

Nevada SDFSS

Acumen Enrollment Paperwork – Employers with Workers

Presented By:
Acumen Fiscal Agent



Acumen Fiscal Agent

Innovation • Opportunity • Freedom



Agenda



Acumen Fiscal Agent
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Introduction to Acumen Fiscal Agent



Transition (Enrollment) Packet via DocuSign



Review & Submit Packet



Q & A



OUR MISSION

Acumen Fiscal Agent facilitates freedom, choice, and opportunity through innovative fiscal agent solutions.

Who We Are

We approach each project with an attitude of service:

- How can we make life simpler for the people we serve?
- How can we help them to save money?
- Are we doing the best we can?



We take great pride in our ability to listen to our customers and use what we have learned through our diverse experience to shape how we best meet their needs.

While research and theory are important, we've found that our value to our customers comes primarily from our ability to actually implement and follow through on real projects that have a positive, long-lasting impact on people's lives.

Who We Are

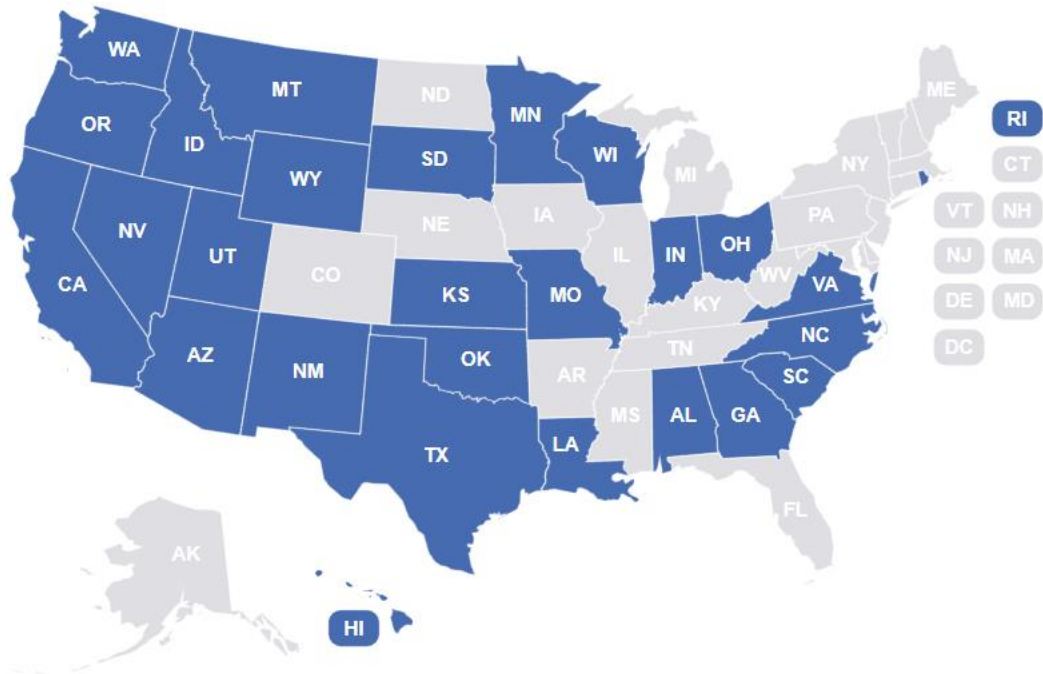
[Acumen Fiscal Agent](#) was founded in 1995 by executives in the human services industry on a simple premise:



There has to be a better, simpler, and more personal and efficient way to provide [self-directed services](#) to individuals with disabilities and their families.

Acumen has been part of hundreds of creative and innovative programs designed to empower thousands of participants across the nation. Since then, we have steadily grown by keeping that premise in mind and are now one of the largest providers of fiscal agent services in the country.

Who We Are



- Servicing 27 states across the country
- Over 28 years of experience
- Customized approach for your needs
- A+ workers' compensation rating
- 99% error-free payroll processing
- 98% national customer satisfaction rating

Who We Are

- We help individuals perform:
 - Payroll
 - Employer-related duties
 - Track and monitor budget expenditures

- We help personal choice counselors and/or case managers with:
 - Supplemental Packet (enrollment packet)
 - Support program compliance
 - Technical Software Tools and Support

