

ARIS SOLUTIONS

EMPLOYER HANDBOOK



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Contents

Introduction.....	3
Employer Role and Responsibilities	3
Definitions.....	2
Getting Started	5
Become an Employer	6
Hire Employees	7
Employee Restrictions	9
State of Vermont Background Check Policy.....	10
Agency of Human Services, Adult Protective Services and Child Abuse Registry ..	11
Vermont Criminal Information Center	11
Vermont DMV Record Request	11
Other Background Checks	12
Background Check Variances	12
Unemployment and Workers' Compensation Insurances	12
Electronic Visit Verification ("EVV")	13
Timesheets	15
Filling out Timesheets	15
Overnight or 24-hours Respite:	16
Sending in Timesheets	17
Timesheet Deadline	18
Late Timesheets	19
Common Timesheet Issues	20
Adding or Changing Employers	21
<i>Adding an Employer: One Budget</i>	22
Paychecks.....	23
Wages.....	24
Overtime	26
How to know if you need to pay overtime	27
Variances Related to Overtime	28
Approved Budgets.....	29
Employer Spending Reports	29
Budget Problems	30
Employer Payroll Taxes	31
Vermont Earned Sick Time	32
Eligibility	32
Vermont Earned Sick Time Accrual	32
Sick Time Usage	32
Medicaid Fraud	33
Examples of Medicaid fraud	33
False Claims Act ("FCA")	34

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Introduction

ARIS Solutions (“ARIS”) is a Fiscal/Employer Agent. This means ARIS provides payroll and administrative services for individual employers who hire and supervise their own employees. The State of Vermont contracts with ARIS to provide this service for people who are employers for services funded through Attendant Services Program—General Funds (“ASP”), Attendant Services Program-Medicaid (“PDAC”), Brain Injury Program-Respite (“BIP”), Children’s Personal Care Service (“CPCS”), Choices for Care (“CFC”), including, Adult Family Care Respite (“AFCR”), Flexible Choices (“Flex Choices”) and Moderate Needs Group, Developmental Disabilities Services Home and Community Based Services (“DS Waiver”), Family Managed Respite (“FMR”).

Employer's Role and Responsibilities

Becoming an employer is an important undertaking and employers should understand the obligations before accepting the role. Employers have many responsibilities including hiring, training, and supervising employees. As an employer, you are responsible for determining that the right services are provided, and that you and your employees are following State, Federal and program rules.

Along with case managers, program managers, and services coordinators, ARIS is here to support you as you take on these responsibilities.

Depending on which supports are authorized, the roles and responsibilities of the employer might be different. Here are some general things that as an employer, you will need to do:

- Understand and follow program requirements
- Understand what services are funded
- Recruit and choose qualified employees
- Interview applicants and carefully check references before offering someone the job
- Explain the job to your employee(s)
- Make sure employment forms are completed and submitted to ARIS
- Train employees to do specific tasks
- Develop a work schedule for your employee
- Plan for back-up coverage, as needed
- Supervise employees, as needed

- Terminate employee(s) when necessary
- Comply with Electronic Visit Verification (EVV) by making sure employees use the EVV solution and review and correct visits as needed and required by the program
- Complete and submit timesheets to ARIS on time
- Let ARIS know of any timesheet changes (no later than Monday of each pay week)
- Be able to answer questions about wages and hours worked and visits entered in the EVV system
- Review the Employer Spending Reports from ARIS to keep track of how much money is available
- Pay your employees out of pocket if you run out of money in the budget, if the consumer budget ends, if the consumer loses Medicaid eligibility, or if shifts worked are not in compliance with program rules such as EVV.

Definitions

Adult Family Care Respite: Adult Family Care is a 24-hour care and support option in Choices for Care in which participants live-in and receive services from an Adult Family Care (AFC) Home. As part of this option, AFC Home Providers are authorized a respite budget to manage to provide planned breaks or respond to unplanned situations.

Attendant Services Program: The Attendant Services Program supports personal care services for adults who need physical assistance with activities of daily living to remain in their homes and the community. Applicants must be able to direct their own attendant care services.

The Attendant Services Program provides support to individuals who are Medicaid eligible but may also be available to individuals who are not Medicaid eligible based on funding availability.

Background Check Policy: This policy describes when a background check is required, what is included in the background check and what is done if a background check reveals a potential problem.

Brain Injury Program (BIP)—Respite: The Brain Injury program supports Vermonters, with a moderate to severe brain injury, in home- and community-based settings. BIP-Respite allows individuals to self-and surrogate-manage respite dollars through this program.

Formerly known as the Traumatic Brain Injury (TBI) program.

Budget: The budget is the total amount of dollars available to pay for services provided to the consumer. Budgets are based on a care plan or service plan that is developed by the case manager or agency contact.

Children's Personal Care Services (CPCS): Children's Personal Care Services authorizes support to eligible individuals for one-on-one assistance with dressing, bathing, grooming, toileting, eating, transfers, and/or mobility.

Choices for Care (CFC): This support is available to Vermonters at least 18 years old who require nursing home level of care. CFC helps eligible individuals with services in the home and community or in an authorized care facility.

Consumer: This is the person who receives care or services. Also known as "participant".

Developmental Disabilities Home and Community-based Services (previously known as DS Waiver): This is Medicaid funding which allows for a variety of individualized services to be provided for consumers who have a developmental disability.

Funding is usually approved annually (from July 1 through June 30 of the following year). Local Developmental Disabilities Services Agencies who are connected to the Developmental Disabilities Services Division approve this funding.

Electronic Visit Verification ("EVV"): Electronic Visit Verification is a telephone and computer-based system that records information about services provided. EVV is a federally required, from the 21st Century CURES Act, that states all states to use an EVV system for certain Medicaid funded services.

Employee: This is the person who provides paid care or services for the consumer.

Employer: This is the person who hires employees to provide care for the consumer.

