

# Fiscal Agent Program – Employee Referral Processing Contacts

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Any forms that are sent back incorrectly or incomplete may cause a delay in the date you can get paid.

Please contact us to verify that all documents are correct before sending them in for processing.

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

## **Beth Flansburg**

Phone Extension: 279

Email: beth.flansburg@lkichoice.com

## **Jessica Brewer**

phone Extension: 281

Email: jessica.brewer@lkichoice.com

## **Jenny Jeidy**

Phone Extension: 219

Email: jennifer.jeidy@lkichoice.com

## **Tricia Hummel**

phone Extension: 250

Email: tricia.hummel@lkichoice.com

LKiChoice cannot instruct, or advise employees on how to complete the W4 (Federal tax form) or WT-4 (State tax form).

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

There are 3 forms in your packet that your Employer (person you are caring for) needs to sign:

- Employee and Employer Agreement
- I-9 Employment Eligibility Verification
- Documentation of Training

✓ Indicates Employee signature

X Indicates Member/Employer signature

Note(s):

Main # 1-608-326-0434

Toll Free Phone # 1-844-534-7225

Toll Free Fax # 1-844-634-7225

Email payroll@lkichoice.com

106 S Beaumont Road
Prairie du Chien, WI 53821
Website Portal: www.lkichoice.com

Website Portal: <u>www.lkichoice.com</u>



# Fiscal Employment Agency Employee Packet

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Welcome to the Self-Directed Supports Program. Your Employer has chosen to use the Fiscal Services provided by LKiChoice, a division of Lori Knapp Richland, Inc. to process your payroll.

| Your <b>EMPLOYER</b> is |       |
|-------------------------|-------|
|                         | <br>_ |

LKiChoice – Lori Knapp Richland, Inc. **IS NOT** your Employer, we <u>process payroll</u> for your Employer. Before LKiChoice can begin to process your payroll, you must provide specific information, immediately.

LKiChoice is available to assist with the paperwork. Please don't hesitate to call. Any forms that are not completed correctly will be returned to you and will delay your start date.

#### MANDATORY REPORTING:

- Remember that any Caregiver in the State of Wisconsin is a Mandatory Reporter when
  there is suspicion of abuse or neglect. Mandated reporters are people who have regular
  contact with vulnerable people such as children, disabled persons, or senior citizens.
  They are required to report when abuse is observed or suspected. Abuse could include
  physical, financial, neglect, sexual, non-appropriate care, or other concerns that the
  safety, health, or well-being of the individual is compromised. Reports can be made to
  Case Managers, local Adult or Child Protective Services, or law enforcement.
- Fraud and abuse of Medicaid is when a person knowingly cheats or is dishonest. The
  dishonesty results in a benefit such as overpayments. Medicaid fraud involves
  knowingly misrepresenting the truth to obtain unauthorized benefit. Abuse includes
  any practice that is inconsistent with acceptable practices and unnecessarily increases
  costs. Examples include recording hours on a timesheet that weren't worked,
  Employers approving hours that Employees did not work, Employee stating they
  performed cares that were not actually performed. How to report 1-877-865-3432 or
  http://www/djs/wisconsin.gov/.

**RESOURCES:** The following resources are available at www.lkfiscal.com

- FAQ Frequently Asked Questions
- Training Resources

- Fiscal Agent Form
  - Miscellaneous
- Fiscal Agent Related Resources



### **Fiscal Agent Program**

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## **Payroll Processing Contacts**

