

Choices for Care  
**Moderate Needs Flexible Funds**  
Self-Hire Services

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# Employer Handbook

August 2014

**This information is important. If you do not understand it, take it to your local office for help.**

Ces informations sont importantes. Si vous ne les comprenez pas, apportez-les à votre bureau local pour recevoir de l'aide. **French**

Это важная информация. Если она Вам непонятна, возьмите это письмо и обратитесь за помощью в местное отделение. **Russian**

Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć. **Serbo-Croatian**

Esta información es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda. **Spanish**

Maelezo ya barua hii ni muhimu. Kama huielewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi. **Swahili**

Thông tin này rất quan trọng. Nếu quý và không hiểu nội dung trong này, hãy đem thư này đến văn phòng tại địa phương của quý và sẽ hỗ trợ giúp đỡ.  
**Vietnamese**

**Vermont Agency of Human Services**  
Department of Disabilities, Aging and Independent Living  
Division of Disability and Aging Services  
103 South Main Street – Weeks 2  
Waterbury, Vermont 05671-1601  
802-241-1228 (voice/ttd)  
[www.dail.state.vt.us](http://www.dail.state.vt.us)

Payroll Agent:  
**ARIS Solutions**  
**P.O. BOX 4409**  
**White River Junction, VT 05001**  
**1-800-798-1658**

**This document is available in alternative format upon request.**

# CONTENTS

	PAGE
CHAPTER I: Introduction.....	3
CHAPTER II: Eligibility and Employer Responsibilities.....	4
1. Program Eligibility.....	4
2. Employer Eligibility.....	4
CHAPTER III: Program Limitations.....	5
CHAPTER IV: Service Descriptions.....	7
CHAPTER V: Employer Responsibilities.....	8
1. Employer Responsibilities.....	8
2. How to Find and Keep a Caregiver.....	9
CHAPTER VI: How to Apply and Enroll.....	10
1. Certification of Employer Eligibility.....	10
2. Enrolling Employers.....	10
3. Enrolling Employees.....	11
CHAPTER VII: Employee Eligibility and Restrictions.....	12
1. Employee Eligibility.....	12
2. Employee Restrictions.....	12
CHAPTER VIII: Payroll Policies and Procedures.....	13
1. Payroll Agent.....	13
2. Submitting Timesheets.....	13
3. Additional Employees or Replacement Employees.....	14
4. Termination of Employment.....	14
5. Instructions for Completing Time Sheets.....	14
6. Approved Services.....	15
7. Changes in Hours.....	15
8. Submitting Sheets.....	15
9. Timesheet Errors.....	15
10. Other Reasons an Employee may not get paid.....	16
11. Pay Schedule.....	16
12. Pay Rate.....	16
13. Unemployment Insurance.....	17
14. Workers' Compensations.....	17
15. Taxes.....	17

<b>CONTENTS (cont.)</b>	<b>PAGE</b>
16.Problems with the Payroll Agent.....	17
17.Medicaid Fraud.....	17
CHAPTER IX: Case Management Services.....	19
1. Case Manager Responsibilities.....	19
2. Case Manager Limitations.....	19
CHAPTER X: Abuse, Neglect, and Exploitation.....	20
Appendix A: Local Agencies.....	21-22

## CHAPTER I: Introduction

Welcome to the Moderate Needs Flexible Funding, Self-Hire option! Being an **EMPLOYER** for self-hired services is a big responsibility and should not be taken lightly. That is why all participants of the Choices for Care program who are able and willing to self-hire services, (or surrogates doing so on their behalf), must be certified by the participant's case manager as an eligible **EMPLOYER** first. People who are not able or willing to be the **EMPLOYER** will be provided other options by their case manager to meet their needs such as receiving services through a local home health agency.

Once certified, the **EMPLOYER** agrees to perform all activities required to hire, train, and supervise employees. This manual will help **EMPLOYERS** understand their responsibilities as well as the program requirements.

## CHAPTER II: Eligibility

### 1. Program Eligibility

To be eligible for the Choices for Care Moderate Needs program, an individual must:

- a) be a Vermont resident;
- b) be at least 65 years of age, or 18 or older and have a physical disability;
- c) be financially eligible for Moderate Needs Services;
- d) meet the clinical criteria for Moderate Needs Services;
- g) make an informed choice to accept CFC services in a Service Plan.