The employer hires, schedules, trains, supervises employees or providers. This includes setting wages for employees and being the one who signs and sends in timesheets. When necessary, employers terminate employees and look for new people to work for them.

Sometimes, the consumer is the employer.

Family Managed Respite (FMR): This is support available through the local Designated Agency (DA). This support is authorized to children (under the age of 21) with an identified mental health condition or developmental disability, and their families, to help either provide planned breaks for the child or family or to help respond to unplanned situations.

Flexible Choices: Flexible Choices is a CFC option which allows the participant and their employer to manage services with increased flexibility and options.

Moderate Needs: This program provides limited funding for homemaker, adult day, case management, and ‘flexible fund’ services.

This program is part of the Choices for Care supports, although a participant does not have to require nursing home level of care to be eligible.

Overtime: Overtime is when an employee works more than 40-hours in a workweek. Overtime is based off the employer/employee relationship. The Federal Department of Labor requires that overtime hours be paid at a rate that is one and a half times the employee’s regular wage.

This is sometimes thought of as “time-and-a-half.”

Participant: This is the person who receives care or services. Also known as “consumer”.

Potential Employee: a new person that you are thinking about hiring. You should **interview this person** (talk to them and ask questions to see if they would be a fit for the job), **check their references** (talk to other people that they have worked for—or know them well—and ask them about what they were like to work with), and then have them complete the required State of Vermont **background checks**.

Service Codes: Service Codes identify which service was provided to the consumer by each employee.

Service codes are required on all timesheets submitted for payment of services paid for through Adult Family Services, Developmental Disabilities Services and Family Managed Respite.

Sick Time: Eligible employees can earn sick time based on the number of hours that they work. For every 52 hours worked, eligible employees earn 1 hour of sick time. Eligibility for sick time is determined by the Vermont Earned Sick Leave law.

Sick time is available for specific purposes; this is not generic “paid time-off” that can be used for vacation time or personal days.

Sick time is based on an employer-employee relationship and does not transfer from one employer to another. Additionally, employees cannot be “paid out” their sick time when employment ends.

More information about the Vermont Earned Sick Leave law can be found by visiting the Vermont Department of Labor website:

https://labor.vermont.gov/sites/labor/files/doc_library/Earned%20Sick%20Time%20FAQ%20modified.pdf

Workweek: A workweek is Sunday through Saturday.

Getting Started

At least **three** things must happen so ARIS can make payroll for your employees:

- You must become an **employer**
 - We need you to fill out forms that give some information about you, about the person receiving services and allow us to work for you
- You must hire people as your **employees**
 - You need to pick the people you want to work for you
 - They need to fill out Enrollment forms with you
- ARIS must receive your consumer’s **budget**
 - Usually this happens automatically when the person receiving care is authorized services. Sometimes things do not happen as planned and we do not receive the information. When that happens, we all work quickly to get what is missing and get employees paid.

If any of these steps are skipped, or the information we receive is incomplete, we will not be able to process timesheets when you submit them. Payment might be late, or we might not be able to pay your employees at all.

In some programs, Electronic Visit Verification (EVV) is required of timesheet information. EVV is a Medicaid requirement of certain programs, since January 1, 2020.

The programs that require EVV are:

- Attendant Services Program—General Fund (ASP)
- Attendant Services Program—Medicaid Fund (PDAC)
- Brain Injury Program--Respite
- Children’s Personal Care Services (CPCS)
- Choices for Care High/Highest
- Flexible Choices
- Moderate Needs

EVV is required for these programs, although there are instances where services do not require a matching EVV visit. More information about EVV and employer responsibilities can be found on page XX.

You cannot use program dollars to pay your employee if you do not follow EVV requirements. This means that ARIS will not be able to process timesheets for employees if they do not meet EVV conditions.

Become an Employer

To get started, we need an “Employer Enrollment Packet”. You can get this from our website or ask to have one sent in the mail.

You need to fill out the forms included in this packet. This packet allows ARIS to perform payroll agent services for you.

The forms include:

- **Employer Appointment of Agent**—filling out this form lets us process payroll for you
- **Application for Employer Identification Number (EIN)**—all employers much have their own EIN, it is an Internal Revenue Service requirement
- **Tax Information Authorization**—completing this form lets us report taxes for you

- **Consumer Information Form**—links you as the employer for your consumer’s Adult Family Care Respite, Developmental Disabilities Services, or child’s Family Managed Respite budget

You only need to fill out the parts of the forms that are highlighted. Employer sections are color-coded in **pink**.

Hire Employees

You can hire as many people as you think you want to have work for you. There is no limit on the number of people who can be your employee—but you need to remember a couple of things:

- **You are the legal employer for anyone you sign up.**
 - You are responsible for any training they need,
 - You must keep track of the hours all your employees work and make sure that their timesheets are correct and sent in on time to be paid,
 - If there is not enough money in the budget, you could have to pay your employees out of your pocket.

To help you meet your Vermont legal requirements as an employer, ARIS issues paychecks within 6 days of the last day of the pay period. Timesheets submitted late or incorrectly, however, may not meet this State requirement. It is important to send timesheets in on time and with all the information needed to process for payment so you can meet your legal requirement as an employer.

Wage statements provided to employees include: the total number of hours worked, the hourly rate paid, the gross pay and itemized deductions.

- Each employee needs to fill out an Employee Hiring Packet.
 - This is true even if they already work for another employer through ARIS.
 - If they worked for you but have not been **paid** within one year or more, they are terminated as your employee. To work for you again, they need to fill out a new hiring packet. Once they have passed their background checks, they can start working again.
 - It is important that you keep track of how long it has been since your employees have been paid. As the employer, it is your responsibility to keep track of this—but we can help you. If you cannot remember the last time someone was paid, we can give you that information over the phone or send you a report.
 - Contact our Customer Service Team by calling (800) 798-1658 for help.

To hire an employee, we need an “Employee Hiring Packet”. You can get this from our website or ask to have one sent to you the mail. Everybody you want to work for you must fill out one of these packets.

In the Employee Hiring Packet, there are places where you, as the employer, need to fill things out and sign (highlighted in **pink**) and places where your employee needs to fill things out and sign (highlighted in **yellow**).

The hiring packet includes:

- **Employee Hiring Notice**—tells us some basic information about who you are hiring (completed by the **employer**)
- **Forms W-4 and W-4VT**—gives us tax withholding information (completed by the **employee**)
- **Employment Eligibility Verification**—tells the Department of Justice that your employee is legally able to work in the United States

You need to **look** at your employee’s original identification (please read the instructions) and **write** the information down in the form. You do not need to send photocopies of the documents (completed by both the **employer** and the **employee**)

- **Background Check Forms**—these checks make sure that your employee does not have criminal convictions or Adult Protective Services/Department for Children and Families abuse findings that would keep your employee from working for you.

The DAIL Background Check Policy gives more information about background checks and how to use this information to make informed choices about who you choose to hire (completed by the **employee**)

ARIS Solution cannot make payments for services provided before your employee has completed the background check process. Your employee must pass these background checks **before** you have them work. Once the background checks are complete, we will let you know. We can either email you or send you a letter through the US mail.

Medicaid cannot pay your employee until we have told you that they are all set to start working for you.

There is more information about the State of Vermont's Background Check Policy on **page 10**.

- **Confirmation of Receipt of Important Information for Employees**—gives employees general information about working in a consumer/surrogate directed program—including who the employer is. This form is required by the State of Vermont (completed by the **employee**)
- **Direct Deposit Form**—signing up for Direct Deposit makes sure that your employees' paychecks are automatically deposited into their accounts. No more waiting for the mail to come! (Completed by the **employee**)

The first paycheck for a new employee is processed as a "paper check" and mailed.

Employees who do not sign up for Direct Deposit when they are hired can do so at any time.

Employee Restrictions

Lots of different people can be paid to work for you; however, each program has a few rules about who you hire. If you have specific questions, you should talk to someone who works in that program (like a case manager).

Here are some general guidelines:

- Employees must be at least 18 years old.
- Employees must have passed the background checks.
- **In some programs**, the spouse, civil union partner, or domestic partner of the individual cannot be paid to provide care to their own spouse/partner or for specific services.
- Parents, stepparents, or legal guardians cannot be paid to provide services to their own child.
- Employers cannot be their **own** employees but can work for someone else.

Employees should not begin work until they have cleared through the background check process. If special permission by the Agency of Human Service is required,

employees should not begin to work unless the Agency of Human Services grants this permission (a “variance”).

State of Vermont Background Check Policy

Background checks must be completed for all employees. This is a State of Vermont requirement. Employees **cannot** be paid until they have cleared to work for you.

Usually, it only takes a couple of days after the forms have been received, but **it might take up to 10 business days for us to get the results of the background checks.**

Background checks are important and help make sure people who receive support are safe with the people who work with them. Once we get these results, we will tell you, the employer—not your potential employee.

You are either told that your potential employee:

- is okay to start working for you (“cleared”), or
- cannot work for you, why and what you can do to request special permission to hire them if after seeing the information, you still believe this person will be a good employee (this is called a “variance”)

There are a couple of things to remember about background checks:

- Background checks are just a tool.
We strongly encourage you to interview people **and** check references before you hire someone.
- Background checks only look for Vermont findings.
This means that the results tell you if the person has a criminal conviction or abuse substantiation just in Vermont. If the person has a history in another state, these background checks will not tell you that.

Employers can go online to run additional background checks, at their own cost.

The State of Vermont Background Check Policy includes:

Agency of Human Services, Adult Protective Services and Child Abuse Registry

These checks are done to make sure your potential employee has never been found to have abused or neglected a child or abused, neglected, or exploited an aging or disabled adult in Vermont.

Your employee just fills out and signs Section 2 of this form.

Based on State of Vermont policy, a potential employee who is on either of these lists **cannot** be paid with Medicaid funds. There are no exceptions or variances in these situations.

Vermont Criminal Information Center

This form lets ARIS get information about any criminal conviction history in Vermont your potential employee may have.

We will tell you about any criminal conviction your potential employee has, so you can decide about whether they are the right person for the job —based on all the information. An employee might have a criminal conviction and still be able to work for you under the Background Check policy.

Not every conviction would keep someone from being paid by Medicaid dollars. However, if someone has something in their history that prevents them from working for you, we will let you know if your prospective employee cannot be paid and how you can ask for a variance.

Vermont DMV Record Request

This tells you if your employee has any driving violations, like speeding or reckless driving. This information helps you decide if you are okay having your employee provide transportation.

Your employee fills out their name, address, social security number, driver's license number and date of birth and then signs the form.

The form says there is a charge—but we take care of paying for that.

If you have already decided your potential employee will not be driving as part of their job, they do not have to fill out this form. **You do need to send this form**

back to us, though—just write a note on the forms saying they will not be driving as part of their job.

If you forget to do this or do not send back the form at all, it will delay processing your employee's hiring packet. We will send back the whole packet and ask your potential employee to resend all the forms. We cannot enroll your employee until we can process all the forms.

Other Background Checks

We also run a couple of other checks including information from the Vermont Crime Information Center (VCIC) Sex Offender Registry and the Exclusions Database of the Federal Department of Health and Human Services' Office of the Inspector General. These checks make sure that your potential employee is not on Vermont's sex offender registry or cannot be paid with any federal dollars.

There are no forms that need to be filled out. We will have all the information that we need to do this from the Employee Hiring Packet.

Background Check Variances

A copy of the State of Vermont, Agency of Human Services Background Check policy is included in the New Employer Hiring packet and located on the Department of Disabilities, Aging and Independent Living's website. This policy explains more about which background checks are run and why.

The policy also explains what you can do if the person you want to hire does not pass the background checks and you want to ask for variance to hire them anyway.

