#### Welcome to Acumen! Thank you for joining the Acumen Family!

Helping create a positive, long-lasting impact on people's lives.



### EES – Electronic Enrollment System Self-Enrollment Training (Vendor Only Program)

## Welcome to Acumen!

As you may know, the Division of Developmental Disabilities (**DDD**) Vendor Fiscal/Employer Agent Model will be transitioning Fiscal Intermediary (**FI**) services from Public Partnerships, LLC (**PPL**) to Acumen Fiscal Agent (**Acumen**) starting in **early June**. Acumen will help manage both **Community Vendor Services** and **Self-Directed Employee** (**SDE**) Services in this model.

Transition enrollments with Acumen will happen at staggered intervals over the next four months with groups of participants called <u>cohorts</u> assigned to enroll within a specific window of time. Using this approach will help ensure a smooth and organized transition for everyone.

In this training, we will review the specific details about our training sessions for the **New Jersey DDD program** as well as several critical dates you may need to be aware of. We will also review the process flow, so you have a good comprehension of what comes next.









# Support & Resources

- In this training, you will learn how to complete your vendor only enrollment using Acumen's new **Electronic Enrollment System (EES**).
- Acumen is committed to providing comprehensive support during the transition. Participants will have a number of ways to access this support:



- In-Person Support <u>Schedule an appointment</u> with a Client Services Agent at our local office in Hamilton, NJ
- Virtual Video Meetings Receive support from the comfort of your home.
- Phone Assistance To reach Customer Service at our toll-free number: 833-892-0413
  - Email support Email us at enrollment-nj@acumen2.net
- Online Resources <u>New Jersey Training Materials</u>
- To update your contact information: Use our <u>NJ DDD Contact</u> <u>Information Update</u> form to update your contact details for Acumen.



### **Overview of NJ DDD Enrollment Process**



**Note**: \*Approve and submit all time sheets/entries and vendor/reimbursement requests by 9pm EST of the due date, **even if it falls on a weekend or holiday.** Those received *after* 9pm EST of that date will be processed in the following payment period.



# **Training Sessions**

#### Enrollment

In **Enrollment training**, you'll learn how to create an account in Acumen's electronic enrollment system, complete all required enrollment information, and electronically sign enrollment packets. These sessions will include a live demonstration, and you'll have the chance to ask questions along the way. By the end of these trainings, you'll feel confident navigating the system and completing the enrollment process smoothly.

#### **DCI System**

In **DCI System training**, you'll learn how to navigate the DCI system using both the web and mobile versions to complete the essential tasks required for your role. These sessions will include a live demonstration, and you'll have the opportunity to ask questions in real time. By the end of these trainings, you'll be comfortable using DCI to manage your responsibilities efficiently.



# **Prepare for Enrollment**

Here is a list of items you will need for your enrollment. Please review the list and be sure to have this information readily available when completing your enrollment documents:

### **Client Information:**

- First Name
- Last Name
- Date of Birth
- Social Security Number
- Physical Address
- Email
- Phone Number
- Cell Phone (optional)
- Support Coordinator Name
- Support Coordinator Email
- Support Coordinator Phone

### Authorized Rep. Info:

- First Name
- Last Name
- Date of Birth
- Social Security Number
- Gender
- Physical Address (No P.O Box)
- Mailing Address (if different)
- Email
- Relationship to the Individual receiving services.

### Vendor(s) Agreement:

- Vendor(s) Name
- Service vendor(s) will be providing
- Expected Start Date



- 1. Overview & Getting Started
- 2. Initial Registration
- 3. Activate Profile
- 4. Logging In
- 5. <u>Complete Client Registration</u>
- 6. <u>Register Employer</u>
- 7. <u>Complete Employer Packet</u>
- 8. Add Vendor Agreement
- 9. Enrollment Completed
- 10. <u>Password Reset</u>



# **Overview & Getting Started**



# What is EES?

The **Electronic Enrollment System (EES)** is a software solution designed to streamline the enrollment process by providing Clients and Employers the tools and resources to self-enroll, complete required paperwork, and track enrollment status.



