

**Choices for Care**  
**Vermont Long-Term Care Medicaid**

**Flexible Choices**  
**Employer Handbook**

**Revised October 2014**

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

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## CHAPTER I: Introduction

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) manages the Choices for Care (CFC), Vermont Long-Term Care Medicaid program. The goal of this program is to offer eligible elders and adults with physical disabilities a choice of long-term care services in the setting they choose.

In the Flexible Choices option of manage their services: either a guardian or a surrogate, the CFC program personal care services are directed by the individual (consumer-directed) or a surrogate employer.

Being an **EMPLOYER** is a big responsibility and should not be taken lightly. If an individual who is participating in the CFC program is able and willing to be an **EMPLOYER** for their own Personal Care services, they may apply for the consumer-directed option. However, if the individual is not able or willing to be the employer, a trusted friend or family member may apply to be the surrogate-directed **EMPLOYER**.

Whether consumer or surrogate directed, the Flexible Choices consultant must certify the prospective **EMPLOYER**. Once certified, the **EMPLOYER** agrees to perform all activities required to hire, train, and supervise their employees. This manual will help **EMPLOYERS** understand their responsibilities as well as the CFC and Flexible Choices program requirements.

## CHAPTER II: Eligibility

### 1. Program Eligibility

To be eligible for the Flexible Choices option of Choices for Care (CFC), Vermont Long-Term Care Medicaid 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 Long-Term Care Medicaid;
- d) meet the clinical criteria;
- g) be a participant in the consumer or surrogate directed option of Choices for Care.

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

### 2. Employer Eligibility

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

All consumer or surrogate-directed **EMPLOYERS** must have the cognitive ability to communicate effectively and perform the activities required of an employer. 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 Choices for Care services.
- b. **Communication:** the ability to communicate effectively with the Flexible Choices consultant 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 Choices for Care 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 individual is not eligible for the Flexible Choices option.

## CHAPTER III: Program Limitations

The Choices for Care (CFC), Vermont Long-Term Care Medicaid program has the following limitations under the consumer or surrogate directed option:

1. Consumer and surrogate employers are **not** paid by the CFC to direct and manage services.
2. An individual's legal guardian (appointed by a probate court) may **not** be paid to provide services under CFC. The Department of Disabilities, Aging and Independent Living (DAIL) may grant variances to this limitation on a case-by-case basis. The Flexible Choices consultant must send variance requests to DAIL in writing.
3. An employee who is paid by CFC to provide services for the individual may **not** also serve as the surrogate employer.
4. Employees must be 18 years of age or older.
5. CFC only provides services and care for the individual who has been found eligible. Therefore, services are **restricted to the benefit of the individual**.
6. Persons with any of the following may not be paid to provide services under the CFC program (*DAIL Background Check Policy, August 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 drug offense, or a property/money crime involving violation of a position of trust.
7. An individual's spouse or civil union partner may **not** be paid to provide services under the CFC program.
8. Employees are not paid to provide services while the individual is admitted to a hospital or nursing facility.
9. Individuals may remain eligible for CFC up to **30 days** while absent from the state of Vermont.
10. Individuals may use their CFC services up to **7 days** while absent from the state of Vermont.
11. Surrogate employers shall **not** be certified to manage CFC services for more than two (2) individuals at one time.
12. CFC shall not be used to provide services that are otherwise being purchased privately or through another funding source.

## CHAPTER IV: Service Descriptions

The Flexible Choices option of Choices for Care (CFC), Vermont Long-Term Care Medicaid allows the participant or surrogate employer to hire personal care attendants. The list below gives examples of the kind of care personal care attendants may provide. If there are other activities that you need, these may be approved by the Flexible Choices consultant.

