ARIS Solutions – HCI-CDS

Welcome to ARIS Solutions!

This packet has all the paperwork that you need to sign up as an **Employer** and hire people to be your **Employees**. It is important that you and the people that you want to hire fill out all the forms in this packet and send it back to us, at ARIS Solutions.

You will be the legal employer, but we will process payroll and issue paychecks to your employees for the work that they do.

First: you need to fill out the **Employer Packet**. This packet includes forms from the Federal government that will sign you up as an employer and allow ARIS to help you with payroll services.

The packet also has a form that tells us who has the approved services—and which services have been authorized. We can't do our job right without that information.

You don't have to put information in every box on these forms—we have highlighted the places where you need to fill out your information.

Next: work with the people you want to hire to fill out the **Employee Hiring Packet**. They need to fill out the State and Federal forms that are in this packet and send them back to us to find out if they can work for you. Once we receive a complete employee hiring packet, we will verify all documents are completed.

All employees **must pass** the background checks before you can have them start to work.

Your employee doesn't have to put information in every box on these forms—we have highlighted the places where they need to fill out their information.

Sometimes, you might have to put in some information—and sign—in the employee packet.

Once the forms are complete: They can be email them to: enrollment@arissolutions.org or mailed to:

ARIS Solutions

P.O. Box 4409

White River Jct., VT 05001

To fill out timesheets: Timesheet Submission Portal, or Electronic Timesheet Processing after application is complete.

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.

Timesheets must be submitted by **noon on Monday** of the week that employees are going to be paid in order to be processed timely.

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

And, don't forget: every employee must clear the background checks **before** they can work for you through the HCI-CDS program. If your employee works before they have passed the background check, we will not be able to pay them for those services.

After paychecks are issued: We will send you a report that tells you how much funding is left in the budget. It is really important that you read and understand this report so that you can manage services properly.

If you have questions or need help: please call us right away! We have experienced Customer Service Specialists who are available to answer questions and help fill out the forms. Our team is available Monday through Friday, from 8:00 a.m. to 4:00 p.m.

You can contact us at:

☎ **(800) 798-1658** or

enrollment@arissolutions.org

Employer Enrollment Forms

Included in this packet are all the forms that you need to complete to sign up as an Employer. Please submit these forms to **enrollment@arissolutions.org** or mail to:

ARIS Solutions
P. O. Box 4409
White River Jct., VT 05001

You need to fill out the forms included in this packet. This packet lets ARIS Solutions work for you as your payroll provider—they include:

- ☑ **Employer Appointment of Agent**-filling out this form lets us process payroll for you *(Form 2678)*
- ☑ **Application for Employer Identification Number** (EIN)-all employers must have their own EIN, it's an Internal Revenue Service requirement *(Form SS-4)*
- ☑ **Tax Information Authorization**-completing this form lets us report taxes on your behalf *(Form 8821)*
- ☑ **Consumer/Participant-Employer Relationship Form**-links you as the employer for the budget
- ☑ **Employer Responsibility Form**-signing this form shows that you understand your role as the employer.
- ☑ **Department of Labor and Department of Revenue appointment of Agent Forms**-completing these forms lets us report state taxes on your behalf
- ☑ **Worker's Compensation Application Form**- signing this form allows us to bind coverage on your behalf to insure your caregivers if injured while working

You only need to fill out the parts of the forms that are highlighted.

There is other important information included in this packet so be sure that you read through everything carefully and keep this information handy. The packet includes other information about:

- Frequently Asked Questions about Being an Employer, Managing Services and Working with ARIS Solutions
- Workers' Compensation Insurance Coverage
- Fraud and Abuse and Program Integrity
- Timesheet and Payroll Schedules

If you have questions about, or need help completing, these forms, please call us. We have Customer Service Specialists who can help you as you are filling out the paperwork. Our Call Center is open Monday through Friday from 8:00 a.m. to 4:00 p.m.

Form 2678 Employer/Payer Appointment of Agent

(Rev. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you're an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

  Note: This appointment isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you're filing this form.

(Check one)

☑ You want to **appoint** an agent for tax reporting, depositing, and paying.

☐ You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) ☐☐ – ☐☐☐☐☐☐☐

2 Employer's or payer's name (not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. *(Check all that apply.)*

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	☑	☐
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	☑	☐
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	☐	☐
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	☐	☐
Form 945, Annual Return of Withheld Federal Income Tax	☐	☐
Form CT-1, Employer's Annual Railroad Retirement Tax Return	☐	☐
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	☐	☐

* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

☑ Check here if you're a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Print your name here

Print your title here

Date / /

Best daytime phone

Now give this form to the agent to complete.

Form **SS-4**
(Rev. December 2025)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.
Go to *www.irs.gov/FormSS4* for instructions and the latest information.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
c/o ARIS SOLUTIONS PO BOX 4409

5a Street address (if different) (Don't enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
WHITE RIVER JCT, VT 05001

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? . . . . . ☐ Yes ☑ No

8b If 8a is "Yes," enter the number of LLC members . . . . . .