Unemployment and Workers' Compensation Insurances

You and your employees are required, by the Federal government, to make payments to Unemployment and Workers' Compensation Insurance. ARIS makes sure—through tax withholdings—that these payments are made.

Workers' Compensation Insurance

This is insurance for your employees if they are hurt on the job. Every employee is covered by this insurance.

If one of your employees has a work-related injury, you must call the Workers' Compensation Injury Hotline as soon as possible. The number to call is 800-473-6879.

Your employee would only be covered if s/he were injured when working with the consumer and you were paying for them through these services. If you were paying them privately—or to provide other supports—this insurance would not be available to them, even if they were providing support to the consumer.

Unemployment Insurance

Although every employee contributes to Unemployment Insurance, not every employee who stops working for you is eligible for unemployment benefits. The State of Vermont Department of Labor makes that decision.

Employees who no longer work for you can apply for unemployment benefits through the Department of Labor. ARIS staff will help to provide wage information that the Department of Labor needs to make their decision. More information about Unemployment benefits, and how to apply, can be found on the Vermont Department of Labor website (<https://labor.vermont.gov>).

Electronic Visit Verification (“EVV”)

EVV is a Federal Medicaid requirement for caregivers who perform home-based services for individuals in certain programs. Currently, the programs that require EVV are: Attendant Services Program-General Fund, Attendant Services-Medicaid (PDAC), Brain Injury Program-Respite, Children's Personal Care Services, and Choices for Care Programs. These programs are known as EVV “in-scope” programs.

EVV is not an option; this is a requirement of in-scope programs. However, there are times when recording visits in the EVV system is not necessary:

- If the employee lives in the same home as the consumer, services do not have to be recorded in the EVV system

If the supports are provided completely outside of the consumer's home (in the "community"), it is not necessary to use the EVV system to log services for those shifts

All other shifts of services, for EVV in-scope programs, must be recorded in the EVV system and match timesheet data.

Employees must use the State of Vermont's chosen EVV system to record the:

- individual who received services
- individual who provided services
- start time of services
- end time of services
- service provided
- location of service

This information can be recorded using a app on a smart phone or by calling a toll-free number from the participant's home phone.

EVV records the care provided; it does not replace a timesheet though. To be paid, a timesheet must be submitted.

Once an employee has been approved to work, their EVV credentials will be sent to them. If they have provided an email address with their hiring paperwork, they will be sent an email with temporary passwords to log into the EVV system's portal and mobile app.

The ARIS team will also send a letter with credentials for the telephonic system and information on how to use it.

More information and training resources are available on the ARIS [website](#).

Part of the EVV requirement is to be sure that EVV records match timesheet data. When records do not match, the employer must work with ARIS staff to resolve the differences.

ARIS staff review paper timesheets to determine if EVV visits were required. If the services submitted required EVV visits, staff compare the EVV records with the timesheet data.

If submitted timesheets are missing necessary EVV records—or EVV records are incomplete at the time of payroll processing, program dollars cannot be used to pay the timesheet. This is because program requirements were not met. As a result, ARIS will not be able to process the timesheet for payment.

As the employer of record, you are personally responsible for making sure your employee was paid for the services they provided.

Timesheets

After we have told you that your employee is all set to work for you, you can have them start providing services.

Remember: your employee should not provide care before you have been notified that they have passed the Background Check Policy and they are eligible to be paid with Medicaid dollars.

Be sure you carefully keep track of the hours they work and the services they provide. You will need to put this information on their timesheet.

Filling out Timesheets

It is important that timesheets are filled out correctly. When information is missing, or entered incorrectly, it makes it hard to pay your employees.

To pay your employee, the timesheet must be filled out completely and clearly. Missing information or handwriting that is hard to read might result in a delay in your employee's payment or your employee paid incorrectly.

Timesheets must have:

- The employee's first and last name
- Date that you are filling out the timesheet
- The last 4-digits of the employee's social security number
- The consumer's name

You need to identify:

- All programs except Developmental Services need to identify if the employee lives with the person care is being provided to
- If the employee is going to keep working for you
 - If the employee is not going to work for you anymore, you also need to check if they quit, were fired, or laid off. This is important because it could affect Unemployment Insurance benefits
 - Be sure you include your employee's last day of work—if they are not going to be working for your anymore
- If the employee is exempt from overtime
 - Overtime is complicated. Some people do not have to be paid overtime wages ("time-and-a-half"). These people are considered exempt.
 - There is more information about overtime rules on **page 24**
 - It is important that you tell us if your employee is exempt from being paid overtime—on every timesheet. We do not know if they are—and do not know if things change from pay period to pay period. If you do not tell us that your employee is exempt from overtime, we will automatically pay overtime wages. It is the law. The funds to pay overtime will come out of the budget.

You need to put in the details of when your employee worked:

- Each shift that they worked,
- The time they started and ended working,
 - Be sure to include "AM" or "PM" so it is clear if the hours worked were in the morning or afternoon/evening
- The total number of hours worked each day,
- The service code for the kind of work that they did
- The wage that you pay your employee
- The location of services ("home" or "community")

Both you and your employee need to make sure the timesheet matches the work that was done and then sign it. Then you need to send the timesheet to us. You are the employer—it is your job to send the timesheet in.

Overnight or 24-hours Respite:

Filling out a timesheet for overnight or 24-hour respite can feel tricky. There are some things to keep in mind to make it a little easier.

If your employee works a full 24-hour period, you can fill your employee's timesheet like this:

Date	Start Time	AM	PM	End Time	AM	PM	Pay Rate	Service Code (See Back for Codes)	Location of Service (Home or Community)	# of Hours Worked
4/12/21	12	☐	☒		☐	☐	\$250	Respite Daily 1:1	Comm	24
4/13/21	12	☐	☒		☐	☐	\$250	Respite Daily 1:1	Comm	24
4/14/21	12	☐	☒		☐	☐				
		☐	☐		☐	☐				

You can only fill out timesheets like this if your employees work 24-hours straight for you. During the 24-hour service, your employee must get 8 hours of sleep. If your employee is not able to get about 8 straight hours of sleep, then you cannot use the "Daily Rate" code and rate. You must pay your employee by the hour for all 24 hours worked, including any hours that they slept.