For Moderate Needs services, funding must be available as well. If funding is not available, people will be placed on a wait list.

Individuals who wish to direct their own services must also meet the following **EMPLOYER** eligibility guidelines.

### 2. Employer Eligibility

The CFC case manager must certify eligibility for any individual or surrogate who wishes to be an **EMPLOYER** of self-hired services. As a part of this process the case manager will complete an “Employer Certification Form”.

All **EMPLOYERS** must have the cognitive ability to communicate effectively and perform the activities required of an employer in Chapter V. Cognition and communication are defined as follows:

- a. **Cognition:** the ability to understand and perform the tasks required to employ a caregiver (including recruitment, hiring, scheduling, training, supervision, and termination). An individual who has cognitive impairments or dementia that prevent understanding and performance of these tasks, is not competent, or has a guardian, is not eligible to manage waiver services.
- b. **Communication:** the ability to communicate effectively with the case manager and with the caregiver(s) in performing the tasks required to employ a caregiver. An individual, who cannot communicate effectively, whether through verbal communication or alternate methods, is not eligible to manage waiver services.

In addition, the **EMPLOYER** must live within close proximity to the individual in order to monitor services and supervise employees adequately. Employers must demonstrate over time that they have the ability to understand program rules and to reliably perform employer responsibilities. If the individual or surrogate is not able or willing to be the **EMPLOYER**, the case manager will discuss other options.

## CHAPTER III: Program Limitations

The Choices for Care (CFC) program has the following limitations:

1. Moderate Needs services are limited to available funds.
2. **EMPLOYERS** are **not** paid by the Moderate Needs program to direct and manage self-hired services.
3. An individual's legal guardian (appointed by a probate court) may **not** be paid as an **EMPLOYEE** to provide any services under the Moderate Needs program.
4. An **EMPLOYEE** who is paid by the Moderate Needs program CFC to provide services for the individual may **not** also serve as the surrogate **EMPLOYER**.
5. **EMPLOYEES** must be 18 years of age or older.
6. The Moderate Need program only provides services and care for the individual who has been found eligible. Therefore, services are **restricted to the benefit of the individual**.
7. **EMPLOYEES** must pass a complete background check before services can start.
8. Persons with any of the following may not be paid to provide services under the Moderate Needs program (*DAIL Background Check Policy, 08/21/2014*):
  - a. a substantiated history of abuse, neglect, or exploitation of an adult or child;
  - b. exclusion from participation in Medicaid or Medicare services, programs, or facilities by the federal Department of Health and Human Services' Office of the Inspector General; or
  - c. a criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust.
9. An individual's spouse or civil union partner may **not** be paid to provide companion services or respite services under the Moderate Needs program.
10. An individual's spouse or civil union partner may **not** be paid to provide personal care assistance with Instrumental Activities of Daily Living such as meal prep, medication management, phone use, money management, household maintenance, housekeeping, laundry, shopping, transportation, and care of adaptive equipment.
11. **EMPLOYEES** are not paid to provide services while the individual is admitted to a hospital or nursing facility.

12. Individuals may remain eligible for the Moderate Needs program up to **30 days** while absent from the state of Vermont.
13. Individuals may use their Moderate Needs services up to **7 days** while absent from the state of Vermont.
14. Surrogate **EMPLOYERS** shall not be certified to manage services for more than two (2) individuals at one time.
15. Moderate Needs funding shall not be used to provide services that are otherwise being through another funding source.
16. **EMPLOYEES** are not authorized to work overtime, and therefore must not work more than 40 hours/week.

## **CHAPTER IV: Self-Hired Home Care**

Participants found eligible for Moderate Needs Flexible Funding will complete a needs assessment, person centered plan and budget worksheet with their case manager. The plan and budget will identify the person's goals, the services they need and the cost of those services.

Individuals who are eligible to self-hire home care services may hire employees to provide assistance such as:

- Housekeeping
- Personal Care
- Preparing meals
- Shopping
- Non-Medicaid covered transportation
- Care of adaptive equipment
- Respite Care
- Companion Care

All Moderate Needs Flexible Funding services must be reflected in the individual's needs assessment, the person-centered plan and budget worksheet. Participants work closely with their case managers throughout the process.

