

Pennsylvania VDC Acumen Enrollment

Presented By:
Acumen Fiscal Agent



Acumen Fiscal Agent

Innovation • Opportunity • Freedom



Agenda



Introduction to Acumen Fiscal Agent



Transition (Enrollment) Packet via DocuSign



Review & Submit Packet





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

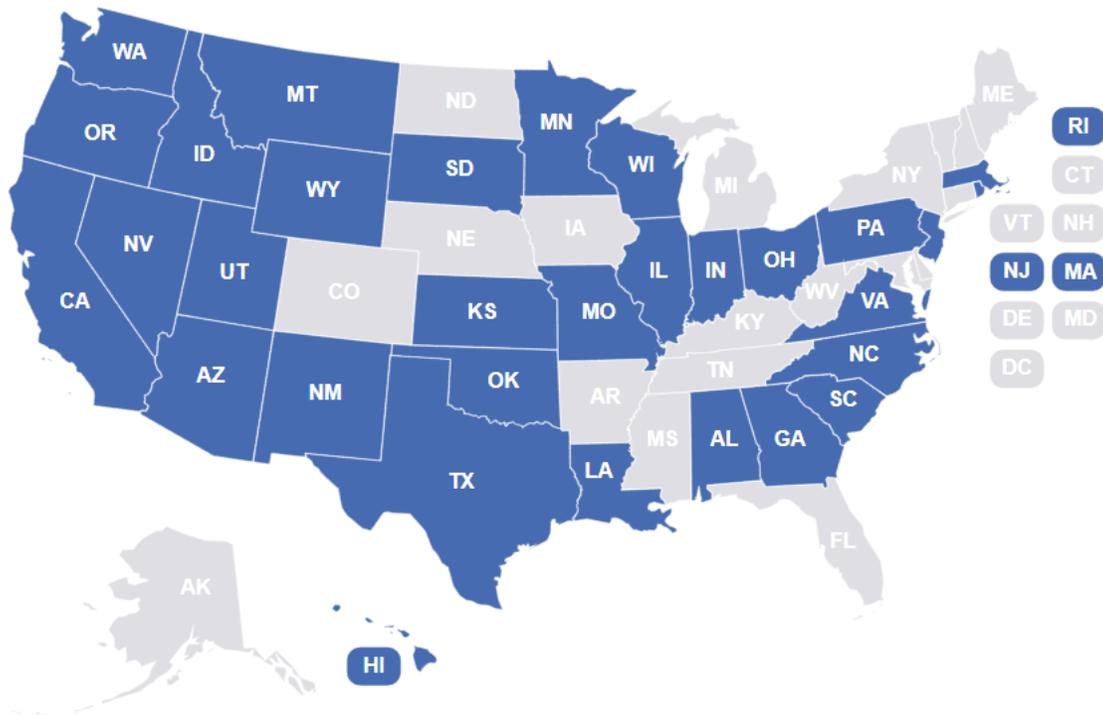
[Acumen Fiscal Agent](#) was founded in 1995 by executives in the human services industry on a simple premise:



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 the majority of 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 service coordinators with:
 - Supplemental Packet (enrollment packet)
 - Support program compliance
 - Technical Software Tools and Support

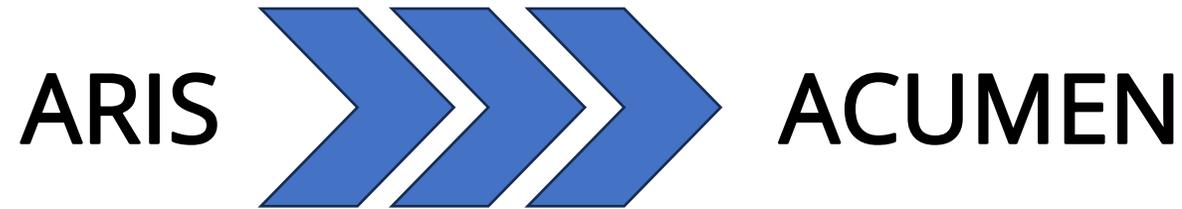


Employer Transition (Enrollment) Packet via DocuSign

Proprietary: For Acumen and Customer Use Only



Introduction

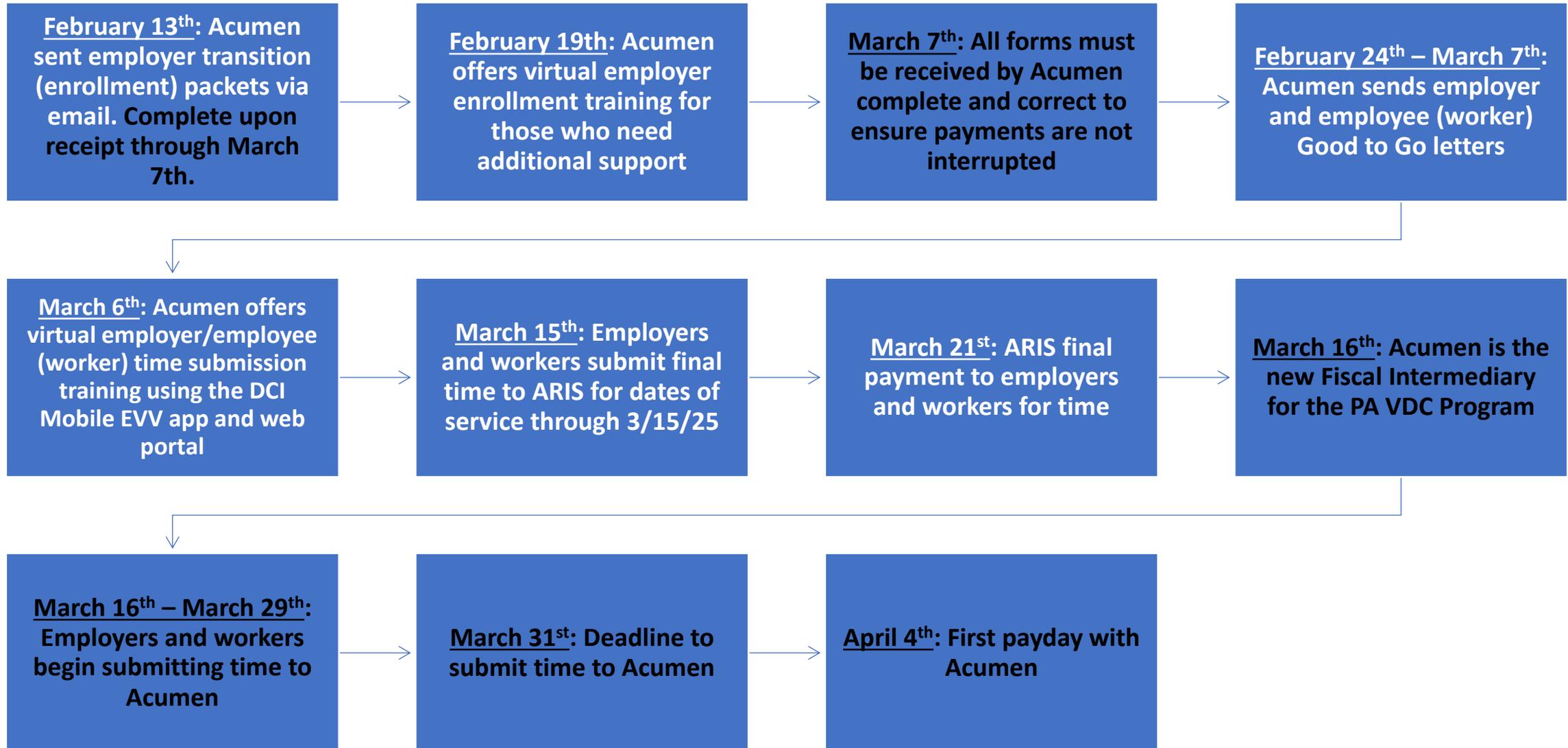


- To facilitate the transition from ARIS to Acumen, you will complete a transition (enrollment) packet.
 - ✓ Employer Enrollment packet
- The packet was emailed via DocuSign February 13th, 2025
- Complete the packet online via DocuSign by **March 7th, 2025**



