iLIFE
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IRIS Participant-Hired Worker Paperwork
Participant-Hired Worker Welcome Packet

Contents

Updated: 12/29/23

2024 IRIS Payroll Payment Schedule

Pay Period	Pay Period Start Date Sunday at 12:00 AM	Pay Period End Date Saturday at 11:59 PM	Due Date Friday	Pay Date Friday
P1	12/03/23	12/16/23	**12/22/23**	01/05/24.
P2	12/17/23	12/30/23	**01/05/24**	01/19/24
P3	12/31/23	01/13/24	**01/19/24**	02/02/24
P4	01/14/24	01/27/24	**02/02/24**	02/16/24
P5	01/28/24	02/10/24	**02/16/24**	03/01/24
P6	02/11/24	02/24/24	**03/01/24**	03/15/24
P7	02/25/24	03/09/24	**03/15/24**	03/29/24
P8	03/10/24	03/23/24	**03/29/24**	04/12/24
P9	03/24/24	04/06/24	**04/12/24**	04/26/24
P10	04/07/24	04/20/24	**04/26/24**	05/10/24
P11	04/21/24	05/04/24	**05/10/24**	05/24/24
P12	05/05/24	05/18/24	**05/24/24**	06/07/24
P13	05/19/24	06/01/24	**06/07/24**	06/21/24
P14	06/02/24	06/15/24	**06/21/24**	07/05/24
P15	06/16/24	06/29/24	**07/05/24**	07/19/24
P16	06/30/24	07/13/24	**07/19/24**	08/02/24
P17	07/14/24	07/27/24	**08/02/24**	08/16/24
P18	07/28/24	08/10/24	**08/16/24**	08/30/24
P19	08/11/24	08/24/24	**08/30/24**	09/13/24
P20	08/25/24	09/07/24	**09/13/24**	09/27/24
P21	09/08/24	09/21/24	**09/27/24**	10/11/24
P22	09/22/24	10/05/24	**10/11/24**	10/25/24
P23	10/06/24	10/19/24	**10/25/24**	11/08/24
P24	10/20/24	11/02/24	**11/08/24**	11/22/24
P25	11/03/24	11/16/24	**11/22/24**	12/06/24
P26	11/17/24	11/30/24	**12/06/24**	12/20/24

- Each pay period begins on the listed Sunday at 12:00 AM and ends two weeks later on the listed Saturday at 11:59 PM.
- Timesheets may be submitted from the pay period end date to the dute date.
- Please make sure timesheet is complete and correct before submitting to iLIFE.

Submit Timesheets via:

Email: IRIS.TimeReports@iLIFE.org
Fax: 414-937-2034
Mail: P.O. Box 80439, Milwaukee, WI 53208
Milwaukee Drop Box: 2020 W. Wells St., Milwaukee, WI 53233

(11/2023)

Electronic Visit Verification (EVV)
What you need to know to get started with EVV

Electronic Visit Verification, or EVV, is a way of electronically verifying your clock in and clock out times as a participant-hired worker in your program. EVV will be required if you provide personal care or supportive home care services in the IRIS program.

Please be advised that both EVV visits and a timesheet is required for EVV services.

The three methods of submitting EVV are Mobile Visit Verification (MVV) through a software application called Sandata Mobile Connect (SMC), which is accessible on a smart device; Telephonic Visit Verification (TVV), which uses the participant's landline phone; or Fixed Visit Verification (FVV), which utilizes a small device that stays at the participant's home.

EVV is required for personal care and supportive home care services, in daily and per 15 minute increments. The specific service codes for your program and information on how to get started with EVV can be found in the resource links below.

Resource	Description	Link
iLIFE's EVV Webpage	Guides, forms, and general information on EVV.	https://bit.ly/3Jkt0iy
EVV Options (Text Form)	A brief description of each of the three EVV options.	https://bit.ly/2IpGNrT
EVV Options (Interactive Form)	An interactive form to help decide which EVV option would be best for you.	https://bit.ly/3lYzSmZ

Please Note: You may be exempt from EVV if you are a live-in worker. A live-in worker is defined as the following:

For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the member or participant receiving services. Additionally, a person could be considered a live-in worker if both of the following criteria are met and the documentation above is provided:

- The worker permanently resides in a two-residence dwelling such as a side-by-side duplex or upper-and-lower home where the member or participant receiving services lives in the other half of the dwelling AND;
- The worker is a relative of the member or participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage, to the member or participant.

iLIFE received your live-in status via the IRIS Participant-hired Worker Relationship Identification Form. As a reminder, please alert iLIFE and your IC within seven (7) days if your live-in status changes since this may impact your need to submit EVV.

