



Payroll Period From: / / To: / /

Consumer #: Telephone #:

Consumer Name (Print):

PCA Name (Print):

PCA Telephone #:

PCA Last 4 Digits of SSN

USE FOR PAID TIME OFF ONLY* *UTILIZAR SOLAMENTE PARA TIEMPO LIBRE PAGADO

Please record the hours your PCA was scheduled to work but instead is requesting Paid Time Off.

Por favor escribe las horas que su PCA estaba designado a trabajar, pero en lugar esta solicitando Tiempo Libre Pagado.

WEEK #1	Scheduled Time In			Scheduled Time Out			Tot. Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM
	HRS	MIN.		HRS	MIN.		HRS	MIN.	
Sun.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Mon.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Tue.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Wed.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Thu.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Fri.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Sat.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Total Week 1		Please note that Tempus pays the PCA based on daily, not weekly, totals.					<input type="text"/>	<input type="text"/>	<input type="text"/>

WEEK #2	Scheduled Time In			Scheduled Time Out			Tot. Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM
	HRS	MIN.		HRS	MIN.		HRS	MIN.	
Sun.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Mon.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Tue.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Wed.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Thu.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Fri.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Sat.			<input type="radio"/> AM			<input type="radio"/> AM			<input type="text"/>
			<input type="radio"/> PM			<input type="radio"/> PM			
Total Week 2		Please note that Tempus pays the PCA based on daily, not weekly, totals.					<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing below, I certify under pain and penalty of perjury that **I was scheduled** to receive MassHealth PCA services from the PCA during the **Paid Time Off** taken as indicated on this activity form; and I am not enrolled in Adult Foster Care and/or Group Adult Foster Care.

Consumer/Surrogate
Signature

By signing below, I certify under pain and penalty of perjury that **I was scheduled** to provide MassHealth services to the consumer during the **Paid Time Off** taken, as indicated on this activity form. I understand I must have accrued Paid Time Off in order to receive Paid Time Off.

PCA
Signature

Important Information: Please Read

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

<https://tempusunlimited.org/etimesheet/>

- 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 PCA Program.
- 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. Prohibits payment to any PCA whose name appears on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).
- Direct deposit requirement:** Consumers/Surrogates must inform PCAs of the requirement to have PCA payments direct-deposited into the PCA's bank account.
- Complete all information on the time sheet:** There are 2 lines of boxes per day to indicate the hours and minutes that a PCA has worked. There are also circles that indicate if the PCA worked during A.M. or P.M. hours. If more than 2 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 Consumer, PCA, Payroll Period, and Signatures. A time sheet without all this information cannot be processed.

Instructions for Paid Time Off (PTO) Activity Form Timesheet

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

- Record the PTO time:** PTO time *MUST reflect the scheduled time the PCA was to work*. PTO time must be reported in 15-minute increments on the Paid Time Off Activity Form Timesheet or the Fiscal Intermediary will round the time up to the next 15-minute increment. Please complete the timesheet indicating the PTO time taken on each day, making sure to put in and out times (representing the start and end of the PTO).
 - There are 2 lines of boxes per day to record the PTO time that 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 that 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. For example, 8:00 AM to 10:15 AM equals a total time of 2:15
- PTO for Night Hours, if authorized:** Hours worked from Midnight (12:00 A.M.) through 5:59 A.M. are considered Night Hours. Please record the total amount of time your PCA was scheduled to perform Night hours. For example, if your PCA was scheduled to work from Monday 10:00 PM to Tuesday 2:00 AM, you should list two PTO Day/Evening Hours on Monday (to cover from 10:00 PM until 11:59 PM) and two PTO Night Hours on Tuesday (to cover from 12:00 AM until 2:00 AM). Please see the example below for guidance to complete the form. Please note: MassHealth does not cover more hours than what is authorized per night.
- 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.
- Marking Instructions:** For optimum accuracy, please:
 - Write in Blue or 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 V or X them.)
 - 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.)
 - If you have any questions, please call the FI or your case manager for clarification before submitting the time sheet.

Example:

PTO time MUST reflect the scheduled time the PCA was to work

WEEK #1	Scheduled Time In		Scheduled Time Out		Tot. Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM		
	HRS	MIN.	HRS	MIN.	HRS	MIN.	HRS	MIN.	
Sun.	1	2:00	1	15					2
	1	0:00	1	15			1	15	
Mon.	1	0:00	1	2:00					
	1	2:00	2	0:00			2	0:00	
Tue.	1	2:00	2	0:00					
	1	0:00	7	3:00			6	3:00	

WEEK #2	Scheduled Time In		Scheduled Time Out		Tot. Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM		
	HRS	MIN.	HRS	MIN.	HRS	MIN.	HRS	MIN.	
Sun.	8	45	4	45					
	8	45	4	45			8	45	
Mon.	1	0:00	1	3:00					
	1	0:00	1	0:00			2	0:00	
Tue.	9	3:00	10	45					
	1	2:00	1	15			1	15	