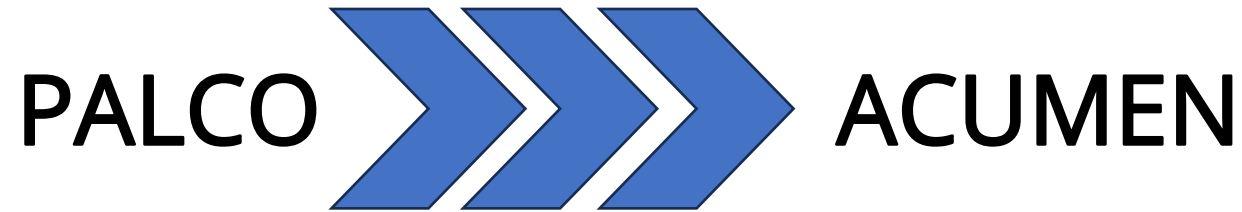


Employer Transition (Enrollment) Packet via DocuSign

Proprietary: For Acumen and Customer Use Only



Introduction

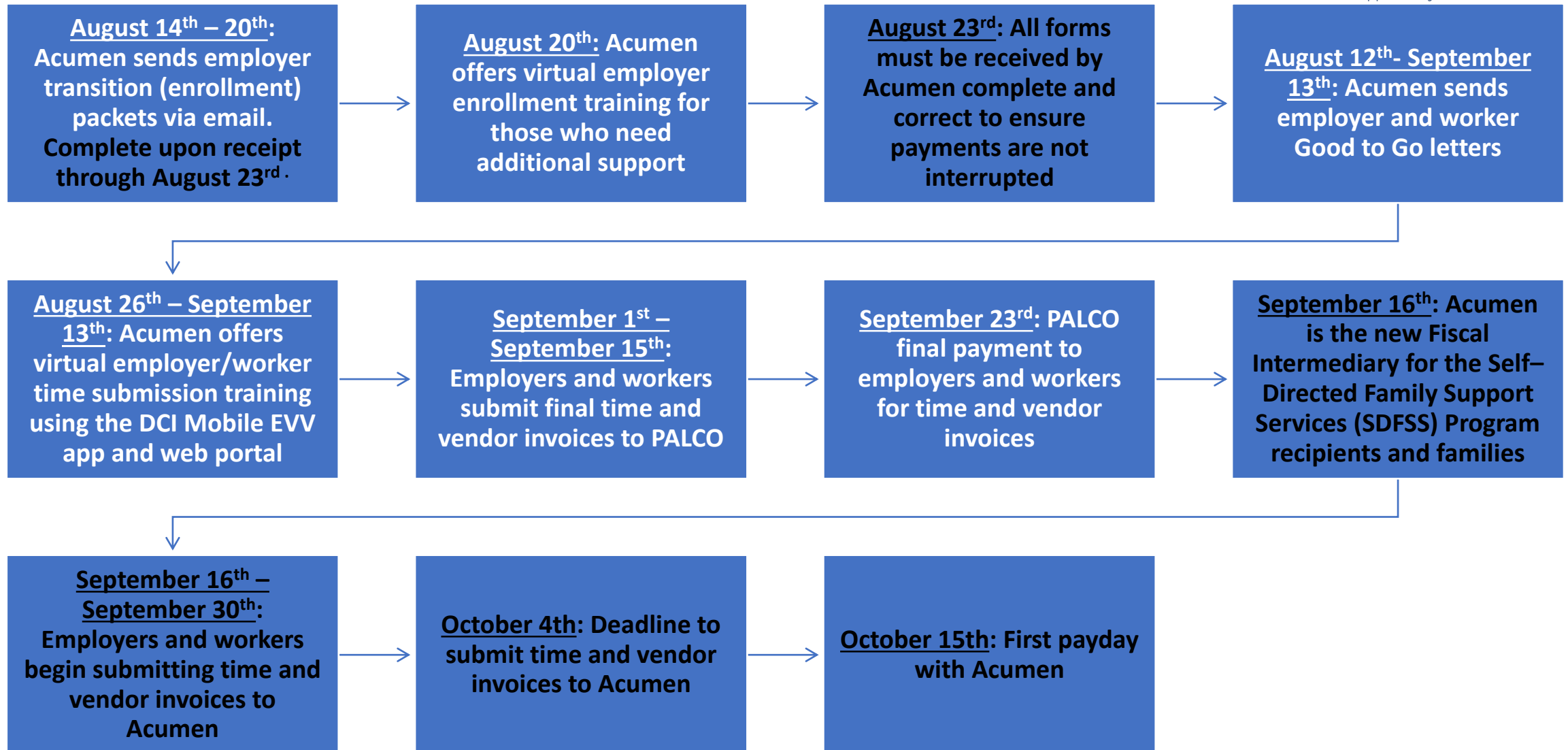


- To facilitate the transition from PALCO to Acumen, you will complete a transition (enrollment) packet.
 - ✓ Employer with workers enrollment packet including vendors
- The packet was emailed August 12th – 15th (mailed to those without emails)
- Complete the packet online via DocuSign by **August 23rd**



Acumen Fiscal Agent
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Enrollment & Transition Timeline



Transition Packet & DocuSign



Inbox ★	
From	Subject
<input type="checkbox"/> NV Enrollment Implementation via DocuSign	Action Needed - Acumen Fiscal Agent Transitional Paperwork for SDFSS

- You will receive these forms via email from enrollment-nv@acumen2.net. Please check your inbox for a DocuSign email and complete the forms online.
- Be sure to check both junk and spam folders if unable to locate the email in your inbox
- Click the **Review Document** button to get started

Proprietary: For Acumen and Customer Use Only

The screenshot shows an email interface with a dark background. At the top, it says "Action Needed - Acumen Fiscal Agent Transitional Paperwork for SDFSS". Below that, the sender is "NV Enrollment Implementation via DocuSign" and the recipient is redacted. A small note says "You don't often get email from dse_na2@docuSign.net. Learn why this is important". The main content is a DocuSign notification with a blue header and a white document icon. The text reads: "NV Enrollment Implementation sent you a document to review and sign." Below this is a prominent "REVIEW DOCUMENT" button, which is highlighted with a red rectangular border. The email body contains the following text:

NV Enrollment Implementation
enrollment-nv@acumen2.net

Hello, SDFSS Employer!

This is your enrollment packet for the transition to Acumen.

Your access code is the last 4 digits of your SSN. If your access code does not work, please call Acumen Customer Service right away at (866) 644-4188.

Please review, edit if needed, sign and finalize no later than 8/23/24 to ensure no gap in payments. When finalized, the documents will automatically be returned to Acumen for processing.

Employers with more than one worker will receive separate packets for each worker. If this situation applies to you, please complete each of the packets by 8/23/24.

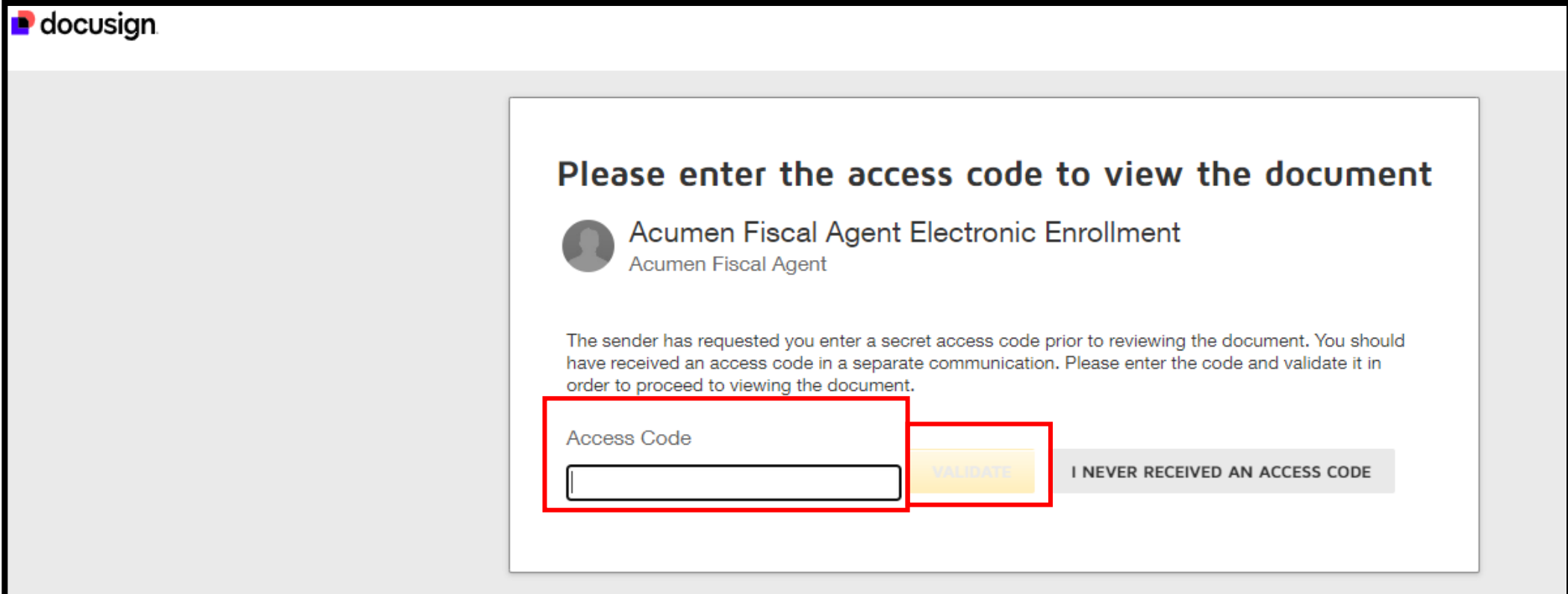
Some fields are locked and cannot be edited by design. If any information in the locked fields is incorrect, please sign anyway and reach out to your Service Coordinator for next steps.

