



Alliance Health Care

2260 Cliff Road – Eagan, Minnesota 55122
Phone: 651-895-8030 Toll Free: 1-800-548-0980 Fax: 651-895-8070

AHC PCA

Revised May 2017

PCA TIME AND ACTIVITY DOCUMENTATION

CLIENT NAME (First, MI, Last) MA ID # OR BIRTH DATE PCA NAME (First, MI, Last) PCA PROVIDER #

For the week of: Sunday ___/___/___ thru Saturday ___/___/___
MM DD YY MM DD YY

Table with 8 columns: DATES OF SERVICE, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Table for VISIT ONE with columns for Staff to Client Ratio, Shared Care Location, TIME IN, and TIME OUT for each day.

Table for VISIT TWO with columns for Staff to Client Ratio, Shared Care Location, TIME IN, and TIME OUT for each day.

Table for VISIT THREE with columns for Staff to Client Ratio, Shared Care Location, TIME IN, and TIME OUT for each day.

Table for ACTIVITIES with rows for Dressing, Grooming, Bathing, Eating, Transfers, Mobility, Positioning, Toileting, Light Housekeeping, Laundry, Health Related, Behavior, and Other / Describe =.

Table for DAILY TOTAL HOURS with columns for each day of the week.

Table for TOTAL HOURS FOR WEEK with columns for TOTAL HOURS-Single Client and TOTAL HOURS-Shared Care (If Approved).

ACKNOWLEDGMENT AND REQUIRED SIGNATURES

After the PCA has documented his/her time and activity, the client must draw a line through any dates and time he/she did not receive services from the PCA. Client/Responsible Party and Staff MUST review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for any Medical Assistance payment, or any other source of payment.

CLIENT/RESPONSIBLE PARTY SIGNATURE DATE (MM/DD/YY) PCA SIGNATURE DATE (MM/DD/YY)

ADMIN (Initial) QP (Initial & Date)

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.ALLIANCEHEALTHCARE.COM