Lori Knapp
CHOICE™
Part of the AssuranceSD Family

DIRECT CARE WORKER INFORMATION PACKET

CONTACT INFORMATION

Main Phone: 608.326.0434

Toll Free Phone: 844.534.7225

Toll Free Fax: 844.634.7225

Address: 106 S Beaumont Road
Prairie du Chien, WI 53821

Website: LoriKnappChoice.com

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DIRECT CARE WORKER INFORMATION PACKET

ENROLLMENT CONTACTS

Do not start working until all paperwork is complete and you receive a start date from Lori Knapp Choice™.

Beth F. *Extension*: 1279 beth.flansburg@LoriKnappChoice.com	**Jenny J.** *Extension*: 1219 jennifer.jeidy@LoriKnappChoice.com
Marnie R. *Extension*: 0065 marnie.robbins@LoriKnappChoice.com	**Cassandra S.** *Extension*: 1210 cassandra.stocks@LoriKnappChoice.com
Tricia K. *Extension*: 1250 tricia.kunz@LoriKnappChoice.com	**Kerrin T.** *Extension*: 1234 kerrin.thompson@LoriKnappChoice.com
Karen C. *Extension*: 1232 karen.carver@LoriKnappChoice.com	**Corissa B.** *Extension*: 0032 corissa.bothel@LoriKnappChoice.com
Anne S. *Extension*: 0044 anne.sadler@LoriKnappChoice.com	**Eimy R.** *Extension*: 0068 eimy.rodriguez@LoriKnappChoice.com

WOULD YOU LIKE TO WORK FOR MORE CLIENTS?

You can sign up at: https://loriknapp.carvinsoftware.com/

This site is available to Participants and families to find employees for caregiver support in the Participants' home.

ENROLLMENT FORM COMPLETION

Lori Knapp Choice™ cannot advise employees on how to complete the W4 (Federal Tax Form) and WT-4 (State Tax Form). Please contact your tax preparer or accountant if you need assistance or have questions.

There are three forms in your packet that your Employer (person you are caring for) needs to sign:

1. Employee and Employer Agreement
2. I-9: Employment Eligibility Verification (IRS)
3. Documentation of Training

Blue: Direct Care Worker/Employee Information and Signature

Pink: Participant/Employer Information and Signature

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DIRECT CARE WORKER
INFORMATION PACKET

PAYROLL CONTACTS

Your Payroll Specialist is highlighted below.

608.326.0434 or 844.534.7225

Brandon D. *Extension*: 1280	**Carrie L.** *Extension*: 1282
Sara G. *Extension*: 1288	**Tiffany O.** *Extension*: 1310
Catherine W. *Extension*: 1251	**Michelle C.** *Extension*: 1203
Nikki D. *Extension*: 1238	**Jennifer Y.** *Extension*: 1265
Aizek W. *Extension*: 3106	**Danielle D.** *Extension*: 3102
Aaron D. *Extension*: 0071	

TIMESHEET REMINDERS

- Work week and authorizations run from Sunday to Saturday.
- Must have an in and out time for each shift listed.
- Stay within your authorized hours, miles, or services. If you are unsure of your authorized hours or service code, please call your Payroll Specialist listed above.
- 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 Participant/legal rep and Direct Care Worker/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.
- Write the total number of hours and minutes 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.

ELECTRONIC VISIT VERIFICATION (EVV): CARETIME

608.326.0434 or **844.534.7225**

EVV CONTACTS

Tanya D. *Extension*: 1283	**Beth A-P.** *Extension*: 1284
Susan M. *Extension*: 1300	**Jennifer M.** *Extension*: 1240

EVV INFORMATION

Electronic Visit Verification is to be used for the codes below and is mandated by the federal government.

