

Is Employee Exempt from Overtime Payments?

<input type="radio"/> Yes (Overtime exempt means should not be paid overtime wages)	<input type="radio"/> No (Not overtime exempt means should be paid overtime wages)
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ARIS Solutions Time Sheet

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

CONSUMER NAME: _____ **Do you live in the same home as the person you provided care to?** Yes No

Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes ___ No ___

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

Will this employee continue to work for you? Yes No **If no, why not:** Quit Fired Laid Off **Effective Date:** _____

SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL

Program Consumer Receives Supports from:

<input type="radio"/> Adult Family Care-Respite	<input type="radio"/> Choices for Care (CFC)	<input type="radio"/> CFC-Moderate Needs	<input type="radio"/> Attendant Services—GF Attendant Services—PDAC
<input type="radio"/> Children’s Personal Care Services (CPCS)	<input type="radio"/> CFC—Flex Choices	<input type="radio"/> Family Managed Respite/IFS-R	<input type="radio"/> Traumatic Brain Injury Respite (TBI)

Programs highlighted in blue (CPCS, CFC, Flex Choices, Moderate Needs, Attendant Services-GF, PDAC & TBI) may require EVV depending on where the service is provided or the employee lives

Date	Start Time	A M	P M	End Time	A M	P M	Pay Rate	Service Code (See Back for Codes)	Location of Service (Home or Community)	# of Hours Worked
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
Total Hours Worked										

I (below) certify, under the pains and penalty of perjury, to the best of my knowledge, that the dates, start and end times, and hours provided on this form are true, accurate and complete. I understand that submitting an inaccurate time sheet may result in termination of the employer and/or the employee from this program and may result in civil and/or criminal penalties.

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINT EMPLOYER NAME _____ **DATE** _____

EMPLOYER SIGNATURE _____ **EMAIL/PHONE** _____

Mail Timesheets to:
PO Box 4409
White River Jct., VT 05001

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

EVV and non-DDSD Timesheet (Version 1) December 2020

DO NOT SIGN A BLANK TIMESHEET OR SIGN A TIMESHEET ON BEHALF OF SOMEONE ELSE

This timesheet is *not* for Developmental Disabilities Services (DS Waiver) Supports



Program	Service	Service Code	Minimum Rate*	Employer Tax*
Adult Family Care-Respite	Respite (Hourly)	AFCR	\$12.00/hour	13.09%
		AFCR	\$192.00/day	13.09%
Children's Personal Care Services	CPCS Personal Care	Personal Care	\$12.00/hour	12.4%
Choices for Care (CFC)	Personal Care-Consumer	Personal Care	\$12.00/hour	13.09%
	Personal Care-Surrogate	Personal Care	\$12.00/hour	13.09%
	Companion Care-Consumer	Companion	\$12.00/hour	13.09%
	Companion Care-Surrogate	Companion	\$12.00/hour	13.09%
	Respite Care-Consumer	Respite	\$12.00/hour	13.09%
	Respite Care-Surrogate	Respite	\$12.00/hour	13.09%
CFC—Flex Choices	Flexible Choices	Flexible Choices	\$12.00/hour	13.09%
CFC—Moderate Needs	Moderate Needs	Moderate Needs	\$12.00/hour	13.09%
Family Managed Respite (FMR)	Respite (Hourly)	Respite	\$12.00/hour	11.38%
	Respite (Daily)	Respite	\$192.00/day	11.38%
Attendant Services—GF	Attendant Services	Attendant Services	\$12.00/hour	8.90%
Attendant Services—PDAC	Attendant Services PDAC	PDAC	\$12.00/hour	12.15%
Traumatic Brain Injury (TBI)	TBI Respite Care	Respite	\$12.00/hour	11.38%
	TBI Respite Care	Respite	\$192.00/day	11.38%
ALL PROGRAMS	Sick Time (Hourly)	Sick Time		<i>Program Specific</i>

Programs highlighted in blue (CPCS, CFC, Flex Choices, Moderate Needs, Attendant Services-GF, PDAC & TBI) may require use of EVV depending on where the service is provided or the employee lives

Services cannot be provided while an individual is admitted to the hospital

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

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

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



To learn more about e-TIMESHEETS go to www.arissolutions.org
Contact 800-798-1658 or financial@arissolutions.org with any questions