

**Payroll Period**

From Sunday

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Through Saturday

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**STAVROS FISCAL INTERMEDIARY SERVICES**

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Fax: (888) 773-4281, (413) 256-3849

17761



**Employer Information**

Number: 

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**PCA Information**

SSN: 

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Last 4 Digits Only

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

EMPLOYER CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

PCA CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

Week #1	Time In				Time Out				Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours	Week #2	Time In				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.												Sun.											
Mon.												Mon.											
Tue.												Tue.											
Wed.												Wed.											
Thu.												Thu.											
Fri.												Fri.											
Sat.												Sat.											
<b>Total Week 1</b>											<b>Total Week 2</b>												

By signing below, I certify under pains and penalty of perjury that I have received MassHealth PCA services from the PCA during the times described 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 have provided MassHealth PCA services to the consumer during the times described on this activity form.

Employer/Surrogate's signature

Date

PCA's Signature

Date

## INSTRUCTIONS FOR ACTIVITY TIME SHEET – A SEPARATE TIME SHEET MUST BE COMPLETED BY EACH PCA

**REMINDER: MassHealth does not pay for activity time performed by a PCA while the consumer is inpatient in a hospital or nursing home or is enrolled in Adult foster Care or Group Adult Foster Care. Activity time performed by a PCA 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 PCAs to have their PCA payments direct deposited into the their bank or debit card account.**

**Masshealth prohibits payment for PCA Activity time performed by a PCA whose name appears on the Office of Inspector General (OIG ) List of Excluded Individuals and Entities (LEIE)**

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), name and address. On the top right side, write the last four digits of the PCA's social security number, name, address, home and cell phones and e-mail address. A timesheet missing any of this information may not be processed and may be returned. Please check box , if employer or PCA has changes to address, phones and/or e-mail address and return with a completed change form.

4.) **Recording the activity time.** Please schedule PCAs to work in 15 minute increments, time for each day on the activity form must be recorded in 15 minute increments or we will need to round up to the next 15 minute increment. Please complete the timesheet indicating the time worked on each day, making sure to put in and out times.

- Hours worked from 6:00 AM through 12:00 AM (midnight) are *Day/Eve Hours* and hours worked from 12:00 AM (midnight) to 6:00 AM are *Night Hours*.
- There are 2 lines of boxes per day to record the hours and minutes the PCA worked, with circles to record AM or PM. The time the PCA started "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 left "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 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 came back and worked more hours later the same day, that information should be recorded in the second row on the same day.
- If your PCA worked more than two shifts on the same day, a separate timesheet is necessary. (Remember to fill out all the required information again.)

5.) **Night Activity Time.** You must have authorization from MassHealth to use *Night hours* between 12:00 AM (midnight) and 6:00 AM. If you are approved for *Night hours*, please record time worked between 12:00 AM (midnight) and 6:00 AM under in and out times. Any amount of time worked up to two hours between 12:00 AM (midnight) and 6:00 AM will be paid as two hours of *Night Hours*.

Please split *Day/Eve Hours* and *Night hours* correctly. If a PCA works 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 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.