

# METC Mandatory Annual Training Handbook

A photograph of two women in a training session. The woman on the left is wearing a blue and white patterned sweater and is looking down at something in her hands. The woman on the right is wearing a dark top with a blue and white floral pattern and is looking towards the first woman. A semi-transparent purple banner is overlaid on the image, containing the text 'Participant Handbook'.

Participant Handbook

The purpose of this mandatory annual training is to support you in understanding your role as an Individual Provider (IP) in the Illinois DHS/ DRS Home Services Program.

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*This training was developed by the H-CAP Education Association with funding from the Helen Miller SEIU Member Education and Training Center. All information in this training was provided by the Helen Miller SEIU Member Education and Training Center. Some content and images were provided courtesy of the RISE Partnership in Oregon.*

## SECTION 1

# Identifying and Reporting Fraud, Abuse and Neglect

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### Medicaid Fraud

Medicaid fraud includes claiming for services or time incorrectly or falsifying documents, or providing unauthorized services. Medicaid fraud is a crime and there are serious consequences which can include permanent expulsion from the Home Services Program and being banned from working in many other positions. You could be arrested and charged with a crime, and go to jail or pay fines. Some examples of Medicaid Fraud are:

- Claiming hours incorrectly or hours that you did not work. This includes billing HSP for hours while you are working another job.
- Claiming for services provided for family members, guests, pets, etc.
- Claiming for services provided by the IP when the Customer was in the hospital, nursing home or otherwise not at home.
- Letting someone else work in your place and then paying them yourself afterwards.
- Signing your time sheet for your Customer.

To report suspected fraud, call the 24-hour Medicaid Fraud Task Force: (888) 557-9503.

### Abuse and Neglect

IPs are mandatory reporters and need to be able to identify and report abuse and neglect. Failure to report suspected abuse or neglect is

considered a Class A misdemeanor and may lead to discipline and /or prosecution. Here are some types of abuse and neglect:

- Physical abuse
- Verbal, emotional or mental abuse
- Sexual abuse
- Financial exploitation
- Neglect and abandonment
- Passive neglect
- Self-neglect
- Willful deprivation
- Restraint and seclusion
- Confinement

To report suspected abuse or neglect, call the 24-hour Adult Protective Services Hotline: (866) 800-1409.



## SECTION 2

# Understand Key Home Services Program Policies

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- EVV and timesheets
- Overtime
- Paid Time Off (PTO)
- IMPACT Revalidation Forms and process
- How to access the SEIU Health Care and Training Benefits
- Who to contact for additional questions

### EVV and Timesheets

Electronic Visit Verification—known as EVV—is a telephone and computer-based system that electronically verifies when the IP provides services to the Customer. [Click here for EVV Sandata reference guide.](#)

IPs are required to call into the EVV system from the Customer's phone or cell phone at the start and end of each visit. When you call into the EVV system, you will enter your Santrax ID. It will then be read back to you and you will be prompted to confirm it is correct. Then you select call in or call out.

When you are calling out, press 1 to indicate you will be entering 1 task, and press the task ID # you performed.

For IPs, the task ID is 13.

If you are working as a CNA, LPN or RN, you will press the number for that task.

You must then write down the exact time on the paper Time Sheet for each call in and call out. In addition to logging your exact start and end times from the EVV system on your timesheet, you will complete the rest of the rest of the information on the time sheet:

- 3-digit district number; Case number; Your Customer's name, address, phone #, last 4 of your social, your address and phone #.
- \*NOTE to check the box if your or your Customer's name, address or phone has changed, and ALSO call the DHS automated line at (800) 843-6154 to report those changes.
- Enter the month and year, check the box if you are working as something other than an IP.
- At the end of the pay period, (the 15<sup>th</sup> and the last day of the month), you sign and date the time sheet and your Customer signs and dates it.
- Submit time sheet to the DRS office within 5 days after the end of the pay period. IPs can submit time sheets to the DRS office in 4 ways: Email, Fax, Mail or drop off at the DRS office.

[Click here to download a blank Timesheet.](#)

[Click here for where to submit your time sheet via email, by Local DRS office.](#) [Click here for a list of Local DRS Offices with contact info.](#)

[Click here for the DRS payroll schedule.](#)

### **Remember a few important guidelines:**

- Don't round your time on your time sheet—list the exact time provided to you by the EVV system.
- IPs cannot work for a Customer while away on vacation, in the hospital, etc. Certain exceptions apply; however, the Customer must request and receive approval from DRS Case Manager for those work hours.
- IPs cannot report work hours for more than one Customer at the same time, or work other jobs, or take an METC training while you are working for a Customer.

### **EVV Tips / FAQs:**

- Get your Santrax ID number from your DRS Case Manager.
- Call into EVV from your Customer's approved phone number.
- If you forget to call in or call out, the visit will need to be adjusted on the Time Sheet or in the Customer Portal by the Customer.
- If the EVV system is down, you should log your time on your time sheet with a note explaining why you did not use the Santrax system; you can also contact your DRS office to alert them.
- If you get a busy signal or no answer, try the other EVV number.
  - 1-855-347-1770
  - 1-855-573-0726

### **Time Sheet Tips / FAQs**

- Obtain time sheets at your DRS office or download them here.
- Submit time sheet within 5 business days after the end of the pay period.
- Submit your timesheet to your DRS office via email, fax, mail or drop off.

### **Paycheck Tips / FAQs**

- For time sheet or paycheck inquiries, call the automated Provider Information Line at:
  - (800) 804-3833 or TTY: (877) 434-1082
- You are encouraged to sign up for direct deposit.
- Call the SEIU Member Resource Center at: (866) 933-7348 to learn more about:
  - Credit Union for SEIU members
  - DHS Debit Card. Click here for the [DHS Debit Card application](#)

## **Overtime**

### **HSP Overtime Policy**

- IPs get paid time and one half pay if they work more than 40 hours in a work week—up to a maximum of 60 hours per work week—unless the Customer has an approved exception.
- If the IP works more than 60 hours per work week, and the Customer does not have an approved exception, the State will issue an occurrence to the IP. If the IP gets 4 unauthorized overtime occurrences in a rolling 24-month period, the IP will be suspended for 1 month.

Work Week versus Pay Period: Overtime is calculated by work week, but IPs are paid by pay period.

1. Pay periods are from the 1<sup>st</sup> - 15<sup>th</sup> and 16<sup>th</sup> — last day of the month.
2. Work week is a 7-day span that begins on Sunday at 12:00am and ends Saturday at 11:59pm.
3. In some cases, a work week may extend across multiple pay periods.

Pay Period vs. Work Week						
S	M	T	W	T	F	S
Nov. 30	Dec. 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20

#### Exception policy

- The Customer may apply for an Overtime Exception if their service plan authorizes more than 60 hours per week. If their exception is approved, that Customer's IP or IPs are permitted to work more than 60 hours per work week, as long as the total hours for all IPs don't exceed the Customer's approved service plan. Click [here](#) for the DHS website list of Overtime Exceptions and Exception Request form.

Pay Period: Dec. 1st-15th

Work Week: Sunday at 12:00 am, ending Saturday at 11:59 pm.

#### Key things to remember about Overtime

- Even if a Customer has an approved overtime exception, they cannot exceed their monthly Service Plan hours. IPs are not authorized to work more than the number of hours listed on the Customer's Service Plan. Additionally, no IP should work more than 16 hours in a 24-hour period.
- IPs who work for multiple HSP Customers are responsible for monitoring work hours and communicating with their Customers to ensure the IP does not work more than 60 hours in a work week (unless the Customer has an approved exception).

### Paid Time Off (PTO)

Click [here](#) for a Paid Leave Request Form. Click [here](#) for PTO FAQ from the DHS website.

