0	Yes (sh	ould not be pa	aid ov			xemp	t fron	Om Overtime Payments? No (should be paid overtime wages)						
		_ _			ARIS	Solu	tion	s Time Sheet						
EMPL	OYEE N	NAME:				LAST FOUR DIGITS OF SS #								
CONS Was the If <u>YES</u> ,	UMER N Consume	NAME:er admitted to the dates the O	a ho Consu	spital ımer v	or nursing how	me du	ring a	AGENCY ny of these dates? arged from the hos	Y: Yes pital or	_ N	No sing home			
	MOS'	T SERVICE	S CA	NNO'	T BE PAID V	_		o, why not: \(\triangle \text{Quit}\)						
Program Consumer Receives Support Adult Family Care-Respite				C		lex C	hoice	es		0	Family Managed Respite/IFS-R			
0	Childre	Children's Personal Care Services (CPCS)			CFC—N	CFC—Moderate Needs					Attendant Se			
0	Choices	Choices for Care (CFC)			Develop	Developmental Services (DS)					Traumatic Bi	rain Injury (TBI)		
Date		Start Time	A M	P M	End Time	A M	P M	Pay Rate			ice Code k for Codes)	# of Hours Worked		
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PRINT	EMPLO		Œ					EMAIL/P	_ I	OAT	`E			

Time Sheets must be submitted according to the payroll schedule. Faxed, E-Mailed and Electronic time sheets must be received by 12:00PM on Monday of the payroll week. Late time sheets will be processed for the next regularly scheduled program pay date.

Mail timesheets to: ARIS SOLUTIONS

PO BOX 4409

WHITE RIVER JUNCTION, VT 05001

Secure Fax: 1-888-604-0361 Secure Email: aristime@arissolutions.org
Contact 800-798-1658 or financial@arissolutions.org with any questions

Universal Timesheet (Version 6) July 2018

Program	Service	Service Code	Minimum Rate*	Employer Tax*		
Adult Family Care-Respite	Respite (Hourly)	AFCR	\$11.30/hour	13.09%		
		AFCR	\$172.00/day	13.09%		
Children's Personal Care Services (CPCS)	Personal Care	PC	\$11.30/hour	12.4%		
Choices for Care (CFC)	Personal Care	P	\$11.30/hour	13.09%		
	Respite	R	\$11.30/hour	13.09%		
	Companionship	С	\$11.30/hour	13.09%		
CFC—Flex Choices		Flex	\$11.30/hour	13.09%		
CFC—Moderate Needs	Home Care	НС	\$11.30/hour	13.09%		
Developmental Services	Individual Admin	ADMIN	Variable Based on Indi	vidual Support Plan		
	Service Coordination/Planning	A01	\$11.30/hour	11.38%		
	Adaptive Van Payments	AVE	Variable Based on Individual Support Pla			
	Community Supports (Individual)	B01	\$11.30/hour	11.38%		
	Community Support (Group)	B02	\$11.30/hour	11.38%		
	Job/Employment Supports	C04	\$11.30/hour	11.38%		
	Respite (Hourly)	D01	\$11.30/hour	11.38%		
	Respite (Daily)	D02	\$172.00/day	11.38%		
	Clinical Assessment	E01	\$11.30/hour	11.38%		
	Home Supports	H01	\$11.30/hour	11.38%		
	Transportation	TRANS	Variable Based on Individual Support			
Family Managed Respite (FMR)	Respite (Hourly)	S5150	\$11.30/hour	11.38%		
(11111)	Respite (Daily)	S5151	\$172.00/day	11.38%		
Attendant Services—GF	Personal Care	P	\$11.30/hour	8.90%		
Attendant Services—PDAC	Personal Care	P	\$11.30/hour	12.15%		
Traumatic Brain Injury (TBI)	Respite (Hourly)	TBI	\$11.30/hour	11.38%		
	Respite (Daily)	TBI	\$172.00/day	11.38%		

Services listed in red can be provided to an individual while s/he has been admitted to the hospital

The employer is responsible to ensure all employees meet program qualifications around who can be paid. For more information about Employee Minimum Qualifications, please consult the Medicaid and program manuals for the specific program.

Differences in Employer Tax rates are based on program-specific use of Unemployment /Workers' Compensation Insurances



To learn more about **e-TIMESHEETS** go to <u>www.arissolutions.org</u>

Contact 800-798-1658 or <u>financial@arissolutions.org</u> with any questions

^{*}This information may change; please consult the ARIS Solutions website (www.arissolutions.org), your case/program manager or Program Handbook to be sure that you have the most up-to-date information.