## CHAPTER V: Employer Responsibilities

### 1. Employer Responsibilities

The self-hire options are a wonderful opportunity for many people. However, this option is not suited for everyone. Being an **EMPLOYER** is an important responsibility and should not be taken lightly. Please consider the following responsibilities before enrolling as an **EMPLOYER**.

The **EMPLOYER** must agree to perform the following ongoing tasks:

- ◆ Understand and follow program requirements
- ◆ Recruit and select qualified employee(s) that are 18 years of age or older
- ◆ Interview applicants and carefully check references before you offer anyone employment
- ◆ Notify selected employee(s) of their responsibilities
- ◆ Assure that employment forms are completed and submitted to the payroll agent (See Chapter VIII)
- ◆ Train employee(s) to perform specific tasks as needed
- ◆ Develop a work schedule based on the approved Service Plan
- ◆ Maintain updated copies of approved budget worksheet
- ◆ Arrange for substitute or back-up employees as needed
- ◆ Develop and maintain a list of tasks for the employee(s)
- ◆ Authorize employee(s) timesheets based on the approved budget and actual time worked
- ◆ Maintain copies of all employee(s) timesheets
- ◆ Surrogate employers must perform supervisory visits in the home of the individual at least once every thirty (30) days in order to assure that tasks are performed by the employee correctly and completely
- ◆ Evaluate performance and provide ongoing performance feedback to employee(s)
- ◆ Terminate employee(s) employment when necessary
- ◆ Notify the payroll agent of any necessary changes
- ◆ Participate in the assessment and reassessment of program eligibility
- ◆ Communicate with the case manager on a regular basis (See Chapter IX.)
- ◆ Track use of Respite and Companion service hours, so as not to exceed 720 hours a calendar year (See Chapter IV)
- ◆ Avoid conflict of interest with employees, the individual and/or other participating agencies

**NOTE:** Surrogate employers must live in close proximity to the individual and be available to perform the above employer responsibilities on an ongoing basis.

## **2. How to Find and Keep a Caregiver**

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**EMPLOYERS** may refer to the “**Help at Home: A Guide to Finding and Keeping Your Caregiver**” (published by Homeshare Vermont, Burlington, VT), for helpful information and tips on hiring, training and keeping caregivers/workers. **EMPLOYERS** may obtain a guide by contacting the Choices for Care case manager or Homeshare Vermont at (802) 863-5625 or <http://www.homesharevermont.org/>.

## CHAPTER VI: How to Apply and Enroll

The following outlines the steps involved with certifying **EMPLOYERS**, enrolling **EMPLOYERS** and **EMPLOYEES**.

### 1. Certification of Employer Eligibility

All **EMPLOYERS** must be certified as able and willing to direct self-hired services. Surrogate employers must live in close proximity to the individual and be **available** to perform the employer responsibilities on an ongoing basis.

#### a. Certification

During the initial assessment process, the case manager completes an “Employer Certification Form”. The case manager must verify and document that the prospective employer is able (as described under “Eligibility”) and willing to direct and manage services. By signing the Employer Agreement form the **EMPLOYER** agrees to perform the required activities. The case manager will continue to monitor the employer’s ongoing eligibility during monthly contact and annual reassessments.

#### b. Non-Certification

If the case manager determines that the consumer or surrogate is not able to perform the ongoing tasks required as the **EMPLOYER**, the individual shall be notified of the decision in writing. The notice will include appeal rights.

