**Introduction to DHS/DRS Home Services Program (HSP)**

**Who's at the Table?**

**Customer-Employer**

An individual may apply to become a customer with the Division of Rehabilitation Services (DRS) and receive assistance through the Home Services Program (HSP). With a DRS Rehabilitation Counselor, a service plan may be developed for those applicants determined to be eligible for HSP services. This service plan will identify the customer's needs such as meal preparation, personal hygiene and mobility assistance, etc. Some providers are instructed to perform more complex health care procedures with the approval of appropriate medical personnel and customer's service plan. A qualified HSP customer may be approved to hire an Individual Provider (IP) to assist with such needs and other activities of daily living identified through the individual customer's service plan. In some instances, a customer may be referred to a Managed Care Organization (MCO) to develop a service plan and offer a provider to perform such duties relieving DRS of those obligations.

Customers are completely in charge with respect to choosing, hiring, supervising and terminating an IP within the rules and policies of the Division of Rehabilitation—Home Services Program. Individual Providers may assist with household tasks, personal care and, with permission of a doctor, certain health care procedures in accordance with the service plan and as directed by the customer.

**DHS/DRS HSP**

DRS local office staff process time sheets for the IP, manages the Electronic Visit Verification system and the State then issues the payment. DRS serves as administrative body of the HSP.

**Individual Provider (IP)**
Introduction to DHS/DRS Home Services Program

Our Mission
DHS’s Division of Rehabilitation Services is the state’s lead agency serving individuals with disabilities. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities.

Our Vision
Improving the independence of our customers is our only reason for existing. We realize that the skills and abilities of our front-line staff are the keys to our success. Embracing, listening to and collaborating with our community partners will sustain our success.

DRS will be a customer-driven organization, with all major decisions based on the needs of our customers. Our staff will be informed and valued, pursuing lifelong learning and striving to improve their professional skills. We will create an environment where customers and staff work in partnership, where customers enjoy working with staff, and staff look forward to coming to work. Finally, we envision an agency where customers feel confident that their goals will be reached.

Goals

1. Independence
   - Goal: Provide services that will enable DRS customers to achieve the highest level of independence
   - Key Indicators: The number of persons moved out of nursing homes, the number of persons prevented from nursing home placement, the number of persons successfully completing independent living training and the number of persons receiving services through independent living centers.

2. Productivity
   - Goal: Achieve a high level of productivity by efficiently serving eligible customers and helping them attain successful outcomes
   - Key Indicators: The number of persons employed in competitive jobs, the number of students entering employment after leaving high school, and a composite index that measures the productivity of VR counselors.

3. Job Quality
   - Goal: Increase the quality of jobs obtained by VR program customers
   - Key Indicators: The average hourly wage earned and average hours worked per week by customers who become employed through the VR program, as well as the percentage of those workers who receive medical insurance from their employers.

4. Service Quality
   - Goal: Continually improve the quality of services provided by DRS in all program areas
   - Key Indicators: A quality assurance index, the percentage of VR cases meeting RSA timeliness requirements, and the percentage of HSP cases with timely redeterminations.

5. Customer and Staff Experience
   - Goal: Create a work environment that results in a positive experience for customers and staff
   - Key Indicators: Survey measures of customer, employer and provider satisfaction, as well as a staff morale survey.
Introduction to DHS/DRS Home Services Program (cont.)

Home Services Program (HSP)

What is the purpose of this Service?
The Division of Rehabilitation Services' Home Services Program (HSP) provides services to individuals with severe disabilities so they can remain in their homes and be as independent as possible.

What services are offered?
Our program offers numerous options for independence:

- **Individual Provider (IP):** Provides assistance with household tasks, personal care and, with permission of a doctor, certain health care procedures. IPs are selected, employed, and supervised by customer.
- **Homemaker Services:** Personal care provided by trained and professionally supervised personnel for customers who are unable to direct the services of a IP. Instruction and assistance in household management and self-care are also available.
- **Maintenance Home Health:** Services provided through a treatment plan prescribed by a physician or other health care professional. Other services include nursing care and physical, occupational, and speech therapy.
- **Electronic Home Response:** Emergency response system offered by hospitals and community service organizations. This rented signaling device provides 24-hour emergency coverage, permitting the individual to alert trained professionals at hospitals, fire departments, or police departments.
- **Home Delivered Meals:** Provided to individuals who can feed themselves but are unable to prepare food.
- **Adult Day Care:** The direct care and supervision of customers in a community-based setting to promote their social, physical, and emotional well-being.
- **Assistive Equipment:** Devices or equipment either purchased or rented to increase an individual's independence and capability to perform household and personal care tasks at home.
- **Environmental Modification:** Modifications in the home that help compensate for loss of ability, strength, mobility or sensation; increase safety in the home, and decrease dependence on direct assistance from others.
- **Respite Services:** Temporary care for adults and children with disabilities aimed at relieving stress to families. Respite services may be provided for vacation, rest, errands, family crisis or emergency. Services may include personal assistant, homemaker or home health.

We also provide specialized services for people with HIV/AIDS and/or traumatic brain injuries (TBI).

Our Community Reintegration Program helps individuals with disabilities who live in nursing homes move into community with the supports they need to live as independently as possible.

Who can receive these services?
We serve people with severe disabilities under age 60 who need help with daily living activities in their homes. Many of these people are at risk of moving into a nursing home or other facility. (For those 60 and over, please contact the Illinois Department on Aging.)

How are services provided?
Customers may hire their own IPs to assist in their home, based on the service plan they have jointly developed with their DRS rehabilitation counselor. Homemaker agencies may supply workers for persons who need someone to supervise their PA in the home.
Individual Provider Training & Orientation

Introduction to DHS/DRS Home Services Program (cont.)

How are services determined and monitored?

HSP staff including AIDS Case Managers will continue to administer the Determination of Need (DON) as well as determine the customer functional limitations. HSP will also continue to collect medical documentation. DRS counselors will continue to complete the DON on all incoming new referrals. Additionally, DRS Counselors will also complete the redetermination assessment on existing cases.

HSP staff will continue to process payments for all individual providers (IPs). IPs are required to use the EVV system to call in and out and record the exact time worked on the Home Services Program Time Sheet. IP packets and timesheets we will be processed by DRS staff.

Managed Care Organization (MCOs) may assume responsibility of portions of the work previously managed by individual waiver programs in the state.