#### Earning PTO

- Beginning 7.1.2024, IPs will earn 1 hour of PTO for every 40 hours worked, with a cap of 40 hours/year.
- Hours worked includes travel time but excludes overtime hours.
- Unused PTO hours carry over on Dec 31<sup>st</sup> with a max of 40 hours/year.
- PTO Balance & hours used will be available on pay stubs. Example:
- YTD HRS: 809.18; Reg HRS: 99.27; OT HRS: 2092; TRVL HRS: 12.00;
- PTO Used: 02.00; PTO BAL: 14.00
- PTO is available only when an IP is in active status. IPs will lose all unused PTO when they become inactive for 12 months.

## Using PTO

- PTO can be used after 90 days of service.
- PTO can be used in increments of 2 hours.
- Example: IP can request 2/4/6/8 hours, etc.—up to 16 hours in a day—but cannot request 1/3/5/7 hours, etc.
- Fill out the PTO request form and submit it to Local DRS office via email, fax, mail or in-person.
- Strive to provide at least 7 days in advance to Customer & DRS (but this is not a requirement).
- Review pay stub to ensure you have enough PTO hours before submitting Request; if you request more PTO than you have accrued, request may be denied.
- PTO payment will be paid on the same paycheck for the pay period in question.
- Example: If IP takes PTO on Sep 6<sup>th</sup>–11<sup>th</sup>, PTO pay will be on the Oct 13 paycheck.

## IMPACT Revalidation Forms and Process

Due to a federal requirement, the State is now requiring all IPs to enroll in the State’s “IMPACT” system and revalidate as an eligible Medicaid provider every 5 years. (IMPACT is an acronym that stands for Illinois Medicaid Program Advanced Cloud Technology. IMPACT is the Medicaid reimbursement system used to enroll agency and Individual Providers (IPs).)

IMPACT requires all IPs to go through a background screening.

All IPs will receive a notice with a packet of forms to submit (“IMPACT Revalidation Packet”). Failure to submit your completed IMPACT forms by the deadline in your letter will result in the IP being suspended; the IP will also have to complete the Orientation for new IPs again and their activation date will be changed to a ‘new hire’ date.

IPs are strongly encouraged to fill out the IMPACT forms and submit them to your local field office as soon as you receive your notice.

[Click here for a link to the IMPACT packet of forms.](#)

IPs can find more information about the IMPACT requirement on the DHS website and should contact their local DRS Office for questions. [Click here for a link to the DHS website with details about the IMPACT Provider Enrollment requirement.](#)

If IPs still have questions after reaching out to their local DRS office, they can contact the SEIU MRC at (866) 933-7348.

## SEIU Health Care Benefits

IPs who work a sufficient number of hours are eligible for healthcare benefits through the SEIU Health Fund. Healthcare benefits were negotiated by SEIU HCII.

### Initial Eligibility Requirements:

- Gaining eligibility for health coverage takes a minimum of 6 months on the job.
- To be initially eligible, IPs must work 360 hours total in a 3-month period (with at least 1 hour worked each month of the quarter).
  - This is an average of at least 30 hours per week, or 120 hours per month, for 3 months.

### Continuing Eligibility:

- Once enrolled, IPs need to work at least 180 hours in a 3-month period to maintain the benefits (with at least 1 hour worked in 2 out of 3 months of the quarter).
  - This is an average of at least 15 hours per week, or 60 hours per month, for 3 months. Contact the SEIU Health Fund for info or to enroll: (773) 385-9300, Mon-Fri, 8:30am-5pm.

### Training Benefits

IPs have access to paid training classes to support your professional development. Access to paid training was negotiated by SEIU HCII and classes are offered by the Helen Miller SEIU Member Education and Training Center (METC).

Classes include:

- Mental Health and Wellness
- Strengthening Communication Skills
- Enhancing Active Listening Skills I & II
- Nutrition & Exercise for People with Disabilities
- Working Effectively with my Consumers to Solve Problems
- Working with a Consumer Who is Depressed
- Body Mechanics & Safe Lifting
- Universal Precautions
- Bathing & Bedmaking
- First Aid & CPR (unpaid)

Register for paid training classes online at <https://seiumetc.org/training/home-care/> or call the SEIU MRC at: (866) 933-7348.

### Helpful Contact Numbers

- Contact your Union at the SEIU Member Resource Center (MRC): (866) 933-734
- For more info about trainings, visit the SEIU METC at [www.seiumetc.org](http://www.seiumetc.org)
- DHS main automated line to all program areas: (800) 843-6154
- HSP Provider Assistance automated line with up-to-date IP Payroll information: (800) 804-3833
- EVV Help Line: (888) 713-5139

## SECTION 3

# Body Mechanics and Handling Emergencies

### Body Mechanics

The responsibilities of an IP frequently require physically lifting objects and helping people move from one place or position to another. Proper body mechanics are important so you don't injure yourself or your Customer.

#### Proper Body Mechanics Tips for Transfers

- Plan the lift before
- Prepare equipment
- Discuss the plan
- Keep what you are moving close to the body
- Turn by moving your feet, not by twisting the body
- Use your body so that the work is being performed by several groups of muscles with the strongest muscles being used

#### Emergency Situations Involving Your Customer

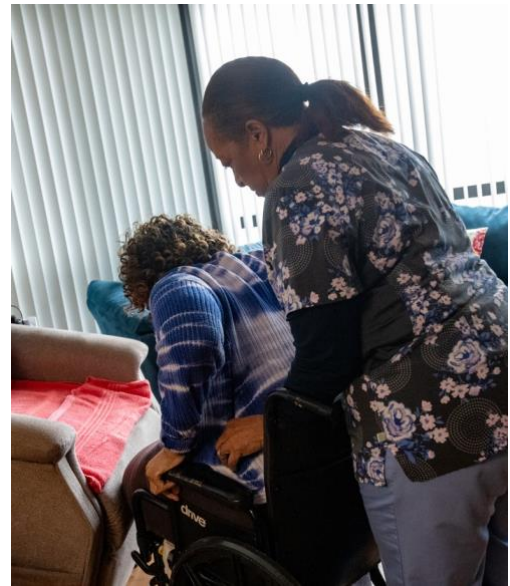
It is a good idea for IPs and Customers to discuss what to do in case of an emergency.

What should go into an emergency plan with your Customer?

- Updated medication list
- Who to contact in an emergency
- What forms do they have to discuss treatment plans and wishes
- What to do in shelter at home situation
- What to do if the home is unsafe and must leave
- Stay until emergency services arrive
- Assemble Emergency kit with essentials
- Contact DRS Counselor if an emergency causes you to work beyond your allotted time.

In the event of a medical emergency, call 911 and be prepared with:

- The phone number and address, including directions or landmarks, if necessary
- The Customer's condition and any medical background you know
- Your name and that you are a care provider for the consumer.
- Note that the dispatcher may or may not have other questions for you or may need to give instructions. Do not hang up the phone until the dispatcher hangs up or tells you to hang up.
- If you are in a home in this situation, you will need to unlock the front door so emergency personnel can get in.



## SECTION 4

# Frequently Asked Questions (FAQ)

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### A. EVV & Timesheets

#### 1. Where do IPs get time sheets?

- IPs can request blank Time sheets from their field offices or MCO Care Coordinator, if applicable.
- IPs can also download a copy of Timesheet from HSP website.
- <https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/882251-202406.pdf>

#### 2. How can I submit my timesheets?

- IPs can mail, fax, email, drop off in a secured box or in person their timesheet to the DRS office assigned to their customer.
- IPs must submit their timesheets to a field office where the customer case is maintained. Check out HSP Public facing website for more information on sending timesheets electronically to their respective local DORS office at <https://www.dhs.state.il.us/page.aspx?item=163487>

#### 3. How do I submit timesheets when EVV is down?

- Sandata Mobile never goes down and even when an IP is in a zone where there is no internet,

the clock-in / out entries will be sent to EVV Portal backend when they connect back to internet.