8c If 8a is "Yes," was the LLC organized in the United States? . . . . . ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) _____
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) _____
- ☑ Other (specify) HCSR

- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (TIN) _____
- ☐ Trust (TIN of grantor) _____
- ☐ Military/National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 **Reason for applying** (check only one box)

- ☑ Started new business (specify type) _____
  HOME CARE SERVICE RECIPIENT
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify)
- ☐ Banking purpose (specify purpose) _____
- ☐ Changed type of organization (specify new type) _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) _____
- ☐ Created a pension plan (specify type) _____

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be $1,000 or less if you expect to pay $5,000 or less, $6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter . . . . . ☐

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . .

16 Check **one** box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale—agent/broker ☐ Wholesale—other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
ARIS SOLUTIONS FISCAL AGENT

Designee's telephone number (include area code)
866.970.3301

Address and ZIP code
PO BOX 4409 WHITE RIVER JUNCTION VT 05001

Designee's fax number (include area code)
802.295.9812

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)

Name and title (type or print clearly)

Applicant's fax number (include area code)

Signature — Date

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.[1] See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–14, and 16–18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a–6, 7a–b, 8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1–5b, 7a–b, 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership)[2]	complete lines 1–18 (as applicable).
purchased a going business[3]	doesn't already have an EIN	complete lines 1–18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust[4]	complete lines 1–18 (as applicable).
created a pension plan as a plan administrator[5]	needs an EIN for reporting purposes	complete lines 1, 3, 4a–5b, 7a–b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits[6]	complete lines 1–5b, 7a–b (SSN or ITIN as applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1–7b, 9a, 10–12, 13–17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b, 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581[7]	complete lines 1, 2, 4a–5b, 7a–b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes[8], or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1–18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation[9]	complete lines 1–18 (as applicable).

[1] For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

[2] However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

[3] Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

[4] However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

[5] A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

[6] Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

[7] See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

[8] See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

[9] An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

Employer- HCI-CDS

Form **8821**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ **Go to *www.irs.gov/Form8821* for instructions and the latest information.**
▶ **Don't sign this form unless all applicable lines have been completed.**
▶ **Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.**

OMB No. 1545-1165

For IRS Use Only
Received by:
Name
Telephone
Function
Date

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached ▶** ☐

Name and address	CAF No. 0313-84964R PTIN Telephone No. 866-970-3301 Fax No. 802-295-1912
ARIS Solutions PO Box 4409 White River Jct., VT 05001 **Check if to be sent copies of notices and communications** ☐	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address **Check if to be sent copies of notices and communications** ☐	CAF No. PTIN Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment	940, 941x, 941 R, 940, 940x, SS4, W2, W2c, W3, 1099	2026-2028	Tax Liability
Authority to obtain FEIN	SS4, 8821	2026-2028	Tax Liability

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ▶ ☐

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶ ☐
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature | Date

HCSR

Print Name | Title (if applicable)

Participant-Employer Relationship Form

Employer Name: _____ **Employer Email Address:** _____

Employer Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Employer Phone Number: _____**Primary Language:** _____

This form provides some basic information to link you, as the employer, to the individual that you are managing services for. The term "participant" is used to describe the individual who has been authorized to receive services.

Participant (Person Receiving Services):

Participant _____

Participant _____

Agency Participant is Connected to (if applicable): _____

Employer Responsibility Form

Employer Name: _____ **Employer Email Address:** _____

Employer Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

By signing this form, I agree to take on all the responsibilities of being the Employer of Record. These responsibilities are described in the Employer Handbook, which was sent to me and is available on the ARIS Solutions website.

Being an employer is serious and important. Employers must hire, train and supervise employees, along with making sure that all the paperwork is completed properly.

Here are some general examples of what the employer needs to do:

- Understand and follow program requirements
- Follow EVVie requirements for timesheet completion and submission
- Understand what services are funded
- Interview applicants and carefully check references before offering someone the job
- Explain the job to employee(s)
- Make sure that employment forms are completed and submitted to ARIS Solutions
- Train employee(s) to do specific tasks
- Develop a work schedule for your employee
- Plan for back-up coverage, as needed
- Provide ongoing performance feedback to employee(s)
- Fire employee(s) when necessary
- Complete and send in timesheets to ARIS Solutions on time
- Let ARIS Solutions know of any timesheet changes (no later than Monday of each pay week)
- Answer questions about wages and hours worked from employees, ARIS or case/program managers
- Review and track the Employer Spending Report to know how much money is available

Employer Signature: _____ **Date:** _____

NCDOR
Web-Fill
3-20

GEN-53
Taxpayer Representative e-Business Center Access Authorization

Complete this form if you are a taxpayer representative (such as an accountant or payroll company representative) requesting view tax history and manage payment access to a taxpayer's information in the NC Department of Revenue's e-Business Center. **Note: Representatives must first create an NCID user ID and password before submitting this form.** Please review the instructions for additional information.