- S5125, S5126, T1019 and T1020
- **Therapy:** 92507, 07139, 97799
- **Nursing:** 99504, 99600, S9123, S9124, T1001, T1021, T1502
- **PCS:** 99509

If you are a verified Live-in provider, you are exempt from using EVV. If you have one of the codes above and you are not a verified Live-in provider, you will need to use EVV to clock in and clock out for every shift worked.

EVV REMINDERS

- EVV is required for payment of payroll as well as a 2nd form of logging your hours. Paper timesheet or the Web Entry Portal.
- CareTime punches should match your timesheet. Paper timesheet or Web Entry.
- Lori Knapp Choice™ uses the CareTime Software for the EVV Program. CareTime is a two-step process:
    1. Direct Care Worker uses the CareTime app or the Participant's landline phone to clock in/out of their shifts.
    2. The Participant or their delegate manages the CareTime portal website to edit and add shifts as well as approve all shifts at the end of each payroll.
- If a Direct Care Worker misses a punch in CareTime it will need to be corrected by the Participant, delegate, or the EVV team.

If you have any questions or issues with CareTime, contact the EVV Team.

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WELCOME TO THE SELF-DIRECTED SUPPORTS PROGRAM

Your Employer has chosen to use the Fiscal Services provided by Lori Knapp Choice™, a division of AssuranceSD, to process your payroll.

Your potential **EMPLOYER** is _____.

Lori Knapp Choice™ **IS NOT** your Employer. We process payroll for your Employer.

Before Lori Knapp Choice™ can begin to process your payroll, you are required to complete the enrollment process.

Lori Knapp Choice™ is available to assist with 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 benefits. 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 LoriKnappChoice.com:

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

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2026 PAYROLL SCHEDULE

TIMESHEET SUBMISSION:

Mail
106 S Beaumont Rd
Prairie du Chien, WI 53821

Email
payroll@LoriKnappChoice.com

Fax
844.634.7225

Please call **608.326.0434** to ensure fax or mail is received and/or for any questions.

Late Timesheets received after the date indicated in the "Timesheets Due" column will be processed in the next pay period. NO EXCEPTIONS.

Pay Period	Pay Period Starts	Pay Period Ends	Timesheets Due	Pay Date
	After you complete your last day of work for the pay period...		Ensure that your timesheet(s) are at the Prairie du Chien Office by the following date:	You will be paid on the following date via Direct Deposit.
1	12/16/25	12/31/25	01/03/26	01/15/26
2	01/01/26	01/15/26	01/18/26	01/30/26
3	01/16/26	01/31/26	02/03/26	02/13/26
4	02/01/26	02/15/26	02/18/26	02/27/26
5	02/16/26	02/28/26	03/03/26	03/13/26
6	03/01/26	03/15/26	03/18/26	03/30/26
7	03/16/26	03/31/26	04/03/26	04/15/26
8	04/01/26	04/15/26	04/18/26	04/30/26
9	04/16/26	04/30/26	05/03/26	05/15/26
10	05/01/26	05/15/26	05/18/26	05/29/26
11	05/16/26	05/31/26	06/03/26	06/15/26
12	06/01/26	06/15/26	06/18/26	06/30/26
13	06/16/26	06/30/26	07/03/26	07/15/26
14	07/01/26	07/15/26	07/18/26	07/30/26
15	07/16/26	07/31/26	08/03/26	08/14/26
16	08/01/26	08/15/26	08/18/26	08/28/26
17	08/16/26	08/31/26	09/03/26	09/15/26
18	09/01/26	09/15/26	09/18/26	09/30/26
19	09/16/26	09/30/26	10/03/26	10/15/26
20	10/01/26	10/15/26	10/18/26	10/30/26
21	10/16/26	10/31/26	11/03/26	11/13/26
22	11/01/26	11/15/26	11/18/26	11/30/26
23	11/16/26	11/30/26	12/03/26	12/15/26
24	12/01/26	12/15/26	12/18/26	12/30/26

All forms can be found on the Lori Knapp Choice™ forms page.

