

OPPORTUNITIES FOR OHIOANS WITH DISABILITIES
 Personal Care Assistance (PCA) Program
REIMBURSEMENT BILLING FOR PERSONAL ASSISTANCE SERVICES

**Two-Week
 Billing Period:**
 _____ to _____

PCA Program Participant's Name _____

Participant's Address (if changed) _____

List the name of each assistant who worked for you. Include the last 4 digits of the assistant's Social Security Number.
 The hours below reflect the number of hours worked in the 2-week pay period only.

Assistant's Name (please print)	Assistant's SSN	Total Hours Worked	Hourly Rate of Pay	Assistant must sign own name in order to be considered valid Assistant's Signature
	XXX-XX-			✍

On the following lines, indicate the amount being billed to the PCA Program for reimbursement.
 Please see the back of this form for additional guidance.

TOTAL NUMBER OF HOURS BEING BILLED TO THE PCA PROGRAM: _____

HOURLY REIMBURSEMENT RATE: _____

TOTAL AMOUNT BILLED TO THE PCA PROGRAM (hours x rate): _____

I have reviewed the information above & certify that each signature is original to the person. I certify that this is my signature below or that it is the signature of someone who has legal authority to sign for me. This legal authority is on file with the PCA Program.

PCA Participant's Signature ✍ _____ Date Submitted _____

This form must be completed **every two weeks** and sent via mail, fax, or email:

Personal Care Assistance (PCA) Program
 c/o OPP FOR OHIOANS WITH DISABILITIES
 400 E. Campus View Blvd.
 Columbus, OH 43235-4604

Fax: 614-985-9678

Email: PCA@ood.ohio.gov

(See reverse side for instructions on completing this form)

OOD does not discriminate on the basis of age, color, national origin, race, sex, or type of disability.

Instructions for submitting reimbursement billing:

1. Submit a reimbursement billing at the **end** of every two-week period **according to the billing schedule** provided for the fiscal year.
2. Complete **all** information at the top of the billing form.
3. List the name of **every** assistant who worked for you during the two-week period and his/her social security number in the table in the middle of the form. If you used more assistants than there is room for on the billing, attach another billing form for the additional names.
4. The hourly rate of pay showing for each assistant should indicate the **actual** wage paid to the assistant, even if the rate of pay is higher than the reimbursement rate assigned to you. You will insert your reimbursement rate in the lower section of the billing form under the table for the assistant information.
5. The number of hours worked for the assistant should reflect the **actual** number of hours worked in the two-week period, even if you are not requesting reimbursement for all the hours worked.
6. The **assistant must sign** in the box beside his/her name to verify that the information showing for the assistant is accurate.
7. Complete the portion of the billing form to indicate the amount you are actually requesting for reimbursement. This section of the billing can be found directly under the table for the assistant information.
8. Request reimbursement for actual hourly rate of pay to assistant up to the maximum reimbursement rate allowed according to your authorization. For example, if you pay an assistant \$7 per hour and your reimbursement rate is \$8 per hour, you may only submit your reimbursement request for the \$7 per hour. If you pay an assistant \$9 per hour, you may only submit your reimbursement request for your maximum rate of reimbursement. If you have assistants who work at different rates of pay, you may have to submit two billing requests for the two-week period. For example, assume your maximum rate of reimbursement is \$8 per hour. You have one assistant who works at \$7 per hour and one who works for \$9 per hour; you will need to submit one billing request for the \$7 per hour and one billing request for \$8 per hour. However, if all assistants work above your maximum rate only one billing is required because you can only submit your reimbursement request for the maximum rate. An example might be you have two assistants who work for you and your maximum rate of reimbursement is still \$8 per hour. One assistant is paid \$9 per hour and one is paid \$10 per hour. Only one billing needs to be submitted. Both names would be listed in the assistant chart showing the actual rate of pay and the billing portion would show the hours being requested for the hourly reimbursement rate of \$8.
9. The numbers of hours for which you request reimbursement **cannot exceed** the total of the hours showing in the assistant chart. However, you may submit your billing request for less than the total hours worked. Remember, how you utilize your total hours for the quarter is up to you, but the maximum number of hours showing on your authorization is based on an average weekly number of hours. For example, you may consistently use 40 hours per week. Your authorization maximum for the quarter only allows an average weekly use of 35 hours per week, which means each week you pay for 5 hours per week out of your pocket. You can bill each two-week period for the actual hours worked until you run out of funds for the quarter (80 every two weeks, matching exactly the total showing in the chart). This means you will absorb your out-of-pocket costs all at the end of a quarter. You could also choose to bill 70 hours for each two-week period even though the assistant chart shows a total of 80 hours. This means you will absorb the out-of-pocket costs evenly throughout the quarter. The choice is yours.
10. **You must sign and date** the bottom of the billing form.