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Enrollment & Transition Timeline



Transition Packet & DocuSign



Action Needed - Acumen Fiscal Agent Transition Paperwork for PA PCA Veteran Directed...

- You will receive these forms via email from enrollment-pa@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

A screenshot of an email interface. At the top, a light purple header bar contains a blue button with the text "REVIEW DOCUMENT" in white, which is highlighted with a red rectangular border. Below the header, the email content is displayed on a dark grey background. The text includes the sender "Pennsylvania enrollment-pa@acumen2.net", a greeting "Hello, Veteran Directed Care Employer!", and a message about the enrollment packet. It provides an "ACCESS CODE" instruction, a deadline of "NO LATER THAN 03/07/2025", and contact information for the Service Coordinator or Acumen team.

Pennsylvania
enrollment-pa@acumen2.net

Hello, Veteran Directed Care Employer!

This is your enrollment packet for the transition to Acumen.

Your ACCESS CODE is the LAST 4 DIGITS OF YOUR SSN (Employer of Record/Director of Care). If your access code does not work or you get locked out, please wait 24 hours and try again. If issues continue, please call Acumen Customer Service right away at (833) 892-0414.

Please review, edit if needed, sign and finalize NO LATER THAN 03/07/2025 to ensure no gap in payments. When finalized, the documents will automatically be returned to Acumen for processing.

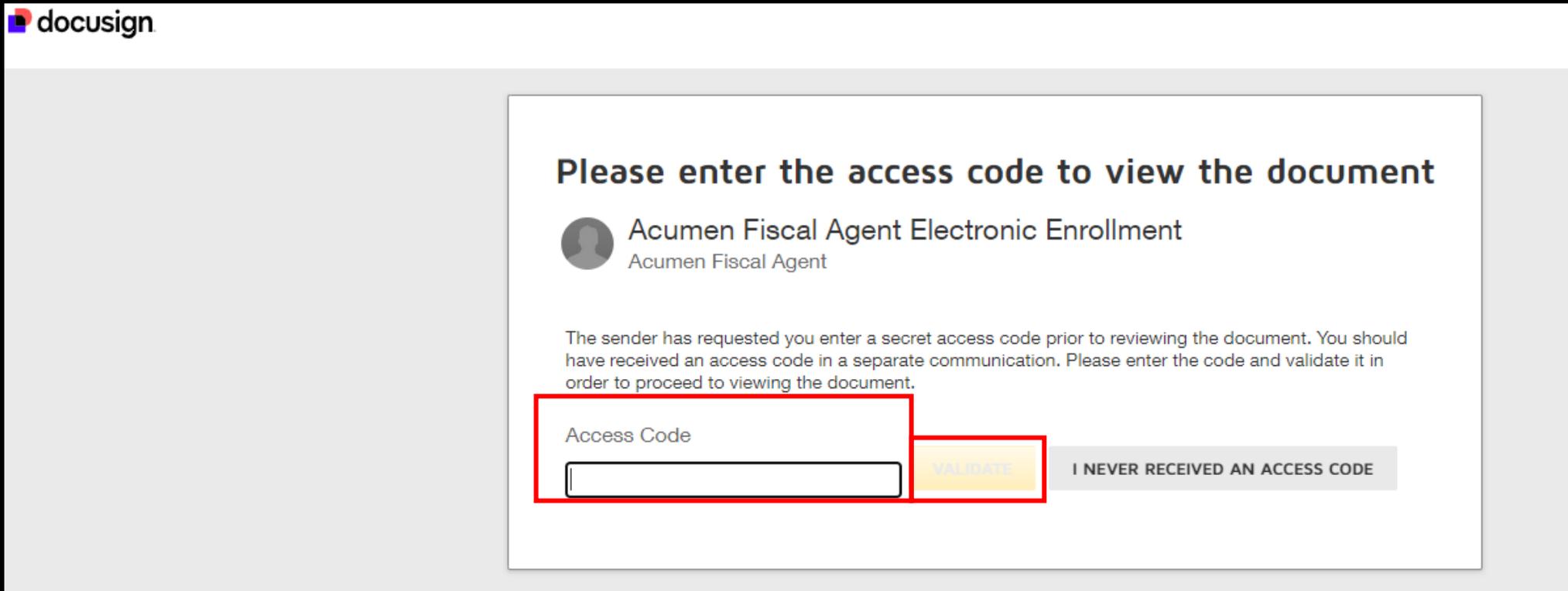
Employers with more than one employee will receive multiple Employee Information Worksheets within your packet. Please review your employee information is correct before signing and submitting the packet. Some fields are locked and cannot be edited by design. If any information in the locked fields is incorrect, please sign anyway and await further information.