If you have any questions, please contact your Service Coordinator for help. Thank you for your prompt response!

~Your Nevada Acumen Team

Transition Packet & DocuSign

- Enter the last four digits of the employer's social security number in the Access Code field
 - Packets were sent to employers
- Click **Validate** to get started



The screenshot shows the DocuSign interface for document access. At the top left is the DocuSign logo. The main heading reads "Please enter the access code to view the document". Below this is a profile icon and the text "Acumen Fiscal Agent Electronic Enrollment" and "Acumen Fiscal Agent". A paragraph of text explains that a secret access code is required. At the bottom, there is a text input field labeled "Access Code", a yellow "VALIDATE" button, and a grey button labeled "I NEVER RECEIVED AN ACCESS CODE". A red box highlights the "Access Code" field and the "VALIDATE" button.

Transition Packet & DocuSign



- Click the **Electronic Record and Signature Disclosure** link to view the disclosure
- Check the box to agree to use electronic records and signatures
- Click the yellow **Continue** button

Please Review & Act on These Documents docusign

Acumen Fiscal Agent Electronic Enrollment
Acumen Fiscal Agent

This is a test document

Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾

Welcome to Acumen Fiscal Agent – your new Fiscal Intermediary (FI) provider for the NV SDFSS program. We are happy to have you with us and look forward to serving you. Service with Acumen will begin starting with payments for service dates from September 16, 2024, and after.

Support & Contact Information

Acumen is working with your Service Coordinator to make sure they can support you during the enrollment process. Your Service Coordinator is the best resource to assist you with your enrollment questions. Acumen will send you more information once your enrollment is complete. To reach Acumen in the future, use one of the following methods:

- Fax: (866) 496-4551
- Email: enrollment@acumen2.net
- Phone: (866) 644-4188
- Website: <https://www.acumenfiscalagent.com/state/nevada/>

Enrollment Instructions

With this letter you will find six (6) documents which need to be reviewed and completed for your Acumen enrollment (**due by August 23, 2024 to ensure services and payments are not interrupted**). These documents are pre-filled, if applicable, with the information we received from PALCO, your previous FI and the NV SDFSS program.

1. Participant Information Worksheet

Employer Enrollment Packet – Employers with Workers



2024

Nevada SDFSS Program

EMPLOYER

ENROLLMENT PACKET

Cover Letter



Welcome to Acumen Fiscal Agent – your new Fiscal Intermediary (FI) provider for the NV SDFSS program. We are happy to have you with us and look forward to serving you. Service with Acumen will begin starting with payments for service dates from September 16, 2024, and after.

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1. Participant Information Worksheet
2. Employer Information Worksheet
3. Form 2678 Participant/Payer Appointment of Agent
4. NV SDFSS Employer-Authorized Rep/Acumen Agreement Form (2 pages)
5. Nevada SDFSS Employee Enrollment Worksheet (1 form per worker/employee)
6. Nevada SDFSS Vendor Confirmation Worksheet

It is important that you confirm the vendor and worker information that we received from PALCO, your previous FI and the NV SDFSS program. We will use this information to set up accounts in our system. Please complete one Worker Enrollment Worksheet for each individual worker who will be providing services on September 16, 2024 and after. Please complete the confirmation of vendors you are currently using if any. We must receive these forms to confirm that the information we received from PALCO and the NV SDFSS program is accurate and current.

If you are receiving this letter digitally, please complete the forms via DocuSign. Once these forms are electronically completed and signed, they will be sent back to our team for processing. The fastest way to sign and update these forms is digitally and we highly recommend that you digitally review and complete these documents online.

If you are receiving these forms via mail, please check your inbox for a DocuSign email and complete the forms online. If you do not have an email and need to complete and sign these forms as a hard copy, **please follow the instructions carefully. The forms must be completed precisely for them to be accepted.** Paperwork can be returned to Acumen by fax (866) 496-4551 or email scanned copies to enrollment@acumen2.net. All paperwork **must be received** by Acumen no later than **August 23, 2024** to ensure services and payments are not interrupted.

Please follow up with your Service Coordinator if you need assistance or have any questions about your paperwork.

Training on Worker Time Submission

Acumen will send communication when you complete your enrollment on how to access your web portal and how to submit time worked. Training sessions will be scheduled in early September. Watch for an invitation in the coming weeks.

Communication

- Acumen staff will review your forms. If changes need to be made, they will contact you.
- Email is our preferred way to communicate during the enrollment process; it is the best way to ask for lists of requirements or corrections that are needed. Depending on your email settings, it's possible our messages could filter to your spam or junk folder. Please watch both your inbox and spam/junk folder to ensure you do not miss important communications from us.
 - If we do not have an email address for you, you will be contacted by phone or mail.
- Acumen uses a secure email system to protect you and your employees' information.
- When sending in paperwork corrections, whether by email or fax, the corrections may take a few business days to reach an Acumen staff for review due to high volume. We will process enrollment packets in the order that they are received, so please return your information as soon as possible so we can process and confirm your information.
- Once the enrollment process is complete, we will let you know that you and/or your employee(s) are "Good to Go".
 - You will receive a "Good to Go" letter by email, or mail if you do not have an email address.
 - The letter will include information on how to submit time worked, a payment schedule and other employer resources.

Thank you for trusting Acumen Fiscal Agent with your most important business needs. We are happy to serve you.

Sincerely,

Acumen Fiscal Agent

Participant Information Worksheet



DocuSign Envelope ID: DA2BC5DA-EB47-4065-8CDD-047EE13E0433

Participant Information

Participant Legal First Name:	CL Fir
Participant Legal Middle Name:	CL Mid
Participant Legal Last Name:	CL Lst
Participant Legal Full Name:	CL Full
Participant Date of Birth:	1/1/2000
Participant Social Security Number:	333-22-4444
Participant Email:	CL1@TestAcumenNV.com
Participant Primary Phone:	(333) 333 - 3333
Participant Physical Address:	123 W 3rd Street
Participant Physical Address Apt/Unit:	Apt. 3
Participant Physical Address City:	Three
Participant Physical Address State: (abbreviation)	NV
Participant Physical Address Zip:	85333
Participant Mailing Address:	1234 E 4th Lane
Participant Mailing Address Apt/Unit:	Apt. 4
Participant Mailing Address City:	Four
Participant Mailing Address State: (abbreviation)	AZ
Participant Mailing Address Zip:	85444

NEXT

- This form has been prefilled for you
- Use the tab key on your keyboard to move through each line
- **Important!** Please review for accuracy and make corrections and additions as needed
- Updates made in this form are reflected in the subsequent documents
- Click the yellow **Next** button or scroll down to proceed

Service Coordinator Information Section



- Listed at the bottom of the Participant Information Worksheet
- Verify the service coordinator's information
- The fields indicated in red are not editable. If the information is incorrect, contact your regional center.

