

**State of Arkansas
Self-Directed Financial Management
& Consulting Services**

REDACTED

TECHNICAL RESPONSE

710-22-0018

June 1, 2022



Acumen Fiscal Agent, LLC

*Facilitating freedom, choice, and opportunity through
innovative fiscal agent solutions*

Submitted By: Acumen Fiscal Agent, LLC
5416 East Baseline
Suite 200
Mesa, AZ 85206

Contact: Josh Auer, CEO
jja@acumen2.net
480-295-4930 (o)
480-232-7453 (m)

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Acumen Fiscal Agent, LLC		
Address:	5416 East Baseline, Suite 200 Mesa, AZ 85206		
City:	Mesa	State:	AZ
		Zip Code:	85206
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership (LLC)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority and Women Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned		
	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:	Joshua Auer	Title:	CEO
Phone:	480-295-4930	Alternate Phone:	480-232-7453
Email:	jja@acumen2.net		

CONFIRMATION OF REDACTED COPY	
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.	
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>	

ILLEGAL IMMIGRANT CONFIRMATION	
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.	

ISRAEL BOYCOTT RESTRICTION CONFIRMATION	
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.	
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.	

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature:  Title: CEO
 Typed Name: Joshua Auer Date: June 1, 2022



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

ACUMEN FISCAL AGENT, LLC

formed under the laws of the state of Utah, and authorized to transact business in the State of Arkansas as a Foreign Limited Liability Company, was granted a Registration of Foreign Limited Liability Company by this office March 23, 2021.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of May 2022.


John Thurston
Secretary of State

Online Certificate Authorization Code: fd3f97a255f8f0c

To verify the Authorization Code, visit sos.arkansas.gov



VENDOR AGREEMENT AND COMPLIANCE

- *The Contractor and/or subcontractors, shall not be direct service providers of any Medicaid services. The use of a payroll reporting agent is prohibited.*
- *The Contractor shall provide (in the space below) their current Federal Employer Identification Number (FEIN) by execution of IRS Form SS-4 Application for Employer Identification Number with IRS approval to act as the agent of the Medicaid recipient and to whom the FEIN is registered: **87-0576224***

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____



Use Ink Only.

Printed/Typed Name: Joshua Auer



VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in sections 1 – 4 which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: Joshua Auer Date: June 1, 2022

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: May 13, 2022
SUBJECT: 710-22-0018 Self-Directed Financial Management

The following change(s) to the above referenced IFB have been made as designated below:

Change of specification(s)
 Additional specification(s)
 Change of bid opening date and time
 Cancellation of bid
 Other

OTHER

Page 6, Section 1.8.C.1.d – remove

Page 10, Section 1.20.D.3 - remove

ADDITIONAL SPECIFICATIONS

Page 16, Section 2.5.2.B.5 – Add the following:
Orientation and training may begin as early as forty-five (45) calendar days prior to Go-Live but must be completed no later than seven (7) calendar days before Go-Live.

CHANGE OF SPECIFICATIONS

Page 15, Section 2.3.B – Replace with the following:
Prospective Contractor and subcontractor must have at least two (2) years of experience within the last five (5) years providing the Fiscal Employer Agent model of financial management and counseling services to a population of over three thousand (3,000) Beneficiaries. Performed duties are set forth in Revenue Procedure 70-6 IRS Notice 2003-70 and identified as a designated agent under section 3504 (Acts to be Performed by Agents). With bid submission for verification purposes, Contractor and subcontractor shall provide evidence of experience including, at minimum, a detailed narrative describing experience, letter(s) of recommendation, and two (2) references with contact information.

Page 18, 2.5.4.1 – Replace with the following:
Leadership Team – Oversees the development and the structure needed to fulfill the contract. Members of the team must have the following: • Bachelor's degree • Minimum of five (5) years of experience in Medicaid or Financial Management services • Experience with the transition from one (1) FMS agent to another

Page 39, Section 2.5.19B – Replace with the following:
Contractor's information system must be configurable to interface with the Arkansas Medicaid Management System (MMIS) per Attachment M – Arkansas Medicaid Vendor File Exchange specifications. There is no Prior Authorization request for self-direction. Arkansas self-directed budgets are established to pay out through MMIS monthly, based on the number of days in a month and a Beneficiary/Employer's budget allowance.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.



Vendor Signature

June 1, 2022

Date

Acumen Fiscal Agent, LLC
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: May 18, 2022
SUBJECT: 710-22-0018 Self-Directed Financial Management

The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

OTHER

Add the revised Official Bid Price Sheet to include updated formulas for calculations.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.


Vendor Signature

June 1, 2022
Date

Acumen Fiscal Agent, LLC
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: May 31, 2022
SUBJECT: 710-22-0018 Self-Directed Financial Management

The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

CHANGE OF BID OPENING DATE AND TIME

Bid submission date has changed to June 10, 2022, at 1:00 CST.
Bid opening date has changed to June 10, 2022, at 2:00 CST.

Added revised price sheet.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

Vendor Signature

6/1/2022

Date

Acumen Fiscal Agent, LLC

Company

Contract Number _____
 Attachment Number _____
 Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

Yes No

TAXPAYER ID NAME: **Acumen Fiscal Agent, LLC** IS THIS FOR: **Goods?** **Services?** **Both?**

YOUR LAST NAME: **Auer** FIRST NAME: **Joshua** M.I.: **J**

ADDRESS: **5416 E. Baseline Suite 200**

CITY: **Mesa** STATE: **AZ** ZIP CODE: **85206** COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title CEO Date June 1, 2022

Vendor Contact Person Joshua Auer Title CEO Phone No. 480-295-4930

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



Acumen Equal Opportunity Policy

Response Requirement 1.8.A.3.a



Equal Employment Opportunity Policy

1.0 EFFECTIVE DATE

Effective 10/1/2004

2.0 OBJECTIVE

Acumen Inc., (the Company) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex (including pregnancy), sexual orientation, national origin, age, disability or genetic information, or status as a covered veteran in accordance with applicable federal, state and local laws.

3.0 SCOPE OF POLICY

The policy of equal employment opportunity and anti-discrimination applies to all aspects of the relationship between the Company and its employees, including but not limited to: recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, application of policies, compensation and training.

4.0 IMPLEMENTATION OF POLICY

Company practices that support this policy include but not limited to, the following:

- The Company displays a poster regarding equal employment opportunity in the employee break room.
- Advertising for job applicants includes the statement "Acumen Inc. is an equal opportunity employer and consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status, or any other legally protected status."



- The company forbids retaliation against any individual who files a charge of discrimination, reports harassment, or who assists, testifies or participates in an equal employment investigation or proceeding.
- Any employee who experiences or becomes aware of an incident of harassment, discrimination or retaliation, whether by witnessing the incident or being told of it, are required to report it to Human Resources or anyone within the Acumen management team whom they feel comfortable reporting. The report should be within 48 hours of the incident so that a thorough investigation can be made.

5.0 HARASSMENT

- 5.1 Harassment is a form of discrimination and violates this policy.
- 5.2 All Acumen, Inc. employees, and particularly supervisors, have a responsibility for keeping our work environment free from any harassment, discrimination and retaliation.
- 5.3 If a management team member receives an allegation of harassment, discrimination or retaliation, he/she must take prompt and appropriate action, whether or not the victim wants the company to do so.
- 5.4 Prohibited sexual harassment, for example, is defined as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:
- Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment.
 - Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals.
 - Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
- 5.5 All employees must cooperate fully in any pending investigation. Acumen, Inc. prohibits any employee from retaliating in any way against anyone who has raised concerns about harassment, discrimination or retaliation against



another individual. All employees are responsible to read and comply with the Harassment, Discrimination & Retaliation policy and attend the required Avoiding Harassment, Discrimination and Retaliation training.

6.0 VIOLATIONS

Violations of this policy, regardless of whether or not an actual law has been violated, will not be tolerated. The Company will promptly and thoroughly investigate every issue that is brought to its attention in this area and will take appropriate disciplinary action, up to and including termination of employment.

Acumen reserves the right to change this policy at any time with or without notice.





PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

**XX PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE
SUBCONTRACTORS TO PERFORM SERVICES.**



Voluntary Product Accessibility Template (VPAT)

CONFIDENTIAL INFORMATION

Response Requirement 1.8.A.3.c

Direct Care Innovations Web Portal Accessibility Conformance Report

DATE: March 15th, 2022

REVISION NUMBER: v1.4

QualityLogic: Headquarters

9576 W Emerald Street
Boise, ID 83704

QualityLogic: California

2245 First Street,
Suite 103
Simi Valley, CA 93065

QualityLogic: Oklahoma

4045 NW 64th Street,
Suite 120
Oklahoma City, OK 73116

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Direct Care Innovations Mobile Application Accessibility Conformance Report

DATE: March 15th, 2022

REVISION NUMBER: v1.4

QualityLogic: Headquarters

9576 W Emerald Street
Boise, ID 83704

QualityLogic: California

2245 First Street,
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Appendix A

Sample Memorandum of Understanding

Response Packet E.1.A

MEMORANDUM OF UNDERSTANDING

BETWEEN The State of Arkansas, Department of Human Services, Division of Provider Services and Quality Assurance AND Acumen Fiscal Agent, LLC

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between the State of Arkansas, Department of Human Services, Division of Provider Services and Quality Assurance (DPSQA), whose address is 700 Main Street Little Rock, AR 72201, and Acumen Fiscal Agent, LLC (Acumen), whose address is 5416 East Baseline, Suite 200 Mesa, AZ 85206.
2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which Acumen will function as the Self-Directed Financial Management and Counseling Services contractor for the Department. Acumen will provide Self-Directed Financial Management and Counseling Services which includes financial management, counsel, payroll administration, and other fiscally related services for the Department of Human Services (DHS) programs that provide a self-directed model.

Currently, there were approximately two thousand three hundred and forty (2,340) participants actively enrolled. Approximately fifty to sixty (50-60) new employers/clients are enrolled each month. (Inclusive of self-directed personal care and HCBS waiver program participants).

3. **Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and DHS and shall remain in full force and effect until the negotiation and execution of the contract between the Department and Acumen. This MOU may be terminated upon the selection of a contractor other than Acumen.
4. **Responsibilities of Department.** The Department is obligated to the following responsibilities:
 - Determine eligibility and level of need for personal care.
 - Determine and authorize attendant care services based on ARChoices policy.
 - Provide Acumen with a list of contacts.
 - Provide ample Department staff to enable the successful transition of services.

- Ensure the Department's MMIS, EVV and current FMS contractors actively participate, provide required documentation and system information, and if required, test data to meet the Department approved project schedule.

5. Responsibilities of Beneficiary/Employer or their Representative.

Beneficiary/Employer or their Representatives are obligated to the following responsibilities:

- Assume and display competency in the responsibilities of becoming an employer by hiring, training, supervising, and firing, if necessary, their directly hired workers.
- Direct and manage employee's time within the Acumen DCI electronic visit verification system used by self-direction.
- Accept the risks, rights, and responsibilities of directing their care and having their health care needs met.

6. Responsibilities of Acumen. Acumen is obligated to the following responsibilities:

General Objectives

- Ensuring that the beneficiary is certified to be the employer and present their vision on what mechanism(s) need to be in place to assess the beneficiary's level of competency to self-direct services and work with an FMS agent in a comparable manner as if receiving services through a licensed provider.
- Adhering to the most up-to-date program manuals.
- Transition data and services from the current contractor.
- Provide an accessible web-based solution for reporting and program support activities between the Acumen and DPSQA that will support daily financial reporting, employer and employee enrollment options, and training for users.
- Coordinate and facilitate self-directed financial management and counseling services.
- Recruit and train staff to provide enhanced customer support via telephone, virtual meetings, or in-person as needed.
- Participate in coordinating and maintaining a Self-Directed Advisory Panel.
- Develop training materials and conduct training.
- Provide mass email communications to various target populations upon request.
- Initiate and manage delivery of Financial Management Services (FMS) including the EVV model through a quality management system supported by an integrated data system to manage active and pending self-directed participants.
- Establish and maintain the FMS Project Organization and Staffing, including a Work Plan/Quality Management Plan (QMP) to outline policies, procedures, processes, and internal contracts to adhere to performance-based standards.
- Maintain monthly financial management services and supports as well as end-of-year financial tax requirements.
- Develop and maintain robust customer support to assist participants, employers, and employees within the self-directed program.
- Establish and maintain record management and data system that adheres to State and federal security requirements including, but not limited to: NIST 800-53, MARS-e, FISMA, HITECH, HIPAA, Privacy Act of 1974, and IRS1075.
- Develop and maintain reports.

- Provide resources in management oversight and staff to meet the demands and responsibilities of providing Financial Management Services statewide including a dedicated designated Manager.
- Establish a notarized Memorandum of Understanding (MOU) between Acumen and a banking institution to receive the Beneficiary/Employer's budgeted Medicaid funds deposited into a non-interest-bearing account.
- Complete a Readiness Review 90 days after the State authorizes to proceed with services.

Transitioning

- Prior to rendering services, Acumen must be an enrolled Arkansas Medicaid provider.
- Within forty (40) business days after the project launch meeting, Acumen will contact each Program Individual/Participant, identify itself as the new program contractor, and explain that it will become the program Individual's/Participant's new Financial Management Services (FMS) and Counseling Service Provider. During this period, it shall be the Contractor's responsibility to provide for the following:
 - Assign and identify a counselor to each Program Individual/Participant;
 - Distribute for signature to each Program Individual/Participant an IRS form 2678, Employer Appointment of Agent form, which designates Acumen as the new fiscal agent for the Program Individual/Participant and file the completed IRS form 2678 with the IRS for each Program Individual/Participant. Acumen will provide a list to DPSQA including the names and dates of those who have completed the form;
 - Provide each Individual/Participant with the telephone number at which they may contact Acumen to answer questions.
 - Have at least one (1) staff member available during the contract start-up period to receive phone calls and other forms of communication should Individual/Participants contact Acumen before the program is formally transferred, to redirect the individual/participant to the incumbent contractor or appropriate authority for service.
 - Provide the Individuals/Participants with employer orientation and training in accordance with the philosophy of SD upon referral from the Department.
- Develop and provide an Individual/Participant (or their representative) employer orientation and skills training, subject to DPSQA approval, in a manner consistent with Participant's self-directed services, decision-making and managerial authority.
 - Orient and train Individuals/Participants (or their representative) in the operation of the Program face-to-face at the Participant's residence or a location mutually agreed upon between Acumen and the individual.
 - Explain all aspects of the program including, but not limited to budget management, Acumen's role and training that includes the management of their individualized budget.
 - Train prospective participants on principles and practices of self-direction including Employer and Budget Authority.
- Provide instructions and training to a prospective Individual/Participant on what is needed to set up services and ensure payment for approved services and supports, beginning with the development of an individualized Cash Expenditure Plan (CEP). Results of each training session shall be electronically stored by Acumen's data system.
- Provide data to DHS upon request by close of business on the following business day.
- Offer Information and Assistance (I & A) upon prospective and/or enrolled participant's request.

- Educate prospective and/or enrolled participants on the rights, risks, and responsibilities of managing one's own care in Self-Direction.
- Responsible for leading and performing the data conversion and migration activities. The State expects that all data including but not limited to EVV data and tax documents will be converted and migrated to Acumen's system(s). Acumen will provide auditing reports to validate that all data has been mapped and converted accurately and completely.
- Data conversion and migration activities include but are not limited to identifying data to be converted, building a data conversion schedule, tracking each data element being converted, validating that all records/images converted equals number of records/images written to the Acumen database, testing the converted data in the Acumen's database, reporting progress to the State, and ensuring adequate staff is assigned to the effort.
- Provide program data to DHS as required under the contract and upon DHS request.

Project Organization and Management Requirements

- Create and maintain a quality management system supported through an integrated data system to manage active and pending populations. The system must be approved by DHS/DPSQA prior to rendering of services.
- Provide a robust software system with capability to store, transmit and receive data from the Arkansas DHS Medicaid Management Information System (MMIS), DPSQA and Employment Clearance Registry System. (ECRS) data Contractor shall provide all data related to this contract directly to the Division of Provider Services and Quality Assurance (DPSQA) upon request by DPSQA and as required in Attachment C: Performance Based Contracting.
- Provide a web-based portal, or a comparable mechanism, to provide state agency access to reports, dashboards, and other data.
- Provide an EVV system that integrates with the State's EVV system and meet the States third-party certification criteria.
- Provide an EVV software system that is web-based and must not require any software installation at the user sites, other than security certificates and browser plug-ins/controls.
- Provide an EVV software with security controls that maintain system backups per industry standards.

7. General Provisions

A. Amendments. Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Arkansas. The courts of the State of Arkansas shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the Little Rock District Court, Arkansas.

C. Entirety of Agreement. This MOU, consisting of five (5) pages, represents the entire and integrated agreement between the parties and

supersedes all prior negotiations, representations and agreements, whether written or oral.

D. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

E. Third Party Beneficiary Rights. In accordance with Arkansas Code §19-11-249, this MOU and resulting contract is available to any State Agency or Institution of Higher Education that wishes to utilize the services of Acumen, and Acumen agrees, they may enter into an agreement as provided in this RFP710-22-0018.

The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only party's signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

8. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

Acumen Fiscal Agent, LLC

 _____
Signature Date June 1, 2022

Joshua J. Auer, CEO

[Name and Title]

State of Arkansas Department of Human Services

[Name and Title] Date

[Name and Title] Date



Appendix B
Acumen Executive Director
Job Description

Response Packet E.2.A

PROPRIETARY INFORMATION

PROPRIETARY INFORMATION

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Appendix C
Acumen Key Personnel Resumes
Response Packet E.2.B

Joshua J. Auer

PROFILE: CHIEF EXECUTIVE OFFICER



More than 22 years of comprehensive Medicaid experience analyzing business systems to ensure best operational effectiveness through people, systems, and processes. Currently functions as CEO for Acumen Inc. and DCI. Well-versed in recognizing and launching systems that meet desired goals and objectives. Adept at business administration and collaboration with executives and staff to achieve targeted results. Develops and executes strategic plans; committed to adding value and exceeding expectations through collaborative problem solving and disciplined decision-making.

Skills

- ◆ Strategic Planning
- ◆ Business Systems Analysis
- ◆ Risk Mitigation
- ◆ Operational Streamlining
- ◆ Budget Management
- ◆ Problem Resolution

Experience

2016 – PRESENT

Chief Executive Officer / Acumen LLC, Mesa, AZ

- Plan, develop, organize, implement, direct and evaluate the organization's fiscal function and performance
- Participate in the development of the corporation's plans and programs as a strategic partner
- Evaluate and advise on the impact of long range planning, introduction of new programs/strategies and regulatory action
- Develop credibility for the finance group by providing timely and accurate analysis of budgets, financial reports and financial trends in order to assist the Board and senior executives in performing their responsibilities
- Enhance and/or develop, implement and enforce policies and procedures of the organization by way of systems that will improve the overall operation and effectiveness of the corporation
- Establish credibility throughout the organization and with the Board as an effective developer of solutions to business challenges
- Provide technical financial advice and knowledge to others within the financial discipline
- Continual improvement of the budgeting process through education of department managers on financial issues impacting their budgets
- Provide strategic financial input and leadership on decision making issues affecting the organization; i.e., evaluation of potential alliances acquisitions and/or mergers and pension funds and investments.

2013-2022

Founder & CEO / Direct Care Innovation(DCI), Mesa, AZ

- Charged with directing a portfolio of Medicaid Health and Human Services organizations, which encompasses the management of DCI and Acumen.
- Serve as operating partner in charge of business development, operations, strategic planning, and growth

2004-2007

Chief Operating Officer/ RISE INC, Mesa, AZ

- Led all aspects of organizational operations and oversaw operations of eight RISE divisions across 3 states for over 4,000 staff and ~ 4,000 participants.

Education

M.B.A., Business Administration / University of Phoenix, Phoenix, AZ

B. A., Communications / Arizona State University



Christopher Bates

PROFILE: CHIEF OPERATIONS OFFICER

Extensive experience directing business operations and management through effective business systems analysis and project management to enhance operations. Nearly 300 years of expertise identifying business needs, working with end-users to gather requirements, and communicating technical information in a clear manner to technical and non-technical staff. Proficient in determining, meeting, and surpassing specific client needs. Practiced in clarifying business requirements and performing gap analysis.

Develop process and system improvements to increase productivity and reduce costs. Capable of managing IT operations through effective management of staff and budgets. Identify operational performance indicators to escalate efficiency and productivity and maximize organizations' resources.

Adept at establishing policies, procedures, standards, and benchmarks in compliance with all federal, state, and local legal requirements within all contracts. Recognized for ability to leverage strong project management skills, consistently exceed client expectations, deliver complex, large- scale projects, and meet all project deadlines, budgets, and specifications.

Skills

- ◆ Strategic & Tactical Planning
- ◆ Business Systems Analysis
- ◆ Project Development & Implementation
- ◆ Regulatory Compliance
- ◆ Continuous Process
- ◆ Cost Reduction
- ◆ Operational Streamlining Improvement
- ◆ Change Management

Experience

2017 – PRESENT

Chief Operations Officer / Acumen LLC, Mesa, AZ

- Charged with directing development and implementation of all operational specific policies and procedures in compliance with all federal, state, and local legal requirements for all contracts. Ensure effective performance of staff essential functions, while achieving and/or surpassing all customer and contractual expectations and requirements for more than 40 self-directed programs.
- Monitor establishment of standards to ensure measurement and effectiveness of all processes within the operational area.
- Facilitate training of all staff on the specifics of legal, Medicaid, and contractual obligations. Produce all required deliverables by ensuring the implementation of adequate internal controls.
- In charge of preparing and presenting complete reports on the operating condition of the company.
- Accountable for overseeing establishment and implementation of Acumen's current and future Information Technology strategy and vision.
- Provide direction and support to all units and departments within Acumen in attaining all requirements related to technology, including application development and support, communications and network infrastructure, and business continuity and disaster recovery.

2007-2009

Vice President/ Chief Operating Officer/ Strategy Execution Partners, LLC, Chicago, IL

- Accountable for directing software development team, as well as finance, accounting, payroll operations, tax management, and treasury management.
- Formulated and executed a reseller strategy that drove company to scalable revenue growth; designed a scalable operational platform for high-volume payroll and payroll tax processing, as well as converted operating costs from a variable to a fixed-cost structure.
- Orchestrated the design, development, testing, and product launch of a fully integrated, full employee life- cycle human resources and payroll system.

2004-2007

Director of Operations/ Oasis Finance, LLC, Northbrook, IL

- Instrumental in structuring financial and operating requirements for Oasis' investor agreement. Directed the recruitment and training of 30 operations personnel in company operations and standards.
- Developed financial tracking of key indicators that was utilized for weekly and monthly reporting to the Board of Directors.
- Spearheaded design and execution of IT infrastructure which included network, phone, fax and document management solutions.
- Monitored loan process status and provided real time performance measurements on Oasis' key business processes by designing a scalable operating platform.
- Achieved revenue growth from a national television campaign by integrating an outside call center with internal operations.

Education

M.S., Accountancy / DePaul University

M.B.A., Finance / Marquette University

B.S., Mathematics & Statistics / Utah State University



Matthew D. Dee

PROFILE: CHIEF TECHNICAL OFFICER

More than 15 years of comprehensive experience in all facets of information technology including system design, development, testing, implementation, integration and support. Currently function as CTO for Direct Care Innovations, LLC and Acumen, LLC. Have also functioned as Lead System Architect in DCI since 2013. Adept at managing highly technical projects and resources to achieve company goals and objectives.

Skills

- ◆ System Analysis
 - ◆ Project and People Management
 - ◆ System Integration
 - ◆ Business Process Analysis
 - ◆ Budget Management
 - ◆ System Implementation
-

Experience

2016 – PRESENT

Chief Technical Officer / Acumen LLC, Mesa, AZ

- Responsible for conception, implementation and management of technology road map.
- Oversee all technology departments including help desk, infrastructure development and application support
- Executive sponsor and project manager for implementation of the DCI platform and its integration with legacy systems and processes.
- Executive sponsor and project manager for large integration projects.

2013- PRESENT

Chief Technical Officer / Direct Care Innovation(DCI), Mesa, AZ

- Co-architect of the DCI platform responsible for design, documentation, testing and delivery.
- Oversee all development resources including analysts, developers and testing.
- Executive sponsor and project manager for integration projects and all DCI implementations.

2004-2007

Chief Technical Officer/ Security Officer / Opportunity Management Group, Mesa, AZ

- Responsible for establishment of technology department across a portfolio of Medicaid Health and Human Services organizations including Acumen and DCI.
 - Executive sponsor and project manager for implementation and integration of new HRIS system including integration with external insurance carriers.
 - Implemented HIPAA compliance program
-

Education

B.S., Computer Information Systems / Arizona State University, Tempe, AZ

Len Davis

PROFILE: REGIONAL VICE PRESIDENT OPERATIONS - MIDWEST



Executive with over twenty years of experience in social service, healthcare, and non-profit industries. Offering an extensive background in organization oversight, direction, leadership, industry knowledge, and coordinating care and services for the vulnerable population (children, elderly, and disabled). A reputation for identifying and resolving issues, being results driven, building/leading teams, growth and development, networking, fiscal mindfulness, and focus on developing key relationships with industry leaders and partners.

Skills

- ◆ Growth and Scaling
- ◆ Program and Project Management
- ◆ Contract & Regulatory Compliance
- ◆ Strategic Planning

Experience

2021 – PRESENT

Regional VP Operations- Midwest / Acumen LLC, Mesa, AZ

- Oversee operations for all states and programs within Midwest region (MO, OK, TX)
- Provide guidance and oversight in the development and implementation of policy and procedures
- Provide supervision, coaching, feedback, development and discipline to operations
- Support Operation Managers in development of processes to meet all programmatic, legal and contractual requirements
- Support and build relationships with stakeholders, community advocates and groups, and potential new partners

2017-2021

Executive Director-Texas / Acumen LLC, Mesa, AZ

- Oversee operations for fiscal management service of state and federally funded programs for people with disabilities
- Development and implementation of policy and procedures in accordance with contractual program requirements
- Provide day-to-day management of state operations and team leadership
- Perform ongoing internal audit of organization's process to maintain compliance with state and federal regulations.