Once the DRS Counselor has completed the Determination of Need, the case may be “transitioned” to a Managed Care Organization [MCO] for care planning. The case now becomes the MCOs responsibility to identify appropriate service providers, establish a plan of care, including the type and amount of service hours. Customers disagreeing with service planning issues must appeal to the MCO and not HSP staff.

Additionally, MCOs will assume responsibilities of the specialized waivers (Brain Injury and AIDS Waiver) including case management services. Customers served under the TBI and AIDS Waiver will no longer receive those services from Case Management Agencies as previously provided and contracted through HSP. The MCO will be responsible for monthly contacts.

HSP Staff will continue to monitor the submission of the IP Timesheets and alert the MCO Case Manager of any issues or discrepancies such as IP failure to use the EVV system to call in/call out and recording exact time on the timesheet.

How to apply?

Use the online Rehabilitation Services Web Referral to refer yourself or someone else for services.

We provide services in 48 local offices located in communities throughout the state.

Use the DHS Office Locator and search for Rehabilitation Services to find the nearest local office or call toll-free: (800) 843-6154 (Voice, English or Español) or (800) 447-6404 (TTY).
Self-Directed Assistance

People First Language

“The difference between the right word and the almost right word is the difference between lightening and the lightening bug.”
—Mark Twain

▲ Use Employer/Employee terminology
▲ Avoid terms such as patient, “taking care of ...”, “I help someone with ...”, “My lady I work for” or “My person”
▲ People First Language includes Assistance versus Care

<table>
<thead>
<tr>
<th>Right Words</th>
<th>Wrong Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>“My lady I work for ...”</td>
</tr>
<tr>
<td>Boss</td>
<td>“My person I take care of ...”</td>
</tr>
<tr>
<td>Supervisor</td>
<td>“I help someone with ...”</td>
</tr>
<tr>
<td>Person with disabilities</td>
<td>handicapped, disabled or crippled</td>
</tr>
<tr>
<td>Wheelchair User</td>
<td>wheelchair bound, confined</td>
</tr>
</tbody>
</table>

Best Practices for Individual Provider (IP) Employee Performance

Communication is a key element when working with others. When beginning a task, be sure to take the time to ask the customer/employer how the employer wants the task completed. Below are suggestions of Best Practices for IP Employee Performance.

▲ Ask “How do you want this task done?” or
▲ Ask “I understand that you want me to wash dishes. Would you prefer me to wash glasses and plates before I wash the pots or pans?”
▲ Paraphrase what you heard the employer ask you to do.
▲ Ask “Did I do the task the way you wanted?”
### Service Plan

<table>
<thead>
<tr>
<th>Task</th>
<th>Type</th>
<th>Days/Week</th>
<th>Hours/Day</th>
<th>Rate</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td>PA</td>
<td>31</td>
<td>.60</td>
<td>15.30</td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>toileting</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Managing Money</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Prepping Meals</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Housework</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Outdoor Home</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Routine Health</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Special Health</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Being Alone</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>PA</td>
<td>31</td>
<td>.75</td>
<td>15.80</td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours/Month:** 161.75

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**TOTAL MONTHLY ESTIMATED SERVICE COST:** $2,102.75

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**Personal Assistant Backup:** John Doe

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(Patient statement and signatures for consent and authorization)
Service Plan Examples of Assistance

Each item on the Service Plan will constitute different forms of assistance for each individual customer-employer. Here are some examples of assistance that you may provide for each item:

1. Eating
   ▶ Cut food
   ▶ Grip utensils
   ▶ Lift food and drink to mouth
   ▶ Clean spills

2. Bathing
   ▶ Transfer in/out of tub/shower
   ▶ Hold/Grip hygiene articles
   ▶ Manipulate faucets
   ▶ Regulate water temperature
   ▶ Wash/Dry all body parts
   ▶ Encouragement to bathe

3. Grooming
   ▶ Lather and shave
   ▶ Basic hair care: comb, blow dry, etc.
   ▶ Oral hygiene: brush teeth, floss, etc.
   ▶ Nail care
   ▶ Application of lotion, deodorant, etc.

4. Dressing
   ▶ Dress appropriately for situation/weather
   ▶ Put on socks, shoes, etc.
   ▶ Assist with fasteners
   ▶ Apply prosthesis or orthotic device if necessary

5. Transferring
   ▶ Transfer in/out of places of sleep and rest
   ▶ Assist into or out of assistive/mobility device
   ▶ Operate assistive/mobility device during transfer
   ▶ Move/adjust bed, handrails, etc.

6. Incontinence
   ▶ Assistance to bathroom in timely manner
   ▶ Empty/irrigate catheter or ostomy bags
   ▶ Use of enema, absorbent pads or bed pan
   ▶ Thoroughly clean body and any soiled linens
   ▶ Menstruation management

7. Managing Money
   ▶ Assistance with budget
   ▶ Write/mail checks
   ▶ Handle currency
   ▶ Read, write, count

8. Telephoning
   ▶ Answer phone
   ▶ Assist by dialing or pushing buttons
   ▶ Take messages
   ▶ Communicate essential information on behalf of consumer-employer

9. Meal Preparation
   ▶ Cook and prepare meals
   ▶ Serve meals
   ▶ Store and label meals/leftovers
   ▶ Open/close containers
   ▶ Use kitchen appliances
   ▶ Exercise all safety precautions

10. Laundry
    ▶ Sort clothes
    ▶ Operate washer and dryer machines
    ▶ Wash/dry clothes
    ▶ Load/unload clothes
    ▶ Fold and put away
    ▶ Iron

11. Housework
    ▶ Sweep, mop, vacuum
    ▶ Dust
    ▶ Clean spills
    ▶ Straighten up home
    ▶ Wash/dry/put away dishes
    ▶ Clean sinks, toilets, tubs, etc.
    ▶ Trash removal

12. Outside Home
    ▶ Shopping tasks/errands (*Paid only for time in store - not commute)

13. Routine Health (*Non-skilled caregivers only)
    ▶ Understand/follow clinical directions
    ▶ Administer prescribed medication, ointments, etc.
    ▶ Manage dressings, decubitus care, etc.
    ▶ Monitor vital signs

14. Special Health
    (Provided by licensed healthcare professional)

15. Being Alone
    ▶ Monitor and make sure consumer-employer is safe
    ▶ Recognize, avoid and/or respond to hazards
    ▶ Use proper judgment concerning privacy simultaneously with IP
## Customer and IP Role Play

1. Read and perform the following script with a partner.

<table>
<thead>
<tr>
<th>Individual Provider</th>
<th>Customer-Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good morning! Would you be interested in checking out your service plan and informing me how you would like me to perform my tasks?</td>
<td>Great! That sounds like a good idea.</td>
</tr>
<tr>
<td>Can we start with “Grooming”? Based on the service plan we need .25/hour for Grooming every day.</td>
<td>Yep. After my morning bath I need about 15 minutes to get ready.</td>
</tr>
<tr>
<td>Ok, good. How exactly may assist you to get ready?</td>
<td>Well, I like some lotion on my face and two spritzes of perfume—one on my neck and one on wrist. Then I use this to comb my hair back, part it on the left side, and comb the sides down. I would like you to use this round brush and blow dryer to dry my hair and flip the ends out like this...</td>
</tr>
<tr>
<td>Ok so first you want me to assist you with putting lotion on your face. Then some perfume, and then I'll assist to fix your hair with this comb, brush and blow dryer like this. Would you like any assistance with your make up?</td>
<td>Yes, please. I use this powder all over my face, put on this blush like this, and then a little bit of mascara and I'm ready to go!</td>
</tr>
<tr>
<td>Ok great! Sounds like a good plan.</td>
<td></td>
</tr>
</tbody>
</table>

2. Select a different item on the Service Plan and continue the conversation about exactly how and when the consumer-employer would like the IP to perform the chosen task.

*Make sure that the customer-employer is very clear and precise about giving instructions. Likewise, the IP should be very clear when paraphrasing (or repeating back in own words) to the consumer-employer so he/she knows that the IP understand exactly how the tasks should be done. Also, the IPs should ask questions if they do not understand exactly how to perform the task.*
Identifying and Reporting Fraud

Definitions and Examples of Medicaid Fraud¹

Medicaid fraud can take many forms. It includes anything that is done to rob or cheat the Medicaid system. This is usually done by submitting bills for services or products that were not delivered.

In the Home Services Program (HSP)², Medicaid is "billed" for services by the Individual Provider (IP) when they submit time sheets for payment. Customers and Individual Providers (IPs) are held responsible for accurately completing and signing all provider time sheets. Submitting and signing false time sheets will result in an investigation by the Medicaid Task Force, and possibly criminal prosecution by the Illinois State Police.

Examples of Medicaid fraud:

- Charging HSP for hours that you did not work.
- Charging for services provided for family members, guests, or pets.
- Charging for services not included in the HSP Service Plan.
- Charging for transporting HSP customers.³
- Charging for services provided by the IP when the customer was in the hospital, nursing home, rehabilitation center or otherwise not at home, without prior approval.
- Charging for services while the Customer or IP was out of state, incarcerated or at a court proceeding.
- Charging for services after the Customer has died.
- Charging for work that was not done in the customer’s home, without prior approval.
- Letting someone else work in your place and then paying them yourself afterwards.
- Charging for the same hours when you were at another job.
- Signing your time sheet for the customer.
- Giving the customer part of your pay.

Before starting work as an IP, both the customer and the IP are required to sign a statement, agreeing to “Provider Payment Policies” (Handout #8). You can avoid committing Medicaid fraud by following these policies.

1. www.isp.state.il.us/crime/medicaidfraud.cfm
2. The Home Services Program is part of the Department of Human Services, Division of Rehabilitation Services.
3. It is strictly prohibited to transport a customer in the IP’s automobile or other mode of transport while performing any duty as an IP.
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.

1. 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.

2. 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.

3. 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 97-0889, Section 5.5(f) & (g).

4. 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.

5. 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.

6. Individual Providers are required to perform only those tasks outlined on the Service Plan and within the time frames approved.

7. Individual Providers can only be paid for hours and tasks performed in the customer’s home unless the task must be completed outside the home such as laundry due to no facilities in the home, banking, and grocery shopping. In no instance may the Individual Provider be paid for hours and tasks that were performed in the Individual Provider’s home. Examples of tasks not paid if performed in the Individual Provider’s home are laundry, meal preparation or supervising the customer. This policy will not impact on Individual Providers who reside in the same household as the customer.

8. Hours worked in excess of the HSP Service Plan will not be authorized or paid without prior approval from the customer’s counselor.

9. Hours worked in excess of sixteen hours in a twenty-four hour period will not be authorized or paid without approval from the customer’s counselor. This sixteen hour limitation does not apply to Individual Providers providing respite services.
10 Individual Providers cannot work if the 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.

11 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.

12 Individual Providers are not allowed to subcontract. Subcontracting means 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.

13 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.

14 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.

15 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.

16 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.

17 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.

18 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.

19 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.

Individual Providers 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 IP's wages to cover membership costs to join SEIU. 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.
Reporting Medicaid Fraud

If you think there is Medicaid Fraud, Abuse or Neglect you should call:

Medicaid Fraud Control Unit of the Illinois State Police
1-888-557-9503

Remember—you can call the hotline for information or advice before deciding to report.

How do you report?

<table>
<thead>
<tr>
<th>Suspected abuse, neglect, or exploitation of</th>
<th>Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 60 years or older or a person with a disability age 18-59</td>
<td>Adult Protective Services Hotline 1-866-800-1409 (voice) 1-888-206-1327 (TTY) online: <a href="http://www.lninois.gov/aging/ProtectionAdvocacy/Pages/abuse_reporting.aspx">www.lninois.gov/aging/ProtectionAdvocacy/Pages/abuse_reporting.aspx</a></td>
</tr>
<tr>
<td>Children under 18</td>
<td>DCFS Child Abuse Hotline 1-800-252-2873 (voice) 1-800-358-5117 (TTY)</td>
</tr>
</tbody>
</table>

Call 911 (ambulance or the police) if there is risk of serious injury or death. Reporting abuse or neglect by e-mail can delay the investigation, and your name may be revealed.

The reporter should be prepared to answer the following questions to the best of their ability...

- The alleged victim's name, address, telephone number, sex, age and general condition;
- The alleged abuser's name, sex, age, relationship to victim and condition;
- The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
- Whether the reporter believes the client could make a report themselves;
- The name, telephone number and profession of the reporter;
- The names of others with information about the situation;
- If the reporter is willing to be contacted again; and,
- Any other relevant information.
Timesheet Refresher, How, When and Where

Using Electronic Visit Verification & Completing the Time Sheet

Electronic Visit Verification (EVV)

The EVV System is mandatory for all Individual Providers who provide services to customers in the Home Services Program.

Electronic Visit Verification (EVV) is a telephone and computer-based system that electronically verifies when the IP provides service to the customer. The Provider will be required to use the customer telephone or the customer cell phone to call in and call out. The system verifies when each visit occurs and records the precise time the Provider begins and ends each day. The purpose of EVV is to help make timekeeping for IPs faster, easier, and more accurate. In addition, the EVV system will assist with monitoring the care given to the customer.

Call In & Out—The Providers must call in to the EVV system from the customer telephone at the beginning and end of each visit. The Provider will be assigned a Santrax ID that they must Enter—it is important that you enter the correct Santrax ID on every call. You must write down the exact time on the paper HSP Time Sheet (See Handout 14). See EVV Call Reference Guide attached.

Completing the Timesheet

At the end of each pay period, both Customer and Provider should sign the time sheet and send it to the DRS Office! Providers must both use the EVV system and submit paper time sheets to be paid timely.

▲ Accuracy is very important!

■ Everyday record an exact Start Time and Stop Time. Make sure to indicate am or pm for all hours recorded. Write down the time provided by the EVV system call.

■ It is not necessary to include a Daily Total and Pay Period Total if you enter an exact Start Time and Stop Time. If not, you will be questioned about the discrepancy and it will have to be clarified by the DRS. If any doubts remain, further investigation may be required.

▲ Do not turn in Time Sheet Early

■ IPs cannot report hours in the future. For example, a Time Sheet completed for a pay period ending on the 31st cannot be dropped off on or before the 31st before the Stop Time.

▲ Must write Social Security #, District #, and Customer ID # clearly on all Time Sheets. If not, clarification will be required and you may have to wait longer to receive payment.

▲ Customer-employer and IP must sign Time Sheets to confirm hours worked

▲ IPs cannot work for customer-employer while away on vacation, in the hospital, etc.

■ Certain exceptions apply; however, the customer-employer must request and receive approval from DRS Counselor prior to these hours worked

▲ IPs cannot report work hours for more than one Customer at the same time.
Getting Paid

These time sheets are to be sent to HSP immediately after the 15th and the last day of each month. Instructions on completing time sheets, the Call Reference Guide and the Provider Payment Policies are included in the Provider packets. Please reference these documents for additional information.

▲ IPs can submit Time Sheet two ways: 1) Mail to DRS office, 2) Drop-off in person to DRS Office.

▲ It is recommended that IPs sign up for Direct Deposit. This will ensure:
  - checks are not being mailed to customer-employer’s home
  - payments are made quickly and safely directly into IPs bank account

▲ IPs can submit time sheets up to five (5) State of Illinois business days after the end of the pay period (refer to Pay Schedule Handout). Failure to submit time sheets by due day may result in payment delay.

▲ In order to avoid check cashing fees and potential fraud, there are two options to consider for getting paid:
   1. SEIU offers IPs the opportunity to start an account with a Credit Union—your payment will be automatically deposited into your Credit Union account. **Must be a Full SEIU Union Member.**
   2. DRS offers a Debit Card option—your payment is automatically loaded onto your Debit Card.
   3. For more information about these—please contact the MRC 1-866-933-7348.

▲ For all inquiries concerning when a time sheet was processed and anticipated pay date, please call the Provider Information Line at 1-800-804-3833 or TTY users may dial direct to 1-877-434-1082.

▲ All Individual Providers should be aware if your payment is received via paper check, delays can occur due to issues with mail delivery. Paper checks, direct deposits or debit cards all have the identical pay date. Please remember, funds for the debit card will not be available before 12:00 p.m. on the pay date.

▲ If you have additional questions after contacting the Provider Information Line, please call your local HSP office for assistance.
Individual Provider Training & Orientation

EVV Call Reference Guide

Call Reference Guide

Write your Santrax ID number above for easy reference.

Dial:
1-855-347-1770
or
1-855-573-0726

Useful Tips:
To ensure successful speaker verification, follow these useful tips:

- Speak Normally
  - Don’t change the normal rhythm or volume of your voice.
- Speak Clearly
  - Don’t whisper or chew during the Santrax call.
- Use Your Phone’s Handset
  - Avoid using speakerphone, cordless or wireless phones.
- Avoid Noisy Environments
  - Eliminate all background noise by staying away from TV, Radios or other sources of noise.

What to do if there is a Problem:
These are some possible problems you may experience when using the telephone.

- Busy Signal
- No Answer

1. Check the number to make sure you have the right phone number.
2. Try calling again.
3. Try calling the second toll-free number provided of the front page of this guide.
4. If you still cannot complete the call, please call the DHS EVV Help Line at 1-888-713-5139.

If the system says “Sorry, Invalid Number”
See if the phone has a T-P (Tone-to-pulse) switch; make sure the switch is on T. If there is no switch, you must say your ID number one digit at a time, into the phone after the tone.

Calling Instructions

Calling Santrax: When arriving at, or leaving the customer’s home, make sure you have the following information:

Calling IN:
- Your Santrax ID.

Calling OUT:
- Your Santrax ID.

1. Dial any of the toll-free numbers located on the front page of this guide.
   Santrax will say “Welcome, please enter your Santrax ID.”
   If you are experiencing difficulties with the first toll-free number, please use the second toll-free number.

2. Press the numbers of your Santrax ID on the touch tone phone.
   Santrax will say “To verify your identity, please repeat: At Santrax, my voice is my password.”

NOTE: If you have not been enrolled in Speaker Verification, Santrax will skip this prompt. If this is the case, skip step 3, and then continue with the next prompt.

3. Say “At Santrax, my voice is my password.”
   The Santrax system may ask you to repeat the phrase several times before verifying your identity.

4. Press the pound (#) key to continue.
   Santrax will say “Please select “1” to call in or “2” to call out.”

5. Press the one (1) key to “Call In”.
   Or
   Press the two (2) key to “Call Out”.
   Santrax will say: “Received at (TIME). Enter number of tasks.”

NOTE: If you are placing the in call, HANG UP NOW.
Tasks are only entered on the out call.

Calling Instructions

Santrax will say: “If this is a Fixed Visit Verification visit using the FVV device, press the star (*) key to enter the visit verification numbers. Otherwise, press the pound (#) key to continue.”

If this is an FVV Call, press the star (*) key and refer to the FVV Call Reference Guide for detailed instructions for the FVV call process. If this is not an FVV call, press pound (#) and continue.

6. Press one (1) to indicate you will be entering one task.

7. Press the Task Number you performed.

NOTES:
- Refer to your Task Reference Chart below.
- If you made a mistake entering the task, press “00”, the system will confirm by saying “Starting Over, Enter number of tasks.”

Santrax will say: “You entered one task.”

8. Hang up.

Task Reference Chart

<table>
<thead>
<tr>
<th>Task ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>CNA</td>
</tr>
<tr>
<td>12</td>
<td>LPN</td>
</tr>
<tr>
<td>13</td>
<td>Personal Assistant</td>
</tr>
<tr>
<td>14</td>
<td>RN</td>
</tr>
</tbody>
</table>
## Provider Payment Schedule

**State of Illinois**  
**Department of Human Services**

### Home Services Program Individual Provider Payroll Schedule 2020

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>Time Sheets Due</th>
<th>PA Hotline</th>
<th>Pay Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 16-31, 2019</td>
<td>January 1 - 8</td>
<td>January 15</td>
<td>January 28</td>
</tr>
<tr>
<td>January 1-15</td>
<td>January 16 - 23</td>
<td>January 30</td>
<td>February 13</td>
</tr>
<tr>
<td>January 16-31</td>
<td>February 1 - 7</td>
<td>February 14</td>
<td>February 28</td>
</tr>
<tr>
<td>February 1-15</td>
<td>February 16 - 25</td>
<td>February 28</td>
<td>March 13</td>
</tr>
<tr>
<td>February 16-28</td>
<td>March 1 - 7 *</td>
<td>March 13</td>
<td>March 27</td>
</tr>
<tr>
<td>March 1-15</td>
<td>March 16 - 22</td>
<td>March 31</td>
<td>April 13</td>
</tr>
<tr>
<td>March 16-31</td>
<td>April 1 - 5 *</td>
<td>April 15</td>
<td>April 28</td>
</tr>
<tr>
<td>April 1-15</td>
<td>April 16 - 22</td>
<td>April 30</td>
<td>May 13</td>
</tr>
<tr>
<td>April 16-30</td>
<td>May 1 - 7</td>
<td>May 14</td>
<td>May 28</td>
</tr>
<tr>
<td>May 1-15</td>
<td>May 16 - 22</td>
<td>May 29</td>
<td>June 12</td>
</tr>
<tr>
<td>May 16-31</td>
<td>June 1 - 7 *</td>
<td>June 15</td>
<td>June 26</td>
</tr>
<tr>
<td>June 1-15</td>
<td>June 16 - 21 *</td>
<td>June 29</td>
<td>July 13</td>
</tr>
<tr>
<td>June 16-30</td>
<td>July 1 - 8</td>
<td>July 15</td>
<td>July 28</td>
</tr>
<tr>
<td>July 1-15</td>
<td>July 16 - 22</td>
<td>July 31</td>
<td>August 13</td>
</tr>
<tr>
<td>July 16-31</td>
<td>August 1 - 7</td>
<td>August 14</td>
<td>August 28</td>
</tr>
<tr>
<td>August 1-15</td>
<td>August 16 - 22 *</td>
<td>August 28</td>
<td>September 11</td>
</tr>
<tr>
<td>August 16-31</td>
<td>September 1 - 9</td>
<td>September 15</td>
<td>September 28</td>
</tr>
<tr>
<td>September 1-15</td>
<td>September 16 - 20*</td>
<td>September 30</td>
<td>October 13</td>
</tr>
<tr>
<td>September 16-30</td>
<td>October 1 - 7</td>
<td>October 15</td>
<td>October 28</td>
</tr>
<tr>
<td>October 1-15</td>
<td>October 16 - 22</td>
<td>October 29</td>
<td>November 13</td>
</tr>
<tr>
<td>October 16-31</td>
<td>November 1 - 7 *</td>
<td>November 12</td>
<td>November 25</td>
</tr>
<tr>
<td>November 1-15</td>
<td>November 16 - 22*</td>
<td>November 30</td>
<td>December 11</td>
</tr>
<tr>
<td>November 16-30</td>
<td>December 1 - 6 *</td>
<td>December 10</td>
<td>December 23</td>
</tr>
<tr>
<td>December 1-15</td>
<td>December 16 - 20*</td>
<td>December 30</td>
<td>January 13</td>
</tr>
<tr>
<td>December 16-31</td>
<td>January 1 - 8, 2021</td>
<td>January 14</td>
<td>January 28</td>
</tr>
</tbody>
</table>

*Timesheet due date falls on a weekend.*  
*Please ensure timesheets are signed and delivered prior to the stated deadline to guarantee timely payment.*

**Provider Assistance Hotline:**  
1-800-804-3833 or 1-877-434-1082 (TTY)
HSP Individual Provider Overtime Policy & Procedure

Effective August 1, 2017

Overview
As required by the US Department of Labor’s regulation (29 CFR Part 552) Fair Labor Standards Act, Individual Providers shall receive time-and-one-half for hours worked in excess of 40 hours in a work week beginning January 1, 2016. To execute the amended regulation, the Home Services Program has implemented a policy that focuses on customer safety, job creation, and fiscal responsibility.

Policy
Home Services Program (HSP) Customers, who utilize Individual Providers, must hire a sufficient number of providers to cover the weekly hours on their Service Plan and hire a back-up Individual Provider(s) for coverage when another Individual Provider is unable to provide services per 89 IL Admin Code 686.1520 (Hiring Individual Providers and Backup Individual Providers).

Individual Providers working under the HSP shall not work more than 45 hours in a work week, unless the HSP Customer is approved under one of the Exception Categories identified under 89 IL Admin Code 686.1530 (Overtime Exceptions). This also applies to Individual Providers who work for multiple Customers; the combined hours worked for multiple Customers shall not be greater than 45 hours in a work week, unless at the Customer is approved under one of the Exception Categories.

The Customer and the Individual Provider are responsible for monitoring work hours to ensure the Individual Provider does not work more than 45 hours in a work week unless approved for an overtime exception.

Overtime usage will be monitored for abuse or fraud.

Procedure
Customer and Individual Provider Responsibilities:
- Customers who utilize Individual Provider services must:
  - have a qualified backup provider to cover times when an Individual Provider is unable to provide services; and
  - utilize the chart listed below to hire the number of Individual Providers needed to support their weekly Service Plan hours.

<table>
<thead>
<tr>
<th>Weekly Hours on Service Plan</th>
<th>Number of Individual Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-45</td>
<td>1</td>
</tr>
<tr>
<td>46-90</td>
<td>2</td>
</tr>
<tr>
<td>91-135</td>
<td>3</td>
</tr>
<tr>
<td>136-168</td>
<td>4</td>
</tr>
</tbody>
</table>

- Individual Providers, including backup providers, must:
  - meet Home Services Program (HSP) requirements, complete an Individual Provider packet; and
  - enroll in both the Electronic Visit Verification system and the Department of Healthcare and Family Services’ IMPACT system.

- Customers and Individual Providers are both responsible for monitoring work hours to ensure the IP does not work more than 45 hours in a work week.
- Customers should manage IP schedules so the provider does not exceed 45 hours in a work week.
- IPs who work for more than one HSP Customer must monitor the total combined hours worked in a week so they do not exceed 45 hours in a work week.
- IPs claiming travel time should include the travel time claimed when counting total hours in a work week.
- Individual Providers Working for Multiple Customers
  - Individual Providers working for multiple HSP customers have different record keeping requirements than Individual Providers who work for one customer. An Individual Provider working for multiple customers in a
Individual Provider Training & Orientation

Work week must add each customer’s hours together. The combined total shall not exceed 43 hours for the work week.

- An Individual Provider working for more than one customer on the same work day may be paid for travel time. Travel time is the time spent travelling between two different customer addresses on the same work day. An Individual Provider cannot be paid travel time for a trip to or from his/her home. For the purposes of travel time, a work day begins at 12:00 A.M. and ends at 11:59 P.M. If an Individual Provider lives with an HSP customer, he/she cannot be paid for travel time to another customer’s home if the trip begins or ends at their home.

- If the Individual Provider travels past midnight, he/she cannot be paid for travel time (ex., travel begins on Sunday at 11:45 pm and ends on Monday at 1:30 am). The combined total of travel time and work time cannot exceed 40 hours per work week.

- If the Individual Provider works for more than one customer, he/she must request, complete and submit a Home Services Program Travel Agreement to the local HSP office where the first customer is served. The local office will submit the agreement form to HSP Central Office for review. HSP Central Office will notify the Individual Provider regarding approval in writing no later than 30 days of receipt of the request.

- An Individual Provider approved for travel time must complete a Home Services Program Travel Time Sheet for reimbursement. The completed form must be attached to the paper HSP Time Sheet and both forms must be submitted to the local HSP office where the first customer is served. The local office will process the HSP Time Sheet and submit the Travel Time Sheet to HSP Central Office for review. Approved travel time will be processed and paid on the next available pay date. The Individual Provider is responsible for monitoring work time and travel time to ensure he/she does not work unauthorized overtime.

### Overtime Exceptions

<table>
<thead>
<tr>
<th>Exception Category</th>
<th>Description</th>
<th>Approval Period</th>
<th>Timing of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Capacity</td>
<td>No qualified IP within 45 miles of the customer’s service location is able to provide needed services.</td>
<td>HSP may approve up to 365 days or day of next reassessment whichever is sooner.</td>
<td>Pre-approval</td>
</tr>
<tr>
<td>Unique/Complex Needs</td>
<td>The customer’s health and safety would be compromised by adding additional IPs to the service plan.</td>
<td>HSP may approve up to 365 days or day of next reassessment whichever is sooner.</td>
<td>Pre-approval</td>
</tr>
<tr>
<td>Provider Unable to Work</td>
<td>An IP quits, is unfunded, no longer meets qualifications, or has expired credentials.</td>
<td>HSP may approve up to 120 days. This period may be extended up to an additional 120 days if the provider is awaiting credentials or necessary training.</td>
<td>Pre-approval when able; may require Post-approval as needed.</td>
</tr>
<tr>
<td>Out-of-Town Situations</td>
<td>A customer requires care to ensure their health and safety while out-of-town, and it is not feasible to bring additional IPs.</td>
<td>HSP may approve up to 14 days per year for one IP.</td>
<td>Pre-approval</td>
</tr>
<tr>
<td>Emergency Need</td>
<td>An urgent need for care arises and exceeding the limit is unavoidable without risking the health and safety of the customer. This may include unexpected tardiness of the next IP or illness or other circumstances when an IP is unable to provide services on a scheduled day.</td>
<td>Individual Providers may utilize up to 4 hours per pay period with a maximum of 30 hours/year. HSP may approve up to 4 additional hours each pay period with a maximum of 30 hours/year.</td>
<td>No approval Pre-approval; may require Post-approval as needed.</td>
</tr>
</tbody>
</table>

### Exception Submission

- The Customer must submit a written request using either the HSP Pre-Approval Request for Overtime Exception form (IL488-2272) or the Post-Approval Request for Overtime Exception form (IL488-2271) as appropriate. Requests should be submitted to the local HSP office.
Individual Provider Training & Orientation

- Forms are available through the HSP local offices and on the DHS website at: [drs.illinois.gov/hsp/ot](http://drs.illinois.gov/hsp/ot)
- Exception requests must be completed in full including all required signatures as appropriate.
- Requests for an Overtime Exception before the overtime happens can be submitted using the HSP Pre-Approval Request for Overtime Exception form (IL488-2272).

*Important!* Use of Overtime under a pre-approved exception category should not begin until the Customer receives notification that the request has been approved.

- Requests for an exception under the Unique/Complex Needs category should include a completed Medical Documentation for Overtime Exception Request form (IL488-2270) signed by the physician.
- Requests for an Overtime Exception after the overtime has happened can be submitted using the Post-Approval Request for Overtime Exception form (IL488-2271).

*Important!* Post-approval requests must be submitted as soon as the need is known or within 5 business days thereafter.

- Post-approval requests received after the allowed time period will be denied and the overtime will be considered an occurrence per 89 IL Admin Code 686.1570 (Unjustified Overtime and Sanctions).

Exception Review

- The HSP local office will date stamp and review the Overtime Exception request for completion on the day it is received in the local HSP office.
- The HSP counselor will then recommend or not recommend the request based on the information provided on the exception request, case information, and Overtime Policy guidelines.
- For Medicaid Managed Care Organization (MCO) enrolled Customers, the local HSP office will send the Overtime Exception request directly to Central Office once it is date stamped; Central Office will outreach the Customer’s MCO for a recommendation.

*Important!* Recommendations should be provided to Central Office within 5 business days of the request receipt date; Central Office will make the final determination to either approve or deny the Overtime Exception request.

Exception Notification

- HSP Central Office will notify Customers in writing of any final determination for Overtime Exceptions within 30 days of receipt of the request (date stamped on form).
- Any final determinations will be case noted in WebCM.
- Email notifications will be sent to the HSP Counselor or MCO as appropriate.

*Important!* Customers have the right to appeal any final determinations.

Noncompliance

Noncompliance occurs if the use of IP overtime is unjustified.

- Overtime is unjustified when the Individual Provider hours worked in excess of 45 hours in a work week are not approved under an Exception by HSP.
- Both the Customer and the Individual Provider will be notified in writing each time use of overtime is found to be unjustified.

If noncompliance is determined, the following steps may occur:

- 1st Noncompliance occurrence of unjustified overtime, HSP may:
  - inform the Individual Provider and Customer in writing that he or she is noncompliant due to a first occurrence of unjustified use overtime;
  - please note that further occurrences will not occur until after this notification is received
  - review applicable Overtime requirements with the Customer, and remind the Customer that it is his or her responsibility to manage the Individual Provider’s use of time;
  - document in a Case Note in WebCM.
Individual Provider Training & Orientation

- **2nd Noncompliance occurrence of unjustified overtime, HSP may:**
  - inform the Individual Provider and Customer in writing that he or she is noncompliant due to a second occurrence of unjustified use of overtime:
    - please note that further occurrences will not occur until after this notification is received
  - inform the Customer that, if unjustified use of overtime continues, his or her Individual Provider may be suspended from the HSP.
  - document in a Case Note in WebCM.

- **3rd Noncompliance occurrence of unjustified overtime, HSP may:**
  - inform the Individual Provider in writing that he or she has been temporarily suspended under HSP for 3 months;
  - inform the Customer in writing that his or her Individual Provider has been temporarily suspended for 3 months;
  - document in a Case Note in WebCM.

**Continued noncompliance**

- Individual Providers who have been **suspended 3 times** for Overtime Policy noncompliance will be terminated from the program.
- HSP will notify the Individual Provider and Customer in writing that the Individual Provider has been terminated from the HSP.
- IPs who have been terminated due to noncompliance may reapply to the program after a period of 12 months except in cases of substantiated fraud, abuse, neglect, or exploitation.
- When an Individual Provider is terminated, the Customer may:
  - replace the Individual Provider with another qualified Individual Provider; or
  - change to an agency provider.
- When a Customer has multiple Individual Providers terminated due to noncompliance, the HSP counselor may:
  - notify the Customer that his or her Service Plan will be amended to an agency provider;
  - document in a Case Note in WebCM and maintain a copy of the Service Notice in the Customer’s case file.
- When a Customer has continued noncompliance with other HSP requirements in addition to the overtime noncompliance, the HSP counselor may:
  - notify the Customer that his or her Service Plan will be amended to an agency provider;
  - document in a Case Note in WebCM and maintain a copy of the Service Notice in the Customer’s case file.

**Related Definitions**

- **Overtime** - the time worked by an Individual Provider for an HSP Customer(s) that exceeds 40 hours in a work week.
- **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.

**Reference in Illinois Administrative Code**

89 IL Admin Code 676.30, 677.200, 684.10 - 684.50, 684.100, and 686.1500-686.1570

**Other Reference**

29 CFR Part 552
# Time Sheet Instructions

Note: Staff should continue to use the Santrax EVV system for electronic reporting of daily start and stop time.

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

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

## Helpful Hints
- Write the exact time as provided via the EVV Santrax call.
- Consider using a highlighter to note changes in address or rate of pay.
- Use Blue or Black ink.
- Complete the timesheet in full; failure to do so may delay payment.

## Santrax numbers:

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
<th>Multiple Customers in home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-855-347-1770</td>
<td>1-855-347-0771</td>
<td>1-844-684-7391</td>
</tr>
<tr>
<td>1-855-573-0726</td>
<td>1-855-573-1726</td>
<td>1-844-786-7495</td>
</tr>
</tbody>
</table>

Revised 9-24-14
DHS Mastercard Form (this is for training purposes only)

State of Illinois - Department of Human Services

Illinois Debit MasterCard Payment Option Form

If you chose the Illinois Debit MasterCard®, 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 (1-866-338-2544) 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 62702

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: ___________________________  Middle Initial: ___________________________

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

Mailing Address:  (Indicate Street, Apartment Number, 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. 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) 557-0030 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: ___________________________  Date: ___________________________

Signature: ___________________________

Please retain your Illinois Debit MasterCard until you receive your next payment by check or direct deposit.
Additional Training Opportunities for Individual Providers

Paid Training Opportunities

▲ Bathing and Bed Making—Complete day-to-day work with the safest and most effective techniques that protect a consumer’s dignity as well, including: making an occupied bed, bathing consumers, and assisting consumers with grooming and personal hygiene.

▲ Working with a Consumer who is Depressed—Recognize the signs of depression and learn how to respond to a consumer who is coping with this difficult illness while managing your own personal reactions. Find out where to go when you or the consumer need help.

▲ Nutrition and Exercise for people with Physical Disabilities—Apply the latest guidelines on nutrition, exercise, and other healthy living habits that have been shown to improve the lives of people.

▲ First Aid and CPR*—Learn to recognize and respond to cardiac, breathing and first aid emergencies and to use an Automatic External Defibrillator.

▲ Universal Precautions—Protect yourself and the consumer from infection and disease.

▲ Body Mechanics and Safe Lifting—Prevent injury with proper body mechanics.

▲ Reporting Fraud, Abuse, Neglect, and Exploitation—Identify signs of abuse, neglect, exploitation and fraud and learn what to do if you see the signs.

▲ Strengthening Communication Skills—Respond to challenging situations with effective verbal communication skills.

▲ Independent Living Philosophy—Find out what the Independent Living Philosophy means to people with disabilities and how it guides our work.

▲ Working Effectively with Consumers to Solve Problems—Manage personal and work boundaries and explore ways to present a problem constructively to the consumer/employer.

*You will not be paid for attending First Aid and CPR, but will receive certification valid for 2 years.

Benefits to IPs include...

▲ 3 hours pay at current hourly wage—up to $300 extra each year

▲ SEIU METC Certificate upon successful completion of training

▲ Networking with other IPs in the area

▲ Chance to earn professional training that will improve job performance and become more marketable for job opportunities in the future

▲ Encouraging more positive relationships between IP and Consumer

▲ Improved safety and health of IP and Consumer

SEIU HCII Member Resource Center (866) 933-7348
New Hire Orientation FAQ

1. Who is my employer?
   The customer is your employer. The customer-employer is in charge of hiring and firing. Your tasks will be
deleagated by the customer-employer from the DHS Service Plan which is an official document created by
the customer-employer and DRS Counselor. If you did not get a copy of the customer’s service plan, you
must request one from the DHS-DRS Care Coordinator or the Managed Care Organization.

2. How often will I be paid?
   You will be paid bi-monthly—twice per month. Pay dates vary so refer to the individual Provider Payroll
Schedule (Handout #11) for exact dates. For example, what you work during July 1-15th shall be paid on or
about August 5th; what you work July 16-31st shall be paid on or about August 20th. Make sure all
required paperwork has been turned in and processed and your Time Sheet is submitted on time and
accurately completed. IPs should receive payment via their Illinois Debit MasterCard®, direct deposit or
paper check on the designated day.

3. What do I need to do in order to be paid?
   IPs must call into the EVV system from the Customer’s telephone at the beginning and end of the visit to
report hours worked. IPs must write down the exact time from the EVV call on the paper HSP Timesheet
(Handout #14). IPs should submit timesheets up to 5 State workdays after the last day of the Pay Period.
Make sure the timesheet is completed accurately as listed on Handout #10 and is signed by both you and
your customer.

4. Where & How do I submit my timesheets?
   IPs can submit Time Sheet two ways: 1) Mail to your local DRS office or 2) Drop-off in person to your local
DRS Office.

5. 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-employer no longer needs your services. All IP
unemployment insurance benefits and earnings follow the Illinois Department of Employment Security
(IDES) guidelines.

6. How do I know if I qualify for Health Insurance?
   Eligibility is based upon the number of hours that are reported to the union’s Health & Benefit Fund by the
state. In order to become eligible, an IP must work on average 120 hours or more per month for three
consecutive months for the customer-employer. After becoming eligible, IPs will continue to be eligible if
they work an average of 60 hours per month (See Handout #16). In order to know how many hours have
been reported, contact SEIU Health Fund at 773-385-9300 or toll free at 877-734-8543 (Mon – Fri
8:30am-5:00pm).

7. How can I get involved in my Union?
   Call the Member Resource Center (MRC) at 866-933-7348. If you have questions about your job, about
benefits, about upcoming events and classes you can get information from the MRC.

8. If I am looking for a job references for another job, who can be a reference for me?
   Your employer—the customer—can be your reference.
New Hire Orientation FAQ (continued)

9. How can an IP request an Employment Verification?
Individual Providers may obtain employment verifications from the State of Illinois. The information is limited but includes: the 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.

10. What is the difference between the SEIU HCII & Helen Miller SEIU METC?
SEIU (Service Employees International Union) Healthcare IIMK is a union for service employees who work in Childcare, Nursing Homes, Hospitals, and Home Healthcare. Helen Miller SEIU METC (Member Education and Training Center) is a nonprofit organization founded in 2007 to provide training to workers in the healthcare and child care industries.

11. How soon will I be paid for attending my New Hire Orientation or METC Trainings?
To be paid within 21 business days after the class date, IPs need to be sure we have a copy of your latest pay voucher and you have completed your W-9 tax form. If you have questions about this, please contact Member Resources at 866-933-7348.

12. Who can I contact to resolve a paycheck dispute?
An IP has three options:
To find out when your time sheet was processed and when your pay is being issued you can contact the automated DHS number: at 1-800-804-3833 (V) or 1-877-434-1082 (TTY).
You can contact your local DHS-DRS office to see if you're able to resolve your paycheck dispute on your own.
You can also contact the Union's Member Resource Center at 866-933-7348 to take action on your pay check issue.

13. What are Centers for Independent Living?
A Center for Independent Living, or CIL, is "a non-residential, community-based organization, directed and managed by persons with disabilities, which is dedicated to the philosophy that all people with disabilities have the right and the responsibility to make choices to control the direction of their lives and participate fully and equally in their communities." (http://www.incli.org/)

14. What happens if I get hurt at the consumer-employer'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 Union's Member Resource Center at 866-933-7348.
15. How can I receive a duplicate W2 if the original document is lost/stolen/damaged?

Duplicate 2016 W-2 documents can be requested from the HSP Central Office beginning February 15, 2017. **ALL REQUESTS MUST BE SUBMITTED IN WRITING**, preferably using the HSP Duplicate W2 Request Form. A request form can be obtained from your DRS local office. Also, IPs can mail a request to HSP Central Office - Labor Relations Unit, 100 S. Grand Avenue East, Springfield, IL 62762 and/or fax a request to 217/ 557-9434 or 217/ 557-1042.

All requests must include the IP’s name, 9-digit Social Security Number, address, phone number, email address and signature. Also, duplicate W-2s cannot be emailed or faxed to IPs. A replacement duplicate W2 is sent directly from the Illinois Comptroller’s Office (IOC) and turnaround/processing time may take up to two weeks and will be sent back to the requestor via mail only.

17. What could prevent an IP from receiving a duplicate W2?

It is very important that IPs maintain a correct address with the State's database system throughout the year to ensure receipt of his or her original W2 form. The IOC will only issue a duplicate W2 if the IP’s new address matches the address on the State’s database.

18. How to ensure that the State database has your correct address, phone number and email?

If an IP has moved, you should complete an updated W4 with your new address. This will help to ensure that you receive important communication form the State of Illinois. To ensure timely receipt of your W2, you should file any address change or update before December 1.

For all other questions and/or concerns, call SEIU's MRC at 866-933-7345!
Health Insurance for DHS/DRS
Individual Provider Eligibility—2016

SEIU Health Fund: 773-385-9300 or 877-734-8543

Personal Assistants Calculation Eligibility 2017

Initial Eligibility
120 hours per month for three months (360 hours total in the quarter).
*Please Note: You must work at least one hour in each month in the quarter.

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Continuing Eligibility
60 hours per month for three months (180 hours total in the quarter)
*Please Note: You must work at least one hour in two out of the three months in the quarter.

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