Examples of how personal care attendants may help the participant include the following:

- Dressing
- Bathing
- Grooming (help with brushing teeth, shaving, hair and skin care)
- Bed mobility (moving about while in bed)
- Toilet use
- Personal hygiene and clean up related to incontinence
- Assistance with adaptive devices
- Transferring (help getting to and from chair and bed)
- Mobility (help with walking or using a wheelchair)
- Eating
- Help using the telephone
- Preparing meals
- Heavy housekeeping: for example, mopping floors and taking out garbage
- Light housekeeping: for example, changing the bed, dusting, vacuuming and doing laundry
- Shopping
- Travel assistance necessary for the person's health and welfare
- Care of adaptive equipment
- provide a break or relief from care to the individual's primary, unpaid caregiver
- provide non-medical care, supervision and socialization
- supervise the individual with such tasks as meal preparation, laundry and shopping.

The Flexible Choices consultant together with the participant completes a **Flexible Choices budget**. The consultant will provide the **EMPLOYER** with a copy of the Personal Care Worksheet. The budget identifies amount of money every two weeks that the employer will apply to the various categories of services the individual has been approved to receive. The Personal Care Worksheet and budget shall be used by the **EMPLOYER** to plan service schedules and approve timesheets.

## CHAPTER V: Employer Responsibilities

### 1. Employer Responsibilities

The Flexible Choices option of Choices for Care (CFC), VT Long-Term Care Medicaid is a wonderful option 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 participant or surrogate **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
- ◆ 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 budget
- ◆ Maintain updated copies of approved Flexible Choices budget
- ◆ Arrange for substitute or back-up employees as needed
- ◆ Develop and maintain a list of tasks for the employee(s) to perform.
- ◆ Authorize employee(s) timesheets (based on the approved budget and actual time worked)
- ◆ Maintain copies of all employee(s) timesheets
- ◆ 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 employee(s) performance
- ◆ 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 CFC eligibility
- ◆ Communicate with the Flexible Choices consultant on a regular basis (See Chapter IX.)
- ◆ If applicable, assure a monthly patient share is paid to the payroll agent (See Chapter VIII.)
- ◆ 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

**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 Flexible Choices consultant or Homeshare Vermont at (802) 863-5625 or <http://www.homesharevermont.org/>.

## CHAPTER VI: How to Apply and Enroll

Only participants currently enrolled in Choices for Care under a consumer or surrogate directed option may enroll in the Flexible Choices option. How to enroll in the CFC consumer/surrogate directed option can be found in *Choices for Care Employers Handbook* dated April, 2006. Once an applicant has been enrolled and is actively participating in the consumer/surrogate directed option of Choices for Care (CFC), Vermont Long-Term Care Medicaid, the participant may contact Transition II, the Flexible Choices consultant, at 1-866-572-7127 to start the process whereby they may move to the Flexible Choices option.

### 1. Certification of Employer Eligibility

All consumer or surrogate directed **EMPLOYERS** must be certified as able and willing to direct Choices for Care/Flexible Choices 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 or the Flexible Choices consultant completes an “Employer Certification Form.” The completion of this form verifies and documents that the prospective consumer or surrogate employer is able (as described under “Eligibility”) and willing to direct and manage services. By signing the budget and Employer Agreement form the **EMPLOYER** agrees to perform the required activities. The Flexible Choices consultant will continue to monitor the employer’s ongoing eligibility during monthly contact and annual reassessments.

#### b. Non-Certification

If the case manager or Flexible Choices consultant 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 an explanation of appeal rights.

## **2. Enrolling Employers**

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Once certified, all Flexible Choices **EMPLOYERS** must enroll in the payroll system as described below. Consumers or surrogates who are enrolled as employers in Choices for Care are *not* required to re-enroll when the move to the Flexible Choices option. When the employer changes, however, such as when someone moves from being consumer directed to being surrogate directed, new employer and employee paperwork must be complete.