2016-2017

Director of Operations/ Our Hearts Day Center, Lewisville, TX

- Oversee operations for non-profit organization's multiple center locations for people with developmental disabilities
- Market organization to outside community resources and conduct fundraising activities
- Develop, implement, and oversee policy procedures in accordance with contractual and grant obligations
- Fiscal management and oversight of budget and fund development and grants
- Recruit and train staff and volunteers

Education

M.S. Clinical Mental Health Counseling, LPC / Walden University
B.S., Healthcare Administration / Jackson State University



Matt C. Dotson

PROFILE: CHIEF TECHNICAL OFFICER

Tested and proven experience comprised of more than 7 years in program and project management; coordinate and direct contract requirements from development to go-live. Experienced collaborator with state or county staff to gather requirements, consult on best practice, and implement projects and programs that offer exceptional end user experience in an efficient manner for our clients. Coordinate with multiple functional areas to craft project plans and implementation timelines to hit target launch dates. Steward of compliance requirements and accountability to establish a high level of integrity. Agile and creative in leveraging knowledge, skills, and abilities to meet and exceed project deadlines within scope.

Skills

- ◆ Program, Project & Contract Management
- ◆ Process Improvement
- ◆ System Development
- ◆ Strategic Planning
- ◆ System Configuration
- ◆ System Implementation
- ◆ Data Management

Experience

2020 – PRESENT

VP of Implementation / Acumen LLC, Mesa, AZ

- Charged with oversight of project and program implementation for the Acumen portfolio. This includes but is not limited to newly won contracts, internal process improvement, new capability implementation, program sunseting.
- Ensure Acumen's Clients experience a high level of customer service and collaboration throughout the implementation process to tailor to the needs of the program.
- Execute creation and development of requirements outlined in contracts to ensure compliance standards are met or exceeded.
- Consult with state or county staff on Acumen capabilities to enhance user experience to best suit their self-directing journey. Demonstrate system capabilities to state or county staff.
- Manage Electronic Visit Verification (EVV) implementations across the Acumen portfolio and track national trends for self-direction.

2014- 2020

Account Manager / Public Partnerships, Denver, CO

- Manage \$143M in annual service dollars for Medicaid programs for individuals with developmental disabilities in Colorado, Arizona, and Missouri.
- Direct oversight on contract deliverables, service level agreements, client management, and risk management • Provide consultation internally and externally on program design, best practices, and implications to state and Federal Medicaid requirements for Home- and Community-Based Service Programs
- Lead cross-functional work groups by setting direction of project, creating project plans, and identifying key milestones to implementation of program improvements and new requirements.
- Subject matter expert for internal staff on high priority issues; establish process improvements to reduce occurrences and bring resolution of issues.

- Aggregate, organize and synthesize program and project information to encourage transparency and facilitate cross-functional, company-wide communication. Collaborate with software developers to enhance internal and external systems and reporting functionality to ensure contract compliance.
- Create and analyze robust Excel data report to monitor program status and research trends.
- Present program activity reports and dashboards to clients on a regular basis.
- Identify new business opportunities and lead writing teams to create, publish and win new contracts through RFPs.
- Coach business analysts and assistant program managers to promote individual growth and skills.

Education

B.A., Political Science and Sociology / Colorado State University, Fort Collins, CO

Robert Biskupic-Knight

PROFILE: VICE PRESIDENT, OPERATIONS



Experienced operator versed in growing and scaling organizations and building systems and processes to maximize organizational effectiveness. Possesses strong program and project management skills to accomplish both short-term and long-term objectives and goals. Adept at building partnerships and collaborating with a range of external and internal stakeholders

Skills

- ◆ Growth and Scaling
- ◆ Program and Project Management
- ◆ Training and Technical Assistance
- ◆ Strategic Planning

Experience

2021 – PRESENT

VP Operations / Acumen LLC, Mesa, AZ

- Responsible for the day-to-day leadership and management of operations of Acumen
- Sets the operational strategy for the long-term growth of the business and ensuring the efficiencies necessary for maximizing the quality of services
- Collaborates in the development of new program models and approaches to delivering services.

2020-2021

Regional VP Operations, Midwest/ Acumen LLC, Mesa, AZ

- Charged with developing regional partner strategy to increase awareness, credibility, and reputation of Acumen Fiscal Agent and self-directed services
- Established, fostered, and grew relationships with key stakeholders including state/program representatives, third party caseworker organizations, key decision makers within local, state and national agencies, and advocacy groups.
- Supervised and coached the Executive Directors in each State in ensuring organizational effectiveness, client and partner satisfaction, team management, and marketing
- Oversaw client transitions from other fiscal management agencies in both Texas and Missouri of over 2,000 clients each

2009-2015

Executive Director/ Engage Miami & Engage Miami Civic Foundation, Miami, FL

- Grew and scaled a volunteer-run social impact startup with no existing infrastructure into a robust organization with 11 full-time employees and a fully-funded budget
- Designed and executed strategies and partnerships that registered 12,500 voters and distributed 200,000 voter guides through 2018; attained an 81% turnout rate in the 2016 election, beating Florida youth turnout by 31%
- Prepared and oversaw a \$590,000 budget in 2018 and cumulatively secured over \$1 million by identifying and advancing the donor pipeline; increased revenue from \$35,000 in 2015 to \$510,000 in first six months of 2018
- Directed all policy and advocacy initiatives, including voting rights campaigns and passing legislation that strengthened campaign finance laws and improved government transparency

- Launched organization's first strategic plan and all systems and processes including human resource, financial, operations, and compliance by utilizing best practices and resources

Education

M.B.A, Strategy and Marketing / Kellogg School of Management at Northwestern University

B.A. History and Political Science / University of Oregon

Nicole Smith

PROFILE: QUALITY AND COMPLIANCE MANAGER



Manages end-to-end quality and compliance operations of the company. Addresses issues related to quality control, legislative changes, and contract deliverables by coordinating between growth and operations departments. Facilitates cross-functional collaboration, performs designated tasks, and submits requests for audits, subpoenas, complaints, and surveys. Oversees the company's performance and suggests improvements.

Skills

- ◆ Operations Management
- ◆ P&L Management
- ◆ Budget Optimization
- ◆ Business Development
- ◆ Project Development & Implementation
- ◆ Risk Management

Experience

2019 – PRESENT

Quality and Compliance Manager / Acumen LLC, Mesa, AZ

- Develops and presents monthly budget reports to company's executives including insights on the organization's operational performance, as well as strategic initiatives.
- Spearheads the Quality/Compliance Specialists and Analysts team, delegate's tasks to the team and handles responsibilities such as interviewing, training, evaluating performance, and handling wages.
- Actively communicates set rules to external/internal stakeholders by leveraging strong insights on updated program rules, regulations, and an excellent understanding of the implementation requirements.
- Contributes extensively to improving processes by using data analytics and provides recommendations to the leadership team; reviews and ensures proper implementation of all contract deliverables as the contract administrator.
- Capably developed health report cards for all Head of Departments and spearheaded/managed KPI reporting procedures.
- Ensured achievement of business needs and successfully got awarded as the Support Manager of the year.

2018-2019

Support Operations Supervisor / DoorDash

- Coached and mentored a team of 50+ agents to foster a culture dedicated to development, critical analysis, and empowerment.
- Trained and developed 3 representatives to assist with the interview process and exceed departmental hiring goals.
- Conducted performance reviews for team members to identify productivity gaps and develop strategies to meet business objectives.
- Implemented workflow processes by adjusting resources to meet service level agreements with the business

2017- 2018

Customer Resolution Manager – Assistant Vice President / Pure Point Financial

- Served as a liaison to various high schools in Allegheny County, providing counseling and guidance to students with disabilities to facilitate transition into post-secondary education and employment
- Coordinated support services with colleges and training programs to ensure students had access to appropriate accommodations
- Nominated and served as co-lead of the Allegheny County Transition Coordinator's Council
- Successfully managed a caseload of over 200 clients and consistently met rehabilitation goals

Education

M.A Adult Education/Training / University of Phoenix

B.S Business Management / University of Phoenix

Laura Uriarte

PROFILE: ENROLLMENT MANAGER



Leads implementation and maintenance of operational controls and program requirements, the facilitation of operational improvements in processing, product and service quality, and the management of operations staff.

Skills

- ◆ Program Management
- ◆ Implementation and Policy Development
- ◆ Communication
- ◆ Process Improvement

Experience

2020 – PRESENT

Regional Program Manager, Great Lakes Region / Acumen LLC, Mesa, AZ

- Assist the Chief of Operations with the development and implementation of all operation policies and procedures
- Assist in the Launch of any new enrollment contracts
- Responsible for hiring and ensuring adequate training for personnel within the department
- Assist in the development & implementation of the electronic enrollment system (EES)
- Complete daily validation audits and ensure corrections are made timely
- Participates in cross departmental meetings and facilitate effective cross departmental communication
- Provide leadership, coaching, & feedback to local and remote agents
- Ensure resources are available to meet contractual responsibilities
- Launched new email system for enrollment teams (outpost & helpmonks)
- Provide knowledge & support to the remote leads & agents

2018-2019

Enrollment Lead and Trainer/ Acumen LLC, Mesa, AZ

- Monitor, evaluate, and train enrollment specialist, including the remote new hires
- Ensure the processing of federal, state, and employer taxes are entered within compliance of each state & program's guidelines
- Monitor & disperse inbound emails
- Monitor incoming enrollments and ensure required work load is assigned to each specialist/agent daily
- Ensure that emails, issuetraks, and enrollment documents are reviewed and responded to within 24-48 hours
- Complete monthly 1on1 meetings with staff, as well as yearly performance reviews
- Assisted in the Launch of Agent Model
- Assisted in the Launch of our new payroll engine, provided cheat sheets & continued training for each state and program

2017-2018

Enrollment Trainer/ Acumen LLC, Mesa, AZ

- Onboard all new hires in the local & remote offices, for the enrollment department
 - Develop training materials for multiple states and programs
 - Travel to remote offices to provide in person state specific trainings on paperwork and budgets.
 - Assisted in the launch of our new computer system (DCI)
 - Assisted in development of DCI import tool
 - Created a DCI user manual for agents
-

Kayla Kleimola

PROFILE: PAYROLL MANAGER



Experienced leader with over 5 years' experience in payroll, with a focus on process improvement and streamlining communication.

Skills

- ◆ Leadership
- ◆ Accounting
- ◆ Organization
- ◆ Customer Service

Experience

2022 – PRESENT

Payroll Manager / Acumen LLC, Mesa, AZ

- Oversee operations for all states and programs within Midwest region (MO, OK, TX)
- Provide guidance and oversight in the development and implementation of policy and procedures
- Provide supervision, coaching, feedback, development and discipline to operations
- Support Operation Managers in development of processes to meet all programmatic, legal and contractual requirements
- Support and build relationships with stakeholders, community advocates and groups, and potential new partners

2022-2022

PEO Payroll Supervisor, / Paychex, Tempe, AZ.

- Lead PEO Payroll associates to the highest level of accuracy to remain within payroll compliance, while providing the tools to maintain superior client service support.
- Support mid-sized clients with sensitive and escalated payroll processing, and compliance inquiries to the highest level. Including multiple state payroll processing support and tax inquiry concerns.
- Maintain client relationships to elevate the PEO partnerships to the most effective levels.
- Emphasis on process improvement and workload balance for associates. Working to evenly distribute workload and responsibilities based on skillset and bandwidth.
- Educate associates and peers on payroll processes and resources to be best equipped to execute at a high level.

2017-2022

Client Service Manager / ADP, Tempe, AZ.

- Assist with associate development, improving superior customer service and quality understanding and execution of company standards.
- Evaluate associate performance including adherence, client satisfaction and technical skill base to implement and create individual improvement plans for performance outliers.
- Lead and support in business process improvement initiatives. Including project management, execution and adjustments to deliver measurable results.
- Leveraging strong team performers for added value through stretch assignments and higher responsibility, to continue their career growth and development.

- Achieve client excellence, quality service and results through deliverable results such as NPS and business specific metrics.
- Support clients and associates with on-the-spot solutions to payroll needs and inquiries, ranging from basic payroll inquiries, to complex deferred compensation and general ledger solutions, enabling them to be more effective associates and businesses.
- Utilize innovative solutions to resolve technical and non-technical questions. Sharing best practices and most effective solutions to improve department performance.
- Maintain multiple resource systems simultaneously to view and influence a strong team and department performance.

Education

B.A. Business Management / Arizona State University, Tempe, AZ

Cynthia Lopez

PROFILE: OPERATIONS MANAGER- BILLING



Experience managing performance & leading process improvement efforts that enhance the customer experience, mitigate risk and reduce expense. Genuine people leader with proven success driving results and creating a positive and winning culture.

Skills

- ◆ Call Center Operations
- ◆ Strategic Thinker
- ◆ Problem Solver
- ◆ Collections Expert

Experience

2020 – PRESENT

Operations Manager- Billing / Acumen LLC, Mesa, AZ

- Responsible for ensuring billing processes are compliant with state and program specific requirements and resolving issues contributing to increased receivables. Quickly grew department by 300% to effectively support over 20 different state contracts and continued company growth.
- Accurately execute month end processes for AR to ensure timely closing and provide metrics to measure and analyze department performance.
- Successfully transitioned A/R related functions for newly acquired company. Supported transition of over 2,500 clients through implementation of new processes and procedures, employee onboarding, training and system integration.
- Work with key stakeholders and Systems/IT department to automate manual procedures and convert to electronic billing.

2008-2020

Director- Credit Operations/ Digital Experience / Macy's Credit & Customer Services, Cincinnati, OH

- Oversaw a domestic and offshore staff of approximately 900 agents during holiday 2019. Led and motivated team to exceed all productivity SLA's for seven separate lines of business.
- Led communication efforts for the consolidation of two major lines of business, resulting in a 5% improvement in Customer Satisfaction score, 9% YOY improved productivity, reduction in transfer calls and staffing optimization.
- Reduced customer inquiries through enhancing self-servicing options and chatbot optimization resulting in 30% reduction in chat volume.
- Oversaw global Service levels for high-volume season. Successfully supported the stores operation by executing on crucial service dates with the overall ASA falling below plan.

2017-2018

Director/ Credit Granting, Cincinnati, OH

- Accelerated the performance effectiveness of an underperforming site within one quarter. Outperformed all partner sites by increasing Calls Per 60 Minutes metric by 14% and earning the entire facility the highest incentive tier.
- Maintained relationship with Fraud team to ensure successful execution of POS strategy. Reduced customer friction associated with in-store transactions by increasing verification rates by 14%.
- Introduced a new verification procedure resulting in the approval of 48% of transactions that would have otherwise been declined.
- Created and executed a tailored new-hire nesting program that increased speed to proficiency from 12 weeks to 8 weeks.
- Spearheaded agent scorecard simplification efforts across three domestic facilities and eight lines of business impacting over 2,000 contact center agents

Education

B.S. Business Administration / University of Arizona

Lisa Mefford

PROFILE: OPERATIONS MANAGER, CUSTOMER SERVICE



Provides day to day leadership of their respective operational functions, including the implementation and maintenance of operational controls and program requirements, the facilitation of operational improvements in processing, product and service quality, and the management of operations staff. Assists the VP of Operations in implementing new processes and technologies as they relate to the long term direction of the operations team.

Skills

- ◆ Communication
- ◆ Implementation and Policy Development
- ◆ Customer Service
- ◆ Process Improvement

Experience

2015 – PRESENT

Customer Service Manager / Acumen LLC, Mesa, AZ

- Assists the Director of Operations with the development and implementation of all operations specific policies and procedures in compliance with all programmatic, federal, state and local legal rules and regulations
- Oversees the development of standards for the measurement and effectiveness of all processes within the Customer Service department
- Creates a customer centric team, meeting or exceeding all customer service requirements. Handle escalated issues with families and states as necessary
- Responsible for hiring and ensuring adequate training for personnel within the department
- Overall responsibility for the management of the department budget
- Participates in cross departmental meetings and facilitate effective cross departmental communication
- Provides leadership, supervision, coaching, feedback, development and discipline to team.

2012-2015

Customer Service/ Enrollment Supervisor / Acumen LLC, Mesa, AZ

- Supervises, trains, and manages several Customer Service Representatives and Enrollment Specialists including remote staff members
- Ensures all incoming paperwork and communication is received and processed according to contractual guidelines
- Monitors live calls and spot checks recorded calls to ensure excellent customer service
- Manages the call queue to ensure calls are being answered in a timely manner
- Ensures all voicemail messages and all emails are reviewed and returned within one business day of receipt
- Organizes employees work and break schedules to ensure constant availability during call center business hours
- Communicates any caller issues to the appropriate department for efficient and systematic resolution
- Addresses all escalated calls from customers within Customer Service or Enrollment departments and resolves issue

2010-2012

Lead Payroll Processor / Acumen LLC, Mesa, AZ

- Processed payroll for numerous states and programs
- Submitted payroll banking files to the accurate financial institution
- Supervised several payroll team members
- Resolved escalated payroll issues

2008-2010

Budget and Enrollment Processor / Acumen LLC, Mesa, AZ

- Processed budgets and rate sheets for variety of different states and their associated programs
- Processed enrollment forms for all potential clients, employers and employees



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Appendix D

Acumen Policies and Procedures for the State of Arkansas

Response Packet E.2.B

PROPRIETARY INFORMATION



Acumen Fiscal Agent
Financial Management Services
Fiscal Employer Agent
Policies and Procedures Manual
for Arkansas

*Personal Care State Plan
(Independent Choices)*

and

*Section 1915(c) Waiver
(ARChoices)*

Revised 05/10/2022

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APPENDICES

Appendix A: Procedure for Processing a Complaint

Appendix B: Complaint Documentation Form

Appendix C: Sample Acumen Satisfaction Survey

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Appendix E
Acumen Project Schedule
Level of Effort by Position

Response Packet E.3.B

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Appendix F
Acumen Training Plan
Response Packet E.4.A

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Version Control

Date	Version Number	Document Change	Author
6/1/2022	0.0	Proposal Draft Submission	Acumen

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3. Methodology.....	1
4. Assumptions and Constraints.....	2
Assumptions.....	2
Constraints – TBD.....	2
Risks.....	2
5. Training Roadmap and Schedule.....	3
6. Training Goals.....	4
7. Roles and Responsibilities.....	4
Acumen Training Team.....	4
State of Arkansas - TBD.....	5
8. Needs Assessment.....	5
9. Training Conditions.....	5
10. Training Metric.....	5
11. Training Implementation.....	6
Scheduling.....	6
Training Evaluation.....	6
On-Going Training.....	6

PROPRIETARY INFORMATION

PROPRIETARY INFORMATION

PROPRIETARY INFORMATION

PROPRIETARY INFORMATION

PROPRIETARY INFORMATION

PROPRIETARY INFORMATION



Appendix G
Acumen Beneficiary/Employer
Enrollment Packet

Response Packet E.5.B

Beneficiary / Employer Packet

Date of Completion: _____

Estimated Start Date: _____





Enrollment Forms

(These forms must be returned to enroll you as an employer.)

FORM	PURPOSE
Enrollment Checklist	This form lists the forms that are required to enroll. Use this checklist as a guide to ensure all forms are completed.
Participant Information Form	Basic contact information is recorded on this form.
Participant Employer Agreement	By signing this form you give permission to your FEA to provide fiscal services. It also defines the roles and responsibilities of each party.
Form SS-4 Application for Employer Identification Number (FEIN)	This form registers you with the IRS as a household employer. It is also used to get a Federal Employer Identification Number (FEIN) that is needed for filing taxes.
Form 2678 Employer/Payer Appointment of Agent	Completing this form appoints your FEA to perform employer tax responsibilities. It allows your FEA to withhold taxes from your employees' paychecks and deposit those taxes with the IRS.
Form 8821 Tax Information Authorization	Your signature on this form gives your FEA the authority to process, file and discuss tax issues on your behalf with the IRS.
Roles & Responsibilities	This document provides a list of roles and responsibilities.
Acumen Authorization Form	This form captures basic information on the employer, participant and case manager. It is also used to provide additional information regarding the appointment of Acumen Fiscal Agent, LLC as the limited power of attorney for purposes of FEA responsibilities at both a federal and state level.

Other Information in the Packet:

- Electronic Time Submittal Instructions
- Payroll Calendar
- Preventing Medicaid Fraud Handout
- Signs and Symptoms of Abuse, Neglect & Exploitation



Enrollment Checklist

Select Program: Independent Choices AR Choices

First Last
Print Participant/Beneficiary Name

First Last
Employer Name (if applicable)

Use this checklist as a guide to ensure all forms are completed. Initial next to each item when the form is complete, then return this checklist along with all other packet items together.

	Participant Initials	FEA use only
Participant Information Intake Form	<input type="checkbox"/>	<input type="checkbox"/>
Participant Employer Agreement	<input type="checkbox"/>	<input type="checkbox"/>
IRS Form SS-4	<input type="checkbox"/>	<input type="checkbox"/>
IRS Form 2678	<input type="checkbox"/>	<input type="checkbox"/>
IRS Form 8821	<input type="checkbox"/>	<input type="checkbox"/>
Roles & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Acumen Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>

My signature indicates that the following forms have been explained to me.

Participant/Beneficiary or Employer Signature

Date



PARTICIPANT/BENEFICIARY INTAKE FORM

PARTICIPANT/BENEFICIARY INFORMATION

Beneficiary Name: _____
First Middle Last

Medicaid Number: _____ DOB: _____

SS#: _____ Gender: Male Female Language: _____ Race: _____

Home Address: _____
If applicable Street City State Zip code

Mailing Address _____
Street City State Zip code

Home Number: _____ Cell#: _____

Do you have an FEIN? Yes No If so, the # is: _____ Email: _____

DHS RN Name & Phone #: _____

Specify Program Name: Independent Choices AR Choices

EMPLOYER INFORMATION, IF APPLICABLE

Name: _____
First Last

Home Address: _____
If applicable Street City State Zip code

Mailing Address: _____
Street City State Zip code

Phone Number: _____ Cell#: _____

Email: _____

PARTICIPANT DIRECT HIRED WORKER INFORMATION (EMPLOYEE)

Employee 1 (if available)

Name: _____
First Last

Home Number: _____ Cell#: _____

Employee 2 (if available)

Name: _____
First Last

Home Number: _____ Cell#: _____



Beneficiary/Employer Agreement

_____ **Print Participant/Beneficiary Name**

_____ **Print Employer Name (if applicable)**

Please review each topic for your understanding and discussion. Your initials by each topic show your (Participant/Beneficiary or Employer) agreement and understanding to the information in the Agreement.

_____ **CONSENT:** By signing this form, I agree to have my FEA provide financial management services in relation to self-direction services.

_____ **CONSENT:** I understand that my FEA will:

1. Provide a Participant Enrollment Packet and process all Federal and state participant forms.
2. Provide a New Employee Packet and process all Federal and state employee forms, and assist the Participant with completion of employee forms, if needed.
3. Provide training materials (Medicaid Fraud Prevention; Signs and Symptoms of Abuse, Neglect and Exploitation, HIPAA Information, Universal Precautions).
4. Confirm employees eligibility including conducting a background and registry checks.
5. Keep a record of all participant and employee forms.
6. Collect time worked for participant employees electronically, and if not available, on a paper time sheet.
7. Process payroll for participant employees including paying taxes and benefits(workers compensation and unemployment).
8. Provide a Monthly Payroll Report and Spending Summary that is available online or can be mailed or faxed, if requested.
9. Report concerns about Medicaid Fraud to the appropriate authorities.
10. Report concerns of abuse, neglect and exploitation to the appropriate authorities.
11. Communicate with the Case Manager/RN about services, and if necessary a representative at AR Medicaid.
12. Assist the participant with time entry and payroll problems or questions, if needed.
13. Resolve complaints related to service dissatisfaction in a timely matter.
14. Provide transfer documents to a receiving Fiscal Management Service, if needed.

_____ **CONSENT:** I will, as my role as the Participant and/or Employer:

1. Agree to be the employer of record for employees hired (interview, hire, schedule,manage and terminate, if necessary).
2. Understand that an employee:
 - a. Cannot be a participant's representative or legal guardian
 - b. Cannot be a spouse
 - c. Cannot be an attorney-in-fact granted to direct the Beneficiary's care
 - d. Cannot be an individual who completed the prescreen on behalf of the Beneficiary
 - e. Cannot be an individual listed as point of contact on the 9503-Plan of Care completed by a DHS RN during the assessment
 - f. Cannot be an individual who signs the assessment on behalf of the Beneficiary
 - g. Cannot be a payee on behalf of the Beneficiary for social security benefits
 - h. Cannot be an individual on the Beneficiary's bank account
 - i. Cannot be an individual who owns the home the Beneficiary resides in and is not related by blood, marriage, or adoption
 - j. Cannot be an individual prohibited by federal and state laws and regulations
 - k. Must meet the following requirements:
 - Be 18 years or older
 - Be a U.S. Citizen or legal alien authorized to work in the U.S.