IDHS: EVV Portal / Sandata Mobile Connect (SMC)

- If for some reason the IVR (Telephonic) is down, we have provided alternative phone numbers to call in/out. IPs have this information in the CRG (call reference guide) which are part of IP packet, and they can get a copy of this from our public facing website as well. IDHS: EVV Call Reference Guide (CRG)
- Even when EVV IVR does go down, if the provider submits a timesheet prior to the timesheet deadline which shows the visit times, the DRS local office can and will manually add those visits to EVV to ensure payment is received for those hours worked.
- When a customer has an MCO, the IP should reach out to the MCO care coordinator for assistance.

#### 4. Do IPs submit timesheets AND utilize EVV? Or one or the other?

- Submission of Timesheets / Utilizing the EVV thru IVR (Telephonic) is mandatory. SMC (Sandata Mobile Connect) app is available for IPs to download on their mobile phones to clock-in / out more easily.
  - EVV resources - <https://www.dhs.state.il.us/page.aspx?item=66961>
  - Sandata Mobile Connect: <https://www.dhs.state.il.us/page.aspx?item=135339>

#### 5. How do I learn more about the app/website for IPs to clock in/out?

- Website/Portal
  - Opting-in Guidance: <https://www.dhs.state.il.us/page.aspx?item=135339>
  - IPs cannot clock in/out using the portal, but they have a read only portal access by opt- ing-in and they can view their visits.
  - Customers get portal access with edit features (Adding missed visits, modifying visits – for last pay period) by opting-in.
  - Customers should work with their MCO care coordinator or counselor for additional information.
- SMC (Sandata Mobile Connect)
  - Opting-in Guidance: <https://www.dhs.state.il.us/page.aspx?item=135339>
  - This is a mobile app that can be downloaded to IP's mobile phone for clocking in and out.
  - More details on how to get access to this app can be viewed at HSP Public page @ <https://www.dhs.state.il.us/page.aspx?item=135339>

#### 6. How do IPs get a Santrax ID number?

- When an IP is initially approved to work for an HSP customer, the IP will be assigned a Santrax ID number. This information is either e-mailed, mailed and/or relayed over the phone.
- This is a unique number that IP should not share with anyone including the Customer. Santrax IDs are confidential and should not be shared with the Customer, other IPs or other

household members under any circumstances.

7. Which phone number(s) does an IP use for EVV? Is it the Customer's phone number? How many phone numbers can be registered for EVV?

- Per the HSP guidance, IPs must use the Customer's Registered EVV Phone number to clock-in and out using IVR (Telephonic). Customer can have up to 8 registered phone numbers for the IPs to use.
- When it comes to the 800 number for IVR (Single customer / Multi Customer) we do have a primary, secondary numbers published on our public facing website: <https://www.dhs.state.il.us/page.aspx?item=88010>

8. Can I use my own phone to clock in and out on if the Customer's phone is not available? How do I clock in and out at the store if my own number is not allowed to be used with the EVV system?

- IPs must use the Customer's registered phone number to clock in and out.
- However, if IP signs up for Sandata Mobile Connect (SMC) they can use their own device to clock in via the mobile app.
- SMC Mobile app must only be downloaded to IP's mobile phone.

9. How do I note a time variance, alternative call numbers, task numbers in Sandata/Santrax?

- Actual hours worked should be reported on the DRS timesheet — when discrepancies exist.
- DRS local offices are required to go by what is on the timesheet and will manually adjust EVV records to reflect hours worked on timesheet.
- If timesheets are received late, any underpayments will be added to the next available payroll cycle.
- Timesheet will be considered as the version of truth for actual time worked.

10. Timesheets — What is the process when a change has to be made?

- Once a timesheet has been signed and submitted to a DRS local office, it is considered final, and no changes/adjustments can be made for that pay period.
- EVV information - <https://www.dhs.state.il.us/page.aspx?item=66961>

## B. Overtime

11. How does Overtime work?

- IPs are entitled to time and one half pay if they work more than 40 hours in a work week.
- IPs are subject to a 60-hour

Pay Period vs. Work Week						
S	M	T	W	T	F	S
Nov. 30	Dec. 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20

Pay Period: Dec. 1st-15th

Work Week: Sunday at 12:00 am, ending Saturday at 11:59 pm.

per work week maximum unless the Customer is approved for an Overtime Exception.

- If an IP works more than 60 hours in a work week without an approved Exception, the IP will receive an overtime occurrence. 4 unauthorized overtime occurrences in a rolling 24-month period will lead to a 1-month suspension.
- Overtime is calculated by work week, but IPs are paid by pay period
  - Pay periods are from the 1<sup>st</sup> —15<sup>th</sup> and 16<sup>th</sup> — last day of the month.
  - Work week is a 7-day span that begins on Sunday at 12:00am and ends Saturday at 11:59pm.
  - In some cases, a work week may extend across multiple pay periods.
- Overtime Exception Policy: The Customer may apply for an Overtime Exception if their service plan authorizes more than 60 hours per week. If their exception is approved, that Customer's IP or IPs are permitted to work more than 60 hours per work week, as long as the total hours for all IPs don't exceed the Customer's approved service plan. [Click here for the DHS website list of Overtime Exceptions and Exception Request form.](#)

## C. Service Plan

12. How do I obtain a copy of my Customer's service plan?

- IPs can request a copy of the Service Plan from their customer or their customer's HSP Counselor or MCO Care Coordinator if applicable.
- Annual redeterminations are required by HCBS Waivers and Administrative Code. IPs can request a copy of the Service Plan after a redetermination from their customer or their customer's HSP Counselor or MCO Care Coordinator.
- IPs can contact their Union if the above efforts have already been taken and the IP was not able to obtain a service plan.

13. How do you ask for more hours in the service plan?

- Customers should contact their HSP Counselor or MCO Care Coordinator to discuss the need for additional service plan hours.
- IPs cannot request additional service plan hours. Service plan hours are assigned to the Customer, not the Individual Provider.

14. What happens if I go over my hours in the service plan?

- Service plan hours are assigned to the customer, not the IP. The customer is responsible to manage their hours.
- Going over the service plan hours places the customer's self-directed service plan at risk of movement to agency provider services.
- IP and Customer should notify the DRS office or the case manager if this were to happen in order to get guidance.

15. How do I bill hours for months with 28 or 30 days, when sample service plan is based on 31 days?

- Customers have the full amount of service plan hours available to them each month, regardless of how many days are in a particular month.
- IPs should bill for actual hours worked.

## D. PTO/Forms

16. What is the PTO Request form?

- PTO request forms can be accessed on the DHS website. IPs are advised to download the form from this link or to get a copy from the field office.
  - [English PTO Request Form](#)
  - [Spanish PTO Request Form](#)

17. What is the PTO policy?

- See PTO policy in the Appendix

18. Can I use my PTO as a sick time?

- Yes, PTO can be used for any kind of time off the IP would like to take off work. IPs must submit a completed PTO form to field office.
- IPs can also enter their PTO time in Sandata Mobile App more easily. <https://www.dhs.state.il.us/page.aspx?item=164880>

## E. IMPACT Revalidation Forms and Process

19. Why are IPs required to fill out the IMPACT forms to be approved to provide services?

- According to IL DHS, it is a federal requirement that all IPs enroll in IMPACT to be paid. All IPs are considered Medicaid Providers and therefore subject to Medicaid rules.
- IMPACT is an acronym that stands for Illinois Medicaid Program Advanced Cloud Technology. IMPACT is the Medicaid reimbursement system used to enroll agency and Individual Providers (IPs).

20. What are Revalidations?

- Revalidations are a federal requirement that Medicaid providers such as IPs must re-enroll in the IMPACT system to maintain their eligibility to provide services to Home Services Program (HSP).
- Revalidations must be performed every 5 years for HSP Providers and Agencies.