Service Coordinator Information	
Service Coordinator Name:	CW Name Three
Service Coordinator Email:	CW3@TestAcumenNV.com
Service Coordinator Phone:	(777) 777-9999
Regional Center:	Region Two

Employer Information Worksheet



- This form has been prefilled for you
- Use the tab key on your keyboard to move through each line
- **Important!** Please review for accuracy and make corrections and additions as needed
- Updates made in this form are reflected in the subsequent documents
- The fields indicated in red are not editable
- Click the yellow **Next** button or scroll down to proceed

DocuSign Envelope ID: DA2BC5DA-EB47-4065-8CDD-047EE13E0433

Employer Information

Employer Legal First Name:	ER Fir
Employer Legal Middle Name:	ER Mid
Employer Legal Last Name:	ER Las
Employer Legal Full Name:	ER Full
Employer Date of Birth:	1/1/2001
Employer Social Security Number:	123-12-4444
Employer FEIN: <small>(00-0000000)</small> <small>*Only if you have an existing FEIN for Domestic Employer for Home Community-Based/Caregiver Services.*</small>	98-7456321
Employer Email:	reynaldaa+01@acumen2.net
Employer Primary Phone:	(222) 222-2223
Employer Physical Address:	222 W 2nd Street
Employer Physical Address Apt/Unit:	Apt. 22
Employer Physical Address City:	Two
Employer Physical Address State: <small>(abbreviation)</small>	NV
Employer Physical Address Zip:	85222
Employer Physical Address County:	Pinal
Employer Mailing Address:	5555 E 5th Street
Employer Mailing Address Apt/Unit:	Apt. 5
Employer Mailing Address City:	Five
Employer Mailing Address State: <small>(abbreviation)</small>	AL
Employer Mailing Address Zip:	85555

Please indicate your preferred language for communication:

English Somali Mandarin Arabic

Spanish Russian Vietnamese Other

NEXT

Form 2678 – Appointment of Agent



- Appoints Acumen as Fiscal Agent with IRS – which means Acumen can manage federal taxes on the Employer's behalf
- Review for accuracy. The fields indicated in red are not editable.
 - ✓ EIN
 - ✓ Employer First & Last Name
 - ✓ Physical Address

Form **2678** Employer/Payer Appointment of Agent
(Rev. December 2023) 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.

• If you're 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 isn't effective until we approve your request. See the instructions for more information.

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

For IRS use:

Part 1: Why you're 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) **EMPLOYER'S FIRST & LAST NAME**

3 Trade name (if any)

4 Address **EMPLOYER'S PHYSICAL STREET ADDRESS**
Number Street Suite or room number
EMPLOYER'S PHYSICAL CITY NV **ZIP CODE**
City State ZIP code
Foreign country name Foreign provincial/country 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, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.
 Check here if you're 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.

Sign your name here **EMPLOYER'S SIGNATURE** **EMPLOYER'S FULL NAME**
Date / /
Print your title here **HCSR EMPLOYER**
Best daytime phone **EMPLOYER'S PHONE**

Now give this form to the agent to complete.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. www.irs.gov/Form2678 Cat. No. 187700 Form **2678** (Rev. 12-2023)

Form 2678 – Appointment of Agent



- Appoints Acumen as the Fiscal Agent with the IRS meaning Acumen can manage federal taxes on the employer's behalf
- Click the yellow **Sign** button to sign and date the form
- Click the yellow **Next** button to proceed or scroll down

TWO

NV

83222

City

State

ZIP code

Foreign country name

Foreign province/country

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
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Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

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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 Required - Sign Here - SignHere

Sign your name here X Sign
↓

Print your name here

Print your title here

Best daytime phone

Date

Now give this form to the agent to complete.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. www.irs.gov/Form2678 Cat. No. 18770D Form **2678** (Rev. 12-2023)

Employer-Authorized Rep/Acumen Agreement Form



- Please thoroughly read all bulleted points on this agreement form
 - ✓ The agreement is between Acumen Fiscal Agent and the Employer or Authorized Representative
 - ✓ Know what you are agreeing to
 - ✓ Understand the conditions of the program
- Complete the fields located at the bottom of the second page then click the yellow Sign button to sign and date the form

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Participant:

Name of Employer/ Representative (if applicable):

Phone: Email Address:

Participant or Employer/ Representative Signature Date



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DocuSign Signature

There are three options to add a signature in DocuSign:

1. Select a signature style OR
 2. Draw your own signature OR
 3. Upload an image of your signature
- To select a signature style provided by DocuSign (option 1):
 - ✓ Click the **Select Style** tab
 - ✓ Confirm your full name
 - ✓ Confirm your initials
 - ✓ Optionally, click the **Change Style** link.
 - ✓ Choose a style
 - ✓ Click the yellow **Adopt and Sign** button

DocuSign Signature



- To draw your own signature (option 2), you must have a touchscreen device:
 - ✓ Click the **Draw** tab
 - ✓ Draw your signature in the provided space
 - ✓ Optionally, click the **Clear** link to erase and start over.
 - ✓ Click the blue **Adopt and Sign** button

A screenshot of the DocuSign signature interface. At the top, there are three tabs: "SELECT STYLE", "DRAW" (which is selected and highlighted with a red box), and "UPLOAD". Below the tabs is a large rectangular area for drawing the signature. The text "DRAW YOUR SIGNATURE" is at the top left of this area. Inside the area, the name "ALEX" is written in a cursive, handwritten style. A "Clear" button is located at the top right of the drawing area, also highlighted with a red box. Below the drawing area is a line of text: "By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial." At the bottom of the interface, there are two buttons: "ADOPT AND SIGN" (highlighted with a red box) and "CANCEL".

DocuSign Signature



- To upload an image of your signature (option 3), the signature image must be 400 x 145 pixels for best results:
 - ✓ Click the **Upload** tab
 - ✓ Click the **Upload Your Signature** button
 - ✓ Select the image of your signature that is saved on your device
 - ✓ Click the yellow **Adopt and Sign** button

A screenshot of the DocuSign "Adopt Your Signature" interface. The page title is "Adopt Your Signature". Below the title, it says "Confirm your name, initials, and signature." and "Required". There are two input fields: "Full Name*" with the value "Test Main Name Person Two" and "Initials*" with the value "TMNPT". Below these fields are three buttons: "SELECT STYLE", "DRAW", and "UPLOAD". The "UPLOAD" button is highlighted with a red box. Below the buttons is a "PREVIEW" section showing a signature and the text "DocuSigned by:" followed by a long alphanumeric string "3F2D8AD501ED405...". Below the preview is a button labeled "UPLOAD YOUR SIGNATURE", which is also highlighted with a red box. At the bottom of the form, there are two buttons: "ADOPT AND SIGN" (highlighted with a red box) and "CANCEL". A disclaimer at the bottom reads: "For best results use an image that is 400 x 145 pixels. By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts."