- Submit to a criminal background and registry check and not have any barring offenses
 - Be able to communicate clearly
 - Must submit an employment application and meet the hiring requirements as listed in the competency validation assessment
- i. My employee(s) cannot begin work until I receive an Employee Approval/Good to Go from my FEA
3. Complete and submit New Employee Packet(s) including the Beneficiary-Employee Agreement that identifies the employee's wage and train my employee(s) about Medicaid Fraud, Abuse, Neglect and Exploitation, and HIPAA.
 4. Follow the Service Plan and Plan of Care developed with my DHS RN.
 5. Verify that the time an employee works is accurate as authorized on my Plan of Care and scheduled. I understand that:
 - a. Services can begin once my employee(s) has received a Criminal History, Registry Check and Office of the Inspector General clearances, their age has been verified and their eligibility has been clearly established authorizing them to work in the USA. I **MUST** receive an Employee Approval/Good to Go from my FEA before the employee(s) can begin working.
 - b. I am financially responsible for payment of an employee if:
 - I do not qualify for or lose my Medicaid
 - I allow my employees to work unauthorized overtime
 - I allow my employee(s) to work more time than is approved on my Plan of Care
 - I allow my employee(s) to do tasks that are not approved on my Plan of Care
 - c. I need to approve and submit time worked online, email, or fax accurately and timely. Approving a time sheet when an employee has not worked, or approving a time sheet that does not agree with the Plan of Care, is **Medicaid fraud**.
 - d. Work time cannot be submitted for payment before the date worked.
 6. Call my FEA if questions exist about time entry, service plan or employee paperwork.
 7. Notify my FEA **immediately** if:
 - a. There is a change in address or phone number
 - b. I am hospitalized, admitted to a skilled nursing facility or acute rehabilitation
 - c. An employee quits or is dismissed
 - d. There is a change with personal representative (as soon as possible but not to exceed five (5) days)
 8. **Immediately** report:
 - a. Concerns about Medicaid fraud to the Arkansas Attorney General's Office 1-800-422-6641 and my FEA or my DHS RN
 - b. Abuse, neglect and exploitation to the appropriate authority (police or 911), the Department of Social Services in the county in which I live
 - c. Employee injury to my FEA Employee Injury Line **877-901-5824**
 9. Call my FEA when problems occur or if there is a complaint.
 10. Understand that services may be stopped if AR Medicaid confirms:
 - a. My DHS RN has concerns about my health and safety
 - b. I do not follow my Plan of Care
 - c. I abuse Medicaid funds
 - d. There is a conflict of interest between me and other people involved in my care
 - e. A loss of Medicaid

_____ DELAY IN MEDICAID ELIGIBILITY: I understand that a delay in Medicaid or service eligibility may occur. While I am authorized for services, eligibility may not show on the Medicaid payment system throughout your forms. If this happens, my FEA will pay my employee for two pay periods. If the delay continues, payment may be stopped. I will be notified before this occurs.

_____ TRAINING MATERIALS: I have received and will read the following training materials and review with my employee(s):

1. *Signs and Symptoms Abuse, Neglect and Exploitation*

2. *Medicaid Fraud Prevention*
3. *Employee Training including HIPAA/Confidentiality, Lifting Safety and Universal Precautions*

_____ **MEDICAL EMERGENCY:** I know that my FEA is not an emergency medical provider. I will call emergency services (such as 911) during a medical emergency.

_____ **PRIVACY:** I have received a copy of my FEA's Notice of Privacy Practices. The rules follow federal privacy regulations (HIPAA). If I have concerns that my protected health information has not been kept confidential, I will report to this to my FEA immediately.

1. I will ensure copies of my employee background checks are either destroyed, kept confidential, safe and secure at all times.

This Agreement describes the roles and responsibilities of my FEA, the Participant/Beneficiary and/or Employer, and/or the Legal Guardian. My signature indicates full understanding of the agreement. Further, I accept all responsibility for any personal injury, medical or related liability, including Medicaid Fraud, for services provided under this program.

Participant/Beneficiary or Employer Signature

Date



Acumen Authorization Form

Complete each item and fax 866-211-6370 or mail (5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206) to Acumen. Please call 877-824-9356 if you have any questions.

I hereby authorize Acumen Fiscal Agent (Acumen):

1. To file form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.
2. To represent me as an employer for employer related tax-reporting purposes, by signing form 2678.
3. To handle all correspondence regarding employer tax reporting issues.
4. To be my Full Service Agent for unemployment and withholding tax purposes. Therefore, Acumen shall provide all services for the employer (tax, benefits and appeals) and shall receive all documents related to the employer's Montana unemployment and withholding tax account that would otherwise have been sent to me.
5. To receive confidential information and to perform any and all acts the employer can perform relating to matters pertaining to Arkansas Division of Workforce Services and state tax withholding regulations effective signature date forward; subject to revocation.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Arkansas Department of Labor and Licensing and the Arkansas Department of Finance and Administration.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Arkansas Department of Labor and Licensing and the Arkansas Department of Finance and Administration in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of Arkansas, Department of Human Services, Arkansas Medicaid State Plan (Independent Choices), and Arkansas' section 1915(c) waiver (AR Choices) and or county in which you reside.

Appointed Employer

The person who hires, fires, trains and manages staff

Name:	
Social Security Number:	
Street Address:	
City/State/Zip:	
Mailing Address (if different):	
City/State/Zip (if different):	
County of Residence:	
Phone Number:	
E-mail Address:	

Participant/Beneficiary

The individual receiving services.

Name: (if not employer)	
Social Security Number:	
Medicaid Number:	
Date of Birth:	
Street Address:	
City/State/Zip:	
DHS RN	
Name:	
E-mail Address:	
Phone Number:	

Your signature means that you have read and understand the above information.

Signature of Employer or Participant/Beneficiary

Date

Form 2678 Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

--	--	--	--	--	--	--	--	--	--	--

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

--	--	--

City State ZIP code

--	--	--

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
--	---------------------------------------	--

Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Now give this form to the agent to complete. ➔

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

Please fill in your name and address here.

Please fill in your phone number here.

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	You must list a physical address. A PO box will not be accepted.	Taxpayer identification number(s)
Daytime telephone number	Plan number (if applicable)	

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

Name and address Acumen Fiscal Agent, LLC 5416 E. Baseline Rd., Ste 200 Mesa, AZ 85206	CAF No. <u>0305-91435R</u> PTIN _____ Telephone No. <u>480-295-3300</u> Fax No. <u>480-371-2241</u>
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax W/H	941, 940	2020-2024	Tax Liability & EIN Verify

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Please sign your name here.

Enter date here.

Signature	Date
Print Name	Title (if applicable)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN _____

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <p style="text-align: right;">HHCSR</p>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 5416 E. Baseline Rd., Suite 200	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Mesa, AZ 85206	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
7a Name of responsible party	7b SSN, ITIN, or EIN	

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input checked="" type="checkbox"/> Other (specify) ▶ <u>HHCSR using Fiscal/Employer Agent</u>	Group Exemption Number (GEN) if any ▶ _____

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
-------	-----------------

10 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input checked="" type="checkbox"/> Other (specify) ▶ <u>HHCSR using Fiscal/Employer Agent</u>	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	1-#	0

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter.

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

16 Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) ▶ <u>HHCSR using Fiscal/Employer Agent</u>	<input type="checkbox"/> Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HHCSR using Fiscal/Employer Agent

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name <u>Sunny Hudson</u>	Designee's telephone number (include area code) <u>(623) 792-6100</u>
Address and ZIP code <u>5416 E Baseline Rd., Suite 200, Mesa, AZ 85206</u>	Designee's fax number (include area code) <u>(877) 277-3048</u>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ <u>HHCSR</u>	Applicant's fax number (include area code)
Signature ▶ _____	Date ▶ _____

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



Arkansas Self Directed Employer Option

Role Delineation

There are 3 major players, each with distinct roles within a self-directed program. Knowing the differences between them can be hard. Please refer to the table below when trying to decide who does what. Detailed information about these roles and responsibilities are in the “*Self Directed Option Employer Handbook*” for your program.

DHS RN	Employer (or Beneficiary/Participant)	Acumen Fiscal Agent
<ul style="list-style-type: none"> • Conducts assessments to establish needs • Assesses appropriateness for self directed services • Explains services available to eligible participant/beneficiary • Develops Service Plan • Monitors and follows up on services received by the participant/beneficiary • Assists participant/beneficiary in services as needed 	<ul style="list-style-type: none"> • Complete all necessary forms for enrollment • Hire and fire employees • Schedule and set wage for employees • Train employees to provide approved services • Provide a safe work environment • Ensure that all time entries are complete, accurate and approved • Submit/Approve time submissions • Keep important records on each employee and keep them confidential • Review account statements from Acumen Fiscal Agent and ensure they are accurate and complete • Manage the service plan • Follow all relevant laws and rules on employment and the program 	<ul style="list-style-type: none"> • Set up participant/beneficiary and employer in the payroll system • Process all employee paperwork • Set up all employees in the payroll system • Conduct criminal background and direct service worker abuse registry checks for employees • Process time submissions • Pay employees according to the approved service plan • Withhold and pay all taxes • Arrange for workers' compensation and other benefits • Provide reports to the employer • Provide reports to the state • Answer questions about enrollment and payroll • Ensure compliance with other program requirements

**Arkansas (DRAFT)
Payment Schedule
Effective July 2021-July 2022**



Please share this schedule with your employees, and keep a copy in a safe place for easy reference.

To ensure that your employees and/or service providers are always paid on time, please approve and submit all employee and vendor payment requests by midnight on the due date, even if it falls on a weekend or holiday. These dates are strictly enforced and any employee and vendor payment requests received after midnight on that date will be processed in the following payment period.

Be sure to have all hours entered and approved by midnight of the “Submissions Due NO Later Than” date. To access web time entry, go to: www.acumenfiscalagent.com, click on **Web Time Entry** or **DCI Portal**. If you would like to attend a webinar on how to use either the Mobile App or online Web Time Entry portal, click on the Events tab at the top of the webpage provided above. If you cannot remember the employer or employee log-in or client mobile app password, or if you have any questions or concerns, contact our Customer Call Center: (888) 272-5021. Requests for vendor payments can be faxed to: (855) 264-3289.

Be sure to have all hours entered and approved by the “Submissions Due NO Later Than” date.

	Payment Period Start Date	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date	
“Payment Period End Date” is the last day of services in the pay period.	07/04/21	07/17/21	Mon, 07/19/21	Fri, 07/30/21	“Direct Deposit/Check Date” shows the date that payment will be issued. For those payees that have selected direct deposit, this is also the date that funds will be available in their accounts.
	07/18/21	07/31/21	Mon, 08/02/21	Fri, 08/13/21	
	08/01/21	08/14/21	Mon, 08/16/21	Fri, 08/27/21	
	08/15/21	08/28/21	Mon, 08/30/21	Fri, 09/10/21	
	08/29/21	09/11/21	Mon, 09/13/21	Fri, 09/24/21	
	09/12/21	09/25/21	Mon, 09/27/21	Fri, 10/08/21	
	09/26/21	10/09/21	Mon, 10/11/21	Fri, 10/22/21	
	10/10/21	10/23/21	Mon, 10/25/21	Fri, 11/05/21	
	10/24/21	11/06/21	Mon, 11/08/21	Fri, 11/19/21	
	11/07/21	11/20/21	Mon, 11/22/21	Fri, 12/03/21	
	11/21/21	12/04/21	Mon, 12/06/21	Fri, 12/17/21	
	12/05/21	12/18/21	Mon, 12/20/21	Fri, 12/31/21	
	12/19/21	01/01/22	Mon, 01/03/22	Fri, 01/14/22	
	01/02/22	01/15/22	Mon, 01/17/22	Fri, 01/28/22	
	01/16/22	01/29/22	Mon, 01/31/22	Fri, 02/11/22	
	01/30/22	02/12/22	Mon, 02/14/22	Fri, 02/25/22	
	02/13/22	02/26/22	Mon, 02/28/22	Fri, 03/11/22	
	02/27/22	03/12/22	Mon, 03/14/22	Fri, 03/25/22	
	03/13/22	03/26/22	Mon, 03/28/22	Fri, 04/08/22	
	03/27/22	04/09/22	Mon, 04/11/22	Fri, 04/22/22	
04/10/22	04/23/22	Mon, 04/25/22	Fri, 05/06/22		
04/24/22	05/07/22	Mon, 05/09/22	Fri, 05/20/22		
05/08/22	05/21/22	Mon, 05/23/22	Fri, 06/03/22		
05/22/22	06/04/22	Mon, 06/06/22	Fri, 06/17/22		
06/05/22	06/18/22	Mon, 06/20/22	Fri, 07/01/22		
06/19/22	07/02/22	Mon, 07/04/22	Fri, 07/15/22		
07/03/22	07/16/22	Mon, 07/18/22	Fri, 07/29/22		

“Submissions Due NO Later Than” is the last date that your time sheets or vendor requests can be received, or that your WTE approvals can be entered, for the pay period. Be sure to submit no later than midnight on this date.

Employee Packet

(keep this folder for your records)



You will need to complete the following steps in order to hire an employee:

- Interview applicants and decide who you think would be the best fit for your particular needs.
- Get approval from your support coordinator for a rate of pay for the applicant(s).
- Have the person you decide to hire complete and send the following to Acumen:
 - I-9 Employment Eligibility Verification
 - Your employee fills out **Section I**.
 - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com, choose your state, and then find your program.
 - W-4 Employee's Withholding Allowance Certificate
 - AR4EC State of Arkansas Employee's Withholding Allowance Certificate
 - Pay Selection Options Form (*send voided check or bank letter for direct deposit*)
 - Employee Information Form (optional)

State Requirements:

- Employee Agreement
- Pre-Employment Profile (background check form)
- Important Disclosure (background check form)
- Employee Background Check Notice

Your employee must clear a background check and registry checks prior to working in this program. Acumen will notify you, the employer, when this process has been completed and your employee can begin working. Acumen is not authorized to process payments to your employees that do not meet this requirement.

Email, fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. It will take approximately 5-7 business days before an applicant is clear for hire. However, it could take longer due to the background check process. Please allow two weeks before scheduling your employee's first day of work to be sure all federal and state clearances have been received.

Examples of completed forms can be found in the back of this packet. Although you may photocopy blank forms for future employees, Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may contact our Customer Service Center to be sure you have the most up-to-date forms or to request copies be sent to you.

Employee State and Local Tax Withholding

Arkansas state and local income tax will be withheld from all employees' pay based on state and local income tax withholding guidelines. Employees who live in another state may be required to file and pay state withholding tax in Arkansas and the state in which they live. Individuals in this situation should consult a tax advisor with any concerns they may have about their state tax liability.

Employee Changes and Termination

Complete the Employee Change Form if an employee changes his or her name or address. Complete the Termination Form when an employee no longer works for you. These changes should be reported to Acumen as soon as possible. Fax or mail completed forms to Acumen.

Employee Files

Acumen recommends that you always make a copy of any forms you submit and that you keep these copies in a safe place, as they contain sensitive and personal information. We recommend that you also maintain a current and accurate file on each employee hired. This file should contain all employee documentation, including but not limited to the following: W-4, AR4EC, I-9, and copies of completed timesheets.

Confidentiality and Protection of Records

Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, the employer, or his/her family to any unauthorized person.

Medicaid Fraud

Medicaid fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided in order to obtain improper payment. The Medicaid Fraud Unit investigates and prosecutes people who commit fraud. Medicaid fraud is a felony, and conviction can lead to substantial penalties. Additionally, individuals convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid Fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

As required by the State of Arkansas, suspected cases of fraud will be referred to the state for further investigation and possible prosecution.

To view Acumen's False Claims Policy – Fraud Protocol for the State of Arkansas, go to www.acumenfiscalagent.com and click on the "Resources" tab.



Enrollment Forms Overview

Welcome! As your FEA, we look forward to working with you. This Employee Packet has the forms and information you need to become an employee. The participant, who is your employer, can help you complete this packet. The employer's signature is needed on some of the forms. You or your employer need to return the packet when complete. As your FEA, it is our job to make sure your payroll is processed accurately on behalf of your employer, the participant. The participant will be notified when your paperwork has been processed. Once notified, you can begin working!

Phone: 877-901-5827

Fax: 866-463-7589

Email: enrollment@acumen2.net

Website: www.acumenfiscalagent.com

FORM	PURPOSE
Enrollment Checklist	This form lists the forms that are required to enroll. Use this checklist as a guide to ensure all forms are completed.
Employee Application	Basic contact information is recorded on this form.
Employee Background Check Notice & Consent Form	Signing this form allows your FEA to conduct a national criminal history check and receive the results.
HR Profile Pre-Employment & Important Disclosure Forms	These forms allow us as your FEA to initiate the necessary criminal history checks and to receive the results.
Participant-Employee Agreement	This form outlines the roles and responsibilities for each party. It also establishes employee wage and work hours. By signing this form, the employee agrees to follow policies and procedures.
Form I-9	This form confirms your identity and your eligibility to work in the United States. You must complete section 1 of this form. The participant completes section 2 by examining your supporting documents from either list A or lists B and C. Please attach the supporting documents.
Form W-4	This form is for federal tax purposes and taxes are withheld based on how you complete this form.
Form AR4EC	This form is used for state tax purposes. Depending on how you complete this form, the FEA will withhold taxes according to your selection.
Employee Relationship Forms	Please fill this form out based on your relationship with the participant (beneficiary). This is used for exemptions in payroll taxes if you are related to the participant.
Pay Selection & Direct Deposit Options Form	This form is 2 pages and is used for pay selection options (Pay Card or Direct Deposit).

Other Information in the Packet:

- Electronic Time Submittal Instructions & Paper Time Sheet if needed
- Payroll Calendar
- Preventing Medicaid Fraud Handout
- Signs and Symptoms of Abuse, Neglect & Exploitation



New Employee Packet Checklist

First

Last

Print Participant/Beneficiary Name

First

Last

Print Name of Employee

Please use this checklist to ensure all forms are completed and returned. Call us if you have questions or need assistance. Please also return the initialed form along with the completed packet by email or fax:

Email: enrollment@acumen2.net

Fax: 866-463-7589

	Participant	Employee
1. Employee Application	_____	_____
2. Form I-9 Employment Eligibility Verification	_____	_____
3. Form W-4	_____	_____
4. Form AR4EC	_____	_____
5. Employee Information Form/ Relationship Disclosure	_____	_____
6. Direct Deposit Authorization/Pay Selection Options	_____	_____
7. Participant-Employee Agreement	_____	_____
8. Background Check & Registry Checks Consent Form	_____	_____
9. HR Profile Background Check Pre-Employment & Initial Disclosure Forms	_____	_____
10. Worker Information & Qualification Form	_____	_____

Participant/ Beneficiary or Employer Signature

Date

Employee Signature

Date

EMPLOYMENT APPLICATION

Participant who you are applying to work for:	Agency referred by:
---	---------------------

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Street Address	City	State/Zip
Best Contact Phone #	Email Address	
Date of Birth	SSN #	

EMPLOYMENT ELIGIBILITY:

Are you interested in serving as a (check all that apply): **Full-time** or **Part-time** or **Backup employee**
 Are you currently employed: **YES** **NO** Date available for employment: _____
 How many hours a week can you work? _____ Are you 18 years of age or older? **YES** **NO**
 Are you a United States citizen? **YES** **NO**
 Are you an alien authorized to work in the United States? **YES** **NO**
 Have you ever been convicted of a crime, excluding misdemeanors and a summary offense, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application. **YES** **NO**)
 Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
 YES **NO**
 Do you have any experience as a caregiver? **YES** **NO (If Yes, Please Describe):** _____

EDUCATION:

High School Graduate or Equivalent (GED)? Yes or No Vocational/Business School? Yes or No College Degree? Yes or No	Highest Grade Completed: Field of Study & Completion Date: Degree & Completion Date:
---	--

LIST PREVIOUS JOBS YOU HAVE HAD (BEGINNING WITH MOST RECENT):

Dates Employed		Job Title
Reason for leaving		
Employer	Supervisor	Supervisor #
Address	Starting Salary	Ending Salary
Duties and Responsibilities		
Dates Employed		Job Title
Reason for leaving		
Employer	Supervisor	Supervisor #
Address	Starting Salary	Ending Salary
Duties and Responsibilities		

You ___ may ___ may not contact my current employer. If not, reason: _____

ACKNOWLEDGEMENT:

I, _____ (print name), the applicant, certify that the *information provided is true and correct* to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer. I also acknowledge that **a background check is required** and that some convictions prevent employment.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

Applicant Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter Personal Information

Physical Address Required (No P.O. Box)

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying widow(er)		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

If applicable -->

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

Required field even if "0".
 ↓

Step 4 (optional):
Other Adjustments

Optional. Please refer to the instructions.

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** **4(c)** \$ _____

If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here --->

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

Employer Name & Address Required.

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

	How to Claim Your Withholding <i>See instructions below</i>	Number of Exemptions Claimed					
<p>Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p>Employer: Keep this certificate with your records.</p>	<p>1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED</p> <p>a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> 1a</p> <p>b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> 1b</p> <p>c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> 1c</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					
<p>2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> 2</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
<p>3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero..... 3</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
<p>4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> 4</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
<p>5. I qualify for the low-income tax rates. <i>(See below for details)</i>..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Yes </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> No </td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/> Yes	<input type="checkbox"/> No						

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your **total** income from all sources is:

(a) Single	\$12,493 to \$14,900
(b) Married Filing Jointly (1 or less dependents)	\$21,068 to \$24,800
(c) Married Filing Jointly (2 or more dependents)	\$25,356 to \$30,800
(d) Head of Household/Qualifying Widow(er) (1 or less dependents)	\$17,762 to \$21,600
(e) Head of Household/Qualifying Widow(er) (2 or more dependents)	\$21,173 to \$24,800

For additional information consult your employer or write to:

Arkansas Withholding Tax Section
P. O. Box 8055
Little Rock, Arkansas 72203-8055



Employee Information Form Relationship Disclosure

Employee Name: _____ SSN: _____
 Physical Address: _____ City/State/Zip: _____
 Mailing Address (if different): _____ City/State/Zip: _____
 County of Physical Address: _____
 Phone Number: _____ Email (optional): _____
 Name of Participant/Beneficiary: _____
 Name of Employer (if applicable): _____

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- None**, no relation to employer
- *Spouse** of the employer (*a spouse of the employer cannot be a paid employee*)
- *Child** of the employer and under the age of 21
- *Parent** of the employer - if this option is marked, read below and check all that apply:
 - You are employed by your son or daughter**
 - Your son or daughter has a child or stepchild living in the home**
 - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
 - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

*Internal Use Only
<ul style="list-style-type: none"> • If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt • If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt
<ul style="list-style-type: none"> • If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1*)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (*IRS Pub.15, Section 3, Paragraph 2*)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub.15, Section 3, Paragraph 4*)

The State of Arkansas follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the Caregiver falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the Caregiver falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax **will** be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: _____ Date: _____

Pay Selection Options for Employees

Below are the different ways employees have for getting paid through Acumen. Please read the information about each option and choose the one that is right for you. Paystubs will be sent to the email provided on the Authorization for Direct Deposit or Pay Card on the following page. **You will need to provide additional information based on what you select. Please read the instructions below and return all the needed forms.**

Direct Deposit

With this choice, your paycheck will be deposited into your bank account on payday. There is no charge from Acumen to get your pay through direct deposit. You will receive an email with a link to Wells Fargo Secure Document Delivery (SDD) service, to access your pay stubs. You can have your paycheck deposited into one or two accounts. You may change your account information at any time. **Please note:** You have the option to deposit a flat dollar amount or a percentage amount of your check to the primary account. If you choose to have a flat dollar amount deposited into your primary account, you will need to provide a secondary account for the rest of the funds to be deposited. If you choose to have a percentage amount of your check deposited into two accounts, you must show the percent you want to be deposited to each. The percent total has to equal 100%. If no amounts are given, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card, but are used only for payroll deposits. You will receive an email with a link to Wells Fargo Secure Delivery (SDD) service, to access your pay stubs. Pay cards are up to 80% less expensive to use than check cashing services. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. **You will need to activate the card with Money Network and then contact Acumen with your account information.** You will receive paper checks by mail until this process is complete.

Please return the completed form (page 2 of 2) to Acumen. You can send by email, fax, or mail:

Email: Enrollment@acumen2.net

Fax: (855) 264 - 3287

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Note: if you do not select one of the options, Acumen will send your pay check by regular mail. See the pay schedule for pay dates. We make every effort to get your check to you by payday; but it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or mail sent to the wrong place after checks have been given to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to do a stop payment and have a new check sent out. A handling fee of \$35.00 will be taken from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card. You will receive an email with a link to Wells Fargo Secure Document Delivery (SDD) service, to access your pay stubs.



I choose to receive my pay by (please check one box below):

Check Direct Deposit Pay Card

FOR DIRECT DEPOSIT

MUST include a voided check or bank letter for direct deposit. To avoid processing delays, please do not staple your voided check or bank letter to this form. For savings accounts, please send a printout from your bank that gives the routing number and account information. Send any changes to your account(s) right away!

Primary Account 1 Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	Secondary Account 2 (Mandatory for Flat dollar option) Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information printout) <input type="checkbox"/> Remainder account. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1)
Flat dollar amount or % of check to be deposited: _____	Financial Institution Name
Financial Institution Name	Financial Institution Address
Financial Institution Address	Routing Number
Routing Number	Account Number
Account Number	All remaining funds exceeding Primary Account 1 allocations will be deposit into this account.

Is your name on the account(s) listed above? **Yes** **No**

If "no," what is the name of on the account? _____

If "no," employee agrees to have their funds deposited into this account. _____
Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT, PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing for of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for direct deposit.

Print Name Social Security Number Date of Birth

Email Address for Paystub Delivery Signature Date

Employee Street Address/City/State/Zip:

Return completed form by email enrollment@acumen2.net, fax (855) 264 - 3287 or mail to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206



Participant/Employer-Employee Agreement

This agreement is between _____ (Participant/Beneficiary) and the _____ (Employer if different from the Participant/Beneficiary) and the _____ (Employee). The purpose of this agreement is to outline roles and responsibilities of each party, describe employee job duties and identify the hourly wage for employee. Please review each item.