#### **Benefits**:

- Provides an improved user experience
- Streamlined enrollment process
- Reduces redundant data inputs
- Minimizes the risk of inaccurate information





- 1. **Client**: The Individual receiving services
- 2. Employer: An individual who is allowed to represent a Client, manage the Client's care, and manage the Client's enrollment. Note: The Employer & Client can be the same person. For participants receiving vendor only services, an employer is NOT required. Authorized Representatives completing the enrollment will be referred to as Employers in EES.
- **3.** Authorized Representative: Any person appointed by the Client to manage services on their behalf. May be entered in EES as the Employer in Vendor Only or Vendor with Employee(s) programs.
- 4. **Agent**: An Acumen employee who assists the enrollee through the enrollment process
- **5.** Add Vendor Agreement: The Individual or Authorized Representative enters the information about the services the vendor will provide into EES. Information includes the vendor(s) name, the service the vendor will be providing and the Expected Start Date.



# EES Roles

The Electronic Enrollment System (EES) is designed to facilitate the selfenrollment process for the following roles:

- ✓ Employer is the Client (the same person)
- ✓ **Employer** (not the Client)
- ✓ **Authorized Representative** (if acting as the Employer)



Acumen agents and enrollment specialists may assist in completing the self-enrollment process. Their responsibilities include:

- ✓ Facilitate Enrollments
- ✓ Entering any additional Client and/or Employer information
- ✓ Entering budget information (authorization)
- ✓ Verifying documentation is completed accurately
- ✓ Granting a Good to Go/Welcome letter to the Employer and Client



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## Initial Registration: Authorized Representative or Employer with Vendor ONLY

For Clients receiving **vendor only services**, an employer is <u>NOT</u> required. Authorized Representatives completing the enrollment will be referred to as **Employers** in EES.

Clients may be their own Authorized Representative if they do not have one designated and must complete the Employer sections of the enrollment with their information.



## Authorized Representative/Employer/Client are the same person

Complete this process if both receiving and managing the care



- 1. Navigate to the **NJ Programs Electronic Enrollment** page:
- 2. Click the **Go to Electronic Enrollment** button

https://www.acumenfiscalagent.com/nj/ees/





### **Complete the Initial Registration Form:**

- 3. First Name (required)
- 4. Last Name (required)
- 5. Date of Birth (required):
  - Enter the date in MM/DD/YYYY format

OR

- Click in the field to select a date from the calendar
- 6. Email (required)
- 7. Phone (required)
- 8. Click Next

	<			English 🝷	Login
RECT CARE INNOVATIONS	Initial Registr	ation Form			
	Your Information	on			
	First Name *		3		
	Last Name *		4		
	Date of Birth *	MM/DD/YYYY	5		
	Email *		6		
	Phone *	(###) ###-####	7		
		Next 8			

EES searches for existing enrollees with an <u>exact</u> match to First Name, Last Name, and DOB. Use legal information found on the Authorization (budget) to complete Initial Registration.



#### Are you the person receiving services?

- 9. Click Yes
- 10. Click **Next** to continue
- Assigned both the Client 8
  - **Employer roles**

Initial Registration Fo	orm			
Are you the person receiving services? *	<sup>9</sup> • Yes	⊖No		
				Next 10



#### **Complete the Client Details:**

- 11. State: Select State (required)
- 12. Medicaid ID: Enter Medicaid ID (optional)
- 13. Case Manager Name: (Not applicable)

14. Click Next

Initial Registration	Form
<b>Client Details</b>	
State *	1) Select State
Medicaid ID	12
Case Manager Name	13
	Back Next 14



#### Create login credentials:

15. Username (required): Create a username to log into the EES portal.

- ✓ Must be at least 6 characters
- ✓ Cannot be more than 50 characters
- ✓ Must be unique
- ✓ Characters must be alpha-numeric or period "."
- 16. Password (required): Create a password to log into the EES portal.
  - ✓ Must contain 1 uppercase letter, lowercase letter, number, and special character.
  - ✓ No more than two repeated characters in a row.
  - Username and password cannot contain three consecutive characters of the Enrollee first or last name.
  - ✓ Password cannot contain username
- 17. Click **Submit**

Initial Registration Form	
Login Credentials Username 15	
Password 1	17
Cancel	✓ Submit

Tip: Click the information button to verify password requirements are met.

