

# EMPLOYEE INFORMATIONAL PACKET

# **Employee Informational Packet**

**Enrollment Department Contacts** 

### Do not start working until you receive your start date.

Beth F. Jenny J. Phone Extension: 1279 Phone Extension: 1219 Email: beth.flansburg@lkichoice.com Email: jennifer.jeidy@lkichoice.com **Cassandra S.** Donna B. Phone Extension: 1210 Phone Extension: 1224 Email: cassandra.stocks@lkichoice.com Email: donna.black@lkichoice.com Tricia H. Kerrin T. Phone Extension: 1250 Phone Extension: 1234 Email: tricia.hummel@lkichoice.com Email: kerrin.thompson@lkichoice.com Karen C. Sara S. Phone Extension: 1232 Phone Extension: 1237 Email: <a href="mailto:sara.seitz@lkichoice.com">sara.seitz@lkichoice.com</a> Email: karen.carver@lkichoice.com 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 ٠ Indicates Employee signature Documentation of Training ٠ X Indicates Member/Employer Note(s): **Contact Information** 

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



## Your Payroll Specialist is marked below. 608-326-0434 or 844-534-7225

Brandon D.	Carrie L.
Phone Extension: 1280	Phone Extension: 1282
Jayne M.	Justina O.
Phone Extension: 1205	Phone Extension: 1264
Sara Greene	Michelle C.
Phone Extension: 1288	Phone Extension: 1203
Catherine W.	Tammy H.
Phone Extension: 1230	Phone Extension: 1206
Nikki D.	William Gressman
Phone Extension: 1238	Phone Extension: 1204
Jennifer Y.	
Phone Extension: 1265	

- 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 your correct Funding Source at the bottom of all timesheets. If unsure of Funding Source contact your Payroll Specialist.

### **Contact Information**

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## EVV: Electronic Visit Verification (CareTime) 608-326-0434 or 844-534-7225

Tanya D.

Phone Extension: 1283

Laura A

Phone Extension: 1291

Beth A-P.

Phone Extension: 1284

Jennifer M.

Phone Extension: 1240

# Electronic Visit Verification is a *federally mandated* to be used for service codes of:

S5125, S5126, T1019, and T1020

Therapy: 92507, 97139, 97799

<u>Nursing:</u> 99504, 99600, S9123, S9124, T1001, T1021, T1502 PCS: 99509

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.

EVV Reminders:

- EVV is required for payment of payroll as well as a 2<sup>nd</sup> 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:
  - (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.

#### If you have any questions or issues with CareTime, contact the EVV Team.

#### **Contact Information**

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## 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<u>. IS NOT your Employer</u>, 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 <a href="https://www.dhs.wisconsin.gov/fraud/index.htm">https://www.dhs.wisconsin.gov/fraud/index.htm</a>.

#### **RESOURCES:** The following resources are available at <u>www.lkichoice.com</u>

- FAQ Frequently Asked Questions
- Fiscal Agent Form
- Fiscal Agent Related Resources

- Training Resources
- Miscellaneous

## **2024** Payroll Schedule

1. PAY PEROID	2. TIMESHEET DUE DATE	3. PAY DATE
After you complete	Ensure that your timesheet(s) are at	You will be paid on the following
your last day of work for the pay period	the Prairie du Chien Office by the following date.	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 <u>after</u> 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 LKIchoice website: www.lkichoice.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
- <u>Emailing</u> your timesheet: <u>payroll@lkichoice.com</u>



