

Payroll Period

From Sunday

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Through Saturday

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STAVROS FISCAL INTERMEDIARY SERVICES

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19438



Employer Information

Number:

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Name

PCA Information

SSN:

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Last 4 Digits Only

Name

USE FOR PCA SICK LEAVE ONLY*USO PARA PCA TIEMPO DE ENFERMEDAD SOLAMENTE**

Please record the hours your PCA was scheduled to work but has requested sick leave. Favor de escribir las horas que el PCA estaba designado a trabajar, pero en lugar está solicitando tiempo de enfermedad.

Week #1	Scheduled Time In				Scheduled Time Out				Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours	Week #2	Scheduled Time In				Scheduled Time Out				Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours
	Hour	MIN.	AM	PM	Hour	MIN.	AM	PM	Hours	MIN.	Hours		Hour	MIN.	AM	PM	Hour	MIN.	AM	PM	Hours	MIN.	Hours
Sun.			AM	PM			AM	PM				Sun.			AM	PM			AM	PM			
Mon.			AM	PM			AM	PM				Mon.			AM	PM			AM	PM			
Tue.			AM	PM			AM	PM				Tue.			AM	PM			AM	PM			
Wed.			AM	PM			AM	PM				Wed.			AM	PM			AM	PM			
Thu.			AM	PM			AM	PM				Thu.			AM	PM			AM	PM			
Fri.			AM	PM			AM	PM				Fri.			AM	PM			AM	PM			
Sat.			AM	PM			AM	PM				Sat.			AM	PM			AM	PM			
Total Week 1											Total Week 2												

By signing below, I certify under pains and penalty of perjury that I was scheduled to receive MassHealth PCA services from the PCA during the sick leave time(s) taken, as indicated on this activity form; and I am not enrolled in Adult Foster Care or Group Adult Foster Care.

By signing below, I certify under pain and penalty of perjury that I was scheduled to provide MassHealth PCA services to the consumer during the sick leave time(s) taken, as indicated on this activity form. I understand I must have accrued sick leave time in order to receive paid sick leave. I understand I may be required to provide certification when an earned sick time period covers more than 24 consecutively scheduled hours.

Employer/Surrogate's signature

Date

PCA's Signature

Date

INSTRUCTIONS FOR SICK LEAVE TIME SHEET – A SEPARATE TIME SHEET MUST BE COMPLETED BY EACH PCA

REMINDER: MassHealth DOES NOT PAY for PCA Sick Time while the consumer is inpatient in a hospital or nursing home or is enrolled in Adult foster Care or Group Adult Foster Care. PCA Sick Time that is taken while the consumer is in a hospital or nursing home or enrolled in Adult Foster Care or Group Adult Foster Care is considered FRAUD and will be referred to the Bureau of Special Investigations.

PLEASE NOTE: MassHealth regulations state that the consumer has a responsibility to utilize PCA services in accordance with the number of Day/Evening hours per week and Night hours per night authorized by MassHealth.

MassHealth PCA regulations require the Consumer to inform their PCAs of the option to have PCA payments direct deposited into the PCA's bank account.

MassHealth prohibits payment to any PCA whose name appears on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)

ONLY USE THIS FORM TO REPORT PCA SICK TIME!

1.) **Please mail, fax or deliver this signed timesheet by 12:00 P.M. on the Monday** after the biweekly cycle ends to ensure timely payment. Incomplete or illegible timesheets, or timesheets not signed by both employer/surrogate and the PCA will be returned. Please *do not send the timesheet twice*. Be sure to keep a copy of the timesheet for the employer's records.

2.) **Record the payroll period dates.** The payroll period runs for 2 weeks. Each week starts on Sunday and runs through Saturday. Please check the payroll calendar for your schedule.

3.) **Record the Employer and PCA information.** On the top left side of the timesheet, write the employer number (4 digits) and name. On the top right side, write the last four digits of the PCA's social security number and name. A timesheet missing any of this information may not be processed and may be returned.

4.) **Recording the Sick Time.** Sick time ***MUST reflect the scheduled time the PCAs was to work.*** Sick Time must be shown in 15 minute increments on the PCA Sick Leave form or we will need to round up to the next 15 minute increment. Please complete the timesheet indicating the Sick Time taken on each day, making sure to put in and out times.

- Sick Time Hours from 6:00 AM through 12:00 AM (midnight) are *Day/Eve Hours* and Sick Time Hours from 12:00 AM (midnight) to 6:00 AM are *Night Hours*.
- There are 2 lines of boxes per day to record the Sick Time Hours and minutes the PCA was scheduled to work, with circles to record AM or PM. The time the *PCA was scheduled to start*, "Time In" should be recorded in hours and minutes and the circle for AM or PM should be filled in completely. Next, the time the *PCA was scheduled to leave*, "Time Out" should be recorded in hours and minutes and the circle for AM or PM should be filled in. Then, the total time for that shift that the *PCA was scheduled to work* should be recorded in hours and minutes. E.g. 8:00 AM to 10:15 AM equals a total time of 2:15.
- If the PCA was scheduled to come back and work more hours later the same day, but took Sick Leave, that information should be recorded in the second row on the same day.
- If your PCA was scheduled to work more than two shifts on the same day, a separate **PCA Sick Leave** timesheet is necessary. (Remember to fill out all the required information again.)

5.) **Night Sick Time Leave.** You must have authorization from MassHealth for *Night hours* for your PCA to take Sick Leave Night Hours, those between 12:00 AM (midnight) and 6:00 AM. If you are approved for *Night hours*, record the time the *PCA was scheduled to work* between 12:00 AM (midnight) and 6:00 AM, under in and out times. Any amount of time the *PCA was scheduled to work*, up to two hours between 12:00 AM (midnight) and 6:00 AM will be paid as two hours of *Sick Leave Night Hours*.

Please split *Day/Eve Hours* and *Night hours* correctly. If the *PCA was scheduled to work* from Saturday 10:00 PM through Sunday Morning at 2:00 AM, then the two hours from 10:00 PM to 12:00 AM (midnight) are *Day/Eve Hours* on Saturday and the two hours from 12:00 AM (midnight) to 2:00 AM are *Night hours* on Sunday (You will be starting a new week.).

6.) **Marking Instructions:** For optimum accuracy, please :

Write in **BLACK PEN ONLY**.

Write numbers as large and legible as possible without touching sides of boxes.

Mark circles by filling them in like this: ● (Do NOT check √ or ×, or circle them.)

When recording hours and minutes in the Tot. Day/Eve Hours column, be sure to use hours plus minutes in 15 minute increments. E.g. 1:00PM to 2:30PM is 1:30, (not 1 ½ or 1.5.)

If you have any questions, please call FI or your skills trainer for clarification before submitting the timesheet.