Step 1. Taxpayer Information *(Please type or print.)*

Legal Business or Owner's Name: _____ Daytime Telephone Number: _____

Address: _____ City, State and Zip: _____

Federal Employer Identification Number: ___-_____ or Proprietor's Social Security Number ___-__-____

Step 2. Taxpayer Representative Information

☐ *There is space provided for up to three representatives. If you need to identify more, check here and attach a list to this form to identify the additional representatives. Note that each taxpayer representative must include his or her signature and the date signed. Taxpayer must sign all attachments.*

Taxpayer Representative's Name: JANET COUTURE

Taxpayer Representative's Company Name: ARIS SOLUTIONS

Address: PO BOX 4409 City, State and Zip: WRJ VT 05001

Daytime Telephone Number: (802) 280-1911

Signature of Taxpayer Representative: _____ Date: _____

Taxpayer Representative's Name: SARAH HESSE

Taxpayer Representative's Company Name: ARIS SOLUTIONS

Address: PO BOX 4409 City, State and Zip: WRJ VT 05001

Daytime Telephone Number: (802) 280-1911

Signature of Taxpayer Representative: _____ Date: _____

Taxpayer Representative's Name: _____

Taxpayer Representative's Company Name: _____

Address: _____ City, State and Zip: _____

Daytime Telephone Number: _____

Signature of Taxpayer Representative: _____ Date: _____

Step 3. Tax Type and Period Begin Date

Select the tax type(s) and note the year or period begin date for which this authorization applies.

	Type of Tax	Year/Period Begin Date
☐	Alcoholic Beverage Tax - Beer	
☐	Alcoholic Beverage Tax - Fortified Wine	
☐	Alcoholic Beverage Tax - Unfortified Wine	
☐	Alcoholic Beverage Tax - Spirituous Liquor	
☐	Cigarette Tax - Resident	
☐	Cigarette Tax - Nonresident	
☐	Corporate Estimated Tax	
☐	Machinery and Equipment Tax	
☐	Other Tobacco Products Tax	
☐	Piped Natural Gas Excise Tax (Repealed July 1, 2014)	
☐	Utility Franchise Tax - Electric (Repealed July 1, 2014)	
☐	Utility Franchise Tax - Water and Sewer (Repealed July 1, 2014)	
☐	Combined General Rate Sales and Use Tax (Utility, Liquor, Gas and Other) formerly Utility and Liquor Sales and Use Tax	
☑	Withholding Tax (NC-5 and NC-5P)	01-01-26

Step 4. Taxpayer Signature

I hereby certify that the taxpayer representative(s) identified should be granted the authority to view tax history and manage payment information within the NC Department of Revenue's e-Business Center on my behalf. This authorization may be revoked by me at any time (see form instructions for additional information).

Signature _____ Print Name _____

Title HCSR Date _____

Fax Form Gen 53 to 919-715-1786 or mail to
North Carolina Department of Revenue, PO Box 25000, Raleigh, NC 27640-0005

Gen-53 Instr.
Web-Fill
3-20

General Instructions

PURPOSE OF THIS FORM

The NC Department of Revenue's e-Business Center is a secure web-based system within our website where you can file and pay taxes, store payment and business information for reuse, view history of online tax transactions and conduct other business with us. This form is used to grant access to a taxpayer representative (such as an accountant or payroll company representative) to view tax history and manage payment information for a taxpayer in the e-Business Center. **Note: Representatives must first create an NCID user ID and password before submitting this form.**

AUTHORITY GRANTED

The authority granted by this form is effective beginning with the period indicated in Step 3 and continues indefinitely unless revoked by the taxpayer or taxpayer representative.

REVOKING THE AUTHORIZATION

The taxpayer can revoke the taxpayer representative authorization granted on this form at any time by contacting the Department in writing.
The taxpayer can:

- Write "Revoke" at the top of a copy of this form and sign under the original signature, or
- The taxpayer can write a letter requesting revocation and submit it to the NC Department of Revenue at PO Box 25000, Raleigh, NC 27640-0005 or fax it to 919-715-1786. The statement of revocation must be signed by the taxpayer.

If the taxpayer wants to appoint a new taxpayer representative, the taxpayer can submit a new Taxpayer Representative e-Business Center Access Authorization to the same address. It is the responsibility of the taxpayer to advise the NC Department of Revenue if access authorization information has changed.

A taxpayer representative can withdraw from representation by filing a statement with the NC Department of Revenue. The statement must be signed and dated by the representative and include the name and address of the taxpayer(s) and a statement revoking the e-Business Center access authorization. Include a copy of the original Taxpayer Representative e-Business Center Access Authorization, if available.

DEFINITIONS

Taxpayer – The business which authorizes the taxpayer representative to view its tax history and manage its payment information in the e-Business Center.

Taxpayer Representative - A third party individual such as an attorney, an accountant, or a payroll company representative that is hired by a taxpayer to represent it on tax matters that might include filing tax returns and paying the tax and viewing copies of tax returns. The taxpayer representative is independent of the taxpayer.

Taxpayer Representative's Company Name – The company that employs the taxpayer representative, if applicable.

View Tax History - This access allows you to view returns and/or payments made online using the e-Business Center.

Manage Payment Information – This access allows you to save and update payment information in the e-Business Center for online payment of tax. The payment types include bank draft, and Mastercard and Visa credit/ debit card.

STEP 1: TAXPAYER INFORMATION INSTRUCTIONS

- Enter the taxpayer business' legal name, or the owner's name if the business is a sole proprietorship, telephone number and address.
- Federal Employer Identification Number or Social Security Number.
  - If the business is a corporation, provide the Federal Employer Identification Number.
  - If the business is a sole proprietorship, provide the owner's Social Security Number.