21. Who must Revalidate and what is the process?

- All Individual providers (IPs) such as Personal Assistants, Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aides must revalidate.
- The revalidation process consists of submitting a copy of a valid government issued photo ID, Social Security Verification Proof, along with the following forms: IL488-1413, IL488-2262, IL488-2263, IL 488-2252. These documents must be sent to the field office of the respective provider for processing.
- Click [here for a link to the IMPACT packet of forms](#).

22. Why do IPs have to go through a background screening? What does the background screening look for?

- The background screening is a required part of the IMPACT enrollment process.
- The background screening looks for criminal convictions listed in [CBA \(Collective Bargaining Agreement\)](#) Section B, Section F and Section G that may affect the IP's ability to be approved to work as an eligible Medicaid provider. Please refer CBA background screening pages for detailed information.

23. If an IP has a criminal conviction(s) - will he/she be automatically terminated as an IP?

- No. An IP's status will be determined by the [CBA background screening policy](#).
- Waivable convictions (Section B/G) — Customer must consent to receiving services from the provider.
- Non-Waivable Convictions (Section F) — Office of Inspector General (OIG) will review the nature of the offense and determine the IP's eligibility to serve as a Medicaid provider. The IP has the right to appeal the OIG's decision.

24. What happens if IPS don't submit their revalidation forms by the deadline?

- Providers who do not submit their completed IMPACT forms by the deadline in their respective letter will be suspended and ineligible for payment.
- An IP can be allowed to re-enroll to provide services to HSP customers again. However, they will need to complete the full enrollment packet. An IP will also have to complete the Orientation for New IPs again and their activation date will be changed to a 'new hire' date.

25. How do I find out more information about IMPACT? Who do I contact with questions?

- IPs can find more information about the IMPACT requirement on the DHS website and should contact their local DRS Office for questions. Click [here for a link to the DHS website with details about the IMPACT Provider Enrollment requirement](#).
- If IPs still have questions after reaching out to their local DRS office, they can contact the SEIU MRC at (866) 933-7348.

## F. Driving Customers

26. How do I get the Customer to their doctors' appointments if I can't drive them?

- Customers have the responsibility to secure their own transportation to medical appointments and all other activities outside of their home.

27. How do I know if I'm allowed to accompany a Customer at their doctors' appointments?

- Customers have the responsibility to secure their own Transportation to medical appointments and all other activities outside of their home.
- Customers needing assistance at medical appointments will have Service Plan hours for "Outside the Home."

28. Can I be on the clock if I'm driving the Customer vehicle?

- It is strictly prohibited to transport a Customer in the Individual Provider's automobile or other mode of transport WHILE PERFORMING ANY DUTY AS AN INDIVIDUAL PROVIDER. Customers must seek and secure alternative means of transportation, such as use of family resources or public transportation.
- <https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL488-2252.pdf>

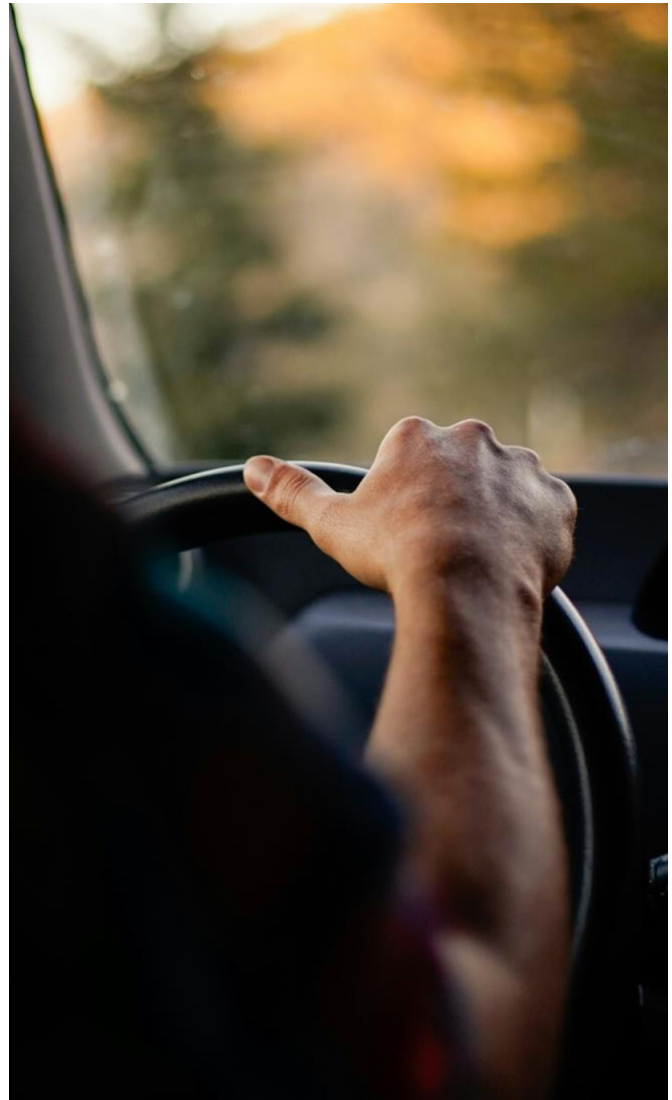
29. Why is my Customer not aware that I can't drive them places if that is the policy?

- IPs can inform the Customer of this requirement.
  - Customers can speak with their HSP Counselor or MCO Care Coordinator, if applicable.
- See #27*

## G. Getting Paid/Debit Card

30. Who do I call if my paycheck isn't correct?

- IPs must call the field office as the first point of contact and speak with their Coordinator. They will review the situation and provide guidance.



- We request that IPs **DO NOT CALL Payroll / Comptroller for any paycheck issues** as they are unable to answer timekeeping/entry questions.
- If an IP is unable to resolve payroll matters through their DRS office, an IP can call their Union at the SEIU Member Resource Center at 866-933-7348 to file a grievance.

31. Can I get paid more if I'm a CNA?

- Yes, if an IP is qualified as a CNA performing duties as a CNA for a Customer with CNA hours within their service plan.
- If the Customer does not have CNA hours within their plan, an IP cannot get paid more even when that IP is a CNA. A Customer's service plan must indicate that CNA hours of care are needed.
- Note: The IP must be certified and approved per the DPH rules to work as CNA.

32. How do I get a duplicate W-2?

- Normally W-2s are mailed by the Comptroller in January to the last mailing address on file. If an IP moves to a different address, the IP should communicate that to the field office to get the system updated.
- If the IP has not received their W-2 by mid-February of the issuing year, or if the IP needs a W-2 from a prior year(s), they may request a duplicate by completing [IL488-2556 Duplicate W-2 Request Form](#) and send an email to [DHS.HSP.LaborW2@Illinois.gov](mailto:DHS.HSP.LaborW2@Illinois.gov).
- HSP guidance on this can be viewed at <https://www.dhs.state.il.us/page.aspx?item=155189>

33. I signed up for a direct deposit, but I keep getting a paper check—why? And who do I contact about this?

- In general, when an IP signs up for a direct deposit, it may take 2-3 payroll cycles before your direct deposit election takes effect.
- HSP guidance can be viewed at <https://www.dhs.state.il.us/page.aspx?item=155189>

34. Does the State offer a debit card option?

- Yes, the state offers the DHS debit card. Here is the application: <https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-0800.pdf>
- We encourage providers to set up direct deposit or utilize a debit card for timely payments.
- Direct deposit and debit card information is available on the DHS website:
- [https://www.dhs.state.il.us/page.aspx?item=155189#a\\_toc2](https://www.dhs.state.il.us/page.aspx?item=155189#a_toc2)



35. How often will I be paid?

- You will be paid twice per month (bi-monthly). Pay dates vary so refer to the IP Payroll Schedule for exact dates: <https://www.dhs.state.il.us/page.aspx?item=129509>

## H. Injury / Workers Compensation

36. What happens if I get hurt at the Customer's home?

- IPs have the right to Workers Compensation. However, you must first report the injury to your local DHS-DRS office and fill out the Work Injury Report. If you have trouble with this, contact the SEIU Member Resource Center at (866) 933-7348.

