



LKiChoice

Part of the AssuranceSD family

EMPLOYEE
INFORMATIONAL PACKET

Welcome to the Self-Directed Supports Program.

Your Employer has chosen to use the Fiscal Services provided by LKiChoice, a division of Lori Knapp Richland, Inc. to process your payroll.

Your potential **EMPLOYER** is _____.

LKiChoice – Lori Knapp Richland, Inc. **IS NOT** your Employer, we **process payroll** for your Employer.

Before LKiChoice can begin to process your payroll, you are required to complete the enrollment process.

LKiChoice is available to assist with paperwork. Please don't hesitate to call. Any forms that are not completed correctly will be returned to you and will delay your start date.

MANDATORY REPORTING:

- Remember that any Caregiver in the State of Wisconsin is a Mandatory Reporter when there is suspicion of abuse or neglect. Mandated reporters are people who have regular contact with vulnerable people such as children, disabled persons, or senior citizens. They are required to report when abuse is observed or suspected. Abuse could include physical, financial, neglect, sexual, non-appropriate care, or other concerns that the safety, health, or well-being of the individual is compromised. Reports can be made to Case Managers, local Adult or Child Protective Services, or law enforcement.
- Fraud and abuse of Medicaid is when a person knowingly cheats or is dishonest. The dishonesty results in a benefit such as overpayments. Medicaid fraud involves knowingly misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice that is inconsistent with acceptable practices and unnecessarily increases costs. Examples include recording hours on a timesheet that weren't worked, Employers approving hours that Employees did not work, Employee stating they performed cares that were not actually performed. How to report – 1-877-865-3432 or <https://www.dhs.wisconsin.gov/fraud/index.htm>.

RESOURCES: The following resources are available at www.lkichoice.com

- FAQ – Frequently Asked Questions
- Fiscal Agent Form
- Fiscal Agent Related Resources
- Training Resources
- Miscellaneous

Contact information for the Enrollment Department

The Enrollment Department will assist with your potential employment. If you have any questions will the process of the initial enrollment, please contact us.

Main phone number: **1-608-326-0434**
Toll-Free phone number: **1-844-534-7225**

Toll Free Fax number: **1-844-634-7225**/Payroll Email: payroll@lkichoice.com
Mailing Address: 106 S. Beaumont Rd, Prairie du Chien, WI 53821

| | |
|--|---|
| <p>Beth F. Phone Extension: 1279 Email: beth.flansburg@lkichoice.com</p> | <p>Jenny J. Phone Extension: 1219 Email: jennifer.jeidy@lkichoice.com</p> |
| <p>Jessica B. Phone Extension: 1281 Email: jessica.brewer@lkichoice.com</p> | <p>Andrea O. Phone Extension: 1280 Email: andrea.oppermann@lkichoice.com</p> |
| <p>Tricia H. Phone Extension: 1250 Email: tricia.hummel@lkichoice.com</p> | <p>Kerrin T. Phone Extension: 1234 Email: kerrin.thompson@lkichoice.com</p> |
| <p>Karen C. Phone Extension: 1232 Email: karen.carver@lkichoice.com</p> | <p>Sara S. Phone Extension: 1237 Email: sara.seitz@lkichoice.com</p> |

Would you like to work for more clients?

Go to :<https://loriknapp.carvinsoftware.com/> and sign up.

This site is available to clients and families to find employees for caregiver support in the clients home.

LKiChoice cannot advise employees on how to complete the W4 (Federal tax form) or WT-4 (State tax form).

Please contact your tax preparer or accountant if you need assistance or have questions.

There are 3 forms in your packet that your Employer (person you are caring for) needs to sign:

- Employee and Employer Agreement
- I-9 – Employment Eligibility Verification
- Documentation of Training

✓ Indicates Employee signature

X Indicates Member/Employer

Notes:

Contact information for the Payroll Department.

The Payroll Department will assist with any questions pertaining to your payroll and timesheets once you have received a fiscal start date from LKiChoice.

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 Toll-Free phone number: **1-844-534-7225**

Toll Free Fax number: **1-844-634-7225**/Payroll Email: payroll@lkichoice.com
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|---|---|--|
| Brittany R. Phone Extension: 1224 | Carrie L. Phone Extension: 1282 | Nikki D. Phone Extension: 1238 |
| Jayne M. Phone Extension: 1205 | Justina O. Phone Extension: 1264 | Sara G. Phone Extension: 1288 |
| Tammy H. Phone Extension: 1206 | Michelle C. Phone Extension: 1203 | Catherine W. Phone Extension: 1251 |
| Kayla F. Phone Extension: 1286 | | |

Reminders when completing your timesheet.

