



# *Lori Knapp* **CHOICE**<sup>TM</sup>

Part of the AssuranceSD Family

## DIRECT CARE WORKER INFORMATION PACKET

### CONTACT INFORMATION

**Main Phone:** 608.326.0434

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

**Toll Free Phone:** 844.534.7225

**Website:** LoriKnappChoice.com

**Toll Free Fax:** 844.634.7225



## 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™.**

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

### 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**



## DIRECT CARE WORKER INFORMATION PACKET

### PAYROLL CONTACTS

Your Payroll Specialist is highlighted below.

**608.326.0434 or 844.534.7225**

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

### 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.



## DIRECT CARE WORKER INFORMATION PACKET

### ELECTRONIC VISIT VERIFICATION (EVV): CARETIME

608.326.0434 or 844.534.7225

### EVV CONTACTS

<b>Tanya D.</b> <i>Extension: 1283</i>	<b>Beth A-P.</b> <i>Extension: 1284</i>
<b>Susan M.</b> <i>Extension: 1300</i>	<b>Jennifer M.</b> <i>Extension: 1240</i>

### 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.**

## 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



## 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.

### 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.

### 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](mailto: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.



## 2026 PAYROLL SCHEDULE

### TIMESHEET SUBMISSION:

Mail	Email	Fax
106 S Beaumont Rd Prairie du Chien, WI 53821	payroll@LoriKnappChoice.com	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.



## Timesheet

***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 hrs. before verification contact.***

**Employee Name:** \_\_\_\_\_ **Person Receiving Services (Member):** \_\_\_\_\_

**Pay Period Beginning (MM/DD/YY):** \_\_\_\_\_ **Pay Period Ending (MM/DD/YY):** \_\_\_\_\_

**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.

Page \_\_\_\_\_ of \_\_\_\_\_

**Total hours for this page:** \_\_\_\_\_

### Member/POA/Guardian

"I, the member or managing party, certify that the above employee worked the hours listed for this member, the services were provided in accordance with the care plan, and the member was NOT in a hospital, nursing home, or institution.

Signature:

Date signed:      /      /

## Employee

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

Signature:

Date signed:      /      /

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MyChoice     CareWi (MCW)     Independent Care - iCare     Inclusa     Lakeland Care Inc  
 Menominee ITOW     CLTS County:     Other:

**Submit Timesheet to Lori Knapp Choice™ at: 106 S Beaumont Rd. Prairie du Chien, WI 53821.**

Fax # 1-844-634-7225.

QR Payroll email:

Or via email:  
payroll@LoriKnappChoice.com

Website: LoriKnappChoice.com PH # 1-844-534-7225

Revision: 02/09/2024

OFFICE USE ONLY



## Timesheet

***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.***

**Employee Name:** \_\_\_\_\_ **Person Receiving Services (Member):** \_\_\_\_\_

**Pay Period Beginning (MM/DD/YY):** \_\_\_\_\_ **Pay Period Ending (MM/DD/YY):** \_\_\_\_\_

**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.

Page \_\_\_\_\_ of \_\_\_\_\_

**Total hours for this page:** \_\_\_\_\_

### **Member/POA/Guardian**

"I, the member or managing party, certify that the above employee worked the hours listed for this member, the services were provided in accordance with the care plan, and the member was NOT in a hospital, nursing home, or institution.

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Employee

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

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **Please check your Funding Source:**

MyChoice     CareWi (MCW)     Independent Care - iCare     Inclusa     Lakeland Care Inc  
 Menominee ITOW     CLTS County:     Other:

**Submit Timesheet to Lori Knapp Choice™ at: 106 S Beaumont Rd, Prairie du Chien, WI 53821,**

Fax # 1-844-634-7225,

OR Payroll email:

payroll@LoriKnappChoice.com

Website: LoriKnappChoice.com PH # 1-844-534-7225

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