Initial Registration Form					
Login Credentials	livia.norman				
	<ul> <li>Password Requirements</li> <li>Minimum 10 characters</li> <li>At least one uppercase letter</li> <li>At least one lowercase letter</li> <li>At least one number</li> <li>At least one special character</li> <li>No more than two repeated characters</li> <li>Does not contain username</li> <li>Does not contain first or last name</li> </ul>	×	✓ Submit		

- 18. The confirmation message populates. An email is sent to the Enrollee for account activation. See <u>Activate Enrollee Profile</u> section to continue.
- 19. Optionally, click the **Resend Activation Email** button if you did not receive an activation email.

18	Initial Registration Form
l	Thank you for completing the Initial Registration Form.
	An email has been sent to activate your account. Please check your inbox. After you activate your account, sign in using your login credentials to continue your enrollment. If you did not receive an activation email, click the resend button below.



# Authorized Representative / Employer is NOT the Client

Complete this process if the client and employer are two different people

Note: During this process, the Authorized Representative may assume the role of the Employer as noted in the directions that follow.



- 1. Navigate to the **NJ Programs Electronic Enrollment** page:
- 2. Click the **Go to Electronic Enrollment** button

https://www.acumenfiscalagent.com/nj/ees/





#### **Complete the Initial Registration Form:**

- 3. First Name (required)
- 4. Last Name (required)
- 5. Date of Birth (required):
  - Enter the date in MM/DD/YYYY format

OR

- Click in the field to select a date from the calendar
- 6. Email (required)
- 7. Phone (required)
- 8. Click Next



EES searches for existing enrollees with an <u>exact</u> match to First Name, Last Name, and DOB. Use legal information found on the Authorization (budget) to complete Initial Registration.



#### Are you the person receiving services?

- 9. Click No
- 10. Click Next to continue
- ✓ Assigned Employer role

### **Initial Registration Form**

Are you the person receiving services? \*



Next



### Proceed to complete the Client Details:

- 11. First Name (required)
- 12. Last Name (required)
- 13. Date of Birth (required)
- 14. State (required)
- 15. Medicaid ID (Not Applicable)
- 16. Case Manager Name (Not Applicable)
- 17. Click Next

EES searches for existing clients with an <u>exact</u> match of First Name, Last Name, and DOB to verify if the client is enrolled. Use legal information found on the Authorization (budget) to complete Initial Registration.

Client Details			
First Name *	1		
Last Name *	12		
Date of Birth *	13	MM/DD/YYYY	
State *	14	Select State	
Medicaid ID	15		
Case Manager Name	16		



#### **Create login credentials:**

18. Username (required): Create a username to log into the EES portal.

- ✓ Must be at least 6 characters
- ✓ Cannot be more than 50 characters
- ✓ Must be unique
- ✓ Characters must be alpha-numeric or period "."
- 19. Password (required): Create a password to log into the EES portal.
  - ✓ Must contain 1 uppercase letter, lowercase letter, number, and special character.
  - $\checkmark$  No more than two repeated characters in a row.
  - Username and password cannot contain three consecutive characters of the Enrollee first or last name.
  - ✓ Password cannot contain username

#### 20. Click **Submit**

Tip: Click the information button to verify password requirements are met.

Initial Registration For	rm				
Create Your Login Crede	entials				
Username	human.bean	18			
Password		19			
	Cancel			✓ Submit	20

Initial Registration Form					
Login Credentials					
Username	livia.norman				
Password					
	Password Requirements     × <ul> <li>Minimum 10 characters</li> <li>At least one uppercase letter</li> <li>At least one lowercase letter</li> <li>At least one number</li> <li>At least one special character</li> <li>No more than two repeated characters</li> <li>Does not contain username</li> <li>Does not contain first or last name</li> </ul>	✓ Submit			

- 21. The confirmation message populates. An email is sent to the Enrollee for account activation. See <u>Activate Enrollee Profile</u> section to continue.
- 22. Optionally, click the **Resend Activation Email** button if you did not receive an activation email.

Initia	al Registration Form
	Thank you for completing the Initial Registration Form.
	An email has been sent to activate your account. Please check your inbox. After you activate your account, sign in using your login credentials to continue your enrollment. If you did not receive an activation email, click the resend button below.



## Instructions for logging into EES using a tablet or mobile device

Employer or Authorized Representative completes this process by using a **tablet** or **mobile** device.



