ARIS Solutions -- Agency of Human Services

Self and Surrogate-Managed Programs

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 cannot 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. Employers enter information, or sign, where it is **blue**.

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. This packet includes **background checks.** Once we receive a complete employee hiring packet, we will start the processing of running the background checks to see if they are able to work for you.

All employees **must pass** the background checks before you can hire them and have them start to work. Once we get the results from the background check, we will let you know if they can start working—and what the start date is.

Your employee does not have to put information in every box on these forms—we have highlighted the places where they need to fill out their information. Employees enter information, or sign, where it is **yellow**.

Sometimes, you might have to put in some information—and sign—in the employee packet. Employers enter information, or sign, where it is **blue**.

To fill out timesheets: you will need to keep track of the hours and make sure the hours are correctly put on the timesheet. This packet includes some paper timesheets to get you started.

To get more timesheets, you can:

- sign up for electronic timesheets,
- print copies of timesheets from our website (www.arissolutions.org),
- or call to have some sent to you (1-800-798-1658).

If you do not sign up for Electronic Timesheets, employers can send timesheets in through the USPS mail service or hand deliver them to our office in White River Junction.

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 here 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 any of these programs. If your employee works before they have passed the background check, we won't 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 people work hours that the budget cannot pay for, you may have to pay for them yourself.

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
- **financial@arissolutions.org**

ARIS SOLUTIONS

ARIS Solutions -- Agency of Human Services

Self and Surrogate-Managed Programs

Employer Enrollment Forms

Included in this packet are all the forms that you need to complete to sign up as an Employer. We must have original signatures, so these forms need to be mailed back to us. Currently, we **cannot** accept faxed or scanned copies of these forms.

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

- ☑ **Employer Demographic Form**—filling out this form provides ARIS with all your information
- ☑ **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 Relationship Form**
- ☑ **Employer Responsibility Form**—signing this form shows that you understand your role as the employer.
- ☑ **Employer Electronic Visit Verification Form**- filling out this form confirms you understand The EVV requirements for Home-Based services
- ☑ **eTimesheet Registration Form and agreement** (*optional*)

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

You must return the completed and signed form to us before we can start paying your employees. Our mailing address is:

ARIS Solutions

P. O. Box 4409

White River Jct., VT 05001

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 Medicaid
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.

ARIS Solutions -- Agency of Human Services Self and Surrogate-Managed Programs

Employer Demographic Form

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

Employer Name: _____ **Date of Birth:** _____

Employer Social Security Number: _____

Employer Mailing Address: _____

Employer Physical Address: _____

Employer Email Address: _____

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

Welcome to the Vermont Agency of Human Services Self and Surrogate- Managed Programs employment model. You will now manage and direct the services you or the consumer receives. In this employer model you are the employer and you direct the work of your employee.

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): 802.798.1658
Address and ZIP code: PO BOX 4409 WHITE RIVER JUNCTION VT 05001
Designee's fax number (include area code): 802.295.0663

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.

Name and title (type or print clearly)

Applicant's telephone number (include area code)

Applicant's fax number (include area code)

Signature

Date

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	
ARIS Solutions PO Box 4409 White River Jct., VT 05001	CAF No. PTIN Telephone No. 802.280.1911 Fax No. 802.295.6637
Check if to be sent copies of notices and communications ☐	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address	CAF No. PTIN Telephone No. Fax No.
Check if to be sent copies of notices and communications ☐	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	941, 940, 941R, 941X, W2, W3, W2C, SS4, 1099	2026-2029	Tax Liability
Authority to obtain existing FEIN	SS4, 8821	2026-2029	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)

ARIS Solutions -- Agency of Human Services Self and Surrogate-Managed Programs

Consumer/Participant-Employer Relationship Form

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

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 "consumer" is used to term for the individual who has been authorized services.

