

STAVROS

CENTER FOR INDEPENDENT LIVING, INC.

FISCAL INTERMEDIARY PROGRAM

NEW HIRE PACKET—PART 2

Part 2 contains both optional forms and informational material.

If you elect to complete any of the **optional** forms in Part 2, submit them to Stavros FI along with the mandatory forms from Part 1.

These **optional** forms are:

Massachusetts Employee's Withholding Exemption Certificate—provides any Massachusetts withholdings you want from your Massachusetts income tax, in addition to the Federal tax provided in the W-4 form

Stavros User Portal Agreement—allows PCAs and Consumers to submit timesheets electronically. To use this system, the PCA and Consumer must each submit a Portal Agreement.

The remaining materials in Part 2 are **for your information only**. Please keep these materials for your reference.

These **informational** materials are:

Portal Instructions for tracking PCA Sick Time

PCA Overtime Update *(provided in English and Spanish)*

Workers Compensation Claims Reporting Procedures

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



Print full name

Social Security no.

Print home address

City..... State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$ _____
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind.
 - C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim **more** than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions **increases**. You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases**. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.



Dear PCA,

We want to tell you about a **new update** to the PCA overtime requirements.

Since August, MassHealth has been working with PCA consumers and other stakeholders about managing PCA overtime. Based on the feedback we received, MassHealth has made important changes to the PCA overtime requirements. MassHealth is increasing the number of hours a PCA can work before an overtime approval is required to **50 hours per week**. Additionally, MassHealth has updated the consumer/employer overtime approval criteria.

This letter replaces information sent out in earlier letters and FAQs on PCA overtime management.

What changes have been made to PCA Overtime Management?

The number of hours one PCA can work providing MassHealth PCA services without requiring overtime approval has increased to **50 hours each week**. The 50-hour limit applies whether the PCA works for one consumer, or for more than one consumer.

MassHealth has also developed new criteria to better reflect consumer/employer's needs in determining whether your consumer/employer will be approved to schedule an individual PCA to work more than 50 hours per week.

What do I have to do now?

If you work more than 50 hours per week for one or more consumers, talk to your consumer/employer(s) about your work schedule to make sure you and your consumer/employer(s) comply with the new overtime policy, or please ask each consumer/employer to submit an overtime request form.

If you have questions

You can contact your Fiscal Intermediary (FI) agency. Your FI will have all the latest information.

Sincerely,

MassHealth



Estimado/a PCA:

Deseamos informarle acerca de una **nueva actualización** a los requisitos de horas extra de los PCA.

Desde agosto, MassHealth ha estado trabajando con los consumidores de servicios de PCA y otras partes interesadas acerca de la administración de las horas extra de los PCA. Basándonos en los comentarios que recibimos, MassHealth ha hecho cambios importantes en los requisitos de horas extra de los PCA. MassHealth está aumentando a **50 horas por semana** el número de horas que un PCA puede trabajar antes de que se necesite la aprobación de horas extra. Además, MassHealth ha actualizado los criterios de aprobación de las horas extra del consumidor.

Esta carta reemplaza la información enviada en cartas anteriores y las preguntas más frecuentes sobre la administración de horas extra de los PCA.

¿Qué cambios se han hecho en la administración de horas extra de los PCA?

El número de horas que un/a PCA puede trabajar brindando servicios de PCA para MassHealth sin requerir aprobación de horas extra ha aumentado a **50 horas por semana**. El límite de 50 horas se aplica ya sea que el PCA trabaje para uno o más consumidores.

MassHealth también ha desarrollado nuevos criterios para reflejar mejor las necesidades del consumidor para determinar si su consumidor será aprobado para programar que un PCA individual trabaje más de 50 horas por semana.

¿Qué debo hacer ahora?

Si usted trabaja más de 50 horas por semana para uno o más consumidores, hable con su(s) consumidor(es) sobre su horario de trabajo para asegurarse de que usted y su(s) consumidor(es) cumplan con la nueva norma de horas extra, o pídale a cada consumidor que presente un formulario de solicitud de horas extra.

Si usted tuviera preguntas

Usted puede comunicarse con su agencia de Intermediario Fiscal (FI). Su FI tendrá la información más reciente.

Atentamente,

MassHealth

STAVROS PORTAL USER AGREEMENT

EMPLOYER # _____

You have selected to utilize the Stavros Portal to submit your PCA timesheets to the Stavros Fiscal Intermediary for processing. You will be assigned a temporary password which you should change the first time you log into the Stavros Portal. By signing below, you agree to the following:

- I understand that I may submit my timesheets via the Stavros Portal (I also understand I may choose to submit them by fax or by mail)
- I agree that when I log into the Stavros Portal that I will establish my own password and that I will keep this password confidential
- I agree that an electronic signature is an acceptable form of approval for each timesheet submitted
- I agree that my electronic signature will have the same legal weight and effect as a written signature and I will use this signature to authorize, approve, and sign my electronic timesheets
- I further agree that I will continue to abide by all the terms of the Fiscal Intermediary Agreement I have already signed, and that I understand all my responsibilities as listed in that agreement.