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2026 PAYROLL SCHEDULE

UPDATING PERSONAL INFORMATION

Please verify your mailing address on your Advice of Deposit. If your address is incorrect, please contact our office to get the **Information Change Form** to fill out and return. You can also go to our website and obtain the **Information Change Form**. If you have updated your phone number and/or email address, please also fill out the **Information Change Form** to make sure all your personal information is up to date in our system.

W2's for 2025 are required by law to be mailed out by January 31, 2026.

TIMESHEETS

Payroll periods are from the 1st to the 15th and the 16th to the 30th/31st of each month. Pay dates are on the 15th and 30th of each month. If the pay date falls on a weekend or a holiday, the pay date will be the business day before the 15th or 30th. Below is an example of our **2026 Payroll Schedule** form that is provided on the backside of this paper and can also be found on our website. This example shows the date range of work dates, return date to have timesheets to us, and pay date.

Timesheets received after the due date will be paid on the following pay date.

Pay Period	Pay Period Starts	Pay Period Ends	Timesheets Due	Pay Date
1	12/16/25	12/31/25	01/03/26	01/15/26

WHEN COMPLETING TIMESHEETS:

- Use only the most up to date/current timesheet.
- Write clearly in dark blue or black ink only.
- The Participant and Direct Care Worker both need to sign off and date the timesheet after all days of service have been worked within the pay period.
- Clearly print the Participant and Direct Care Worker names at the top of the timesheet/mileage logs.

WHEN COMPLETING TIMESHEETS (CONT.):

- **Do not use any type of whiteout on the timesheet.** If you make an error, draw a single line through it and re-write. Please initial beside the correction to ensure who made the change.
- Enter only one shift per line. When working past midnight, start a new line for the new workday.
- Put the total number of hours worked on each individual timesheet & stay within your authorized hours, miles, or services.
- Use correct service codes. Please call your Payroll Specialist with any questions on what service code(s) you may claim. Timesheets do not need to have descriptions of types of work being completed i.e., Bath, dishes, etc...
- Mark or write the Funding Source at the bottom of the timesheet.

TIMESHEET SUBMISSION

Faxing. We have a 24-hour fax line at 844.634.7225. Please call to make sure that your fax and proper # of pages were received. **Do not use your fax machine's receipt as confirmation that the fax was received by us.**

Emailing. You can email your timesheet by attaching a scan or a **clear** snapshot of your timesheet from your phone to payroll@loriknappchoice.com. You will receive an email confirmation verifying we received your complete timesheet upon receipt. LKC will email you again if the timesheet is not in order. Call our office if you do not receive an email confirmation.

Web Entry (Online time sheet entry). Online entry requires both you and your Employer/Member to have computer access and separate email addresses to allow for online submission of timesheets. This eliminates your need to complete a paper timesheet. Web Entry is accessible anywhere you have access to the internet. You can view and approve all shifts with a click of a button. You also have access to reports to view hours, employee paycheck information, and account statements.

ELECTRONIC VISIT VERIFICATION (EVV) UNDER THE CARETIME APP

It is **your** responsibility to use EVV for clocking in and out, if your Employer's SPC code is S5125, S5126, T1019, T1020, S9123, S9124, or T1502 and you **do not** live with your Employer. You will also need to complete paper timesheets or Web Entry which should match your clock in and out via EVV.

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TIMESHEET

Timesheet Checklist

Is my legal name on the TS?

Is my Participant's legal name on the TS?

Did I fill in the correct pay period with the correct start and end dates?

Example (See schedule for dates):

Pay Period Begins: (MM/DD/YYYY) 07 / 01 / 2024

Pay Period Ends: (MM/DD/YYYY) 07 / 15 / 2024

Did I review that all my hours are accurate?

Did I sign and date my TS?

Did my Participant sign and date my TS?

Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.

Did I make sure the hours submitted are worked on or before the TS due date and signed date?