- 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:

- Form SS-4 Application for Employer Identification Number (IRS # SS-4)
- Form 2678 Employer Appointment of Agent Form (IRS # 2678)
- FORM 8821 Tax Information Authorization (IRS 8821)
- Consumer/Surrogate Directed Employer Agreement Form
- Worker's Compensation Authorization Form
- Form 2848 Power of Attorney Form (IRS#2848)
- Consumer Information Form

***Important:*** *Timesheets cannot be processed, nor can payments to workers be made, until all of these forms have been received and processed by the payroll agent.*

### 3. Enrolling Employees

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**Please note: Employees may not begin to work until they have been cleared 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 participant in the current calendar year:**

- Form W-4 Employee's Withholding Allowance Certificate
- Form I-9 Employment Eligibility Verification Form
- Record Check Release Form Vermont Criminal Information Center
- Consent for Release of Information Adult Protective Services
- Background Check Release Form
- Employee Action Form (EAN)
- Vermont State w-4 form
- Optional: Form W-5 Earned Income Credit Advance Payment Certificate
- Optional: Direct Deposit Form

**Employees who are enrolled at the time a participant moves to the Flexible Choices option do *not* need to re-enroll.**

***Important: Timesheets cannot be processed, nor can payments to workers be made, until all of these forms (not including optional forms) have been received and processed by the payroll agent.***

**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 CFC Flexible Choices consultant, as well.

### **Please Note!**

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

## 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

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

The following restrictions apply to all **EMPLOYEES**:

- The payroll agent will complete a background check on all employees according to the DAIL Background Check Policy (2014). Employees with any of the following will not be paid to provide any services through CFC:
  - 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 drug offense, or a property/money crime involving violation of a position of trust.
- The spouse or civil union partner of the individual may **not** be paid to provide any services through CFC for care of the individual unless otherwise approved by the agency.
- An individual's legal guardian (appointed by a probate court) may **not** be paid to provide services under CFC. The Department of Disabilities, Aging and Independent Living (DAIL) may grant variances to this limitation on a case-by-case basis. Variance requests must be sent to DAIL in writing.
- A participant's Surrogate **EMPLOYER** may **not** also be a paid **EMPLOYEE** for any services under CFC.

**NOTE:** See Chapter III. Program Limitations for more program information.

## CHAPTER VIII: Payroll Policies and Procedures

### 1. Payroll Agent

Payroll services are provided by the Choices for Care (CFC), Long-Term Care Medicaid program, through a contracted payroll agency. 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,
- Pre-stamped addressed envelopes for mailing timesheets to the payroll agent,
- 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 and hourly wage rates.
- 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.
- Timesheets must be completed in blue or black permanent ink
- The timesheet must be submitted to the payroll agent according to the payroll schedule (See appendix).
- Timesheets must be submitted to ARIS Solutions no later than 5 months after the dates services were provided. Timesheets with dates more than 5 months since services have been provided cannot be paid by ARIS Solutions.

***Important:*** *Neither DAIL nor the payroll agent are responsible for delays in payment caused by late submissions, incomplete or illegible forms, or neglect of the consumer/surrogate or worker 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 prior to receiving any paychecks. There are no exceptions to this policy.

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

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The consumer or surrogate directed **EMPLOYER** is responsible for termination of employment, and for notifying the Flexible Choices consultant and the payroll agent of all changes in the employment status of **EMPLOYEES**. The **EMPLOYER** must complete an “Employee Action Notice” form and submit to ARIS each time an **EMPLOYEE** terminates employment.

### **5. Instructions for Completing Timesheets/Non-Payroll Reimbursements**

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#### **Timesheets:**

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 Choices for Care/Flexible Choices participant’s 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.
- Enter the date worked in the “Date” column.
- Enter the daily work start time in the “Start Time” column and work stop time in the “End Time” column. **Note: If the employee lives with the participant, they may write “Live-in” in place of “Start Time” and “End Time”.**
- Enter the hourly wage rate in the “**Hourly Pay**” column
- The **EMPLOYEE** must sign and date on the “Employee Signature” and “Date” line.
- The **EMPLOYER** must sign and date on the “Employer” and “Date” line.