| Payron Processing Contacts                                |   |  |  |  |  |
|---|---|--|--|--|--|
| <u>Inclusa</u><br>Employers Last Name starting with A – M | <u>Inclusa</u><br>Employers Last Name starting with N – 2 |  |  |  |  |
| Michelle Caya Phone Extension: 203                        | <b>Justina Kephart</b> Phone Extension: 264               |  |  |  |  |
| <u> Lakeland Care</u>                                     | <u>Care WI</u>  |  |  |  |  |
| Jackie Simerson   | Tammy Hare  |  |  |  |  |
| Phone Extension: 210                                      | Phone Extension: 206                                      |  |  |  |  |
| La Crosse Co, Marinette Co, & Outagamie Co & Winnebago    | Menominee ITOW, My Choice, & Adams, <u>Bayfield</u>       |  |  |  |  |
| Jayne Miles   | Annie Nance   |  |  |  |  |
| Phone Extension: 205                                      | Phone Extension: 265                                      |  |  |  |  |
| LSS, Iron Co. Unified, Care WI Web, ICARE                 | Electronic Visit Verification (EVV)                       |  |  |  |  |
| Deb Milewsky  | Vicky Caya  |  |  |  |  |

Deb Milewsky

Phone Extension: 230

**Vicky Caya** 

Phone Extension: 280

## Items to remember when completing timesheet:

- Work weeks run from Sunday to Saturday and so does your authorized hours, miles, or services
- Hours should be reported in quarter hours. Ex: 12:00, 12:15. 12:30, and 12:45
- Stay within your authorized hours, miles, or services. If unsure of what your authorized hours are or what your service code is, please call your Payroll Specialist.
- Write clearly and in dark blue or black ink only and enter only one shift per line
- When working past midnight, start a new line for the new workday
- Don't write over numbers already written on timesheet. If you make an error place a line through it, initial, and write clearly next to it or on a new line.
- Have the Member/Legal Rep and Employee sign off on the timesheet after all days of service have been worked for that pay period. Date the signatures for the same date as the signatures were written.
- Put total number of hours worked on each individual timesheet
- Check your correct Funding Source at the bottom of all timesheets. If unsure of Funding Source contact your Payroll Specialist.

Main # 1-608-326-0434

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# 2022 Time Reports & Pay Schedule Information

A Time Report is a payroll time sheet submitted to LKiChoice on a scheduled basis by providers/employees of the Self-Directed Supports/Fiscal Agent Programs.

| After you complete<br>work on the following day<br>(Pay Period) | Ensure that your Time Report(s) are at the Prairie du Chien Office by (Time Report Due Date) | So that you are PAID on the following date via Direct Deposit: (Pay Date) |
|---|--|---|
| 12/16/2021 to 12/31/2021  | 01/05/2022   | 01/14/2022  |
| 01/01/2022 to 01/15/2022  | 01/20/2022   | 01/28/2022  |
| 01/16/2022 to 01/31/2022  | 02/04/2022   | 02/15/2022  |
| 02/01/2022 to 02/15/2022  | 02/18/2022   | 02/28/2022  |
| 02/16/2022 to 02/28/2022  | 03/04/2022   | 03/15/2022  |
| 03/01/2022 to 03/15/2022  | 03/18/2022   | 03/30/2022  |
| 03/16/2022 to 03/31/2022  | 04/05/2022   | 04/15/2022  |
| 04/01/2022 to 04/15/2022  | 04/20/2022   | 04/29/2022  |
| 04/16/2022 to 04/30/2022  | 05/05/2022   | 05/13/2022  |
| 05/01/2022 to 05/15/2022  | 05/19/2022   | 05/27/2022  |
| 05/16/2022 to 05/31/2022  | 06/03/2022   | 06/15/2022  |
| 06/01/2022 to 06/15/2022  | 06/20/2022   | 06/30/2022  |
| 06/16/2022 to 06/30/2022  | 07/05/2022   | 07/15/2022  |
| 07/01/2022 to 07/15/2022  | 07/20/2022   | 07/29/2022  |
| 07/16/2022 to 07/31/2022  | 08/05/2022   | 08/15/2022  |
| 08/01/2022 to 08/15/2022  | 08/19/2022   | 08/30/2022  |
| 08/16/2022 to 08/31/2022  | 09/06/2022   | 09/15/2022  |
| 09/01/2022 to 09/15/2022  | 09/20/2022   | 09/30/2022  |
| 09/16/2022 to 09/30/2022  | 10/05/2022   | 10/14/2022  |
| 10/01/2022 to 10/15/2022  | 10/20/2022   | 10/28/2022  |
| 10/16/2022 to 10/31/2022  | 11/04/2022   | 11/15/2022  |
| 11/01/2022 to 11/15/2022  | 11/18/2022   | 11/30/2022  |
| 11/16/2022 to 11/30/2022  | 12/05/2022   | 12/15/2022  |
| 12/01/2022 to 12/15/2022  | 12/20/2022   | 12/30/2022  |

