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

Division of Rehabilitation Services – Home Services Program

Individual Provider Employment Packet

Thank you for your interest in the Home Services Program (HSP)! The enclosed documents must be reviewed and completed before you can begin receiving payment for services provided to an HSP customer. Many of the enclosed forms require your information and signature and the signature of the customer you want to work for. These forms must be completed in their entirety and returned to your ***Customer's local DRS office***. If the Customer is in a Managed Care Organization (MCO), these documents will still be turned into the ***Customer's local DRS office***. The local DRS can be found using the office locator on the bottom of the DHS homepage at http://www.dhs.state.il.us . Please use your Customer's county or zip code for more accurate details.

Before You Can Work for An HSP Customer:

1. The HSP Customer you want to work for will be notified of your official start date.
2. A Santrax ID will be given to you for use in HSP's Electronic Visit Verification System (EVV).
3. You will receive a copy of a Vendor Authorization for Services and Customer Service Plan.

NOTE: If you begin working for the Customer before all the above situations occur, you risk non-payment for services.

If you are a New or Inactive IP applying to be a Provider, submit the documents below

These documents must be completed, signed and submitted to the local DRS office.
A brief summary of these documents is located on page 2.

- ☐ Copy of a current Photo ID
- ☐ Copy of Social Security Card
- ☐ Form I-9 – Employment Eligibility
- ☐ W-4 – Federal Withholding Certificate
- ☐ IL W-4 – State Withholding Certificate
- ☐ IL488-2112 – IP Standards
- ☐ IL488-1413 – Provider Agreement
- ☐ IL488-2252 – IP Payment Policies
- ☐ IL488-2262 – Waiver Agreement
- ☐ IL488-2263 – IMPACT Enrollment

These documents should be kept for informational or future purposes and not submitted to the local DRS office.

- ! IMPACT IP Form Instructional Sheet
- ! IL488-2399 – Report of Injury to a Provider
- ! Timesheet Instructions
- ! Understanding Work Week vs Pay Period
- ! HSP Provider Payroll Schedule
- ! Santrax (EVV) Call Reference Guide
- ! C-95A – Direct Deposit Form
- ! IL444-0800 – Debit Card Application
- ! CDC Clean Hands Count Flyer
- ! Official SEIU Healthcare Brochure

If you are an Active IP applying for a different Customer, submit the documents below:

These documents must be completed, signed and submitted to the local DRS office.
A brief summary of these documents is located on page 2.

- ☐ Copy of a current photo ID
- ☐ IL488-2112 – IP Standards
- ☐ IL488-1413 – Provider Agreement
- ☐ Form I-9 – Employment Eligibility
- ☐ IL488-2252 – IP Payment Policies

Copy of a Photo ID: Must be current, non-expired and issued through a Government or School Entity. (Examples include: Driver's License, State ID, Passport, Military ID, School ID, etc.)

Federal and IL W-4: These forms are used by the Illinois Department of Revenue and the IRS to collect information about your tax status and your withholding requests. The local office cannot help in completing these forms. If you need help with these forms, please contact a tax consultant.

IL488-2112 – Individual Provider Standards: This form establishes basic information between you and your employer, the HSP Customer.

IL488-1413 – Home Services Program Provider Agreement: This form establishes agreements between you and the HSP Program as well as what service type(s) you will be providing to the customer.

FORM I-9: Please complete page 1. The Customer will complete page 2 after you have provided the Customer with the acceptable documents listed in the instructions. Additional instructions can be found at https://www.uscis.gov/i-9, or can be printed at your local DRS office.

IL488-2252 – Individual Provider Payment Policies: This form provides important policies, rules and information concerning payments and potential fraud issues. Customer signature required.

IL488-2262 – Waiver Program Provider Agreement: You must enroll in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system to be an eligible Medicaid Provider.

IL488-2263 – IMPACT Individual Provider Enrollment Form: You must enroll in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system to be an eligible Medicaid Provider.

C-95A – Authorization for Deposit of Recurring Payments: If you would like direct deposit into an account at a financial institution, complete this form and return to:
DHS/Expenditure Accounting Debit Card Project, 100 S Grand Ave E, 1st Fl, Springfield, IL 62762

IL444-0800 – Illinois Debit MasterCard Payment Option Form: If you wish to receive payment through a debit card, please complete this form and return to the address listed on the document.

IL488-2399 – Report of Injury to an Individual Provider: Within 24 hours of a work-related injury, please complete this form and return to the address stated on the document.

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.

You can request Employment Verification, Duplicate W-2's*, or a Gross Earnings Statement by sending your Request, Full Name, Social Security #, Current Address/Phone #, Signature and Date to: FAX (217) 557-9434 or DHS/DRS HSP Labor Relations, PO Box 19429, Springfield, IL 62794-9429

*If requesting a Duplicate W-2, a copy of your photo ID or recent mail is required.

Report Abuse/Neglect: (800) 368-1463
General DHS Helpline: (800) 843-6154
Provider Assistance Line: (800) 804-3833 opt 2
Debit Card/Direct Deposit: (217) 785-7790
Illinois Provider Debit MasterCard: (866) 338-2944
SEIU Union: (866) 933-7348