

KANSAS AUTHENTICARE CALLING INSTRUCTIONS IDD WAIVER

TO CLOCK IN: LISTEN TO AND SELECT ALL RELEVANT PROMPTS BEFORE PRESSING BUTTONS.

1. Dial **1-800-903-4676** **FROM THE CUSTOMER'S PHONE** number that is registered with ILRC:
 - If you call from a phone number not registered with ILRC for the customer, you will NOT BE ALLOWED TO CLOCK IN/OUT, YOU WILL HEAR THE SYSTEM ASK FOR A CLIENT ID.
 - The customer must register all of their phone numbers with ILRC for the Kansas Authenticare system.
 - **Workers' phone numbers are not allowed to be registered.**
2. Enter your ID number _____ followed by the pound (#) sign.
3. To check in **PRESS 1**
4. You will hear the name of the customer you are working for. If it is correct **PRESS 1**
5. If you know your service number, **PRESS 1 to continue.**

Please enter one of the service numbers listed below and ensure you select the correct one:

- FOR IDD SELF DIRECTED PERSONAL CARE SERVICES (PCS) – PRESS 101 followed by the # (pound sign).
- FOR IDD ENHANCED CARE SERVICES (ECS) – PRESS 115 followed by the # (pound sign).
- FOR IDD OVERNIGHT RESPITE – PRESS 116 followed by the # (pound sign).

ECS (sleep cycle) must be authorized by the customers case manager and a contract with ILRC must be done in order for you to be paid for these services.

ECS is limited to a minimum of 6 to 9 hours per night. Failure to comply with these guidelines will result in your paycheck being short.

6. The system will verify your clock in with you. If the information is correct **PRESS 1**. The system will verify your clock in was successful and give the time of day.
7. **PRESS 2** to end the call.

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2. Enter your ID number _____ followed by the pound (#) sign.
3. To clock out **PRESS 2**
4. You will hear the following "Please enter the Place of Service", **ENTER 12**, followed by the pound (#) sign.
5. You will hear the name of the customer you are working for. If it is correct **PRESS 1**.
6. Enter your activity codes followed by the pound (#) sign. Activity codes are listed on the next page. The system will ask you to confirm the code is correct and prompt you to enter the next code. Once you have entered all the codes **PRESS 8** to continue.
 - For IDD ENHANCED CARE SERVICES (ECS) there are no codes to enter, **Press 8**.
7. If you have NO observation codes to enter, **PRESS 8**. If you observe a new condition, contact the customer's Care Coordinator with the insurance company.
8. The system will verify your clock out with you. If the information is correct **PRESS 1**. The system will verify your clock in was successful and give the time of day.
9. **PRESS 2** to end the call.

To check your hours, call 1-800-903-4676, listen to the automated system which gives you the options below to check your hours.

- To check hours worked this week **PRESS 3**
- To check hours worked today **PRESS 4**

ACTIVITY CODES IDD WAIVER

- 11 BATHING
- 12 DRESSING
- 13 ORAL HYGIENE
- 14 HAIR CARE
- 15 SKIN CARE
- 16 NAIL CARE
- 17 SHAVING
- 18 PROSTHETIC / ORTHOTIC ASSISTANCE
- 19 TOILETING
- 20 TRANSFER
- 21 WALKING/MOBILITY
- 22 WHEELCHAIR MANEUVERING
- 23 EATING
- 24 MEAL PLANNING/PREPARATION/CLEAN UP
- 25 SHOPPING AND ERRANDS
- 26 MEDICATIONS/TREATMENTS
- 27 TRANSPORTATION
- 28 USE OF TELEPHONE
- 29 LAUNDRY
- 30 HOUSEKEEPING
- 31 MINOR SEWING/MENDING
- 32 EXERCISES/RANGE OF MOTION ACTIVITIES
- 33 OTHER HEALTH MAINTENANCE ACTIVITIES
- 34 ASSISTANCE IN THE COMMUNITY
- 35 NON-PHYSICAL SUPPORT/SUPERVISION TO ASSURE HEALTH AND SAFETY
- 36 RETAINER SERVICES
- 37 DSW TRAINING
- 38 MONEY MANAGEMENT
- 39 TEACHING OPPORTUNITIES THAT MAY INCLUDE THERAPEUTIC OR ACADEMIC COMPONENTS
- 40 LEISURE AND /OR RECREATIONAL ACTIVITIES

CLAIM CORRECTION FORM

ATTN: CLAIM CORRECTION FORMS MAY NOT BE USED FOR BOTH A CLOCK IN AND CLOCK OUT. AT LEAST ONE TIME ENTRY MUST BE DONE THROUGH ATHENTICARE FOR THERE TO BE A VALID SHIFT.