Questions? Call iLIFE at 888-800-5599 or send us an email at IRIS.EVV@iLIFE.org

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IRIS Participant-Hired Worker Timesheet

Participant-Hired Worker Number:

Day of Week	Date MM / DD	Service Code	Service Code	Service Code	Service Code
Sun	/	.	.	.	.
Mon	/	.	.	.	.
Tue	/	.	.	.	.
Wed	/	.	.	.	.
Thu	/	.	.	.	.
Fri	/	.	.	.	.
Sat	/	.	.	.	.
Total Hours - Week 1					

Day of Week	Date MM / DD	Service Code	Service Code	Service Code	Service Code
Sun	/	.	.	.	.
Mon	/	.	.	.	.
Tue	/	.	.	.	.
Wed	/	.	.	.	.
Thu	/	.	.	.	.
Fri	/	.	.	.	.
Sat	/	.	.	.	.
Total Hours - Week 2					

Participant-Hired Worker First Name:

Participant-Hired Worker Last Name:

Participant First Name:

Participant Last Name:

Pay period Begins: (MM/DD/YYYY)

Pay period Ends: (MM/DD/YYYY)

Participant-hired workers may not be paid more than the service amount authorized on the participant's plan.

SUBMIT TIMESHEETS:

Fax: 414-937-2034

Email: IRIS.TimeReports@iLIFE.org

Mail: iLIFE, P.O. Box 80439, Milwaukee, WI 53208

Please call iLIFE at (888) 800-5599 with any questions on how to complete this form.

The **Participant Employer/Guardian and Participant Hired Worker** certify that the information provided on this time report is a true and accurate statement of services provided and, also understand that payment for services provided is subject to payroll, tax, and withholding rules.

Participant-Hired Worker Signature: _____

Date: | MM | / | DD | / | YYYY |

Participant Signature: _____

Date: | MM | / | DD | / | YYYY |

TIMESHEET TIPS

Empower yourself to be successful with IRIS and iLIFE.

iLIFE PORTAL

Submitting timesheets is even easier with the iLIFE Portal! Send and review timesheets online, and get up-to-date budget information.

• Call 1-888-800-5599 to sign up or visit ilife.org/programs/iris/portal/ to learn more.

HOW TO SUBMIT

When submitting your timesheet, keep a copy of the complete timesheet for your records.

Only submit your timesheet once. Timesheets may be submitted using any one of the following methods:

• Email to IRIS.TimeReports@iLIFE.org

• Mail to P.O. Box 80439, Milwaukee, WI 53208

• Fax to:
  • 414-937-2034
  • 414-908-9237
  • 414-921-1117
  • 262-735-0620
  • 715-203-0340
  • 920-227-2580
  • 888-809-1224

• Drop off at our office or at the tan iLIFE drop box at:
2020 W. Wells St., Milwaukee, WI.

If dropping off in our office, remember to drop off before 4:30 p.m. on the due date.

You have 6 (six) days to submit your timesheet after the pay period end date. It is recommended to submit your timesheet a few days before the due date in case extra time is needed to resubmit a correction.

HOW TO COMPLETE

• Timesheets must be accurate, complete and submitted on time.

• Every timesheet must be signed and dated by both the participant and the participant-hired worker.

• Every timesheet must include:
  • Participant-hired worker name (printed)
  • Participant-hired worker number
  • Pay Period Begins and Ends dates
  • Participant name
  • The days and hours worked
  • Service codes for hours worked
  • Total hours worked for each service
  • Participant-hired worker and participant signatures (with dates that are on or after the last day worked on the timesheet)

• Double-check each timesheet before turning it in. Incorrect or incomplete timesheets may not be processed.

IMPORTANT

Incomplete or illegible forms may not be processed for payment. If corrections are not received until after the due date, pay is not processed until the next pay period—no exceptions.

For personal care and routine supportive home care services, Electronic Visit Verification (EVV) must be submitted in addition to the timesheet to be compliant with IRIS policy.

If you have questions, please call iLIFE at 1-888-800-5599.

iLIFE

IRIS Participant-Hired Worker Timesheet

Participant-Hired Worker Number:

Participant-Hired Worker First Name:

Participant-Hired Worker Last Name:

Participant First Name:

Participant Last Name:

Pay period Begins: (MM/DD/YYYY)

Pay period Ends: (MM/DD/YYYY)

Participant-hired workers may not be paid more than the service amount authorized on the participant's plan.

