Illinois Department of Human Services
JB Pritzker, Governor • Grace B. Hou, Secretary

Division of Rehabilitation Services – Home Services Program

Customer Hiring a Provider - Document Packet

As a Customer of the Home Services Program (HSP), you have chosen to use Individual Provider (IP) services to meet the needs identified on your Service Plan. You will be responsible for finding and managing Individual Providers to assist you. As the employer to your Individual Provider, it is your responsibility to ensure he or she completes all the required documentation and is approved by the Home Services Program ***before*** employment for you begins. If you allow your Individual Provider to work prior to completing the requirements listed in the packet and ***before*** you receive approval from the local DRS office, HSP is not responsible for paying for the hours worked prior to the IPs approved start date.

You will need to request an Individual Provider packet from your local DRS office or your MCO Care Coordinator for each potential provider. The packet will require the Individual Provider to collect documentation, complete certain forms and return all required documents to the local DRS office. Several of these forms will require your verification and/or signature.

The following is a detailed list of documents that you will need to review and complete as indicated in order to employ an Individual Provider. Should you have questions, please contact your local DRS office or your MCO Care Coordinator for assistance.

Please review and/or complete the following documentation according to the icons described below.

- Unless Optional, documents marked with a check box (☐) must be completed, signed and submitted to the local DRS office.
- Documents marked with an exclamation point (!) should be kept for informational or future purposes and ***not*** submitted to the local DRS office.
- A brief summary of each document is located on page 2.

Relevant documents to employing an IP

☐ IL488-2112 – Individual Provider Standards
! Mind Your Business (MYB) Flyer
☐ Mind Your Business (MYB) Form (Optional)
! IL488-2400 – Last Day of Employment Form
! HSP 1W – HSP Appeal Fact Sheet
! IL488-1949W – Request for Hearing
! HSP Provider Payroll Schedule
! CDC Clean Hands Count Brochure
! HSP Fraud Brochure

Local DRS Office

Please contact your local office through the DHS home page at http://www.dhs.state.il.us or by searching "Office Locator" and Office Type of Rehabilitation Services.

IL488-2112 – Individual Provider Standards: This form is establishing basic information for your employee, the Individual Provider. Individual Providers will receive this form in their packet, but only one form per Individual Provider is required.

Mind Your Business (MYB) Flyer: This background check is optional for all Customers. We recommend you request a background check to better know who will be working in your home. The Provider will have to agree to the background check and sign the authorization form.

Mind Your Business (MYB) Form: This form is optional. Should you proceed to request a background check, you must submit the form to the address listed on the document. Please allow up to 7 days for MYB to process and return a report.

IL488-2400 – Individual Provider Last Day of Employment Form: This form must be submitted immediately if a Provider is terminated or quits from your employment. The provider may file for Unemployment Compensation Benefits and our program must assure that he/she is entitled to those benefits.

HSP 1W – Home Services Program Appeal Fact Sheet: This guide answers some general and frequently asked questions with regard to appealing a decision made by Home Services Program.

IL488-1949W – Request for Hearing: Should you disagree with a decision made by your Home Services Program (HSP) representative or feel he/she has failed to act on a request you made; complete and submit this form.

HSP Provider Payroll Schedule: This document provides important dates regarding timesheets and pay periods.

CDC Clean Hands Count Brochure: This brochure providers information on how to properly wash your hands and preventing the spread of germs.

HSP Fraud Brochure: As the employer, it is your responsibility to ensure compliance between you, your Individual Provider and HSP. This brochure provides guidance on how to prevent HSP and Medicaid fraud.

For more information on HSP, use the **DHS website** (http://www.dhs.state.il.us) by searching terms like: “DHS Office Locator”, “Frequently Asked Questions”, “HSP Payroll Schedule”, “Report Fraud”, “Report Abuse”, etc.

If you need assistance to find an Individual Provider, you can reach out to other HSP Customers, family & friends, or the Center for Independent Living (CIL) in your area.

Report Abuse/Neglect: (800) 368-1463
General DHS Helpline: (800) 843-6154
Home Care Ombudsman: (800) 252-8966