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

-Your Pennsylvania Acumen Team

Transition Packet & DocuSign

- Enter the last four digits of your (the employer's) social security number in the Access Code field
 - Packets were sent to Directors of Care (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 content area has a white background with a grey border. The 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 red-bordered input field labeled "Access Code", a yellow "VALIDATE" button, and a grey button labeled "I NEVER RECEIVED AN ACCESS CODE".

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



2024

Pennsylvania VDC Program

EMPLOYER

ENROLLMENT PACKET

Cover Letter



Welcome to Acumen Fiscal Agent – your new Fiscal Intermediary (FI) provider for the PA VDC 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 March 16, 2025, 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)-499-3078
- Email: enrollment@acumen2.net
- Phone: (833)-892-0414
- Website: <https://www.acumenfiscalagent.com/state/Pennsylvania/>

Enrollment Instructions

With this letter you will find five (5) documents which need to be reviewed and completed for your Acumen enrollment (**due by March 7, 2025 to ensure services and payments are not interrupted**). These documents are pre-filled, if applicable, with the information we received from ARIS, your previous FI and the PA VDC program.

1. Participant Information Worksheet
2. Employer Information Worksheet
3. Form 2678 Participant/Payer Appointment of Agent
4. PA VDC Employer-Authorized Rep/Acumen Agreement Form (2 pages)
5. Pennsylvania VDC Employee Enrollment Worksheet (1 form per worker/employee)

It is important that you confirm the worker information that we received from ARIS, your previous FI and the PA VDC 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 March 16, 2025 and after. We must receive these forms to confirm that the information we received from ARIS and the PA VDC 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.



Veteran Information Worksheet



Veteran Information	
Veteran Legal First Name:	Amy
Veteran Legal Middle Name:	Jo
Veteran Legal Last Name:	Smith
Veteran Legal Full Name:	Amy Jo Smith
Veteran Date of Birth:	1/1/1950
Veteran Social Security Number:	999-22-4444
Veteran Email:	CL000@Test.com
Veteran Primary Phone:	(999) 999-9999
NEXT	
Veteran Physical Address:	123 W 3rd Street
Veteran Physical Address Apt/Unit:	Apt.3
Veteran Physical Address City:	Mesa
Veteran Physical Address State: <small>(abbreviation)</small>	AZ
Veteran Physical Address Zip:	85206
Veteran Mailing Address:	1234 W 4rd Street
Veteran Mailing Address Apt/Unit:	Apt.4
Veteran Mailing Address City:	Tempe
Veteran Mailing Address State: <small>(abbreviation)</small>	AZ
Veteran Mailing Address Zip:	85207

- 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 Veteran Information Worksheet
- Verify the service coordinator's information
- The fields indicated in red are not editable. If the information is incorrect, contact your service coordinator.

