MFP Self-directed Waiver Services

FI Contact Information

TEMPUS UNLIMITED, INC.
600 TECHNOLOGY CENTER DRIVE
STOUGHTON, MA. 02072

Toll-Free Phone # 1-877-479-7577
MFP Fax # 1-978-367-5582

Payroll Period From Sunday / / Through Saturday / /

Employer Name Employer Number

Employer Phone Number:

DCW Name

DCW Social Security Number (Last 4 digits only)

DCW Phone Number:

Codes: 1 - Adult Companion 2 - Chore Service 3 - Homemaker 4 - Individual Support and Community Habilitation 5 - Personal Care 6 - Peer Support

Week 1	Code #	Time In	Time Out	Total
Sun.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Mon.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Tue.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Wed.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Thu.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Fri.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Sat.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
			Total Hours for Week 1	:

Week 2	Code #	Time In	Time Out	Total
Sun.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Mon.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Tue.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Wed.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Thu.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Fri.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
Sat.		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
		: AM PM	: AM PM	:
			Total Hours for Week 2	:

By signing below, I certify under pain and penalty of perjury that I have received MassHealth self-directed services from the DCW during the times described on this activity form.

X _____ _____

Employer/Surrogate's Signature Date

By signing below, I certify under pain and penalty of perjury that I have provided MassHealth self-directed services to the waiver participant during the times described on this activity form.

X _____ _____

DCW's Signature Date

Important Information: Please Read

It is strongly recommended for Employers and DCWs to use Tempus' electronic timesheet system, which is available at:

https://timesheets.tempusunlimited.org/

1. **Noncovered Services:** MassHealth does not pay for noncovered services as defined at 130 CMR 422.000, including activity time performed by a DCW while the Employer is in an inpatient setting, including, but not limited to, hospitals, rehabilitation centers, skilled nursing facilities, etc. Activity time performed by a DCW while the Employer is in an inpatient setting may be referred to the Office of the State Auditor Bureau of Special Investigations.
2. **False or incorrect activity time:** MassHealth reserves the right to deny or recoup payment for false or incorrect activity time, in addition to taking further action, which may include, but is not limited to, skills training, imposing a new or different Surrogate, or termination from the MFP Waiver Program.
3. **Employer's liability for payment:** The Employer is personally responsible for paying their DCWs in circumstances where the Employer/Surrogate has required a DCW to work and:
    a. There are insufficient units left on the PA;
    b. The Employer was not MassHealth eligible on the dates of service on the timesheet;
    c. The DCW is on the Office of Inspector General's List of Excluded Individuals or Entities (LEIE); or
    d. The DCW provided noncovered services.
4. **Proper utilization of PA:** Employers/Surrogates are responsible for scheduling DCW services in accordance with the number of Day/Evening hours and Night hours authorized by MassHealth. Employers/Surrogates must ensure the accuracy of all DCW activity time listed on time sheets prior to submission for payment.
5. **Direct deposit requirement:** Employers/Surrogates must inform DCWs of the requirement to have DCW payments direct-deposited into the DCW's bank account.
6. **Complete all information on the time sheet:** There are 3 lines of boxes per day to indicate the hours and minutes that a DCW has worked. There are also circles that indicate if the DCW worked during A.M. or P.M. hours. If more than 3 lines of In and Out times are needed for a single day, please use a second time sheet and fill in all the required information concerning the Employer, DCW, Payroll Period, and Signatures. A time sheet without all this information cannot be processed.

Instructions

Please fill in all required information. A timesheet without all this information cannot be processed.

1. **General information:** Enter the payroll period dates, names, and other required information on the time sheet. Please note: The payroll period runs for 2 weeks; it always starts on a Sunday at Midnight (12:00 A.M.) and runs through the second Saturday at 11:59 P.M. Please check the payroll schedule for dates.
2. **Day/Evening hours worked:** Hours worked from 12:00 A.M. through 11:59 P.M. are considered Day/Evening hours. Record actual time in and time out for all Day/Evening hours. Consecutive tasks should be reported as one collective time period (e.g., when multiple tasks are performed with no time between). Then calculate the daily totals, which must be rounded up to the next 15-minute increment. For example, if a DCW works for 1 hour & 10 minutes, that day's total must be rounded up to 1 hour & 15 minutes. Please see the example below for guidance to complete the form.
3. **Time sheet submission:** Please fax or deliver this form by 4:00 P.M. on the Monday after the payroll period ends to ensure timely direct deposits and checks. Please, do not send the time sheet twice. Time sheets mailed or faxed before the hours are worked will not be processed.
4. **Marking Instructions**: For optimum accuracy, please:
    a. Write in Blue or Black Pen Only.
    b. Write numbers as large and legible as possible without touching sides of boxes.
    c. Mark circles by filling them in like this: ▌(DO NOT check √ or X them.)
    d. When recording hours and minutes in the Tot. Day/Eve Hours column, be sure to use hours plus minutes. 1:00PM to 2:30PM is 01:30, (not 1 ½ or 1.5.)
    e. If you have any questions, please call the FI or your case manager for clarification before submitting the time sheet.

Example:

Week 1	Code #	Time In	Time Out	Total
Sun.	1	10:00 AM	11:06 AM	01:15
	1	03:00 PM	09:00 PM	06:00
		: AM/PM	: AM/PM	:
		: AM/PM	: AM/PM	:
Mon.		: AM/PM	: AM/PM	:
	1	09:00 PM	11:15 PM	02:15
		: AM/PM	: AM/PM	:
Tue.	2	01:00 AM	01:30 AM	03:00
		02:00 AM	08:25 AM	06:30
		: AM/PM	: AM/PM	:
Wed.	2	08:00 AM	04:45 AM	08:45
		: AM/PM	: AM/PM	:
		: AM/PM	: AM/PM	: