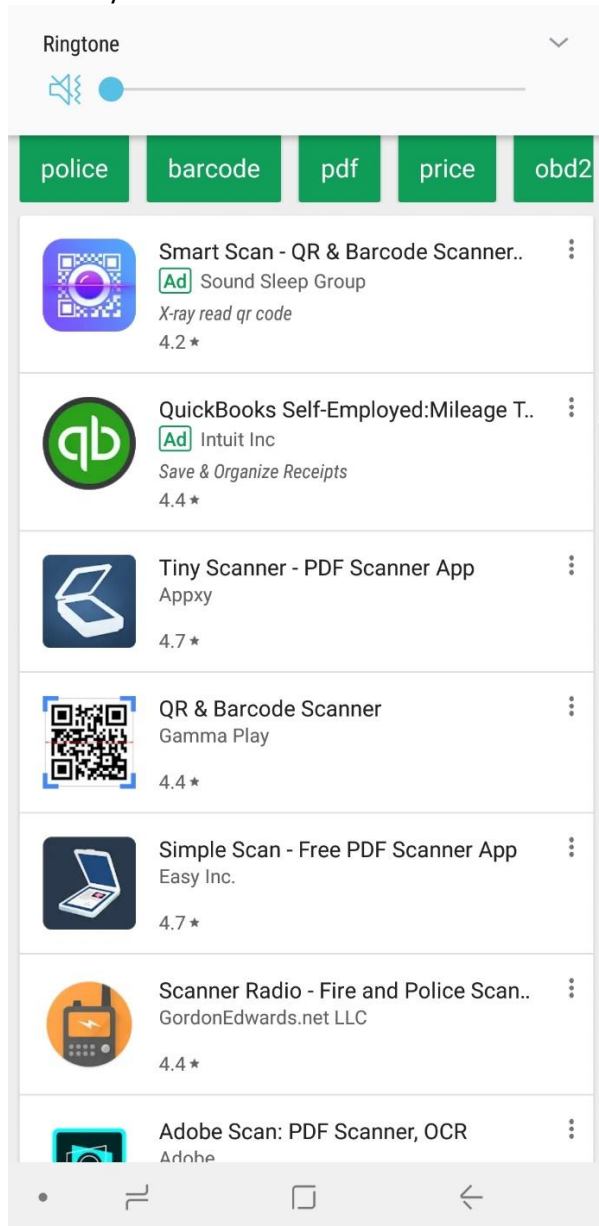




Scanning Timesheets with Android Phones

From the Android Smartphone or Tablet, open the Google Play Store. From the search menu, search for “Scanner APP”. Examples include and are not limited to Tiny scanner, simple scan, and adobe scan. Find what one works best for you.

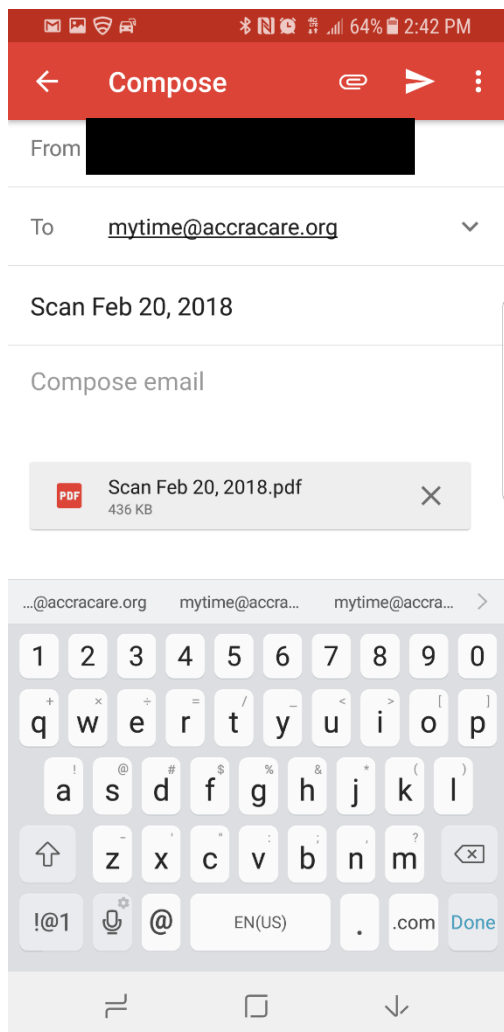




Open the app that you downloaded and follow their instructions for taking the photo in the app itself (do not convert from a JPG to PDF).