Consumer Name (Person Receiving Services): _____

Consumer Date of Birth: _____

Consumer Social Security Number: _____

Select below the appropriate service(s) that the consumer receives (select all that apply):

☐	Adult Family Care—Respite (AFCR)	☐	Attendant Services—General Fund (ASP)
☐	Attendant Services—PDAC	☐	Children's Personal Care Services (CPCS)
☐	Choices for Care (CFC)	☐	CFC—Flexible Choices
☐	Developmental Services (DS) Waiver	☐	Family Managed Respite (FMR) or Integrating Family Services Respite (IFSR)
☐	CFC—Moderate Needs	☐	Brain Injury Program- Respite

Agency Consumer/Participant is Connected to (if applicable): _____

ARIS Solutions -- Agency of Human Services
Self and Surrogate-Managed Programs

Employer Relationship Form

ARIS Solutions is required to collect information about the relationships between employers, employees, and individuals receiving services to ensure payments comply with Federal and State Medicaid rules.

- From the relationship list, record the relationship you have with your client(s) in the table below.
- If no relationship below applies, write "None." Do not leave any fields blank.

It is the responsibility of the employer to ensure payroll submissions comply with Federal and State Medicaid rules. Misrepresentation or falsification of information may result in loss of self-directed services and could be considered Medicaid fraud.

Relationship Selection List

- Adoptive Parent
- Biological Parent
- Civil Union Partner
- Civil Union Partner of Legal Guardian
- Domestic Partner
- Domestic Partner of Legal Guardian
- Shared Living Provider
- Foster Parent
- Legal Guardian
- None
- Spouse
- Spouse of Legal Guardian
- Stepparent

Consumer Name	Employer Relationship to Consumer

By signing this form, I understand the relationship information provided is accurate and I am required to follow the programmatic restrictions outlined in the following pages:

Employer name (please print): _____

Employer Signature: _____ Date: _____

Please keep this form for your records.

Relationship based restrictions are listed by program below:

Developmental Disability Services

Restrictions to payment for services rendered under **Developmental Disabilities Services** programs, including **Family Managed Respite**, outside of the allowances of the Legally Responsible Individual policy are as follows, as outlined in the Vermont Medicaid Manual for Development Disabilities Services *revised January 2018*, section 1.8 Worker Qualifications:

- Payment will not be made for services furnished by:
  - Legal Guardian or spouse/domestic partner/civil union partner of legal guardian.
  - Individual's parent, step-parent or adoptive parent.
  - Domestic partner or civil union partner of the parent.
  - Spouse, domestic partner or civil union partner of the individual.
  - Payment will not be made to spouse/domestic partner/civil union partner of a home provider for respite.
- Payment *may* be made to the spouse/domestic partner/civil union partner of the home provider for Community Supports, In Home residential supports at the discretion of the contracting DS agency.

Choices for Care

Unless there is a variance approved by the Adult Services Division, restrictions to payment for services rendered under **Choices for Care**, **Flexible Choices, Moderate Needs** & **Adult Family Care** are as follows, as outlined in the Choices for Care Vermont Long-Term Services & Supports Program Operations Manual High & Highest Needs Group *revised July 2020*, Section IV.3.E. & Section IV.10.F & Section IV.11.I:

- A legal guardian, appointed by probate court, may not be paid to provide Personal Care Services.
- The participant's legal guardian shall not be paid to provide Adult Family Care services to the participant.
- A spouse or civil union partner shall not be paid to provide assistance with Instrumental Activities of Daily Living (IADLs) as part of personal care services.
  - IADLs are defined as:
    a. Meal Preparation
    b. Medication Management
    c. Using the Telephone
    d. Money Management
    e. Household Maintenance
    f. Light Housekeeping
    g. Laundry
    h. Shopping
    i. Transportation

j. Care of Medical or Adaptive Equipment

Restrictions to payment for Respite Care and Companion Care services rendered under **Choices for Care** programs are as follows, as outlined in as outlined in the Choices for Care Vermont Long Term Services & Supports Program Operations Manual High & Highest Needs Group *revised July 2020*, Section IV.4.E & Section IV.5.E:

- A spouse or civil union partner of the individual receiving services shall not be paid to provide respite care services.
- A spouse or a civil union partner of the individual receiving services shall not be paid to provide companion care services.
- A legal guardian, appointed by the probate court, shall not be paid to provide respite care services.
- A legal guardian, appointed by probate court, shall not be paid to provide companion
- care services.

Children's Personal Care

Restrictions to payment for services rendered under the **Children's Personal Care Services** program, with the exception of the allowances provided under the Legally Responsible Adult policy, are as follows, as outlined in the Children's Personal Care Services Program guidelines, *dated June 30, 2023*:

- A personal care worker may not be a biological or adoptive parent, guardian, shared living provider, foster parent, stepparent, domestic/civil union partner of the child's primary caregiver, or relative serving in the primary caregiver capacity.