STEP 2: TAXPAYER REPRESENTATIVE INFORMATION

- Enter the taxpayer representative's name, taxpayer representative's company name, address and telephone number. Note: Only individuals may be named as representatives.
- The taxpayer representative signs and dates form here.
- There is space provided on the form for up to three representatives. If you need to identify more, check the box and attach a list to the form to identify additional representatives. Note that each taxpayer representative must include their signature and the date signed.
- All representatives must first create an NCID user ID and password before submitting this form. If you submit Form GEN-53 without first registering for an NCID, the form cannot be processed and will be returned to you. Instructions for creating an NCID are available on the Department's website at www.ncdor.gov.

STEP 3: TAX TYPE AND PERIOD BEGIN DATE

Enter the tax type(s) and the period begin date(s) associated with that tax type for which the taxpayer representative is being granted access. For example, if you are a monthly withholding taxpayer and you are granting access to a taxpayer representative beginning with the February 01, 2009 period, select the withholding tax type and enter 02-01-09 (Format: mm-dd-yy) in the period begin date field.

STEP 4: TAXPAYER SIGNATURE

The taxpayer signs here to grant view tax history and manage payment information in the Department's e-Business Center to the taxpayer representative.

- If the taxpayer is a sole proprietorship, the owner must sign.
- If the taxpayer is a corporation, an authorized officer must sign.
- If the taxpayer is a partnership or a limited liability company (LLC), an authorized partner or member must sign.
- Taxpayers must sign all attachments, if any.

NCDOR
Web-Fill
8-19-24

GEN-58
Power of Attorney and Declaration of Representative

DOR Use Only

Part 1. Power of Attorney *(Please type or print.)*

ID Type *(Specify one)*
SSN *(Social Security Number)* or
FEIN *(Fed Employer ID Number)*

1 Taxpayer Information

Individual's First Name | **M.I.** | **Individual's Last Name** | **ID Type** | **Primary Identification Number**

Spouse's First Name | **M.I.** | **Spouse's Last Name** | **ID Type** | **Spouse Identification Number**

Entity Legal Name | **ID Type** | **Business Identification Number**

Mailing Address | **Daytime Phone Number** *(Include area code)*

City | **State** | **Zip Code**

Email Address

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part 2.)

First Name: JANET | **Last Name**: COUTURE | **Phone Number**: (866) 970-3301
Mailing Address: PO BOX 4409
City: WHITE RIVER JCT | **State**: VT | **Zip Code**: 05001
Email Address: tax@arissolutions.org
☐ Check to receive available notice copies.

First Name: SARAH | **Last Name**: HESSE | **Phone Number**: (866-970-3301)
Mailing Address: PO BOX 4409
City: WHITE RIVER JCT | **State**: VT | **Zip Code**: 05001
Email Address: tax@arissolutions.org
☐ Check to receive available notice copies.

First Name | **Last Name** | **Phone Number**
Mailing Address
City | **State** | **Zip Code**
Email Address
☐ Check to receive available notice copies.

to represent the taxpayer(s) before the North Carolina Department of Revenue for the following matters:

3 Tax Matters You may list any tax years or periods that have already ended as of the date you sign the power of attorney. You may include future tax years or periods that end no later than three years from December 31 of the year the power of attorney is filed with the Department.

Type of Tax	Begin Tax Period	End Tax Period
WITHHOLDING	12-01-25	12-01-28

4 Acts Authorized. - The representative(s) are authorized to receive and inspect confidential tax information, which may include federal tax information, and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. For purposes of this section, federal tax information is defined as federal tax returns and return information received from the Internal Revenue Service.

Check to make any specific additions or deletions from the acts authorized. ☐

If checked, you must list them below.

5 Signature of Taxpayer(s). - If you request joint representation for you and a spouse related to a joint return, both spouses must sign the form. If you request representation for just you, your spouse is not required to sign. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, representative, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature | Date | Title (if applicable)

Print Name

Signature (If applicable) | Date | Title (if applicable)

Print Name

Part 2. Declaration of Representative (To be completed by representative)

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
  - **A** Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - **B** Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - **C** Enrolled Agent - Enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - **D** Officer - a bona fide officer of the taxpayer's organization.
  - **E** Full-Time Employee - a full-time employee of the taxpayer.
  - **F** Family Member - a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - **G** Other (explain) - FINANCIAL MANAGEMENT SERVICE PROVIDER FOR THE TAXPAYER

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

Designation - Insert above letter (A-G)	Jurisdiction (e.g. State) or Enrollment Card No.	Signature	Date
G			

Upload: Scan and upload completed Form GEN-58 at ncdor.gov/poa
Mail to: North Carolina Department of Revenue, P. O. Box 25000, Raleigh, NC 27640-0005
Fax: 919-715-1786

NC Dept. of Commerce
Division of Employment Security
Post Office Box 26504, Raleigh, NC 27611-6504

"All fields are required unless specified optional"

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

Part 1. Employer's Information. Must sign and date this form on page 2

EMPLOYER'S NAME AND ADDRESS *(Exactly as shown on the Division of Employment Security Records)*	EMPLOYER DES IDENTIFICATION NUMBER
	EMPLOYER FEDERAL IDENTIFICATION NUMBER -