For more information about the Federal Department of Labor rules around Daily Rate use and sleep requirements, you can visit:

<https://www.dol.gov/whd/regs/compliance/whdfs79d.htm>

For all other services (including hourly respite), you need to enter start and end times each day that your employee works.

Sending in Timesheets

Timesheets are due every other week. A schedule is set in advance that tells you when timesheets need to be sent in and when employees will be paid.

A copy is sent to you every year when we update it. If you lose your copy, the schedule is posted on our website, or you can have another copy sent to you.

You can send in timesheets in two different ways, we heavily encourage you to use electronic timesheets to ensure your employee will be paid accurately and on time! Timesheets can be submitted by:

- Signing up for electronic timesheets (<http://www.arissolutions.org/wordpress/wp-content/uploads/2015/04/registration-form.pdf>) And send them in

through our electronic timesheet portal: <https://aris-solutions.org/eTimesheet/>

- You can send them by mail:

ARIS Solutions

P. O. Box 4409

White River Jct., VT 05001

Remember to leave **extra time** for your employees' timesheet to make it to us. The postal system can be unpredictable.

- You can drop them off for us:

ARIS Solutions

72 So. Main Street

White River Jct., VT 05001

This drop box is checked many times a day and you can even leave timesheets for us if our office is closed—like at night, on the weekend or on a holiday.

Timesheet Deadline

Timesheets arrive at ARIS by **noon on Monday** of the week that employees are going to be paid to be processed. There are a bunch of steps that we must follow before we can pay your employee and we need time to do it right.

If a timesheet arrives late, it will not be processed until the next regularly scheduled pay period.

Because we help so many people with their payroll, we cannot make exceptions for late timesheets. If your employee's timesheet is not here on time, it means your employee must wait to get paid.

It is important that you send in your employees' timesheet **every** pay period for a lot of reasons:

- It is the law. Vermont law says that your employees should be paid within 6 days of the end of the pay period that they worked in. If you submit timesheets on time, based on our schedule, you will be following the law.

- If you send timesheets in on time, you will know what is available in your consumer's budget. Then, you will be less likely to make a mistake and have people work when there is not money to pay for them.
- Sending timesheets in on time makes sure that your employees are properly paid overtime when it is due. Paying overtime is also the law.
- Making sure your employees are paid properly and on time keeps them happy.

Late Timesheets

Sometimes no matter how hard you try, things happen, and you might miss a timesheet deadline. Your employee can still be paid—just not until the next regularly scheduled payday. You should still send the timesheet in as soon as you can.

There are some deadlines that are in place, from state programs, which keep us from paying timesheets—even if there is money in the budget to cover services that were provided.

For Adult Family Care Services-Respite, Attendant Services Program-General Fund, Attendant Services-Medicaid (PDAC), Brain Injury Program-Respite, Children's Personal Care Services, and Choices for Care Programs:

- If the dates of service on the timesheet are 5 months old—they are too old to pay.

For Developmental Disabilities Services:

- If the dates of service on the timesheets or non-payroll reimbursement forms are 4 months old—they are too old to pay.
- Services from the previous funding year (services from before July 1) cannot be paid from the current funding year's budget.
- In July of each year, we set a deadline for when **all** the previous year's timesheets need to be in. We will tell you (and then remind you a couple of times) of when that deadline is.

For Family Managed Respite:

- If the dates of service on the timesheet are 5 months old—they are too old to pay.

- Services from the previous funding year (services from before July 1) cannot be paid from the current funding year's budget.
- In July of each year, we set a deadline for when **all** the previous year's timesheets need to be in. We will tell you (and then remind you a couple of times) of when that deadline is.

Common Timesheet Issues

When it comes to timesheets, we all want the same thing: to see your employee get paid correctly and on time. Sometimes, though, this is not possible for several reasons. ARIS must follow Medicaid rules—as well as Federal and State program rules.

There are some common mistakes that people make. Sometimes this means:

- We need to **call** you for more information before we can pay a timesheet,
- We need to **return** the timesheet for you to correct and send in again, or
- We just cannot pay the timesheet

We can **call** you when the timesheet is missing:

- The employee's **name**
- The child/consumer's **name**
- Dates or times of service, including the "AM/PM"
- Service code
- Location of service

If we can connect with you quickly and get the information with your approval, ARIS staff will add what is missing. We can pay the timesheet without sending it back. Your employee's check might be late, though, depending on how long it takes to get you on the phone.

It is important that if you get a call from ARIS staff that you call back as quickly as possible. If we are calling you, it is important—we are trying to get your employee paid.

We send the timesheet back to you to fix when the timesheet is missing:

- Your **signature** (as the employer)

- Someone else's signature—signing as the employer
 - Only people who are enrolled with us—or approved—as employers for your consumer can sign timesheets
- Your employee's **signature**
- More than one consumer listed on the timesheet
 - It is important that it's only one person's services per timesheet
- More than one service code listed on the timesheet
 - It is important that different services are submitted on separate timesheets (i.e., Children's Personal Care Services cannot be submitted on the same timesheet as Family Managed Respite supports).

We do send the timesheet back for you to correct and send back if we cannot catch you on the phone. We will first try to call you though if we can make a correction over the phone. We want to get your employee paid as quickly as possible.

We do not hold on to timesheets that need to be corrected for a long time. Instead, we send them back with instructions about how to fix them.

There are other reasons an employee may not be paid when the timesheet is submitted:

- The employee started to work before background checks were cleared,
- Missing/incorrect Employer Sign-Up or Employee Hiring forms,
- **Late time sheets.** Timesheets must be here by **noon on Monday** of the week that employees are going to be paid to be processed. If a timesheet is late, it will not be paid until the next payday,
- Not enough money in your consumer's budget.