- 1. Upon completing Initial Registration, an email is sent to the Enrollee for account activation.
  - ✓ Title: Welcome to Acumen's Electronic Enrollment System
  - ✓ Sender: no-reply@acumen2.net
  - ✓ Check the spam folder if necessary
- 2. Click the blue **Activate Account** button in the email
  - Only active for a specific amount of time (typically 24 hours)



```
no-reply@acumen2.net
```

1:46 PM

Welcome to Acumen's Electronic Enrollment System





#### Note:

- If after clicking the Activate Account button, <u>the link is inactive</u>, an alert stating Invalid Token - Please contact your DCI administrator populates.
- Click the **Resend the email** button and return to <u>step 2</u>





- 3. The Activate Account button opens a web page that states **Confirm Profile: This Profile has already been activated**
- 4. Tap the **Click here to Sign In** button
- 5. The Enrollee is redirected to the **DCI Mobile Web** login screen.
- 6. \*Important! Tap Go to Full Site to access the DCI Mobile Full Site.



5	EN
	Acumen Powered by DCI
	Username
	Password/ Pin
	Remember me
	Forgot your password?
	Sign In
	Go to Full Site
	Copyright © 2025 Direct Care Innovations. All rights reserved.



- 7. Enter the **username** and **password** created in the Initial Registration form
- 8. Click **Sign In** to begin the registration process





## Instructions for logging into EES using a desktop or laptop computer

Employer or Authorized Representative completes this process by using a **<u>desktop</u>** or **<u>laptop</u>** computer.

Important! If using a tablet or mobile device, see Log into EES via DCI Mobile Full Site section.



# **Activate Profile**

- 1. Upon completing Initial Registration, an email is sent to the Enrollee for account activation.
  - ✓ Title: Welcome to Acumen's Electronic Enrollment System
  - ✓ Sender: no-reply@acumen2.net
  - ✓ Check the spam folder if necessary
- 2. Click the blue **Activate Account** button in the email
  - Only active for a specific amount of time (typically 24 hours)



no-reply@acumen2.net

1:46 PM

Welcome to Acumen's Electronic Enrollment System





## **Activate Profile**

#### Note:

- If after clicking the Activate Account button, <u>the link is inactive</u>, an alert stating Invalid Token Please contact your DCI administrator populates.
- Click the **Resend the email** button and return to step 2





## **Activate Profile**

- 3. The Activate Account button opens a web page that states **Confirm Profile: This Profile has already been activated**
- 4. Click the **Click here to Sign In** button
- 5. The Enrollee is redirected to the **DCI Web Portal** login screen
- 6. Enter the **username** and **password** created in the Initial Registration form
- 7. Click **Sign In** to begin the registration process





# **Complete Client Registration**

Employer / Authorized Representative completes this process


On the Enrollment Dashboard, click the **Start** button to Complete Client Registration.





Gender \*

Phone

### **Complete Additional Client Details**:

- 1. Middle Name (optional)
- 2. Medicaid # (optional)
- 3. Gender (**required**): Select one
  - Male
  - Female
  - Other
  - Prefer Not to Say
- 4. Phone (**required**):
- 5. Mobile Number (optional):
- 6. Email (**required**):

	reg	istration	
Client			
Last Name: Date of Birth:	Leach 2001-07-04	First Name: Enrollment Status:	James Active
Additional Cl	ient Details		
Middle Name	1		
Medicaid #	2 123456		

 $\bigcirc$ 

Other

Prefer Not to Sav

Client information auto-populates at the top of the page with the information provided during the initial

(###) ###-####

Female

Male



### **Complete Additional Client Details**:

- 7. Enrollment Start Date (Agent Use Only)
- 8. Primary Language (optional)
- 9. Referral Choice (Agent use only)
- 10. Relationship to Authorized Rep. (**required**)
- 11. State ID (**required**) Enter DDD ID#
- 12. Support Coordinator Agency ID (optional)
- 13. Support Coordinator Agency Name (**required**)
- 14. Support Coordinator Email Address (**required**)
- 15. Support Coordinator First Name (**required**)
- 16. Support Coordinator Last Name (**required**):
- 17. Support Coordinator Phone Number (**required**):



**Important**! If Support Coordinator Agency Name, Email, or Phone Number is incorrect, **<u>please update</u>** to the correct information <u>**AND**</u> delete the Support Coordinator Agency ID that was pre-populated.