### 2. Enrolling Employers

Once certified, all **EMPLOYERS** must enroll in the payroll system as described below:

- a. **Contact Payroll Agency:** Certified **EMPLOYERS** must contact the following payroll agent to obtain the necessary forms to become enrolled in the payroll system:

**ARIS SOLUTIONS**

**P.O. BOX 4409**

**White River Junction, VT 05001**

**1-800-798-1658**

- b. **EMPLOYER Forms:** The following forms must be completed by the **EMPLOYER** and returned to the payroll agent in order to enroll in the payroll system. These forms are subject to change:

- Employer Appointment of Agent
- Power of Attorney/Declaration of Representative

- Application for Employer Identification Number
- Tax Information Authorization
- Employer Information/Agreement
- Consumer Information

***Important: Timesheets cannot be processed, nor can payments to workers be made, until ARIS Solutions has the Enrollment form from the case management agency and all of the required forms and background checks are complete and clear.***

### **3. Enrolling Employees**

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**Please note: Employees may not begin to work until they have been cleared by ARIS Solutions for background checks.**

Once the **EMPLOYER** has located a suitable **EMPLOYEE(S)**, the **EMPLOYEE** must complete the following forms and return to the payroll agent. **This applies to both new employees and returning employees who have not been employed by the consumer within one year:**

- Employee Action Notice
  - Employee Background Check Compliance
  - W-4, W-4 Vermont, Employee's Withholding Allowance Certificate
  - I-9 Employment Eligibility Verification
  - Important Information/Agreement for all Employees
  - Vermont Criminal Information Center check
  - Adult Protective Services/Child Abuse Registry
  - Vermont Dept. of Motor Vehicles check
- Direct Deposit form (optional)

***Important: Timesheets cannot be processed, nor can payments to workers be made, until ARIS Solutions has the Enrollment form from the case management agency and all of the required forms and background checks are complete and clear.***

**EMPLOYERS** should notify their employees that there may be a delay of several weeks before the first paycheck is issued. **EMPLOYERS** may wish to discuss this issue with the case manager as well.

## CHAPTER VII: Employee Eligibility and Restrictions

### 1. Employee Eligibility

All **EMPLOYEES** must be legally eligible for employment under state and federal laws. In addition, for the Long-Term Care Medicaid (CFC) program, eligible **EMPLOYEES** must:

- be aged 18 years old or over, and
- be able and willing to perform required tasks, and
- be legally eligible to work in the state of Vermont
- Must not have a history of a substantiation of child or adult abuse, neglect or exploitation, a conviction of a violent crime, money crime or felony drug offence or any other conviction as indicated on the State of Vermont Background Check policy (see Attachment B).

On a case-by-case basis, the Department of Disabilities, Aging and Independent Living (DAIL) may approve an employee under the age of 18 to provide services when the employee has the experience and skills specific to working with elders with functional limitations or individuals with disabilities. Requests must be presented in writing to DAIL.

### 2. Employee Restrictions

There are some important program limitations that apply to all **EMPLOYEES**. Please read **Chapter III. Program Limitations** carefully.

#### Please Note!

If an employee has not been paid for more than one year, they are automatically terminated from employment. If an **EMPLOYER** wishes to have a terminated employee work for them again, a new hiring packet along with all required background checks must be submitted (and the background checks cleared) before the employee may begin work.

## CHAPTER VIII: Payroll Policies and Procedures

### 1. Payroll Agent

For Moderate Needs Flexible Funding, payroll services are paid for by the Case Management agency through the state contracted payroll agent. The payroll agent will process timesheets, paychecks and taxes, maintain employment tax records for employees and perform related payroll activities, including background checks for substantiated incidents of abuse, neglect, or exploitation of others and for criminal records.

The payroll agent for the CFC is:

**ARIS Solutions**  
**P.O. BOX 4409**  
**White River Junction, VT 05001**  
**1-800-798-1658**

The payroll agent will provide **EMPLOYERS** and **EMPLOYEES** with:

- All of the necessary employment forms,
- Timesheet forms,
- Annual W-2 tax statements to employees
- Instructions and technical assistance in completing forms

### 2. Submitting Timesheets

All employee timesheets must be submitted in the following manner:

- The timesheet must be completed correctly, including the dates and times of service.
- The employer must sign the timesheet to verify that services were received.
- The timesheet must be completed correctly, and legibly, including the signatures of both the employee and the employer.
- The timesheet must be submitted to the payroll agent according to the payroll schedule (See appendix).
- **Note:** ARIS Solutions cannot pay timesheets which are submitted more than five months after the dates services have been provided.