## I. Unemployment

37. Do I qualify for unemployment?

- An IP is eligible for unemployment like any other worker- this means you have to have lost your job through no fault of your own; for example, the Customer no longer needs your services. All IP unemployment insurance benefits and earnings follow the Illinois Department of Employment Security (IDES) guidelines.

## J. Employment Verification

38. How can I request an Employment Verification?

- IPs may obtain employment verifications from the State of Illinois. The information is limited but includes: Gross earning for each pay period for the requested time frame, the hourly rate of pay, total wages earned for the past twelve months, social security number, address, city, state and the zip code. All requests for employment verifications must be requested in writing. The local office will provide direction on where the request must be faxed or mailed.

## K. PPE

39. Where do I get PPE (personal protective equipment)?

- When gloves are not available at the Customer's residence, the Customer may obtain and fill a prescription for gloves from their physician. In the event the Customer cannot or will not provide gloves, an IP may request and shall receive them from the State. (Per the collective bargaining agreement)
- MHH Providers that have performed services for Customers for all or part of twelve (12) months shall thereafter be eligible for reimbursement of expenses for equipment,

supplies and protective garments reasonably required under Customer service plans. The reimbursement shall not exceed one hundred and fifty dollars (\$150.00) per year, after submission of receipts, and shall include items such as sanitizers, masks, gowns, thermometers, stethoscopes and blood pressure cuffs. (Per the collective bargaining agreement)

## L. IP Orientation & Training

40. How soon will I be paid for attending Orientation or METC trainings?

- IPs will be paid at your hourly rate for attending orientation and METC training.
- You will receive your stipend in 4-6 weeks.
- Let METC know if you any updates to your name or mailing address.
- Contact SEIU Member Resource Center at (866) 933-7348 if you would like payment for classes direct deposited into your bank account.

41. Is training required for IPs?

- Yes. Orientation and annual training are required in order to enhance IP skills and meet Customer needs. In addition to Orientation for new IPs, IPs are required to annual training within 4 months of your anniversary date.
- IPs also have access to a variety of optional training courses to support their professional development.
- You can sign up for training through the SEIU Member Education and Training Center (METC) online at: <https://seiumetc.org/training/home-care/> or by contacting the SEIU Member Resource Center at (866) 933-7348.

## APPENDIX

# Documents and Forms

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- IP Payment Policies | **25**
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## Understanding Overtime

(1 of 3)

### Learning Outcomes

- Understand the Individual Provider (IP) Overtime Policy
- Understand a work week versus a pay period
- Understand responsibilities when working for multiple Home Service Program (HSP) customers
- Identify consequences if unjustified use of Overtime occurs
- Understand Overtime Exceptions

### Key Content

The importance of working no more than 60 hours in a work week unless the IP's customer is approved for an Overtime Exception will be reiterated along with the consequences of unjustified use of Overtime, which include periods of ineligibility for payment and the potential of an IP's permanent ineligibility for payment from HSP

#### Introduce General Policy Overview

1. Home Services Program customers who utilize Individual Providers must hire a sufficient number of providers to cover the weekly hours on their Service Plan. HSP Customers must hire a back-up Individual Provider(s) for coverage when another Individual Provider is unable to provide services.
2. Individual Providers are subject to the 60-hour per week maximum unless the customer is approved for an overtime exception.
3. Individual Providers who work for multiple HSP customers are responsible for monitoring work hours and communicating with their customers to ensure the Individual Provider does not work more than 60 hours in a work week, unless the customer is approved for an overtime exception.
4. It is important to remember that any approved use of Overtime does not change existing program rules. Even if the customer has an approved overtime exception, they cannot exceed their monthly Service Plan hours. Individual Providers are not authorized to work more than the number of hours listed on the customer's Service Plan. Additionally, no Individual Provider should work more than 16 hours in a 24-hour period

#### Work Week vs. Pay Period

Overtime is calculated by work week, but Individual Providers are paid by pay period. Therefore, it is important to understand the difference between the two.

1. Pay periods are from the 1st day of the month through the 15th of the month, and from the 16th of the month through the last day of the month.
2. A work week is a 7-day span that begins on Sunday at 12:00 a.m. and ends Saturday at 11:59 p.m.
3. In some cases, a work week may extend across multiple pay periods.

11.1

Understanding Job Requirements, Timecards and Helping Caregivers Fight Fraud, Abuse, Neglect & Exploitation

Content in these handouts was approved by the Illinois DHS Home Services Program



## Understanding Overtime

## Understanding Overtime

(2 of 3)

### Working for Multiple Customers

1. Individual Providers who serve multiple customers are responsible for monitoring the number of hours that they work in a work week to ensure that they comply with the Overtime policy.
2. Individual Providers should add together the total hours worked for each HSP customer; this combined total should not exceed 60 hours in a work week, unless a customer is approved for an Overtime Exception.
3. If Individual Providers also claim travel time when traveling between customers on the same workday, the combined total of work time and travel time must not exceed 60 hours for the work week, unless a customer is approved for an Overtime Exception.

### Definitions

- **Overtime** – the time worked by an Individual Provider for an HSP Customer(s) that exceeds 40 hours in a work week.
- **Overtime Pay:** Any time an Individual Provider works more than 40 hours in a work week, the Individual Provider shall be paid at time and one half of the IP's hourly rate.
- **Work week** – a week that begins Sunday at 12:00 a.m. (midnight) and ends each Saturday at 11:59 p.m.
- **Travel Time** – the time an Individual Provider spends traveling between two or more different HSP Customer addresses on the same work day and that does not end or begin at the Individuals residence or include any personal errands.

### Understanding the Overtime Policy

1. The Overtime policy applies to the following situations:
  - a. Where the Customer needs their Individual Provider to work more than 60 hours per week.
  - b. Where the Individual Provider works more than 60 hours per week for multiple customers.
2. When a customer's service plan authorizes services by an Individual Provider more than 60 hours in a week, the customer must apply and be approved for an overtime exception. If the customer's overtime exception request is approved, the IPs who works for that customer will be permitted to work more than 60 hours in a work week **as long as the total hours for all IPs do not exceed the Customer's approved Service Plan.**
3. There are four overtime exceptions that a customer may apply for:
  - a. **Provider Capacity** – applies when an incumbent IP no longer works for the Customer, is unfunded, no longer meets qualifications, has expired credentials and/or there is no qualified IP within 45 miles of the Customer's service location who is able and willing to provide needed services.  
The Provider Capacity exception must be applied for in advance or within 2 weeks of need. Once approved, this exception is valid for one (1) year and will be automatically renewed unless the State determines not to renew the exception.
  - b. **Unique/Complex Needs** – applies when the Customer's health and safety would be compromised by adding additional IPs to the Service Plan: which may include court ordered service plans, Customers with a DON score at or above 70, Customers who cannot tolerate multiple workers because of medical or behavioral needs or Exceptional Care Customers.

11.2

Understanding Job Requirements, Timecards and Helping Caregivers Fight Fraud, Abuse, Neglect & Exploitation

Content in these handouts was approved by the Illinois DHS Home Services Program



### Understanding Overtime (Continued)

## Understanding Overtime

(3 of 3)

The Unique/Complex Needs exception must be applied for in advance. Once approved, this exception is valid for one (1) year and will be automatically renewed unless the State determines not to renew the exception.

- c. **Out-of-Town Situations** – applies when the Customer requires care to ensure their health and safety while out-of-town and it is not feasible to bring additional IPs. This exception permits personal care services only during the duration of the out-of-town stay.