1. The employee's wage per hour is \$ _____. Wages are subject to state and federal withholding taxes.
2. The employee will work _____ hours a week. Hours worked are subject to change at direction of the participant but must never exceed authorized hours on the Plan of Care unless approved by the DHS RN.
3. The employee is an employee of the participant (named above) and not my participant's FEA.
4. This is an at-will employment agreement. The employer or the employee can cancel this agreement at any time, for any reason. If the employee can no longer work, it is essential to give advanced notice (two weeks) so the participant can recruit, hire and train a replacement.
5. Roles and Responsibilities of each party:
 - a. Participant/representative responsibilities include, but are not limited to:
 - i. Hiring, scheduling, orienting, training, supervising and terminating the employee.
Treating the employee with respect.
 - ii. Coaching the employee and consistently giving the employee feedback up to and including termination, if applicable.
 - iii. Training the employee. The following training materials have been provided:
 1. Signs and Symptoms of Abuse & Neglect and Exploitation
 2. Preventing Medicaid Fraud
 3. Universal Precautions, Safe Lifting and HIPAA & Confidentiality
 - iv. Home and Community-based Training
 - v. Reviewing the Plan of Care with the employee
 - vi. Submitting employee time worked accurately and timely online or by paper time sheets.
 - vii. Monitoring that the employee only works approved hours according to Plan of Care, does not work over time and does not work when in the hospital, acute rehabilitation or skilled nursing facility.
 - viii. Notifying the FEA immediately if an employee is terminated.
 - ix. Reviewing the Employment Resource Guide with the employee (The Guide gives information about Federal and state employment law and regulations and the FEA's policies and procedures).
 - x. Other responsibilities as outlined in the Participant Agreement.
 - b. The employee responsibilities include, but are not limited to:
 - i. Providing safe and excellent care to the participant/beneficiary
 - ii. Submitting time worked, either online or by faxing or emailing a paper time sheet
 - iii. Working hours and performing tasks approved on the participant/beneficiary's Plan of Care. The employee is considered a mandated reporter and must immediately report any concerns of abuse, neglect or exploitation to the appropriate authority (the police or 911), the Department of Social Services county in which the participant lives. If additional help is needed call the Arkansas Department of Health and Human Services at 800-422-6641, and the participant's DHS RN or the FEA



- iv. Reporting concerns of Medicaid Fraud to Arkansas Department of Health and Human Services at 800-422-6641, and the participant's DHS RN or the FEA
- v. Immediately report all incidents, accidents and work place injuries involving the employee or the participant. If an employee is injured on the job, it should also be reported to the participant (employer). Work place injuries must be reported to the FEA Employee Injury Line **877-901-5827**
- vi. Notifying my FEA immediately if there is a change in name, address, telephone and any criminal convictions occurring after date of hire
- vii. Reporting any customer service concerns or complaints to your FEA
- c. FEA responsibilities include, but are not limited to:
 - i. Sending the participant required employee paperwork, if needed (all forms are on the FEA website)
 - ii. Helping in the completion of required paperwork, if needed
 - iii. Processing employee paperwork and determining employee eligibility and conducting background check
 - iv. Providing workers compensation to participants who have two or more employees according to state law
 - v. Paying the employee and processing employee taxes and benefits
 - vi. The employee will only be paid for approved hours on the Plan of Care. The employer, not your FEA, is responsible for paying the employee for time worked in situations when:
 1. The participant becomes ineligible for Medicaid.
 2. The employee works more hours than approved or for tasks not approved on the participant's Plan of Care.
 3. The employee works before approved to do so by the FEA
 4. The participant is in the hospital, acute rehabilitation unit or skilled nursing facility.
 5. Hours worked after the participant's budget has run out or expired.
 6. The employee works more hours than approved or for tasks not approved on the participant's Plan of Care.
6. The employer approves the FEA to automatically withhold money from his/her employee in situations when:
 - a. The employee is paid at a higher rate than what is budgeted, or paid for hours not worked
 - b. The employee is inaccurately paid
 - c. The employee receives duplicate payment and cashes both payments
7. If an employee recoupment of funds is necessary, the FEA will contact the employer and employee to outline a repayment plan.
8. The participant and employee both agree to follow the payroll schedule as provided at the time of this agreement and thereafter as the schedule changes.
9. Time worked must be submitted on time.
10. The participant and employee understand that a delay in Medicaid or service eligibility may sometimes occur. While the participant is authorized for Medicaid, eligibility may not reflect this immediately. If this happens, as the FEA, we will resume payments once Medicaid eligibility is confirmed as approved. If the delay continues, payment may be stopped. Both the participant and employee will be notified before this occurs as well notifying the DHS RN.



The participant/beneficiary and employer (if applicable) and employee signatures indicate acceptance of the terms and conditions outlined in this agreement.

Participant/Beneficiary or Employer Name: _____

Participant/Beneficiary or Employer Signature

Date

Employee Name: _____

Employee Signature

Date



Employee Criminal Background Check & Registry Records Check Release

Applicant Full Name (print) _____

Date _____

As I apply for a job as an employee for an employer in the Independent Choices or AR Choices program, I understand the following:

- According to the State of Arkansas, Act 717, I am identified as a “Caregiver” and am subject to a state and/or federal criminal background check, registry checks and drug test
- If state or federal criminal background check results indicate a plead of guilty, nolo contendere, guilty of a felony or crime involving moral turpitude or dishonesty, I am not able to be employed to provide services paid with Medicaid funds.
- If it is confirmed that I am on either the *Child Maltreatment Central Registry* or *Adult Long-Term Care Facility Resident Maltreatment Central Registry*, I am unable to be employed to provide services paid with Medicaid funds.
- In accordance with state requirements with ACA §20-77-128 (See Appendix 2 Act 1336 and Appendix 3 ACA §20-77-128), central registry checks and a national and state criminal background checks are required:
 - Adult Maltreatment Registry
 - Child Maltreatment Registry
 - Excluded Provider Lists
 - State Criminal Background Checks
 - Federal Criminal Background Checks
 - CNA Registry Checks
- According to the State of Arkansas, Act 717, Attachment J, regarding in-home caregiver, I must also pass a drug screening.
- A hit on any of these may prohibit me from working in this position.
- My employment may be terminated if my name appears in any of the registries, even though my name may not have been in the registry at the time of my application or my hiring.
- Giving false information may result in termination of my employment.

I authorize Acumen Fiscal Agent to conduct the state and federal criminal background checks, and registry checks as outlined above as required by the program in which the person who I am providing services and supports to is affiliated with (Independent Choices or AR Choices, through the Arkansas Department of Human Services). I also understand that the results of my background check and/or registry checks can and may be shared with my prospective employer, participant/beneficiary and the Arkansas Department of Human Services.

Applicant signature _____

Date _____

I would like to have any negative results sent to me at the following physical address:



EMPLOYMENT PROFILE

Authorization Form to be Fully Completed and Signed
 * * * If Hand-Written, Please Print Clearly * * *

Human Resource ProFile, Inc.
 8506 Beechmont Ave.
 Cincinnati, OH 45255
 Ph: 800-969-4300
 Fx: 513-388-4320; orders@hrprofile.com

Name _____
 Last Name _____ First Name _____ Middle Name _____ Maiden Name _____

Address _____ City/State _____ / _____ County _____ Zip _____

Previous _____ City/State _____ / _____ County _____ Zip _____

Social Security # _____ Driver's License Number _____

Date of Birth _____ / _____ / _____ DOB used for identification purposes ONLY. Driver's License State of Issuance _____
 Month Day Year

E-mail address _____ Best phone number to reach you: _____

SCHOOLS ATTENDED

Educational achievement is only considered as dictated by the respective job requirements.

School Name	City / State Campus / Phone Number	Dates From To	Graduate? Y / N	Degree Type Earned
High School:				
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:		
College School Name:				
City/State/Campus/Phone Number		From To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		
Grad./Tech./Other School Name:				
City/State/Campus/Phone Number		From To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		

CRIMINAL HISTORY

The presence of Criminal Records does not automatically disqualify an applicant.

Complete the following section ONLY if you have received an offer (or conditional offer) of employment.

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes No

If Yes, list All Offenses below, including Traffic and/or Criminal, and the City, County, & State of the Offense(s).

If Yes, CALIFORNIA, CONNECTICUT, & N.Y. applicants: provide conviction records ONLY. NY applicants: exclude all sealed records. CALIF. applicants: exclude all sealed records, marijuana cases over 2 years old; list juvenile records of felony or misdemeanor convictions for sexual offenses or drug possession within last 5 years. VIRGINIA applicants: exclude arrests, charges, or convictions for simple possession (less than one ounce) of marijuana.

Year	Offense	City	County	State

Please check here if additional pages are attached listing more offenses: Yes, see additional sheets

I hereby authorize the procurement of the report and authorize and direct the release to Human Resource Profile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state, and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource Profile, Inc. and reported to my prospective (or if hired, my current) employer. I hereby acknowledge that Human Resource Profile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource Profile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information, and authorize Human Resource Profile to release any and all information to my prospective employer. A facsimile or electronic copy with electronic signature shall be considered as valid as the original. If so required in your jurisdiction, do not consent to a criminal background check until after receiving an offer (or conditional offer) of employment.

Signature _____ **Date** _____

TO BE COMPLETED BY:

Date Sent: _____ From: _____ Acct # _____
 Time Sent: _____ Phone: _____

Conviction History Education Verification MVR Employment History
 Federal District Criminal Violent Sex Offender Search Credit Federal Exclusions (OIG,GSA,etc)
 National Crim. Database Statewide Criminal Search Special Request: _____

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two or three page authorization profile forms comply with these requirements.



IMPORTANT DISCLOSURE

FCRA Required
Clear and Conspicuous Notice

Please read before completing and signing the Employment ProFile Form.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES. I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION REGARDING MY CREDIT HISTORY, CRIMINAL RECORD, EDUCATION HISTORY, WORK HISTORY, AS WELL AS MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. AN "INVESTIGATIVE CONSUMER REPORT" INVOLVES PERSONAL INTERVIEWS OF SOURCES SUCH AS YOUR NEIGHBORS, FRIENDS, OR ASSOCIATES TO OBTAIN INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE COMPLETED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE EMPLOYER FOR EMPLOYMENT PURPOSES.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature _____ **Date** _____

Human Resource ProFile, Inc.

8506 Beechmont Avenue * Cincinnati, OH 45255-4708 * 800/969-4300 * 513/388-4300 * Fax 513/388-4320

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you acknowledge receipt of this NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report, free of charge, if one is obtained by my prospective employer or its subsidiaries.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

YES, I am a California Applicant and I hereby waive my right to obtain a copy of the consumer report by checking this box.

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by my prospective employer or its subsidiaries by contacting Human Resource ProFile, Inc., 8506 Beechmont Avenue, Cincinnati, OH 45255, Phone: 800-969-4300.

NEW YORK applicants or employees only: By signing below, you acknowledge receipt of a copy of [Article 23-A](#) of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from Human Resource ProFile, Inc. a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MAINE, MASSACHUSETTS, MINNESOTA, NEW JERSEY, and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by my prospective employer or its subsidiaries.

Check box to receive report:

VERMONT applicants or employees only:

Pursuant to 9 V.S.A. §§ 2480e and 2480g, no person may request a credit report on you unless it is obtained pursuant to the order of a Court having jurisdiction or it has secured your written consent to do so and is used for the purpose for which you consented. Credit reporting agencies must adopt reasonable procedures to assure maximum compliance with such requirements. The foregoing shall not affect (1) the ability of a person, who has secured such consent, to include in the same request permission to also obtain credit reports, in connection with the same transaction or credit extension, for the purpose of reviewing, increasing the credit line on, taking collection on, or for other legitimate purpose regarding, your account; or (2) the use of credit information for the purpose of prescreening as defined and permitted by the Federal Trade Commission.

Signature: _____

Date: _____

Print Name: _____



Worker Information and Qualification Form

PLACE HOLDER

Phone: 877-901-5827

Fax: 866-463-7589

Email: enrollment@acumen2.net

Website: www.acumenfiscalagent.com



**Statement of Compliance To
IRS Section 131 Notice 2014-7
(Difficulty of Care)**

This form is to inform Acumen that I qualify no longer qualify for Difficulty of Care.

INDIVIDUAL CARE PROVIDER (EMPLOYEE):

Per the above rules, the undersigned hereby declares:

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a qualifying state Medicaid program as defined in IRS Notice 2014-7 for care I provide to _____ (Participant), who lives in my home under a plan of care.

I am not required to report income earned under this program. Federal, and if my state allows, state income taxes should not be withheld from my paycheck.

If non-taxable wages have been reported by Acumen Fiscal Agent in Box 1 of my Form W-2, I can deduct the nontaxable wages from my taxable income as directed in IRS Notice 2014-7 when I file my tax return.

If I no longer qualify for IRS Notice 2014-7, I will notify Acumen Fiscal Agent in advance of the change. At that time, the federal and state income tax withholding, if applicable, will resume. By signing below, I understand it is my responsibility to notify Acumen Fiscal Agent within three (3) business days of moving; if I move from the home or the Participant no longer lives with me.

I agree that Acumen Fiscal Agent will stop federal and state income withholding, if applicable, on all time submitted after this form is signed and provided to Acumen Fiscal Agent. By signing below, I attest that the Participant lives in my home. All of the following information is required:

Printed Name: _____

Signature: _____ Date: _____

Employee ID#: _____ Social Security # (last 4): _____

EMPLOYER:

As the individual receiving care from _____ (Employee), I am familiar with the laws supporting this Notice. I agree with my individual care provider's statement and signature above. I also agree that this is an accurate representation of the facts regarding services performed on my behalf.

Printed Name: _____

Signature: _____ Date: _____

Participant Name: _____ FEIN#: _____

State: _____ Program: _____



What is Medicaid Fraud?

Medicaid fraud involves knowingly misrepresenting the truth about services provided.

Fraud includes:

- * Abuse of Medicaid dollars resulting in increased costs.
- * Waste which is overusing resources and receiving inaccurate payments for services.

The following are typical schemes used to defraud the Medicaid program:

Billing for Services Not Provided

A caregiver records time worked for services not performed, such as recording time worked preparing and cooking a meal for a participant when the caregiver did not.

Doubling Billing

A participant approves time worked for two caregivers at the same time or approves time worked for a caregiver when the participant was in the hospital.

Billing for Phantom Visits

A participant falsely bills the Medicaid program for caregiver visits that never take place.

Billing for More Hours Than Worked

Inflating the amount of time a caregiver spends with the participant, for example submitting a time sheet that records the caregiver having worked five hours in a day when the caregiver actually worked three.

Unapproved Tasks

Asking a caregiver to perform tasks, like walking a dog, that is not an approved Medicaid task and submitting the time spent on a time sheet.

Non-Eligible Employee

Submitting a time sheet using the name of an employee who is approved to work but a different person actually did the work and receives payment.

Committing Fraud is a Crime. Consequences: Those committing Medicaid fraud can be charged with a felony or misdemeanor and If convicted, they will be required to pay back all money received falsely, and possibly serve time in prison. If you recognize that you have made a mistake on a time sheet, call right away so it can be corrected: [1.888.272.5021](tel:1.888.272.5021).

If you are concerned that fraud is occurring, call the Arkansas Department of Human Services at [1.800.422.6641](tel:1.800.422.6641) and inform your FEA at [1.888-272.5021](tel:1.888-272.5021).

SIGNS OF ABUSE, NEGLECT, AND EXPLOITATION

The law protects the health and safety of “vulnerable adults” and children from abuse, neglect, and exploitation. It is important for participants and employees to know signs and symptoms of abuse, neglect and exploitation for health and safety reasons.

A vulnerable adult is someone over the age of 65 with a long-term disability. If you have concerns that a “vulnerable adult” or child is being harmed, please report it right away.



www.acumenfiscalagent.com
customerservice@acumen2.net
1-888-272-5021

What is Abuse, Neglect, & Exploitation?

ABUSE is the willful infliction of injury, unreasonable confinement, intimidation, or punishment which results in physical harm, pain or mental anguish. It also includes the deprivation of food, water, shelter, etc. (Includes emotional, physical and sexual abuse).

NEGLECT is the refusal or failure to fulfill any part of a person’s obligations to another person, such as the provision of food, clothing, medicine, comfort, or personal safety.

FINANCIAL OR MATERIAL ABUSE or exploitation is the illegal or improper use of a person’s funds, property, or assets.

SELF-NEGLECT is an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including providing for one’s own food, clothing, shelter, and medical care. Choice of lifestyle or living arrangement is not, in itself, evidence of self-neglect.



WHAT IS ABANDONMENT?

“Abandonment” is when a person or agency with a duty to care for a vulnerable adult or child acts (or fails to act) in a way that leaves the vulnerable adult unable to get needed food, clothing, shelter, or health care.

INDICATORS OF ABUSE, NEGLECT, OR EXPLOITATION

The following descriptions are not necessarily proof of abuse, neglect, or exploitation. But maybe clues that a problem exists, and that a report needs to be made to law enforcement or Adult Protective Services or Child Protective Services.

To report concerns of Abuse, Neglect and Exploitation, contact the Department of Social Services in the county in which you live. If the vulnerable adult is in immediate danger, please call 911

BEHAVIORAL SIGNS

- Fear
- Anxiety
- Agitation
- Acting out
- Anger
- Isolation/withdrawal
- Depression
- Contradictory statements
- Implausible stories
- Hesitation to talk openly
- Confusion or disorientation

PHYSICAL SIGNS

- Forced isolation
- Skin discoloration
- Sunken eyes or cheeks
- Pain from touching
- Soiled clothing or bed
- Inappropriate administration of medication
- Injury that has not been cared for properly
- Injury that is inconsistent with explanation for its cause
- Cuts, puncture wounds, burns, bruises, welts
- Frequent use of hospital or health care/doctor shopping
- Lack of necessities such as food, water, or utilities
- Dehydration or malnutrition without illness-related cause
- Lack of personal effects, pleasant living environment, personal items

FINANCIAL ABUSE

- Unexplained sudden transfer of assets,
- Providing unnecessary services,
- A complaint of financial exploitation,
- Unexplained missing funds or valuables
- Providing substandard care
- Unpaid bills despite having enough money
- Sudden changes in bank account or banking practice
- Adding additional names on a bank signature card
- Unapproved withdrawal of funds using an ATM card
- Sudden changes in a will or other financial documents
- Forged signature for financial transactions or for the titles of property
- Sudden appearance of previously uninvolved relatives claiming their rights to a person’s affairs and possessions
- Unexplained withdrawal of a lot of money by person accompanying the victim



Appendix H
Acumen Employee Enrollment
Packet

Response Packet E.5.C

Employee Packet

Date of Completion: _____



Employee Packet

(keep this folder for your records)



You will need to complete the following steps in order to hire an employee:

- Interview applicants and decide who you think would be the best fit for your particular needs.
- Get approval from your support coordinator for a rate of pay for the applicant(s).
- Have the person you decide to hire complete and send the following to Acumen:
 - I-9 Employment Eligibility Verification
 - Your employee fills out **Section I**.
 - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com, choose your state, and then find your program.
 - W-4 Employee's Withholding Allowance Certificate
 - AR4EC State of Arkansas Employee's Withholding Allowance Certificate
 - Pay Selection Options Form (*send voided check or bank letter for direct deposit*)
 - Employee Information Form (optional)

State Requirements:

- Employee Agreement
- Pre-Employment Profile (background check form)
- Important Disclosure (background check form)
- Employee Background Check Notice

Your employee must clear a background check and registry checks prior to working in this program. Acumen will notify you, the employer, when this process has been completed and your employee can begin working. Acumen is not authorized to process payments to your employees that do not meet this requirement.

Email, fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. It will take approximately 5-7 business days before an applicant is clear for hire. However, it could take longer due to the background check process. Please allow two weeks before scheduling your employee's first day of work to be sure all federal and state clearances have been received.

Examples of completed forms can be found in the back of this packet. Although you may photocopy blank forms for future employees, Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may contact our Customer Service Center to be sure you have the most up-to-date forms or to request copies be sent to you.

Employee State and Local Tax Withholding

Arkansas state and local income tax will be withheld from all employees' pay based on state and local income tax withholding guidelines. Employees who live in another state may be required to file and pay state withholding tax in Arkansas and the state in which they live. Individuals in this situation should consult a tax advisor with any concerns they may have about their state tax liability.

Employee Changes and Termination

Complete the Employee Change Form if an employee changes his or her name or address. Complete the Termination Form when an employee no longer works for you. These changes should be reported to Acumen as soon as possible. Fax or mail completed forms to Acumen.

Employee Files

Acumen recommends that you always make a copy of any forms you submit and that you keep these copies in a safe place, as they contain sensitive and personal information. We recommend that you also maintain a current and accurate file on each employee hired. This file should contain all employee documentation, including but not limited to the following: W-4, AR4EC, I-9, and copies of completed timesheets.

Confidentiality and Protection of Records

Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, the employer, or his/her family to any unauthorized person.

Medicaid Fraud

Medicaid fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided in order to obtain improper payment. The Medicaid Fraud Unit investigates and prosecutes people who commit fraud. Medicaid fraud is a felony, and conviction can lead to substantial penalties. Additionally, individuals convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid Fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

As required by the State of Arkansas, suspected cases of fraud will be referred to the state for further investigation and possible prosecution.

To view Acumen's False Claims Policy – Fraud Protocol for the State of Arkansas, go to www.acumenfiscalagent.com and click on the "Resources" tab.



Enrollment Forms Overview

Welcome! As your FEA, we look forward to working with you. This Employee Packet has the forms and information you need to become an employee. The participant, who is your employer, can help you complete this packet. The employer's signature is needed on some of the forms. You or your employer need to return the packet when complete. As your FEA, it is our job to make sure your payroll is processed accurately on behalf of your employer, the participant. The participant will be notified when your paperwork has been processed. Once notified, you can begin working!

Phone: 877-901-5827

Fax: 866-463-7589

Email: enrollment@acumen2.net

Website: www.acumenfiscalagent.com

FORM	PURPOSE
Enrollment Checklist	This form lists the forms that are required to enroll. Use this checklist as a guide to ensure all forms are completed.
Employee Application	Basic contact information is recorded on this form.
Employee Background Check Notice & Consent Form	Signing this form allows your FEA to conduct a national criminal history check and receive the results.
HR Profile Pre-Employment & Important Disclosure Forms	These forms allow us as your FEA to initiate the necessary criminal history checks and to receive the results.
Participant-Employee Agreement	This form outlines the roles and responsibilities for each party. It also establishes employee wage and work hours. By signing this form, the employee agrees to follow policies and procedures.
Form I-9	This form confirms your identity and your eligibility to work in the United States. You must complete section 1 of this form. The participant completes section 2 by examining your supporting documents from either list A or lists B and C. Please attach the supporting documents.
Form W-4	This form is for federal tax purposes and taxes are withheld based on how you complete this form.
Form AR4EC	This form is used for state tax purposes. Depending on how you complete this form, the FEA will withhold taxes according to your selection.
Employee Relationship Forms	Please fill this form out based on your relationship with the participant (beneficiary). This is used for exemptions in payroll taxes if you are related to the participant.
Pay Selection & Direct Deposit Options Form	This form is 2 pages and is used for pay selection options (Pay Card or Direct Deposit).

Other Information in the Packet:

- Payroll Calendar
- Preventing Medicaid Fraud Handout
- Signs and Symptoms of Abuse, Neglect & Exploitation



New Employee Packet Checklist

First Last

Print Participant/Beneficiary Name

First Last

Print Name of Employee

Please use this checklist to ensure all forms are completed and returned. Call us if you have questions or need assistance. Please also return the initialed form along with the completed packet by email or fax:

Email: enrollment@acumen2.net

Fax: 866-463-7589

	Participant	Employee
1. Employee Application	_____	_____
2. Form I-9 Employment Eligibility Verification	_____	_____
3. Form W-4	_____	_____
4. Form AR4EC	_____	_____
5. Employee Information Form/ Relationship Disclosure	_____	_____
6. Direct Deposit Authorization/Pay Selection Options	_____	_____
7. Participant-Employee Agreement	_____	_____
8. Background Check & Registry Checks Consent Form	_____	_____
9. HR Profile Background Check Pre-Employment & Initial Disclosure Forms	_____	_____
10. Worker Information & Qualification Fom	_____	_____

Participant/ Beneficiary or Employer Signature

Date

Employee Signature

Date

EMPLOYMENT APPLICATION

Participant who you are applying to work for:	Agency referred by:
---	---------------------

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Street Address	City	State/Zip
Best Contact Phone #	Email Address	
Date of Birth	SSN #	

EMPLOYMENT ELIGIBILITY:

Are you interested in serving as a (check all that apply): **Full-time** or **Part-time** or **Backup employee**
 Are you currently employed: **YES** **NO** Date available for employment: _____
 How many hours a week can you work? _____ Are you 18 years of age or older? **YES** **NO**
 Are you a United States citizen? **YES** **NO**
 Are you an alien authorized to work in the United States? **YES** **NO**
 Have you ever been convicted of a crime, excluding misdemeanors and a summary offense, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application. **YES** **NO**)
 Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
 YES **NO**
 Do you have any experience as a caregiver? **YES** **NO (If Yes, Please Describe):** _____

EDUCATION:

High School Graduate or Equivalent (GED)? Yes or No Vocational/Business School? Yes or No College Degree? Yes or No	Highest Grade Completed: Field of Study & Completion Date: Degree & Completion Date:
---	--

LIST PREVIOUS JOBS YOU HAVE HAD (BEGINNING WITH MOST RECENT):

Dates Employed		Job Title
Reason for leaving		
Employer	Supervisor	Supervisor #
Address	Starting Salary	Ending Salary
Duties and Responsibilities		
Dates Employed		Job Title
Reason for leaving		
Employer	Supervisor	Supervisor #
Address	Starting Salary	Ending Salary
Duties and Responsibilities		

You may may not contact my current employer. If not, reason: _____

ACKNOWLEDGEMENT:

I, _____ (print name), the applicant, certify that the *information provided is true and correct* to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer. I also acknowledge that **a background check is required** and that some convictions prevent employment.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

Applicant Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter Personal Information

Physical Address Required (No P.O. Box)

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying widow(er)		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

If applicable -->

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

Required field even if "0".
 ↓

Step 4 (optional):
Other Adjustments

Optional. Please refer to the instructions.

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here --->

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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Employer Name & Address Required.