Did I use standard time (not military time)?

Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?

Did I make sure I did **NOT** use white-out to make corrections?

Did I round to the nearest 15 min?

MARKING INSTRUCTIONS FOR TIMESHEET

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes. **Do not write outside of the boxes.**

Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in a delay of payment.

Once all check boxes are checked, please submit your timesheet to Lori Knapp Choice™.

Is there an emergent issue and one party (member) is unable to sign?

Please note the timesheet, submit the timesheet according to schedule, and call to speak with our payroll specialist. We can request approval from the care team but require time to do so.

OFFICE USE ONLY

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TIMESHEET

Direct Care Worker Name: _____ Participant: _____

Pay Period Beginning (MM/DD/YYYY): _____ Pay Period Ending (MM/DD/YYYY): _____

ATTENTION: Timesheets received after the payroll schedule due date will be paid with the following payroll. NO EXCEPTIONS. Lori Knapp Choice™ is not responsible for paying hours that exceed the authorized hours. Falsification of this timesheet is considered Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Do not use white-out to make corrections.

Date (MM/DD/YY)	Service Code	Time In (HH:MM)	Time Out (HH:MM)	Total Hours
		☐ AM ☐ PM	☐ AM ☐ PM	
		☐ AM ☐ PM	☐ AM ☐ PM	
		☐ AM ☐ PM	☐ AM ☐ PM	
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Page: _____ of _____ For any questions or concerns, please contact our office at 608.326.0434. **Service Hours Total:** 0

MEMBER / POA / GUARDIAN

"I, the Participant, certify that the above Direct Care Worker worked the hours listed, the services were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

DIRECT CARE WORKER

"I, the Direct Care Worker of this Participant, certify that the hours worked and listed were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

Signature must be dated on or after the last day worked. This is a legal document.
A wet signature from both parties is required.

Signature _____ Date _____

Signature _____ Date _____

Email _____ Phone _____

PLEASE CHOOSE YOUR FUNDING SOURCE: [SELECT ONE]

Submit Timesheet to Lori Knapp Choice™

If completing a printed timesheet, write in your correct Funding Source / County Name.

It is your responsibility to verify that your completed and accurate timesheet has been received by Lori Knapp Choice™ once submitted via mail, fax, or email. Please allow 48 hours before verification contact.

Mail
106 S Beaumont Rd
Prairie du Chien, WI 53821

Email
payroll@LoriKnappChoice.com

Fax
844.634.7225

OFFICE USE ONLY

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TIMESHEET

Direct Care Worker Name: _____ Participant: _____

Pay Period Beginning (MM/DD/YYYY): _____ Pay Period Ending (MM/DD/YYYY): _____

ATTENTION: Timesheets received after the payroll schedule due date will be paid with the following payroll. NO EXCEPTIONS. Lori Knapp Choice™ is not responsible for paying hours that exceed the authorized hours. Falsification of this timesheet is considered Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

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Date (MM/DD/YY)	Service Code	Time In (HH:MM)	Time Out (HH:MM)	Total Hours
		☐ AM ☐ PM	☐ AM ☐ PM	
		☐ AM ☐ PM	☐ AM ☐ PM	
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DIRECT CARE WORKER

"I, the Direct Care Worker of this Participant, certify that the hours worked and listed were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

Signature must be dated on or after the last day worked. This is a legal document.
A wet signature from both parties is required.

Signature _____ Date _____

Signature _____ Date _____

Email _____ Phone _____

PLEASE CHOOSE YOUR FUNDING SOURCE: [SELECT ONE]

Submit Timesheet to Lori Knapp Choice™

If completing a printed timesheet, write in your correct Funding Source / County Name.

It is your responsibility to verify that your completed and accurate timesheet has been received by Lori Knapp Choice™ once submitted via mail, fax, or email. Please allow 48 hours before verification contact.

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106 S Beaumont Rd
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