Adding or Changing Employers

Sometimes you might need to add or change an employer.

If you want to add or change an employer, you must work with your team before you start filling out paperwork, because ARIS staff can only recognize authorized employers based on information provided by case and program managers.

Once the decision has been made with your case/program manager to add or change employers, ARIS must be contacted, and the new Employer Enrollment Paperwork completed.

Adding an Employer: One Budget

Any time there is a change or addition of an employer, the employer must be approved by the case or program manager. Once we have approval from the case/program manager, then the following steps will need to be taken.

If you have the same address as the person you want to add as an employer, we need new **employer** paperwork.

Both you and the new employer can both fill out the employer enrollment forms together—even though the boxes are small—and sign one set of forms. We need **both** people's information and both signatures on every form.

Your existing employees do not need to sign up again—they were already signed up to work for you.

Adding an Employer: Multiple Budgets

Any time there is a change or addition of an employer, the employer must be approved by the case or program manager. Once we have approval from the case/program manager, then the following steps will be taken.

If it makes sense to have two employers—who do not share an address—we can help with that too. Each employer will need to fill out their own enrollment paperwork and employees will need to sign up to work with each employer that they plan to work for, even though they are providing care to the same person.

If you want to change employers, we can help with that and try to make the change as smooth as possible. It works best when we know ahead of time that the change is happening.

The new employer will need to sign up with us—just like you did. Anyone they want to hire needs to fill out Employee Hiring Packets to be able to work for the new employer and clear the Background Check Policy before they can begin working. This is true, even if they used to work for you.

Changing Employers

Any time there is a change or addition of an employer, the employer must be approved by the case or program manager. Once we have approval from the case/program manager, then the following steps will be taken.

You can change employers at any time. Again, the change must be authorized by the case or program manager. Additionally, the new employer and all potential employees must complete the necessary Enrollment paperwork.

Employees must fill out the New Employee Hiring Packet for the new employer before they can start working, even if they are continuing to provide care for the same consumer.

If a variance by the Agency of Human Services was granted to allow the employee to provide care to the consumer, the new employer would need to be granted the same permission to allow the employee to continue to provide care before services could continue.

Paychecks

Employees are paid every other week. The same schedule that tells you when timesheets need to be sent in tells you when employees will be paid.

We make sure that your employees are paid every other week, even when there is a holiday.

If you lose your copy or your employee wants a copy, the schedule is posted on our website, or you can have another copy sent to you.

We strongly suggest you encourage your employees to sign up for Direct Deposit. Direct Deposit makes sure their paycheck is deposited right into their bank account. It is easy, convenient, and fast.

We can issue a “paper check” if your employee wants. Checks are mailed from the White River Junction, VT post office. Usually, your employee receives their check within two or three days. Sometimes, though, mail delivery is delayed, and a paycheck might not arrive until Tuesday—or even later.

By choosing direct deposit, your employee does not have to worry if their payment is going to be delayed in the mail. Signing up is simple and if your employee did not enroll in direct deposit when they were first hired, they can enroll at any time.

Wages

As the employer, you set the wages you pay your employees. There are some things to keep in mind when you are figuring out how much to pay people:

- **What are the program rules around wages?**
 - The State of Vermont has a Collective Bargaining Agreement with Vermont HomeCare United/AFSCME. This union negotiates on behalf of direct-care workers (employees) for Adult Family Care Respite, Developmental Disabilities Services, and Family Managed Respite.
 - The State of Vermont and the Vermont HomeCare United get together bi-annually to decide what the minimum pay rate should be. The minimum rates will not always be the rates that they are now.
 - If you send in timesheets indicating an hourly rate that is less than the minimum rate, we will change it to the minimum required rate. We will not call you and tell you that we made this change. This is because it is illegal to pay less than the collectively bargained rate—and ARIS staff will make sure that you are following wage laws.
 - Sometimes, especially right after the rates change, you might see the old minimum rate on the timesheet. You still must pay the new rate—it is the law.
 - Often employers have copies of old timesheets—and we will accept them to accommodate payments. This means that these timesheets have old rates on them.

- Using electronic timesheets will avoid the confusion—those timesheets get updated immediately and will indicate an error if you enter a rate less than the correct minimum.
- Some programs have maximums (“caps” on what you can pay). You cannot pay your employees more than the program allows.
- If you have questions about the program rules around wages, ARIS staff may be able to answer your questions but there may be some questions that you should ask to someone who works in the program (like a case manager).

- **Can I pay a Daily Rate?**

- Some programs have the option to pay a “**daily rate**” for some services. But this is not the case for all programs.
 - Adult Family Care-Respite, Developmental Disabilities Services, Family Managed Respite and Brain Injury Program-Respite allow for a “daily rate” option.
- It is also true that not everyone who provides overnight respite can submit it as a “daily rate”. A daily rate can only be used in special circumstances. If your employee provides care for a **full** 24-hour but sleeps for some (at least 5 hours in a row), you might be able to pay a daily rate.
 - There are clear rules around this. You are only paying your employee for 16 hours of work, because your employee is expected to sleep for about 8 hours.
 - If your employee does not take care of your consumer for 24-hours straight, you cannot pay a daily rate.
 - If your employee does not sleep for at least 5 hours in a row, you cannot pay a daily rate.
 - When this happens, you must pay your employee by the hour—for every hour they work. This means it might cost more money than you originally expected for the care they provided.

- **What kind of support is this person providing?**

- The kind of support that someone provides might affect how much you decide to pay them. Helping someone get ready for the day (like taking

a shower and getting dressed) might be worth more than spending time playing cards or going fishing.

- **Does this person have special training or experience or education?**

- Someone who has been trained to handle medical issues or behavior challenges might expect to be paid more than someone who does not have this training—but is a great match to work with your child/consumer.