Payment dates for hours worked and if timely submission of your time report:

- between the 1st and the 15th of a month, payment will be the 30th day of the same month
- between the 16<sup>th</sup> and the 31<sup>st</sup> of a month, payment will be the 15<sup>th</sup> day of the following (next) month

LATE TIME REPORTS: Time Reports received after the date indicated in the column titled "Time Report Due Date" will be processed in the next pay period. No Exceptions.

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

- Forms are available on our Fiscal Agent Services website: www.lkichoice.com
- Faxing your Time Report: (844) 634-7225 Must call 608-326-0434 to assure fax is received.
- Mailing your Time Report: 106 S Beaumont Road, Prairie du Chien, WI 53821
- Emailing your Time Report: payroll@lkichoice.com





Attention: Time reports received <u>after</u> the due date on the Pay Schedule report will be paid with the following payroll. <u>NO EXCEPTIONS</u>. The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours.

| riod Beginning:        | (M             | M/DD/YY) to Period End                                     | ing:  |   | (MM/D     | D/YY)                 |
|------------------------|----------------|--|---|---|-----------|-----------------------|
| Date<br>Month/Day/Year | Service Code   | Time In:<br>Hour: Minute                                   | AM/PN   | I Time Out:<br>Hour: Minute   | AM/PM     | Total hours<br>worked |
|                        |                |  |   |   |           |                       |
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| ge of _                |                |  | To  | otal hours for this page  | :         |                       |
| Nember/POA/Guar        | rdian          | Date signed:   | s<br>a<br>ii  | "I, the Member or Managing Party, certify that the above Employee worked the hours listed for this Member, the services were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution." |           |                       |
| Employee Signature:    |                | Date signed:   | V   | "I, the Employee of this Member, certify that the hou<br>worked and listed for this Member, were provided in<br>accordance with the care plan, and the Member was   |           |                       |
| Contact Phone Number:  |                |  | NOT in a hospital, nursing home, or institution Falsification of this timesheet is considered M Fraud and may result in dismissal from emploand/or criminal prosecution." |   | Medicaid  |                       |
|                        |                | Please check your Fund                                     | ding Sour   | rce:  |           |                       |
|                        | ☐ Menominee IT | WI Independent Car OW My Choice O ur completed and accurat | utagamie  |   | ebago Cty |                       |

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

Payroll email: payroll@lkichoice.com Website: www.lkichoice.com

Revision: 09/04/2020



Attention: Time reports received <u>after</u> the due date on the Pay Schedule report will be paid with the following payroll. <u>NO EXCEPTIONS</u>. The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours.

| riod Beginning:        | (M             | M/DD/YY) to Period End                                     | ing:  |   | (MM/D     | D/YY)                 |
|------------------------|----------------|--|---|---|-----------|-----------------------|
| Date<br>Month/Day/Year | Service Code   | Time In:<br>Hour: Minute                                   | AM/PN   | I Time Out:<br>Hour: Minute   | AM/PM     | Total hours<br>worked |
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| Employee Signature:    |                | Date signed:   | V   | "I, the Employee of this Member, certify that the hou<br>worked and listed for this Member, were provided in<br>accordance with the care plan, and the Member was   |           |                       |
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