Service Coordinator Information	
<hr/>	
Service Coordinator Name:	
Service Coordinator Email:	
Service Coordinator Phone:	
Service Coordinator Agency:	

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:	ireyna1daa+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

Form 2678 – Appointment of Agent



- Appoints Acumen as Fiscal Agent with IRS – which means Acumen can manage federal taxes on your 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.

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 AND LAST NAME**

3 Trade name (if any)

4 Address
EMPLOYER'S PHYSICAL STREET ADDRESS
Number Street Suite or room number
EMPLOYER'S PHYSICAL CITY STATE ZIP CODE
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

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

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 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* Print your name here **EMPLOYERS FULL NAME**
Date **CURRENT/DATE** Print your title here **HCSR EMPLOYER**
Best daytime phone **ER'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 Cal. No. 18770D Form 2678 (Rev. 12-2023)

Form 2678 – Appointment of Agent



- Click the yellow Sign button to sign and date the form
- Click the yellow Next button to proceed or scroll down

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
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 Required - Sign Here - SignHere

X Sign your name here

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)

Proprietary: For Acumen and Customer Use Only



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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

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE DRAW UPLOAD

PREVIEW [Change Style](#)

DocuSigned by:  DS 
79993C503D5C4FF...

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.

ADOPT AND SIGN CANCEL

Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)
Form 945, Annual Return of Withheld Federal Income Tax
Form CT-1, Employer's Annual Railroad Retirement Tax Return
Form CT-2, Employee Representative's Quarterly Railroad Tax Return

* 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 Sign

Date

Print your name here

Print your title here

Best daytime phone

Now give this form to the agent to complete.

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 tabs: "SELECT STYLE", "DRAW", and "UPLOAD". The "UPLOAD" tab is highlighted with a red box. Below the tabs is a "PREVIEW" section showing a signature and the text "DocuSigned by: 3F2D&AD501ED4D5...". Below the preview is a red-bordered button labeled "UPLOAD YOUR SIGNATURE". At the bottom of the form are two buttons: "ADOPT AND SIGN" (highlighted in yellow and red) and "CANCEL".

Employer-Authorized Rep/Acumen Agreement Form – Page 1



NEXT

- Thoroughly read all bulleted points on this agreement form (both pages)
 - ✓ Know what you are agreeing to
 - ✓ Understand the conditions of the program
 - ✓ The agreement is between Acumen Fiscal Agent and the Employer or Authorized Rep
- Click the yellow **Next** button or scroll down to proceed

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PA VDC Employer-Authorized Rep/Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Employer or Authorized Representative as stated below.

General understanding and conditions of the PA VDC Program:

- Participation in this Veteran Direction option is a decision I have made after consultation with my Service Service Coordinator.
- I have received from my Service Coordinator any/all program related information about my service delivery options and the rules and regulations regarding my participation in the PA VDC program. I understand it is my responsibility as the Employer of Record to abide by all the rules and regulations of this program and the PA VDC Participant Agreement I have signed.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent or the PA VDC administrators. I understand that as the employer of record I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and Final Rule. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed.
- I understand it is my responsibility to hire and train only qualified providers/workers, as defined by the PA VDC policy manuals, to provide my services.
- I understand Acumen will provide me with enrollment materials and guidance on the requirements to complete each form. It is ultimately my responsibility as the employer to ensure all forms that my worker and/or I complete are correct within required guidelines.
- I will not allow provider(s)/worker(s) to begin performing work until Acumen has notified me that provider(s)/worker(s) are active in their system (Good to Go).
- I understand that Acumen is only authorized to represent me in processing payments as it relates to the PA VDC Program. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in my approved spending plan.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/worker(s) and/or request program payments within those available units and funds.
- I understand that if I cause work to happen above and beyond what is authorized in my Spending Plan/budget, I as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility to review and approve all requests for vendor payments prior to submitting any invoices to Acumen to ensure accuracy and confirm they are authorized for processing.
- I understand that, on occasion, I may receive automated (general announcement) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the PA VDC Program.
- I understand it is my responsibility to notify my Service Coordinator immediately of any significant changes in circumstances that may affect the Veteran's Spending Plan/budget and/or safety.

