

Time and Activity Documentation

Home at Heart Care PO Box 183, Clearbrook, MN 56634	FAX (866)810-7008 / (218)776-3507	PHONE (866)810-9441 / (218)776-3508
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION		CURRENT PHONE NUMBERS CHECK <input type="checkbox"/> IF NEW
ADDRESS OF THE LOCATION WHERE SERVICES WERE PROVIDED (DO NOT USE POST OFFICE BOX NUMBERS)		RECIPIENT () -
		CAREGIVER () -

Dates of Service <small>(in consecutive order)</small>	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							

IADL's (only recipients age 18+)

Light Housekeeping							
Laundry							
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
Shared Care Location																		
Time in <small>(circle AM/PM)</small>		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	
Time out <small>(circle AM/PM)</small>		AM			AM			AM			AM			AM			AM	
		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
Shared Care Location																		
Time in <small>(circle AM/PM)</small>		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	
Time out <small>(circle AM/PM)</small>		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	

Daily Totals

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Weekly Total

	Total 1:1	Total 1:2	Total 1:3	Hours worked for other agency

Acknowledgement and Required Signatures

If **NO** hours worked for another agency, mark the circle →

After the caregiver 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 caregiver. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on billings for Medical Assistance payments. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	DATE OF BIRTH	CAREGIVER NAME (FIRST, MI, LAST)	CAREGIVER UMPI
RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE	CAREGIVER SIGNATURE	DATE

Time sheets must be submitted by email, fax, mail or in person within thirty (30) days after the first original date of service to which the time sheet relates. Time Sheets received after 30 days will be held for confirmation of payment to Home at Heart Care before paycheck is issued.

Instructions for Caregiver Time and Activity Documentation

This form documents time and activity between one caregiver and one recipient, up to two visits per day. For more than two visits per day, use a separate form. For shared care, you must use a separate form for each person for whom you are providing care. Home at Heart Care classifies PCAs, Floats, Homemakers, and Housekeepers as caregivers.

Recipient Stays

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

Service Location Address

Enter the physical address of the location where the caregiving services were provided for the recipient. Do not use Post Office box numbers.

Service Location Phone Number

Enter the phone number of the location where the caregiver to performed services for the recipient, and a caregiver phone number. Mark the box if one of the numbers is new.

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 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 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.

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

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

Bathing – Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.

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, includes use of a wheelchair. Mobility does not include providing transportation for a recipient.

Positioning – Including assistance with positioning or turning a recipient for necessary care and comfort.

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

Health-related Procedures and Tasks – Health related procedures and tasks according to PCA policy. Examples include: range of motion and passive exercise, assistance with self-administered

medication including bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party, interventions, monitoring and observations for seizure disorders, and other activities listed on the care plan and considered within the scope of the PCA service meeting the definition of health-related procedures and tasks.

Behavior – Redirecting, intervening, observing, monitoring and documenting behavior.

IADLs (Instrumental Activities of Daily Living) – Covered service for recipients over age 18 years only, such as: meal planning and preparation, basic assistance with paying the bills, shopping for food, clothing, and other essential items, performing household tasks integral to the personal care assistance services; assisting with recipient's communication by telephone, and other media, and accompanying the recipient with traveling to medical appointments and participation in the community.

Visit One

Documentation of the first visit of the day.

Ratio of Staff to Recipient – 1:1 = One caregiver to one recipient. 1:2 = One caregiver to two recipients (shared services). 1:3 = One caregiver to three recipients (shared services).

Circle the appropriate ratio of Staff to recipients for this visit.

Shared Services Location – (Required for shared services only) Write a brief description of the location where you provided the shared services, examples include school, work, store and home.

Time in – Enter time in hours and minutes that you started providing care and circle AM or PM.

Time out – Enter time in hours and minutes that you stopped providing care and circle AM or PM.

Visit Two

This is documentation for the second and third visit of the day. Follow instructions for Visit One above.

For more visits

Use a separate Time and Activity Documentation form.

Daily Totals

Add the total time for that day that the caregiver was with the recipient for the care documented above.

Weekly Total

Add the time for all visits on this entire time sheet and enter the total in the appropriate ratio box.

Hours worked for other agency

Enter the number of hours worked during the week for other caregiving agencies. If there were none, mark the circle.

Acknowledgement and Required Signatures

The caregiver prints his/her first name, middle initial, last name, individual Unique Minnesota Provider Identifier (UMPI) (for identifying purposes). The caregiver signs and dates form. Recipient/responsible party confirms the accuracy of the timesheet, then prints the recipient's first name, middle initial, last name, and birth date (for identifying purposes). Recipient/responsible party then signs and dates the form.