DO NOT LIST MORE THAN ONE (1) DAY ON THIS FORM, IT WILL NOT BE PROCESSED. IF THIS FORM IS MISSING ANY INFORMATION, IT WILL RESULT IN YOUR CLAIM BEING DENIED. BE CERTAIN THAT ALL FIELDS PERTAINING TO YOUR SHIFT ARE COMPLETED BELOW BEFORE SUBMITTING THIS FORM.

YOU MAY FAX THIS FORM TO 316-942-1061, MAIL IT OR DROP IT OFF AT OUR OFFICE DURING NORMAL BUSINESS HOURS OF 8AM TO 4PM, MONDAY - FRIDAY.

IF YOU NEED ADDITIONAL CORRECTION FORMS YOU CAN PICK THEM UP AT OUR OFFICE OR REQUEST A FORM TO BE SENT TO YOU ELECTRONICALLY, PLEASE CONTACT THE PAYROLL DEPT AT 316-942-6300. YOU MAY ALSO OBTAIN FORMS ON OUR WEBSITE AT: <http://ilrcks.org/programs-services/payroll-services>

DAYTIME HOURS PCS/PAS SERVICES ONLY BELOW: TIME CANNOT EXCEED 12 HOURS IN A 24 HOUR PERIOD.

1. CUSTOMERS NAME (PRINT): _____
2. CUSTOMERS PHONE NUMBER: _____
3. DIRECT SUPPORT WORKERS NAME & ID # (PRINT): _____
4. DATE OF CORRECTION: _____
5. CLOCK IN TIME (AM / PM): _____ CLOCK OUT TIME (AM / PM): _____
6. ACTIVITY CODE(S): _____
7. REASON FOR CORRECTION: _____

NIGHT SUPPORT (ECS SERVICES) ONLY BELOW: TIME CAN BE NO MORE THAN 6 TO 9 HOURS PER NIGHT.

1. CUSTOMERS NAME (PRINT): _____
2. CUSTOMERS PHONE NUMBER: _____
3. DIRECT SUPPORT WORKERS NAME & ID # (PRINT): _____
4. DATE OF CORRECTION: _____
5. CLOCK IN TIME (AM / PM): _____ CLOCK OUT TIME (AM / PM): _____
6. REASON FOR CORRECTION: _____

Corrections are limited to 6 per month. Any corrections in excess of this limit will result in corrective action procedures. Any customer who has worker(s) who have exceeded the monthly limit 2 or more times will not be eligible for any corrections of errors or omissions for any of their worker without possible additional fees.

By signing below, you are confirming that the information above is accurate per guidelines stated by Medicaid for your Home and Community Based Services (HCBS). **Fraudulent submissions will be reported to the State of Kansas and to your MCO.**

NO ELECTRONIC SIGNATURES WILL BE ACCEPTED ON THIS FORM.

Customer Signature

Direct Support Worker Signature

July 14, 2014

Effective August 1, 2014, the following changes will be made concerning Payroll Services with Independent Living Resource Center. All Consumers will be limited to 6 clock in or out corrections in a month on behalf of their workers. As in the past, failure to clock in or out in the same day will count as 2 corrections. Once the threshold of 6 corrections in a calendar month has been exceeded, you will receive a warning letter. Upon the 2nd violation of more than 6 corrections in a month, a second letter will be sent stating that you have exceeded the monthly limit for the 2nd time. At that point, after the 2nd month of excess corrections are corrected, you will no longer be eligible for corrections of time for any reason. Any errors or clock in omissions will not be paid once you have workers who have exceeded the monthly maximum in 2 separate months.