The Out-of-Town Situations exception can be used for 14 days per year and must be applied for in advance.

- d. **The Emergency Need Exception** applies when an urgent need for care arises and working more than 60 hours in a work week is unavoidable without risking the health and safety of the Customer; this may include the delayed arrival or unexpected illness of a Provider. The Customer may utilize this exception four (4) times per year and up to 10 hours per pay period and must be applied for within two (2) weeks of need. Dates are required to indicate when the Emergency Hours were used.

2. When a Customer applies for an exception, if no determination is made within thirty (30) days, the Individual Provider shall be deemed conditionally approved to work the overtime hours until the determination is made.

### **Unjustified Use of Overtime Policy**

1. Any time an Individual Provider works more than 60 hours in a work week without the customer having received an approved Overtime Exception, the Individual Provider will receive an occurrence which can lead to suspension; also referred as temporary ineligibility in this section. Individual Providers who work for more than one customer are subject to the 60-hour weekly maximum for all hours worked and the exceptions listed above.
2. Individual Providers will be given a written notification for the first three (3) occurrences of unauthorized overtime. Reasonable amounts of overtime, effective 07/01/24, resulting from minor variations in the IP's clocking in or out times shall not result in an occurrence of unauthorized overtime. Each written notification shall be valid for a rolling twenty-four (24) month period. Provided an email address is available, the State shall send notifications via email when unauthorized overtime occurs.
3. If within any rolling twenty-four (24) month period a fourth (4th) occurrence of unauthorized overtime occurs, the IP will be notified in writing that they are temporarily ineligible for funding from the Home Services Program for one (1) month. The notification shall include the date upon which the temporary ineligibility period will end.
4. After the Individual Provider has been temporarily ineligible for funding from the Home Services Program three (3) times, the Individual Provider will be notified in writing that he or she is permanently ineligible for funding from the Home Services Program.
5. If an Individual Provider has been deemed permanently ineligible for funding the IP may request a review after 12 months for reinstatement to the Home Services Program, except in cases of substantiated fraud, abuse, neglect or exploitation.
6. At the request of the Individual Provider, any written notification to the IP shall be rescinded where the Customer has made timely application for an overtime exception and the State has not made determination on the application.
7. If, during a period of ineligibility for funding, an applicable overtime exception is approved, the Individual Provider shall be permitted to resume providing services immediately.

11.3

Understanding Job Requirements, Timecards and Helping Caregivers Fight Fraud, Abuse, Neglect & Exploitation

Content in these handouts was approved by the Illinois DHS Home Services Program



### Understanding Overtime (Continued)

## PAID TIME OFF POLICY 1 OF 1

### Learning Outcomes

- Understand the Paid Time Off Policy
- Identify how to apply for Paid Time Off

### Key Content

Effective July 1, 2024, all Individual Providers (IPs) are eligible for Paid Time Off.

#### Introduce General Policy Overview

1. Beginning July 1, 2024, IPs will earn 1 hour of paid time off for every 40 hours worked, with a cap of 40 hours per year.
2. Unused PTO hours shall carry over year to year (at the end of the calendar year) with a maximum of 40 hours per year.
3. Any unused sick time hours will be carried over to your new PTO bank on July 1, 2024.
4. PTO can be used after 90 days following commencement of services.
5. PTO can only be used in increments of 2 hours. Example: An IP can request 2 hours, 4 hours, 6 hours, 8 hours, 10 hours, etc. of PTO but cannot request 3 hours or 5 hours of PTO.
6. PTO hours will be available to IPs on their pay stubs: PTO hours used and current PTO balance will appear on the IP's pay stub.  
Example: YTD HRS: 809.18; Reg HRS: 99.27; OT HRS: 2092; TRVL HRS: 12.00;  
PTO Used: 02.00; PTO BAL: 14:00

#### How to Apply for PTO

1. IPs must use the PTO request form which is available on-line (see the attached form)
2. The Form can be mailed, faxed, emailed and or submitted in-person to the customer's local office.
3. IP are encouraged to notify Customer at least 7 days in advance but not required to do so. IPs and Customer are expected to be in communication about Paid Time Off and if the Customer needs a backup IP during this time, the Customer should communicate with their case manager for assistance.
4. Payment for PTO will be paid on the same pay check for the pay period in question. For example, an IP takes PTO from Sep. 6- 12. The PTO pay will be reflected on the Oct. 13 paycheck for hours worked Sep. 1-15.
5. IPs are encouraged to review pay stubs to ensure they have enough PTO hours accrued before submitting their PTO request form. If an IP requests more PTO than they have accrued, the PTO request may be denied and returned to the IP for correction and may therefore cause a delay in payment.

PTO FAQ: <https://www.dhs.state.il.us/page.aspx?item=164880>

Rev. 8.28.24

### Understanding Paid Time Off (PTO)



## INDIVIDUAL PROVIDER PAYMENT POLICIES

Home Services Program (HSP) customers and Individual Providers are responsible for accurately completing and signing all Individual Provider time sheets. Completion of the time sheet will require both parties to sign and verify the information contained on it is correct. Fraudulently completing these documents will result in a formal investigation by the Medicaid Task Force, with possible criminal prosecution by the Illinois State Police (ISP). This document provides critical information for completing a time sheet.

Every Individual Provider is required to have an employment packet on file for each customer that employs him/her for services required in the home.

Individual Provider Social Security numbers will be verified. Those having unverified Social Security numbers will be informed of their inability to begin employment or to continue working as an Individual Provider.

Individual Providers can only be paid for the hours they worked for the customer per the HSP Service Plan. Billing for hours not worked constitutes Medicaid fraud. Individual Providers are required to use HSP's Electronic Visit Verification and Timekeeping System (EVV) as mandated by the SMART Act 97-0689, Section 5.5(f) & (g).

The services provided in the home are for the customer(s) having a HSP Service Plan. Services for family members, guests, animals, etc. will not be reimbursed.

The Service Plan indicates how many days per month specific tasks are required by the customer. Work schedules are directed by the customer and, though flexible, should generally follow the Service Plan; this may include hours for such daily tasks as personal care, toileting, meal preparation, etc.

- An example of an inappropriate time sheet would be the Individual Provider billing the total hours that are available during only one pay period of the month.

Hours worked in excess of the HSP Service Plan will not be authorized without prior approval from the customer's counselor. Individual Providers are required to perform only those tasks outlined on the Service Plan and within the time frames approved.

Individual Providers can only be paid for hours and tasks performed in the customer's home.

- Task outside the home will only be approved if the customer does not have adequate facilities.

Examples include: Individual Provider using a laundry facility if the Customer does not have a washer and dryer, banking and grocery shopping.

- In no instance may the Individual Provider be authorized for hours and tasks that were performed in the Individual Provider's home. Examples of tasks prohibited inside the Individual Provider's home include: doing the customer's laundry, meal preparation or supervising the customer.

Hours worked in excess of sixteen hours in a twenty-four hour period will not be authorized without approval from the customer's counselor. This sixteen hour limitation does not apply to Individual Providers providing respite services.

Individual Providers are not authorized to work for a HSP customer if that customer is out of the home, i.e. in a nursing facility, hospitalized, on vacation, etc. However, there are some exceptions that are allowable, such as the counselor gives prior approval and the request meets the policy guidelines. Please contact the counselor to address any questions before risking non-payment of services provided.

It is strictly prohibited to transport a customer in the Individual Provider's automobile or other mode of transport WHILE PERFORMING ANY DUTY AS AN INDIVIDUAL PROVIDER. Customers must seek and secure alternative means of transportation, such as use of family resources or public transportation. Any driving by an Individual Provider is at his/her own risk.

