



September 9, 2021

«AddressBlock»

**TO:** PCAs of Consumers Transferring from Stavros or Northeast Arc

**FROM:** Fiscal Intermediary Department

**RE:** FI Transfer Packages

Welcome to the Tempus Unlimited, Inc. Fiscal Intermediary (FI) program. You are receiving this packet based upon information provided by your Consumer/Employer's FI that you are working as a PCA. Enclosed are the forms you will need to sign and return to ensure timely payment of wages in 2022. The following is a list of the forms and a brief description of their use:

**PCA Signature Form:** PCA Signature Form is used to verify the PCA understands the requirements of the PCA Program and to identify the PCA's relationship to the Consumer.

**Generic Direct Deposit Application:** PCA authorizes Tempus to direct Deposit funds into their checking or savings account using the account information used by their current FI.

Please return completed forms via:

- Fax: 1-800-359-2884
- Mail: 600 Technology Center Drive, Stoughton, MA 02072

Please complete and return these forms no later than September 30, 2021.

If you have any questions, please contact Tempus Unlimited, Inc. at Toll-Free at 1-877-479-7577 Monday through Friday between the hours of 7:30AM and 4:30PM. One of our Consumer Relations Specialists will be happy to assist you.

# Personal Care Attendant Signature Form



Name of fiscal intermediary (FI) Tempus Unlimited, Inc.

- All PCAs hired by a PCA consumer must fill out and sign this form and give it to their employer (the PCA consumer).
- The PCA's employer (the PCA consumer) must submit this form to the FI, along with all other paperwork required by the FI and MassHealth.
- The FI cannot pay a PCA until all required paperwork is received and complete.
- MassHealth and the FI cannot pay a PCA to work
  - when the PCA consumer is in an inpatient facility, such as a hospital or nursing facility; or
  - when the amount of time that has been authorized by MassHealth has been exhausted or is insufficient.
- The PCA must read the rest of this form and sign below before receiving payment from the FI.

I agree to accept the position of personal care attendant (PCA) for \_\_\_\_\_  
(name of PCA consumer).

I understand that my employer is the PCA consumer. My employer is responsible for hiring, firing, training and scheduling PCAs. My employer may select another person (a surrogate) to help manage his or her PCA services. I must notify my employer and the surrogate (if any), of any changes in my circumstances that would affect my ability to perform my duties as a PCA. I must complete and provide accurate Activity Forms (time sheets) to my employer or the FI as soon as I can. The FI will process payroll for my employer. My employer is responsible for giving the check to me (unless I requested that my check be deposited directly into my bank account). I must provide proof of my identity to my employer to complete the Employment Eligibility Verification form (Form I-9), which the Department of Homeland Security requires all employees to complete. (The FI will give my employer this form.)

I understand that the MassHealth PCA program pays for personal care services provided by a PCA only when the PCA provides physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to an eligible PCA consumer who has obtained prior authorization from MassHealth for PCA services. PCA services must be provided in accordance with the PCA consumer's authorized PCA evaluation or reevaluation, service agreement, and MassHealth regulations at 130 CMR 422.410.

I understand that ADLs include physically assisting the PCA consumer with transferring, walking, using medical equipment, taking medications, bathing and grooming, dressing and undressing, passive range-of-motion exercises, eating, and toileting. I understand that IADLs include household services that are essential to the PCA consumer's care such as laundry, shopping, housekeeping, meal preparation and cleanup, transportation to medical appointments, activities such as maintenance of wheelchairs or other medical equipment, completing the paperwork required for receiving personal care services, and other activities approved by MassHealth as being instrumental to the health care needs of the PCA consumer.

I understand that my employer (the PCA consumer) will tell me which of these services require me to provide physical assistance.

I understand that I cannot be paid as a PCA if I am a spouse, parent (if the PCA consumer is a minor child), surrogate, foster parent, or legally responsible relative of the PCA consumer.

**The following describes my relationship to my employer (the PCA consumer). (Please check one.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> adult child (18 yrs. or older) of member  | <input type="checkbox"/> daughter-in-law of member | <input type="checkbox"/> son-in-law of member   |
| <input type="checkbox"/> parent of adult (18 yrs. or older) member | <input type="checkbox"/> other relative (describe) | <input type="checkbox"/> nonrelative (describe) |

I certify under pains and penalties of perjury that the information on this signature form, and any accompanying statement that I have provided, has been reviewed and signed by me, and is true, accurate, and complete to the best of my knowledge. I also certify that I understand my duties, rights, and responsibilities as a PCA and that all the information I have provided to my employer (the PCA consumer), to the fiscal intermediary, to the personal care management agency, or to MassHealth is true and accurate to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Print PCA Name \_\_\_\_\_ Date \_\_\_\_\_

PCA signature \_\_\_\_\_



**DIRECT DEPOSIT APPLICATION**

**PCA'S Name:** \_\_\_\_\_ **PCA Phone Number:** \_\_\_\_\_

**Consumer #:** \_\_\_\_\_ **Consumer Name:** \_\_\_\_\_

I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") on record with your current Fiscal Intermediary. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

**PCA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_