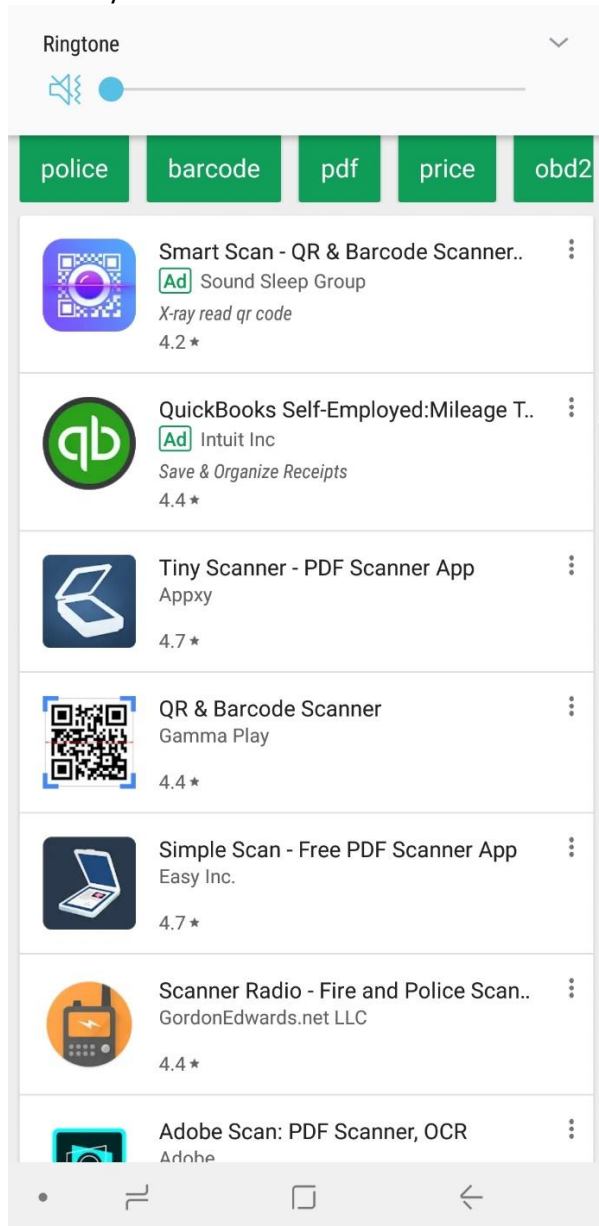




Scanning Timesheets with Android Phones

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.



Best Home Care

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

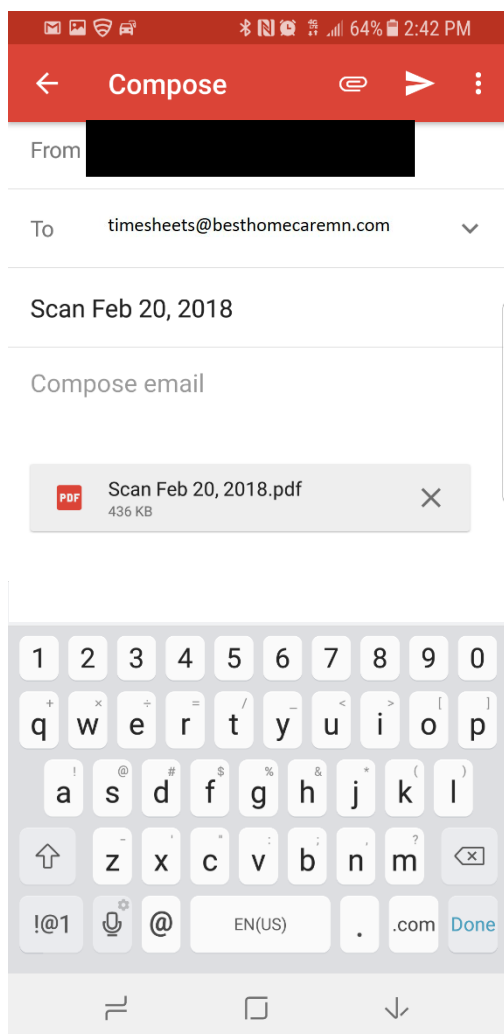
Phone: 651.330.2550 Fax: 763.592.8262 Website: www.besthomecaremn.com



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!

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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						
UNDESIGNATED OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/IN CARCERATION							
Recipient's Name <i>Recipient's home</i>	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Dates of Service (in consecutive order)	10/20/11	10/21/11	10/22/11	10/23/11	10/24/11	10/25/11	10/26/11
Activities							
Dressing		✓	✓	✓	✓	✓	✓
Grooming			✓	✓	✓	✓	✓
Bathing							
Eating							
Transfers							
Mobility		✓	✓	✓	✓	✓	✓
Positioning							
Talking							
Health Related							
Behavior							
IADL's (only recipients age 18+)							
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:		8:00 am	10:00 am	2:00 pm	9:00 am	8:00 am	7:30 am
Time out:		10:00 am	12:00 pm	4:00 pm	12:00 pm	9:00 am	8:00 am
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:						2:00 pm	
Time out:						3:00 pm	
Daily Total Hours		2	2	2	3	2	1.5
Total Hours	This Time Sheet <i>11.5</i>						
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)	MAA MEMBER # or DATE OF BIRTH (RECIPIENT RESPONSIBLE PARTY SIGNATURE)	DATE					
<i>John Smith</i>	<i>135792</i>	<i>10/26/11</i>					
PCA NAME (FIRST, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE				
<i>Jane Smith</i>	<i>A123400011</i>	<i>Jane Smith</i>	<i>10/26/11</i>				

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.!!!