- Work week and authorizations run from Sunday to Saturday.
- Must have an in and out time for each shift listed.
- Stay within your authorized hours, miles, or services. If unsure of your authorized hours or service code, please call your Payroll Specialist listed above.
- Write clearly and in dark blue or black ink only and enter only one shift per line.
- When working past midnight, start a new line for the new workday.
- Don't write over numbers already written on timesheet. If you make an error place a line through it, initial, and write clearly next to it or on a new line.
- Have the member/legal rep and employee sign off on the timesheet after all days of service have been worked for that pay period. Date the signatures for the same date as the signatures were written.
- Write the total number of hours and minutes worked on each individual timesheet.
- Check the correct Funding Source at the bottom of all timesheets. If unsure of the Funding Source contact your Payroll Specialist.

Contact information for the EVV Department (CareTime).

The EVV Department will assist with any questions pertaining to the CareTime app once you have received a fiscal start date from LKiChoice.

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Toll-Free phone number: **1-844-534-7225**

Toll Free Fax number: **1-844-634-7225**/Payroll Email: payroll@lkichoice.com
Mailing Address: 106 S. Beaumont Rd, Prairie du Chien, WI 53821

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| <p>Tanya D. Phone Extension: 1283</p> | <p>Beth A-P. Phone Extension: 1284</p> |
| <p>Heather W. Phone Extension: 1285</p> | <p>Jennifer M. Phone Extension: 1240</p> |
| <p>Electronic Visit Verification is a federally mandated to be used for service codes of: S5125, S5126, T1019, and T1020.</p> <p>If you are a verified Live-in provider, you are exempt from using EVV. If you have one of the codes above and you <u>are not a verified live-in provider</u>, you will need to use EVV to clock in and clock out for every shift worked.</p> <p>EVV Reminders:</p> <ul style="list-style-type: none"> • EVV is required for payment of payroll as well as a 2nd form of logging your hours. Paper timesheet or the Web Entry Portal. • CareTime punches should match your timesheet. Paper timesheet or Web Entry. • LKiChoice uses the CareTime Software for the EVV Program. CareTime is 2-step process: <ol style="list-style-type: none"> (1) Caregivers use the CareTime app or the member’s landline phone to clock in/out of their shifts. (2) The member or their delegate will manage the CareTime portal website to edit and add shifts as well as approve all shifts at the end of each payroll. • If a caregiver misses a punch in CareTime it will need to be corrected by the member, delegate, or the EVV team. <p>IMPROTANT: Once you receive your approved start date, you will receive an email from EVV@LKICHOICE with your login information.</p> <p>If you have any questions or issues with CareTime, contact the EVV Team.</p> | |

2024 Payroll Schedule

| 1. PAY PERIOD After you complete your last day of work for the pay period ... | 2. TIMESHEET DUE DATE Ensure that your timesheet(s) are at the Prairie du Chien Office by the following date. | 3. PAY DATE You will be paid on the following date via Direct Deposit. |
|--|---|---|
| 12/16/2023 to 12/31/2023 | 01/04/2024 | 01/12/2024 |
| 01/01/2024 to 01/15/2024 | 01/19/2024 | 01/30/2024 |
| 01/16/2024 to 01/31/2024 | 02/05/2024 | 02/15/2024 |
| 02/01/2024 to 02/15/2024 | 02/20/2024 | 02/29/2024 |
| 02/16/2024 to 02/29/2024 | 03/05/2024 | 03/15/2024 |
| 03/01/2024 to 03/15/2024 | 03/20/2024 | 03/29/2024 |
| 03/16/2024 to 03/31/2024 | 04/04/2024 | 04/15/2024 |
| 04/01/2024 to 04/15/2024 | 04/19/2024 | 04/30/2024 |
| 04/16/2024 to 04/30/2024 | 05/06/2024 | 05/15/2024 |
| 05/01/2024 to 05/15/2024 | 05/20/2024 | 05/30/2024 |
| 05/16/2024 to 05/31/2024 | 06/05/2024 | 06/14/2024 |
| 06/01/2024 to 06/15/2024 | 06/18/2024 | 06/28/2024 |
| 06/16/2024 to 06/30/2024 | 07/03/2024 | 07/15/2024 |
| 07/01/2024 to 07/15/2024 | 07/19/2024 | 07/30/2024 |
| 07/16/2024 to 07/31/2024 | 08/05/2024 | 08/15/2024 |
| 08/01/2024 to 08/15/2024 | 08/20/2024 | 08/30/2024 |
| 08/16/2024 to 08/31/2024 | 09/04/2024 | 09/13/2024 |
| 09/01/2024 to 09/15/2024 | 09/19/2024 | 09/30/2024 |
| 09/16/2024 to 09/30/2024 | 10/04/2024 | 10/15/2024 |
| 10/01/2024 to 10/15/2024 | 10/18/2024 | 10/30/2024 |
| 10/16/2024 to 10/31/2024 | 11/05/2024 | 11/15/2024 |
| 11/01/2024 to 11/15/2024 | 11/19/2024 | 11/29/2024 |
| 11/16/2024 to 11/30/2024 | 12/04/2024 | 12/13/2024 |
| 12/01/2024 to 12/15/2024 | 12/19/2024 | 12/30/2024 |

