

# South Dakota Family Support 360 Frequently Asked Questions

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### SD Family Support 360

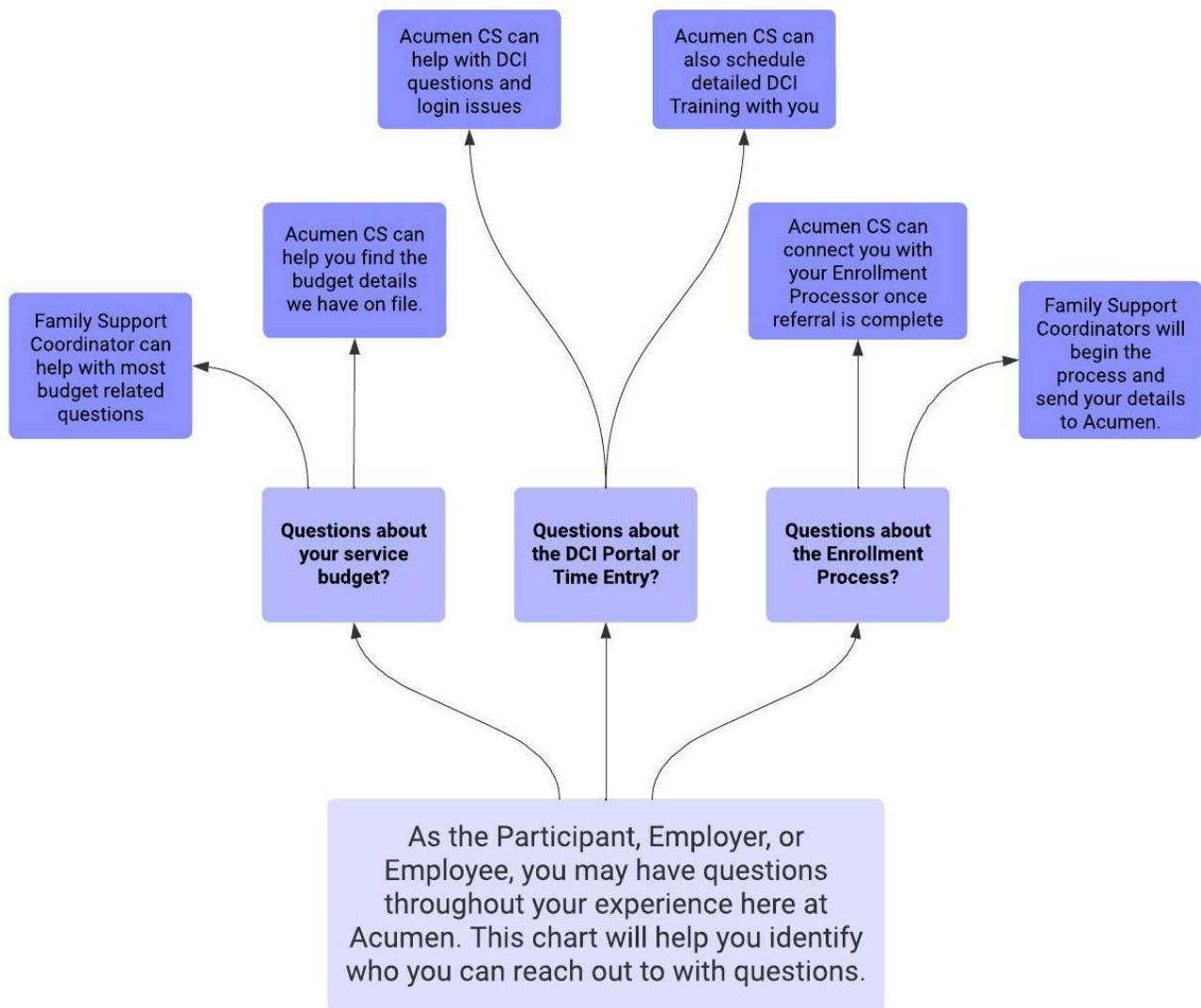
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## South Dakota Family Support 360 Frequently Asked Questions

### Employer & Employee FAQ

#### *What is Self-Direction?*

Self-direction in healthcare is when individuals take charge of choosing and managing their own caregivers and deciding when and how they receive care. It's like being the CEO of your own care plan, allowing for more personalized and flexible services tailored to your unique needs and preferences. You become the employer of record with this model, which gives you greater control and involvement in making decisions about your health and well-being.

