METROPOLITAN COMMUNITY SERVICES
7900 Excelsior Blvd., # 200 • Hopkins, MN 55343
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HMK TIME & ACTIVITY DOCUMENTATION

Client Name: _____

Dates of Service (mm/dd/yy)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Activities (Document (R) if client refuses care)	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Clean bathroom							
Clean kitchen							
Clean bedroom							
Dust / Clean floors							
Arranging for transport							
Laundry							
Meal preparation							
Shopping							
Simple household repairs							
Assistance with ADLs							
Other							

Dates/Location of Recipient stay in Hospital/Care Facility/Incarceration:

Visit Information

Date	Day	VISIT 1		VISIT 2		Daily Total
		Time In	Time Out	Time In	Time Out	
	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	
					Weekly Total	

Acknowledgement and Required Signatures

After the HMK has documented his/her time and activity, the recipient 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 HMK 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 as specified in the HMK Care Plan.

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 actually 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 Signature	Date

Note: If more than two visits worked in a day, please use another timesheet. See other side for complete instructions.

INSTRUCTIONS FOR HMK TIME AND ACTIVITY DOCUMENTATION

This form documents time and activity between one HMK and one recipient. Document up to two visits per day on this form. Use additional forms if you do more than two visits per day.

USE BLACK PEN ONLY
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 in 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, provide assistance 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, provide assistance 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 of orthotics needed for eating, feeding, preparing meals and grocery shopping.

Mobility
Moving including 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 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.