Part 2. Agent

AGENT NAME	AGENT DES IDENTIFICATON NUMBER
ARIS Solutions Fiscal Agent- C/O Janet Couture	
ADDRESS PO Box 4409 White River Jct , VT 05001	AGENT FEDERAL IDENTIFICATION NUMBER
EMAIL ADDRESS tax@arissolutions.org	PHONE NUMBER 802.280.1911 FAX NUMBER (optional) 802.295.9812

The above agent is appointed to represent the above-referenced employer in any of the matters pertaining to contributions (tax) and/or benefits (claims) as listed below. The agent appointed pursuant to this Power of Attorney and Declaration is authorized to:

MAINTENANCE:

☑ Authorize maintenance of and changes to an employer's DES online account, including, but not limited to, contact details, ownership information, address (physical and mailing), FEIN, name change, reporting successorship, request change in reporting method and/or request seasonal designation, and inactivate/reactivate account.

TAX:

☑ Complete and submit documents for filing employer's tax and wage report;
☑ Complete and submit documents regarding an employer's tax rate, contributions and direct reimbursements; and/or
☑ Accept and receive correspondence sent by DES on an employer's tax contributions.

CLAIMS:

☑ Accept and receive correspondence sent by DES regarding claims for benefits, or respond to benefit claim documents, including responding to requests for information about a claimant's separation status.

The undersigned employer acknowledges that the agent appointed pursuant to this Power of Attorney and Declaration of Representative is not authorized to: (a) Represent the employer in hearings or (b) Enter appeals except as authorized by N.C. Gen. Stat. 96-17(b) and 04 N.C. Admin. Code 24A .0110(a) and (b). The undersigned employer further acknowledges that its mailing address for tax matters will remain unchanged, unless the employer submits a change of address in accordance with 04 N.C. Admin. Code 24A .0102.

Part 3. Declaration of Representative

This Power of Attorney and Declaration of Representative shall become effective on _____ and shall remain in effect until terminated by the employer, the representative, or the Division of Employment Security. Authorizing any of the above-listed roles also authorizes the agent to engage in discussion with a representative of the Division of Employment Security regarding the selected role(s). On the effective date, this Power of Attorney and Declaration of Representative revokes any earlier power of attorney on file with the Division of Employment Security on the roles selected above.

AUTHORIZED SIGNATURE	DATE SIGNED
	HCSR
TYPED OR PRINTED NAME	TITLE

The document must be signed by (a) the individual, if the employer is an individual; (b) the president, vice president, or other principal officer, if the employer is a corporation; (c) a partner, if the employer is a partnership or limited liability partnership; (d) a member, if the employer is a limited liability company or professional limited liability company; (e) a responsible and duly authorized member or officer having knowledge of its affairs, if the employer is a government entity, or other unincorporated organization; (f) the fiduciary, if the employer is a trust or an estate, or (g) a person appointed by the employer pursuant to a power of attorney under Chapter 32C of the N.C. General Statutes.

ARIS Solutions 

North Carolina Workers' Compensation Form

Employer Legal Name: Employer Date of Birth:
Veteran name (if different than Employer name):
Relationship to Veteran:
Employer FEIN # :
Employer Phone:
Street Address (where service is provided):
City, State, ZIP(where service is provided):
Estimated Annual Payroll Annual Amount: _____
Effective Date of Coverage (start date): Employer Signature and Date:

Workers' Compensation Insurance Information

This information is important: It gives you information about Workers' Compensation Insurance coverage for your employees and what to do if someone who works for you is hurt on the job.

All the employees that you hire through the HCI-CDS program (and who are paid through ARIS Solutions) have Workers' Compensation Insurance.

People who are **independent contractors** or **vendors** are not covered by this insurance policy.

If your employee has a work-related injury:

Tell them to call us (ARIS Solutions) at 800.798.1658 to complete the First Report of Injury form. This form is then sent to the worker's compensation broker for processing.

You will be asked questions about the injury and claim during the call. You will be sent all the necessary forms to complete and file with the Department of Labor.

Worker's Compensation Insurance

Information on Worker's Compensation Insurance/frequently asked questions:

- *All employers are required to obtain Worker's Compensation insurance before employees may begin to work.*
  - *Employers will be notified as soon as policy is in place.*
- *Worker's Compensation Insurance is an insurance policy which pays for the cost of an employee's medical expense and lost wages in the event of a work related injury.*
- *ARIS Solutions assists employers in obtaining a Worker's Compensation Policy.*
- *The cost for Worker's Compensation insurance can vary somewhat, most policies* on *average cost around $1000 per year.*
  - *The exact cost is determined by the insurance company and depends upon the number of full or part time employees and the total annual wages to be paid in the year.*
  - *The cost of the policy is paid from the participant's budget and is broken down into equal monthly amounts.*
    - *ARIS Solutions pays the policy upfront and is repaid through the VA as billing is done each month.*

Fraud and Program Integrity Information

This information is important: It tells you about your responsibilities related to Fraud and Program Integrity. You need to read and understand this information **before** you start managing services.

The Attorney General's Office—Medicaid Fraud and Resident Abuse Unit (MFRAU) and the Aging & Long-Term Services Department, Adult Protective Services Division to investigate and prosecute claims of improper billing and program misuse of self-directed programs.