#### *What is the difference between Agency with Choice and Self-Direction?*

There are many similarities between the two options. Agency with Choice would also be considered a co-employer model and Self-Direction would be known as common-law employer. However, the main difference between the two comes down to who is the employer of record for an employee. Under the common-law employer model, the recipient of services, would serve as the employer of record, and a Financial Management Services provider like Acumen would simply take care of the IRS paperwork, payroll, and the new hire process. In the co-employer model, the family shares the employment relationship with the Agency with Choice provider, but ultimately the Agency with Choice provider is considered the employer of recorder. That means that staff must comply with outlined agency policies.

#### *Will being an Employer impact my personal taxes?*

No. However, becoming an employer of Record means that you will have an Employer Identification Number (EIN) assigned by the IRS. Acumen will apply for the EIN on your behalf and will manage the required employer taxes, filing the necessary reports with the IRS. While there are taxes and filings the Employer of Record is responsible for, Acumen will manage those on your behalf.

#### *Where do I go for Budget related questions?*

Most budget related questions may be able to be answered by reviewing your Authorization details in the DCI Portal. However, if further information is needed, feel free to contact your Family Support Coordinator to get a better understanding of your budgets/authorizations.

#### *How do I know if I am using the right forms?*

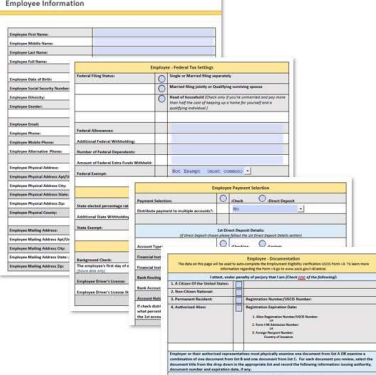
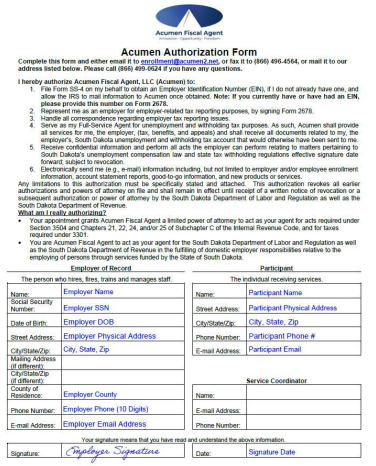
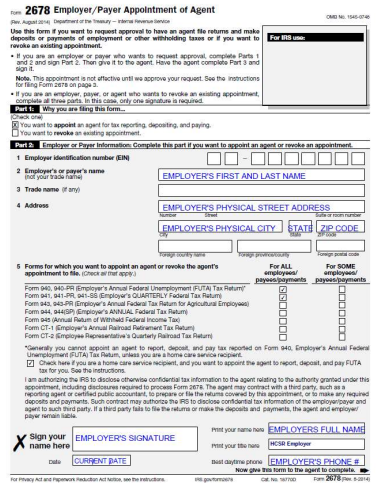
Acumen will provide you with an enrollment packet for the Employer of Record and the Employee. Both packets will a checklist with the required forms and those can even be prefilled to make it easy. The Employee can digitally sign all their forms, but the Employer of Record has 2 forms that require a wet signature.

