

Frequently Asked Questions

MassHealth Personal Care Attendant (PCA) Program Fee Reimbursement Attestation Form

Updated 3/21/22

Why am I receiving this information?

On January 1, 2022, the MassHealth Personal Care Attendant (PCA) Program began using only one Fiscal Intermediary (known as the “FI transition”).

At the beginning of the FI transition, in January 2022, some PCAs were not paid on time. As a result, some PCAs were charged late fees or overdraft fees.

The Massachusetts Executive Office of Health and Human Services (EOHHS) has agreed to reimburse PCAs for certain late fees and overdraft fees that were caused by the FI transition.

What fees will EOHHS reimburse?

EOHHS will reimburse eligible PCAs for certain late fees and/or overdraft fees. In order to be eligible for payment, the following conditions must be met:

- EOHHS will only reimburse PCAs for late fees and/or overdraft fees that were directly caused by the FI transition
- The fees must be reasonable and unavoidable
- EOHHS will only reimburse PCAs for fees that were charged between the dates of 1/3/22 through 2/4/22
- The PCA requesting reimbursement must fill out a Certain Fee Reimbursement Attestation Form (“attestation form”) and meet all requirements listed on the form

What fees will EOHHS not reimburse?

EOHHS will not pay for fees that are unrelated to the FI transition. For instance, PCAs will not be paid back for late fees if their paychecks were delayed due to timesheet errors (such as lack of signature, no times listed, not submitted on time, etc.).

PCAs will not be paid back for fees that were charged before 1/3/22 or after 2/4/22. EOHHS will not pay for fees that are considered unreasonable or avoidable.

EOHHS will only reimburse PCAs who meet the requirements on the attached attestation form. PCAs who do not meet these requirements will not have their fees reimbursed.

How do I request reimbursement?

PCAs who are eligible for reimbursement must complete an attestation form (attached) and return it to Tempus Unlimited by email at LateFees@tempusunlimited.org as soon as possible.

Please make sure that your form is complete and legible. Tempus will not be able to process attestation forms that are missing information or where the information is not legible.

By submitting an attestation form to Tempus, you are agreeing that you meet all of the requirements on the attestation form.

PERSONAL CARE ATTENDANT (PCA)
FISCAL INTERMEDIARY TRANSITION
CERTAIN FEE REIMBURSEMENT ATTESTATION FORM

Updated 3/21/22

By signing below, I attest to the following, under the pains and penalties of perjury:

1. I am a PCA in the MassHealth PCA program.
2. I provided MassHealth-covered PCA services at the beginning of the transition to a single statewide Fiscal Intermediary (the “FI transition”).
3. I submitted a timesheet for the work described above (my “timesheet”).
4. To the best of my knowledge, my timesheet was payable. Additionally:
 - a. It did not contain any errors; and
 - b. It was submitted on time, according to program rules.
5. My timesheet was not paid by the date I reasonably expected.
6. Because my timesheet was paid later than expected, I was charged a reasonable and unavoidable overdraft or late fee at some point **between the dates of 01/03/2022 through 02/04/2022**.

Specifically (please fill out ALL information below):

- a. The type of fee: _____
 - b. The reason for the fee: _____
 - c. Who issued the fee: _____
 - d. The amount of the fee: _____
 - e. The date I was charged the fee: _____
7. I understand that this fee may be reimbursable only if my timesheet was paid late due to an issue *caused by the FI Transition*.
- a. If my timesheet was paid late for a reason *unrelated* to the FI transition, I will not be reimbursed for the fee.
 - b. Examples of issues that are not related to the FI transition could include:

- i. Timesheet errors: such as a lack of signature(s), or illegible writing;
 - ii. Prior authorization issues: such as no PCA hours remaining on my Consumer-employer’s prior authorization from MassHealth;
 - iii. Other issues: such as having provided services not covered by the PCA program, or other reason not related to the FI transition.
8. I understand that I may be asked to provide written proof of the above-mentioned fee, and that this request may come from the Executive Office of Health and Human Services (EOHHS), the PCA Quality Home Care Workforce Council (the “Council”), the Fiscal Intermediary, or other entity on behalf of EOHHS or the Council. I agree to cooperate with any requests to provide proof of the fee, as described above.
9. I understand that, to be eligible for reimbursement, this fee must have been incurred between the dates of 01/03/2022 through 02/04/2022.
- 10. I understand that to request reimbursement, I must send a copy of my completed attestation form, via email, to Tempus Unlimited at LateFees@tempusunlimited.org.**

I, the undersigned PCA Provider, declare under pains and penalties of perjury that the foregoing is true and correct.

PCA Provider Signature

Date Signed

PCA Provider (Printed Name)