

Important Information: Please Read

- 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.
- 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. Prohibits payment to any DCW whose name appears on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).
- Direct deposit requirement:** Waiver Participants/Surrogates must inform DCWs of the requirement to have DCW payments direct deposited into the DCW'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 DCW has worked. There are also circles that indicate if the DCW 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 Waiver Participant, DCW, Payroll Period, and Signatures. A time sheet without all this information cannot be processed.

Note: PTO is also known as Paid Earned Time Leave.

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:** If the DCW is taking PTO during time they were scheduled to work, then record the PTO time during the scheduled time the DCW was to work. Use code 1 – 6 to note what service the DCW was scheduled to work in the CODE column. If the DCW is taking PTO during time they were not scheduled to work, then use code 0 in that CODE column. 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, with circles to record AM or PM. The time the DCW is taking PTO, "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 DCW is ending their PTO, "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 DCW is taking PTO should be recorded in hours and minutes. For example, 8:00 AM to 10:15 AM equals a total time of 2:15.
- 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 ✓ or X them.)
 - When recording hours and minutes in the Total 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 waiver case manager for clarification before submitting the time sheet.

Example:

WEEK #1	Scheduled Time In				Scheduled Time Out				Total Scheduled Hours	
	HRS	MIN	AM	PM	HRS	MIN	AM	PM	HRS	MIN
Sun.	1	0	0	AM	1	1	15	PM	1	15
Mon.	1	0	0	AM	1	2	00	PM	2	00
Tue.	1	0	0	AM	7	30	PM		6	30

WEEK #2	Scheduled Time In				Scheduled Time Out				Total Scheduled Hours	
	HRS	MIN	AM	PM	HRS	MIN	AM	PM	HRS	MIN
Sun.	8	45	AM	PM	4	45	AM	PM	8	00
Mon.	1	1	00	AM	1	00	AM	PM	2	00
Tue.	9	30	AM	PM	1	0	45	PM	1	15
	1	2	00	PM	1	15	PM		1	15