## 2025 Payroll Schedule

1. PAY PERIOD	2. TIMESHEET DUE DATE	3. PAY DATE
After you complete	Ensure that your timesheet(s) are at	You will be paid on the following
your last day of work for the pay period	the Prairie du Chien Office by the following date.	date via Direct Deposit.
12/16/2024 to 12/31/2024	01/03/2025	01/15/2025
01/01/2025 to 01/15/2025	01/18/2025	01/30/2025
01/16/2025 to 01/31/2025	02/03/2025	02/14/2025
02/01/2025 to 02/15/2025	02/18/2025	02/28/2025
02/16/2025 to 02/28/2025	03/03/2025	03/14/2025
03/01/2025 to 03/15/2025	03/18/2025	03/28/2025
03/16/2025 to 03/31/2025	04/03/2025	04/15/2025
04/01/2025 to 04/15/2025	04/18/2025	04/30/2025
04/16/2025to 04/30/2025	05/03/2025	05/15/2025
05/01/2025 to 05/15/2025	05/18/2025	05/30/2025
05/16/2025 to 05/31/2025	06/03/2025	06/13/2025
06/01/2025to 06/15/2025	06/18/2025	06/30/2025
06/16/2025 to 06/30/2025	07/03/2025	07/15/2025
07/01/2025 to 07/15/2025	07/18/2025	07/30/2025
07/16/2025 to 07/31/2025	08/03/2025	08/15/2025
08/01/2025 to 08/15/2025	08/18/2025	08/29/2025
08/16/2025 to 08/31/2025	09/03/2025	09/15/2025
09/01/2025 to 09/15/2025	09/18/2025	09/30/2025
09/16/2025 to 09/30/2025	10/03/2025	10/15/2025
10/01/2025 to 10/15/2025	10/18/2025	10/30/2025
10/16/2025 to 10/31/2025	11/03/2025	11/14/2025
11/01/2025 to 11/15/2025	11/18/2025	11/28/2025
11/16/2025 to 11/30/2025	12/03/2025	12/15/2025
12/01/2025 to 12/15/2025	12/18/2025	12/30/2025

LATE TIMESHEETS: Timesheets received *after* the date indicated in the column titled "Timesheet Due Date" will be processed in the next pay period. <u>No Exceptions.</u>

#### FORMS & SUBMISSION – Questions call 608-326-0434

- Forms are available on LKIchoice website: <u>www.lkichoice.com</u>
- <u>Faxing</u> 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- Must call to ensure mail is received.
- <u>Emailing</u> your timesheet: <u>payroll@lkichoice.com</u>





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.

Timesheet

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:		Time In:		Time Out:		<b>Total Hours</b>
Month/Day/Year	Service Code	Hour/Minute	AM/PM	Hour/Minute	AM/PM	Worked
Page 0	Page of Total hours for this page:					
Member/POA/G	uardian					
"I, the member or manage	ing party, certify that the above urs listed for this member, the serv	vices Signature:		Date signed	:/	/
were provided in accorda was NOT in a hospital, nu	nce with the care plan, and the me rsing home, or institution.	ember				
Employee						
worked and listed for this	ember, certify that the hours member, were provided in	Signature:		Date signed:	/	/
accordance with the care in a hospital, nursing hom	plan, and the member was NOT e, or institution.	Phone Number:		Email:		

Please check your Funding Source

r lease theak your randing sourcer					
MyChoice	CareWi (M	CW)	Independent Care - iCare	Inclusa	Lakeland Care Inc
□ Menominee	ITOW		County:	Dothe	r:

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

OFFICE USE ONLY

Website: www.lkichoice.com PH # 1-844-534-7225



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Date:		Time In:		Time Out:		<b>Total Hours</b>
Month/Day/Year	Service Code	Hour/Minute	AM/PM	Hour/Minute	AM/PM	Worked
Page 0	Page of Total hours for this page:					
Member/POA/G	uardian					
"I, the member or manage	ing party, certify that the above urs listed for this member, the serv	vices Signature:		Date signed	:/	/
were provided in accorda was NOT in a hospital, nu	nce with the care plan, and the me rsing home, or institution.	ember				
Employee						
worked and listed for this	ember, certify that the hours member, were provided in	Signature:		Date signed:	/	/
accordance with the care in a hospital, nursing hom	plan, and the member was NOT e, or institution.	Phone Number:		Email:		

Please check your Funding Source

r lease theter your randing sources					
MyChoice	CareWi (M	CW)	Independent Care - iCare	Inclusa	Lakeland Care Inc
□ Menominee	ITOW		County:	Dothe	r:

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

OFFICE USE ONLY

Website: www.lkichoice.com PH # 1-844-534-7225