Brain Injury Program

Restrictions to payment for services rendered under the **Brain Injury Program** are as follows, as outlined in the Traumatic Brain Injury Provider/Procedures Manual Section V:

- Payment will not be made for services furnished by the consumer's parent, step-parent or adoptive parent; by the consumer's spouse, domestic partner or legal guardian; or by sibling under the age of eighteen (18).

Attendant Services Program

Restrictions to payment for services rendered under the **Attendant Services Program**, inclusive of **Medicaid Participant Directed Attendant Care (PDAC)** and **Attendant Services Program (ASP) General Funds**, are as follows, as outlined in the Attendant Services Program Employer Handbook *Revised July 2014*, Chapter VI:

- The spouse or civil union partner of a participant may be paid to provide services as an employee under ASP General Fund programs, but will not be paid under Medicaid PDAC.
- An ASP Participant's legal guardian (appointed by a probate court) may not be paid to provide services as an employee under ASP.

Please contact your agency or case manager with questions you may have regarding how a relationship between an employee and individual receiving care may impact payment.

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Employer Responsibility Form

Employer Name: _____

Employer Email Address: _____

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
- If necessary follow Electronic Visit Verification requirements
- 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
- Pay your employees out of pocket if you run out of money in the budget, if the consumer budget ends or if the consumer loses Medicaid and people have worked

Employer Signature: _____ **Date:** _____

ARIS Solutions -- Agency of Human Services Self and Surrogate-Managed Programs

Employer Electronic Visit Verification Notification Form

Employer Name: _____

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

By signing this form, I understand:

- EVV is a Federal requirement for caregivers who perform home-based services for individuals enrolled in a State of Vermont program.
- Exemptions to EVV requirements are:
    - If the caregiver lives with the individual receiving services
    - If the service is provided solely in the community
- If program requirements and/or participant needs change, my caregiver's EVV exemption status may change,
- EVV requires the use of resources such as a landline phone, smartphone, and/or computer,
- EVV visits must be recorded at the time services are delivered,
- Shifts on a timesheet must have matching EVV data,
- EVV visits do not replace a timesheet submission,
- EVV does not replace your payroll responsibilities,
- If you send in a timesheet that is missing EVV information, it could delay your caregiver's payment,
- If payment is not able to be made to your caregiver because of missing EVV information, pay your caregiver out of pocket.

Employer Signature: _____ **Date:** _____

e-Timesheets Registration and Agreement Form

Each Employer and Employee must complete a separate form. If you are filling out this form as an Employee, you (and your Employer) must sign up for e_Timesheets with each Employer that you work for.

Please remember that each Employer and Employee must have individual email addresses (**cannot** share one with any other employer or employee).

Name: _____
Required (Please print clearly)

E-mail Address: _____
Required (Please print clearly)

Phone Number: _____ Last 4 digits of Social Security Number: _____
Required

Registering as: **Employer** ☐

Employee ☐ **My Employer's** name is: _____
Required

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the Vermont Office of Attorney General-Medicaid Fraud and Residential Abuse Unit (MFRAU) and will automatically do that, even if the timesheet is sent through e_Timesheets,
- You will not share your User Name or Password with anyone,
- You will notify ARIS Solutions immediately if you change your email address,
- You will notify ARIS Solutions immediately if there is a change in employment status of any employee who uses e_Timesheets,
- You will notify ARIS Solutions immediately if there is a change in the employer of record for anyone who uses e_Timesheets, and
- Submitting hours or services that were not worked may be considered Medicaid fraud
- You understand the timesheet submission deadline is Monday by 12P EST of the payroll week.

Signature
Required _____

Print Name
Required _____

Date
Required _____

Financial Management Support Empowering Independent Lives.
Tel: 800.798.1658 □ Fax: 802.295.0663 □ PO Box 4409 □ White River Jct., VT 05001
www.arissolutions.org

ARIS Solutions -- Agency of Human Services Self and Surrogate-Managed Programs

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 Agency of Human Services self/surrogate direct programs (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:

1) You (the employer) must call Sentry Group **immediately** at (800) 473-6879
2) Tell them that you and your employee are part of the **Vermont Consumer Directed Medicaid Services**
3) Tell them to call us (ARIS Solutions) at (800) 798-1658 to verify employment and wages and let us know that there has been a work-related injury

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 Vermont Department of Labor.