Employer-Authorized Rep/Acumen Agreement Form – page 2



- 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 Veteran: _____

Name of Employer/ Representative (if applicable): _____

Phone: (____) _____ Email Address: _____

Veteran or Employer/ Representative Signature  Date

Employee Enrollment Worksheet



- Verify this form for each of your workers
 - ❖ Please note! There may be extra worksheets if there are not seven employees. In this case, the worksheet populates without an employee. Skip those worksheets.
- Select whether or not the employee (worker) will be working after 3/16/2025
 - If not working after 3/16/25, timesheets cannot be submitted.
 - **Important!** Review for accuracy and make corrections and additions on behalf of the worker as needed
 - ARIS, the previous FMSA, provided the worker's information. If this form is not updated, Acumen will use the information provided by ARIS to process payments.
- The fields indicated in red are not editable
- Click the yellow **Next** button or scroll down to proceed

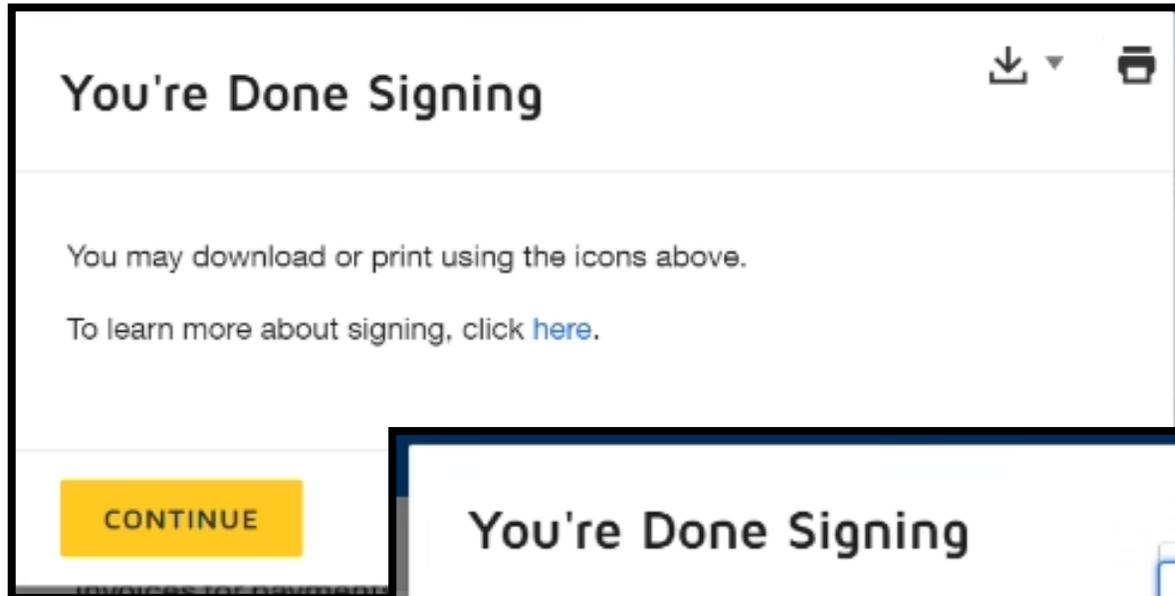
Pennsylvania VDC Employee Enrollment Worksheet

This form should be completed for each Employee who has been hired to work for the Veteran 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.