***Important:*** *Neither DAIL nor the payroll agent are responsible for delays in payment caused by sending in late timesheets, incomplete or illegible forms, or neglect of the EMPLOYER or EMPLOYEE to inform the payroll agent of changes in address, etc.*

### **3. Additional Employees or Replacement of Employees**

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All new **EMPLOYEES** must complete the employment enrollment process before receiving any paychecks. There are no exceptions to this policy.

### **4. Termination of Employment**

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The **EMPLOYER** is responsible for termination of employment, and for notifying the case manager and the payroll agent of all changes in the employment status of **EMPLOYEES**. The **EMPLOYER** must notify ARIS Solutions in writing each time an **EMPLOYEE** terminates employment.

### **5. Instructions for Completing Timesheets**

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All timesheets shall be completed with the following information. **All items must be legible!**

- Print **EMPLOYEE** name and social security number on the top corner of timesheet.
- Print the waiver participants name under “consumer” at the top of the timesheet.
- Print the surrogate **EMPLOYER’S** name, if applicable, under “surrogate” at the top of the timesheet.
- Print the last day of the pay period under “Pay Period End Date”. (refer to payroll schedule if needed)
- Enter the date worked in the “Date” column.
- Enter the daily work start time in the “In” column and work stop time in the “Out” column. **Note: If the employee lives with the waiver participant, they may write “Live-in” in place of “in” and “out” times.**
- Enter the total hours of Personal Care worked in decimal format (in 15-minute units) in the “Personal Care Hours” column for each day worked.
- Enter the total hours of Respite Care worked in decimal format (in 15-minute units) in the “Personal Care Hours” column for each day worked.
- Enter the total hours of Companion Care worked in decimal format (in 15-minute units) in the “Personal Care Hours” column for each day worked.
- The **EMPLOYEE** must sign and date at the bottom above “Employee Signature” and “Date”.
- The **EMPLOYER** must sign and date the bottom above “Consumer/Surrogate Signature” and “Date”.

#### **Example of hours entered in decimal format:**

one hour: 1.0

two hours: 2.0

two hours and 15 minutes: 2.25  
three hours and 30 minutes: 3.5  
three hours and 45 minutes: 3.75

## 6. Approved Services

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The amount of employee payroll for the same participant for ***all employees combined*** must **not** exceed the total authorized funding within the dates indicated on budget worksheet and the Enrollment Form provided by the case management agency.

## 7. Changes

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The **EMPLOYER** should contact the case manager directly to review the need for changes in approved services. A new Enrollment Form change must be approved and submitted by the case management agency **before** any increase in services will be paid. **Approved changes will be effective the next payroll period after the request is received at ARIS, starting on a Sunday.**

## 8. Submitting Timesheets

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Submit timesheets to the payroll agent at the address at the bottom of the timesheet. Timesheets must be mailed to the payroll agent so that it reaches the payroll agent's office by Monday morning following the end of a pay period.

If more than one **EMPLOYEE** works for a participant during the same pay period, the **EMPLOYER** must submit all employee timesheets for this pay period to the payroll agent at the same time.

Timesheets may also be faxed or e-mailed by the employer (only) to ARIS Solutions to the fax number and e-mail address on the bottom of each timesheet.

## 9. Timesheet Errors

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On occasion it may be necessary for ARIS Solutions to return timesheets to **EMPLOYERS**. This may result in employee's paychecks being delayed. ARIS Solutions is unable to process *any* timesheet that does not have the signatures of both the **EMPLOYER** and the **EMPLOYEE**.

ARIS Solutions will attempt to reach employers by telephone to obtain any of the following missing or unclear information. In the event that ARIS Solutions staff cannot reach the

employer regarding these questions before payroll is issued, the timesheets will be returned to the employer.

1. Absence of employee name
2. Absence of consumer name
3. Absence of dates of service.
4. Lack of indication of service provided and the number of hours for each service provided.
5. Lack of In and Out times (employee who reside with the consumer may write “Live In”)
6. Two consumers listed for services on one timesheet. Employees must fill out one time sheet per pay period for each consumer they provide care for.

Should a timesheet be returned to the **EMPLOYER** for one of the above reasons, the **EMPLOYER** must complete or correct the identified error, and re-submit the timesheet to ARIS Solutions. The timesheet will be processed and paid in the next pay period following receipt in the ARIS Solutions office.