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

	How to Claim Your Withholding <i>See instructions below</i>	Number of Exemptions Claimed					
<p>Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p>Employer: Keep this certificate with your records.</p>	<p>1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED</p> <p>a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> 1a</p> <p>b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> 1b</p> <p>c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> 1c</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					
<p>2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> 2</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
<p>3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero..... 3</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
<p>4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> 4</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
<p>5. I qualify for the low-income tax rates. <i>(See below for details)</i>..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Yes </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> No </td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/> Yes	<input type="checkbox"/> No						

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your **total** income from all sources is:

(a) Single	\$12,493 to \$14,900
(b) Married Filing Jointly (1 or less dependents)	\$21,068 to \$24,800
(c) Married Filing Jointly (2 or more dependents)	\$25,356 to \$30,800
(d) Head of Household/Qualifying Widow(er) (1 or less dependents)	\$17,762 to \$21,600
(e) Head of Household/Qualifying Widow(er) (2 or more dependents)	\$21,173 to \$24,800

For additional information consult your employer or write to:

Arkansas Withholding Tax Section
P. O. Box 8055
Little Rock, Arkansas 72203-8055



Employee Information Form Relationship Disclosure

Employee Name: _____ SSN: _____
 Physical Address: _____ City/State/Zip: _____
 Mailing Address (if different): _____ City/State/Zip: _____
 County of Physical Address: _____
 Phone Number: _____ Email (optional): _____
 Name of Participant/Beneficiary: _____
 Name of Employer (if applicable): _____

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- None**, no relation to employer
- *Spouse** of the employer (*a spouse of the employer cannot be a paid employee*)
- *Child** of the employer and under the age of 21
- *Parent** of the employer - if this option is marked, read below and check all that apply:
 - You are employed by your son or daughter**
 - Your son or daughter has a child or stepchild living in the home**
 - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
 - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

*Internal Use Only
<ul style="list-style-type: none"> • If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt • If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt
<ul style="list-style-type: none"> • If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1*)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (*IRS Pub.15, Section 3, Paragraph 2*)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub.15, Section 3, Paragraph 4*)

The State of Arkansas follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the Caregiver falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the Caregiver falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax **will** be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: _____ Date: _____



Pay Selection Options

Below are the options employees have for receiving their paychecks through your FEA. Please read the information about each option and select the one that is right for you. Paystubs will be sent to the email provided on the Authorization for Direct Deposit or Pay Card on the following page. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from your FEA to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. **Please note:** You have the option to deposit a flat dollar amount or a percentage amount of your check to the primary account. If you choose to have a flat dollar amount deposited into your primary account, you will need to provide a secondary account for the rest of the funds to be deposited. If you choose to have a percentage amount of your check deposited into two accounts, you must show the percent you want to be deposited to each. The percent total has to equal 100%. If no amounts are given, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to your FEA. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card, but are used only for payroll deposits. Your FEA does not charge for this option, although the card provider may charge fees for certain transactions. Paystubs will be sent by email on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to your FEA. Money Network will send you an information kit. **You will need to activate the card with Money Network and then contact your FEA with your account information.** You will receive paper checks by mail until this process is complete.

Return the completed form to your FEA. You may send by email, fax, or mail listed below:

Email: enrollment@acumen2.net

Fax: 800-687-3121

Mail: 5416 E Baseline Rd., Suite 200, Mesa, AZ 85206

Note: if you do not select one of the options, your FEA will send your pay check via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however it is impossible to guarantee the date that paper checks will arrive. Your FEA is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call your FEA to issue a stop payment and have a new check issued. A processing fee of \$35.00 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

I choose to receive my pay by (please check one box below):

Direct Deposit Pay Card

DIRECT DEPOSIT INFORMATION

Please attach a voided check or bank letter for checking or savings account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

Primary Account 1 Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information letter) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	Secondary Account 2 (Mandatory for Flat Dollar Option) Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information letter) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage
Financial Institution Name	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number	Routing Number
Account Number	Account Number
<input type="checkbox"/> Entire Paycheck <input type="checkbox"/> -OR- _____% <input type="checkbox"/> -OR- \$ _____ Please note: If an option is not selected, or, the amount does not equal 100%, your selection will default to "Entire Paycheck."	All remaining funds exceeding Primary Account 1 allocations are deposited into this account.

Is your name on the account(s) listed above? **Yes** **No**

If "no," what is the name of the account holder? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD

I hereby authorize my FEA (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. My FEA is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call my FEA to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing of for \$35.00 will be deducted from my new check. If I require that this fee be waived I must sign up for direct deposit.

Print Name

Social Security Number

Date of Birth

Email Address for Paystub Delivery

Signature

Date

Return completed form by email enrollment@acumen2.net, fax 800-687-3121 or mail to
5416 E Baseline Rd., Suite 200, Mesa, AZ 85206



Employee Criminal Background Check & Registry Records Check Release

Applicant Full Name (print)

Date

As I apply for a job as an employee for an employer in the Independent Choices or AR Choices program, I understand the following:

- According to the State of Arkansas, Act 717, I am identified as a “Caregiver” and am subject to a state and/or federal criminal background check, registry checks and drug test
- If state or federal criminal background check results indicate a plead of guilty, nolo contendere, guilty of a felony or crime involving moral turpitude or dishonesty, I am not able to be employed to provide services paid with Medicaid funds.
- If it is confirmed that I am on either the *Child Maltreatment Central Registry* or *Adult Long-Term Care Facility Resident Maltreatment Central Registry*, I am unable to be employed to provide services paid with Medicaid funds.
- In accordance with state requirements with ACA §20-77-128 (See Appendix 2 Act 1336 and Appendix 3 ACA §20-77-128), central registry checks and a national and state criminal background checks are required:
 - Adult Maltreatment Registry
 - Child Maltreatment Registry
 - Excluded Provider Lists
 - State Criminal Background Checks
 - Federal Criminal Background Checks
 - CNA Registry Checks
- According to the State of Arkansas, Act 717, Attachment J, regarding in-home caregiver, I must also pass a drug screening.
- A hit on any of these may prohibit me from working in this position.
- I am responsible for the costs associated with any pre-employment checks; however, unless an approved budget is used for associated costs.
- Necessary background checks are required every five (5) years after the initial background check inquiries.
- My employment may be terminated if my name appears in any of the registries, even though my name may not have been in the registry at the time of my application or my hiring.
- Giving false information may result in termination of my employment.

I authorize Acumen Fiscal Agent to conduct the state and federal criminal background checks, and registry checks as outlined above as required by the program in which the person who I am providing services and supports to is affiliated with (Independent Choices or AR Choices, through the Arkansas Department of Human Services). I also understand that the results of my background check and/or registry checks can and may be shared with my prospective employer, participant/beneficiary and the Arkansas Department of Human Services.

Applicant signature

Date

I would like to have any negative results sent to me at the following physical address:



Participant/Employer-Employee Agreement

This agreement is between _____ (Participant/Beneficiary) and the _____ (Employer if different from the Participant/Beneficiary) and the _____ (Employee). The purpose of this agreement is to outline roles and responsibilities of each party, describe employee job duties and identify the hourly wage for employee. Please review each item.

1. The employee's wage per hour is \$ _____. Wages are subject to state and federal withholding taxes.
2. The employee will work _____ hours a week. Hours worked are subject to change at direction of the participant but must never exceed authorized hours on the Plan of Care unless approved by the DHS RN.
3. The employee is an employee of the participant (named above) and not my participant's FEA.
4. This is an at-will employment agreement. The employer or the employee can cancel this agreement at any time, for any reason. If the employee can no longer work, it is essential to give advanced notice (two weeks) so the participant can recruit, hire and train a replacement.
5. Roles and Responsibilities of each party:
 - a. Participant/representative responsibilities include, but are not limited to:
 - i. Hiring, scheduling, orienting, training, supervising and terminating the employee.
Treating the employee with respect.
 - ii. Coaching the employee and consistently giving the employee feedback up to and including termination, if applicable.
 - iii. Training the employee. The following training materials have been provided:
 1. Signs and Symptoms of Abuse & Neglect and Exploitation
 2. Preventing Medicaid Fraud
 3. Universal Precautions, Safe Lifting and HIPAA & Confidentiality
 - iv. Home and Community-based Training
 - v. Reviewing the Plan of Care with the employee
 - vi. Submitting employee time worked accurately and timely online or by paper time sheets.
 - vii. Monitoring that the employee only works approved hours according to Plan of Care, does not work over time and does not work when in the hospital, acute rehabilitation or skilled nursing facility.
 - viii. Notifying the FEA immediately if an employee is terminated.
 - ix. Reviewing the Employment Resource Guide with the employee (The Guide gives information about Federal and state employment law and regulations and the FEA's policies and procedures).
 - x. Other responsibilities as outlined in the Participant Agreement.
 - b. The employee responsibilities include, but are not limited to:
 - i. Providing safe and excellent care to the participant/beneficiary
 - ii. Submitting time worked, either online or by faxing or emailing a paper time sheet
 - iii. Working hours and performing tasks approved on the participant/beneficiary's Plan of Care. The employee is considered a mandated reporter and must immediately report any concerns of abuse, neglect or exploitation to the appropriate authority (the police or 911), the Department of Social Services county in which the participant lives. If additional help is needed call the Arkansas Department of Health and Human Services at 800-422-6641, and the participant's DHS RN or the FEA



- iv. Reporting concerns of Medicaid Fraud to Arkansas Department of Health and Human Services at 800-422-6641, and the participant's DHS RN or the FEA
 - v. Immediately report all incidents, accidents and work place injuries involving the employee or the participant. If an employee is injured on the job, it should also be reported to the participant (employer). Work place injuries must be reported to the FEA Employee Injury Line **877-901-5827**
 - vi. Notifying my FEA immediately if there is a change in name, address, telephone and any criminal convictions occurring after date of hire
 - vii. Reporting any customer service concerns or complaints to your FEA
- c. FEA responsibilities include, but are not limited to:
- i. Sending the participant required employee paperwork, if needed (all forms are on the FEA website)
 - ii. Helping in the completion of required paperwork, if needed
 - iii. Processing employee paperwork and determining employee eligibility and conducting necessary background checks
 - iv. Providing workers compensation to participants who have two or more employees according to state law
 - v. Paying the employee and processing employee taxes and benefits
 - vi. The employee will only be paid for approved hours on the Plan of Care. The employer, not your FEA, is responsible for paying the employee for time worked in situations when:
 - 1. The participant becomes ineligible for Medicaid.
 - 2. The employee works more hours than approved or for tasks not approved on the participant's Plan of Care.
 - 3. The employee works before approved to do so by the FEA
 - 4. The participant is in the hospital, acute rehabilitation unit or skilled nursing facility.
 - 5. Hours worked after the participant's budget has run out or expired.
 - 6. The employee works more hours than approved or for tasks not approved on the participant's Plan of Care.
 - vii. The employee will be provided with an ID # used for purposes of time entry via the EVV system when he or she is considered "good-to-go" which occurs upon completion of paperwork and applicable background and registry checks and successful drug testing.
6. The employer approves the FEA to automatically withhold money from his/her employee in situations when:
- a. The employee is paid at a higher rate than what is budgeted, or paid for hours not worked
 - b. The employee is inaccurately paid
 - c. The employee receives duplicate payment and cashes both payments
7. If an employee recoupment of funds is necessary, the FEA will contact the employer and employee to outline a repayment plan.
8. The participant and employee both agree to follow the payroll schedule as provided at the time of this agreement and thereafter as the schedule changes.
9. Time worked must be submitted on time.
10. The participant and employee understand that a delay in Medicaid or service eligibility may sometimes occur. While the participant is authorized for Medicaid, eligibility may not reflect this immediately. If this happens, as the FEA, we will resume payments once Medicaid eligibility is confirmed as approved.



If the delay continues, payment may be stopped. Both the participant and employee will be notified before this occurs as well notifying the DHS RN.

The participant/beneficiary and employer (if applicable) and employee signatures indicate acceptance of the terms and conditions outlined in this agreement.

Participant/Beneficiary or Employer Name: _____

Participant/Beneficiary or Employer Signature

Date

Employee Name: _____

Employee Signature

Date



EMPLOYMENT PROFILE

Authorization Form to be Fully Completed and Signed
 * * * If Hand-Written, Please Print Clearly * * *

Human Resource ProFile, Inc.
 8506 Beechmont Ave.
 Cincinnati, OH 45255
 Ph: 800-969-4300
 Fx: 513-388-4320; orders@hrprofile.com

Name _____
 Last Name _____ First Name _____ Middle Name _____ Maiden Name _____

Address _____ City/State _____ / _____ County _____ Zip _____

Previous _____ City/State _____ / _____ County _____ Zip _____

Social Security # _____ Driver's License Number _____

Date of Birth _____ / _____ / _____ DOB used for identification purposes ONLY. Driver's License State of Issuance _____
 Month Day Year

E-mail address _____ Best phone number to reach you: _____

SCHOOLS ATTENDED

Educational achievement is only considered as dictated by the respective job requirements.

School Name	City / State Campus / Phone Number	Dates From To	Graduate? Y / N	Degree Type Earned
High School:				
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:		
College School Name:				
City/State/Campus/Phone Number		From To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		
Grad./Tech./Other School Name:				
City/State/Campus/Phone Number		From To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		

CRIMINAL HISTORY

The presence of Criminal Records does not automatically disqualify an applicant.

Complete the following section ONLY if you have received an offer (or conditional offer) of employment.

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes No

If Yes, list All Offenses below, including Traffic and/or Criminal, and the City, County, & State of the Offense(s).

If Yes, CALIFORNIA, CONNECTICUT, & N.Y. applicants: provide conviction records ONLY. NY applicants: exclude all sealed records. CALIF. applicants: exclude all sealed records, marijuana cases over 2 years old; list juvenile records of felony or misdemeanor convictions for sexual offenses or drug possession within last 5 years. VIRGINIA applicants: exclude arrests, charges, or convictions for simple possession (less than one ounce) of marijuana.

Year	Offense	City	County	State

Please check here if additional pages are attached listing more offenses: Yes, see additional sheets

I hereby authorize the procurement of the report and authorize and direct the release to Human Resource Profile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state, and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource Profile, Inc. and reported to my prospective (or if hired, my current) employer. I hereby acknowledge that Human Resource Profile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource Profile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information, and authorize Human Resource Profile to release any and all information to my prospective employer. A facsimile or electronic copy with electronic signature shall be considered as valid as the original. If so required in your jurisdiction, do not consent to a criminal background check until after receiving an offer (or conditional offer) of employment.

Signature _____ **Date** _____

TO BE COMPLETED BY:

Date Sent: _____ From: _____ Acct # _____
 Time Sent: _____ Phone: _____

Conviction History Education Verification MVR Employment History
 Federal District Criminal Violent Sex Offender Search Credit Federal Exclusions (OIG,GSA,etc)
 National Crim. Database Statewide Criminal Search Special Request: _____

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two or three page authorization profile forms comply with these requirements.



IMPORTANT DISCLOSURE

FCRA Required
Clear and Conspicuous Notice

Please read before completing and signing the Employment ProFile Form.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES. I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION REGARDING MY CREDIT HISTORY, CRIMINAL RECORD, EDUCATION HISTORY, WORK HISTORY, AS WELL AS MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. AN "INVESTIGATIVE CONSUMER REPORT" INVOLVES PERSONAL INTERVIEWS OF SOURCES SUCH AS YOUR NEIGHBORS, FRIENDS, OR ASSOCIATES TO OBTAIN INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE COMPLETED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE EMPLOYER FOR EMPLOYMENT PURPOSES.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature _____ **Date** _____

Human Resource ProFile, Inc.

8506 Beechmont Avenue * Cincinnati, OH 45255-4708 * 800/969-4300 * 513/388-4300 * Fax 513/388-4320

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you acknowledge receipt of this NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report, free of charge, if one is obtained by my prospective employer or its subsidiaries.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

YES, I am a California Applicant and I hereby waive my right to obtain a copy of the consumer report by checking this box.

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by my prospective employer or its subsidiaries by contacting Human Resource ProFile, Inc., 8506 Beechmont Avenue, Cincinnati, OH 45255, Phone: 800-969-4300.

NEW YORK applicants or employees only: By signing below, you acknowledge receipt of a copy of [Article 23-A](#) of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from Human Resource ProFile, Inc. a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MAINE, MASSACHUSETTS, MINNESOTA, NEW JERSEY, and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by my prospective employer or its subsidiaries.

Check box to receive report:

VERMONT applicants or employees only:

Pursuant to 9 V.S.A. §§ 2480e and 2480g, no person may request a credit report on you unless it is obtained pursuant to the order of a Court having jurisdiction or it has secured your written consent to do so and is used for the purpose for which you consented. Credit reporting agencies must adopt reasonable procedures to assure maximum compliance with such requirements. The foregoing shall not affect (1) the ability of a person, who has secured such consent, to include in the same request permission to also obtain credit reports, in connection with the same transaction or credit extension, for the purpose of reviewing, increasing the credit line on, taking collection on, or for other legitimate purpose regarding, your account; or (2) the use of credit information for the purpose of prescreening as defined and permitted by the Federal Trade Commission.

Signature: _____

Date: _____

Print Name: _____



Worker Information and Qualification Form

PLACE HOLDER

Phone: 877-901-5827

Fax: 866-463-7589

Email: enrollment@acumen2.net

Website: www.acumenfiscalagent.com



Statement of Compliance To IRS Section 131 Notice 2014-7 (Difficulty of Care)

This form is to inform Acumen that I qualify no longer qualify for Difficulty of Care.

INDIVIDUAL CARE PROVIDER (EMPLOYEE):

Per the above rules, the undersigned hereby declares:

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a qualifying state Medicaid program as defined in IRS Notice 2014-7 for care I provide to _____ (Participant), who lives in my home under a plan of care.

I am not required to report income earned under this program. Federal, and if my state allows, state income taxes should not be withheld from my paycheck.

If non-taxable wages have been reported by Acumen Fiscal Agent in Box 1 of my Form W-2, I can deduct the nontaxable wages from my taxable income as directed in IRS Notice 2014-7 when I file my tax return.

If I no longer qualify for IRS Notice 2014-7, I will notify Acumen Fiscal Agent in advance of the change. At that time, the federal and state income tax withholding, if applicable, will resume. By signing below, I understand it is my responsibility to notify Acumen Fiscal Agent within three (3) business days of moving; if I move from the home or the Participant no longer lives with me.

I agree that Acumen Fiscal Agent will stop federal and state income withholding, if applicable, on all time submitted after this form is signed and provided to Acumen Fiscal Agent. By signing below, I attest that the Participant lives in my home. All of the following information is required:

Printed Name: _____

Signature: _____ Date: _____

Employee ID#: _____ Social Security # (last 4): _____

EMPLOYER:

As the individual receiving care from _____ (Employee), I am familiar with the laws supporting this Notice. I agree with my individual care provider's statement and signature above. I also agree that this is an accurate representation of the facts regarding services performed on my behalf.

Printed Name: _____

Signature: _____ Date: _____

Participant Name: _____ FEIN#: _____

State: _____ Program: _____

**Arkansas (DRAFT)
Payment Schedule
Effective July 2021-July 2022**



Please share this schedule with your employees, and keep a copy in a safe place for easy reference.

To ensure that your employees and/or service providers are always paid on time, please approve and submit all employee and vendor payment requests by midnight on the due date, even if it falls on a weekend or holiday. These dates are strictly enforced and any employee and vendor payment requests received after midnight on that date will be processed in the following payment period.

Be sure to have all hours entered and approved by midnight of the “Submissions Due NO Later Than” date. To access web time entry, go to: www.acumenfiscalagent.com, click on **Web Time Entry** or **DCI Portal**. If you would like to attend a webinar on how to use either the Mobile App or online Web Time Entry portal, click on the Events tab at the top of the webpage provided above. If you cannot remember the employer or employee log-in or client mobile app password, or if you have any questions or concerns, contact our Customer Call Center: (888) 272-5021. Requests for vendor payments can be faxed to: (855) 264-3289.

Be sure to have all hours entered and approved by the “Submissions Due NO Later Than” date.

	Payment Period Start Date	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date	
“Payment Period End Date” is the last day of services in the pay period.	07/04/21	07/17/21	Mon, 07/19/21	Fri, 07/30/21	“Direct Deposit/Check Date” shows the date that payment will be issued. For those payees that have selected direct deposit, this is also the date that funds will be available in their accounts.
	07/18/21	07/31/21	Mon, 08/02/21	Fri, 08/13/21	
	08/01/21	08/14/21	Mon, 08/16/21	Fri, 08/27/21	
	08/15/21	08/28/21	Mon, 08/30/21	Fri, 09/10/21	
	08/29/21	09/11/21	Mon, 09/13/21	Fri, 09/24/21	
	09/12/21	09/25/21	Mon, 09/27/21	Fri, 10/08/21	
	09/26/21	10/09/21	Mon, 10/11/21	Fri, 10/22/21	
	10/10/21	10/23/21	Mon, 10/25/21	Fri, 11/05/21	
	10/24/21	11/06/21	Mon, 11/08/21	Fri, 11/19/21	
	11/07/21	11/20/21	Mon, 11/22/21	Fri, 12/03/21	
	11/21/21	12/04/21	Mon, 12/06/21	Fri, 12/17/21	
	12/05/21	12/18/21	Mon, 12/20/21	Fri, 12/31/21	
	12/19/21	01/01/22	Mon, 01/03/22	Fri, 01/14/22	
	01/02/22	01/15/22	Mon, 01/17/22	Fri, 01/28/22	
	01/16/22	01/29/22	Mon, 01/31/22	Fri, 02/11/22	
	01/30/22	02/12/22	Mon, 02/14/22	Fri, 02/25/22	
	02/13/22	02/26/22	Mon, 02/28/22	Fri, 03/11/22	
	02/27/22	03/12/22	Mon, 03/14/22	Fri, 03/25/22	
	03/13/22	03/26/22	Mon, 03/28/22	Fri, 04/08/22	
	03/27/22	04/09/22	Mon, 04/11/22	Fri, 04/22/22	
04/10/22	04/23/22	Mon, 04/25/22	Fri, 05/06/22		
04/24/22	05/07/22	Mon, 05/09/22	Fri, 05/20/22		
05/08/22	05/21/22	Mon, 05/23/22	Fri, 06/03/22		
05/22/22	06/04/22	Mon, 06/06/22	Fri, 06/17/22		
06/05/22	06/18/22	Mon, 06/20/22	Fri, 07/01/22		
06/19/22	07/02/22	Mon, 07/04/22	Fri, 07/15/22		
07/03/22	07/16/22	Mon, 07/18/22	Fri, 07/29/22		

“Submissions Due NO Later Than” is the last date that your time sheets or vendor requests can be received, or that your WTE approvals can be entered, for the pay period. Be sure to submit no later than midnight on this date.



What is Medicaid Fraud?

Medicaid fraud involves knowingly misrepresenting the truth about services provided.

Fraud includes:

- * Abuse of Medicaid dollars resulting in increased costs.
- * Waste which is overusing resources and receiving inaccurate payments for services.

The following are typical schemes used to defraud the Medicaid program:

Billing for Services Not Provided

A caregiver records time worked for services not performed, such as recording time worked preparing and cooking a meal for a participant when the caregiver did not.

Doubling Billing

A participant approves time worked for two caregivers at the same time or approves time worked for a caregiver when the participant was in the hospital.

Billing for Phantom Visits

A participant falsely bills the Medicaid program for caregiver visits that never take place.

Billing for More Hours Than Worked

Inflating the amount of time a caregiver spends with the participant, for example submitting a time sheet that records the caregiver having worked five hours in a day when the caregiver actually worked three.

Unapproved Tasks

Asking a caregiver to perform tasks, like walking a dog, that is not an approved Medicaid task and submitting the time spent on a time sheet.

Non-Eligible Employee

Submitting a time sheet using the name of an employee who is approved to work but a different person actually did the work and receives payment.

Committing Fraud is a Crime. Consequences: Those committing Medicaid fraud can be charged with a felony or misdemeanor and If convicted, they will be required to pay back all money received falsely, and possibly serve time in prison. If you recognize that you have made a mistake on a time sheet, call right away so it can be corrected: [1.888.272.5021](tel:1.888.272.5021).

If you are concerned that fraud is occurring, call the Arkansas Department of Human Services at [1.800.422.6641](tel:1.800.422.6641) and inform your FEA at [1.888-272.5021](tel:1.888-272.5021).

SIGNS OF ABUSE, NEGLECT, AND EXPLOITATION

The law protects the health and safety of “vulnerable adults” and children from abuse, neglect, and exploitation. It is important for participants and employees to know signs and symptoms of abuse, neglect and exploitation for health and safety reasons.

A vulnerable adult is someone over the age of 65 with a long-term disability. If you have concerns that a “vulnerable adult” or child is being harmed, please report it right away.



www.acumenfiscalagent.com
customerservice@acumen2.net
1-888-272-5021

What is Abuse, Neglect, & Exploitation?

ABUSE is the willful infliction of injury, unreasonable confinement, intimidation, or punishment which results in physical harm, pain or mental anguish. It also includes the deprivation of food, water, shelter, etc. (Includes emotional, physical and sexual abuse).

NEGLECT is the refusal or failure to fulfill any part of a person’s obligations to another person, such as the provision of food, clothing, medicine, comfort, or personal safety.

FINANCIAL OR MATERIAL ABUSE or exploitation is the illegal or improper use of a person’s funds, property, or assets.

SELF-NEGLECT is an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including providing for one’s own food, clothing, shelter, and medical care. Choice of lifestyle or living arrangement is not, in itself, evidence of self-neglect.



WHAT IS ABANDONMENT?

“Abandonment” is when a person or agency with a duty to care for a vulnerable adult or child acts (or fails to act) in a way that leaves the vulnerable adult unable to get needed food, clothing, shelter, or health care.

INDICATORS OF ABUSE, NEGLECT, OR EXPLOITATION

The following descriptions are not necessarily proof of abuse, neglect, or exploitation. But maybe clues that a problem exists, and that a report needs to be made to law enforcement or Adult Protective Services or Child Protective Services.

To report concerns of Abuse, Neglect and Exploitation, contact the Department of Social Services in the county in which you live. If the vulnerable adult is in immediate danger, please call 911

BEHAVIORAL SIGNS

- Fear
- Anxiety
- Agitation
- Acting out
- Anger
- Isolation/withdrawal
- Depression
- Contradictory statements
- Implausible stories
- Hesitation to talk openly
- Confusion or disorientation

PHYSICAL SIGNS

- Forced isolation
- Skin discoloration
- Sunken eyes or cheeks
- Pain from touching
- Soiled clothing or bed
- Inappropriate administration of medication
- Injury that has not been cared for properly
- Injury that is inconsistent with explanation for its cause
- Cuts, puncture wounds, burns, bruises, welts
- Frequent use of hospital or health care/doctor shopping
- Lack of necessities such as food, water, or utilities
- Dehydration or malnutrition without illness-related cause
- Lack of personal effects, pleasant living environment, personal items

FINANCIAL ABUSE

- Unexplained sudden transfer of assets,
- Providing unnecessary services,
- A complaint of financial exploitation,
- Unexplained missing funds or valuables
- Providing substandard care
- Unpaid bills despite having enough money
- Sudden changes in bank account or banking practice
- Adding additional names on a bank signature card
- Unapproved withdrawal of funds using an ATM card
- Sudden changes in a will or other financial documents
- Forged signature for financial transactions or for the titles of property
- Sudden appearance of previously uninvolved relatives claiming their rights to a person’s affairs and possessions
- Unexplained withdrawal of a lot of money by person accompanying the victim



Appendix I

Acumen Continuity of Operations Plan

Response Packet E.12.A

PROPRIETARY INFORMATION

ACUMEN LLC

Acumen Business Continuity

Emergency Mode Operation Plan

January 2022

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 - 6.6 Plan Review and Maintenance
- 7 Alert/Verification/Declaration Phase
 - 7.1 Notification of Incident Affecting the Site
 - 7.2 Provide Status to EMT and DRT
 - 7.3 Determine Course of Action
 - 7.4 Disaster Declared: Mobilize Disaster Response/Technical Services Teams/Report to command center
 - 7.5 Conduct Detailed Damage Assessment (This may also be performed prior to declaring a disaster.)