Individual Providers are not allowed to subcontract. Subcontracting is the practice of letting someone else work in your place, putting the time on your time sheet and then paying them yourself. This is not only an illegal practice but also causes problems with Social Security withholding. Each Individual Provider will only be paid for services which he or she provided directly to the customer.

## IP Payment Policies



State of Illinois  
Department of Human Services - Division of Rehabilitation Services- Home Services Program

## INDIVIDUAL PROVIDER PAYMENT POLICIES

It is against administrative rules for legally responsible relatives to serve as the Individual Provider for HSP customers. This includes a spouse working for his/her disabled spouse; children under the age of 18 working for their disabled parent; or a parent, step-parent, or foster parent working as an Individual Provider for his/her disabled child under the age of 18. Individual Providers and customers can request clarification at anytime there may be a question or concern about this issue.

Individual Providers cannot charge HSP for the same hours worked when working another job. This includes working for other HSP customers or as a childcare provider paid through the Department of Human Services. This constitutes fraud and will be prosecuted as such.

Customers should never pre-sign time sheets and they are expected to review the accuracy of dates and times worked prior to submitting the time sheet on the last day of the payroll window. Time sheets submitted with hours not yet worked will be returned to the customer and could delay Individual Provider payments.

Individual Providers are never required to have their payroll check co-signed by the customer even if the check is mailed to the customer's address.

Individual Providers shall not sign the time sheets on behalf of the customer unless they are Power of Attorney, or Legal Guardian. Customers are never to sign the time sheet on behalf of the Individual Provider.

Individual Providers and customers must submit timely billing in order to assure payment. Timesheets received five (5) business days after the end date of service will likely delay payment. The repeated failure of the Individual Provider to comply with this requirement shall be considered as evidence of the customer's failure to cooperate with HSP due to the failure to adequately supervise the Individual Provider.

Individual Providers may obtain employment verifications from the State of Illinois. The information is limited but includes: the gross earnings for each pay period for the requested time frame, the hourly rate of pay, total wages earned for the past twelve months, social security number, address, city, state, and the zip code. All requests for employment verifications must be requested in writing. The local office will provide direction where the request may be faxed or mailed.

Individual Providers should utilize the toll free Provider Information Line at 1-800-804-3833 whenever information concerning checks might be needed. This system can verify that billing information was received and processed for payment, including the expected arrival date of the checks. Phone calls to the local offices during payment cycles can potentially delay payments to Individual Providers because of the volume of data entry required of the field staff.

Personal Assistants are covered for collective bargaining purposes by the Service Employee International Union (SEIU) Health Care Illinois/Indiana (as mandated by the SEIU Collective Bargaining Agreement with the State of Illinois). Each pay period, a deduction will be taken from an PA's wages to cover one of the following: (1) membership costs to join SEIU, or (2) a "fair share deduction" if a PA does not join SEIU. The rates for membership, fair share and maximum monthly dues are posted on the Rehabilitation Services Provider Information section "for Providers" page at [www.dhs.state.il.us](http://www.dhs.state.il.us). If you have a question about union membership dues please contact SEIU at 1-866-933-7348.

Customers and Individual Providers are encouraged to contact the HSP local office to address any billing questions or concerns prior to submitting time sheets for payments. This one additional step will promote accurate and timely payments to the Individual Provider.

I acknowledge that the above information has been reviewed and is understood.

SIGN HERE ➤

Customer Printed Name and Signature

Date

SIGN HERE ➤

Individual Provider Printed Name and Signature

Date

IL488-2252 (R-04-18) Individual Provider Payment Policies  
Printed by Authority of the State of Illinois

-0- Copies

Page 2 of 2

## IP Payment Policies (Continued)

Click to View

## Time Sheet Instructions

Note: Individual Providers must call in and out using the EVV System and record the times accurately.

State of Illinois  
Department of Human Services - Division of Rehabilitation Services

**Home Services Program Time Sheet**

District: **344**

Case Number: **04928201** Worker SSN: **123-45-6789**

Customer Name: **John Smith** Worker Name: **Mary Jones**

Address: **123 Main St.** Apt. #: **4** Home Address: **1 W. Capitol** Apt. #:

City/Zip Code: **Bloomington, IL 61701** City/Zip Code: **Mclean, IL 61759**

Phone: **309 782-2722** Phone: **309 449-0300**

☐ Information has changed since last time sheet was submitted. ☐ Information has changed since last time sheet was submitted.

NOTE: Check will be mailed to individual Provider's home address

Month: **July** Year: **2014**

Dates: (check box) Indicate AM or PM with each start and stop time

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Start	Stop	Start	Stop	Start	Stop	Daily Total
<input checked="" type="checkbox"/> Personal Assistant	1st 16th		9:02am	11:30am					
	2nd 17th		9:00am	11:31am					
<input type="checkbox"/> Certified Nurse Assistant	3rd 18th								
	4th 19th								
<input type="checkbox"/> Licensed Practical Nurse	5th 20th								
	6th 21st								
	7th 22nd		8:30am	11:35am					
<input type="checkbox"/> Registered Nurse	8th 23rd		8:45am	11:49am					
	9th 24th		8:49am	11:16am					
	10th 25th								
<input type="checkbox"/> Physical or Occupational Therapist	11th 26th								
	12th 27th								
	13th 28th		8:31am	11:33am					
<input type="checkbox"/> Speech Therapist	14th 29th		8:30am	11:31am					
	15th 30th								
	31st								
Pay Period Total									

CUSTOMER/INDIVIDUAL PROVIDER CERTIFICATION FOR SERVICES RENDERED

I certify that the above information is true and in accordance with the individual Provider Payment Policies (IL488-2252). I understand falsification of any information submitted on this form could lead to criminal prosecution.

Worker Signature: **Mary Jones** Date: **July 18, 2014**

I certify that the above information is true and that services were received as stated. I understand falsification of any information submitted on this form could lead to criminal prosecution.

Customer Signature: **John Smith** Date: **July 18, 2014**

FOR OFFICE USE ONLY

DHS Payment Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Gross: \_\_\_\_\_ Auth: \_\_\_\_\_

IL488-2251 (R-7-12) - Home Services Program Time Sheet  
Printed by the Authority of the State of Illinois P.O. #13-0094 350,000 Copies Page 1 of 1

All fields required to be completed in order for timesheet to be processed.

- Enter the three digit district number
- Enter Case Number, Customer Name, Address, Zip Code, and current Phone Number. Mark the box if this information has changed.
- Enter Worker SSN, Worker Name, Address, Zip Code and current Phone. Mark the box if the information has changed
- Enter the month and the year that the service was provided.
- If you are working as something other than a P.A., please check the box.
- List the exact time provided to you via the EVV system. Do NOT round!
- Worker Signature and Date
- Customer Signature and Date

### Helpful Hints

- Write the exact time as provided by the EVV system.
- Consider using a highlighter to note changes in address or rate of pay.
- Use black or blue ink.
- Complete the timesheet in full; failure to do so may delay payment.

### EVV Phone Numbers

English	Spanish	Multiple Customers in Home
1-855-347-1770	1-855-347-0771	1-844-604-7391
1-855-573-0726	1-855-573-1726	1-844-786-7495

### PROVIDER HOTLINE

Call this number  
FIRST for information  
about your checks.

1-800-804-3833

Rev 01-13-15

## Time Sheet Instructions

Click to View



State of Illinois  
Department of Human Services

## Illinois Debit MasterCard Payment Option Form

If you chose the Illinois Debit MasterCard® Card, we will update our records and you will receive your Illinois Debit MasterCard in the mail. Activate your card immediately by calling the toll free number (1-866-338-2944) and follow the instruction on the materials enclosed with your card. Make sure we have your correct address.

Your card will not be forwarded.

