BEST CARE

YOUR CARE. YOUR WAY.

Select Service: PCA Services Homemaking

Agency Name	PHONE NUMBER
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION Week Ending:	

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Dates of Service (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Activities You must indicate which activities you completed on a daily basis!

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADL's (only recipients age18+)							
Light Housekeeping							
Laundry							
Other							

Visit One

Ratio staff to recipient	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	1:1 1:2 1:3
Shared care location							
Time In:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Visit Two

Ratio staff to recipient	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	1:1 1:2 1:3
Shared care location							
Time In:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Daily Totals:	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES

Week Totals:

TIMESHEETS ARE DUE EVERY THURSDAY BY 9AM

FAX TO: (763) 592-8262 OR (651) 964-3801

EMAIL TO: TIMESHEETS@BESTCAREMN.COM

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)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
PCA NAME (FIRST, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE

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