Worker Enrollment Worksheet



- Employer verifies this form for each of their workers
- Use the tab key on the keyboard to move through each line
- **Important!** Employer must review for accuracy and make corrections and additions as needed
 - PALCO, the previous FMSA, provided the worker's information.
 - If this form is not updated, Acumen will use the information provided by the previous FMSA to process payments.
- The fields indicated in red are not editable

Nevada SDFSS Employee Enrollment Worksheet

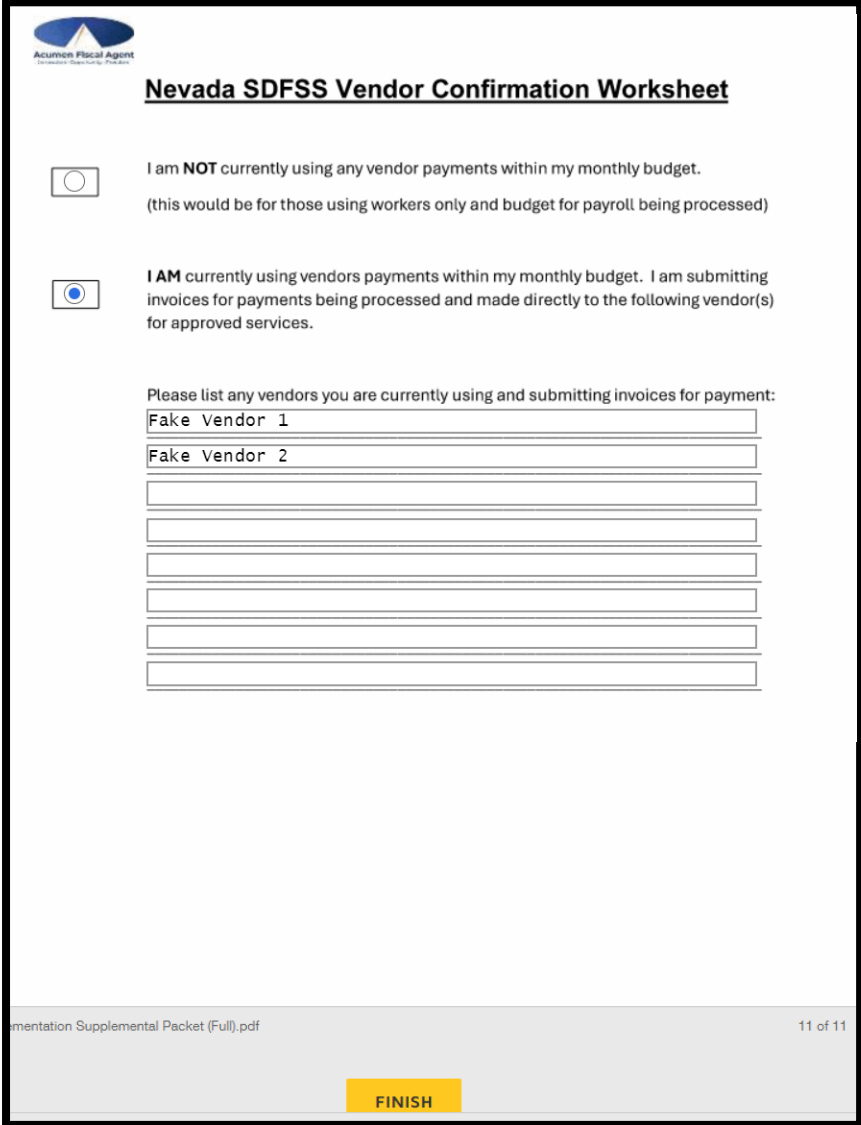
This form should be completed for each Employee who has been hired to work for the Participant and is actively employed. Acumen will use this information to compare to the data we receive from your previous Fiscal Intermediary (FI) for accuracy. Please complete this form and provide all the information for your Employee so we can capture your Employees' most up-to-date information.

This employee **WILL** be working after 9/16/24 This employee will **NOT** be working after 9/16/24

Participant Information	
Participant name: CL Full	Participant ID#: CL-1D000000123
Employee (Worker) Information	
Employee name: EE Full	
Maiden name (if any): EE Maiden X	
Social Security Number: 747-74-4444	Date of birth: 1/1/1999
Phone number: (999) 999-9998	E-mail address: EE@TestingAcumenNV.com
Do you live with the Participant? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Address where employee lives: 999 N 9th Street, Nine NV, 85999	
Mailing Address (if different): 000 W 0 Street, Zero NV, 85000	
Employee Payroll Tax Withholding (Federal W4)	
<input checked="" type="radio"/> Exempt <input type="radio"/> Single or Married filing separately <input type="radio"/> Married filing jointly or Head of Household	
<input type="radio"/> Qualifying surviving spouse	
Multiple Jobs <input checked="" type="checkbox"/> Spouse Works: Yes <input type="radio"/> No <input checked="" type="radio"/>	
Claimed dependent amount: 10	Federal Extra Withholding: 3
Employee Relationship to Employer (please check one)	
<input type="radio"/> Parent of the employer <input type="radio"/> Child of the employer and under the age of 21	
<input checked="" type="radio"/> Spouse of the employer <input type="radio"/> None, no relation to employer	
Employee Payment Selection	
<input checked="" type="radio"/> Direct Deposit <input type="radio"/> Pay Card (need physical address) <input type="radio"/> Paper Check	
Direct Deposit Information (if selected-percentage must total 100%)	
Name of bank #1: Bank Name One	Name of bank #2: Bank Name Two
Routing number: 3030303030	Routing number: 4747000000
Account number: 3333330000	Account number: 4700474747
Type of Account: <input type="radio"/> Checking <input checked="" type="radio"/> Savings	Type of Account: <input checked="" type="radio"/> Checking <input type="radio"/> Savings
Percentage into this bank: 50 %	Percentage into this bank: 50 %

Vendor Confirmation Worksheet

- Check the appropriate box – Is the employer using vendor payments within the monthly budget or not?
- If vendor payments ARE being used, please list the current vendors.
- Click the yellow **Finish** button to proceed



The screenshot shows a form titled "Nevada SDFSS Vendor Confirmation Worksheet" with the Acumen Fiscal Agent logo in the top left. It contains two radio button options for budget usage, a section for listing vendors with two pre-filled examples ("Fake Vendor 1" and "Fake Vendor 2") and several empty input fields, and a yellow "FINISH" button at the bottom. Footer text includes "mentation Supplemental Packet (Full).pdf" and "11 of 11".

