

# Instructions for PCA Time and Activity Documentation

The Timesheet documents time and activity between the PCA and the recipient, per definitions and instructions defined in this form. Documentation must include the PCA Weekly Timesheet and the PCA Daily Case Notes for each day of service provided in the reporting period. The forms must be verified by the PCA Agency before a claim is submitted to Medicaid. The PCA Agency is responsible for ensuring the documentation is complete. If you have questions about the form, please call your PCA Agency at \_\_\_\_\_

## PCA Agency Name

Enter name of the PCA provider agency.

## PCA Agency Provider Number

Enter Agency Medicaid Provider number.

## Provider Name

Enter the Provider's (PCA) name.

## Renderer #

Enter the Provider's (PCA) renderer number.

## Recipient Name

Enter the recipient's name.

## Recipient's Medicaid ID#

Enter the recipient's Medicaid number.

## Recipient Address, City, Zip

Enter the recipient's address, City and Zip Code.

## Date of Service

Dates of service must be in consecutive order. Enter the date in month/day/year format for each date you provided service.

## Service Location

Actual location where services were rendered.

## Time in

Enter time (military time) PCA services began for that date. If multiple visits occur on the same day annotate these in the appropriate blocks under the corresponding date.

## Time out

Enter time (military time) PCA services ended for that date. If multiple visits occur on the same day annotate these in the appropriate blocks under the corresponding date.

## Activity Code

Enter the corresponding number for the approved activity that the PCA provided during the corresponding in and out time for that date of service. See the Activity Code at the top of the timesheet to determine the proper number to enter.

## Activity Code Definitions:

### Activities of Daily Living (ADL)

#### Body Mobility

Positioning or turning recipient side to side in bed, moving from lying to sitting position while in bed.

#### Transfer (Manual or Mechanical)

Moving recipient between surfaces- to/from bed, chair, wheelchair, standing position (excluding to/from bath/toilet).

#### Locomotion (Single Level)

Moving between locations in his/her room and other areas on the same floor.

#### Locomotion (Multi-Level)

Moving between levels of home. Does not include stairs outside of the home.

#### Locomotion (Medical Appointment)

Moving outside to access medical appointments.

#### Dressing

Putting on, fastening and taking off clothes to include donning/removing prosthesis and support hose (Compression Stocking).

#### Eating

Eating and drinking to include feeding through a tube **OR** supervision of eating if approved.

#### Toilet Use

Using the toilet room (commode, bedpan, or urinal) including all transfers and locomotion associated with toileting, cleansing, changing pads, managing ostomy or catheter and adjust clothes.

#### Personal Hygiene

Personal hygiene including combing hair, brushing teeth, shaving, applying makeup, washing/drying hands, face and perineum. This does not include baths or showers.

#### Washing Hair

Washing recipient's hair if done separate from bathing.

## **Bathing**

Full-body bath/shower, sponge bath, and transfers in/out of tub/shower.

## **Health Related Activities**

Activities according to PCA policy and approved on Service Level Authorization (SLA) to include Medication Assistance, Medication Reminders, Passive Range of Motion, Dressing Changes, Sterile Wound Care, Equipment Maintenance, Escort (Medical Apt).

## **Medication Assistance**

Assisting the recipient to “self-administer” prescribed oral medication, eye drops, and skin ointments. This assistance may include placing a medication within the recipients reach, opening a medication container, reading a label, and guiding the hand of the recipient, at their request, while the recipient administers medication. *PCAs are not allowed to actually administer medication to a recipient except for sterile wound care as described below.*

## **Medication Reminder**

Reminding the recipient when it is time to take prescribed oral medications, eye drops, and skin ointments.

## **Passive Range of Motion**

Performed only in the recipient’s home, following a detailed written plan for the movement of the recipient’s extremities when a documented physical condition associated with contractures exists. The written plan must be provided by the recipient’s physician, physician assistant, advanced nurse practitioner, physical therapist or occupational therapist.

## **Dressing Changes**

Assisting the recipient to place/change minor bandages.

## **Wound Care**

**\*\*Available for recipients on Consumer Directed PCA only\*\***

Assisting the recipient with wound care involving prescription medication and aseptic (sterile) techniques.

## **Equipment Maintenance**

Cleaning, checking, and set-up of respiratory therapy equipment (CPAP/BiPAP Machine, Air Compressor for nebulizer treatment, changing of oxygen tubing etc.).

## **Escort**

Escorting a recipient to and/or from a routine medical or dental appointment. Only allowed if authorized to receive assistance with the ADL of locomotion.

## **PCA Agency – Quality Assurance Verification**

Consumer-directed personal care programs; personal care agencies must collect and verify timesheets before submitting a claim to the Department. Verification must include a review of the services provided and the services authorized to ensure compliance with program rules.

April 2017

## **IADLS (Instrumental Activities of Daily Living)**

Approved services to include Main/Light Meal Preparation, Shopping, Housework and Laundry.

## **Main Meal Preparation**

The preparation, serving, and cleanup of one main meal a day that is essential to meet the health needs of the recipient.

*Meal Preparation does **NOT** include home delivered or congregate meals.*

## **Light Meal Preparation**

The preparation, serving, and cleanup of two light meals (if authorized) a day. This meal may be a cold sandwich, bowl of cereal, piece of fruit, toast, salad etc.

## **Shopping**

Shopping for items required for the health and maintenance of the recipient including groceries, household items, prescribed medications and medical supplies.

## **Housework**

Making living spaces used by the recipient neat and orderly, including dusting and floors, cleaning the kitchen and dishes, cleaning bathrooms, making the bed, trash removal, and providing food and water and cleanup and disposal of animal waste for a certified service animal. *Housework does **NOT** include lawn, garden or plant care, snow removal, wood chopping, hauling water or care of nonservice animals and/or pets.*

## **Laundry**

Washing and changing bed linens. Washing clothing, in or out of the home.

## **Medical Records**

This timesheet and accompanying case notes constitutes a medical record in accordance with 7 AAC 105.230 and Alaska Statute 47.05.290.