### **Complete the Physical Address:**

- 18. Address Line 1 (required)
- 19. City (required)
- 20. State (required)
- 21. Zip Code (required)
- 22. Country (required)

#### **Complete the Case Manager Details:**

- 23. Case Manager Name (Not Applicable)
- 24. Case Manager Phone (Not Applicable)
- 25. Case Manager Email (Not Applicable)
- 26. Click **Save** to complete the Client Registration process



To save the information you have entered, ensure all required fields have been completed. Otherwise, the Save button will not be enabled.







## Register Authorized Rep. / Employer

Employer / Authorized Representative completes this process



On the Enrollment Dashboard, click the **Start** button to Register Auth. Rep. / Employer.





#### Complete the Additional Auth. Rep. / Employer Details section:

- 1. Middle Name (optional)
- 2. Gender (required): Select one
  - Male
  - Female
  - Other
  - Prefer Not to Say
- 3. SSN (required)
- 4. Phone (required)
- 5. Mobile Number (optional) required to receive SMS text message communication
- 6. Preferred Communication Method (optional): Select one
  - Text
  - Email
  - Phone

Auth. Rep. / Employer information autopopulates at the top of the page with the information provided during the initial registration

Register Employer								
LastName:	Leach	FirstName:	Cynthia					
DateOfBirth:	1990-03-10	EmployerStatus:	Pending					





### **Complete Physical Address details:**

- 7. Address Line 1 (required)
- 8. City (required)
- 9. State (required)
- 10. Zip Code (required)
- 11. Country (required)

Physical Address							
Address Line 1 *	12	23 Main					
City *	Ra	apid City					
State *	SI	D	~				
Zip Code *	57	7701					
Country *	U	nited States of America					



### **Complete Mailing Address details:**

- 12. Mailing Address Matches Physical Address:
  - Defaults to OFF, indicating the mailing address does not match the physical address.
     Add the mailing address:

     a. Address Line 1 (required)
     b. City (required)
     c. State (required)
     d. Zip Code (required)
     e. Country (required)
- 13. Toggle to ON position if the mailing address is the same as the physical address

Mailing Add	dress		
Mailing Address Matches Physical Address	12		
Address Line 1 *			
City *			
State *	Select State	~	
Zip Code *	#####		
Country *	Select Country		





#### 14. Complete Business Details section

- Answer all four questions as **N/A** (Not Applicable)
- 15. Click **Save** after completing all four questions

#### **Business Details**

Please do not provide answers to the questions below based on a Partnership, Corporation, Limited Liability Company (LLC), Trust, Estate, Nonprofit or any other entity not considered a Sole Proprietor. Acumen Fiscal Agent, LLC can only accept an EIN and business information for a Sole Proprietor business. If you have ever owned a Sole Proprietor (currently or in the past), you must let us know. Failure to do so will also drastically increase the time it takes to enroll and receive services under this program.

Have you ever received an Employer Identification Number (EIN) for any Sole ON/A Yes No Proprietor business you currently or have previously owned? \* Have you ever previously been enrolled with another Fiscal/Employer Agent (F/EA), Yes No **N/A** sometimes known as a Financial Management Service Agency? \* Was a business account ever established on your behalf for state unemployment Yes No N/A insurance (SUTA) by your state's Department of Labor/Employment? \* Was a business account for state income tax (SIT) withheld on behalf of your Yes No N/A employees ever established on your behalf with the state's Department of Revenue?\* Save Cance



The Enrollment Dashboard displays with Register Employer marked **Complete** 





## Complete Auth. Rep. / Employer Packet

Authorized Representative / Employer completes this process



### **Complete Auth. Rep./Employer Packet**

On the Enrollment Dashboard, click the **Start** button to Complete Auth. Rep./Employer Packet.

Important! Prior to completing the Auth. Rep. / Employer Packet, the following must be completed:

- 1. Client Registration
- 2. Register Employer

\*Optionally, if preferred, click the **+Add Vendor Agreement** button. See **Add Vendor Agreement** section for details.





## Complete Auth. Rep. / Employer Packet

- The pop-up message The Employer Packet has been sent to [Auth. Rep./ employer's email address] for signature collection displays.
- Click Close





## Complete Auth. Rep. / Employer Packet

The Complete Employer Packet button displays Pending

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- Please Note: When clicking the Resend button, the packet is not being resent, only the email for signing is resent.
- If date is altered after initial send, that will not be captured in the document.
- Use the Refresh button to update the status to Complete.