In order to get a Illinois Debit MasterCard:

- \* **Attach a copy of your current Driver's License or State I.D. card**
- \* You MUST fill in all the blanks in the section you are completing (Section 1 to start card use, section 2 to stop card use.)
- \* All information must be clear and readable
- \* Once you choose the Illinois Debit MasterCard your payments will continue on the card until a written cancellation Payment Option Form is received and processed at DHS.
- \* You MUST send the form to: **Department of Human Services  
Bureau of Expenditure Accounting Debit Card Project  
100 South Grand Ave. East, 1st Floor  
Springfield, Illinois 62762**

**COMPLETE ONLY ONE SECTION BELOW: If you want to START using the Illinois Debit MasterCard, complete section 1. If you have a card now and wish to STOP using it, complete Section 2.**

### SECTION 1 (To request a new Illinois Debit MasterCard)

**Illinois Debit MasterCard® Card Payment Option** - All blanks in this section below MUST be completed

(Choose your Provider type)

☐ **Child Care Provider**

☐ **PA - DRS Personal Assistant**

Social Security Number: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ **Enter "N/A" if you do not have a phone**  
(include area code)

Enter your name below as it appears on your Social Security Card or on your current IDHS payment checks:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Doing Business As Name: \_\_\_\_\_ (Use this line for your DBA, if licensed with one)

**Mailing Address:** (Indicate Street, Apartment Number, Floor)(Street # and Name: with St. Ave, Ct, Apt. #, Floor)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the State of Illinois Office of the Comptroller to direct payment for deposit to the Illinois Debit MasterCard card account as directed by the paying State agency. I understand the card will be sent to me by mail and my payments will be held by the bank until I withdraw them using my Illinois Debit MasterCard card. I further authorize the Comptroller to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all Child Care and Personal Assistants payments issued by the Comptroller to the below named payee as identified by its designated payee identification number.

I understand the Illinois Debit MasterCard is issued by Comerica Bank, pursuant to a license by MasterCard International Incorporated. I further certify that I am at least 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**With this signature, I certify that the information provided above is accurate.**

All blanks above MUST be completed in order to request a Illinois Debit MasterCard.

### SECTION 2 (To cancel your Illinois Debit MasterCard)

☐ **I would like to CANCEL use of my Illinois Debit MasterCard and receive my payments the way I did before requesting the Debit card (either paper check or Direct Deposit).**

If you were using Direct Deposit, and that bank account is now closed, your next payment may be delayed and possibly will come in the mail. Child Care providers must contact The Office of the Comptroller Direct Deposit Unit at (217) 557-0930 if the account has changed or closed. Personal Assistants must contact the DRS Local Office if there have been any changes to your bank account since the last time you received Direct Deposit in order to avoid delays.

Reason for Card Cancellation: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please retain your Illinois Debit MasterCard until you receive your next payment by check or direct deposit.**

IL444-0800 (R-06-10) Illinois Debit MasterCard Payment Option Form  
Printed by the Authority of the State of Illinois -0- copies

Page 1 of 1

DH Debit Card Form

## What does this health plan cost?

**Nothing!** Personal Assistants do not pay a monthly premium for insurance coverage. If you enroll in a SEIU Healthcare IL Benefit Funds Plan, your only out-of-pocket costs are those you incur for using your Plan, such as deductibles and co-pays.

## Not yet eligible?

If you are not yet eligible for coverage in the Personal Assistants Plans, low-cost health insurance options may be available to you through Medicaid or the Health Insurance Marketplace.

Call our Certified Application Counselors at (708) 831-3077, Monday through Friday, 8:30am - 5:00pm.

## Eligibility Requirements

Gaining eligibility for health coverage takes a minimum of six months on the job.

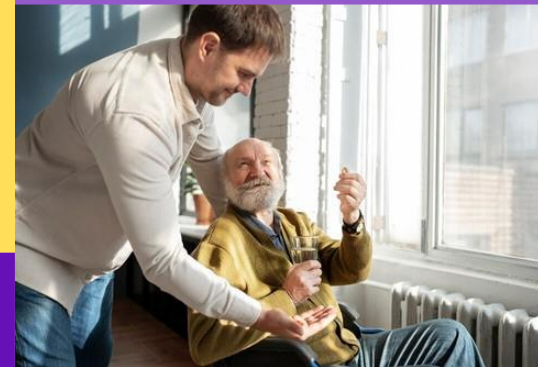
To become initially eligible, you must work at least 120 hours a month for the six months of your employment.

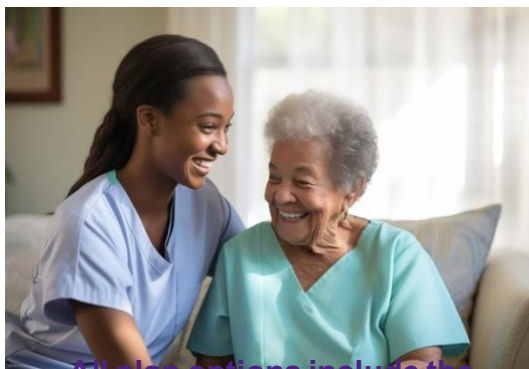
For example, if you start work in April and maintain an average of 120 hours a month, you will receive an eligibility notice by the middle of September to notify you that your eligibility for health insurance begins October 1st.

After enrolling, in order to maintain coverage you will need to continue to work at least 60 hours per month after you enroll.

If you have any questions about your initial or continuing eligibility requirements, please contact our Member Service Department at (773) 385-9300, Monday through Friday, 8:30am - 5:00pm.

# Health Insurance for Personal Assistants





### All plan options include the following benefits:

- Free wellness exams like annual physicals, gynecological exams, and laboratory tests.
- Free FDA-approved birth control.
- Free CT/MRI/PET scans through Absolute Solutions.
- Reduced prices on prescriptions.
- Discounts on vision services.
- Low or no copays for visits with your Primary Care Physician and specialists.
- Low deductibles and coinsurance rates.
- **You will be able to enroll in a health plan once you meet the eligibility requirements.**

### Take care of yourself!

You care for others. It's time for you to care for yourself and your health with a plan through the SEIU Healthcare IL Benefit Funds.

## Plan Details

The health plan you are offered depends on where you live.

### Cook County

Residents of Cook County are eligible for the **Union Health Services (UHS) Plan**. The UHS Plan uses Union Health clinics across Cook County for patient care. Most services are covered at 100%. This plan provides patient-centered care at the lowest cost.

### Rockford

Residents of Rockford and some surrounding areas are eligible for the **SwedishAmerican (SMH) Plan**. The SMH plan offers access to over 350 physicians at SwedishAmerican Hospital. When you get in-network care, the plan covers 90% of costs and your out-of-pocket expenses remains low.

### Peoria

Residents of Peoria and some surrounding areas are eligible for the **Carle Health Physician Partners (CHPP) Plan**. The CHPP Plan uses the Health Plus Peoria medical system as its home for patient care. When you get in-network care, the plan covers 90% of your costs and your out-of-pocket expenses remains low.

### All Other Areas

Personal Assistants who live outside of the three medical home areas could be eligible for the **Advocate Premier (ADV) Plan** or the **PPO Plan through HealthLink** depending on where you live.

The Advocate Premier Plan offers access to over 5,000 doctors in the greater Chicagoland area. The ADV plan covers 90% of your healthcare costs.

The PPO Plan covers 80% of in-network costs when you use the HealthLink network of doctors.

## Are you interested in enrolling into a health plan?

To learn more about the health plan available to you, access your Member Portal to view the Summary of Benefits and Coverage (SBC) and Summary Plan Descriptions (SPD).

Simply sign in to your Member Portal or register your account online at <https://Memberxg.gobasys.com/SEIUIL> or scan the QR code below



If you have additional questions, please call us at (773) 385-9300. Our Member Service Representatives are available between 8:30am and 5:00pm, Monday through Friday.

 **SEIU Healthcare**  
United for Quality Care  
*BENEFIT FUNDS OFFICE*

Health Insurance Brochure (Continued)