LATE TIMESHEETS: Timesheets received *after* the date indicated in the column titled “Timesheet Due Date” will be processed in the next pay period. **No Exceptions.**

FORMS & SUBMISSION – Questions call 608-326-0434

- Forms are available on LKChoice website: www.lkchoice.com
- Faxing your timesheet: (844) 634-7225 – Must call 608-326-0434 to ensure fax is received.
- Mailing your timesheet: 106 S Beaumont Road, Prairie du Chien, WI 53821
- Emailing your timesheet: payroll@lkchoice.com



It is your responsibility to verify that your completed and accurate timesheet has been received by LKiChoice once submitted via mail, fax, or email. Please allow 48 hrs. before verification contact.

Employee Name: _____ **Person Receiving Services (Member):** _____

Pay Period Beginning (MM/DD/YY): _____ **Pay Period Ending (MM/DD/YY):** _____

ATTENTION: Timesheets received after the payroll schedule due date will be paid with the following payroll. **NO EXCEPTIONS.** LKiChoice is not responsible for paying hours that exceed the authorized hours. Falsification of this timesheet is considered Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

| Date: Month/Day/Year | Service Code | Time In: Hour/Minute | AM/PM | Time Out: Hour/Minute | AM/PM | Total Hours Worked |
|-------------------------|--------------|-------------------------|-------|--------------------------|-------|-----------------------|
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Member/POA/Guardian

"I, the member or managing party, certify that the above employee worked the hours listed for this member, the services were provided in accordance with the care plan, and the member was NOT in a hospital, nursing home, or institution.

Signature: _____ Date signed: ____/____/____

Employee

"I, the employee of this member, certify that the hours worked and listed for this member, were provided in accordance with the care plan, and the member was NOT in a hospital, nursing home, or institution.

Signature: _____ Date signed: ____/____/____

Phone Number: _____ Email: _____

Please check your Funding Source:

MyChoice
 CareWi (MCW)
 Independent Care - iCare
 Inclusa
 Lakeland Care Inc
 Menominee ITOW
 CLTS County: _____
 Other: _____

Submit Timesheet to LKiChoice at: 106 S Beaumont Rd, Prairie du Chien, WI 53821, Fax # 1-844-634-7225,
 OR Payroll email: payroll@lkichoice.com
 Website: www.lkichoice.com PH # 1-844-534-7225

OFFICE USE ONLY

It is your responsibility to verify that your completed and accurate timesheet has been received by LKChoice once submitted via mail, fax, or email. Please allow 48 hrs. before verification contact.

Employee Name: _____ **Person Receiving Services (Member):** _____

Pay Period Beginning (MM/DD/YY): _____ **Pay Period Ending (MM/DD/YY):** _____

ATTENTION: Timesheets received after the payroll schedule due date will be paid with the following payroll. **NO EXCEPTIONS.** LKChoice is not responsible for paying hours that exceed the authorized hours. Falsification of this timesheet is considered Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

| Date: Month/Day/Year | Service Code | Time In: Hour/Minute | AM/PM | Time Out: Hour/Minute | AM/PM | Total Hours Worked |
|--------------------------------|---------------------|--------------------------------|--------------|---------------------------------|--------------|---------------------------|
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| Member/POA/Guardian | |
| "I, the member or managing party, certify that the above employee worked the hours listed for this member, the services were provided in accordance with the care plan, and the member was NOT in a hospital, nursing home, or institution. | Signature: _____ Date signed: ___/___/___ |
| Employee | |
| "I, the employee of this member, certify that the hours worked and listed for this member, were provided in accordance with the care plan, and the member was NOT in a hospital, nursing home, or institution. | Signature: _____ Date signed: ___/___/___ Phone Number: _____ Email: _____ |
| Please check your Funding Source: | |
| <input type="checkbox"/> MyChoice <input type="checkbox"/> CareWi (MCW) <input type="checkbox"/> Independent Care - iCare <input type="checkbox"/> Inclusive <input type="checkbox"/> Lakeland Care Inc | |
| <input type="checkbox"/> Menominee ITOW <input type="checkbox"/> CLTS County: _____ <input type="checkbox"/> Other: _____ | |

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 OR Payroll email: payroll@lkchoice.com
 Website: www.lkchoice.com PH # 1-844-534-7225

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