English 
Acumen EES Implementation \ riley.johnson

#### Welcome!

Welcome to Acumen's Electronic Enrollment System! We're honored you've chosen us as your fiscal agent partner. Our goal is to empower you to manage your Client's care with more freedom. This system is designed to streamline the enrollment process by providing you with all the necessary tools and resources to complete the required paperwork, upload documents, and keep track of the enrollment status. Should you have any questions or encounter any challenges, please feel free to reach out to our dedicated team at (877) 211-3738 or enrollment@acumen2.net.

Thank you for choosing us as your partner in this journey! We're excited to embark on this journey with you and support you every step of the way. Welcome aboard!





The packet arrives via an email from sender DocuSign. Check junk or spam folders if needed.

1. Click the yellow **Review Document** button in the email to complete the forms





#### Proprietary: For Acumen and Customer Use Only

- 2. Click the **Electronic Record and Signature Disclosure** link to view the disclosure
- 3. Check the box to agree to using electronic records and signatures
- 4. Click the yellow **Continue** button

docusign.	
Please read the <u>Electronic Record a</u> I agree to use electronic records	
Change Language - English (US) 💌	Other Options 👻 Continue



- 5. Click the yellow **Start** button
- 6. Optionally, click the yellow **Finish** button to:
  - Finish Later OR
  - Print & Sign

Review and cor	nplete		Finish	
START	Docusign Envelope ID: B223708B-15C6-49E6-BB35-2E3DA9236515	DEMONSTRATION DOCUMENT ONLY PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE 999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200 www.docusign.com	OTHER ACTIONS Finish Later Print & Sign	
	Employer			



- The Auth. Rep. / Employer packet is prefilled based on the information provided in the initial registration
- Use the tab key on the keyboard to move through each line
- **Important!** Review documents for accuracy.
- If signature and date are required at the bottom of a page, click the yellow **Sign** button to sign and date the form(s).
- Click the yellow **Next** button or scroll down to proceed to the next form

	My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.							
	Amy Jo Smith Name of Participant:							
	Name of Employer/ Representative (if applicable):							
NEXT	(222) 222-2222 Email Address:							
	Participant or Employer/ Representative Signature     10/31/2024       Date							



To select a signature style provided by DocuSign:

- ✓ Click the Select Style tab
- ✓ Confirm full name
- Confirm initials
- ✓ Optionally, click the Change Style link.
- ✓ Choose a style
- Click the yellow Adopt and Sign button

Adopt Your Signature	
Confirm your name, initials, and signature.	
* Required	
Full Name*	Initiais"
Test Main Name	TMN
SELECT STYLE DRAW UPLOAD	
PREVIEW	Change St
79993C503D5C4FF	
	ature and initials will be the electronic representation of my signature and initials for all purpos uding legally binding contracts.
By selecting Adopt and Sign, I agree that the signe when I (or my agent) use them on documents, inclu	valing legally binding contracts.
By selecting Adopt and Sign, I agree that the signa when I (or my agant) use them on documents, incl ADOPT AND SIGN CANCEL Form 944, Employer's ANNUAL: Fede Form 945, Arrival Relum of Withheld Form GT-1, Employer's Annual Rairo Form CT-2, Employer Representative * Generally, you can't appoint an a service necipient.	valing legally binding contracts.
By selecting Adopt and Sign, I agree that the signs when I (or my agent) use them on documents, inclusion of the selection of	sal Tax Return (all 944 series) IFederal Income Tax ad Retirement Tax Return 's Quarterly Rainoad Tax Return gent to report, deposit, and pay tax reported on Form 940, unless you're a home care
ADOPT AND SIGN CANCEL ADOPT AND SIGN CANCEL Form 944, Employer's ANNUAL Fede Form 945, Annual Return of Withheld Form 07-1, Employer's Annual Ratio Form 07-2, Employee Representative • Generally, you can't appoint an a service necipient. Ima authorizing the IRS to disclose of for you. See the instructions. Ima authorizing the IRS to disclose of appointment, including disclosures reporting agent or certified public soci deposits and payments. Such contra agent to such third party. If a third p payer remain Table.	and Tax Return (all 944 series)  red Tax Return (all 944 series)  rederal income Tax  and Returement Tax Return  and Returement Tax Return  and Returement Tax Return  re service recipient, and pay tax reported on Form 940, unless you're a home care re service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax  therease confidential tax information to the agent relating to the authority granted under this required to process Form 2678. The agent may contract with a third party, such as a countant, to prepare or file the returns covered by this appointment, or to make any required timay authoritize the IRS to disclose confidential tax information of the employed/payer and
By selecting Adopt and Sign, I agree that the signs when I (or my agant) use them on documents, inclusion of the second s	sel Tax Return (all 944 series)  Federal Income Tax  ad Petrement Tax Return  Federal Income Tax  ad Petrement Tax Return  so Quarterly Reliford Tax Return  es Quarterly Reliford Tax Return  gent to report, deposit, and pay tax reported on Form 940, unless you're a home care re service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax  thereme confidential tax information to the agent relating to the authority granted under this required to process Form 2678. The agent may contract with a third party, such as a contrat, to properse or file the returns covered by this lappointment, or to make any required ct may authorize the IRS to disclose confidential tax information of the employer/payer and tary fails to file the returns or make the deposits and payments, the agent and employer/