7.6 Determine whether to continue to business recovery phase

8 Business recovery phase (three hours - full recovery)

8.1 Acumen System and Facility Operation Requirements

8.2 Notify Security Officer & IT staff/Coordinate Relocation to New Facility

8.3 Secure Funding for Relocation

8.4 Notify EMT and Corporate Management of Recovery Startup

8.5 Operations Recovered

Appendices:

Appendix A: Acumen Recovery Teams

Appendix B: Contact/Call List

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Appendix D: Emergency Essential Personnel List

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PROPRIETARY INFORMATION

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Appendix J
Acumen Disaster Recovery Plan
Response Packet E.15.E

PROPRIETARY INFORMATION

ACUMEN LLC

Information Technology

Disaster Recovery Plan

February 2022

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**State of Arkansas
Self-Directed Financial Management
& Consulting Services**

REDACTED

TECHNICAL RESPONSE PACKET

710-22-0018

June 1, 2022



Acumen Fiscal Agent, LLC

*Facilitating freedom, choice, and opportunity through innovative
fiscal agent solutions*

Submitted By: Acumen Fiscal Agent, LLC
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INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- **Do not** include additional information if not pertinent to the itemized request.

E.1 Transitioning, Project Organization, and Management
<p>A. Provide a sample MOU meeting the requirements in Sections 2.5.2 and 2.5.3 of the RFP.</p>
<p>Our sample Memorandum of Understanding (MOU) for RFP Sections 2.5.2 and 2.5.3 is available for review in Appendix A.</p>
<p>B. Propose a mechanism for tracking and verifying Employees' compliance with the background checks and clearances required in this scope of work as part of its technical response.</p>
<p>As part of its business operations across many FMS programs Acumen serves, Acumen processes background checks for employees, including internal staff dedicated to this program, as required. Acumen has advanced knowledge and operational experience with maintaining compliance with the Fair Credit Reporting Act (FCRA), and already has the processes in place to seamlessly execute this requirement of the RFP.</p> <p>Acumen will arrange central registry checks, and national and State criminal background checks prior to an employee's initial employment, and again every five (5) years thereafter. A beneficiary/employer will be made aware that they cannot waive a background check for a potential employee. We will explain that a background check may reveal a potential employee's past criminal conduct that may pose an unacceptable risk to the beneficiary/employer. Acumen will provide background check support and training to clients and providers.</p> <p>A background check may reveal a potential employee's past criminal conduct that may pose an unacceptable risk to the Beneficiary. The findings, in accordance with DHS Policy 1082 (See Attachment I: DHS Policy 1082), may place the Participant at risk and may disqualify a person from serving as an Employee under the Self-Directed Management Service model. If a potential employee has a disqualifying offense, Acumen will notify the beneficiary/employer that they are unable to hire the prospective employee without exception. However, Acumen acknowledges that DHS makes the final determination when there is uncertainty as to whether or not an employee's offense is disqualifying. The results of the criminal background check will be used by DHS to determine the suitability of: (A) An applicant to become a caregiver paid with Medicaid funds; or (B) A caregiver for continued employment paid with Medicaid funds.</p> <p>Acumen will obtain the following clearance on each prospective employee in this program:</p> <ul style="list-style-type: none"> ▪ Adult Maltreatment Central Registry check; ▪ Child Maltreatment Central Registry check; ▪ Excluded Provider List check; ▪ Certified Nursing Assistant/Employment Clearance Registry check; ▪ State and federal criminal background checks including fingerprints; and ▪ Drug testing.
<p>C. Describe the Proposed Contractor's process for developing and ensuring backup plans.</p>
<p>During the initial employer enrollment Acumen will explain the value and the importance to develop a back-up plan to ensure service when a scheduled employee is not available or fails to show up as scheduled. We will encourage employers to have multiple back-up workers and that they must have at least one (1) backup worker appointed as a paid or an unpaid informal worker.</p>



Employers will learn how to develop their back-up plan that contains the names and telephone numbers of contacts for alternate care, in the order in which each back-up person is notified if multiple alternatives are listed, and the services to be provided by each contact. Employers will also learn it is their responsibility to secure paid (as well as unpaid) back-up plan contacts who are willing and available to serve in this capacity.

We will stress the importance to keep their back-up plan current and make changes if a back-up worker's status changes, or if the names and/or contact information changes over the course of time. Employers will learn that it is their responsibility to develop the plan and to keep it current. Employers will be instructed that they cannot opt to go without service.

Acumen will maintain each employer's back-up plan in the employer's file.

E.2 Staffing

A. Prospective Contractor must provide Prospective Contractor's proposed job description and minimum qualifications, as defined under Operations Team, for the contract manager as part of its technical response to this RFP.

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The Executive Director job description is available for review in Appendix B.

B. Provide a detailed organizational chart meeting the requirements in this section and including all key personnel proposed for this contract. Technical proposal shall also include resumes for all members of Contractor's Leadership, Operations, and Enrollment teams.

Acumen recognizes the responsibility that comes with the stewardship of public funds. We also recognize the importance of providing the citizens of the State of Arkansas with the best service available on the market, and we believe this starts with hiring the right people.

Acumen provides the very best personnel in the business. What sets Acumen apart from our competitors is our experience working with individuals who depend on Medicaid services and the direct care workers that provide services. Our staff understands the unique needs of the beneficiaries, families, direct care workers, and the state agencies we support. Acumen delivers a high-quality product and enjoys a 99.8% customer satisfaction rate based on our recent survey of states where we provide services.

Acumen takes pride in our ability to seek and employ highly qualified staff that meet our high standards. Acumen maintains the correct level of staffing, including managerial, supervisory and support with the necessary training, work experience and expertise to ensure appropriate coverage and meet contract requirements on an ongoing basis. Acumen customer service and administrative staff are knowledgeable in beneficiary directed services. In addition, having been actively involved with the development and implementation of the DCI software system, every single person on Acumen's staff, regardless of their position, can provide end-user support.

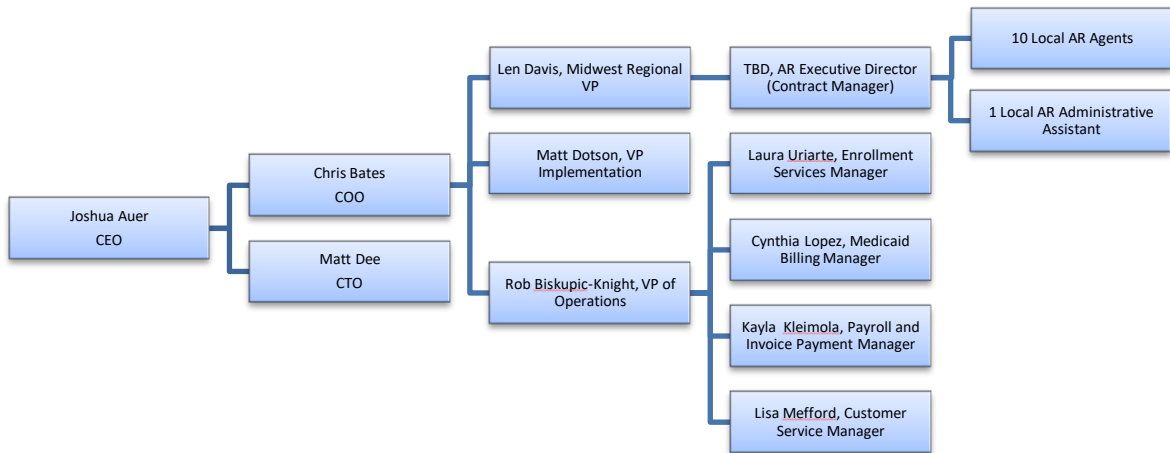
Our accountants, bookkeepers, and clerical staff are dynamic and experienced in accounting for the complicated, ever-changing world of human services and the governmental regulations that accompany it. Acumen selects its personnel specifically to be able to adhere to the rigid requirements of payroll and tax obligations while maintaining focus on the beneficiaries and the



mission of the program. Acumen employees are required to participate in ongoing and regularly scheduled training sessions on subjects related to the nature of the populations we serve.

Management is also trained and equipped to effectively analyze and prepare for new business opportunities to include growing populations, and/or the transition of self-directed participants. Adjustments are made to staffing levels and policies and procedures as needed using a comprehensive new business tool managed by our Quality and Compliance Department.

The Acumen Arkansas Key Personnel organization is provided followed by a brief introduction to each member with their responsibilities to support the Arkansas project. Resumes are available for review and evaluation in Appendix C to this proposal.



Joshua Auer currently serves as the Chief Executive Officer for Acumen. He has been with the company since 2015 and has more than 22 years of comprehensive Medicaid experience analyzing business systems to ensure best operational effectiveness through people, systems, and processes. Joshua is well-versed in recognizing and launching systems that meet desired goals and objectives.

Joshua is adept at business administration and collaboration with executives and staff to achieve targeted results. Joshua develops and executes strategic plans; committed to adding value and exceeding expectations through collaborative problem solving and disciplined decision-making.

Joshua has 22 years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Chris Bates currently is Acumen’s Chief Operating Officer for Acumen. He has been with Acumen since 2010 and has extensive experience directing business operations and management through effective business systems analysis and project management to enhance operations.

Christopher has nearly 30 years of expertise identifying business needs, working with end-users to gather requirements, and communicating technical information in a clear manner to technical and non-technical staff. He is proficient in determining, meeting, and surpassing specific



client needs. Christopher is practiced in clarifying business requirements and performing gap analysis

Christopher has 30 years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Matt Dee currently serves as the Chief Technical Officer for Acumen and has been with Acumen since 2011. Matt has more than 15 years of comprehensive experience in all facets of information technology including system design, development, testing, implementation, integration and support.

Matthew also serves as CTO for Direct Care Innovations, LLC. In addition, he also has functioned as Lead System Architect in DCI since 2013. Matthew is adept at managing highly technical projects and resources to achieve company goals and objectives.

Matthew has 15 years of technology experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Len Davis currently serves as the Acumen Vice President Regional Operations for Acumen. She has been with Acumen since 2017. Len is an experienced Director with over 20 years of progressive experience in social service, healthcare, and non-profit industries in Mississippi, Oklahoma, and Texas. Len is skilled in policy and procedure development, implementation, and fiscal management.

Len has 20 years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Matt Dotson currently serves as the Vice President of Implementation and has been with Acumen since 2020. Matthew has tested and proven experience comprised of more than 7 years in program and project management; coordinate and direct contract requirements from development to go-live.

Matt is an experienced collaborator with state or county staff to gather requirements, consult on best practice, and implement projects and programs that offer exceptional end user experience in an efficient manner for our clients. Matt coordinates with multiple functional areas to craft project plans and implementation timelines to hit target launch dates. He is a steward of compliance requirements and accountability to establish a high level of integrity. Matt is agile and creative in leveraging knowledge, skills, and abilities to meet and exceed project deadlines within scope.

Matt has seven (7) years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Rob Biskupic-Knight currently serves as the Vice President of Operations for Acumen. He has been with Acumen since 2020. Rob is an experienced operator versed in growing and scaling organizations and building systems and processes to maximize organizational effectiveness.

Rob possesses strong program and project management skills to accomplish both short-term and long-term objectives and goals. He is adept at building partnerships and collaborating with a range of external and internal stakeholders.

Rob has two (2) years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Nicole Smith is our Acumen Quality and Compliance Manager for Acumen and has been with Acumen since 2019. Nicole has a strong expertise in operations management, team leadership, and coaching, as well as identifying and improving processes, enhancing operations, and increasing work efficiency.

Nicole is well versed in leading teams and curating strategies to optimize organizational growth. She is skilled in communicating with the leadership team and the ability to deal effectively with people at all levels.

Nicole has seven (7) years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Laura Uriarte currently serves as the Enrollment Manager and has been with Acumen since 2016. Laura is a motivated and customer focused individual that prioritizes service quality in the management of her team. She leads the implementation and maintenance of operational controls and program requirements, and the facilitation of operational improvements.

Laura has six (6) years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Kayla Kleimola currently serves as the Manager of Payroll Operations for Acumen. She has been with Acumen since 2022. Kayla is experienced in payroll and leadership, focusing on process improvement and streamlining communication. She exemplifies high levels of consistency and accuracy. Her principals of success are based on communication, execution, and accountability. She is well versed in partnering both internally and externally to ensure results are met for all stakeholders.

Kayla has four (4) years of experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



Cynthia Lopez was hired as the Acumen Billing Operations Manager and has been with Acumen since 2020. Cynthia is an engaging and effective executive with demonstrated leadership in the contact center environment. Cynthia has over 12 years' experience driving customer satisfaction and key performance metrics within the areas of Customer Service, Credit Granting and Collections, for both frontline and backline operations.

Cynthia has 12 years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.



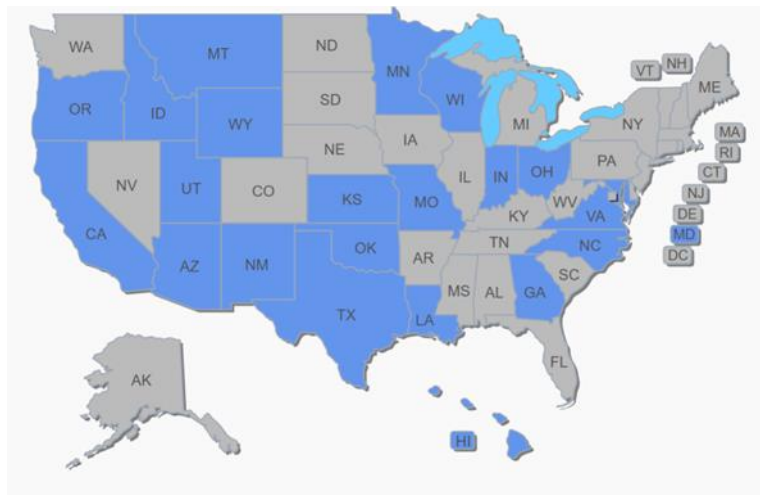
Lisa Mefford is our Customer Service Operations Manager and has been with Acumen since 2008. Lisa has over 10 years of experience in Customer Service and 14 years working in an FMS. Lisa is a motivated and customer focused individual whose mission is to always treat people the way she would like to be treated.

Lisa understands that she and her staff represent the first point of contact between our company and our customers, so the highest level of satisfaction is of the utmost importance. She oversees daily operations of Acumen's call center ensuring all contractual guidelines and rules set forward by our states and programs are followed. She is an individual who is available anytime to support our customers.

Lisa has 14 years of FMS experience as it relates to the Arkansas Financial Management and Counseling Services procurement.

C. Describe the Proposed Contractor's experience in self-directed services. Include, at minimum, the following: years of experience, names of similar programs or services provided, number of participants, contracts, states served, and provide a list of all external certifications obtained by the organization.

Over the course of the last 27 years, we have provided Fiscal/Employer Agency (F/EA) support for hundreds of thousands of participants and their employees. The US map below illustrates where Acumen has implemented the Direct Care Innovations (DCI) Financial Management Services (FMS) Solution across 23 states for 100 different Medicaid, Departments of Aging and Disabilities, and Veterans Association customers with requirements similar to the Department's defined requirements.



Every client project presented below utilizes our FMS expertise and the use of our DCI Solution to demonstrate our compliance with your minimum qualifications.



Client	Project	Start/End Dates	Total Participants
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Acumen provided the required letter from the Arkansas Secretary of State of our active registration to do business in the State. Our DCI solution holds a SOC2 Security certification.

E.3 Work Plan

Provide a comprehensive Work Plan that demonstrates the Proposed Contractor's strategy to meet the requirements of the RFP. The Work Plan must include, at minimum, the following:

Industry standards for project management have been refined to the point that everyone's approach reads like a project management textbook. What makes our approach different is our project manager and team. Our approach to project management is largely based on the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK) methodology and will be customized to meet the State's specific needs and requirements.

Our comprehensive project management framework incorporates our expertise and industry best practices from 27 years of experience implementing our FMS solutions. We bring a collaborative, transparent and iterative approach. Selecting Acumen will bring our trusted-partnership approach to Arkansas working together with the Department's Team. Our team's experience from past projects of similar scope and scale will leverage our approach without getting bogged down in the methodology while losing sight out the project itself.

Implementation projects can be complex. Our management approach simplifies the process and focuses on the important tasks at hand, keeping a steady and productive momentum while not losing sight of the big picture. Our approach focuses on truly understanding the State's requirements and user needs.

We start by collaborating with the Department to review and refine the requirements defined in the solicitation and resulting contract. Our project management plans lay the ground work for how the project will be managed and how we communicate. Open and honest project communication is a hallmark of our service.



Acumen Implementation Process

Working together we can develop a consistent process for the requirements validation, which drive the configuration of the DCI Solution. Our implementation process enables our joint team to ensure at the end of each major configuration stage, we test and walk-through the configuration outcomes in the configuration environment. We take the time to make sure the DCI Solution, when configured, becomes the Arkansas FMS and is ready for User Acceptance Testing (UAT).

Meanwhile our key personnel will be working within their own disciplines. Meetings will be scheduled to collaborate with the Department's counterparts to finalize the approach for training, system integration, and testing. Acumen employs automation wherever possible to expedite project tasks and deliverables. Our approach also includes demonstrations and training on the tools we employ.

A. Operational policies, procedures, processes, and internal controls

Acumen has a comprehensive policies and procedures manual to assist in the execution of the RFP scope of work. The purpose of Acumen's policies is to ensure compliance with rules set forth by the Department and other governmental agencies (i.e., IRS), while providing accountability to all



stakeholders. Simultaneous with maximizing compliance, Acumen's policies and procedures mitigate risk to the State, Department, beneficiaries, employees, and taxpayers.

The policies and procedures manual for each program are made available to Acumen staff and incorporated into training programs for new and existing Acumen staff. Changes to the Acumen FMS policies and procedures manual will be submitted for approval by the Department in advance of implementation or revision. The manual will be made available to the Department in electronic format. The approved policies and procedures manual will be posted on the Acumen website.

We have provided a draft Arkansas Policies and Procedures Manual in Appendix D for your review

B. An implementation plan including a sequential list of tasks. For each task, identify the number of days required to complete the task, personnel for each team proposed to perform the task, and the number of work hours for each person.

The project schedule (Implementation Plan) identifies the tasks to be performed and includes resources, defined work periods, and task dependencies. This establishes how and when Acumen and the Department will deliver the products, services, and results defined in the project scope. It will also provide the foundation for stakeholder management, communications, and project performance reporting.

Our client relationship approach is to foster a close working relationship with the State, promoting transparency with open communications resulting in positive results. To perform project tasks, we all need to communicate well, share information openly, and proactively support the diverse set of activities required to deliver the FMS. Our teams are highly experienced, offering diverse skills to meet the extensive needs required from Acumen, including FMS business knowledge, technical skills, program governance and management, and proven project delivery capabilities.

Acumen used a top-down approach to develop the project work breakdown structure that was used as the foundation for the development of the draft project schedule. A combination of bottom-up and top-down approach was taken to establish durations depending on the activity, task, or dependency. Through several iterations and alignment of activities and tasks, the draft project schedule was produced. Acumen will submit the project schedule to DPSQA for review and approval a final implementation plan and timeline reflecting full implementation in compliance with all applicable Medicaid policies.

Acumen understands that DHS will have the sole right to approve or reject, in whole or in part, our project schedule and amendments thereto. Acumen will work with DHS modify the project schedule to accomplish the objectives and fulfill the needs of the Department. If required, Acumen will make changes and submit the revised implementation plan within ten (10) business days following receipt of requested changes. Acumen acknowledges that the project schedule must receive approval of prior to proceeding with the Readiness Review.

Acumen uses **CONFIDENTIAL** as a tool to monitor, manage and control the project schedule. The project schedule will be baselined when the Acumen deliverable schedule is accepted. The baselined dates will not be changed to have visibility into the original dates. The Acumen deliverable schedule will include a column for actual start and finish dates to capture what actually occurred. Acumen deliverable schedule include:

- Resource assignments will be stated as Department or Acumen unless mutually agreed that more detailed assignments would add value during specific project activities.
- Acumen will update the % complete using their best estimate of actual work completed. When 100% is used, this means the task is done.
- Where tasks align with tasks and deliverables in the contract documents, Acumen will use language that is consistent with the contract.

Where possible Acumen has developed templates to streamline the development and submission of project deliverables. Our Project Manager will present our templates and work with the DHS Project Manager to agree on the templates and the appropriate level of deliverable detail. Our deliverables will be prepared using Microsoft Office Suite; Word, Excel, PowerPoint or, if applicable, Visio, or other industry standard tools.



From Acumen's perspective, reporting and consistent communication is vital to any multi-lateral transition process, and therefore standardized status reports delivered on a to-be-agreed-upon frequency is preferred. The contents of the Transition Phase Status Reports will be jointly defined by the Department and/or Acumen.

Acumen has constructed our draft work plan in both Gantt chart and task list formats and is presented in Appendix E for review. The Gantt Chart methodology adequately displays the concurrent work streams needed for a successful transition. The task list provides the projected effort (hours) by Acumen job title. We did not include the Department effort on the task list since we do not know who or how many Department staff will be assigned to the Transition Phase.

Acumen is experienced transitioning large programs and is fully capable of delivering on timelines and deliverables set forth in the plan. Our draft work plan reflects the transition period starting December 1, 2022 for evaluation purposes. Acumen will update the plan to reflect the actual start date.

C. Describe the proposed approach how the Prospective Contractor will ensure all requirements set forth in the RFP are met. This should include how the Prospective Contractor will track, monitor, and manage the contract and deviations.

Acumen has focused on the mission of the project scope and understands the importance of all parties agreeing on the scope of the project. The Requirements Management Plan will address how Acumen will develop baseline requirements, processes, and procedures to track and monitor requirements throughout the Project. The Requirements Management Plan defines the processes Acumen will use to ensure the project is composed of all the work required, and only the work required, to successfully complete the project.

The project scope will be limited to the agreed upon contract, which includes the requirements defined in the RFP and will be further defined by the approved requirements and to technical requirements identified and agreed upon during the formal work sessions. We will track each Requirement Traceability Matrix (RTM) item from the initial solicitation and defined requirements through implementation and testing.

The starting point to ensure and meet the requirements of the RFP is our use of DCI. DCI is capable of storing, transmitting and receiving data from different sources. We will work with the AR-MMIS, DPSQA and Employment Clearance Registry System. (ECRS) and AR EVV contractors to build and test the required interfaces. The Department will have access to the DCI web portal to access reports, dashboards and other data.

D. Describe the Prospective Contractor approach to user acceptance testing.

Our testing approach includes testing sub-phases includes system testing process, integration testing, and to support the State during UAT. The purpose of our testing tasks is two-fold; first to evaluate the functionality with the intent to find gaps in the FMS of the State approved RTM requirements and secondly to identify configuration errors or instances. Our joint goals should be to identify and correct either type of instance before the Arkansas FMS go lives.

Authorized testers will be granted security access to exercise the entire Arkansas FMS in a separate, controlled testing environment. We are committed to the successful testing and User Acceptance Testing approval to prepare for the Operations Phase of the Arkansas FMS. Prior to implementation Acumen will demonstrate evidence of the testing between modules and interfaces

Our Testing Lead will submit the Master Test Plan, coordinate and oversee the comprehensive Acumen internal testing (unit, integration and functional) and work with the State PM and Testing Lead to prepare for UAT. Our Master Test Plan will describe the test strategy, scope, objectives, resources and processes required for the completion of testing for each phase of the project. Test scripts and scenarios will be submitted for review by the State before execution. Our testing processes will be modified to comply with the State and to discuss scheduling UAT. Our Testing Lead will also review testing outcomes and work with the Acumen Technical Team to resolve testing instances.



The testing environments will be loaded with test data that is indicative of the Department's live data. Some data elements (such as service codes) must be comprehensive and match exactly how the data is expected to appear in the Department's production environment. Other data elements (such as employers) may be a sample set of the Department's full data set. Sample data must be comprehensive enough to execute every test case in the Test Plan and Test Specifications. Acumen will consult the Department to ensure the test data is an accurate representation of production data. Acumen will load the test data and provide necessary modifications or environment refreshes to complete all phases of testing.

E. Describe the approach to system support including the product release schedule, the future product roadmap, and how future releases will be implemented, including testing and training.

Acumen is continually updating, improving, and refining our DCI FMS Solution. Acumen provides bug reporting and solicits feature requests and user feedback through our industrial standard ticketing **CONFIDENTIAL** system. DCI has regularly planned quarterly releases for update and minor bug fixes. For priority bug fixes or updates, Acumen can provide incremental releases based on the State's needs and approval. Acumen is committed to listening to our end users and incorporating their feedback into the DCI EVV Solution to ensure that we are always providing the most user-friendly solution possible.

