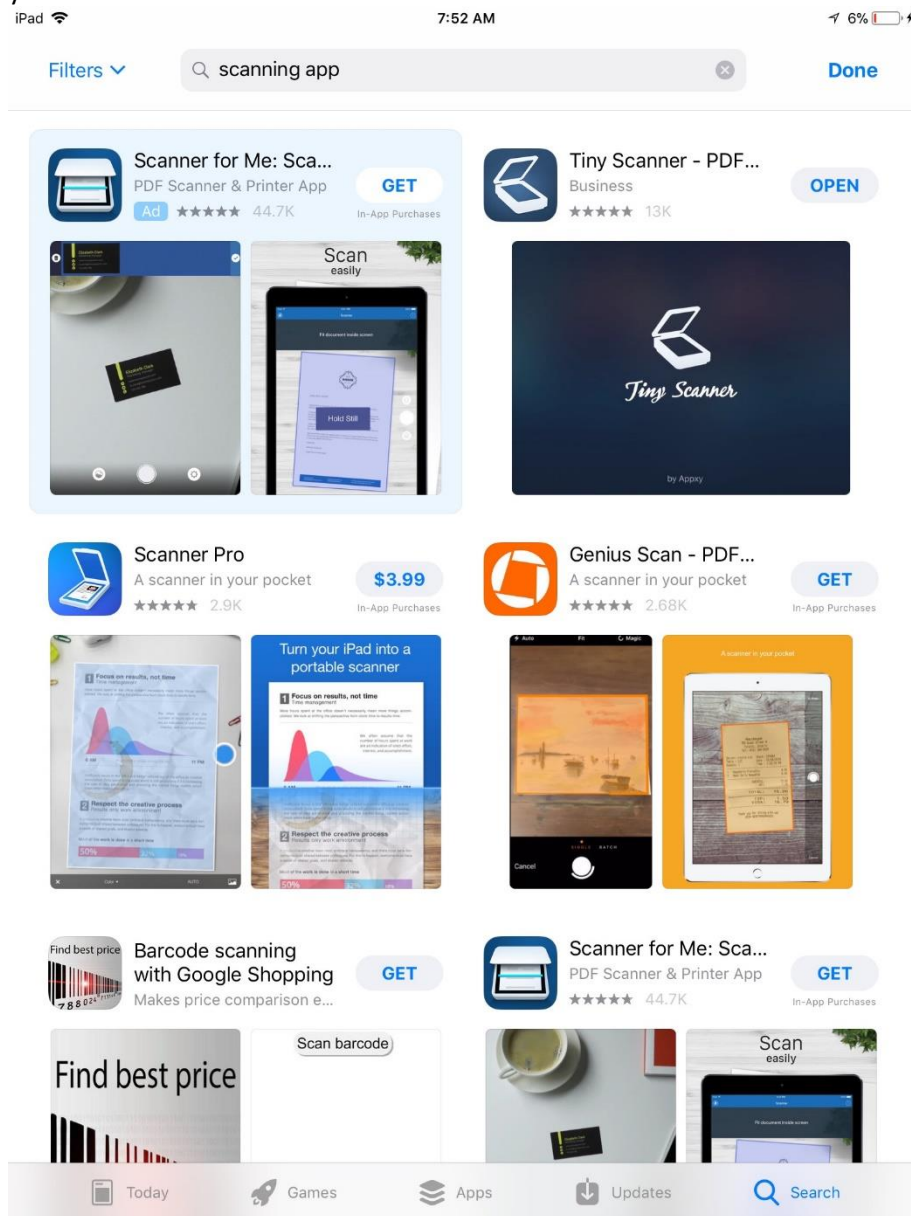




Scanning Timesheets with Apple Phones

From the Apple Smartphone or Tablet, open the App store. From the search menu, search for "Scanning APP". Examples include and are not limited to Tiny scanner, simple scan, and adobe scan. Find what one works best for you.



