Chosen Family Home Care Time Sheet Documentation for Manual Electronic Visit Verification (EVV) Entries/Edits

Effective April 2024 **Phone: 267.457.4122** **chosenfamilyhomecare.com**

CHOSEN FAMILY
Home Care

Chosen Family Home Care TIN: 84-3942700	Provider ID:
Direct care worker name:	Worker Last 4 digits of SSN:
Participant name:	Medicaid ID:
Address location of service :	

	Date	Start time	End time	Start time	End time	Total hours worked	The codes below are based on the individual client Plan of Care. Please *CIRCLE or WRITE* all activities completed that shift that were completed, as applicable.
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

DUTY CODES: 115-Meal Prep 116-Housework 118-Med Reminders 119-Shopping 120-Transportation 122-Hygiene 125-Locomotion 126-Transfer 127-Toilet Use 134-Bathing 213-Dressing

Timesheet Attestations & Signature Section

Participant signature:	Date:
(OFFICE ONLY) Provider sign/title:	Date:
I, the undersigned Direct Care Worker, attest that I provided Personal Assistance Services, as described above, to the Participant listed above, and the hours are true and correct. *I acknowledge that any attempt to falsify records is considered Medicaid fraud. Such actions are subject to severe legal consequences, including fines, imprisonment, and exclusions from federal healthcare programs.*	
Direct Care Worker signature:	Date:

Timesheet Note: **All** sections of the time sheet must be completed and signed by the Direct Care Worker, Participant, and Agency Designee. By signing in the designated area(s) above, you are confirming that the hours shown and the services provided were performed by the Direct Care Worker whose name appears on the time sheet.
Do not sign blank time and activity sheets.

Hospitalizations: Patient hospitalizations/admissions are not billable and must be reported to the office immediately. *If a patient is admitted or hospitalized, all Personal Assistance Services are stopped & worker must clock out at that time.*