#### *What is a wet signature?*

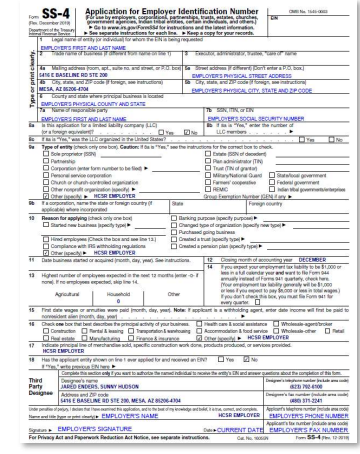

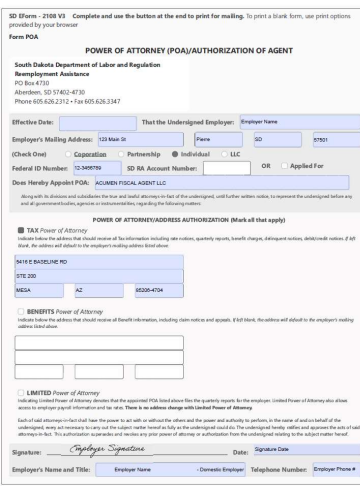
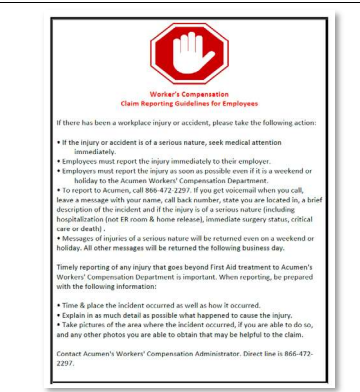
This means signing a document by hand with an ink pen. No digital or electronic signatures.

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## Employer Enrollment Packet Guide

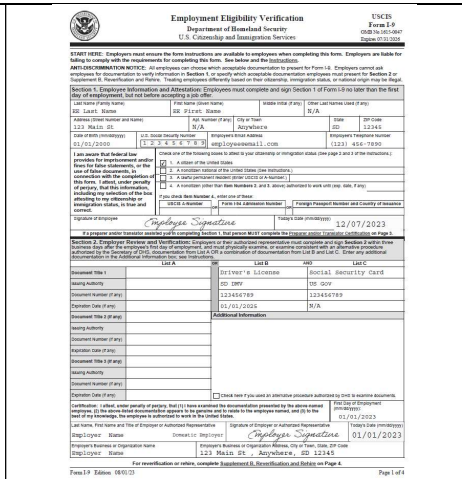
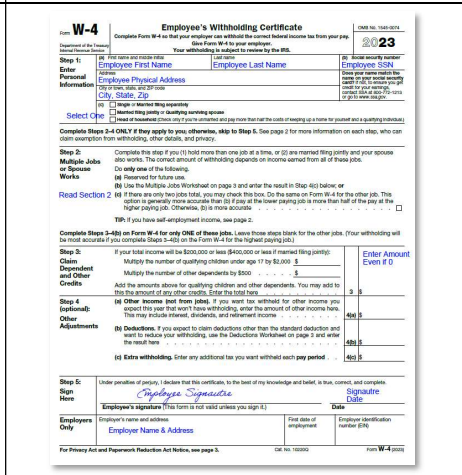

Name of Form	Why it's needed	Example
<p style="text-align: center; font-size: 1.2em;"><b>Prefill Section</b></p>	<p>This is used to help complete the forms accurately and efficiently. Acumen can enter this info on your behalf once received from the program.</p>	
<p style="text-align: center; font-size: 1.2em;"><b>Acumen Authorization Form</b></p>	<p>Provides a high-level outline of the Fiscal Agent duties as well as helps Acumen collect basic demographic information for the Employer, Participant &amp; Support Coordinator.</p>	
<p style="text-align: center; font-size: 1.2em;"><b>Form 2678</b></p>	<p>Appoints Acumen as your Fiscal Agent with the Internal Revenue Service (IRS). This means that Acumen will be able to manage the Employer taxes on your behalf. <b>*Wet Signature Required</b></p>	