#### **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

## Non-Payroll Reimbursement Requests:

All non-reimbursement requests shall be completed with the following information. **All items must be legible!**

- Indicate who the reimbursement is to in the “Check Payable To:” line at the top of the form.
- Print participant’s Social Security Number on the top corner of reimbursement request.
- Print the Choices for Care/Flexible Choices participant’s name under “consumer” at the top of the reimbursement request.
- Enter the date for the service, good or cash in the “Date” column.
- Indicate the Service, Good or Cash in column “**Indicate if Service, Good, or Cash**” and attach receipt, invoice and/or order forms.
- Place a ✓ in the “**Cash**” column if reimbursement is for cash you received.
- Enter the amount to be paid in the “**Amount to Be Paid**” column.
- When appropriate, the provider to whom the check is being written signs on the “provider signature” line.
- The **EMPLOYER** must sign and date on the “Employer” and “Date” line.
- The **CONSULTANT** must sign and date on the “Consultant” and “Date” line.

Sample completed timesheet and non-payroll reimbursement request are attached.

## 6. Approved Budget

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The total cost of the personal care hours should not exceed the amount budgeted for that two week period. If the cost will exceed the amount budgeted, the employer should authorize the payroll agent to take money from the participant’s Flexible Choices “savings” to pay for these extra hours. On a one-time basis, the payroll agent may take money from other budget categories, i.e., cash, services or goods, to cover payroll. If the personal care costs exceed all available funds in the participant’s budget, the payroll agent will not be able to pay all of the employer’s payroll costs and the employer may be responsible for the uncovered amounts. It is, therefore, very important that employers be sure they have the funds available in their budgets to cover their personal care costs; including the costs of taxes, unemployment insurance and workers’ compensation.

## 7. Changes in Hours

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The **EMPLOYER** should contact the Flexible Choices consultant directly to review the need for changes in the approved budget. A written budget change must be submitted and approved by DAIL **before** any increased service costs will be paid. **Approved changes will be effective the following payroll period after the request is received at DAIL, starting on a Sunday.**

## 8. Mailing Timesheets

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Mail the timesheet to the payroll agent at the address at the bottom of the timesheet. The timesheet 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 Choices for Care/Flexible Choices 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.

## 9. Timesheet Errors

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

Timesheets will be returned to the employer when the following information is missing or incorrect:

1. Absence of employee name
2. Absence of consumer name
3. Absence of employee signature
4. Absence of employer signature
5. Signature of anyone other than the employer of record on the employer signature line.
6. Absence of dates of service.
7. Absence of an employee's hourly wage rate
8. 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. The timesheet will be processed and paid in the next pay period following receipt in the ARIS 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 office **no later than Monday** of each pay week (no later than 12:00 noon), according to the Payroll Schedule.
2. The employee started working before background checks were cleared.
3. Lack of, or incomplete Employer enrollment forms.
4. Lack of, or incomplete Employee enrollment forms.
5. Lack of patient share payment (when a patient share has been determined)
5. Lack of a Department of Disabilities, Aging and Independent Living (DAIL) authorized budget
6. Lack of sufficient funds in the participant's budget

## **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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Employers may set the hourly wage rate for their employees as long as it is equal to or exceeds the minimum wage rate as determined by the Collective Bargaining Agreement between the State of Vermont and the Vermont Home Care Workers Union (AFSCME) which is \$10.80 per hour as of July 6, 2014. Employees may be paid at a rate **no higher than \$19.58 per hour**. Employers are not required to offer benefits but are required to pay the employer's share of Social Security taxes as well as Unemployment Insurance and Workers' Compensation costs. These costs are set annually but are currently 13.3% of wages. This means that costs of 13.3% more than an employee's hourly wage will be deducted from employer's budget. For example, if an employee is paid \$10.80/hour, \$12.24 per hour will be deducted from the employer's budget. See Appendix for a table that shows the actual hourly costs for various wage rates.

## 13. Patient Share

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Under Long-Term Care Medicaid financial eligibility rules, some individuals must pay a monthly patient share payment (co-payment) to cover some of the costs of services. The amount of the patient share, if any, is determined by the Department for Children and Families (DCF). DCF will send a written notice to the individual explaining the amount (if any) of the required patient share. If the individual has a patient share, then:

- The patient share must be paid directly to ARIS each month in the amount indicated on the DCF notice of decision.
- The **EMPLOYER** must pay the monthly patient share in full with the timesheet of the first pay period of the month.
- Timesheets will not be processed, nor can payments to **EMPLOYEEES** be made, unless the required patient share payment is submitted to the payroll agent.
- If the required patient share payment is not submitted to the payroll agent, the participant may be terminated from Consumer/Surrogate Directed Services.