Some Examples of Improper Billing:

- Adding hours that were not worked to the timesheet
  - Hours added by the employee that they did not work to increase their check
  - Hours added by you and then "shared" by your employee
- Submitting a timesheet for work provided by someone other than your enrolled employee
- Continuing to send in timesheets for an employee who has quit/is no longer providing care
- Inappropriate signatures
  - Each timesheet must have an original signature by the employee and the employer. **No one else can sign for you or your employee.**

Some Example of Program Misuse:

- Paying for care to more people than the program allows for at one time.
  - Be sure to consult program rules around how many individuals can be cared for by one employee at a time—different programs have different rules;
- Paying for support in a setting that is not allowed (i.e., in a hospital or nursing facility).
  - Be sure to consult program rules. Some programs allow certain services to be billed while an individual is in the hospital/short-term nursing facility—different programs have different rules

Fraud and Program Integrity is serious: These units have specially trained staff who investigate claims against both employees and employers. Many of the cases that they have prosecuted have resulted in criminal convictions or civil settlements.

You can help:

- Never sign blank timesheets or sign timesheets in advance
- Be sure to keep records of when your employee(s) work and the care that is provided during the shift
- Be sure that you review all timesheets carefully
    - Allowing false information on a timesheet to be sent in may be considered a crime
    - As the employer, it is your responsibility to make sure that what is being sent is correct information
- Ask questions!
    - If you are unsure how you can use services, ask your case/program manager or call ARIS Solutions staff for help
- Send in your employees' timesheet
    - Employees should **not** send in timesheets
    - Sending in timesheets is an **employer** responsibility

Fraud costs:

ARIS Solutions pays based on the timesheets submitted. When timesheets include false information, individuals get less of the service that they need.

To Report Fraud or Program Misuse:

Call your SC AAA Care Manager at (828) 586 1962 or call ARIS Solutions for assistance at (800) 798-1658.

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

This notice describes how medical information about you may be used and disclosed and how we may obtain access to this information. *Please review it carefully & keep for your records*.

DEFINITION OF MEDICAL INFORMATION

When ARIS Solutions refers to medical information, we mean protected health information (PHI). PHI is information that is individually identifiable health information including demographic information collected.

USES AND DISCLOSURES OF PHI

Health Care Operations- Your medical information may be used and disclosed in connection with our health care operational including:

- *Case management and care coordination.*
- *Quality assessment and improvement activities and protocol assessment.*
- *Reviewing the competence or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification activities, and credentialing activities.*
- *Conducting legal services, compliance programs, fraud and abuse detection*
- *Business planning and development.*

Additional disclosures-PHI may be disclosed;

- *To another entity that has relationship with the organization for their health care operations relating to quality improvement and assessment activities, reviewing competence or qualifications of health care professionals.*

- *To other entities that assist us in conducting our health care operations.*

We will not disclose your medical information to those persons or entities

unless they agree to keep it protected.

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT
continued…

For the Public Benefit- as authorized by law for the following purposes:

- *As required by law*
- *For public health activities, including disease and vital statistic reporting, FDA oversight, and for work related illness or injury*
- *To health oversight agencies*
- *In response to court and administrative orders*
- *To avert a serious threat to health and human safety*

Your written authorization is required for all other uses and disclosures of your PHI. You may revoke your authorization at any time. However, your revocation will not affect any use or disclosure you permitted to your revocation.

YOUR RIGHTS

Access to your information *— You have the right to inspect or obtain a copy of the medical information about you that is contained in a "designated record set". The organization may ask you to submit your request in writing.*

Accounting of disclosures *– You have the right to receive a list of instances in which we or our associates disclosed your PHI for purposes other than health care operations or those authorized by you.*

Confidential Communication *– You have the right to request that we communicate with you about your PHI by a different means or at a different location. You make this request in writing.*

Amending your PHI *– You have the right to request that we amend your PHI contained in the "designated record set" if it is not correct or complete. We may require that this request be in writing.*

Complaints – *You have the right to file a complaint if you believe your privacy rights have been violated. You may file this complaint with ARIS Solutions and/or the Secretary of the Department of Health and Human Services. All complaints to ARIS Solutions must be made in writing. We support your right to protect your PHI.*

PLEASE KEEP THIS FOR YOUR RECORDS

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

PLEASE SIGN/DATE & RETURN TO ARIS SOLUTIONS

At ARIS Solutions we respect the confidentiality of your medical information and will protect information in a responsible manner. We have a privacy program in place that meets the requirements of HIPAA, the government legislation that sets standards for the privacy of medical information.

This notice will be effective for all medical information that we maintain, including medical information we created or received before

_____(date)

_____(initials)

HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have been provided with a notice of privacy practices and have been advised of how health information about me may be used and disclosed by ARIS Solutions and how may I obtain access to and control of this information.

_____ _____

Signature of Employer *Date*

Frequently Asked Questions

How does ARIS Solutions get the budget?

When the budget is approved, a copy is supposed to come automatically to us. That tells us how much is authorized for you and when services are in place (start/stop dates).

Sometimes, this doesn't happen as planned—and you get a copy, but we don't. When this happens, we work to get it corrected quickly, so your employee can get their pay.

How do I sign up as an employer?

To get started, we need an "Employer Enrollment Packet". You can get this from our website (www.ARISsolutions.org) or we can send you one through the mail.

