

Achieve Healthcare PCA Time and Activity Documentation

7533 Sunwood Drive, #212, Ramsey, MN 55303

Phone: 763-913-1325

Achieve Healthcare does not allow PCAs to work more than 40 hours in a 7-day period or more than 310 hours in one month

Dates of Service	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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Activities - Please initial each activity daily (do not check or mark with an "x")

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							

IADLs

Housekeeping							
Laundry							

Visit One

Staff Ratio	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Time In (circle 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

Visit Two

Staff Ratio	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Time In (circle 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

Daily Total (Hours)							
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Total Hours This Time Sheet	Total 1:1	Total 1:2	Total 1:3
	Hours	Hours	Hours

Acknowledgement and Required Signatures

It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signatures verify the time and services entered above are accurate and that services were performed as specified in the PCA Care Plan.

Please enter dates and location of recipient stays in a hospital, care facility or incarceration: _____

RECIPIENT NAME (First, Last)	MA # or BIRTH DATE	PCA NAME (First, Last)	PCA NPI/UMPI
RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

TIMESHEETS ARE DUE EVERY OTHER WEDNESDAY NO LATER THAN 10:00 AM

PCA PHONE NUMBER

Please email to: [Achieve.Timesheets@gmail.com](mailto: Achieve.Timesheets@gmail.com) OR

Fax to: 866-726-3973

Include the PCA's name in the subject line of the email or fax. Thank you!!