ACUERDO DEL USO DEL PORTAL DE STAVROS

Usted ha seleccionado utilizar el Portal de Stavros para enviar sus hojas de tiempo de PCA al intermediario fiscal de Stavros para ser procesadas. A usted se le asignará una contraseña temporera la cual usted puede cambiar la primera vez que usted use el Portal de Stavros. Firmando abajo usted esta de acuerdo con lo siguiente:

- Yo entiendo que puedo enviar mis hojas de tiempo al Portal de Stavros (yo también entiendo que puedo escoger la opción de enviarlas por fax o por correo).
- Yo estoy de acuerdo que cuando yo vaya al Portal de Stavros yo escogeré mi propia contraseña y mantendré la contraseña confidencial.
- Yo estoy de acuerdo que la firma electrónica es una forma aceptable de aprobación para cada hoja de tiempo enviada.
- Yo estoy de acuerdo que mi firma electrónica tendrá el mismo afecto legal que una firma por escrito y usare esta firma para autorizar, aprobar y firmar mí hoja de tiempo electrónicamente.
- Yo estoy de acuerdo que continuare obedeciendo todos los términos del Acuerdo del Intermediario Fiscal que yo he firmado, y entiendo todas mis responsabilidades que estan escritas en el acuerdo.

Signature/Firma

Date/Fecha

Name (print)/Nombre en letra de molde

E-mail address/Correo electrónico

Please check one:/Favor de escoger una:

- I am a PCA Consumer, my four digit Employer Number is:/ Yo soy un Consumidor de PCA, los cuatro Números del empleador es: _____
- I am a Surrogate for a PCA Consumer, their four digit Employer Number is:/ Yo soy el Tutor/a para el Consumidor de PCA, sus cuatro Números del empleador es: _____
- I am a PCA employed by a Consumer in the F.I. Program/ Yo soy un PCA empleado por un Consumidor del Programa de F.I

Earned Sick Time Balance – PCA

To access the PCA Portal, go to <https://www.OnlineEmployer.com/feapca>

1. If it is your first time logging in to the site, click the blue “PCA First Time Login” link, which will provide the format of the username and password. If you have already logged in before, enter your user name and password.

Welcome

This secure portal is intended for use by authorized Fiscal Employer Agent (FE/A) Employees and PCAs.

Login:
 First initial of FirstName + LastName + last 4 of SSN

Password:
 First initial of FirstName + First initial of LastName + DOB (mmddyyyy)

Login: [PCA First Time Login](#)

Password:

2. For first time users, once you have logged in, you will be asked to reset your password and enter your email address. The email address is required so we can email you a temporary password should you need to reset it in the future.

Manage Password/Email Address

User Name: genuser

Password:

Confirm Password: *

Email Address: *
Valid Email is required to reset password.

3. Once logged in, you will see your Earned sick time balance and history.

Earned Sick Time

| Week | Hours Worked | Sick Earned | Sick Used | Balance |
|------------|--------------|-------------|-----------|---------|
| Summary | 72.00 | 1.00 | 1.00 | 0.00 |
| 06/27/2015 | 16.00 | 0.53 | 1.00 | 0.00 |
| 06/20/2015 | 14.00 | 0.47 | 0.00 | 0.47 |
| 06/13/2015 | 14.00 | 0.00 | 0.00 | 0.00 |
| 06/06/2015 | 28.00 | 0.00 | 0.00 | 0.00 |

4. From the menu bar, there are two available options:



- a. Settings – Drop down menu to change your password or update your email address.
- b. Log out – Log out of the portal.

MASSACHUSETTS PERSONAL CARE ATTENDANT PROGRAM

**WORKERS COMPENSATION CLAIMS REPORTING
PROCEDURES**

PCA'S ARE ELIGIBLE TO RECEIVE WORKERS COMPENSATION
INSURANCE BENEFITS IF THEY ARE INJURED WHILE THEY ARE
WORKING

**CALL ATLANTIC CHARTER INSURANCE COMPANY AND
REPORT THE INCIDENT WITHIN 24 HOURS.**

Atlantic Charter Insurance Company
25 New Chardon Street
Boston, MA 02114-4721

617-488-6500 Main Number
617-488-6502 Fax Number

**CALL STAVROS AND REPORT THE INCIDENT TO YOUR
FISCAL INTERMEDIARY**

1-800-442-1185