## **10. Other Reasons an Employee may not get Paid**

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Other reasons an **EMPLOYEE** may not get paid:

1. Late time sheets. Time sheets must be received in the ARIS SOLUTIONS office **no later than Monday at noon** of each pay week, according to the Payroll Schedule.
2. Lack of, or incomplete Employer enrollment forms.
3. Lack of, or incomplete Employee enrollment forms.
5. Lack of a case management agency Enrollment Form.

## **11. Pay Schedule**

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Paychecks will be generated by the payroll agent every two (2) weeks, according to the payroll schedule.

## **12. Pay Rate**

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As of **July 2014 EMPLOYEES** who are paid through the Moderate Needs Flexible Funding self-hire option are paid wages set by the **EMPLOYER**. Wages must be at or above Vermont’s minimum wage of \$10.80 hr. and below the maximum market wage of \$19.38/hr. **Note: EMPLOYEES are not** paid overtime wages or benefits, therefore **EMPLOYEES** may not work more than 40 hours/week. The total rate identified on the budget worksheet and

Enrollment form is higher than the **EMPLOYEE'S** wages because it includes worker's compensation and unemployment insurance that is covered by the state.

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### **13. Unemployment Benefits**

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Every **EMPLOYEE** is eligible for unemployment benefits if work hours become unavailable or decrease. If you have questions about unemployment compensation coverage, or about submitting a claim, contact the payroll agent.

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### **14. Workers' Compensation**

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Every **EMPLOYEE** is covered by workers' compensation insurance. In the event that your employee has a work related injury the employer must call the Worker's Compensation Injury Hotline at 1-800-750-3534. Employers must advise the agent answering the phone that they are part of the State of Vermont Consumer Directed Medicaid program. If you have questions about workers' compensation coverage, or about submitting a claim, contact the payroll agent.

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### **15. Taxes**

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Payments made to every **EMPLOYEE** are treated as earned income, and are taxed as earned income. The payroll agent processes payroll taxes, withholds taxes from wages and prepares annual W-2 tax withholding statements.

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### **16. Problems with the Payroll Agent**

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**EMPLOYERS** and **EMPLOYEEES** should first attempt to resolve payroll problems by directly contacting the payroll agent. If problems can not be solved, the **EMPLOYER** or **EMPLOYEE** may contact the case manager for assistance. Finally, if problems are still not solved with the help of the case manager, contact DAIL at (802) 871-3069.

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### **17. Medicaid Fraud**

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Medicaid fraud is committed when an **EMPLOYER** or **EMPLOYEE** is untruthful regarding Choices for Care (CFC) services provided, in order to obtain improper payment. The Medicaid Fraud and Residential Abuse Unit of the Vermont Attorney General's Office investigates and prosecutes people who commit fraud against the CFC program. Medicaid fraud is a felony and conviction can lead to substantial penalties (including but not limited to, imprisonment up to ten years, or a fine up to \$1,000 or an amount equal to twice the amount of the assistance or benefits wrongfully obtained, or both). Additionally, individuals convicted of Medicaid fraud

will be excluded for a minimum of five years from any employment with a program or facility receiving Medicaid funding.

**Examples of Medicaid fraud include:**

- Submitting timesheets for services not actually provided (e.g. signing or submitting a timesheet for services which were not actually provided)
- Submitting timesheets for services provided by a different person (e.g. signing or submitting a timesheet for services provided by a different person)
- Submitting twice for the same service (e.g. signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source)
- Requesting that an employee “share” wages paid.

**Suspected cases of fraud will be referred to the Attorney General’s Medicaid Fraud Control Unit and may be referred to the local police authorities for further investigation and possible prosecution.**

## CHAPTER IX: Case Management Services

The case manager is responsible for certifying **EMPLOYERS** and monitoring the services and the health and welfare of individuals participating on the CFC program.

### 1. Case Manager Responsibilities

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The case manager must visit the individual on a regular basis, not less than once every three months (quarterly).