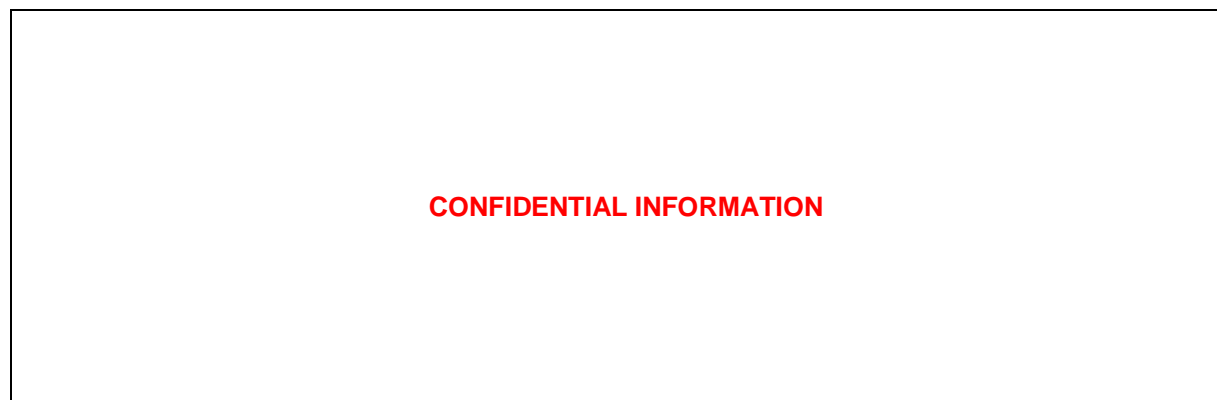
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Our approach for new development testing includes:

Unit Test: Unit testing refers to testing functions and areas or units of code. It allows Acumen the ability to verify the functions and configuration of the FMS performance as expected and identify failures of certain functions.

Functional Testing: Functional testing refers to testing individual FMS modules against the functional requirements and design specifications. This allows integration testing to run smoothly without failures of individual technical components of the FMS. This means extensive coordination, tracking, and continuous adjustment between the Acumen implementation, testing, and technical teams to ensure the FMS modules are ready for inter-dependent features and functionality testing during the next testing phase.

The diagram below illustrates our testing environment approach. Acumen will use the Department testing environment for Acumen testing. The environment will then be refreshed for Department UAT.



Users are notified of small changes and/or bug fixes using DCI notification and email. For enhancements, we assess the impact to users to determine the best method for training users on the enhancement. We also review manuals and customer service materials to determine the necessary modifications.

Our DCI roadmap is presented below for review.



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F. Describe the Proposed Contractor's EVV mobile applications including a description of functionality and support.

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G. Describe how the proposed system will store, receive, and transmit data to the state agency system.

Acumen will establish and support all interfaces identified by DHS, including but not limited to the State agency's EVV aggregator(s) and State agency's Medicaid claims and management system (MMIS). These interfaces will be secure according to applicable law, regulations and industry best practices.



We assume the EVV and MMIS contractors will be available to work with our Team and to provide technical and testing support to make the required integration available for User Acceptance testing and operations.

Acumen will also work with Arkansas Medicaid to solidify an automated method for reimbursing State Medicaid beneficiary unused funds, per MARS-E security standards.

The DCI Solution utilizes batching processes to transmit data. Batch numbers are unique identifiers and indicate to the receiving entity whether data is being transmitted is new based on sequential order. Acumen will provide data transmission acknowledgements that includes errors encountered during processing, error mitigations, and other DHS requests for all interface processing.

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H. Describe your customer service and enrollment team's processes, methods, and training of staff.

It is Acumen's responsibility to educate, assist, and simplify the self-direction experience through great communication and customer service. We provide a program specialist, known as an Agent, to oversee a caseload of families. The Agent is a family's primary touchpoint for items relating to Acumen from initial enrollment and DCI training to subsequent hiring of new staff, updates to budgets and/or changes to services, and for general customer service-related items such as payroll and other inquiries.

Acumen also maintains a customer service center located in Mesa, AZ, which acts as a secondary hub for communication for employer, employees, state personnel, support coordinators, family individuals, and others as an extension to our local Agents.

Our customer service center is open 24 hours a day, 7 days a week, 365 days a year.

Acumen has a robust customer service capability. Acumen will maintain State approved training materials and delivery media for the life of the contract. Acumen provides recorded webinars that can be viewed at any time. Our high-definition training videos can be viewed in the secure Acumen website or viewed via an email link through the **CONFIDENTIAL** video hosting platform. User manuals and FAQ'S can be viewed in in customer service, under the secure Acumen website, viewed via email or physical documents.

Acumen has a toll-free Hotline that provides technical assistance support via, at minimum, phone, voicemail, email, and chat. We offer translation services for over 200 languages, oral interpreters including American Sign Language, and closed-captioning, large print, and Braille, as necessary. Materials are also available in large print and Braille and translated into State defined languages.

Our Customer Services include:

- Toll-free phone and fax number, and teletypewriter (TTY) number to communicate with employers who have a hearing impairment;
- Secure web/internet/e-mail services with access to information about Acumen and our FMS services, customer support information and available hours;
- Answers support requests made via phone, voicemail, email, and chat;
- Recording and responding to requests received via voicemail and email outside of the Core Hours within one business day of the request's receipt; and
- Utilizes IssueTrak, which is a software-based tracking to track receiving, returning, listening to, and auditing calls and emails from individuals.

Monthly "town hall" meetings are scheduled where stakeholders can attend in person, by phone, or online to ask question or offer feedback. Acumen also provides a DCI Solution User Manual that can be access electronically through customer service and/or distributed in pdf. The User Manual is updated and distributed with every update to the system and at minimum annually for all solution users.



Acumen maintains policies and procedures that emphasize the application of the philosophy of participant direction and being culturally sensitive in all business practices in order to communicate effectively with a diverse population of beneficiaries of all ages and with a variety of needs, disabilities and chronic conditions. Our Agents and customer service representatives receive state-specific training on the FMS specifications and the policies and procedures.

E.4 Readiness, Training, and Implementation

A. Provide a detailed training plan for executing the requirements specified in section 2.5.7

Acumen has provided comprehensive training on the various roles and responsibilities involved with self-direction for tens of thousands of people with disabilities, employers of people with disabilities, care givers, state agencies, and providers over the past 27 years.

User communications and training are an essential effort to the success of the Arkansas' self-directed FMS program. Acumen will provide end user training and knowledge transfer for each phase of the contract.

Our training efforts will start during the first week of the contract. We believe a successful training effort cannot be a cookie-cutter plan where just the name of the client contract is changed; we need to learn as much as possible about the State community to finalize our Training Plan.

Acumen understands the EVV training will take planning, focus and commitment. Our User Training Plan will describe the objectives, requirements, strategies and methodologies for delivering training to support the development of knowledge and skills to ensure users of the FMS system can perform their roles efficiently and effectively. To successfully accomplish training goals and specific objectives, Acumen's Training Lead will identify the different training audiences within State, providers, beneficiaries, and stakeholders. The identification of training audiences will be incorporated in the Training Plan. It will include each targeted audience's roles and responsibilities regarding the operation and/or support of the FMS. It will also be important to try to pinpoint the users with specific language requirements.

Acumen has developed numerous curriculums with different modes of delivery for our DCI Solution courseware. Our Training Lead will submit samples of our training materials for the Department to review, including instructor-led, train-the-trainer, as well as web-based training materials. We will schedule work sessions to review the materials prior to the required specific modification effort, and once the general aspects of the training materials are reviewed and approved, our Training Lead will then be responsible to incorporate FMS-specific information.

Acumen also provides training guides and help topic materials for specific user roles and permissions, defined into process steps that help users perform the ongoing functions of their role, which will be provided to the Department for review. In addition, flyouts can be sent within the system to give users tips, guidance, and clarification as they perform daily functions.

Acumen will maintain Department approved training materials and delivery media for the life of the contract. Acumen provides recorded webinars that can be viewed at any time. Our high-definition training videos that can be viewed in the DCI Solution help desk, under the secure Acumen website, or viewed via an email link through the **CONFIDENTIAL** video hosting platform. User manuals and FAQ'S can be viewed in the DCI Solution help desk, under the secure Acumen website, or viewed via email or physical documents.

Our course materials are available in alternative formats including accommodation languages in addition to English. We translated our training materials into 13 different languages for the State of Oregon Provider Time Capture (OR PTC) contract. Hardcopy training materials can be provided in braille. In addition, the DCI Solution is the only EVV solution that offers an online training Learning Management System (LMS) that can deliver online training videos, manuals, and tests with automated scoring and certification through the EVV solution (Mobile App and Portal).

In addition, Acumen training materials will meet the following Arkansas requirements.

- All communications and materials must be compliant with the Americans with Disabilities Act,



including Section 508 compliance, accessibility, and access to alternate formats.

- All materials will be in plain language in a manner and format that may be easily understood and written at a fifth grade reading level or lower using at least twelve (12) point font. All material will be readily accessible.
- Acumen will provide materials for various audiences and purposes including DHS requested specific materials and information.
- Acumen will not suggest or imply in advertising or marketing materials that goods or services are endorsed by the State agency. All advertising and marketing materials will be approved by DHS, prior to use.
- Acumen will not include The Seal of the State of Arkansas on any written materials, including but not limited to educational materials, without the written approval by the State agency, as applicable. Acumen's program and marketing materials will not mislead, confuse, or defraud beneficiaries or the State.
- Acumen will ensure that all beneficiary materials, including educational and outreach materials, meet the following specifications:
 - Articles and/or informational material included in written materials such as newsletters, brochures, etc. will be approved in writing by the state agency.
 - Acumen will provide required beneficiary materials/information electronically.
- The material/information will be placed on the Acumen website in a location that is prominent and readily accessible for beneficiaries and potential beneficiaries to link to from the Acumen home page;
- The material/information will be provided in a format that can be electronically saved and printed; and
- If an individual requests that Acumen mail them a copy of the material/information, Acumen mail, free of charge, the material/information to them within five (5) business days of that request.
- All written program materials will inform enrollees and potential enrollees how to obtain materials in alternative formats and how to access oral interpretation services and that both alternative formats and interpretation services are available at no expense to the individual or state agency. This information will be considered a vital document and will be available at a minimum in the prominent language of the beneficiary/employer.

All Acumen written program materials will ensure effective communication and are available in alternative formats at the request of the beneficiary, potential beneficiary, or surrogate employer in an appropriate manner that takes into consideration the special needs of the individual with disabilities or limited English proficiency. These alternative formats shall be free of charge to the individual. Alternative formats including but are not limited to: Auxiliary aids or services, such as Braille, large print, and audio; American Sign Language interpretation, written translations, and language assistance services, and shall be based on the needs of the individual.

We have provided a draft Training Plan in Appendix F for your review.

B. Describe the Prospective Contractor's approach to providing orientation and skills training on using Contractor's automated interface system for individual/designated representatives and DHS contacts as part of its technical response to this RFP.

Acumen has a history of providing comprehensive employer orientation and skills training and how to use the DCI Solution. Acumen will provide comprehensive training for beneficiary/employers and employees, on both self-direction with Acumen and DCI, background checking requirements primarily as part of the enrollment process. Acumen will also provide supplemental training sessions across Arkansas as will likely be required to ensure familiarity of beneficiary/employers and employees with Acumen financial management services.

From Acumen's previous experience, transitioning populations and migrating over to the DCI system, training should occur no more than one (1) month from the transition go-live date. This will ensure each beneficiary/employers and employees has been trained and provides for the opportunity for multiple training sessions as required.

For Department personnel, Acumen recommends a single week up to two (2) weeks of training, broken into separate sections. More in depth than participant and employee training, State Agency staff and any other designated entities deemed appropriate, training sessions will be an overview of



Acumen, EES, DCI, and other related items that include but not limited to forms, documents and information necessary to set up accounts for individuals for payment processing. The training plan will be refined and submitted to the Department for approval. The training schedule can be expanded or contracted depending on the final training plan agreed upon between Acumen and the Department.

E.5 Enrollment

A. Describe the process of enrolling individuals in the self-directed program.

Acumen acknowledges that we are the point of entry for Personal Care Beneficiaries who choose self-direction. Acumen will complete pre-screen intake within three (3) business days for prospective participants, who are in an eligible Medicaid category to receive personal care, through the means of a DHS authorized pre-screen intake form. Acumen will accept from DHS clients who choose to participate in DHS' self-directed waiver program.

Acumen offers electronic, face-to face, fax, e-mail, and mail-in enrollment options for beneficiaries/employers.

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Each enrollment method supports and empowers both existing and new beneficiaries/employers through the following enrollment and orientation steps:

During the transition we will work with the Department to identify, document and configure the DCI EES to ensure compliance with federal, State and local tax regulations and payroll laws. The beneficiary/employer enrollment packet will be mirrored in EES and meet program requirements and required documents.

Acumen will have and follow written policies and procedures related to enrollment and the completion of the beneficiary/employer enrollment packet. This process would include:

Acumen completing pre-screening of all prospective beneficiaries within three (3) days using DHS intake form (IC) and submitting referral to DHS for approval. Upon completion of prescreening and receipt of approved referral from DHS, Acumen will begin the enrollment process. Acumen will assign an Agent to the beneficiary/employer to assist in completing all enrollment requirements and packet in a timely and correct manner. The Agent will meet with the beneficiary/employer to provide training on self-directed services and their role and responsibilities. The Agent will support packet completion and review for employees. Acumen will obtain all required clearances and requirements and submit to DHS for determination. All enrollment steps to be completed within sixty (60) calendar days of referral receipt. Once enrollment is completed the assigned Agent will provide additional support and follow-up that includes all Acumen and state requirements to have the employee begin providing services.

B. Provide a sample Beneficiary/Employer enrollment packet as part of its technical response meeting the requirements in section 2.5.9.

Our sample beneficiary/employer enrollment packet contains the following information regarding financial management services and operations without limitation:

- General information about Acumen and the enrollment process/directions;
- Hours of operation;
- Contact information;
- Roles and responsibilities of the beneficiary/employer, and the Fiscal Employment Agent;
- Federal and state forms the employer must complete, sign and return, including:
 - IRS Forms:
 - SS-4, Application for Employer Identification Number (EIN) and ii.2678, Employer/Payer Appointment of Agent
 - 8821, Tax Information Authorization
- Beneficiary Intake form;
- Designation of Surrogate Employer form; and
- Other applicable consent and agreement forms.



The beneficiary/employer enrollment packet will be submitted to the Department and receive approve prior to its use.

We have provided a sample beneficiary/employer enrollment packet in Appendix G for review.

C. Provide a sample employee employment packet as part of its technical response meeting the specifications in 2.5.9 G, H, F

Our sample employee enrollment packet includes but is but not limited to, the following:

- General information about Acumen and the enrollment process/directions;
- Employment application;
- Federal and state forms and instructions, such as:
 - IRS Form W-4;
 - AR4EC- State of Arkansas Employee’s Withholding Exemption Certificate; and
 - USCIS Form I-9.
- Agreements and informed consent documents to enroll employees into the Acumen DCI system;
- Worker Information and Qualification Form;
- Employee Responsibilities and Attestation Form; and
- A Personal Identification Number (PIN), commonly referred to as a provider number, is required for all caregivers who will be using EVV for personal care, attendant care, and respite services and must be enrolled with Arkansas Medicaid prior to providing services. Upon enrollment, the caregiver will receive a PIN.

Acumen will ensure that the provider/employee(s) obtain a Medicaid provider ID prior to being paid. Each provider/employee will receive documentation when ID numbers are assigned and activated. Medical provider ID numbers will be retained in DCI.

The employee enrollment packet will be submitted to the Department and receive approve prior to its use.

We have provided a sample employee enrollment packet in Appendix H for review.

E.6 Data Access and Maintenance

A. Describe the proposed web-based portal, or a comparable mechanism, meeting the requirements of Section 2.5.3 to store service documentation and monthly summaries for the Beneficiaries/Employers, including the ability to upload service documentation and monthly summaries to the Contractor’s system. The proposed mechanism must be accessible to DHS for the purposes of reviewing service documentation and monthly summaries.

The DCI technology provides Acumen and the Department with a unique advantage to manage programs efficiently and effectively. DCI, our proprietary software, powers our operations and empowers’ people to self-direct with rural and frontier areas in mind. DCI offers multiple hi-tech, and low-tech options to collect and process FMS data and to gather the six 21st Century Cures Act required EVV elements.

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E.7 Cash Expenditure Plan

A. Prospective Contractor shall provide detail on its approach to meeting the Cash Expenditure Plan/authorized Plan of Care budget requirements as to section 2.5.11.

Acumen will collaborate with beneficiaries/employers on the development of a Cash Expenditure Plan (CEP) according to the Medicaid authorized budget amount and continue to revise the CEP with the beneficiary/employer whenever a need arises.

Acumen will document any CEP revisions and the style/method of how those revisions were made. Acumen will communicate with the beneficiary/employer whenever there is a change in the CEP, change in the employer (designated representative), or employee. Acumen will work and communicate with the beneficiary in the method decided by the beneficiary. Acumen will contact the beneficiary/employer at least once a year to discuss the budget based on annual reevaluation.

Acumen acknowledges that the amount of the CEP is determined by the DHS professional staff (ARChoices) or the assessment contractor(s) designated by DHS (IC only) using the Independent Assessment, or annual evaluations, and the Task and Hour Standards. The Independent Assessment or annual evaluation determines the level of functional need. The functional need level forms the basis for the determination of the Service Budget Limit: Intensive, Intermediate, or Preventative. The Task and Hours Standards are used to help determine the type and amount of units needed to meet the level of care within the determined Service Budget Limit and establish the Individual Service Budget for each eligible, individual beneficiary. For ARChoices Beneficiaries, the CEP is subject to the beneficiary's ARChoices Individual Services Budget. The funding for the CEP budgets will be disbursed monthly.

DCI will be used to track employee time and each individual beneficiary budget. DCI has the capability to:

- Receive and disperse beneficiaries' dollar authorizations monthly;
- Track beneficiaries' dollars authorizations received and dispersed as indicated on the CEP budget worksheet template.

Acumen will finalize the worksheet with the employer upon authorization of service amounts by using tax rates relevant to employers' experiences established by the Arkansas Department of Finance and Administration (DFA). Acumen will provide a copy of the finalized CEP, in the format preferred by the employer, in plain language understood by the beneficiary/employer.

Acumen using DCI will ensure:

- Total time of service billed shall not exceed the maximum authorized by the State agency.
- Daily rates are applied when a beneficiary's initiation and/or disenrollment date does not align with the start of a pay cycle.
- There are no duplicate billings for the same service.
- Billing for non-overtime-exempt employees does not exceed forty (40) hours per week. DCI will be configured to restrict time worked more than forty (40) hours per week by a non-overtime-exempt employee, who is subject to overtime. Any overtime accrued by a non-overtime-exempt



employee will not be paid by the State agency. Individual employees will only be able to enter billing for services for which they have been authorized to provide and meeting the requirements.

DCI will track the number of hours each employee works for beneficiary/employers in the self-directed program per work week as the term work week is defined in the Employee Responsibilities and Attestation Form.

Acumen will ensure that no employee is working more than forty (40) hours total for any combination of beneficiary/employers unless otherwise deemed exempt from overtime pay as classified under FLSA Home Care Rule. If DCI determines that an employee has exceeded such hours, Acumen will ensure that the employee is paid any overtime pay owed at time and a half as appropriate. Acumen will then work with the beneficiary/employer to discuss the scheduled hours with the employee at the time of each occurrence and request that the employer use their designated back-up employee rather than incur overtime.

If an employee who is not exempt from overtime repeatedly exceeds forty (40) hours per work week, Acumen will assess the appropriateness of that beneficiary's continued participation under the self-directed management service model and provide determination to the State agency. DHS may require that a beneficiary be removed from the Self-Directed Program and transitioned to the agency lead program.

Acumen will produce a spending summary report that reflects real-time and invoiced dollar amounts used and the balance remaining for each beneficiary, by service type, and a spending detail report that reflects all payroll information for a specific time period for each employee. The report must include a bar graph of percent (%) elapsed and percent (%) remaining for each service. The Spending Summary and Spending Detail Reports will be available for review and can be printed the beneficiary/employer, the State, DHS, and designees.

Acumen will make payment for goods and services. All purchases in the amount of ten percent (10%) of beneficiary's CEP up to seventy-five dollars (\$75) may be used as discretionary expenditure. All discretionary expenditures must have prior approval from DHS/DPSQA prior to the use of discretionary funds. Any purchase exceeding 10% or seventy-five dollars (\$75) must be authorized by the State agency.

Acumen will maintain all supporting documentation relative to discretionary expenditure payment which includes but is not limited to:

- the name and address of the beneficiary;
- a description of the purchase;
- total payment amount;
- scanned or electronic document supporting authorization from the State agency for purchases in the amount of ten percent (10%) of the beneficiary's plan not exceeding seventy-five dollars (\$75); and
- a receipt, invoice, or purchase order for purchases in the amount of ten percent (10%) of the beneficiary's plan not exceeding seventy-five dollars (\$75).

Acumen's monthly spending reports will be provided in the categories defined by the State agency. Acumen acknowledges that we will be held liable for repayment should any supporting documentation not be available during a review by State and/or federal representatives.

Acumen will update CEP, savings, and cash allowance requirements to comply with all amendments or updates to any applicable federal and state laws and regulations.

E.8 Payroll Processing

A. Explain the organization's approach to meeting the payroll processing requirements of this RFP.

The **CONFIDENTIAL** uses approved service data to process payroll, and reconcile payments made for services. The module updates the budget/authorization use in real time. This streamlined process, from billing to payroll processing, is driven by the DCI ecosystem.



Acumen's responsibilities for payroll processing include:

- Paying the beneficiary/employer's employees up to the authorized time identified in the beneficiary/employer's Plan of Care.
- Verifying each employee's social security number and to maintain appropriate documentation in each employee's file.
- Verifying the city and state of residence of each employee and to maintain appropriate documentation in each employee's file.
- Determining if the employer's staff are family members who might be exempt from paying FICA, FUTA, and SUTA taxes, and process, accordingly, including those who may qualify for federal and State exclusions defined by IRS Notice 2014-7.

For all individuals Acumen represents we are responsible to:

- Withhold the following without limitation from each payroll period and maintain documentation of such in Acumen's file:
 - Required federal taxes and withholdings;
 - Filing FICA and federal income tax withholdings using the appropriate IRS form in the aggregate using Acumen's separate FEIN for all individuals represented by Acumen; and
 - Maintaining a copy of the form and supporting documentation on file.
- Deposit FICA and federal income tax withholdings in the aggregate for all individuals and I maintain a copy of the form and supporting documentation on file.
- Deposit, monitor the deposit, and maintain copies of the documentation for FICA and federal income tax withholdings in accordance with IRS rules.
- File FUTA withholdings using the appropriate IRS form annually in the aggregate using the individualized FEIN for all employers and maintain a copy of the form and supporting documentation on file.
- Deposit FUTA and federal income tax withholding in the aggregate for all individuals and maintain a copy of the form and supporting documentation on file.
- Deposit, monitor the deposit, and maintain copies of the documentation for FUTA and federal income tax withholdings in accordance with IRS rules.

Acumen is responsible for the following State Income Tax and Withholdings:

- Remit State income tax withholdings for all individuals as required by State of Arkansas regulations and shall maintain documentation on file.
- Register individuals with the State of Arkansas Secretary of State as employers and obtain each individual's state income tax registration number for income tax filing and payment purposes. Acumen will maintain documentation of the tax filings and payments in the individual's file.
- Retire an individual's State income tax registration number when the individual is no longer an employer (i.e., decides to no longer participate in the self-directed service model) and document such in the individual's file.

Additional Acumen responsibilities include:

- File and deposit out-of-state income tax withholdings, as required by the applicable state or requested by the employee for employees who reside outside of the State of Arkansas. Acumen will maintain documentation of such in the individual's file.
- File locality taxes related to employment and maintain documentation of such in the individual's file.
- Manage the application of garnishments, levies, and liens on employee's payroll checks in an accurate and timely manner and maintain documentation of such in the individual's file.
- Pay beneficiary/employer's employees within the time period required by the Department of Labor and maintain documentation as such. Acumen acknowledges that a lump sum amount will be dispersed prospectively once a month to Acumen for all active clients; however, Acumen will make payments by EFT on a bi-weekly basis based on the CEP.
- Make a remittance (check stub) available by mail or by the Acumen website/portal accessible to the employee.
- Return any unused funds from beneficiary budgets to Medicaid within forty-five (45) calendar



days of beneficiaries' disenrollment from services. Unused funds must be returned via electronic means and as specified by DHS.

- Process wage information and garnishment requests from federal and State agencies as well as other qualified entities and maintain documentation of such in the employee's file. These requests are intermittently made for scenarios such as FOI requests, purchasing of a home, unemployment benefits, and/or wage garnishments.
- Assist individuals to complete requests for information from federal agencies, State agencies, or other qualified entities. Documentation of assistance will be maintained in the individual's file.
- Develop a process for identifying and resolving discrepancies to ensure accurate payment to the employee in the scheduled time period, errors or omissions in timesheets, including instances when an employee fails to submit a time for greater than two (2) pay periods.
- Provide monthly reporting to State agency detailing each employee and the beneficiary/employer for whom they provide services that have not submitted time in four (4) pay periods without resolution. The reporting will note whether the employee is listed as the backup worker or a primary care provider.
- Resolve discrepancies in time submissions for purposes of paying employees and generating claims for submission. For purposes of this section, "timely" means that Acumen will initiate action and make all reasonable efforts to resolve such discrepancies within the current payroll processing period during which payment to the employee should be processed.
- Develop and implement a process to immediately, within twenty-four (24) hours of time submission, notifying the beneficiary/employer and employee when there is a discrepancy in time reporting and provide detailed instructions on how to resolve the discrepancy.
- Maintain timely communication with beneficiary/employer and employee when a discrepancy cannot be resolved, and the employee will not be reimbursed for services delivered and submitted in DCI.
- Facilitate resolution of any disputes regarding payment to employee for services rendered.
- Develop and implement policies and processes for monitoring and reporting fraud, waste, and abuse of any funds relating to Medicaid services.

B. Provide a detailed plan processing payroll in the event of a system outage. The plan must be EVV compliant and provide information equivalent to what is captured in the EVV system.

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C. Describe the organization's solution for approving employee time if a client/representative passes away after receiving services, but prior to the authorization of time worked by employee. The solution must be EVV compliant and provide information equivalent to what is captured in the EVV system.

In the unfortunate event of an unexpected death of an employer during a pay period where their employee(s) worked, Acumen will pass this information on to the Department as soon as we are notified. We will request approval from the program contact to approve any pending time entries for the employee(s). EVV information and examples of past time approved by the client/representative may be provided upon request.

We will file the Department's supporting documentation in the employer and employee(s)' file.



