



LK*iChoice*

Part of the AssuranceSD Family

DIRECT CARE PROFESSIONAL INFORMATION PACKET

CONTACT INFORMATION

Main Phone: 608.326.0434

Toll Free Phone: 844.534.7225

Toll Free Fax: 844.634.7225

Address: 106 S Beaumont Road

Prairie du Chien, WI 53821

Website: www.lkchoice.com

ENROLLMENT CONTACTS

Do not start working until all paperwork is complete and you receive a start date from LK iChoice.

| | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Beth F. <i>Extension: 1279</i> beth.flansburg@lkichoice.com | Jenny J. <i>Extension: 1219</i> jennifer.jeidy@lkichoice.com |
| Donna B. <i>Extension: 1224</i> donna.black@lkichoice.com | Cassandra S. <i>Extension: 1210</i> cassandra.stocks@lkichoice.com |
| Tricia K. <i>Extension: 1250</i> tricia.hummel@lkichoice.com | Kerrin T. <i>Extension: 1234</i> kerrin.thompson@lkichoice.com |
| Karen C. <i>Extension: 1232</i> karen.carver@lkichoice.com | Corissa B. <i>Extension: 0032</i> corissa.bothel@lkichoice.com |
| Anne S. <i>Extension: 0044</i> anne.sadler@lkichoice.com | |

WOULD YOU LIKE TO WORK FOR MORE CLIENTS?

You can sign up at: <https://loriknapp.carvinsoftware.com/>.

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

ENROLLMENT FORM COMPLETION

LK iChoice cannot advise employees on how to complete the W4 (Federal Tax Form) and WT-4 (State Tax Form).

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

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

- Employee and Employer Agreement
- I-9: Employment Eligibility Verification (IRS)
- Documentation of Training

Yellow: Employee Information and Signature

Pink: Participant/Employer Information and Signature

PAYROLL CONTACTS

Your Payroll Specialist is highlighted below.

608.326.0434 or 844.534.7225

| | |
|-----------------------------------------------|----------------------------------------------|
| Brandon D. <i>Extension: 1280</i> | Carrie L. <i>Extension: 1282</i> |
| Jayne M. <i>Extension: 1205</i> | Tiffany M. <i>Extension: 1310</i> |
| Sara G. <i>Extension: 1288</i> | Michelle C. <i>Extension: 1203</i> |
| Catherine W. <i>Extension: 1230</i> | |
| Nikki D. <i>Extension: 1238</i> | Danielle D. <i>Extension: 1302</i> |
| Jennifer Y. <i>Extension: 1265</i> | Laura S. <i>Extension: 3110</i> |

TIMESHEET REMINDERS

- 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.

ELECTRONIC VISIT VERIFICATION (EVV): CARETIME**608.326.0434 or 844.534.7225****EVV CONTACTS**

| | |
|-------------------------------------------|----------------------------------------------|
| Tanya D. <i>Extension: 1283</i> | Beth A-P. <i>Extension: 1284</i> |
| Susan M. <i>Extension: 1300</i> | Jennifer M. <i>Extension: 1240</i> |

EVV INFORMATION

Electronic Visit Verification is to be used for the codes below and is mandated by the federal government.

- S5125, S5126, T1019 and T1020
- **Therapy:** 92507, 07139, 97799
- **Nursing:** 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 are not a verified live-in provider, 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 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 two-step process:
 1. Direct Care Professional use the CareTime app or the member's landline phone to clock in/out of their shifts.
 2. The participant 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.

WELCOME TO THE SELF-DIRECTED SUPPORTS PROGRAM

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

Your potential **EMPLOYER** is_____.

LKiChoice **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

TIMESHEET SUBMISSION :
Mail

 106 S Beaumont Road
 Prairie du Chien, WI 53821

Email
payroll@lkichoice.com
Fax

844.634.7225

Please call **608.326.0434** to ensure fax or mail is received or for any questions.

****Late Timesheets received after the date indicated in the “Timesheets Due” column will be processed in the next pay period. NO EXCEPTIONS. ****

| Pay Period | Pay Period Starts | Pay Period Ends | Timesheets Due | Pay Date |
|------------|-------------------|-----------------|----------------|----------|
| 1 | 12/16/24 | 12/31/24 | 01/03/25 | 01/15/25 |
| 2 | 01/01/25 | 01/15/25 | 01/18/25 | 01/30/25 |
| 3 | 01/16/25 | 01/31/25 | 02/03/25 | 02/14/25 |
| 4 | 02/01/25 | 02/15/25 | 02/18/25 | 02/28/25 |
| 5 | 02/16/25 | 02/28/25 | 03/03/25 | 03/14/25 |
| 6 | 03/01/25 | 03/15/25 | 03/18/25 | 03/28/25 |
| 7 | 03/16/25 | 03/31/25 | 04/03/25 | 04/15/25 |
| 8 | 04/01/25 | 04/15/25 | 04/18/25 | 04/30/25 |
| 9 | 04/16/25 | 04/30/25 | 05/03/25 | 05/15/25 |
| 10 | 05/01/25 | 05/15/25 | 05/18/25 | 05/30/25 |
| 11 | 05/16/25 | 05/31/25 | 06/03/25 | 06/13/25 |
| 12 | 06/01/25 | 06/15/25 | 06/18/25 | 06/30/25 |
| 13 | 06/16/25 | 06/30/25 | 07/03/25 | 07/15/25 |
| 14 | 07/01/25 | 07/15/25 | 07/18/25 | 07/30/25 |
| 15 | 07/16/25 | 07/31/25 | 08/03/25 | 08/15/25 |
| 16 | 08/01/25 | 08/15/25 | 08/18/25 | 08/29/25 |
| 17 | 08/16/25 | 08/31/25 | 09/03/25 | 09/15/25 |
| 18 | 09/01/25 | 09/15/25 | 09/18/25 | 9/30/25 |
| 19 | 09/16/25 | 09/30/25 | 10/03/25 | 10/15/25 |
| 20 | 10/01/25 | 10/15/25 | 10/18/25 | 10/30/25 |
| 21 | 10/16/25 | 10/31/25 | 11/03/25 | 11/14/25 |
| 22 | 11/01/25 | 11/15/25 | 11/18/25 | 11/28/25 |
| 23 | 11/16/25 | 11/30/25 | 12/03/25 | 12/15/25 |
| 24 | 12/01/25 | 12/15/25 | 12/18/25 | 12/30/25 |

All forms can be found on the [LK iChoice Forms](#) page.



Timesheet

***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.

[illegible]

Page _____ of _____

Total hours for this page: _____

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: _____

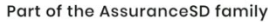
Submit Timesheet to LKiChoice at: 106 S Beaumont Rd, Prairie du Chien, WI 53821, Fax # 1-844-634-7225,

OR Payroll email: payroll@lkichoice.com

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

Revision: 02/09/2024

OFFICE USE ONLY



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.

[illegible]

Page _____ of _____ Total hours for this page: _____

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.lkchoice.com PH # 1-844-534-7225

OFFICE USE ONLY