



**Fiscal Agent Program – Employee  
Referral Processing Contacts**

***Any forms that are sent back incorrectly or incomplete may cause a delay in the date you start getting 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 F.**

Phone Extension: 279

Email: [beth.flansburg@lkchoice.com](mailto:beth.flansburg@lkchoice.com)

**Jenny J.**

Phone Extension: 219

Email: [jennifer.jeidy@lkchoice.com](mailto:jennifer.jeidy@lkchoice.com)

**Jessica B.**

phone Extension: 281

Email: [jessica.brewer@lkchoice.com](mailto:jessica.brewer@lkchoice.com)

**Tricia H.**

phone Extension: 250

Email: [tricia.hummel@lkchoice.com](mailto:tricia.hummel@lkchoice.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):** After a hire/start date is set, please watch for an email from one of the Referral Specialist that includes your Web Entry login information and user guide for entering your hours worked online for payroll processing.

Main # **1-608-326-0434**

Toll Free Phone # **1-844-534-7225**

Toll Free Fax # **1-844-634-7225**

Email [payroll@lkchoice.com](mailto:payroll@lkchoice.com)

106 S Beaumont Road

Prairie du Chien, WI 53821

Website Portal: [www.lkchoice.com](http://www.lkchoice.com)



**Fiscal Employment Agency  
Employee Packet**

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 **EMPLOYER** is \_\_\_\_\_.

LKiChoice – Lori Knapp Richland, Inc. **IS NOT** your Employer, we process payroll 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 <https://www.dhs.wisconsin.gov/fraud/index.htm>.

**RESOURCES:** The following resources are available at [www.lkchoice.com](http://www.lkchoice.com)

- FAQ – Frequently Asked Questions
- Training Resources
- Fiscal Agent Form
- Miscellaneous
- Fiscal Agent Related Resources



## Fiscal Agent Program

## Payroll Processing Contacts

### Your Payroll Specialist is marked below

<b>Deb M.</b> Phone Extension: 230	<b>Jayne M.</b> Phone Extension: 205
<b>Julie M.</b> Phone Extension: 265	<b>Justina K.</b> Phone Extension: 264
<b>Michelle C.</b> Phone Extension: 203	<b>Sarah T.</b> Phone Extension: 282
<b>Tammy H.</b> Phone Extension: 206	<b><u>Electronic Visit Verification (EVV)</u></b>  <b>Beth AP</b> Phone Extension: 284

#### Items to remember when completing timesheet:

- Work weeks run from Sunday to Saturday and so does your authorized hours, miles, or services
- Must have in and out times for each shift listed. Hours are paid in quarter hours.
- 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**  
 Toll Free Phone # **1-844-534-7225**  
 Toll Free Fax # **1-844-634-7225**  
 Email [payroll@lkichoice.com](mailto:payroll@lkichoice.com)

106 S Beaumont Road  
 Prairie du Chien, WI 53821  
 Website Portal: [www.lkichoice.com](http://www.lkichoice.com)

# 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 work on the following day ... (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 1<sup>st</sup> and the 15<sup>th</sup> of a month, payment will be the 30<sup>th</sup> 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](http://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](mailto:payroll@lkichoice.com)



106 S. Beaumont Rd.  
Prairie du Chien WI 53821  
Fax: 844-634-7225  
Phone: 608-326-0434



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

Employee Name: \_\_\_\_\_ Person Receiving Services (Member): \_\_\_\_\_

Period Beginning: \_\_\_\_\_ (MM/DD/YY) to Period Ending: \_\_\_\_\_ (MM/DD/YY)

Date Month/Day/Year	Service Code	Time In: Hour: Minute	AM/PM	Time Out: Hour: Minute	AM/PM	Total hours worked

Page \_\_\_\_\_ of \_\_\_\_\_

Total hours for this page: \_\_\_\_\_

<b>Member/POA/Guardian</b>  <b>Signature:</b> _____	<b>Date signed:</b> ____/____/____	<p>“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.”</p>
<b>Employee Signature:</b> _____  <b>Contact Phone Number:</b> _____	<b>Date signed:</b> ____/____/____	

**Please check your Funding Source:**

MyChoice/Care (MCW)    
  Independent Care - iCare    
  Inclusa    
  Lakeland Care Inc  
 Menominee ITOW    
 CLTS County: \_\_\_\_\_    
 Other: \_\_\_\_\_

*It is your responsibility to verify that your completed and accurate time report has been received by LKiChoice once you submit via mail, fax, or email. Please call us at 1-844-534-7225 to verify your timesheet(s) has been received.*

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](mailto:payroll@lkichoice.com) Website: [www.lkichoice.com](http://www.lkichoice.com)

Revision: 12/29/2021



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

Employee Name: \_\_\_\_\_ Person Receiving Services (Member): \_\_\_\_\_

Period Beginning: \_\_\_\_\_ (MM/DD/YY) to Period Ending: \_\_\_\_\_ (MM/DD/YY)

Date Month/Day/Year	Service Code	Time In: Hour: Minute	AM/PM	Time Out: Hour: Minute	AM/PM	Total hours worked

Page \_\_\_\_\_ of \_\_\_\_\_ Total hours for this page: \_\_\_\_\_

<p><b>Member/POA/Guardian</b></p> <p>Signature: _____</p>	<p><b>Date signed:</b></p> <p>____/____/____</p>	<p>"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."</p>
<p><b>Employee Signature:</b></p> <p>_____</p> <p><b>Contact Phone Number:</b></p> <p>_____</p>	<p><b>Date signed:</b></p> <p>____/____/____</p>	<p>"I, the Employee of this Member, certify that the hours worked and listed for this Member, were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from employment and/or criminal prosecution."</p>

**Please check your Funding Source:**

MyChoice/Care (MCW)   
 Independent Care - iCare   
 Inclusa   
 Lakeland Care Inc  
 Menominee ITOW   
 CLTS County: \_\_\_\_\_   
 Other: \_\_\_\_\_

*It is your responsibility to verify that your completed and accurate time report has been received by LKiChoice once you submit via mail, fax, or email. Please call us at 1-844-534-7225 to verify your timesheet(s) has been received.*

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