<p>D. Describe your process for facilitating off-cycle payments and reporting.</p> <p>Off-cycle payments are provided upon request and with the approval of Acumen's Executive Director. This process enables the different circumstances of each request to be evaluated and tracked for continued quality improvement.</p> <p>We will file the Department's supporting documentation in the employer's and employee(s)' file.</p>
<p>E.9 Customer Service</p>
<p>A. Describe the Prospective Contractor's quality assurance methods for customer service representative performance per the requirement of this section as part of its technical response to section 2.5.14</p>
<p>Acumen provides a customer satisfaction survey at the end of every inbound call to our customer service center through our CONFIDENTIAL call satisfaction technology. The surveys are reviewed to ensure quality and the determine whether customer service representatives require training to improve their survey scores.</p> <p>We also review the surveys to determine whether there might be an opportunity to provide additional coaching for employer or employee training issue. In those cases, we will investigate whether our Enrollment team and/or Agent require additional training or schedule refresher training for employer and/or employees.</p>
<p>B. Provide the Prospective Contractor's approach to customer service training for Contractor staff dedicated to this contract as part of its technical response to section 2.5.14</p>
<p>Acumen's Human Resources Department in collaboration with our Quality and Compliance Department conducts new hire orientation for all Acumen employees. Our existing training, policies, and procedures stress the importance of maintaining culturally sensitive business practices to communicate effectively with a diverse population of employers and employees, both internally and externally.</p> <p>Our standard new hire orientation includes such topics as:</p> <ul style="list-style-type: none">▪ HIPAA Compliance▪ Fraud and Abuse Prevention and Reporting▪ Medicaid Waivers▪ History of Self-Direction▪ Emergency Management▪ Preventing Harassment in the Workplace▪ Cultural Competency▪ DCI and other operational systems. <p>In addition, all new employees are supervised throughout their training phases by our qualified management team. Acumen management is responsible for ensuring that new employees receive the ongoing training that is needed in order to properly maintain the program to which they have been assigned.</p> <p>Specifically for Arkansas, Acumen will develop and implement training for our customer service representatives that include, at a minimum, the following topics:</p> <ul style="list-style-type: none">▪ Overview of the Arkansas Department Organizational Structure;▪ Arkansas Medicaid State Plan (IndependentChoices) and Arkansas's section 1915(c) waiver (ARChoices) Program rules;▪ Providing Customer Service to Program Stakeholders;▪ Acumen assigned FMS tasks and Program responsibilities; and▪ Mandatory reporting procedures.



C. Provide the method for receiving, returning, tracking, listening to and auditing calls and emails from Beneficiary/Employers, Employees, DHS primary contacts or designated contacts during and after extended business hours as part of its technical response to section 2.5.14

Acumen uses a software-based tracking system to internally track receiving, returning, listening to, and auditing calls and emails from individuals. We also utilize a complaint monitoring system, which tracks the entire process from receiving a complaint to an end resolution to ensure complaints are responded to within a reasonable time period. The system will track all calls by type, including the following without limitation, and presented using a real-time dashboard:

- Answer Speed
- Hold Time
- Talk Time
- Dropped Calls
- Budget
- Contact Update
- Enrollment
- Form
- Status/Request
- Other
- Payment
- Status Change
- Timesheet

Acumen provides each individual requesting support with a ticket number so they can reference the call, if necessary. If the individual calls in again with the same issue, the original ticket number is used until the issue is resolved.

During the Transition Phase we will meet with the Department to demonstrate on tracking software to determine whether it meets the notifications and for receiving, responding to, and tracking complaints as well as Office of Medicaid Inspector General (OMIG) and Arkansas Attorney General's Medicaid Fraud Control Unit fraud cases.

D. Provide the method for receiving, responding to, and tracking complaints and/or grievances from Beneficiaries, Employers, Employees, DHS primary contacts or designated contacts by the end of the next business day per the requirement of this section as part of its technical response to section 2.5.14

Acumen takes complaints and grievances from all program stakeholders very seriously. All complaints are managed by our Quality Assurance, and we have well-established policies and procedures that exceed the requirements of this contract. We view every complaint and grievance as an opportunity for improvement, and all complaints and grievances are trended and incorporated into our quality assurance system, to ensure the root cause is addressed and necessary corrective actions are taken.

Acumen's standard policies and procedures require that we respond to complaints and grievances from any party within one business day and that all activities related to complaints are tracked in IssueTrak.

Acumen's standard policies and procedures are to resolve any disputes, grievances or complaints of any type, from any stakeholder within five days of receipt. We provide a written response to the individual or entity that initiated the grievance with the outcome.

Acumen will provide monthly reports outlining the complaints received, actions taken, and resolutions received.

E. Provide the Prospective Contractor's method for receiving, responding to, and tracking call statistics including, but not limited to, call volume, average call times and hold times per the requirement of this section as part of its technical response to this RFP.



Acumen uses software-based tracking system to internally track receiving, returning, listening to, and auditing calls and emails from individuals. The system tracks call volume, average call times and hold times, as well as communications between departments as needed for issue resolution.

E.10 Education and Outreach

A. Prospective Contractor must provide the approach for outreach and education to potential Employer/Beneficiaries as part of its technical response to this RFP.

The RFP described the State’s desire to increase the number of self-directed beneficiaries/employers. Acumen will work with the Department to provide an outreach and education program to raise awareness about self-direction with potential beneficiaries/employers with the goal of increasing program participation. During our work sessions to review the Training and Communication Plan we suggest we also discuss options for outreach and education. Acumen will report growth of the program participation.

Acumen will actively participate in coordinating a Self-Directed Advisory Panel. The Panel will include without limitation identifying beneficiaries, employers, employees, DHS representatives, and any additional resources deemed necessary to provide input on best practices, issues, areas of improvement, and acceptable standards of the program.

We acknowledge that the Panel will include, at minimum:

- Four (4) beneficiaries or the employer from the current 1915(j) waiver and at least one participant from the current 1915(c) ARChoices waiver;
- Two (2) family members of Beneficiaries currently receiving self-directed services through 1915(j) waiver program;
- Two (2) employees currently providing self-directed services through Arkansas’ 1915(j) waiver program; and
- Two (2) representatives from DHS.

The panel shall meet quarterly or as approved by DHS, with the purpose of Acumen with feedback on self-directed services in Arkansas and Acumen’s operations. Meetings and minutes will be recorded and provided to DHS/DPSQA within forty-eight (48) hours after the meeting is concluded. Meetings may be held in person, by video conference, or other means as approved by DHS.

E.11 Fraud and Abuse Compliance Plan

A. Prospective Contractor must provide proposed compliance plan for fraud and abuse. The proposed compliance plan must address, at minimum, all requirements outlined for Employers per Section 2.5.16 as part of its technical response to this RFP.

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Acumen will develop and implement a fraud, waste, and abuse compliance plan for ensuring protections against actual or potential fraud and abuse. The detailed fraud, waste, and abuse compliance plan will define how the Acumen will identify, and report suspected fraud, waste, and abuse by beneficiaries, employers, and employees. Our fraud, waste, and abuse compliance plan will address, at a minimum, the following requirements:



- Acumen will modify our current written policies, procedures, and standards of conduct that articulate the Acumen's commitment to comply with all applicable federal and Arkansas standards for the identification and reporting of incidents of potential fraud and abuse by beneficiaries, employers, employees, Acumen and our staff.
- Acumen will modify our program integrity training and education for beneficiaries, employers, and employees to specifically meet Arkansas standards.
- Acumen will establish effective lines of communication with its beneficiaries, employers, and employees to ensure compliance with program integrity standards.
- Acumen will enforce program integrity standards through well-publicized disciplinary guidelines.
- Acumen will provide information and a procedure for beneficiaries, employers, and employees to report incidents of potential or actual fraud and abuse to Acumen and to the State agency, in a manner and format required by the State agency.
- Acumen's fraud and abuse compliance plan shall include provisions for corrective action initiatives.
- Acumen's, compliance plan shall include provisions for cooperating with all fraud and abuse investigation efforts by Office of Medicaid Inspector General (OMIG), Attorney General's Medicaid Fraud Control Unit (MFCU), the State agency, and/or other State and federal offices.

Acumen will provide a final copy of our compliance plan as part of the Readiness Review and continue to provide updated plan to the State agency on a yearly basis. The State agency will provide notice of approval, denial, or modification of the fraud and abuse compliance plan to Acumen. Upon response from the State agency, Acumen will update the Compliance Plan within fourteen (14) calendar days, if applicable.

Acumen will report any concerns regarding health, safety and welfare and the beneficiaries' ability to participate in self-direction to the state agency, as well as concerns regarding surrogate employers.

Acumen acknowledges that our employees, must report all critical incidents occurring to any beneficiary in a self-directed HCBS program to the State agency within twenty-four (24) hours of witnessing or discovering such incident and must also report such events to Adult Protective Services (APS), Child Protective Services (CPS), or law enforcement in accordance with federal and State laws and regulations.

Critical incidents include, but not be limited to, the following incidents when they occur in an HCBS delivery setting to Self-Direction Management Service beneficiary:

- Any unexpected death of a Self-Direction Management Service beneficiary, regardless of whether the death occurs during the provision of HCBS;
- Suspected physical or mental abuse of a Self-Direction Management Service beneficiary;
- Theft against a Self-Direction Management Service beneficiary;
- Financial exploitation of a Self-Direction Management Service beneficiary;
- Severe injury sustained by a Self-Direction Management Service beneficiary;
- Medication error involving a Self-Direction Management Service beneficiary;
- Sexual abuse and/or suspected abuse and neglect of a Self-Direction Management Service beneficiary; and
- Abuse and neglect and/or suspected abuse and neglect of a Self-Direction Management Service beneficiary.

Acumen will report all reportable events, as those events are specified in the Contractor Risk Agreement, occurring to any Self-Direction Management Service beneficiary within the timeframes specified within the Contractor Risk Agreement upon witnessing or discovering such events, and will also report such events to Adult Protective Service (APS), Child Protective Services (CPS), or law enforcement in accordance with federal and State laws and regulations.

Acumen will respond to allegations of Critical Incidents and Reportable Events after reporting as follows:

- If the allegation is in reference to an employee, Acumen will contact the beneficiary/employer to determine whether the beneficiary/employer chooses to remove the employee during the course of the investigation. Acumen will also notify the State agency regarding the



beneficiary/employer's decision. If the beneficiary needs a new employee, Acumen's enrollment team will support the beneficiary/employer, if requested, in helping the beneficiary/employer enroll a suitable replacement employee.

- If the allegation is in reference to a beneficiary's surrogate employer, Acumen will contact the beneficiary to determine whether the beneficiary chooses to appoint a new employer during the investigation. Acumen will also notify the State agency regarding the beneficiary's decision. If the beneficiary needs a new employer, Acumen's Enrollment Team will support the beneficiary in enrolling a new employer with updated employee paperwork, as applicable.
- In the event a surrogate employer (Employer of Record/EOR) of a beneficiary is alleged to have committed abuse, neglect, or exploitation against the beneficiary, Acumen will immediately remove the EOR from his or her EOR capacity during the investigation. During such removal, the beneficiary's participation in program will be suspended.
- During the suspension, Acumen will work with the beneficiary to identify a replacement EOR. If a replacement EOR cannot be identified within ten (10) business days, the beneficiary will be disenrolled from Self-Direction Management Services and transitioned to agency services. If the investigation concludes the allegations against the EOR are unsubstantiated, both the beneficiary's and the EOR's participation in the Program will be reinstated. However, if the allegations against the EOR are substantiated, Acumen will work with the beneficiary to identify a replacement EOR. If a replacement EOR cannot be identified within ten (10) business days from completion of the investigation, the beneficiary will be disenrolled from Self-Direction Management Services and transitioned to agency services.

As the EOR, the beneficiary/employer will ultimately determine the appropriate corrective action(s) for the employee, including when such actions relate to an employee who is responsible for a critical incident or reportable event against the beneficiary. However, Acumen or State agency may offer recommendations and/or assistance to the beneficiary/employer in making the determination for corrective action, if requested by the beneficiary/employer.

Acumen will report corrective actions determined by the beneficiary/employer to the State Agency. If a critical incident or reportable event allegations are substantiated against an EOR or employee because of an investigation, the EOR or employee will no longer be allowed to participate in the Program. Further, Acumen will notify the State agency within forty-eight (48) hours of a person being found on any abuse registry. If the investigation is unsubstantiated, the beneficiary/employer may elect to retain the employee, or the beneficiary may elect to retain the EOR.

DHS, with appropriate assistance from Acumen, may initiate action to involuntarily disenroll the beneficiary from the Program at any time the State agency determines that the beneficiary/employer's decisions or actions contributed to fraud or an incident/event that constitute unreasonable risk such that the beneficiary's needs can no longer be safely and effectively met in the community while participating in the Program including a beneficiary/employer's decision to retain an employee either during or after an investigation when such employee is alleged to have committed a critical incident or reportable event, as applicable, and retaining such an employee poses a risk to the beneficiary's health and safety.

E.12 Record Management Process and Miscellaneous

A. Prospective Contractor must provide Prospective Contractor's proposed Continuity of Operations Plan (COOP) as part of its technical response to section 2.5.17.

Acumen takes business continuity seriously and believes it has implemented a plan that minimizes the impact of foreseen and unforeseen circumstances. Acumen will provide annual updates of the Disaster Recovery Plan, including data back-up procedures, disaster recovery testing, and testing frequency, on the anniversary of a fully executed agreement between the Department and Acumen.

Acumen's Business Continuity Plan has been designed to ensure business continuity for Acumen operations and its stakeholders under various circumstances. The plan addresses contingencies in place for Acumen during all forms of disasters, including natural disasters, sabotage, bomb threats, fire, and the effects from other emergencies such as pandemics. Additionally, Acumen's teams are cross trained on other functional disciplines.

Not only are Acumen employees able to work remotely in the event of a localized/geographic disaster, but the Acumen facility and IT infrastructure are replicated. Under a disaster scenario, including a



pandemic crisis, Acumen will be able to ensure continuous FMS to the contracts we serve, including, but not limited to:

- Acumen website (fms.acumenfiscalagent.com) access;
- DCI platform access;
- Web time entry;
- Customer service phone lines;
- TTY/TDD lines;
- Fax lines, including customer service fax lines;
- Employee email access, customer service email access;
- Payroll distribution; and
- Related VF/EA FMS operations.

All Acumen staff are trained specifically on the emergency preparedness plan at least annually and re-trained anytime the plan is updated. Acumen's cross-trained personnel on the ground in Arkansas will provide added redundancy and continuity in the event of a pandemic.

Beyond training, Acumen is proud of the company's personnel depth on every team. Acumen has built in redundancy at every level of the organization and is able to ensure continuous and consistent service operations in the event of unforeseen circumstances (e.g., incapacitation of key personnel). The combination of personnel redundancy, remote working capability, and IT failover/replication protocols affirms Acumen's ability to deliver FMS if its corporate office was compromised in any way.

Acumen provides real-time communication, when warranted, to all stakeholders, e.g., Department, employers, and employees, in the event of a major outage, regardless of cause.

Finally, Acumen's Business Continuity Plan was developed by its Chief Technology Officer and VP of Operations and is reviewed quarterly and updated on an as-needed basis and tested annually.

Acumen is confident in its ability to deliver on contract SLAs under the event of disaster. The Business Continuity Plan is available for review in Appendix I. A more detailed description of our Disaster Recovery Plan is available in Response Packet Section E.15.F.

B. Prospective Contractor must propose an identification system that provides active Beneficiaries a unique identifier for the purposes of this scope of work as part of its technical response to this RFP.

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C. Prospective Contractor must propose an approach for ongoing compliance with federal and State rules and regulations regarding Fiscal/Employer agents and Household Employers per Section 2.5.17.D as part of its technical response to this RFP.

Over the past 27 years that Acumen has been providing FMS, Acumen has been diligent at maintaining compliance with the ever-changing federal requirements and unique state and contract requirements for the populations we serve. A visual representation of the many states where we are providing services is available on our website, as shown below. Users can select their state and have access to their program's specific information, including the most current versions of IRS and State and program forms.

Acumen has a website available for our users. A screenshot of the Acumen website is below. Users can select their state and have access to their program's specific information. We review and update review the following and ensure the website is updated with the latest forms and accessible to DHS, individuals, and Employees at all times.



ENROLL NOW

CLIENT EVV INFORMATION

RESET MY EVV PASSWORD

Users have access to:

- All IRS forms, instructions, notices, and publications related to Acumen's Fiscal Employer Agents, individuals, and employees with defined responsibilities on how to prepare, file, and deposit federal taxes on behalf of individuals that Acumen represents.
- All applicable US Citizenship and Immigration Services (USCIS) rules, forms (i.e., IRS Form I-9, Employment Eligibility Verification), and instructions.
- All applicable federal Department of Labor rules, forms, and instructions related to individuals and employees pertaining to the Federal Fair Labor Standards Wage and Hour Rules.

Acumen reviews all state income tax withholdings, instructions, and manuals related to our Fiscal Employer Agents, beneficiary/employers, and employees. These forms are used by Acumen to prepare, file, and deposit State taxes on behalf of individuals Acumen represents.

Acumen follows and stays current with State worker's compensation insurance laws and mandatory disability laws pertaining to individuals who hire personal care and other support services workers.

Acumen will document and report, at least quarterly, all activities relating to "Contractor Fiscal/Employer Agents and Household Employers."

D. Describe how the Prospective Contractor will capture all interactions between the Contractor, Program Participants, and employees.

Acumen utilizes a software-based tracking system to track receiving, returning, listening to, and auditing calls and emails from employers and employees. Acumen provides each individual requesting support with a ticket number so they can reference the call, if necessary. If the individual calls in again with the same issue, the original ticket number is used until the issue is resolved.

E.13 Electronic Visit Verification

A. Describe the Prospective Contractor's electronic visit verification (EVV) system and provide a completed Arkansas Third-Party EVV System Declaration Form.



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B. Describe the proposed hosting environment.

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C. In detail, describe the security measures of the EVV system including safeguards to protect against fraudulent activities.

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D. Explain how the proposed EVV system meets the needs of Arkansas for self-direction.

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E. Describe how the system will provide account management for users to access the system.

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F. Describe integrations with EVV aggregators successfully completed by the Prospective Contractor.

Acumen will establish and support all interfaces identified by DHS, including but not limited to (1) the State agency's EVV aggregator(s) and (2) state agency's Medicaid claims and management system (MMIS). This includes Acumen working with Arkansas Medicaid to solidify an automated method for reimbursing State Medicaid beneficiary unused funds, per MARS-E security standards.

Acumen will draft an FMS Integration Plan to document our strategy, recommendations, architecture and implementation services necessary to integrate with the Electronic Visit Verification (EVV) solution and the Medicaid Management Information System (MMIS) for required data exchange.

Our Project Manager will schedule work sessions to gather the EVV and MMIS details and requirements to finalize the FMS Integration Plan. We will submit the Plan for DDSN review and approval. Acumen will then follow the FMS Integration Plan.

The Acumen FMS Integration Plan will contain at a minimum:

- The architecture and interface processing design;
- An overview of the interfaces to be developed;
- Assumptions and constraints of the design;
- Standards and definitions used in the design; and
- Resource and scheduling requirements for production use of the integrations.

We assume the EVV and MMIS contractors will be available to work with our Team and to provide technical and testing support to make the required integration available for User Acceptance testing and operations.

E.14 Quality Control

A. Describe how satisfaction of caregivers is monitored (such as satisfaction survey).

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In addition, Acumen conducts customer satisfaction surveys of stakeholders annually to assess performance and understand how Acumen can better serve the needs of the Department, its beneficiaries, and SSP/DCWs. Acumen also provides a customer satisfaction survey at the end of every inbound call to our customer service center through our ECHO call satisfaction technology.

Acumen takes negative customer survey feedback seriously. Acumen uses satisfaction data to constantly refine our service approach. The company has a real-time quality improvement process in place to address and correct negative customer experiences. Acumen develops and implements plans of correction or improvement, based on the summary of the satisfaction survey results to ensure continuous quality improvements as appropriate.

B. Describe the process for reviewing services prior to payment and what actions are taken when an issue is found.

All payroll processing completed by Acumen will comply with all federal, state and local code and law. All employee enrollment forms must be complete no later than the time sheet due date in order to process payroll. Acumen will facilitate resolution of any disputes regarding payment to employee for services rendered.

Acumen will not include payments in the payroll file if any of the following apply:



- A beneficiary for which there is no approved service plan
- A beneficiary who has not completed the enrollment process
- A beneficiary that has been made inactive
- An employee that has not completed the enrollment process
- Any request that exceeds the approved service plan
- Any request for a service that is not approved in the service plan

If Acumen receives a request for payment that is not approved or that exceeds the service plan, Acumen will contact the beneficiary/employer or the beneficiary to inform them of the circumstance within two (2) business days of the pay date. If the beneficiary or designated state entity increases authorizations to pay an employee, the approver must submit a new Service plan to Acumen before payment can be made.

Acumen will develop a process for identifying and resolving discrepancies to ensure accurate payment to the employee in the scheduled time period, errors or omissions in timesheets, including instances when an employee fails to submit a time for greater than two (2) pay periods. Acumen will provide monthly reporting to State agency detailing each employee and the beneficiary/employer for whom they provide services that have not submitted time in four (4) pay periods without resolution. The reporting will note whether the employee is listed as the backup worker or a primary care provider.

Acumen will resolve discrepancies in time submissions for purposes of paying employees and generating claims for submission in a timely manner. For purposes of this section, "timely" means that Acumen will initiate action and make all reasonable efforts to resolve such discrepancies within the current payroll processing period during which payment to the employee should be processed.

Acumen will develop and implement a process for immediately, within twenty-four (24) hours of time submission, notifying the beneficiary/employer and employee when there is a discrepancy in time reporting and provide detailed instructions on how to resolve the discrepancy. Acumen will maintain timely communication with beneficiary/employer and employee when a discrepancy cannot be resolved, and the employee will not be reimbursed for services delivered and submitted in DCI.

C. Outline the pro-active strategies used to identify and flag unusual activity for review.

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During the Transition Phase the Acumen team will work with the State to determine the best strategy for configuration settings, which will identify and flag unusual activity.

D. Describe the Prospective Contractor's approach to ensure timely and accurate payroll processing.

Acumen has processed billions of dollars of payroll, and the company is proficient processing all related, function(s) under the RFP. Moreover, Acumen's technology platform DCI is an added competitive advantage to ensures compliance (including billing) at every stage of the FMS/Payroll FMS process.

As soon as work time has been tracked, validated, and reconciled, Acumen will process payroll on behalf of employers. Acumen will disburse payment to all employees hired by employers enrolled in the self-direction option who enter validated time. Acumen will ensure that wages paid to employees comply governmental authority. Acumen's payroll process includes determining, calculating, withholding, depositing, filing, paying, and reporting garnishments, judgments, liens, related holds, or tax levies as required by federal or state governments.

Our payroll processing responsibilities include:

- Paying the beneficiary/employer's employees up to the authorized time identified in the beneficiary/employer's Plan of Care.
- Verifying each employee's social security number and maintain appropriate documentation in each employee's file.
- Verifying the city and state of residence of each employee and maintain appropriate documentation in each employee's file.
- Determining if the individual's employees are family members who might be exempt from paying FICA, FUTA, and SUTA taxes, and process, accordingly, including those who may qualify for federal and state exclusions defined by IRS Notice 2014-7.
- Withholding the following without limitation from each payroll period and maintain documentation of such in Acumen's file.

E. Describe the Prospective Contractor's methodology for analyzing data to detect quality concerns.

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F. Describe the Prospective Contractor's tracking mechanism used to track and monitor customer support.

Acumen utilizes a software-based tracking solution to track receiving, returning, listening to, and auditing calls and emails from individuals. We also use it to monitor complaints, including the entire process from receiving a complaint to an end resolution to ensure complaints are resolved in a reasonable time period. Information captured includes but is not limited to:

- The name and role of the individual or entity that initiated the communication;
- The date the communication was received;
- The date the communication was retrieved;
- Ticket number;
- How the communication was submitted;
- Which employee received the communication;
- The subject of the communication;
- Any action taken, including any issues requiring escalation;
- Which employee responded to the communication;
- The date of the response to the communication;
- Whether the communication resulted in any mandated reporting as required by Child Protective Services Law, the Adult Protective Services Act, or the Older Adult Protective Services Act; and
- Date and summary of final resolution.

E.15 Security

A. Describe the Prospective Contractor's steps designed to prevent unauthorized access, misuses, reuses, or disclosures of confidential information including safeguards and protocols; Include how relevant federal and State confidentiality standards and requirements will be met.

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B. Describe your approach to reestablishing operations in the event of a catastrophe, as well your envisioned approach to developing a disaster recovery plan for the State. Include the required components, configurations, and procedures to enable a recovery.

In the event of a critical incident that causes the DR process to be initiated, the Recovery Teams will recover the applications and data according to the documented Disaster Recovery procedures described in Appendix J Acumen Disaster Recovery Plan.

When an incident occurs the Disaster Recovery Team (DRT) must be activated. The DRT will then decide the extent to which the DR Plan must be invoked as there can be the case where we need only specific services to be actioned upon. All employees must be issued a Quick Reference card containing DRT contact details to be used in the event of a disaster. Responsibilities of the DRT are to:

- Respond immediately to a potential disaster and call emergency services;
- Assess the extent of the disaster and its impact on the business, data etc.;
- Decide which elements of the DR Plan should be activated;
- Establish and manage disaster recovery team to maintain vital services and return to normal operation;
- Ensure employees are notified and allocate responsibilities and activities as required.

In the event of a disaster, Acumen will perform disaster recovery for electronic and hard copy files according to our proposed Disaster Recovery Plan. All recovery efforts will be documented and reported to DHS within two (2) weeks following the event.



C. Describe all privacy and security incidences (i.e. a breach, improper disclosure) affecting the information of over 10,000 individuals that have occurred in systems implemented or maintained by the Respondent (its subsidiaries and affiliates) or any subcontractor within the past five years. Describe how you handled the incident(s)

Acumen has never had a privacy or security incident for any project affecting the information of over 10,000 individuals.

D. Provide specifications and security standards for storage and transmission of electronic documentation.

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E. Provide a copy of your disaster recovery plan, that includes both operations and technology plans, and results of the latest test. If the prospective contractor elects to use a cloud based, third-party EVV system, a disaster recovery plan from the EVV system vendor must also be submitted.

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