



Alliance Health Care

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

PCA CHOICE AHC

Dept. 450
Effective 11/09

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 columns for DATES OF SERVICE (Sunday-Saturday) and rows for VISIT ONE, VISIT TWO, VISIT THREE. Includes sub-columns for Single/Shared care and Time In/Out.

ACTIVITIES table with rows for Dressing, Grooming, Bathing, Eating, Transfers, Mobility, Positioning, Toileting, Light Housekeeping, Laundry, Health Related, Behavior, Other.

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

TOTAL HOURS FOR WEEK table 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