(should not be p	aid ov	ertime	wages)			O No (shou	ld be p	aid o	vertime wages)	
			ARIS	Solu	tion	s Time Sheet				
E NAME:						LAST FO	UR I	OIGI	TS OF SS#_	
R NAME:						AGENCY	7 •			
	o a ho	spital	or nursing ho	ne du	ring a	ny of these dates?	Yes_	N	10	
ovee continue	to wo	rk for	vou? OYes	\bigcirc No) If no	o, why not: ○Ouit	⊖ Fi	red (OLaid Off Eff	ective Date:
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				VHIL	Æ PA	RTICIPANT IS A	ADMI	TTE	D TO A HOSE	PITAL
				'hoice	· c	O Family Managed			uged	
Respite				110100	20					
O Children's Personal Care			CFC—Moderate Needs					0	Attendant Se	
Services (CPCS)									Attendant Se	rvices—PDAC
O Choices for Care (CFC)			Develop	Developmental Services (DS)					Traumatic Br	rain Injury (TBI)
		l l								
Start	A	P	End Time	A	P	Pay Rate		Serv	ice Code	# of Hours
Time	M	M		M	M	-	(See	Bac	k for Codes)	Worked
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	R NAME:	R NAME:	R NAME: Inner admitted to a hospital te the dates the Consumer was loyee continue to work for DST SERVICES CANNO's sumer Receives Supports at Family Careite dren's Personal Care ices (CPCS) Ces for Care (CFC) Start A P Time M M OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	R NAME: Jumer admitted to a hospital or nursing hore to the dates the Consumer was admitted to loyee continue to work for you? Yes	R NAME: Imer admitted to a hospital or nursing home due the dates the Consumer was admitted to and loyee continue to work for you? Yes Note of the dates of the	R NAME: Inner admitted to a hospital or nursing home during at the dates the Consumer was admitted to and discharge to the dates the Consumer was admitted to and discharge the dates the Consumer was admitted to and discharge the dates the Consumer was admitted to and discharge the dates the Consumer was admitted to and discharge the dates to work for you? OYes ONO If no OST SERVICES CANNOT BE PAID WHILE PAISUMER Receives Supports from: It Family Care- It Fam	R NAME:	R NAME:	R NAME:	R NAME:

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 7) January 2019

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 Indiv	idual Support Plan	
	Service Coordination/Planning	A01	\$11.30/hour	11.38%	
	Adaptive Van Payments	AVE	Variable Based on Indiv	idual Support Plan	
	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 P		
Family Managed Respite (FMR)	Respite (Hourly)	S5150	\$11.30/hour	11.38%	
(2.1.221)	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%	
ALL PROGRAMS	Sick Time (Hourly)	Sick Time		Program Specific	

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 (<u>www.arissolutions.org</u>), your case/program manager or Program Handbook to be sure that you have the most up-to-date information.