- **Will there be enough money in the budget?**

- You need to be sure you can afford to pay the wage that you want. When you are thinking about how much you want to pay your employees, you need to make sure you will be able to get all the needed support from the budget, if you pay that wage.
- If you overuse the budget, you might have to pay your employees out of your own pocket.
- If you do not use all of the budget, you cannot just give your employees big raises at the end of the budget year to spend the money.

Overtime

Federal Department of Labor’s law—called the **Fair Standard Labor Act**—says that many employees must be paid overtime if they work more than 40 hours in a workweek. Overtime is equal to paying one and half times what you usually pay the employee for every hour over 40 hours worked in one workweek. If you usually pay your employee \$12.00 per hour, the overtime rate would be \$18.00 per hour.

The Department of Labor has a website that provides helpful information: <http://www.dol.gov/whd/homecare/individuals-required-to-pay.htm>. There is a video and a quiz to help you figure out when you need to pay overtime.

Knowing when someone gets overtime can be complicated because **not all** employees have to be paid an overtime rate if they work more than 40 hours in a workweek. But, figuring it out is the law and one of your responsibilities.

ARIS staff **cannot** decide if someone is supposed to be paid overtime or not. Only you can—and you need to tell us if they do not need to be paid overtime. If you do

not indicate your employee is overtime exempt on the timesheets, we will make sure they are paid time-and-a-half.

How to know if you need to pay overtime

The rule is if someone works **more than 40 hours** in a workweek (from Sunday through Saturday), then **you must pay** your employee overtime.

If your employee provides “care”, then you must pay them overtime. The Department of Labor considers “care” to be helping with activities of daily living—like dressing, bathing, grooming, toileting, eating, and mobility—or instrumental activities of daily living—like making meals, doing chores, and helping with medications.

There are sometimes when **you do not have to pay** overtime. You will make the decision based on the kind of work your employee does or where they live.

You do not have to pay overtime wages when:

- Your worker **only** provides "companionship services",
 - Companionship Services are about keeping the consumer company or safe. It is not only about the service code descriptor.
 - Examples: spending time with the person and talking, reading, playing games, or running errands
- Your employee is a "live-in domestic service employee", or
 - A “live-in domestic service employee” is someone who lives in the same home as the **employer**. This person does not have any other house that they live in other than the one where they work.
 - Or, if they have another home, they work **and** sleep at the employer’s home at least 5 days per week (120 hours or more each week)
- Your employee is providing respite for a foster child in DCF custody (or a child receiving therapeutic foster care).

You might still have to **pay** your employee overtime, even if your employee is providing “companionship services” and “care” while supporting your consumer:

- If your employee spends 20% or more of their time providing “care”, you must pay overtime, or
- If your employee provides medically-related services—that require special training from a nurse or nurse’s aide, then you must pay overtime.

If your employee should be paid overtime, then you do not need to do anything. Just report the hours they work and the hourly wages you usually pay them. We will figure out the rest for you and make sure they are paid the right amount of overtime.

If your employee does **not** get overtime, you need to tell us they are “exempt” from the overtime law. There is a box on the timesheet to “check off” that they are exempt. You need to tell us on every timesheet. If you do not, we will make sure your employees are paid overtime wages for any hours over 40 per workweek. We cannot guess or base payments on what old timesheets said.

It is important you keep track of how much your employees are working and being paid. Paying overtime can be expensive and use up the budget faster than you expect.

As the employer, one of your jobs is to make sure you keep track of what you spend, and you do not go over what is available.

Variances Related to Overtime

If paying overtime is using too much of your budget and you believe your consumer is at risk of harm or at serious risk of institutionalization, you can ask for extra money for the budget (this is called a “variance”).

Variance requests must be submitted in writing. In some programs, like the Brain Injury Program and Choices for Care, variance requests are made through the case manager or care coordinator. In these programs, employers would not make the request directly.

The request must include:

- A description of the specific the unmet need(s)
- An explanation of why your employee/provider must work more than 40 hours—and why more than one employee cannot provide this care
- Information about which services other than "companionship services" your employee provides in one workweek to meet the participant's needs, and
- A description of the actual and immediate risk of harm or serious risk of institutionalization if additional funding is not approved.

For individuals receiving services through the Department of Disabilities, Aging and Independent Living, please send the variance request to:

Department of Disabilities, Aging and Independent Living
280 State Drive, HC 2 South
Waterbury, VT 05671-2030

For individuals receiving services through the Children’s Personal Care Services program, please send the variance request to:

**Children’s Personal Care Services
Vermont Department of Health
108 Cherry Street
Burlington, VT 05401**

For individuals who receive services through Choices for Care or the Brain Injury Program, variance requests are submitted through the case manager or care coordinator.

When considering the variance request, you might be asked for more information so people can make a final decision.

A decision, including appeal rights, will be made within 30 days and you, the consumer, and their guardian (as appropriate) will be told in writing.

Approved Budgets

When the consumer’s budget is approved, a copy is supposed to come automatically to ARIS. This tells us how much service is authorized and the start and end dates.

Sometimes, this does not happen as planned—and you get a copy, but we do not. When this happens, everyone works closely to get it corrected quickly, so your child/consumer can get their services and your employee can get their pay.

We need this approval **before** we can pay your employee. This gives us important information. We use it to match you with your employee and the person they provided care of.

Employer Spending Reports

We send you an “Employer Spending Report” every other week to tell you how much you have left in the budget. This report is like your “bank statement.” It tells you:

- how much we paid,
- who we paid,

- how many hours or what services were paid, and
- the remaining balance.

Reading this report carefully is important! It is a tool to help you be sure you do not overspend and owe your employees wages that cannot be paid from the budget.