ARIS Solutions -- Agency of Human Services Self and Surrogate-Managed Programs

Medicaid Fraud and Program Integrity Information

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

The Vermont Attorney General's Office—Medicaid Fraud and Resident Abuse Unit (MFRAU) and Department of Vermont Health Access (DVHA)—Program Integrity Unit investigate and prosecute claims of improper billing and program misuse of the Agency of Human Services self/surrogate 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

Medicaid 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

Medicaid 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:

Office of Attorney General Medicaid
Fraud and Residential Abuse Unit
109 State Street
Montpelier, VT 05609-1001
(802) 828-3171

Or complete the online report:
http://ago.vermont.gov/assets/files/Criminal/Medicaid_Fraud/Medicaid%20Fraud%20Re port%20Form.pdf

Or call ARIS Solutions for assistance at (800) 798-1658

ARIS SOLUTIONS

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. Employer sections are color-coded in **blue**.

Can only one person be the employer?

No. More than one person can be signed up as the employer.

To have more than one person be the employer, we need to work together with the funding program, to create two budgets. Then, each employer

can manage their own budget. Each person fills out an "Employer Enrollment Packet" to sign up as an employer.

Each employer needs to sign up all the employees who will work for you. These employees need to sign up with both employers —even if you both plan to use the same employees.

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 Medicaid 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.

Also, people who did not pass the Background Check policy cannot be paid through Medicaid dollars.

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 (highlighted in **blue**). The places where your employee needs to fill information out and sign are highlighted in **yellow**.

This 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 **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 are done to help make sure that a potential employee does not have any 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 what would keep someone from working for you (these forms are completed by the **employee**)

  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 regular mail.

Medicaid will not pay your employee until we have notified you that they are all set to start working for you

- **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! (completed by the employee)

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

  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 consumer/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 program, 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?

No, that isn't something that is currently allowed. The forms are available online to be printed though.

We need to have your original signatures on file, so we need to have you send these forms back to us through the regular mail. If you print the forms yourself, it is very important that you only print them **single-sided**. We cannot accept **forms** that are copied on both sides.

It seems silly, but for some of these forms, it is a requirement.

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 fill out a timesheet?

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. It must have:

- 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/participant's name

You need to check off:

- Do you live in the same home as the person receiving care?
- The section "Will this Employee Continue Working for You?"
  - If the employee isn't going to work for you anymore, you need to check if they quit, were terminated or laid off. This is important information related to Unemployment Insurance benefits
  - If they aren't going to be working for you anymore, be sure you include your employee's last day of work
- If the employee is exempt from overtime The Federal Department of Labor made a guide to help employers know when they should pay employees overtime (https://www.dol.gov/whd/homecare/homecare_guide.htm)
  - Not every employee is required to be paid overtime.
  - If the employee **does not get paid overtime**, you need to check **"Yes"** that the employee is **exempt** from overtime.
  - If the employee **does get paid overtime**, you need to check **"No"** that the employee is **not exempt** from overtime.
  - If you don't check anything, we will make sure that the employee is paid "time-and-a-half" for any overtime hours worked.

Complete the details of when and in what program your employee worked:

- Each day 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,
- The program that you manage services for, and
- The wage that you pay your employee

You must pay at least the minimum wage required by the program and no more than the maximum that is allowed (this varies by program)

- all programs require that you pay a minimum wage negotiated through a Collective Bargaining Agreement (currently $ 16.11 per hour (FY2026))
- If you are unsure what the minimum wage for the service you are managing is, you can call us and we can help

The ranges are set by the State of Vermont.

If you have questions, we created a little training video (https://www.youtube.com/watch?v=Aagn2-ihXnI&feature=youtu.be) or you can ask our Customer Service team for help by calling (800) 798-1658.

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)

How can I send in timesheets?