### **Questions regarding Patient Share:**

If there are questions about the **amount** of a patient share, contact the Flexible Choices consultant or the local District Office of the Department for Children and Families (see Appendix A).

## 14. 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.

## 15. Workers' Compensation

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Every **EMPLOYEE** is covered by workers' compensation insurance. If you have questions about workers' compensation coverage, or about submitting a claim, contact the payroll agent.

## 16. 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.

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

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**EMPLOYERS** and **EMPLOYEES** should first attempt to resolve payroll problems by directly contacting the payroll agent. If problems persist, the **EMPLOYER** or **EMPLOYEE** may contact the Flexible Choices consultant for assistance. Finally, if problems are not satisfactorily resolved with the help of the consultant, contact DAIL at (802) 241-4496 or at [flexiblechoices@dail.state.vt.us](mailto:flexiblechoices@dail.state.vt.us).

## **18. Medicaid Fraud**

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Medicaid fraud is committed when an **EMPLOYER** or **EMPLOYEE** is untruthful regarding Long-Term Care Medicaid (Flexible Choices/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)

**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: Consultant Services

Consultant services are provided to all individuals in the Flexible Choices option of Choices for Care (CFC), Long-Term Care Medicaid. The consultant is responsible for certifying **EMPLOYERS** and monitoring the services and the health and welfare of individuals participating on the Flexible Choices/CFC program.

### 1. Consultant Responsibilities

The consultant must visit the individual while the participant is developing their Flexible Choices budget. After the budget has begun being implemented, the consultant will contact the participant periodically to assess if the budget is still adequate to meet the participants' needs and to see if the participants' goals for participation in the program are being met. These contacts, usually by telephone, will occur not less than once every 30 days. The consultant may visit with the participant if either the participant or the consultant feel such a face-to-face visit is called for. Participants should contact their consultant for issues relating to the items below.

Consultants are responsible for:

- Answering questions about the Flexible Choices and CFC program
- Advising individuals in how to gain access to needed services
- Conducting assessments and reassessments of the individual
- Developing an allowance
- Assisting the individual develop his or her budget
- Educating and supporting participants in their role as employers
- Monitoring the services included in an individual's budget
- Assessing the adequacy of care being provided
- Certifying the ability of a participant or surrogate 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. Consultant Limitations

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**Consultants** are **not** responsible for:

- Completing or processing payroll forms,
- Payroll documentation and submission
- Hiring, firing and training employees

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

## 3. Problems with the Consultant

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**Participants** should first attempt to resolve problems with the consultant by directly contacting the consultant. This includes speaking the Executive Director of Transition II, Kara Artus at 1-866-572-7127. If problems persist, the participant may contact DAIL at (802) 241-4496 or at [flexiblechoices@dail.state.vt.us](mailto:flexiblechoices@dail.state.vt.us). Finally, participants may always contact the Vermont Long-term Care Ombudsman's Office toll free at (800) 889-2047.

## 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:

- Flexible Choices consultants
- 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)

All employees hired under the Flexible Choices option are considered “Personal Care Attendants.” 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: 1 Local Agencies

**1. Department of Disabilities, Aging and Independent Living Staff:** for issues related to clinical eligibility for Choices for Care.

