

# Overview of New Payment Voucher for In-Home hourly care workers

As a result of changes in federal Department of Labor (DOL) Fair Labor Standards Act (FLSA) laws In-Home Services Programs are now required to track hours worked per day by HCW/PSWs. It is very important to ***write clearly*** on this voucher. If staff cannot read the information ***you cannot be paid***.

You will only receive one copy of the new voucher for each service period. It is important that you keep a separate record of your time in case your voucher is misplaced or there is a question about any of the information reported. **See *Provider Time Tracking Sheet (pages 7 – 8)***.

**The front page** of the voucher now includes instructions and examples to help you complete the voucher. The ‘*How to fill in your new voucher*’ portion of the voucher explains the required fields needed to correctly complete your voucher. It also shows examples of an HCW/PSW reporting a split shift after taking a 30 minute break from 12:00 pm until 12:30 pm. The example also shows reporting a graveyard shift crossing over midnight. The HCW/PSW splits their shift that started at 8:30 pm on the 9<sup>th</sup> and ended at 4:00 am on the 10<sup>th</sup>. The first shift has an end time of 12:00 am and the second part of the shift has a begin time of 12:00 am.

**Provider Statement of Understanding:**

Payments will be made based on time in and time out reporting. Vouchers submitted without time in and time out fields completed will not be processed. Payment will not be made for any services provided over the maximum authorized unless prior approved by a case manager. The total hours provided field is optional and is intended to provide additional validation of hours worked.

HCWs may not impose any other charges or costs to the consumer-employer (*recipient*), the Department, Area Agency on Aging or any CDDP/Brokerage under this agreement. Any falsification or concealment of a material fact may be prosecuted under federal and state laws.

**If for any reason you do not understand this information contact legal representation.**

**How to fill in your new voucher**

The following fields must be completed to be accepted as a correctly completed voucher.\* Please remember, you cannot be paid if your voucher is not correctly completed.

1. In the ‘Date’ column enter the month and day that you are working (e.g., 09/02)
2. In the ‘Start Time’ column enter the time you begin your shift (e.g., 10:00, 10:30, 11). *Make sure to mark AM or PM*
3. In the ‘End Time’ column enter the time you completed your shift (e.g., 2, 2:30). *Make sure to mark AM or PM*
4. In the ‘Mileage Provided’ field enter total service mileage provided for the pay period.

\*The ‘Total hours provided’ field is not required for voucher to be accepted.

Recipient name:				Recipient #:			
Provider name:				Provider #:			
Representative name:				Case worker:			
Service period auth:				Service period worked: 9/2/15 - 9/10/15			
Total hours authorized: @ SRATE				Total hours provided: <del>17:31</del> OPTIONAL			
Mileage authorized: @ SRATE				Mileage provided: ④ 15			
①	Date	② Start Time		③ End Time			
	9/2	9:00	AM	12	AM	3	
	9/2	12:30	AM	3:47	AM	3:17	
	9/5	9	AM	12:45	AM	3:45	
	9/9	8:30	AM	11:59	AM	3:29	
	9/10	12:00	AM	4	AM	4	

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The **second page** of the voucher has the service plan authorization information at the top. Each time you receive a voucher you should confirm that information in this area is correct, including;

- ❖ The recipient name
- ❖ Recipient #
- ❖ Your name and your provider #,
- ❖ The Case worker information,
- ❖ The service period auth.,
- ❖ The hours authorized, and
- ❖ Any mileage that was authorized.

Recipient name: Recipient, Sample A		Recipient #: AA###A#AA	
Provider name: Example A Provider		Provider #: #####	
Representative name:		Case worker: RK STR	
Service period auth: 01/01/2016 – 01/15/2016		Service period worked:	
Total hours authorized: 40 @ \$13.75		Total hours provided: OPTIONAL	
Mileage authorized: 10 @ \$0.48		Mileage provided:	

If any of this information is incorrect contact a worker right away.

The **second page** also has the new time tracking columns where you will report your shift information. Each time you go to work or begin providing an authorized service from the task list for your consumer/employer you will report the date, the time you began working and the time you finished working being sure to clearly mark AM or PM.

Date	Start Time	End Time	
	AM PM	AM PM	
	AM PM	AM PM	
	AM PM	AM PM	
	AM PM	AM PM	
	AM PM	AM PM	
	AM PM	AM PM	
	AM PM	AM PM	

The **third page** is a continuation of hourly shifts that you provided, if you run out of space contact the local office and track your shifts on notebook paper or on your time tracking sheet.

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The fourth page (back page) has a new section for *Notes to Case Worker*. This is an opportunity to provide some care notes to the case worker on a regular basis. It will help both you and the case manager track changes to your consumer/employer's condition over time.

**It is not to be used to report or request extra hours or vacation.**

The lower portion of the voucher has the signature fields for you and your consumer/employer. This area must be signed by both you and your employer **after** all services have provided for the authorized period. If your employer is unable or unwilling to sign the completed voucher contact a case worker right away.

Notes to Case Worker (attach additional pages as needed):

I affirm that the services reported on this voucher are for actual dates and times I worked by delivering the service/supports on the consumer-employer's task list. The hours I am claiming do not exceed the total hours authorized to me and were delivered according to the consumer-employer's service plan. I understand that these vouchers will be audited periodically, and that the information reported is true, accurate and complete.

➡ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I no longer work for the consumer-employer as of \_\_\_\_\_ (Last day worked)

By signing this voucher, I affirm that the hours reported on this voucher are for actual dates and times worked by the provider delivering the authorized services/supports and do not exceed the total amount of hours authorized in the service plan.

**FOR APD & AMH EMPLOYERS ONLY:** I designate the Department an agent for the purpose of doing all that is required by myself pursuant to Section 3504 of the Internal Revenue Code (This designation is not applicable if the payee is a private firm or agency employee).

➡ Employer/Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For DD Only:** CDDP/Brokerage Review: This voucher has been reviewed and is consistent with the consumer-employer's service plan and authorized service limits.

➡ CDDP/Brokerage Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_