Timesheets will need to come as a PDF attachment not a link or as JPG (sends sometimes as an attachment and sometimes embedded in the body of the email)

Once you get to the email send it to Mytime@accracare.org. You will receive two emails sending it by email if you only receive the one email call by Wednesday afternoon if you have not received the second email telling you that we processed the timesheet for X number of hours.



IMPORTANT REMINDER:

Once the message has been sent, delete any and all electronic images and messages you have just sent to Accra. These includes any messages in the sent folder of your email as well as the original photo which is stored in the Adobe app. HIPAA law governs the use of protected health information (PHI). Not protecting PHI may result in fines or disciplinary action. Thank you!



This is how the timesheet should look after you send it through the scanning app and it cannot be any darker than this sample or it could be sent back to you till we receive a light enough copy.



Accra Care Inc.
1011 1st Street S #315, Hopkins MN 55343
Phone: 952-935-3515 Fax: 952-935-7112
Email Timesheet: mytime@accracare.org

Complete only if consumer was hospitalized:

Date	Time	Date	Time
Admit	1/8/18 8:30am	Discharge	1/9/18 2:30pm

No hours can be claimed if Consumer is in the hospital, nursing home, incarcerated or out of home placement

Consumer: John Doe DOB: 1/5/1961 MA# 01234567 Pay Period End Date: _____
(Please Print) 012345

WEEK ONE

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Sun	1/7/18	7:15am	12pm	4.75				JS	JS	JS		JS	JS	JS		JS		JS	JS	JS
Mon	1/8/18	Hospital																		
Tue	1/9/18	Hospital																		
Wed	1/10/18	8:30 AM	4pm	7.5				JS	JS	JS		JS	JS	JS		JS		JS	JS	
Thur	1/11/18	9am-1pm	3:45pm-5pm	5.25				JS	JS	JS	JS		JS	JS		JS	JS			
Fri	1/12/18																			
Sat	1/13/18	11pm	12am	1				JS	JS	JS		JS	JS	JS		JS		JS	JS	
				Total	18.5															

Maximum Hours per week
40 hours under PCA
for all consumers combined

WEEK TWO

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Sun	1/14/18	12am-7am	6pm-12am	13				JS	JS	JS		JS	JS	JS		JS		JS	JS	JS
Mon	1/15/18	12am	1:15am	1.25				JS	JS	JS		JS	JS	JS		JS		JS	JS	
Tue	1/16/18	2pm	9:30pm	7.5				JS	JS	JS		JS	JS	JS		JS		JS	JS	
Wed	1/17/18	5pm	9:45pm	4.75				JS	JS	JS	JS		JS	JS		JS	JS			
Thur	1/18/18																			
Fri	1/19/18																			
Sat	1/20/18	11pm	12am	1				JS	JS	JS	JS		JS	JS	JS	JS	JS		JS	JS
				Total	27.5															

Maximum Hours per week
40 hours under PCA
for all consumers combined

**Your signature verifies the recorded hours and cares checked are true and accurate and that the services were performed as specified in the PCA Care Plan. It is a Federal Crime to provide false information for Medical Assistance payment.

Jane Smith 1/20/2018 Jane Smith 100000 John Doe 1/20/2018
Employee Signature Date Employee Name (Printed) Emp ID (on PayStub) Responsible Party Signature Date

Employee Phone #: _____ Consumer or Responsible Party Phone #: _____

*** Timesheets are due in the office by noon Tuesday following the end of the pay period.
*** Employees are only paid for time they are physically present and working with the consumer.