Please note that an operational phone is a requirement to receive payroll services from Independent Living Resource Center and nonfunctioning phones are not a valid excuse. A backup phone is a very good idea in case of emergency.

We are taking these steps to become in stricter compliance with State of Kansas HCBS regulations, policies, and procedures which require the use of Authenticare. As a self-directed Consumer of services or representative of a consumer, it is your responsibility to make sure all workers are using the mandated Authenticare call in system correctly and that the proper number of hours are being called in. Failure to use the system correctly is a failure to accomplish a mandatory job function that will result in unpaid shifts if errors persist. As always, Authenticare training is available at ILRC for anyone who requests it.

Thank you,
ILRC Payroll Services

GENERAL PAYROLL INFORMATION

ILRC as fiscal agent is the payroll provider only, we are not the employer you do not work for ILRC, the customer receiving HCBS services from the State is your employer.

- Kansas Authenticare call-in system.
 - You must call from the customers registered phone number(s). It is the customer's responsibility as the employer to provide a phone for you to use. If the customer does not have a phone available for whatever the reason (broke phone, no minutes, lost phone etc.) do not work for them until a phone is provided for you, you will not be allowed to claim hours not called into the system, the Kansas Authenticare call in system is mandatory. If you decide to go ahead and work the customer will have to pay you out of their pocket.
 - Workers' phone numbers are not allowed to be registered.
- Our payroll weeks run Sunday to Saturday. Whatever day of the week you start to clock in you will be paid the following week on Thursday and every Thursday after that. On occasion it may be on a Friday.
- Direct Deposit: If you select this option the money will be automatically deposited to your bank account each Thursday, on occasion it may be on a Friday.
 - If you need to stop or change your current Direct Deposit method, you must do this before 4 pm Tuesday.
- SAFETY
 - If an accident results in injury to the Employer and the Employer has a Guardian/Designated Representative, the Caregiver must report the accident to the Guardian/Designated Representative, Care Coordinator, Targeted Case Manager and to the FMS Payroll provider as soon as possible.
 - If a work-related accident results in injury to the Caregiver, the Caregiver must report such accident to the Employer as soon as possible, but no later than 24 hours after such injury.

If you have any questions, please call our office at 316-942-6300.

GENERAL PAYROLL INFORMATION

- ADP/Wisley Bank: If you select this option the money will be automatically deposited to your card each Thursday.
 - If you lose our card you may come into our office and pick up a new temporary card, YOU will have to call ADP/Wisley Bank at 1-866-313-6901 and let them know.
 - If you have issues with your pay card such as unauthorized charges or its expired, YOU need to call ADP/Wisley Bank at 1-866-313-6901.
- Paystubs
 - You will have access to the Employee Paystub Portal. Information will be given to you on how to use it.
 - If you need a printout of your paychecks call the payroll department. There will be a charge of \$5.00 for us to print them off for you.
- Overlapping Hours.
 - Make sure when you clock in and out you are not overlapping hours with another worker. We are not able to pay time when this happens.
- Employment Verifications
 - If you need an employment verification completed you can bring the form into our office in person, email it or have it faxed to Sabrina at 316-337-5085, please make sure you do not fill out anything on the form other than your signature on the form.
- Paycheck Shortages
 - If you were not paid for all the hours, you worked. Call our Payroll Department at 316-942-6300. If they don't answer, please leave a message and they will get back to you as soon as they can.

If you have any questions, please call our office at 316-942-6300.

GENERAL PAYROLL INFORMATION

- Terminated / Quit / Assignment ended.
 - Please let Sabrina know on the next business day once your assignment has ended at 316-942-6300 Ext. 1224 so your records can be updated, and if you are interested in working for anyone else.
- Backup workers in the payroll system
 - If you go 3 months without working, you will automatically be removed from the payroll and could possibly be required to do new paperwork again.
- If you are hired by another customer.
 - You will be required to complete a payroll registration packet to work for them. Do not start working for anyone until this has been done.
- Change of Address/Name Change
 - Any changes to your personal information that is on file. Please contact Sabrina as soon as possible at 316-942-6300 Ext. 1224.
- W-2's
 - Are mailed out annually in January by the 31st to the last known address we have on file for you.

If you have any questions, please call our office at 316-942-6300.