Best Home Care

2562 7th Ave East - North Saint Paul - MN - 55109

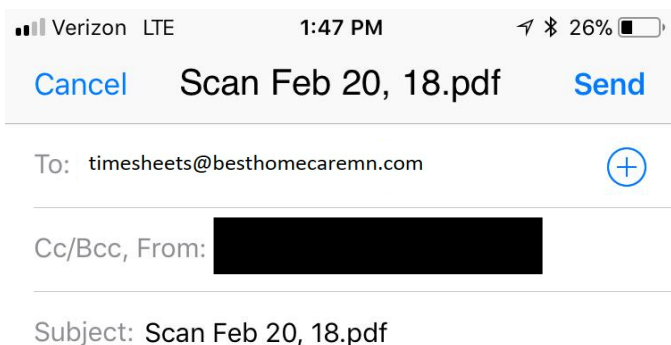
Phone: 651.330.2550 Fax: 763.592.8262 Website: www.besthomecaremn.com



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)

Email the completed timesheet to: timesheets@besthomecaremn.com.



IMPORTANT REMINDER:

Once the message has been sent, delete any and all electronic images and messages you have just sent to Best Home Care. 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!

PCA TIME AND ACTIVITY DOCUMENTATION
SAMPLE
TIMESHEETS ARE DUE EVERY WEEK EITHER AFTER YOUR SHIFT ON WEDNESDAY OR ON THURSDAY BY 9AM.
FAX TO: (651) 964-3801 OR (763) 592-8262 EMAIL TO: BESTHOMECARE@HOTMAIL.COM

PCA ASSISTANT NAME		PROVIDER NAME						
Best Home Care		F 651 330-2550						
INDICATION OF RECEIPT (Use IN HOSPITAL/CARE FACILITY/CAREGIVER)								
Recipient's name								
Dates of Service (in consecutive order)	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
10/20/11	10/21/11	10/22/11	10/23/11	10/24/11	10/25/11	10/26/11	10/27/11	
Activities								
Dressing								
Grooming								
Bathing								
Eating								
Transfers								
Mobility								
Positioning								





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.

PCA TIME AND ACTIVITY DOCUMENTATION

SAMPLE

TIMESHEETS ARE DUE EVERY WEEK EITHER AFTER YOUR SHIFT ON WEDNESDAY OR ON THURSDAY BY 9AM.
 FAX TO: (651) 964-3801 OR (763) 592-8262 EMAIL TO: BESTHOMECARE@HOTMAIL.COM

PCA AGENCY NAME Best Home Care		PHONE NUMBER (651) 330-2550					
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION Recipient's home							
Dates of Service (in consecutive order)	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
	MM/DD/YY 10/26/11	MM/DD/YY 10/21/11	MM/DD/YY 10/22/11	MM/DD/YY 10/23/11	MM/DD/YY 10/24/11	MM/DD/YY 10/25/11	MM/DD/YY 10/26/11
Activities							
Dressing		✓	✓	✓	✓	✓	✓
Grooming		✓	✓	✓	✓	✓	✓
Bathing							
Eating							
Transfers							
Mobility		✓	✓	✓	✓	✓	✓
Positioning							
Toileting							
Health Related							
Behavior							
IADL's (only recipients age 8+)							
Light Housekeeping		✓		✓		✓	
Laundry			✓				✓
Other					✓		
Visit One							
Ratio staff to recipient	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Shared care location							
Time in:		8:00am	10:00am	2:00pm	9:00am	8:00am	7:30am
Time out:		10:00am	12:00pm	4:00pm	12:00pm	9:00am	8:00am
Visit Two							
Ratio staff to recipient	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Shared care location							
Time in:						2:00pm	
Time out:						3:00pm	
Daily Total Hours		2	2	2	3	2	1.5
Total Hours	This Time Sheet # 11.5						
Relationship: I am related to the recipient as:							
<input checked="" type="checkbox"/> Parent, Sibling, Adult Child, Grandparent or Grandchild (U)							
<input type="checkbox"/> None of the above (UD)							
Acknowledgement and Required Signatures							
After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.							
RECIPIENT NAME (FIRST, MI, LAST) John Smith	MA MEMBER # or DATE OF BIRTH 135792	RECIPIENT RESPONSIBLE PARTY SIGNATURE John Smith	DATE 10/26/11				
PCA NAME (FIRST, MI, LAST) Jane Smith	PCA NPI/UMPI A123400011	PCA SIGNATURE Jane Smith	DATE 10/26/11				

RETURN BY FAX OR EMAIL: FAX TO 651-964-3801 or 763-592-8262
 EMAIL TO BESTHOMECARE@HOTMAIL.COM

PLEASE NOTE: TIME SHEETS ARE DUE EVERY THURSDAY A.M.!!!