Budget Problems

There are three main reasons why people do not get paid:

- **There is not enough money in the budget**
 - The biggest reason people do not get paid is because there is not enough money in the budget to cover all the work provided.
- **On-going services did not get approved**
 - Sometimes there is money available, but service dates have ended. If the services are not approved again, we cannot keep paying, even if there was still money from the first budget.
 - It is important that the reassessment processes and timelines are followed. If you need help, you should call someone who works with the program (like a case manager).
 - If there is a gap in services, we would not be able to pay for some of the services but could start again once services start again.
 - If the gap is short, you and your employees will not have to sign up with us again. If you have questions about if you need to fill out enrollment forms, please contact us directly.
- **Medicaid ended**
 - If your consumer does not have Medicaid, they cannot use Medicaid programs.
 - The Department of Vermont Health Access (Vermont Medicaid) does not notify us in advance when someone's Medicaid ends. We do not find out until we try to pay your employees.
 - In programs where we are required to check Medicaid eligibility before we process payments, we will check Medicaid before we finalize the payments. If the consumer's Medicaid is not in place for the dates of service of the timesheets, we cannot pay the timesheet.

If your employee works and we cannot pay them—for any reason—you may have to pay them out of your own pocket.

Employer Payroll Taxes

We do not just write pay checks for your employees; we also make sure that you pay employer payroll taxes properly to the Internal Revenue Service (IRS).

These taxes are a combination of required Federal and State taxes including:

- Social Security and Medicare tax contributions (also known as “FICA”)
- Unemployment Insurance
- Workers’ Compensation Insurance
- Vermont Earned Sick Time

Although these kinds of taxes are the same for every program, the rates may be different and may change over time.

To make sure you follow the law—and pay the right taxes—we automatically deduct the cost of these taxes from the budget. These taxes are a fixed percentage and increase the total cost of each hour of service provided.

For example:

If you want to pay your employee \$15.00 per hour, and there is an employer tax rate of 12.4% that means that it costs an additional \$1.86 per hour for every hour provided because of the employer taxes. That means that we are going to take \$16.86 out of the budget for every hour on your employee’s timesheet.

If your employee puts in for 10 hours, we will **pay them** \$150.00, before we deduct their payroll taxes (“gross pay”) but **take out** \$168.60 from the budget to cover the 10 hours provided.

There is a chart to help you figure out wages, taxes, and total costs for each program on our website (www.arissolutions.org)

Vermont Earned Sick Time

January 2019, the Vermont Earned Sick Time Act allowed eligible employees to earn paid sick time.

Eligibility

This act defines eligible employees as employees who are:

- at least 18 years of age,
- employed by a specific employer and paid within the year, defined as twelve months from the start of employment, for at least 21 weeks within the twelve-month period
- employed by a specific employer and paid an average of at least 18 hours per week during the weeks of active employment within this twelve-month period.

Earned sick time is based on each individual employer/employee relationship, not the employee participant relationship. If the employer changes, the employee will need to establish eligibility again. Earned sick time is not transferable. It does not carry over from one employer to another, even if the employee continues to provide support to the same participant.

Vermont Earned Sick Time Accrual

Employees earn 1 hour of sick time for every 52 hours worked. Sick time is earned in whole hour “units”.

Sick Time Usage

An eligible employee can use Sick Time:

- After working for at least one year, (365 days from the first date of work for you paid for through ARIS),
- For up to 40 hours of sick time per year or the actual hours the employee has earned if less than 40,
- In 15-minute increments.

Employees can use sick time if they are sick, but they can also use sick time if their child, parent, grandparent, spouse, or parent-in-law is sick or injured. Employees can use Earned Sick Time for health care appointments or to care

for a family member because the school or business where the family member is located is closed for public health or safety reasons.

For full information about Vermont Earned Sick Time, visit the Vermont Department of Labor's website at https://labor.vermont.gov/sites/labor/files/doc_library/Earned-Sick-Time-Rules.pdf.

Medicaid Fraud

For most people, getting an employee paid is the last step in providing high quality services. But sometimes there are questions about the payments made. When that happens, the Attorney General's Office, the Office of the Inspector General or the Department of Vermont Health Access's Program Integrity Unit investigates.

Medicaid fraud is when an employer or employee is untruthful about the services that were provided. This can happen accidentally or on purpose.

Examples of Medicaid fraud include such things as:

- Sending in a timesheet for services that were not provided
- Sending in a timesheet for one person when the services were provided by someone else
- Sending in the same hours more than once—to have them paid from a different program or just to have them paid twice (call a “duplicate timesheet”)
- Making your employee split their paycheck with you, especially if you are adding hours that they have not worked to the timesheet
- Signing someone else's name to a timesheet

When we think that Medicaid fraud might have happened, ARIS is required to contact the Attorney General's Office. Their Medicaid Fraud and Residential Abuse Unit is a group of investigators and lawyers who handle these cases.

Medicaid fraud is very serious. Medicaid fraud is a felony with significant penalties, including:

- A prison sentence of up to 10 years
- A fine of up to \$1,000 or twice the amount illegally paid
- Both a prison sentence and a fine, and
- Not being able to work in a program or facility that receives Medicaid money for at least 5 years
- Not being able to be the employer of record for your or your consumer's services

False Claims Act (“FCA”)

The Federal False Claims Act is a federal law that allows criminal and/or civil charges to be brought against someone who:

(1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government;. . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.

This law makes it a crime to fraudulently make a claim to a federal healthcare program—like the Medicaid funded programs that ARIS provides payroll for.

Filing false claims is serious. If found guilty under the federal FCA, punishment can include financial penalties up to three times the amount claimed plus additional fines (between \$5,000 and \$11,000 per claim filed). You could be convicted of criminal charges as well.

There are protections for people who report when this is happening. The FCA has “Whistleblower Protections” to protect anyone who makes a report under the FCA from being fired, demoted, harassed, or otherwise discriminated against.

In Vermont, there is the Vermont False Claims Act. In addition to facing charges under the federal law, you could be charged under the Vermont law.

Like the federal FCA, Vermont law prevents anyone from intentionally making false claims and carries serious penalties.