There are a few ways to submit timesheets:

- You can sign up for eTimesheets (http://www.ARISsolutions.org/wordpress/wp-content/uploads/2015/04/registration-form.pdf) and send them in through our eTimesheet portal: https://ARISsolutions.org/eTimesheet/
  - eTimesheets is great—a fast, secure way to fill out and send in timesheets
  - You can easily track when timesheets are submitted
- You can send them through the mail:

  ARIS Solutions

  P. O. Box 4409

  White River Jct., VT 05001

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

- You can drop them off to us:

  ARIS Solutions
  72 So. Main Street
  White River Jct., VT 05001

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

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

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 within approximately **5 business days**, we send the timesheet back to you—with instructions on how to fix the timesheet. Once you have corrected the issue, send the timesheet back to us. We can try to pay it again.

Why does ARIS Solutions send the timesheet back so quickly?

Sometimes it is hard to catch people on the phone. Because we want to be sure that you get a chance to correct timesheets as quickly as possible—and get your employees their pay as quickly as possible—we send them back.

If you miss our call and can't call back until after we have returned the timesheet to you, it can create delays in your employee getting paid, which can be frustrating for you and them. Please remember, we are all working to try to get your employee paid for their work as quickly as we can.

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.

What if there isn't money in the budget to cover all the hours worked?

If there isn't enough money in the budget, some or all your employee's hours worked as recorded on the timesheet won't be paid.

If your budget is continued, these hours will **not** be paid. Services are paid based on when they are worked—not when money is available.

The hours would only be paid if the budget is increased to cover services provided during that period.

As the employer, it may be your responsibility to pay for hours worked that the budget could not cover.

What is Patient Share?

Patient Share is like a "co-pay" for long-term care services. It is the amount of the participant's income that must be paid to the long-term care provider each month.

When long-term care services are self-or surrogate-directed, through ARIS Solutions, ARIS Solutions pays the long-term care provider up-front. The Patient Share amount is not paid to ARIS Solutions by Medicaid.

The participant is responsible for paying us the Patient Share.

How do I know if Patient Share is owed?

Not every person who receives long-term care services owes a Patient Share. Patient Share is determined by the Department of Vermont Health Access (DVHA).

If you, or the person you manage services for, has a Patient Share, DVHA will tell you in writing.

Does every program have Patient Share?

No. Patient Share is connected to Medicaid eligibility. Only people who receive long-term care Medicaid might owe a Patient Share.

Who determines if Patient Share is owed?

The Department of Vermont Health Access (DVHA) makes the decision about Patient Share.

ARIS Solutions does not decide if Patient Share is owed.

How does ARIS Solutions get notified that Patient Share is owed?

As your payroll provider, we receive a copy of the same letter that DVHA sends you.

When is Patient Share applied?

A Patient Share is applied for each month that you receive services. For

example:

If you submit timesheets for services provided in December, January and February all at once, three Patient Shares will be applied. However, your employee(s) may receive one paycheck that includes services provided in all the pay periods they worked.

Who do I make Patient Share payment to?

Patient Share payments are made directly to ARIS Solutions.

When are Patient Share payments due?

Patient Share payments are typically due at the end of each month for care provided in the previous month.

What happens if Patient Share payments are late/overdue?

If a payment is going to be late, please call to let us know.

If the Patient Share account has either three-months of unpaid Patient Share or is more than $500.00 over due, we will stop processing timesheets for your employees until the account is paid in full.

It is important to remember that Patient Share is based on when services are provided. If timesheets for multiple months are sent in together, more than one month of Patient Share will be applied.

Who do I call with questions about Patient Share?

If you have questions about how Patient Share is calculated or the monthly amount owed, please contact Health Access Member Services (800-250-8527) directly.

If you have questions about a payment, contact ARIS Solutions. Our staff is available to assist you Monday through Friday, from 8:00 a.m. to 4:00 p.m. by calling (800) 798-1658.

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

Maybe. The Vermont Department of Labor makes that decision.

If your employee stops working for you, they can contact the Department of Labor (http://labor.vermont.gov/) 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 the Worker's Compensation Injury Hotline as soon as possible. The number to call is **(800) 473-6879**. You need to tell the person who answers the phone that you are part of the **"State of Vermont Consumer Directed Medicaid Program".**

What is Medicaid fraud?

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

What are examples of Medicaid 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 Medicaid fraud serious?

Yes! 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 child/consumer's services

Who handles Medicaid fraud?

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

Who do I contact and when?

Contact **your case manager 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 financial@ARISsolutions.org.