

# ABI/MFP Self-Directed Waiver Services

TEMPUS UNLIMITED, INC., 600 Technology Center Drive, Stoughton, MA 02072

Toll-free Phone #: 1-877-479-7577 Toll-free Fax #: 1-800-359-2884

DCW Name (Print): \_\_\_\_\_

DCW Telephone #: \_\_\_\_\_

DCW Last 4 Digits of SSN

Draft



Payroll Period From:  /  /  To:  /  /

Employer #:      Telephone #: \_\_\_\_\_

Employer Name (Print): \_\_\_\_\_

## \* USE FOR PAID TIME OFF ONLY \*

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Please record the hours your DCW was scheduled to work but instead is requesting Paid Time Off. Use Codes 1-6 to note the service that the DCW was scheduled to provide. If the DCW was unscheduled, use Code 0.

**Codes:** 1 - Adult Companion 2 - Chore Service 3 - Homemaker 4 - Individual Support and Community Habilitation 5 - Personal Care 6 - Peer Support 0 - Unscheduled

WEEK #1	Code	Scheduled Time In		Scheduled Time Out		Total Scheduled Hours	
		HRS	MIN	HRS	MIN	HRS	MIN
Sun.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mon.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Week 1** Please note that Tempus pays the DCW based on daily, not weekly, totals.  :

By signing below, I certify under pain and penalty of perjury that I was scheduled to receive MassHealth HCBS ABI/MFP Self-Directed services from the DCW during the Paid Time Off taken as indicated on this activity form with Codes 1 - 6. I certify under pain and penalty of perjury that I was not scheduled to receive MassHealth HCBS ABI/MFP Self-Directed services from the DCW during the Paid Time Off taken as indicated on this activity form with Code 0.

Employer/Surrogate's  
Signature & Date

WEEK #2	Code	Scheduled Time In		Scheduled Time Out		Total Scheduled Hours	
		HRS	MIN	HRS	MIN	HRS	MIN
Sun.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mon.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Week 2** Please note that Tempus pays the DCW based on daily, not weekly, totals.  :

By signing below, I certify under pain and penalty of perjury that I was scheduled to provide MassHealth HCBS ABI/MFP Self-Directed services to the waiver participant during the Paid Time Off taken, as indicated on this activity form with Codes 1 - 6. I understand I must have accrued Paid Time Off in order to receive Paid Time Off. I certify under pain and penalty of perjury that I was not scheduled to provide MassHealth HCBS ABI/MFP Self-Directed services to the waiver participant during the Paid Time Off taken, as indicated on this activity form with Code 0.

DCW's  
Signature & Date