District Office	Phone	Fax
Barre	(802) 476-1646	(802) 476-1654
Bennington	(802) 442-8361	(802) 447-6972
Brattleboro	(802) 251-2118	(802) 254-6394
Burlington	(802) 879-5904	(802) 879-5919
Hartford	(802) 885-8875	(802) 885-8879 ( <i>temp</i> )
Middlebury	(802) 388-5730	(802) 388-4637
Morrisville	(802) 888-0510	(802) 888-1345
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) 527-5403
St. Johnsbury	(802) 748-8361	(802) 751-3272
Waterbury Central Office	(802) 241-1228	(802) 241-2325

**2. 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

## Appendix 2: Wage/Tax Conversion Chart

Wage/Tax Conversion Chart											
Flexible Choices/Choices for Care											
2014											
Workers Wage per hour	FICA, SUTA & WC @ 13.3%	Total Cost per hour	Workers Wage per hour	FICA, SUTA & WC @ 13.3%	Total cost per Hour	Workers Wage per hour	FICA, SUTA & WC @ 13.30%	Total Cost per hour	Workers Wage per hour	FICA, SUTA & WC @ 13.3%	Cost Per Hour
\$10.80	\$1.44	\$12.36	\$11.75	\$1.56	\$13.31	\$16.25	\$2.16	\$18.41	\$20.75	\$2.76	\$23.51
\$11.00	\$1.46	\$12.46	\$12.00	\$1.60	\$13.60	\$16.50	\$2.19	\$18.69	\$21.00	\$2.79	\$23.79
\$11.25	\$1.50	\$12.75	\$12.25	\$1.63	\$13.88	\$16.75	\$2.23	\$18.98	\$21.25	\$2.83	\$24.08
\$11.50	\$1.53	\$13.03	\$12.50	\$1.66	\$14.16	\$17.00	\$2.26	\$19.26	\$21.50	\$2.86	\$24.36
			\$12.75	\$1.70	\$14.45	\$17.25	\$2.29	\$19.54	\$21.75	\$2.89	\$24.64
			\$13.00	\$1.73	\$14.73	\$17.50	\$2.33	\$19.83	\$22.00	\$2.93	\$24.93
			\$13.25	\$1.76	\$15.01	\$17.75	\$2.36	\$20.11	\$22.25	\$2.96	\$25.21
			\$13.50	\$1.80	\$15.30	\$18.00	\$2.39	\$20.39	\$22.50	\$2.99	\$25.49
			\$13.75	\$1.83	\$15.58	\$18.25	\$2.43	\$20.68	\$22.75	\$3.03	\$25.78
			\$14.00	\$1.86	\$15.86	\$18.50	\$2.46	\$20.96	\$23.00	\$3.06	\$26.06
			\$14.25	\$1.90	\$16.15	\$18.75	\$2.49	\$21.24	\$23.25	\$3.09	\$26.34
			\$14.50	\$1.93	\$16.43	\$19.00	\$2.53	\$21.53	\$23.50	\$3.13	\$26.63
			\$14.75	\$1.96	\$16.71	\$19.25	\$2.56	\$21.81	\$23.75	\$3.16	\$26.91
			\$15.00	\$2.00	\$17.00	\$19.50	\$2.59	\$22.09	\$24.00	\$3.19	\$27.19
			\$15.25	\$2.03	\$17.28	\$19.75	\$2.63	\$22.38	\$24.25	\$3.23	\$27.48
			\$15.50	\$2.06	\$17.56	\$20.00	\$2.66	\$22.66	\$24.50	\$3.26	\$27.76
			\$15.75	\$2.09	\$17.84	\$20.25	\$2.69	\$22.94			
			\$16.00	\$2.13	\$18.13	\$20.50	\$2.73	\$23.23			

## FLEXIBLE CHOICES EMPLOYEE TIMESHEET

**EMPLOYEE NAME:** Sue Worker **SS#**009-00-0000 **DATE:** 6/23/14

**CONSUMER NAME:** William Participant

Did the consumer have a hospital or nursing home stay during any of these dates? Yes \_\_\_ No  X

If YES, please indicate the dates the consumer was admitted to and discharged from the hospital. \_\_\_\_\_

DATE	START TIME	END TIME	NO. OF HOURS WORKED	HOURLY PAY
6/11/14	7:30 am	11:30am	4	\$10.80
6/13/14	7:30am	1:00pm	5.5	\$10.80
6/14/14	3pm	5:45pm	2.75	\$10.80
6/16/14	8:00am	1:15pm	5.25	\$10.80
6/17/14	8pm	10pm	2	\$10.80
6/19/14	7:30am	11:30am	4	\$10.80
6/20/14	7:30am	1pm	5.5	\$10.80
6/22/14	4pm	8:45pm	4:75	\$10.80
6/23/14	12pm	4:30pm	4.5	\$10.80
6/24/14	7:30am	11:30am	4	\$10.80

In the event that my total expenses for this bi-weekly period exceeds my approved allocation, I authorize ARIS Solutions to use any available funds from my saving, in order to assure payment of this timesheet.

