METROPOLITAN COMMUNITY SERVICES
7900 Excelsior Blvd., # 200 • Hopkins, MN 55343
Phone: 952-658-8995 • Fax: 952-777-2263

HMK TIME & ACTIVITY DOCUMENTATION

☐ Cleaning ☐ Home Management ☐ Assistance with ADLs

Client Name:_____

Dates of Service (mm/dd/yy)	WEEK 1							WEEK 2						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Activities (Document (R) if client refuses care)	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Light housekeeping/cleaning														
Arranging for transport														
Laundry														
Make bed/change linens														
Meal prep														
Shopping														
Simple household repairs														
Assistance with ADLs														

Dates/Location of Recipient stay in Hospital/Care Facility/Incarceration (no hours can be claimed):	Admit (Date/Time)	Discharged (Date/Time)	Location

VISIT INFORMATION

	Day	Date	VISIT 1 Time In	VISIT 1 Time Out	VISIT 2 Time In	VISIT 2 Time Out	Daily Total
WEEK 1	MON		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	TUE		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	WED		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	THU		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	FRI		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	SAT		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	SUN		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
						Week 1 Total	

	Day	Date	VISIT 1 Time In	VISIT 1 Time Out	VISIT 2 Time In	VISIT 2 Time Out	Daily Total
WEEK 2	MON		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	TUE		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	WED		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	THU		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	FRI		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	SAT		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
	SUN		☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
						Week 2 Total	

Acknowledgement and Required Signatures

After the HMK has documented his/her time and activity, the client must draw a line through any dates/times he/she did not receive services from the HMK. Review the completed time sheet for accuracy before signing. It is a crime to provide false information on billings for Medical Assistance payment. By signing below, you swear and verify the time and services entered above are accurate and that the services were performed by the HMK listed below.

CLIENT NAME (FIRST, LAST)	PMI # OR DOB	CLIENT/RESPONSIBLE PARTY SIGNATURE	DATE

I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

HMK NAME (FIRST, LAST)	HMK PHONE NUMBER	HMK SIGNATURE	DATE

INSTRUCTIONS FOR HMK TIME AND ACTIVITY DOCUMENTATION

USE BLACK PEN ONLY

The work week is MONDAY through SUNDAY.

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 HMK 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 a day, initial only once. Each employee MUST use Universal Precautions with every client. This includes frequent Hand Washing and using Personal Protective Equipment. The client must draw a line through any dates and times services were not provided. Document (R) if client refuses any type of activity. The following are general descriptions of activities of daily living and instrumental activities of daily living.

CLEANING

Homemaker/cleaning services include light housekeeping tasks. Homemaker/cleaning providers deliver home cleaning and laundry services.

HOME MANAGEMENT

Homemaker/home management providers deliver home cleaning services and, while onsite, aid with home management activities as needed. Home management activities may include assistance with:

- Arranging for transportation
- Make bed/change linens
- Laundry
- Meal preparation
- Shopping for food, clothing, and household supplies
- Simple household repairs.

ASSISTANCE WITH ADLS

Homemaker/assistance with ADLs providers deliver cleaning services and, while onsite, aid with ADLs as needed. Assistance with ADLs includes assistance with the following:

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 orthotics needed for eating, feeding, preparing meals and grocery shopping.

Mobility

Moving includes assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a recipient.

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.

DATE

Enter the date in mm/dd/yy format for each date you provide service.

VISIT ONE

Documentation of the first visit of the day.

Time In: Enter exact time in hours and minutes that you started providing care and check AM or PM.

Time Out: Enter the exact time in hours and minutes that you stopped providing care and check AM or PM.

If your shift is 8 hours or more, you must document a minimum of 30 minutes for lunch break.

VISIT TWO

Same as visit one.

DAILY TOTAL

Add the total time in hours and minutes that you spent with this client for the care documented in each row.

WEEKLY TOTAL

Add the time in hours and minutes for all visits on this entire timesheet and enter the total in the appropriate box.

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Client/responsible party prints the Client's first name, last name, and MA Member Number or birth date. Client/Responsible party signs and dates form.

HMK prints his/ her first name, last name and phone number. HMK signs and dates form.