Click the **Finish** button at the bottom of the last document

Ready to Finish?

You've completed the required fields. Review your work, then select Finish.





#### **Congratulations!**

The Auth. Rep. / Employer packet is complete.

You're Done Signing	★ • ●			
	Combined PDF			
You may download or print using the icons abov	Separate PDFs 🖸			
To learn more about signing, click here.				
CONTINUE				

- 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



The Auth. Rep. / Employer receives a confirmation email with a link to view the completed document

***Test Document***Completed: Plea	ase sign these documents				
DocuSign Demo System To Cynthia Leach		S Reply	Keply All	→ Forward Fri 1/2	4/2025 12:17 PM
i If there are problems with how this message is displaye	d, click here to view it in a web browser.				
	This document is for demonstration purpose only.				
	P docusign				
	Your document has been completed				
	All parties have completed Please sign these documents.				
	Do Not Share This Email This email contains a secure link to Docusign. Please do not share this email, link, or access code wit others.	h			



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# **Logging into EES**

- 1. After completing the Employer packet, **navigate to the DCI login screen**.
- 2. Enter the **username** and **password** created in the Initial Registration form
- 3. Click Sign In

https://acumen.dcisoftware.com/						
Acumen Powered by DCI						
Sign In						
Username						
Remember me Forgot your password?						
Sign In 3						



# **Complete Employer Packet**

The Enrollment Dashboard displays with Complete Employer Packet marked **Complete** 

### **Please Note:**

- The Employer Packet is marked
   Pending until it has been completed
- Use the **Refresh** button to update the status to Complete.
- Please wait 15 minutes between refresh & resend.



- Authorized Representative / Employer completes this process
- Important! Client and Employer registrations must be completed before adding the Vendor Agreement.
- The Employer packet is <u>not</u> required to be completed to add the Vendor Agreement.



On the Enrollment Dashboard, click the **+Add Vendor Agreement** button.





### **Complete Create Vendor Agreement:**

**Employment Details:** 

- 1. Client Name (required): Auto-populates
- 2. Program (required): Autopopulates
- 3. Employer (required): Autopopulates
- 4. Vendor (required): Select from list of vendors **or** select "Other" if your vendor is not listed.
- 5. Expected Start Date (required): **See next slide**





### Finish completing the Create Vendor Agreement details section:

- 5. Expected Start Date (required):
  - Enter the date in MM/DD/YYYY format

OR

• Click in the field to select a date from the calendar

Create Vendor Agreement										
Employment Details										
Client Name *	Riley Johnson									
Program *	N	IJC	DD	(Ve	endo	or O	nly)		~	
Employer *	R	liley	y Jo	hns	on					
Vendor *	F	ASI	Tes	st V	end	lor -	12-	3456456	~	
Expected Start Date *	3	/28	8/20	25				5		
	<	Jar	n v	2	025	<b>~</b> ]	>			
	Мо	Tu	We	Th	Fr	Sa	Su			
	30	31	1	2	3	4	5			
	6	7	8	9	10	11	12			
	13	14	15	16	17	18	19			
	20		22							
	27	28	29				2			
	3	4	5	6	7	8	9			



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### **Complete the Services details:**

- 6. Service Code #1 (required): Click the drop-down to select the services the Vendor will be providing.
- 7. Optionally:

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- ✓ Click -**Remove Service** to remove a service code
- ✓ Click +Add Service to add another service code

Services		
Select services the vendor will be providing *		
Service Code #1 *		
Service Code 6	~	
		- Remove Service
+ Add Service		

- 8. Click **Save** to complete the process
- 9. Optionally, click **Cancel** to discard changes.



