any changes in the client's overall functioning? ☐ Yes ☐ No
   Was the RN notified? ☐ Yes ☐ No
   Date Notified:
   If yes, indicate the dates and describe the changes:

2. Were there any changes in the client's physical health and/or emotional health? ☐ Yes ☐ No
   Was the RN notified? ☐ Yes ☐ No
   Date Notified:
   If yes, indicate the dates and describe the changes:

3. Were there any cares assigned which were not complete? ☐ Yes ☐ No
   Explain and list dates:

Travel Time:

Please indicate date, destination, and the time you traveled from your home to the client, in between clients, and from the client to your home.

Date	Where	Time

Acknowledgement and Required Signature

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.

PRINT RECIPIENT NAME (First, MI, Last)	MA MEMBER # OR BIRTH DATE	PRINT PCA NAME (First, MI, Last)	PCA PROVIDER #

RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

RN Acknowledgement and Required Signature

The supervising RN acknowledges the tasks checked above were properly completed by the caregiver per the client's Plan of Care.

RN SIGNATURE	DATE	

Instructions for PCA Time and Activity Documentation

This form documents time and activity between one PCA and one recipient. Employers may have additional instructions or documentation requirements. For shared care, you must use a separate form for each person for whom you are providing care.

Recipient Stays – Enter dates and location of recipient stays in a hospital, care facility or incarceration.

Services – Check the type of services being rendered and write the Service Code in the upper right corner.

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

Grooming – Personal hygiene, includes basic hair care, oral care, skin care, shaving, applying lotion or powder, care of eyeglasses, contact lenses or hearing aids, nail care (except recipients who are diabetic or have poor circulation).

Dressing – Choose appropriate clothing for the day including laying-out of clothing, dressing or undressing, putting on elastic stockings or prosthesis, braces, splints or other special appliances.

Bathing – Starting and finishing a sponge, bed or tub bath, shower, including rinsing, drying, and inspecting skin.

Toileting – Assist using bathroom or commode, care after bowel movement, offer urinal or bedpan, incontinence care, routine catheter care, ostomy/colostomy care, bowel program, assist with elimination (including enemas), bowel movement management programs (digital stimulation and manual), inspecting skin and adjusting clothing.

Ambulation/Mobility – Assist with standing, repositioning, turning, or getting in/out of bed, assist with cane, walker or crutches, assist with transfers (pivot, gait belt, Hoyer, slideboard or other lifting devices), range of motion and other activities that support skilled therapy. Mobility does not include providing transportation for a recipient.

Medications – Medication reminders, topical preparations, eye and ear drops or administrate insulin. Examples include: assistance with self-administered medication including bringing medication to the recipient or assistance with opening medication under the direction of the recipient or responsible party.

Feeding/Hydration – Offer fluids, assist with eating, total feeding or tube feeding.

Other Assigned Personal Cares – Take vital signs, client directed equipment care, apply wound care, assist with complex repositioning, monitor glucose and blood checks, active seizure interventions, nebulizer treatments, applications of CPAP, or assist with inhalers.

IADLs (Instrumental Activities of Daily Living) – Routine Homemaking Services related and incidental to ADL's include housekeeping in the areas of the home affected by provision of assistance with ADL's (i.e. make bed, clean bathroom, etc.)

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.

Visit

Time in – Enter time in hours and minutes that you started providing care and enter AM or PM. Round to nearest quarter hour.

Time out – Enter time in hours and minutes that you ended care and enter AM or PM. Round to nearest quarter hour.

Travel Time

Enter time in hours and minutes that you have traveled from your home to the client's home, in between clients, and from the client's home to your home

Total Hours On This Time Sheet

Total travel hours paid is limited to authorized hours per week by the MCO.

Total care hours paid is limited to authorized hours per week by the MCO.

Acknowledgement and Required Signatures

Recipient/responsible party prints the recipient's first name, middle initial, last name, and MA Member (MHCPID) 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) (for identifying purposes). PCA signs and dates form.

Acknowledgement by RN Supervisor

An RN Supervisor must review and sign this document to acknowledge the tasks were performed by the PCW on the assigned day. The RN will also note any changes in the client's well-being and document his/her follow-up activities.