If you are new to working with us, a "New Employer Start-Up Packet" is sent when services are approved.

You need to fill out the forms included in this packet. This packet lets ARIS Solutions work for you—they include:

- **Employer/Payer Appointment of Agent**—filling out this form lets us process payroll for you
- **Application for Employer Identification Number** (EIN)—all employers must have their own EIN, it's an Internal Revenue Service requirement
- **Tax Information Authorization**—completing this form lets us report taxes on your behalf
- **Consumer/Participant-Employer Relationship Form**—links you as the employer for the budget

You only need to fill out the parts of the forms that are highlighted.

What if I need someone else to become the employer?

If you need to stop being the employer, and have someone else take over, you need to contact us. We need to know that you aren't going to be the employer anymore and who will be taking over. The new person needs to fill out an "Employer Enrollment Packet".

The program that provides funding will need to confirm who is taking over as the new employer.

The new employer will need to sign up all their employees. This is true, even if the new employer plans to use the same people who worked for you. These people will need to complete and send in the forms—and pass their background checks before they can start working for the new employer.

It is important that you work with us early when you decide someone else should be the employer.

Who will ARIS Solutions share information with?

We can only talk to the person signed up as the employer about the budget.

Sometimes this can feel frustrating, if someone is trying to help you manage services and we cannot talk to them. But, it is important that confidential information stays private.

We can give some information to employees about their paycheck.

But, sometimes issues around your employee's paycheck is related to the budget—such as, Medicaid has ended or there was not enough money in the budget to cover all the services. When this happens, we cannot tell your employee the full details around their paycheck and we will refer your employee to talk to you.

Who can be your employee?

Lots of people can be your employee. You should pick your employee based on the kind of work you will have them do.

There are some people who cannot be paid using program dollars, based on the specific program rules. You need to read the guidelines for the

program that funds the services in your budget to be sure that you can hire the people that you want.

All employees must pass their background checks **before** they can start working for you. There are no exceptions for this rule.

How do I sign up employees to work for me?

To sign up an employee, we need an "Employee Hiring Packet". You can get this from our website or through the mail.

Everybody you want to work for you must fill out one of these packets. There are places where you, as the employer, need to complete and sign.

This packet includes:

- **Employee Hiring Notice**—tells us some basic information about who you are hiring
- **Forms W-4** —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 **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

- **Employee Confirmation Form**—this form makes sure that potential employees understand some basic information about working for an employer who is support by ARIS Solutions.

- **Direct Deposit Authorization Form**—signing up for Direct Deposit is great. It ensures that your employees' paychecks are automatically deposited into their accounts. No more waiting for the mail to come!

  Employees who did not sign up for Direct Deposit when they were hired can sign up at any time.

Why do you ask my employee about their relationship to the participant and/or me?

We need to know if your employee has a relationship to you or to the person that they are going to provide care to.

In some programs, there are limits on who can work—or the kind of work that they can do, based on the relationship.

There are tax exemptions that your employee may be eligible for based on the relationship(s) that they might have.

Employee	**Employer**	**Exempt from:**
Child/stepchild, under 18	Parent	Federal Unemployment Tax Medicare Social Security
Child/stepchild, under 21	Parent	Federal Unemployment Tax
Parent	Adult Child	Federal Unemployment Tax
Spouse/ civil partner	Spouse	Federal Unemployment Tax Medicare Social Security

We need this information so we can pay your employees correctly. These exemptions are not optional.

Also, in some programs, there are rules about who can provide care. Having this information helps us make sure that people have the information to apply the rules properly.

Is there a limit to the number of people I can hire?

No! You can hire as many employees as you think you want to have working 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, to keep track of the hours all your employees work and to 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 may have to pay your employees out of your own pocket.
- Each employee needs to fill out an Employee Hiring Packet.

  This is true even if they are already doing this same type of work for someone else.

If employees worked for you but haven't been **paid** in one year, they are automatically terminated as your employee. To work for you again, all they need to do is fill out a new hiring packet. Once they've passed their background checks, they can start working again

Can my employee and I fill these forms out online and submit them?

Yes! ARIS Solutions accepts enrollment packets completed through Adobe Acrobat. Once complete, they can be emailed to: enrollment@arissolutions.org

Or you can call to inquire about our online onboarding module.

When is my employee's timesheet due?

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

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

How do I know if I owe my employee overtime?

Most employees should be paid overtime ("time-and-a-half") if they work more than 40 hours per week for you.

You do not have to figure out the overtime rate. Just enter your employee's hours and the wage that you usually pay. We will do the rest!

There are times when an employee is "exempt" (does not have to be paid) overtime. The Federal Department of Labor made a guide to help employers know when they must pay employees overtime (https://www.dol.gov/whd/homecare/homecare_guide.htm)

When will my employee get paid?

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

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

What happens if the timesheet is late?

Timesheets must be received by **noon on Monday** of the week that employees are going to be paid to be processed.

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

What if the timesheet is missing information or has a mistake on it?

Sometimes timesheets are missing needed information or the information that is included isn't correct. When this happens, we work hard to get what we need so we can pay your employee on time.

We start by calling you. If you get a call from ARIS Solutions—please call us back as soon as possible. We won't be able to process your employee's timesheet until we hear from you and get the information that we need.

