



## INDIVIDUAL PROVIDER PAYMENT POLICIES

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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.

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

- Task outside the home will only be approved if the customer does not have adequate facilities.

Examples include: Individual Provider using a laundry facility if the Customer does not have a washer and dryer, banking and grocery shopping.

- In no instance may the Individual Provider be authorized for hours and tasks that were performed in the Individual Provider's home. Examples of tasks prohibited inside the Individual Provider's home include: doing the customer's laundry, meal preparation or supervising the customer.

Hours worked in excess of sixteen hours in a twenty-four hour period will not be authorized without approval from the customer's counselor. This sixteen hour limitation does not apply to Individual Providers providing respite services.

Individual Providers are not authorized to work for a HSP customer if that 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 is the practice of 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.



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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.

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.

Personal Assistants 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 PA's wages to cover one of the following:(1) membership costs to join SEIU, or (2) a "fair share deduction" if a PA does not join SEIU. The rates for membership, fair share and maximum monthly dues are posted on the Rehabilitation Services Provider Information section "for Providers" page at [www.dhs.state.il.us](http://www.dhs.state.il.us). 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.

\_\_\_\_\_  
Customer Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual Provider Printed Name and Signature

\_\_\_\_\_  
Date