Nevada SDFSS Vendor Confirmation Worksheet

I am **NOT** currently using any vendor payments within my monthly budget.
(this would be for those using workers only and budget for payroll being processed)

I **AM** currently using vendors payments within my monthly budget. I am submitting invoices for payments being processed and made directly to the following vendor(s) for approved services.

Please list any vendors you are currently using and submitting invoices for payment:

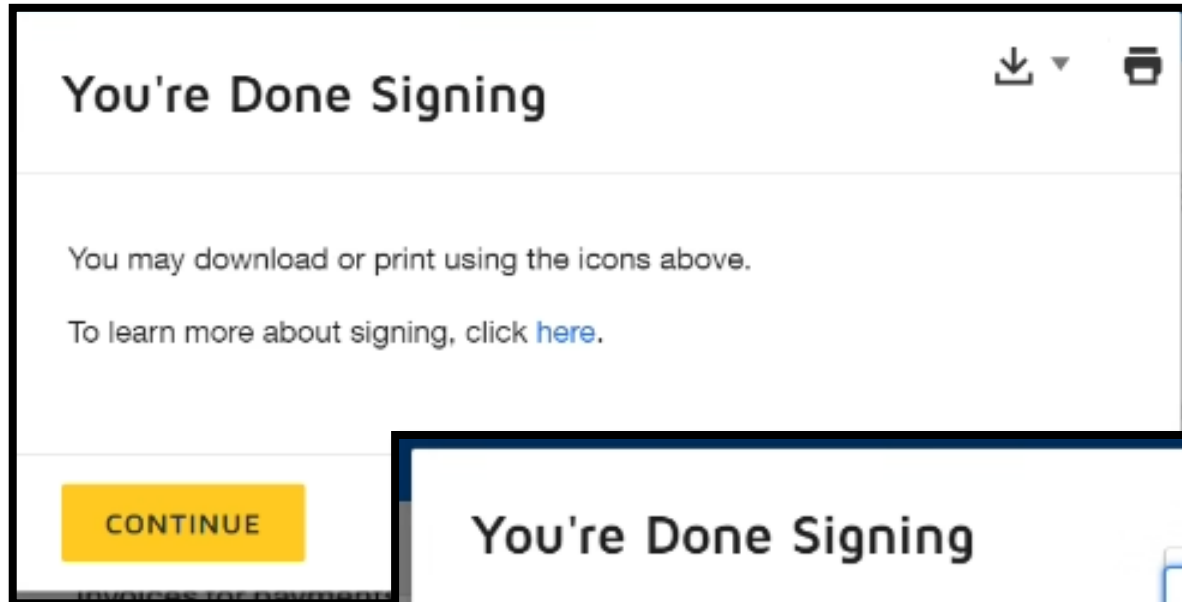
Fake Vendor 1

Fake Vendor 2

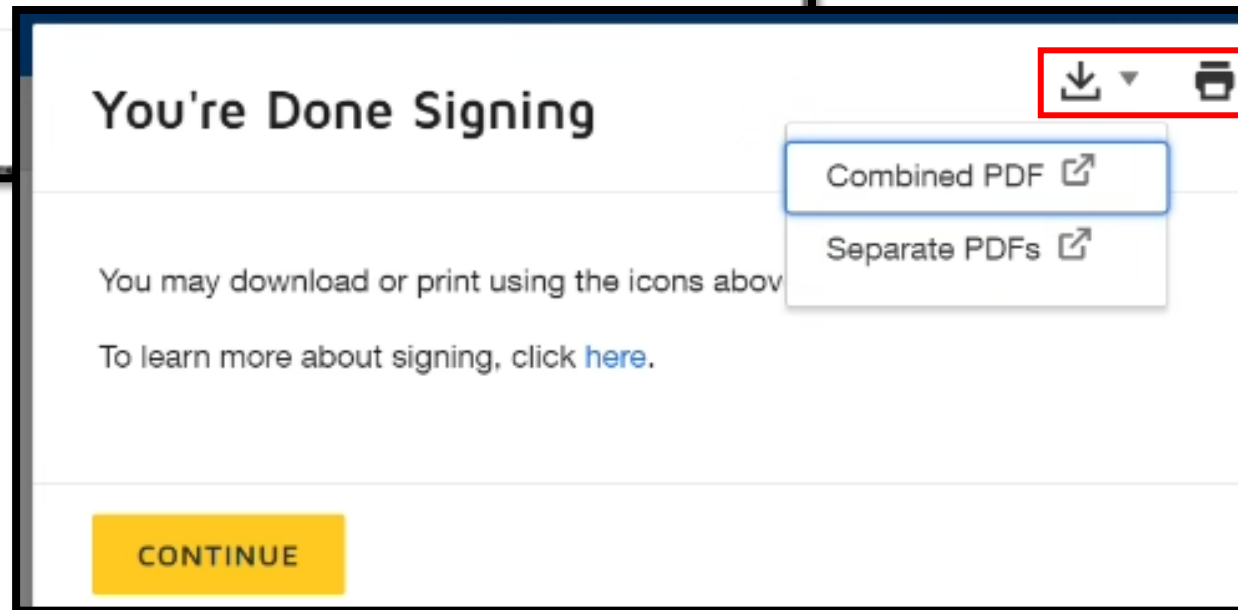
mentation Supplemental Packet (Full).pdf 11 of 11

FINISH

Transition Packet & DocuSign



Congratulations!
You have completed the transition packet.

