PCA Flow sheet

Dates of Service (In Consecutive order)	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/positioning							
Mobility							
Toileting							
Health Related							
Behaviors							
IADL's (only recipients age 18+)							
Light Housekeeping							
Laundry							
Other							

Visit One

Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Visit Two

Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Relationship

I am related to the recipient as: (use the appropriate modifier on the claim, for example U1 if the individual PCA provider is the parent or adoptive parent of the recipient)

- ☐ Parent, Sibling ,Adult Child, Grandparent or Grandchild (U1)
- ☐ None of the above (UD)

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 DOB	Recipient/Responsible Party Signature	Date
PCA Name (First, MI, Last)	PCA NPI/UMPI	PCA Signature	Date

Dates/Location of Recipient stay in hospital/care facility/incarceration:

Phone # 218-236-6730