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<p>Form SS-4</p>	<p>Your application for the Federal Employer Identification Number (FEIN or EIN). All Employers in Self-Direction require an EIN. Acumen will apply for and manage this on your behalf. <b>*Wet Signature Required</b></p>	
<p>Acumen Employer Agreement</p>	<p>Outlines the roles and responsibilities of the Employer, Acumen, &amp; the Program. By signing, the Employer agrees to follow the rules outlined by Acumen and the Program.</p>	
<p>Form 2108</p>	<p>This form allows Acumen to manage the state employer taxes on your behalf. This only applies to the tax reporting requirements for the assigned EIN and does NOT grant Acumen any authorization over your personal taxes.</p>	
<p>Worker's Compensation Poster</p>	<p>This is required to be posted in the Participant's home. Employees should call immediately in the event of a workplace injury.</p>	

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## Employee Enrollment Packet Guide

<p><b>Form I-9</b></p>	<p>Establishes the Employee's identity and Employment authorization to work in the United States. Legal names should be used, and documentation will need to be provided to your Employer.</p>	 <p><b>Employment Eligibility Verification</b> Form I-9 (Rev. 08/14/2002) U.S. Citizenship and Immigration Services</p> <p>Employer must assess the form instructions are available to employees when completing this form. Employees are liable for false information. Employer must retain this form for 3 years after the date of termination or 1 year after the date of completion of the form, whichever is later.</p> <p>EMPLOYER'S SIGNATURE: I, <u>123 Main St</u>, <u>SD</u>, <u>57101</u>, certify that I have reviewed the information provided by the employee and I am satisfied that the employee is eligible for employment under the provisions of the law.</p> <p>EMPLOYEE'S SIGNATURE: I, <u>John Doe</u>, certify that I am who I claim to be and that I am eligible for employment under the provisions of the law.</p>
<p><b>W-4</b></p>	<p>The W-4 is the form where you will make your federal tax selections. Acumen will deduct taxes each payroll period based on your selections. You can make changes to these selections as necessary.</p>	 <p><b>W-4 Employee's Withholding Certificate</b> Form W-4 (Rev. 01/01/2023)</p> <p>Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Your withholding is subject to review by the IRS.</p> <p>Step 1: Enter name and address. Employee First Name: <u>John Doe</u> Employee Last Name: <u>John Doe</u> Employee SSN: <u>123-45-6789</u></p> <p>Step 2: Complete this step if you are married, single, or have a filing status other than single. Filing Status: <u>Single</u></p> <p>Step 3: Enter number of dependents. Number of Dependents: <u>0</u></p> <p>Step 4: Enter other income. Other Income: <u>0</u></p> <p>Step 5: Enter tax-exempt interest. Tax-Exempt Interest: <u>0</u></p> <p>Step 6: Enter any other adjustments. Other Adjustments: <u>0</u></p> <p>Signature: <u>John Doe</u> Date: <u>01/01/2023</u></p>
<p><b>Employee Agreement</b></p>	<p>Outlines the roles and responsibilities of the Employee, Acumen, &amp; the Program. By signing, the Employee agrees to follow the rules outlined by Acumen and the program.</p>	 <p><b>South Dakota Family Support 360 Self-Directed Option Employee Agreement</b></p> <p>Name of Participant: <u>Participant Name</u> Name of Employee: <u>Employee Name</u> Employee Address: <u>Employee Physical Address</u></p> <p>Employee Phone: <u>Employee Phone #</u> Employee Email: <u>Employee Email</u></p> <p>I, the undersigned, understand and acknowledge that the Participant in this agreement is my dependent. I understand and acknowledge that the Participant is eligible for the South Dakota Family Support 360 Program or any other entity involved with this Self-Directed Employee Option.</p> <p>I agree to accept payment from my Participant's FEA as payment in full for the services provided. I understand and acknowledge that the Participant is responsible for the following:</p> <ol style="list-style-type: none"> <li>Understand and acknowledge that the Participant is responsible for the following:             <ul style="list-style-type: none"> <li>Obtain and maintain a valid driver's license.</li> <li>Obtain and maintain a valid South Dakota Driver's License.</li> <li>Obtain and maintain a valid South Dakota Identification Card.</li> <li>Obtain and maintain a valid South Dakota Health Insurance.</li> <li>Obtain and maintain a valid South Dakota Medicaid.</li> <li>Obtain and maintain a valid South Dakota Medicare.</li> <li>Obtain and maintain a valid South Dakota Medicaid.</li> <li>Obtain and maintain a valid South Dakota Medicare.</li> </ul> </li> <li>Obtain and maintain a valid driver's license.</li> <li>Obtain and maintain a valid South Dakota Driver's License.</li> <li>Obtain and maintain a valid South Dakota Identification Card.</li> <li>Obtain and maintain a valid South Dakota Health Insurance.</li> <li>Obtain and maintain a valid South Dakota Medicaid.</li> <li>Obtain and maintain a valid South Dakota Medicare.</li> </ol> <p>Signature: <u>Participant Signature</u> Signature: <u>Employee Signature</u> Date: <u>Participant Date</u> Date: <u>Employee Date</u></p>

