Things To Know About Adult Family Care Respite

1. Adult Family Care Respite provides funding for families to hire caregivers to provide respite for them. Respite is intended to provide a period of time for families to spend personal time on their own.

2. In order to have caregivers paid, the Adult Family Care provider must become an employer, enrolled through ARIS Solutions. No services may be provided for an employer until all the necessary paperwork is completed.

3. ARIS Solutions will provide payroll on behalf of the employer, paying employees hired by the same employer.

4. All employees must be hired by the individual employer. This requires completion of hiring paperwork available from ARIS Solutions.

5. All employees are required to have background checks completed and cleared before they may begin working.

6. Agencies must submit authorized budgets to ARIS Solutions before an employee may be paid.

7. All participant budgets are based on dollar amounts which will be available for a period of time specified by the Agency the participant is served by.

8. The pay range will be between $10.80 per hour (VT minimum wage) and $19.39 as set by the employer. Any rate higher than this amount must be approved by the case management prior to payment.

9. A 13.3% employer tax rate is added to the cost of the employee hourly wages. The employer tax covers the employer’s costs for matching Social Security, Medicare, Unemployment and Worker’s Compensation. Employees have their own taxes withheld from their paychecks, which are not included in the employer tax rate.

10. Payroll is issued every other Friday, in accordance with a schedule provided to all employers by ARIS Solutions. Each pay period starts on a Sunday and continues for two weeks, ending on a Saturday.

11. Time sheets must be received by ARIS Solutions no later than Monday of each pay week if submitted by mail, or by noon on Monday of the pay week if submitted by fax, email or electronically.

12. Timesheets must be submitted in a complete, accurate and legible manner. If a timesheet is missing information (other than an employer or employee signature), the employer will be called by ARIS Solutions staff to obtain the necessary information. If the employer cannot be reached or does not return the phone call, the timesheet cannot be paid.

13. Following each pay date a budget report will be issued to all employers. This report will note employees paid, the number of hours paid and wages paid to each employee, the total employer tax cost for each payment as well as the balance remaining in the participant’s budget. Reports are available on line at the ARIS Solutions web site as well as by mail.

14. Medicaid fraud happens. To prevent fraud, all employers and employees must be aware of the following:
   a. Only an employer may provide information regarding changes on timesheets.
   b. Employers and employees may not sign each other’s names on timesheets.
   c. Employers and employees must never pre-sign timesheets.
   d. All hours of service listed on the timesheet must be hours actually worked by the employee being paid.
   e. Employees, only, may make address, phone and direct deposit changes for their accounts.
   f. Employers, only, may make address or phone number changes for their account.
   g. ARIS Solutions will provide paycheck information to employers employees, including the date a payment was made, the total amount of the payment (gross and net wages), as well as the number of hours paid.
   h. ARIS Solutions cannot provide any specific participant related information to an employee. All participant related information is confidential and available to the employer or funding Agency, only.
   i. ARIS Solutions is a mandated reporter for suspected Medicaid fraud. Any suspicion of potential fraud is reported to the State of Vermont, Office of the Attorney General, Medicaid Fraud Division.
UNDERSTANDING HOW THE ADULT FAMILY CARE RESPITE BUDGET WORKS

Example:

The participant has a budget of $2500.00 for Adult Family Care Respite;
You want to pay your employee $10.80 per hour;
Your employee works 15 hours every two weeks;

ARIS Solutions will pay your employee the $10.80 hourly rate (or $150.00 for each 24 hour period). Your employee will have their own taxes withheld from their check, as usual.

ARIS Solutions will also pay “matching employer taxes” on your behalf for unemployment, Worker’s Compensation and Social Security and Medicare. This adds 13.3% or, $1.44 to the cost of each hour of service you pay your employee.

The actual cost to the budget when you pay an employee $10.80 per hour is $12.24.

So, if you pay your employee 15 hours every two weeks at $10.80 per hour, your employee will be paid $162.00. Because each hour costs $12.24, the total cost to be deducted from your child’s budget for the 15 hours will be $183.60.

Your budget will then look like this:

$2500.00  Starting budget

-$183.60  Cost of 15 hours of service

(15 hours x $10.80 = $183.60 x 13.3%)

$2316.40  Remains in budget

If you pay all your employees the same hourly rate there is an easy way to know how many hours of service you can pay for in six months!

If you pay your employees $10.80, the cost with employer taxes per hour is: $12.24 ; Divide the total budget amount, $2500.00 by the $12.24 and you will have the total number of hours you can use during the six month period your child is eligible for.

$2500.00  six month budget

÷ $12.24  cost of pay at $10.80 per hour

204.25  hours available
Note: All items with an asterisk (*) must be completed or no payment can be made.