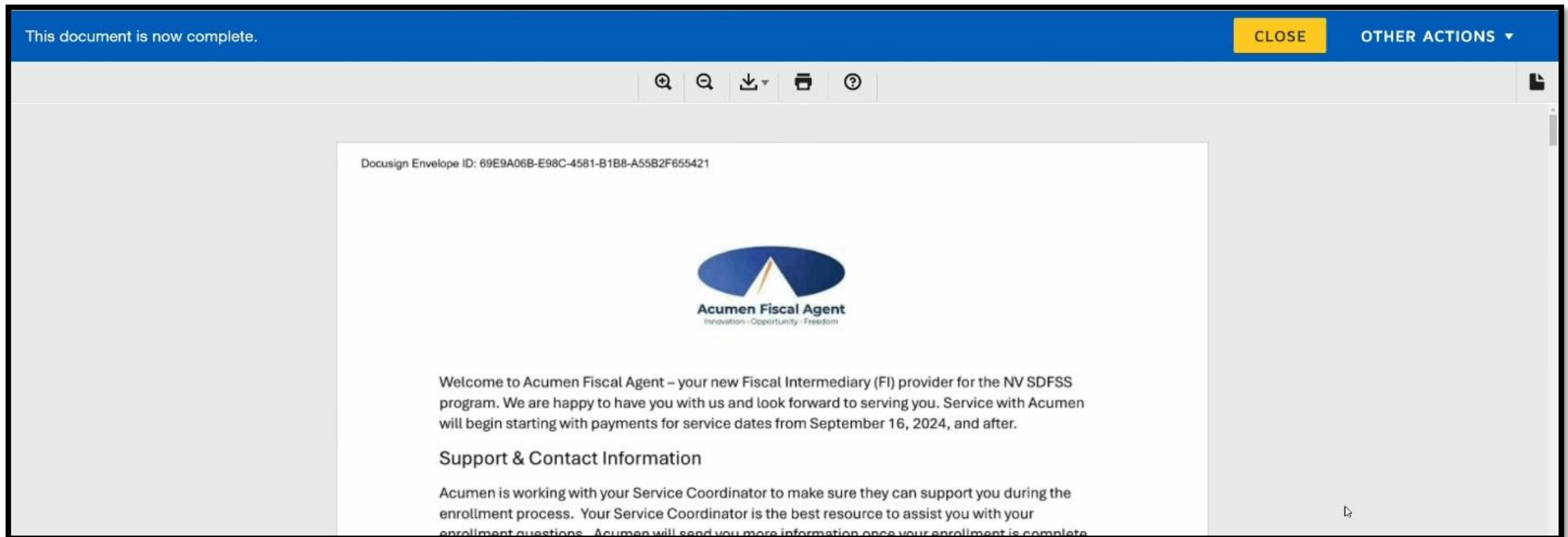


- Optionally, click the **download icon** to download as a combined PDF or as separate PDFs, or click the **printer icon** to print.
- Click the yellow **Continue** button to proceed

Transition Packet & DocuSign



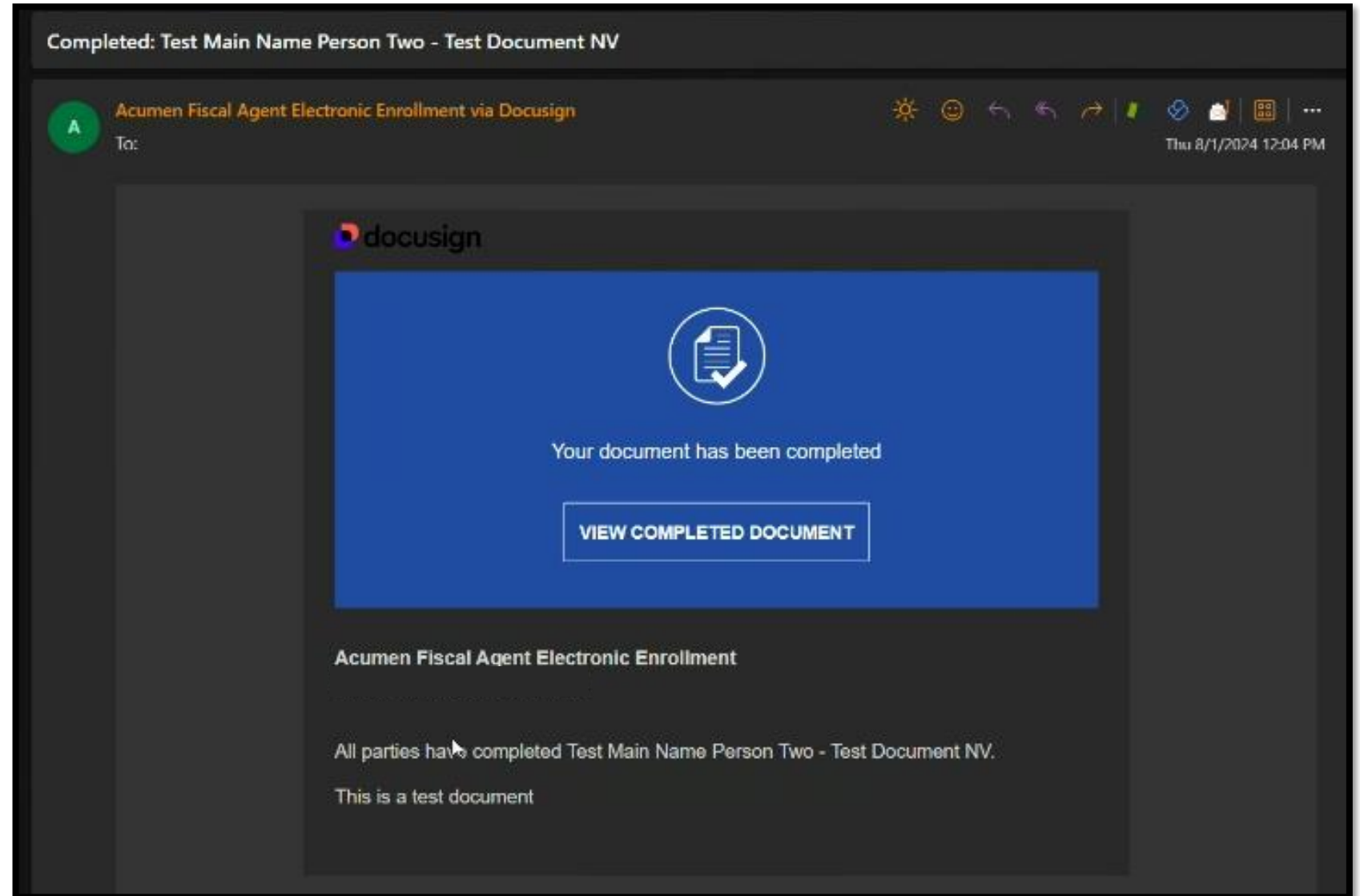
- Click the yellow Close button to exit the completed document



Transition Packet & DocuSign



- You will receive a confirmation email from enrollment-nv@acumen2.net with a link allowing you to view your completed document



Review & Submit Packet

Proprietary: For Acumen and Customer Use Only



Troubleshooting



What if I have not received the DocuSign email?

- Please check your junk or spam email folders and contact Acumen customer service at 866-644-4188 to verify your email address.
- What if I don't have an email address?
 - Your transition (enrollment) packet will be physically mailed
- A field that is not editable is incorrect. How do I get this corrected?
 - Proceed with completing all enrollment documents. Contact PALCO to update the information for tax purposes. Acumen will provide the process for updating incorrect data that is not editable after enrollment.
 - If the physical address is incorrect, update the mailing address to ensure correspondence is received.
 - For mailed packets, use the change information form to notify Acumen of inaccurate information or to make changes.
- I submitted my document, but information has changed. Can I make the changes in DocuSign?
 - No. Acumen will provide the process for updating incorrect data that has changed after enrollment.
 - For mailed packets, use the change information form to notify Acumen of inaccuracy information or to make changes.

General Reminders for Hard Copy Paperwork



Acumen Enrollment Paperwork Guide

These documents have been pre-filled with information provided by PALCO and the NV SDFSS program. Please add any information that is not already pre-filled and sign the documents prior to returning them to Acumen for your enrollment.