If we don't hear from you your caregiver may go unpaid. Once you have corrected the issue, resubmit the timesheet and we will process the timesheet with the corrections.

How do I know how much money is left in the budget?

ARIS Solutions creates an Employer Spending Report every other week—after payroll has been processed—to tell you how much money is available.

Are my employees eligible for unemployment benefits if they no longer work for me?

Maybe. The Department of Labor makes that decision.

If your employee stops working for you, they can contact the Department of Labor to learn more about unemployment benefits.

Are my employees covered by Workers' Compensation insurance, if they get hurt at work?

Good news! Your employees are covered by Worker's Compensation insurance.

If one of your employees has a work-related injury, you must call ARIS Solutions immediately to get the First Report of Injury form. This needs to be filled out and submitted to the insurance broker to enable the employee's to be eligible for benefits.

What is fraud?

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

What are examples of fraud?

- 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 haven't worked to the timesheet

Is fraud serious?

Yes! Fraud is very serious. 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 child/consumer's services

Who handles fraud?

When we think that fraud might have happened, we must contact the Attorney General's Office. The Fraud and Residential Abuse Unit is a special group of investigators and lawyers who handle these cases. The long-term care agency will also be notified.

Who do I contact and when?

Contact your Community Engagement Specialist or the program that authorizes funding if you have questions about how to use your services.

Contact **us** if you have questions about your budget or your employees' timesheets:

You can reach us either by calling (800) 798-1658 or emailing enrollment@ARISsolutions.org.

Connecticut Statewide Respite Care Program ("CSRCP")
National Family Caregiver Support Program ("NFCSP")
(Calendar Year 2026)

Pay Period Dates	Timesheet Submission Date	Pay Date
12/22/2025 - 1/3/2026	1/5/2026	1/9/2026
1/4/2026 - 1/17/2026	1/19/2026	1/23/2026
1/18/2026 - 1/31/2026	2/2/2026	2/6/2026
2/1/2026 - 2/14/2026	2/16/2026	2/20/2026
2/15/2026 - 2/28/2026	3/2/2026	3/6/2026
3/1/2026 - 3/14/2026	3/16/2026	3/20/2026
3/15/2026 - 3/28/2026	3/30/2026	4/3/2026
3/29/2026 - 4/11/2026	4/13/2026	4/17/2026
4/12/2026 - 4/25/2026	4/27/2026	5/1/2026
4/26/2026 - 5/9/2026	5/11/2026	5/15/2026
5/10/2026 - 5/23/2026	5/25/2026	5/29/2026
5/24/2026 - 6/6/2026	6/8/2026	6/12/2026
6/7/2026 - 6/20/2026	6/22/2026	6/26/2026
6/21/2026 - 7/4/2026	7/6/2026	7/10/2026
7/5/2026 - 7/18/2026	7/20/2026	7/24/2026
7/19/2026 - 8/1/2026	8/3/2026	8/7/2026
8/2/2026 - 8/15/2026	8/17/2026	8/21/2026
8/16/2026 - 8/29/2026	8/31/2026	9/4/2026
8/30/2026 - 9/12/2026	9/14/2026	9/18/2026
9/13/2026 - 9/26/2026	9/28/2026	10/2/2026
9/27/2026 - 10/10/2026	10/12/2026	10/16/2026
10/11/2026 - 10/24/2026	10/26/2026	10/30/2026
10/25/2026 - 11/7/2026	11/9/2026	11/13/2026
11/8/2026 - 11/21/2026	11/23/2026	11/27/2026
11/22/2026 - 12/5/2026	12/7/2026	12/11/2026
12/6/2026 - 12/19/2026	12/21/2026	12/25/2026
12/20/2026 - 1/2/2027	1/4/2027	1/8/2027
1/3/2027 - 1/16/2027	1/18/2027	1/22/2027

***Mailed timesheets must be postmarked no later than the "Mail timesheet" date listed above or timesheets will be held until the next regularly scheduled pay date. Timesheets submitted through e_Timesheets must be received no later then 12:00 a.m. EST on the e_Timesheets date or timesheets will be held until the next pay date.**

Employer- HCI-CDS

HCI-CDS Program Timesheet- North Carolina

***REQUIRED FIELDS**

Failure to provide the necessary information may result in delays in processing

***EMPLOYEE NAME:** _____ ***LAST FOUR DIGITS OF SS #**_____

***Participant Name:** _____ **Employer Phone #** _____

Was the Participant admitted to a hospital or nursing home during any of these dates? Yes_____No___

If **YES**, indicate the dates the Veteran was **admitted to and discharged from** the hospital or nursing home

NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

*Please Enter Pay Period Date Range:								
*Date	*Start Time	AM	PM	*End Time	AM	PM	*Service Code	# of Hours Worked
Total Hours Worked for Current Pay Period								

***Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**

We (below) certify that the information provided on this form is true, accurate and complete.

*Employee Signature _____ Date _____

*Employer Signature _____ Date _____

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- PO Box 4409 White River Jct., VT 05001

Phone: 1-800-798-1658 **Fax:** 1-802-295-0663 **Secure Portal:** https://arissolutions.org/submit-timesheet/

Please note it is the Representative-Employer's responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.