Case managers are responsible for:

- Answering questions about the program
- Assisting individuals in gaining access to needed services
- Overseeing the assessment and reassessment of the individual's eligibility
- Developing a budget worksheet with individual
- Monitoring the services included in an individual's person centered plan
- Assessing the adequacy of care being provided
- Certifying the ability of the employer to manage services
- Reporting suspected cases of abuse, neglect, exploitation to Adult Protective Services (see Chapter X)
- Reporting suspected cases of Medicaid Fraud to the State (see Chapter VIII)

### 2. Case Manager Limitations

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Case Managers are **not** responsible for:

- Completing or processing employer and employee payroll forms
- Timesheet documentation and submission
- Hiring, firing and training employees

An individual's case manager can provide some *advisory* assistance with these activities, but the **EMPLOYER** is ultimately responsible for all employment issues concerning the **EMPLOYEES**.

## CHAPTER X: Abuse, Neglect, and Exploitation

The State of Vermont requires, by law (Title 33, VT Statue), that all health professionals report cases of suspected adult abuse, neglect, and exploitation. Those who are “mandated” to report such cases include, but are not limited to:

- Case Managers,
- Personal Care Attendants,
- Respite Care Workers,
- Companion Workers,
- Home Health Agency Employees,
- Adult Day Employees,
- Hospital Employees,
- Social Workers,
- Physicians, and
- Payroll Agent (ARIS SOLUTIONS)

Other concerned individuals may also report suspected adult abuse, neglect, or exploitation. In most cases, the identity of the individual making the report shall remain confidential.

**Reports are made by contacting the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, Adult Protective Services (APS) at 1-800-564-1612.**

## Appendix A: Local Agencies

### 1. Department of Disabilities, Aging and Independent Living

District Office	Phone	Fax
Barre	(802) 476-1646	(802) 476-1654
Bennington	(802) 447-2850	(802) 447-6972
Brattleboro	(802) 251-2118	(802) 254-6394
Burlington	(802) 879-5904	(802) 879-5620
Hartford	(802) 296-5592	(802) 295-4148
Middlebury	(802) 388-5730	(802) 388-4637
Morrisville	(802) 888-0510	(802) 888-0536
Newport	(802) 334-3910	(802) 334-3386
Rutland	(802) 786-5971	(802) 786-5882
Springfield	(802) 885-8875	(802) 885-8879
St. Albans	(802) 524-7913	(802) 527-4078
St. Johnsbury	(802) 748-8361	(802) 751-2644
Waterbury Central Office	(802) 241-1228	(802) 241-4224

### 2. Local Area Agencies on Aging

Champlain Valley Agency on Aging	(802) 865-0360
Northeastern VT Area Agency on Aging	(802) 748-5182
Central VT Council on Aging	(802) 479-0531
Southwestern VT Council on Aging: Bennington Rutland	(802) 442-5436 (802) 786-5991
Southeastern VT Council on Aging	(802) 885-2655

### 3. Local Home Health Agencies

Addison County Home Health & Hospice	(802) 388-7259
Bennington Area Home Health	(802) 442-5502
Caledonia Home Health	(802) 748-8116
Central VT Home Health	(802) 223-1878
Chittenden / Grand Isle Visiting Nurse Association	(802) 658-1900 (TDD) or (800) 833-6111
Franklin County Home Health Agency	(802) 527-7531
Lamoille Home Health	(802) 888-4651
Manchester Health Services	(802) 362-2126
Orleans / Essex Visiting Nurse Association	(802) 334-5213
Rutland Area Visiting Nurse Association	(802) 775-0568
Visiting Nurse Alliance of VT & NH	(800) 858-1696

**4. DCF District Offices (Financial Eligibility)**

Barre	(802) 479-1041 or 800 499-0113
Bennington	(802) 442-8541 or 800 775-0527
Brattleboro	(802) 257-2820 or 800 775-0515
Burlington	(802) 863-7365 or 800 775-0506
Hartford	(802) 295-8855 or 800 775-0507
Middlebury	(802) 388-3146 or 800 244-2035
Newport	(802) 334-6504 or 800 775-0526
Rutland	(802) 786-5800 or 800 775-0516
Springfield	(802) 886-3551 or 800 589-5775
St. Albans	(802) 524-7900 or 800 660-4513
St. Johnsbury	(802) 748-5193 or 800 775-0514