EMPLOYER SIGNATURE  Jane Participant  DATE:  6/23/14

We, the undersigned, do hereby certify, under the pains and penalty of perjury, to the best of our knowledge, this timesheet accurately represents the hours actually worked by the worker. *No time submitted occurred while the consumer was in a nursing home or hospital.* We understand that submitting an inaccurate timesheet may result in termination of the employer and/or the worker from this program and may result in civil and/or criminal penalties.

EMPLOYEE SIGNATURE  Sue Worker  DATE  6/23/14

EMPLOYER SIGNATURE  Jane Participant  DATE  6/23/14

PRINT EMPLOYER NAME:  Jane Participant

**TIMESHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAY SCHEDULE.  
 TIMESHEETS MUST BE POSTMARKED BY FRIDAY AND/OR BE RECEIVED IN THE ARIS SOLUTIONS OFFICE NO  
 LATER THAN MONDAY MORNING OF THE PAY WEEK TO ENSURE PAYMENT.**

SEND TO: ARIS SOLUTIONS                      QUESTIONS?                      CALL 1-800-798-1658  
 PO BOX 4409                                      E-Mail Timesheets: ARIStime@arissolutions.org  
 WHITE RIVER JUNCTION, VT. 05001                      Fax Timesheets: 1-800-317-0619

## FLEXIBLE CHOICES NON-PAYROLL REIMBURSEMENT REQUEST

**CHECK PAYABLE TO:** Neighborhood Hardware SS # w/a

**ADDRESS:** 1234 Main Street, Sunderland, VT 05400

**CONSUMER NAME:** William Participant

Did the consumer have a hospital or nursing home stay during any of these dates? Yes  No

If YES, please indicate the dates the consumer was admitted to and discharged from the hospital. \_\_\_\_\_

DATE	Indicate if SERVICE, GOOD or CASH (please attach receipts, invoices, order forms)	CASH ✓ if yes	AMOUNT TO BE PAID
6/24/14	Good - Microwave - invoice attached		\$85.20

Check here if these purchases are to be paid for out of savings.

In the event that the total expenses for this bi-weekly period exceeds my approved allocation or savings, I understand that ARIS will not make full payment on my request.

We, the undersigned, do hereby certify, under the pains and penalty of perjury, to the best of our knowledge, this timesheet accurately represents the hours actually worked by the worker. We understand that submitting an inaccurate non-payroll reimbursement request may result in termination of the employer and/or the worker from this program and may result in civil and/or criminal penalties.

**PROVIDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPLOYER SIGNATURE:** Jane Participant **DATE** 6/25/14

**PRINT EMPLOYER NAME:** Jane Participant

**CONSULTANT SIGNATURE** Fredericka Consultant **DATE:** 6/27/14

**NON-PAYROLL REIMBURSEMENT REQUESTS WILL BE REIMBURSED ACCORDING TO THE PAY SCHEDULE. NON-PAYROLL REIMBURSEMENT FORMS MUST BE POSTMARKED BY FRIDAY AND/OR BE RECEIVED IN THE ARIS SOLUTIONS OFFICE NO LATER THAN MONDAY MORNING OF THE PAY WEEK TO ENSURE PAYMENT.**

**SEND TO:** ARIS SOLUTIONS                      **QUESTIONS?**                      **CALL** 1-800-798-1658  
 PO BOX 4409                                      E-Mail Timesheets: ARIStime@arissolutions.org  
 WHITE RIVER JUNCTION, VT. 05001              Fax Timesheets: 1-800-317-0619