Please note the following pro tips to help you complete the documents correctly:

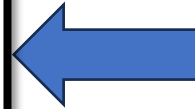
Tips for Employer to complete the paperwork:

- Carefully review the pre-filled Participant and Employer information for accuracy.**
 - If changes need to be made to the participant's or employer's name, physical address, phone number or email address, please use the enclosed blank CHANGE INFORMATION FORM near the end of the packet.
 - Please *do not* make edits on the pre-filled documents.
 - Send both the pre-filled documents and the CHANGE INFORMATION FORM back to Acumen.
 - Acumen will pre-fill new documents if needed and send them to you for signature.
- Carefully review the pre-filled Worker information for accuracy. Ask your worker if any updates are needed.**
 - If changes need to be made to the worker's information, please use the blank EMPLOYEE ENROLLMENT WORKSHEET to provide the edits.
 - Send both the pre-filled worksheet and the edited worksheet back to Acumen.
- All forms included in this packet that are requesting an address must have a physical address (PO Boxes cannot be accepted).**
 - Add physical address if not pre-filled.
 - Add phone number if not pre-filled.
- Sign and date all forms requiring signature. Then send all of the documents in the packet back to Acumen as quickly as possible.**

Remember, all forms must be received by Acumen complete and correct **no later than August 23, 2024** to ensure payments are not interrupted. If received later, Acumen will still strive to complete your enrollment before the transition date of 9/16/24 but the timeline will be more difficult. Please continue to respond timely to avoid any gaps or delays in payment.

***Pro Tip:** Complete the forms digitally, online.

- Make updates as needed in the pre-filled form
- If the field is not editable, use the change information form to notify Acumen of inaccurate information or to make changes for mailed packets.
- If you do not have an email address and need to complete the forms in hard copy, please follow these tips carefully.
- Return completed forms via fax to (866) 496-4551 or via email to enrollment@acumen2.net
- Keep originals
- ❖ Best practice: Submit all documents together



Change Information Form: Participant or Employer



CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER

It is important to notify Acumen as quickly as possible when a change occurs to participant and/or employer information. Simply complete this form and return it to Acumen by one of the following methods:

Mail: 5416 E. Baseline Rd, Suite 200, Mesa, AZ 85206
Fax: (866) 496-4551
Email: enrollment@acumen2.net

Change CLIENT/PARTICIPANT Information

Complete this section when there is a change in client/participant information (the individual receiving services). If the client/participant is also the employer, please complete this section only. For a name change, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply):	Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:	New Name (if changed):			
Street Address:				
City/State/Zip:				
Phone Number:				
E-mail Address:				
Client ID Number:				
Signature (Employer or Authorized Rep):				
Date:				

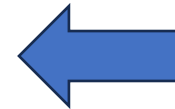
Change EMPLOYER Information

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the client is also the employer, please complete the client section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply):	Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:	New Name (if changed):			
Street Address (if changed):				
City/State/Zip (if changed):				
Phone Number (if changed):				
E-mail Address:				
Client ID Number:				
Signature (Employer or Authorized Rep):				
Date:				

NV/ALL
Aug 2004

Acumen Fiscal Agent 5416 E. Baseline Rd, Suite 200 Mesa, AZ 85206 Phone (866) 644-4188 Fax (866) 496-4551 customerservice@acumen2.net



*Mailed Packet Only

- If the field is not editable, use this change information form to notify Acumen of inaccurate information for mailed packets.
- Make updates as needed in the pre-filled form
- Send both the prefilled forms and the change information form back to Acumen completed, signed, and dated.

Enrollment Packet Checklist - Employers with Workers



- The employer of record completes the packet. If completing hard copy forms, please ensure the following are complete and accurate:
 - Cover Letter
 - Enrollment Paperwork Guide
 - Participant Information Worksheet
 - Employer Information Worksheet
 - Complete all fields – Email required
 - Form 2678 Appointment of Agent
 - Review, sign, and date at the bottom of the page.
 - Employer-Authorized Rep/Acumen Agreement Form
 - Review, complete all fields on the second page, sign, and date.
 - Worker Enrollment Worksheet (optional)
 - Complete all fields to provide Acumen with the latest information for each.
 - Vendor Confirmation Worksheet
 - Check the appropriate box and list vendors if applicable
 - Change Information Form: Participant or Employer (Mailed Packet Only)



Next Steps



- Acumen will review the forms. If changes are required, we will contact service coordinators and the employer.
- **Email** is our preferred way to communicate during the enrollment process as it is the best way to ask for lists of requirements or corrections that are needed
- If we do not have an email address for the employer, Acumen will contact them by phone or have the service coordinator contact them by phone.
 - Acumen will email the service coordinators with the corrections needed for those without an email as a follow-up
- Acumen uses a secure email system to protect the employer and their workers' information
- When sending in paperwork corrections, whether by email or fax, the **corrections may take up to 4 – 7 business days to reach Acumen for review** due to high volume.
 - ❖ Please keep this in mind when contacting us to confirm that we received the corrections
- When the enrollment process is complete, the employer will receive a “Good to Go” letter via email or via mail if the employer doesn’t have an email address. The letter includes:
 - ❖ How to submit time worked
 - ❖ A payment schedule
 - ❖ Other employer resources





IMPORTANT

Important Reminders



- [August 14th – 20th](#): Acumen sends employer transition (enrollment) packets via email. Employers should complete these forms immediately upon receipt through the deadline of August 23rd.
- [August 20th](#): Acumen offers virtual employer enrollment training for those who need additional support
- [August 23rd](#): All forms must be received by Acumen complete and correct to ensure payments are not interrupted
- [August 12th- September 13th](#): Acumen sends employer and worker Good to Go letters
- [August 26th – September 13th](#): Acumen offers virtual employer/worker time submission training using the DCI Mobile EVV app and web portal
- [September 1st – September 15th](#): Employers and workers submit final time and vendor invoices to PALCO
- [September 23rd](#): PALCO final payment to employers and workers for time and vendor invoices
- [September 16th](#): Acumen is the new Fiscal Intermediary for the Self-Directed Family Support Services (SDFSS) Program recipients and families
- [September 16th – September 30th](#): Employers and workers begin submitting time and vendor invoices to Acumen
- [October 4th](#): Deadline to submit time and vendor invoices to Acumen
- [October 15th](#): First payday with Acumen



Acumen Fiscal Agent

Innovation • Opportunity • Freedom

THANK YOU!

<https://www.acumenfiscalagent.com/state/nevada/>



Three options to return forms to Acumen:

Complete via DocuSign link sent through email

Email: Enrollment@acumen2.net

Fax: (866) 496-4551

Proprietary: For Acumen and Customer Use Only

Questions?

Proprietary: For Acumen and Customer Use Only