SUBMIT TIMESHEETS:

Fax: 414-937-2034

Email: IRIS.TimeReports@iLIFE.org

Mail: iLIFE, P.O. Box 80439, Milwaukee, WI 53208

Please call iLIFE at (888) 800-5599 with any questions on how to complete this form.

Day of Week	Date MM / DD	Service Code	Service Code	Service Code
Sun	/			
Mon	/			
Tue	/			
Wed	/			
Thu	/			
Fri	/			
Sat	/			
Total Hours - Week 1				

Day of Week	Date MM / DD	Service Code	Service Code	Service Code
Sun	/			
Mon	/			
Tue	/			
Wed	/			
Thu	/			
Fri	/			
Sat	/			
Total Hours - Week 2				

The Participant Employer/Guardian and Participant Hired Worker certify that the information provided on this time report is a true and accurate statement of services provided and, also understand that payment for services provided is subject to payroll, tax, and withholding rules.

Participant-Hired Worker Signature: _____ Date: MM / DD / YYYY

Participant Signature: _____ Date: / /

SAMPLE

Timesheet Instructions

1. In the time reporting area (on the left):
   a. In the Date column, write the dates for each day of the pay period.
   b. In the Service Code columns, write the service code abbreviation for each service provided.
   c. For each day worked, write the total numbers of hours worked for each service in the appropriate Service Code column.
   d. In the Total Hours row, write the total hours worked for each Service Code.
2. In the worker/participant information area (on the right):
   a. Fill in all requested information.
3. The participant-hired worker and participant sign and date the timesheet (at the bottom).
4. Submit the timesheet to iLIFE by the due date.

Marking Instructions

- Write in BLACK or BLUE ink only. Do not use pencil.
- Write as large as possible without touching the sides of the boxes or extending outside of them.

✔ CORRECT

S	H	C			
4	.	2	5		

✘ INCORRECT

S	H	C			
	4	.	2	5	

✘ INCORRECT

S	H	C			
4	.	2	5		

Ways to Submit

Email: IRIS.TimeReports@iLIFE.org

Mail: iLIFE, P.O. Box 80439, Milwaukee, WI 53208

Drop Box: 2020 W. Wells Street, Milwaukee, WI 53233

Fax: 414-937-2034

Alternate Fax Numbers: 414-908-9237; 414-921-1117; 262-735-0620; 715-203-0340; 920-227-2580; 888-809-1224

Common Service Code Abbreviations

Service Type	Timesheet Abbreviation
Supportive Home Care - Routine	SHC
Supportive Home Care - Supervision	SS
Supportive Home Care - Companion Care	CC
Supportive Home Care - Chores	C
Personal Care	PC
Respite	R

For a full list of service types and abbreviations, contact your IRIS Consultant.

Guidelines

- Hours worked should not exceed authorized hours. IRIS does not guarantee payment for any hours worked beyond those authorized.
- Both the participant employer and participant-hired worker must sign and date the timesheet. Both signatures must be dated on or after the last day worked.
- Record hours for only one pay period per timesheet. For pay period dates, see the payroll schedule.
- Record hours for only one employer/employee per pay period per timesheet. If an employee works for multiple participants, he/she will need a different timesheet for each participant employer for each pay period.
- Timesheets must be submitted by the due date listed on the payroll schedule. (This will typically be every other Friday.)
- Please allow 3-5 business days to receive your paper check in the mail. We are unable to process a stop payment request until five (5) business days after the pay date.

Sample Timesheet Area

Dates for that workweek.

Code abbreviation for service provided.

Code abbreviation for next service provided.

Day of Week	Date MM / DD					Service Code S H C			Service Code P C		
Sun	0	3	/	1	7	1 . 7	5		.		
Mon	0	3	/	1	8	3 . 5	0		.		
Tue	0	3	/	1	9	4 . 0	0		.		
Wed	0	3	/	2	0	3 . 0	0		. 5	0	
Thu	0	3	/	2	1	3 . 0	0	3 . 2	5		
Fri	0	3	/	2	2	4 . 2	5	1 . 0	0		
Sat	0	3	/	2	3	3 . 5	0	1 . 0	0		
Total Hours - Week 2						1 7 . 7 5		6 . 2	5		

Total hours for the service in this column (SHC) for the week.

Total hours for the service in this column (PC) for the week.

Total hours for the service in this column for that day (Sunday, 3/12).