Important Information: Please Read

1. **Noncovered Services:** MassHealth does not pay for noncovered services as defined at 130 CMR 630.000, 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 ABI/MFP Self-Directed Waiver Program.
3. **Employer's liability for payment:** MassHealth HCBS Waiver Regulations state that the Waiver Participant has a responsibility to utilize DCW Services in accordance with the number of hours per week authorized by the service plan. Payment is prohibited to any DCW whose name appears on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).
4. **Direct deposit requirement:** Employers/Surrogates must inform DCWs of the requirement to have DCW payments direct-deposited into the DCW's bank account.
5. **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 timesheet 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 (12:00A.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: l (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 AM	09:00 AM	06:00
		: AM	: AM	:
Mon.		: AM	: AM	:
	1	09:00 AM	11:15 AM	02:15
		: AM	: AM	:
Tue.	2	01:00 AM	01:30 AM	: 30
		02:00 AM	08:25 AM	06:00 30
		: AM	: AM	:
Wed.	2	08:00 AM	04:45 AM	08:45
		: AM	: AM	:
		: AM	: AM	: