

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 Vocational Rehabilitation (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.

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 individual customers.
- **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.

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 will be processed by DRS staff.

Managed Care Organizations (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 these 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 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 (<http://www.dhs.state.il.us/page.aspx?item=29736>) 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 (<http://www.dhs.state.il.us/page.aspx?module=12&officetype=7>) 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).

2 Service Plan



State of Illinois
Department of Human Services - Division of Rehabilitation Services
HOME SERVICES PROGRAM SERVICE PLAN

Customer Name: Jane Doe Interim Addendum
 Case Number: _____ Formal Addendum No. _____
 Next Redetermination Date: _____ Redetermination Date: _____

TASK	Type Service	Days/Month	HRS/Day	HRS/Month
<input checked="" type="checkbox"/> Eating	PA	31	.50	15.50
<input checked="" type="checkbox"/> Bathing	PA	31	.50	15.50
<input checked="" type="checkbox"/> Grooming	PA	31	.25	7.75
<input checked="" type="checkbox"/> Dressing	PA	31	.50	15.50
<input checked="" type="checkbox"/> Transferring	PA	31	.50	15.50
<input checked="" type="checkbox"/> Incontinence	PA	31	.75	23.25
<input type="checkbox"/> Managing Money				
<input type="checkbox"/> Telephoning				
<input checked="" type="checkbox"/> Preparing Meals	PA	31	1.0	31.00
<input checked="" type="checkbox"/> Laundry	PA	15	1.0	15.0
<input checked="" type="checkbox"/> Housework	PA	5	1.0	5.0
<input checked="" type="checkbox"/> Outside Home	PA	5	2.0	10.0
<input checked="" type="checkbox"/> Routine Health	PA	31	.25	7.75
<input type="checkbox"/> Special Health				
<input type="checkbox"/> Being Alone				
<input type="checkbox"/> Other				
Total Hours/Month:				<u>161.75</u>

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State of Illinois
Department of Human Services - Division of Rehabilitation Services
HOME SERVICES PROGRAM SERVICE PLAN

Customer Name: Jane Doe Interim Addendum
 Case Number: _____ Formal Addendum No. _____
 Next Redetermination Date: _____ Redetermination Date: _____

Type Service	Total HRS/Week	Total HRS/Month	Rate	Subtotal
PA	<u>37.18</u>	<u>161.75</u>	<u>\$13.00</u>	<u>\$2,102.75</u>

TOTAL MONTHLY ESTIMATED SERVICE COST \$2,102.75

PERSONAL ASSISTANT BACK-UP: John Doe

I have been given the choice of care in my home or in a nursing home. I choose to remain at home and agree that the plan of services described above will allow me to remain there. I understand that my eligibility for these services and the appropriateness of this service plan will be reviewed yearly, every six months, or more often if my situation changes. I have been given a copy of this Service Plan and of the Customer Rights and Responsibilities brochure (HSP:1). These documents have been explained to me and I understand the contents of both.

x Jane Doe
Customer Signature

Parent, Representative, Witness

1-6-17
Date

Susan City
HSP Counselor/Case Mgr.

1-6-17
Date

Distribution: Original - customer
Copy - case file
Copy - each service provider

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3 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 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 judgement concerning privacy simultaneously with IP

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 Individual Providers 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 their 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 Billing Practices 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 5 State of Illinois business days after the end of the pay period (refer to pay schedule)
- 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 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 question after contacting the Provider Information Line, please call your local HSP office for assistance.

5 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:** **Calling OUT:**
- Your Santrax ID.
 - 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.

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 instruction for the FVV call process. If this is not an FVV call, press pound (#) and continue.*

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

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

🔊 Santrax will say, "Enter task ID"

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

Task ID	Description
11	CNA
12	LPN
13	Personal Assistant
14	RN

6 Time Sheet Instructions

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

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

District: 344 **1**

Case Number: 04928401 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) 762-2722 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 **4**

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

6

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

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

8 FOR OFFICE USE ONLY

DHS Payment Approval: _____ Date: _____ Gross: _____ Auth: _____

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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:

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 09-24-14

7 HSP-Payroll-Schedule—2020



State of Illinois
Department of Human Services

Home Services Program Individual Provider Payroll Schedule 2020

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

**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)

Learning Outcomes

- ✓ Understand the Individual Provider Overtime Policy
- ✓ Understand a work week versus a pay period
- ✓ Understand responsibilities when working for multiple 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 sanctions up to and including termination from the program.

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 and 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. Customers and Individual Providers who work for multiple customers are responsible for monitoring work hours 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. This means that no provider should work more than 16 hours in a 24-hour period and no provider should work more hours than allowed on their customer's Service Plan.
5. Overtime usage will be monitored for abuse or fraud.

Work Week vs. Pay Period

Overtime is calculated by work week, but Individual Providers are paid by pay period. So 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 a pay period.

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. Providers should add together the total hours worked for each customer; this combined total should not exceed 60 hours in a work week unless a customer is approved for an Overtime Exception
3. If 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.

Unjustified Use of Overtime

1. The Overtime policy currently allows Individual Providers to work up to 60 hours in a work week versus the traditional 40-hour work week. The extra 20 hours are paid at time and one half pay.
2. Individual Providers will be given a written notification for the first three (3) occurrences of unauthorized overtime. Each written notification shall be valid for a rolling twenty-four (24) month period.
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 three (3) months.
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.

Understanding Overtime Exceptions

1. There are four overtime exceptions that a customer may apply to receive. If the customer's overtime exception request is approved, the IPs who work 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.**
 - a. Provider Capacity – applies when 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.

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. 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.

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.

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.

9 Medicaid Fraud

In the Home Services Program (HSP), Medicaid is “billed” for services Individual Providers (IPs) provide to Customers.

Medicaid Fraud – is any effort to defraud the Medicaid system. To provide false information to claim medical reimbursements beyond the scope of payment for actual services provided by billing for services not performed. Failure to deliver services when a person receives a monetary payment for those services. It is a dishonest and deliberate misuse of State and Federal funds or an intentional misleading or deceitful conduct that deprives the Illinois Home Services Program of resources.

Examples of Medicaid Fraud:

- Submit reimbursement for false or fraudulent claim for services not rendered
- Knowingly submits false information for obtaining greater compensation than what you are legally entitled for providing services
- The act of any person, who, with intent, defrauds the State for services not performed
- Billing HSP for hours that you did not work
- Billing HSP for services you did not provide
- Billing HSP twice for the same services
- Billing for services not included in the HSP Service Plan
- Charging for transporting HSP customers
- Charging for services provided by the PA when the customer was not at home, without prior approval
- 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 the customer’s name on your time sheet for the consumer
- Having the customer sign the IP’s timesheet before all services have been provided or before the end of the pay period
- The customer/provider split the payroll check
- Requesting HSP services for an unwarranted disability

Before starting work as a IP, both the customer and the IP are required to sign a statement, agreeing to “Provider Payment Policies” (See Handout **). You can avoid committing Medicaid fraud by following these policies. To report Medicaid Fraud, you should call the Medicaid Fraud Control Unit of the IL State Police at 1-888-557-9503. Remember-you can call the hotline for information or advice before deciding to report.

10 Individual Provider Payment Policies (1 of 3)



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

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.

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 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.

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

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 Provider Payment Policies (2 of 3)

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.

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 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.

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.

10 Individual Provider Payment Policies (3 of 3)

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.

11 Overview of Abuse

Abuse – is defined as an act or repeated action by an individual toward or against a customer that includes restraint, isolation or confinement that may cause harm by doing any of the following:

- ✓ Inappropriate behavior or misconduct that causes pain, injury or death to a Home Services Program (HSP) customer
- ✓ Substantial disregard of a client's rights
- ✓ Causes mental or emotional damage to a customer that results in anxiety, depression, withdrawal, agitation, fear, harm or death or a combination of such behaviors

There are many forms of abuse, and in most cases victims may be subjected to more than one type of mistreatment.

Types of Abuse:

Physical Abuse

Verbal Abuse

Sexual Abuse

Emotional/Mental Abuse

Confinement

In Illinois, 54% of adult abuse reports allege financial exploitation; approximately 23% allege physical abuse; 52% allege active or passive neglect; and 43% allege emotional abuse.

12 Physical Abuse

Physical Abuse – the non-accidental infliction of physical harm, pain or injury to a person. This includes, but is not limited to hitting, slapping, punching, biting, kicking or controlling behavior through corporal punishment.

Examples of Physical Abuse:

- In addition to the examples above
- Shoving, Tripping, pulling, twisting
- Scratching, biting, spitting
- Squeezing hard, pinching
- Burning
- Intentionally using water that is too hot or too cold (eg. for bathing)

Signs of Physical Abuse

- Unexplained injuries or complaints of pain without obvious injury
- Bruises, Skin tears, scratches, cuts
- Burns
- Arm or leg injuries
- Fatigue and lack of personal cleanliness

13 Verbal/Emotional/Mental Abuse

Verbal/Emotional/Mental Abuse – the inappropriate use of speech, sound, writing or gestures when communicating with another person. It also includes threats of harm, coercion or saying things to intentionally frighten someone.

Examples of Verbal Abuse:

- Yelling or screaming
- Threatening to punish the person
- Saying mean things or making fun of someone
- Talking to someone as if they were a child
- Talking about someone as if they weren't there
- Leaving someone stuck in bed or in a chair, without any way to get up or get out
- Not allowing someone to participate in activities
- Ignoring questions or comments
- Being silent
- Humiliating someone by leaving them naked or exposed with no privacy

Signs of Verbal Abuse

- Unusual fear or suspicions
- Refusal to talk
- Withdrawal
- Sudden change in behavior
- Denial of signs
- Unexplained depression
- Lack of interest in anything
- Change in activity level

14 Sexual Abuse

Sexual Abuse – unwanted touching, fondling, sexual threats, sexual remarks or any other inappropriate sexual activity toward a customer. Sexual abuse includes, but is not limited to sexual harassment, coercion or assault.

Examples of Sexual Abuse:

- The PA fondling the sex organs of a customer during bathing (more than is required for cleaning)
- Any sexual activity or sexual touching that happens when the customer does not want it, does not understand what is happening or is threatened or forced to participate
- A family member having intercourse with a customer who has a mental disability or who is unable to say no

Signs of Sexual Abuse

- Scratches, tears, redness, or swelling around the genitals
- Discomfort in sitting or walking
- Abnormal discharge from the penis or vagina
- Withdrawal, depression
- Unexplained signs of fear or discomfort associated with specific people

15 Confinement

Confinement – restraint or isolation of a customer for reasons other than medical. Confinement is the intentional and unnecessary restraint of a customer in a locked room, involuntary separation from his or her living area, use of physical restrains or the provision of unnecessary or excessive medication.

Examples of Confinement:

- Keeping mobility aids out of a customer's reach which prevent independence
- Moving a customer's wheelchair across the room or out of reach to limit independence to transfer and move

Signs of Confinement

- Restraint marks on arms or legs
- Rooms that lock from the outside
- Changes in the amount of soiled bedding

16 Overview of Neglect

Neglect – is defined as the failure to provide services to a customer’s service plan that are necessary to avoid or not cause physical harm, pain, mental anguish or emotional distress:

- ✓ Actions or misconduct that cause pain, injury to a customer or emotional distress
- ✓ Intentional carelessness, negligence or disregard of a customer
- ✓ Causes mental or emotional damage to a customer that results in anxiety, depression, withdrawal, agitation, fear, harm or death or a combination of such behaviors
- ✓ Causes deterioration of a customer’s physical or mental health and condition

Types of Neglect:

- **Passive Neglect**
- **Willful deprivation**
- **Self-Neglect**
- **Abandonment**

17 Passive Neglect & Willful Deprivation

Passive neglect – the failure by a caregiver to provide a customer with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of a failure to understand that person’s needs, lack of awareness of services to help meet needs, or lack of capacity to care for the person.

Examples of Passive Neglect include repeatedly:

- Telling a customer you will be back in 5 minutes, and then forgetting to come back
- Leaving a customer on the toilet and forgetting to come back
- Forgetting to help someone with an ADL
- Not following all the safety rules
- Forgetting to clean, or cleaning improperly
- Forgetting to feed a customer

Willful deprivation – purposefully denying assistance to a person who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.

Examples of Willful deprivation include:

- Not giving food or water to a customer, on purpose
- Not assisting with an ADL, when you know the person needs help
- Not taking a customer to the toilet, when you know they need to go
- Not changing or cleaning a customer who has had an accident
- Ignoring calls for assistance

18 Other Types of Neglect

Self-Neglect – failure of a customer to attend to his or her own basic care needs including food, shelter, clothing, personal hygiene or any health or medical care when he or she is responsible for that care, thus causing a danger to that person’s physical and/or mental health.

Abandonment – occurs when a designated caretaker leaves a customer to fend for him or herself. It includes elements of neglect; abandonment is the total desertion of a customer.

19 Financial Exploitation

Financial Exploitation – is defined as the misuse or withholding of a customer assets, property or financial resources to the disadvantage of the person or the profit of another.

Examples of Financial Exploitation:

- Stealing or misusing money, credit cards, jewelry or personal belongings
- Taking money from a customer – including writing a check from the customer’s account for your benefit
- Identity theft – such as taking out a loan or credit card in someone else’s name
- Cashing someone’s check without authorization
- Forging someone else’s signature
- Coercing or deceiving a customer to sign a document
- Improperly using a power of attorney or guardianship
- Writing a check from a customer’s account for your benefit
- Borrowing money from a customer even if repayment is intended
- Not listening when a customer complains of things being taken or missing
- Not returning proper change after shopping
- Eating the customer’s food without permission
- Using a customer’s money for the benefit of others and not the customer

Signs of Financial Exploitation

- Missing clothes
- Missing money – cash or from bank accounts
- Missing valuables
- Missing food
- Reports of theft by the customer
- Bills not paid (when customer lives at home)

PAs should **NOT** accept gifts or money from their customers, in case it is misunderstood later as theft or exploitation. The only exception is if the PA is also a member of the customer’s family.

How to Handle Abuse, Neglect, Financial Exploitation or Medicaid Fraud

Adult Protective Services (APS) – handles reports of alleged abuse, neglect or financial exploitation, protects & promotes the rights and quality of life for the aged and disabled individuals.

- ✓ **Provider Responsibilities** – IPs are classified as a **mandated reporter**. A mandated reporter is a person who, because of his or her profession is legally required to report suspicion of any form of abuse or neglect to the relevant authorities.
- ✓ It is crucial that IPs report any allegations of abuse, neglect or exploitation to APS. Illinois law requires them to make reports of suspected abuse for those who are unable to report for themselves.
- ✓ **Reporting mandates/requirements** – To report suspected Abuse, Neglect or Financial Exploitation call the statewide 24-hour APS hotline **1-866-800-1409 or 1-888-206-1327 (TTY)**
- ✓ **Medicaid Fraud** – Any effort to defraud the Medicaid system. To report Medicaid Fraud, call the Medicaid Fraud Control Unit of the Illinois State Police at **1-888-557-9503**

Effective July 1, 2013, legislation was passed by the Illinois General Assembly to expand the Department on Aging's current Elder Abuse and Neglect Program (now Adult Protective Services Program) to prevent abuse, neglect and financial exploitation of people with disabilities between the ages of 18-59 living in the community.

What could happen if it's not reported?

- The abuse or neglect could get worse.
- The customer could be hurt badly.
- The customer could die.
- The person doing the abuse or neglect could do it to other customers.

When should you report?

- If you see abuse, neglect, or exploitation happening
- If you see signs of abuse that don't appear to be caused by an accident
- If an adult with disabilities tells you that he or she has been harmed by a care-giver
- If there are signs that an adult with disabilities has been neglected or exploited financially

Shouldn't you be sure it's abuse before reporting?

- No. It is not the IP's job to investigate the situation. Other people are responsible for that.
- If there is no abuse, but the report was made in good faith, the person who reported it will not be punished.

Remember that you can also call the hotline numbers just to ask questions or get more information.

What will you be asked to report?

- 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.

What happens when I call the hotline?

- Your call will be answered by a hotline investigator (between 8:30 a.m. and 4:45 p.m., Monday through Friday) or by an operator. If it's an operator, he or she will get your name and phone number, so an investigator can call you back. If it's an emergency, the investigator will call you back immediately. If not, you'll be called back on the next business day.
- The investigator will listen to your report. He or she will ask questions to determine if the situation is abuse, neglect, or exploitation. If not, the investigator will help you find the person or service you need. If a formal report is taken, an investigation will begin—with immediate action if the adult with disabilities is at risk of harm.

Will my name be used?

- All reports and records of the Adult Protective Services Program are subject to strict confidentiality provisions, except as provided by law or court order.

What happens when an Investigation is launched

The Home Services Program has a Fraud Unit with staff dedicated to ensuring proper notification and follow-up on all APS allegations and investigations. The Fraud Unit will make direct reports to APS for suspected allegations of fraud, abuse, neglect & exploitation. The HSP Fraud Unit participates in the APS process when allegations of misconduct are reported:

APS Investigation and Findings

- APS will take up to 30-35 days from the Notice of Investigation to conduct the investigation
- At the close of the APS investigation, a report will be sent to the HSP Fraud Unit that indicates whether the allegations of Abuse, Neglect & Exploitation is substantiated or unsubstantiated.
- The HSP Fraud staff will send a copy of the Report of Substantiation Decision (RoSD) to all required State staff.

If the APS investigation is returned as Substantiated:

- If the RoSD is substantiated, the HSP Fraud staff will move to **unfund** the Individual Provider immediately.
- The DRS Field Office staff will contact the Customer & IP by telephone to inform them of the APS determination and send the Vendor Authorization for Services indicating the date the Individual Provider's services ended.
- The DRS Field Office staff are also required to inform the HSP Fraud Unit via email within (2) two business days of the actions taken so the APS file can be closed.

If the investigation is returned as Unsubstantiated:

- If the RoSD is unsubstantiated, the HSP Fraud staff will **lift the suspension** on the Individual Provider immediately.
- The DRS Field Office Staff will contact the Customer and Individual Provider via telephone and follow-up in writing to inform that the suspension has been lifted and the provider can resume working for the client if client so desires.
- The DRS Field Office staff will inform the Fraud Unit within (2) two business days of the actions taken so the APS file can be closed.

In addition, to working with APS, the HSP Fraud Unit investigates allegations of suspected provider and customer fraud. The results of staff investigations may initiate any of the following actions:

- IP Termination
- Recoupment of IP Overpayment
- Initiation of replacing IP services to a Homemaker Agency
- Customer case closure
- Referral to Illinois State Police (ISP) Medicaid Fraud Unit

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 PAs 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 PAs 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 PA and Consumer
- Improved safety and health of PA and Consumer

IP Training Resource Packet

(to be shared with IP as additional resource material and not part of the 2 hour training.)

1. Who is my employer?

The customer is your employer. The customer-employer is in charge of hiring and firing. Your tasks will be delegated 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 #7) for exact dates. For example, what you work during March 1–15th shall be paid on or about April 13; what you work March 16–31st shall be paid on or about April 28. 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 #4). IPs must submit timesheet up to 5 State workdays after the last day of the Pay Period. Make sure the timesheet is completed accurately as listed in Handout 4 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 or DHS/HSP takes action against an IP's employment for reasons an IP disagrees with. 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 by the State to the Union's Health & Benefit Fund. 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 A2). In order to know how many hours have been reported, or to enroll for Health Insurance, contact SEIU Health Fund at **773-385-9300** or toll free at **877-734-8543**.

7. How can I get involved in my Union?

Call the **Member Resources Center (MRC)** at **1-866-933-7348**. 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.

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 zip code. All request 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 & 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. 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 Mandatory IP Training?

To be paid within 21 business days after the class date, IPs need to submit paperwork to receive a direct deposit payment. Otherwise, you will be paid by check and will receive payment within 8 weeks after the class date.

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.incil.org/>)

14. What happens if I get hurt at the customer-employer's home?

IP's have the right to Workers Compensation, however, you must first report the workplace injury and complete a Report of Injury form. To request a Report of Injury form contact your DRS local office. If you have trouble with this, contact the Union's Member Resource Center at 866-933-734.

15. How can I receive a duplicate W-2 if the original document is lost/stolen/damaged?

A replacement W-2 documents can be requested from the HSP Central Office beginning mid-February each calendar year. **ALL REQUESTS MUST BE SUBMITTED IN WRITING**, preferably using the **HSP Duplicate W-2 Request Form**. A request 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 IPs name, 9-digit Social Security Number, address, phone number, email address and signature. Also, duplicate W-2 cannot be emailed or faxed to IPs. A replacement duplicate W-2 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.

16. 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 W-4 with your new address. This will help ensure that you receive important communication from the State of Illinois. To ensure timely receipt of your W-2, you should file any address change or update before December 1.

For all other questions and/or concerns, call SEIU's MRC at (866) 933-7348!

Health Insurance for DHS/DRS Individual Provider Eligibility

Personal Assistants Calculation Eligibility 2020

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.**

QUARTER					ELIGIBILITY DATE	MINIMUM REQUIRED HOURS
Jul-19	Aug-19	Sep-19	→		January-20	360
Aug-19	Sep-19	Oct-19	→		February-20	360
Sep-19	Oct-19	Nov-19	→		March-20	360
Oct-19	Nov-19	Dec-19	→		April-20	360
Nov-19	Dec-19	Jan-20	→		May-20	360
Dec-19	Jan-20	Feb-20	→		June-20	360
Jan-20	Feb-20	Mar-20	→		July-20	360
Feb-20	Mar-20	Apr-20	→		August-20	360
Mar-20	Apr-20	May-20	→		September-20	360
Apr-20	May-20	June-20	→		October-20	360
May-20	June-20	July-20	→		November-20	360
June-20	July-20	Aug-20	→		December-20	360

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.**

QUARTER					ELIGIBILITY DATE	MINIMUM REQUIRED HOURS
Jul-19	Aug-19	Sep-19	→		January-20	180
Aug-19	Sep-19	Oct-19	→		February-20	180
Sep-19	Oct-19	Nov-19	→		March-20	180
Oct-19	Nov-19	Dec-19	→		April-20	180
Nov-19	Dec-19	Jan-20	→		May-20	180
Dec-19	Jan-20	Feb-20	→		June-20	180
Jan-20	Feb-20	Mar-20	→		July-20	180
Feb-20	Mar-20	Apr-20	→		August-20	180
Mar-20	Apr-20	May-20	→		September-20	180
Apr-20	May-20	June-20	→		October-20	180
May-20	June-20	July-20	→		November-20	180
June-20	July-20	Aug-20	→		December-20	180

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

A3 Sample W-9

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.


Cat. No. 10231X

Form **W-9** (Rev. 11-2017)

A4 DHS Mastercard Form

(For Training Purposes Only)

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.