## **Enrollment Completed\***

\*Enrollment Completed means the Employment (Vendor Agreement) is complete and ready for review by an Agent



## **Logging into EES**

- To log back into EES at a later time, navigate to: <u>https://acumen.dcisoftware.com/</u>
- 2. Enter the **username** and **password** created in the Initial Registration Form
- 3. Click Sign In
- 4. Optionally, click the **Forgot your password** link to reset your password (see <u>Reset Password</u> section)

### https://acumen.dcisoftware.com/

Acumen Powered by DCI					
Sign In					
Username Password Remember me Forgot your password?					
Sign In 3					



## **Enrollment Completed**

#### The Enrollment Dashboard displays the Employer Packet marked **Completed**.

DIRECT CARE INNOVATION 🖀 Home 📜 Enrollment **B** Dashboard 1 My Info Clients **2** Employees Employments

English - Acumen EES Implementation \ riley.johnson -

#### Welcome!

Welcome to Acumen's Electronic Enrollment System! We're honored you've chosen us as your fiscal agent partner. Our goal is to empower you to manage your Client's care with more freedom. This system is designed to streamline the enrollment process by providing you with all the necessary tools and resources to complete the required paperwork, upload documents, and keep track of the enrollment status. Should you have any questions or encounter any challenges, please feel free to reach out to our dedicated team at (877) 211-3738 or enrollment@acumen2.net.

Thank you for choosing us as your partner in this journey! We're excited to embark on this journey with you and support you every step of the way. Welcome aboard!





**Congratulations!** You have completed your portion of the enrollment process! Your enrollment information is now ready to be reviewed by an agent.

- 1. An Agent will contact you with the next steps after they have reviewed the information received.
- 2. An Agent will email your Support Coordinator to request a plan revision.





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- 1. To reset your password, navigate to: <u>https://acumen.dcisoftware.com/</u>
- 2. Click the **Forgot your password** link to reset your password

https://acumen.dcisoftware.com/					
Acumen Powered by DCI					
	Sign In				
Username					
Password		2			
Remember me		Forgot your password?			
	Sign In				



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- 3. In the **Forgot Password** screen, enter the email used during the Initial Registration
- 4. Click the Send Reset Email button.
- 5. The **Forgot Password Confirmation** screen displays:
  - A password reset link has been sent. Please check your email.
- 6. Click the **Back to Sign in** button





- 7. Check your email to find the Reset Password email.
  - ✓ Title: Reset Password
  - ✓ Sender: no-reply@acumen2.net
  - ✓ Check the spam folder if necessary
- 8. Click the Reset Password button within the email.
  - ✓ You will be directed to the Reset Password screen.
- 9. On the Reset Password screen, enter your new password in the **Please enter password** field.
  - ✓ Password Criteria:
    - Must contain 1 uppercase letter, lowercase letter, number, and special character.
    - No more than two repeated characters in a row
    - Username and password cannot contain three consecutive characters of the Enrollee first or last name.
    - Password cannot contain username
- 10. Re-enter the new password in the **Please confirm password** field.
- 11. Click **Reset**





- 12. An **alert** displays "Are you sure you want to reset the password?
- 13. Click the **Yes** button
- 14. EES will direct you to the DCI login screen. Enter the **username** and **new password**.
- 15. Click Sign In.

12 Alert	×
Are you sure you want to reset the password?	
No	Yes II

	Acumen Pow		
	Sign	In	
Userr	name 14		
Rem	ember me Sign	Forgot your password?	



# Support & Resources

- In this training, you will learn how to complete your vendor only enrollment using Acumen's new **Electronic Enrollment System (EES**).
- Acumen is committed to providing comprehensive support during the transition. Participants will have a number of ways to access this support:



- In-Person Support <u>Schedule an appointment</u> with a Client Services Agent at our local office in Hamilton, NJ
- Virtual Video Meetings Receive support from the comfort of your home.
- Phone Assistance To reach Customer Service at our toll-free number: 833-892-0413
  - Email support Email us at enrollment-nj@acumen2.net
- Online Resources <u>New Jersey Training Materials</u>
- To update your contact information: Use our <u>NJ DDD Contact</u> <u>Information Update</u> form to update your contact details for Acumen.





## **Thank you!**