



# **IN-HOME SERVICES REIMBURSEMENT POLICY**

## **Purpose**

This policy establishes requirements and procedures for submitting and processing **reimbursement requests and vendor invoices** to ensure timely payment, compliance with approved support plans, and proper fiscal oversight.

This policy **only** applies to:

- Participants and Support Managers submitting reimbursement requests
- Vendors submitting invoices for approved goods and services
- Lifeworks staff responsible for reviewing, approving, and processing payments

## **Policy**

### **Submission Deadlines and Processing Schedule:**

1. Reimbursement requests and vendor invoices **must be submitted by Wednesday at 5:00 p.m.** in order to be paid on **Friday of the following week**.
2. Requests received after the deadline or missing the required documentation will not be processed for payment the following week.
3. If required documentation is missing, incomplete, or the participant's budget does not show approval for the requested expense, the request **will not be processed** until all required items are received and verified.

### **Submission Frequency and Time Limits:**

1. Reimbursement requests and vendor invoices must be submitted **within 60 days** of the purchase date or date of service.
2. Each reimbursement request or vendor invoice must include **only one month of expenses per form or invoice**.
  - Example: if you have items to be reimbursed for the months of May and June, two forms are to be completed.

### **Eligibility and Budget Authorization:**

**Consumer Support Grant (CSG), Consumer Directed Community Supports (CDCS), Community First Services and Supports (CFSS) Only:**

1. All items or services requested for reimbursement must be included in the participants' approved support plan or an approved addendum.
2. Goods and services may only be reimbursed up to the approved dollar amount listed in the support plan or budget.



3. The following cannot be reimbursed:

- Tips or gratuities
- Expenses paid using Supplemental Nutrition Assistance Program (SNAP), store credit, etc.
- Items not otherwise approved in the support plan

### **Individualized Home Supports (IHS) and Respite Only:**

1. Mileage reimbursement for employees providing IHS or Respite services is authorized by Lifeworks annually.

### **Required Approvals**

1. Employee's signature is required on all mileage reimbursement requests
2. The Support Manager's signature is required on all reimbursement requests
3. Requests submitted without required approval will not be processed.

### **Required Documentation for Reimbursements**

#### **CSG/CDCS/CFSS Services:**

All reimbursement requests must include complete and legible documentation showing proof of payment, including:

- Date of purchase or service
- Description of the item purchased, or service provided
- Total amount paid
- Proof of full payment, such as:
  - Receipt showing payment in full
  - Invoice marked "paid in full"
  - Itemized credit card receipt including credit card information showing card type and last four digits

#### **IHS or Respite Services:**

Mileage reimbursement requests must be submitted on the designated Lifeworks Mileage Reimbursement Form and must include complete information in all required fields, including:

- Date of travel
- Start and end point, including complete addresses
- Total number of miles driven
- Cost calculation
- Driver's/Support Manager's signature

All mileage reimbursement requests submitted by employees providing services under IHS or Respite must meet the following requirements:

- Travel must occur within the State of Minnesota.



- The client must be physically present in the vehicle during all billable mileage.

Mileage that does not meet these criteria is **not eligible** for reimbursement.

### **Incomplete or Non-Compliant Requests**

1. Requests submitted with incomplete information missing documentation, missing signatures, or those not submitted on the correct Lifeworks Reimbursement Form will not be processed. These will be returned upon receipt for correction and resubmission.
2. All corrected requests must be resubmitted within 60 days of the purchase date or date of service to be eligible for reimbursement.
3. Reimbursement requests that fail to meet the required policy criteria will not be processed.

## **Resources**

- Lifeworks Reimbursement forms can be found at <https://www.lifeworks.org/resources/>
- If you have questions regarding mileage, goods, or services reimbursements, please email [reimbursements@lifeworks.org](mailto:reimbursements@lifeworks.org)
- If you have any other questions, please contact your Service Coordinator

## **Definitions**

### **Addendum**

A written and approved plan change or supplement to a participant's support plan that authorizes additional or revised goods, services, or funding.

### **Approved Support Plan**

The current, authorized plan that outlines services, goods, and budget limits approved for the participant. Only items included in the support plan or an approved addendum are eligible for reimbursement.

### **Budget**

The authorized funding amount approved for a participant's services and reimbursable expenses. Reimbursement may not exceed the approved dollar amount.

### **Invoice**

A bill submitted by a vendor or participant requesting payment for goods or services provided, including service dates, who received the service, description of the service provided, and total cost.

**Mileage Reimbursement**

Payment for approved travel expenses based on documented miles driven multiplied by the approved mileage rate.

**Proof of Payment**

Evidence showing that an expense has been fully paid, such as a receipt marked "paid in full," credit card receipt (including card type and last four digits), processed check, or equivalent verification.

**Reimbursement Request**

A formal request submitted for repayment of approved out-of-pocket expenses incurred on behalf of a participant.

**Support Manager**

An individual authorized to act on behalf of a participant, when applicable, for purposes of managing services and submitting reimbursement requests.

**Vendor**

An individual or business that provides goods or services to a participant and submits invoices for payment.