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Pay Selection	<p>Establishes how an Employee would like to be paid. Direct Deposit is the fastest way to get paid and requires a voided check or bank letter. Pay Cards also available upon request. Paper Checks can be mailed to the Employee's address.</p>	
Employee Rate Sheet	<p>Provides Acumen with the agreed upon pay rate for the Employer. Rates can be changed in the future. Refer to the Show Me the Money sheet for guidance on Pay Rates and the impact of taxes.</p>	
Show Me the Money	<p>Outlines the taxes the Employer is required to pay. The taxes are a portion of the employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes.</p>	

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**Employee Information Form**

Discloses the relationship between the Employer of Record and Employee. This relationship may impact the Employer's tax liability.

**Background Check Forms**

All Employees require a background check to provide services in the program. Acumen used HR ProFile to run those checks on your behalf. 3 forms must be signed to authorize the check.

**Payment Schedule**

Lists the details regarding the payroll periods, submission due dates, and most importantly, Employee pay dates.

Payment Period Start Date	Payment Period End Date	Employee Pay/Worship Requests Due NO Later Than	Direct Deposit Date
07/02/23	07/15/23	Mon, 07/17/23	Fri, 07/28/23
07/16/23	07/29/23	Mon, 07/31/23	Fri, 08/11/23
07/30/23	08/12/23	Mon, 08/14/23	Fri, 08/25/23
08/13/23	08/26/23	Mon, 08/28/23	Fri, 09/08/23
08/27/23	09/09/23	Mon, 09/11/23	Fri, 09/22/23
09/10/23	09/23/23	Mon, 09/25/23	Fri, 10/06/23
09/24/23	10/07/23	Mon, 10/09/23	Fri, 10/20/23
10/08/23	10/21/23	Mon, 10/23/23	Fri, 11/03/23
10/22/23	11/04/23	Mon, 11/06/23	Fri, 11/17/23
11/05/23	11/18/23	Mon, 11/20/23	Fri, 12/01/23
11/19/23	12/02/23	Mon, 12/04/23	Fri, 12/15/23
12/03/23	12/16/23	Mon, 12/18/23	Fri, 12/29/23
12/17/23	12/30/23	Tue, 01/02/24	Fri, 01/12/24
12/31/23	01/13/24	Tue, 01/16/24	Fri, 01/26/24
01/14/24	01/27/24	Mon, 01/29/24	Fri, 02/09/24
01/28/24	02/10/24	Mon, 02/12/24	Fri, 02/23/24
02/11/24	02/24/24	Mon, 02/26/24	Fri, 03/08/24
02/25/24	03/09/24	Mon, 03/11/24	Fri, 03/22/24
03/12/24	03/24/24	Mon, 03/26/24	Thu, 04/04/24
03/24/24	04/06/24	Mon, 04/08/24	Fri, 04/19/24
04/07/24	04/20/24	Mon, 04/22/24	Fri, 05/03/24
04/21/24	05/04/24	Mon, 05/06/24	Fri, 05/17/24
05/05/24	05/18/24	Mon, 05/20/24	Fri, 06/01/24
05/19/24	06/01/24	Mon, 06/03/24	Fri, 06/14/24
06/02/24	06/25/24	Mon, 06/17/24	Fri, 06/28/24
06/16/24	06/29/24	Mon, 07/01/24	Fri, 07/12/24