**ADULT FAMILY CARE RESPITE**

**SAMPLE**

*EMPLOYEE NAME (PRINT): **Sally Doe**

*DATE: **01/05/2015**

*EMPLOYEE SOCIAL SECURITY NUMBER: **XXX-XX-1234**

*PARTICIPANT: **Sadie MacIntosh**

FUNDING AGENCY: **Upper Valley Services**

*WILL THIS EMPLOYEE CONTINUE WORKING FOR YOU? YES ___ NO ___

*PLEASE CHECK IF THIS EMPLOYEE HAS:  ☐ QUIT  ☐ BEEN FIRED  ☐ LAID OFF FOR LACK OF WORK

IF ANY OF THE ABOVE HAVE OCCURRED PLEASE INDICATE LAST DATE OF WORK ____________________

<table>
<thead>
<tr>
<th>*DATE</th>
<th>*START TIME</th>
<th>*END TIME</th>
<th>*TOTAL NO. OF HRS</th>
<th>SERVICE CODE</th>
<th>*HOURLY PAY RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2015</td>
<td>8:00 am</td>
<td>4:00 pm</td>
<td>8</td>
<td>AFCR</td>
<td>$12.00</td>
</tr>
<tr>
<td>01/02/2015</td>
<td>2:00 pm</td>
<td>8:00 pm</td>
<td>6</td>
<td>AFCR</td>
<td>$12.00</td>
</tr>
<tr>
<td>01/03/2015</td>
<td>8:00 am</td>
<td>4:00 pm</td>
<td>8</td>
<td>AFCR</td>
<td>$12.00</td>
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<tr>
<td>01/04/2015</td>
<td>2:00 pm</td>
<td>8:00 pm</td>
<td>6</td>
<td>AFCR</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

TOTAL HOURS: **28**

I certify that the above information is true, accurate and complete. IF FORM IS NOT COMPLETE, I UNDERSTAND THAT IT WILL BE RETURNED FOR COMPLETION/CORRECTION.

*EMPLOYEE SIGNATURE: **Sally Doe**

*DATE: **01/05/2015**

*EMPLOYER SIGNATURE: **Mallory Finnish**

*DATE: **01/05/2015**

*EMPLOYER NAME PRINTED: **Mallory Finnish**

FAX TIME SHEETS TO: 1-888-604-0361

E-MAIL TIME SHEETS: ARIStime@arissolutions.org

Submit to: ARIS SOLUTIONS
PO BOX 4409
WHITE RIVER JCT, VT 05001

QUESTIONS CALL: 1-800-798-1658

TIME SHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAYROLL SCHEDULE. TIME SHEETS WHICH ARRIVE LATE IN OUR OFFICES AND WHICH DO NOT REFLECT THE FRIDAY “MAIL DAY” POSTMARK CANNOT BE ASSURED PAYMENT FOR THAT PAY WEEK. FAXED, E-MAILED AND ELECTRONIC TIMESHEETS MUST BE RECEIVED BY 12:00 PM (NOON) ON MONDAY OF THE PAYROLL WEEK.
ADULT FAMILY CARE RESPITE W005

*EMPLOYEE NAME (PRINT):_________________________________________ DATE:__________________

*EMPLOYEE SOCIAL SECURITY NUMBER: XXX-XX-___  ___  ___  ___

*PARTICIPANT:_________________________________________ FUNDING AGENCY:________________________ 

*WILL THIS EMPLOYEE CONTINUE WORKING FOR YOU? YES ___  NO ___

*PLEASE CHECK IF THIS EMPLOYEE HAS: ☐ QUIT  ☐ BEEN FIRED  ☐ LAID OFF FOR LACK OF WORK

IF ANY OF THE ABOVE HAVE OCCURRED PLEASE INDICATE LAST DATE OF WORK ____________________

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</table>

TOTAL HOURS: ____________________

I certify that the above information is true, accurate and complete. IF FORM IS NOT COMPLETE, I UNDERSTAND THAT IT WILL BE RETURNED FOR COMPLETION/CORRECTION.

*EMPLOYEE SIGNATURE:_________________________________________ DATE:__________________

*EMPLOYER SIGNATURE:_________________________________________ DATE:__________________

*EMPLOYER NAME PRINTED:_________________________________________ FAX TIME SHEETS TO: 1-888-604-0361

SUBMIT TO: ARIS SOLUTIONS E-MAIL TIME SHEETS: ARIStime@arissolutions.org
PO BOX 4409 1-800-798-1658
WHITE RIVER JCT, VT 05001

TIME SHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAYROLL SCHEDULE. TIME SHEETS WHICH ARRIVE LATE IN OUR OFFICES AND WHICH DO NOT REFLECT THE FRIDAY “MAIL DAY” POSTMARK CANNOT BE ASSURED PAYMENT FOR THAT PAY WEEK. FAXED, E-MAILED AND ELECTRONIC TIMESHEETS MUST BE RECEIVED BY 12:00 PM (NOON) ON MONDAY OF THE PAYROLL WEEK.
**Method 1:**

1. 
   - $10.80
   - Hourly Pay Rate
   - $12.24
   - 13.3%
   - Cost of Hourly Services

2. 
   - $2500.00
   - Total Budget Amount
   - $12.24
   - Cost of Hourly Services
   - 221.23
   - Total Number of Hours Available

**OR**

**Method 2:**

1. 
   - $10.80
   - Hourly Pay Rate
   - 10
   - Hours Worked
   - $108.00
   - Employee Gross Pay

2. 
   - $108.00
   - Employee Gross Pay
   - $14.36
   - 13.3%
   - Employer Taxes

3. 
   - $14.36
   - Employer Taxes
   - $108.00
   - Employee Gross Pay
   - $122.36
   - Total Cost of Services
   - Deducted From Budget

**Example Budget:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2500.00</td>
<td>Adult Family Care Respite</td>
<td>January 1, 2015 to June 30, 2015</td>
</tr>
<tr>
<td>- $122.36</td>
<td>10 hours worked x $10.80 = $108.00 x 13.3%</td>
<td></td>
</tr>
<tr>
<td>$2377.64</td>
<td>Remaining in Budget</td>
<td></td>
</tr>
</tbody>
</table>