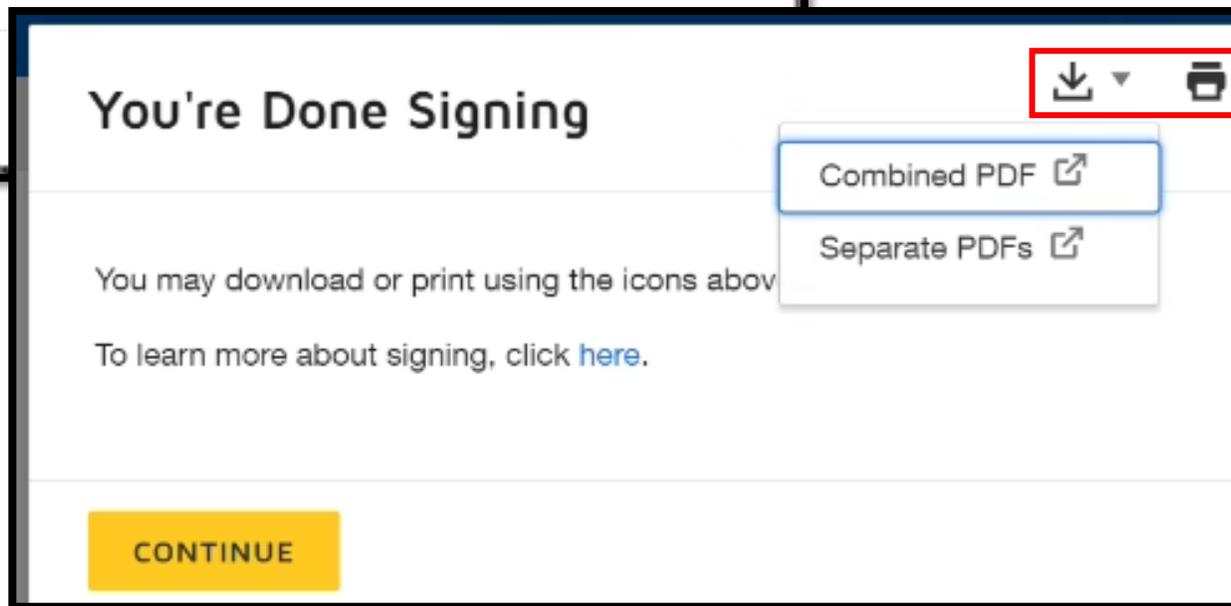
This employee WILL be working after 3/16/25 This employee will NOT be working after 3/16/25

Veteran Information	
Veteran name:	Veteran ID#:
Employee (Worker) Information	
Employee name:	
Maiden name (if any):	
Social Security Number:	Date of birth:
Phone number:	E-mail address:
Do you live with the Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address where employee lives:	
Mailing Address (if different):	
Employee Payroll Tax Withholding (Federal W4)	
<input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse	
<input type="checkbox"/> Head of Household	
Claimed dependent amount:	Other Income Amount:
Deduction Amount:	Federal Additional Withholding:
<input type="checkbox"/> You hold more than one job at a time or are married filing jointly and your spouse also works.	<input type="checkbox"/> Federal Income Tax Exempt
Employee Relationship to Employer (please check one)	
<input type="checkbox"/> Parent of the employer <input type="checkbox"/> Child of the employer <input type="checkbox"/> Spouse of the employer	
<input type="checkbox"/> Non-resident alien temporarily in the United States on an F-1, J-1, M-1, or Q-1 visa	
<input type="checkbox"/> None of the above relationships with employer or visa statuses	
Employee Payment Selection	
<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pay Card (need physical address) <input type="checkbox"/> Paper Check	
Direct Deposit Information (if selected-percentage must total 100%)	
Name of bank #1:	Name of bank #2:
Routing number:	Routing number:
Account number:	Account number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Percentage into this bank: %	Percentage into this bank: %

Transition Packet & DocuSign



Congratulations!
You have completed the transition packet.

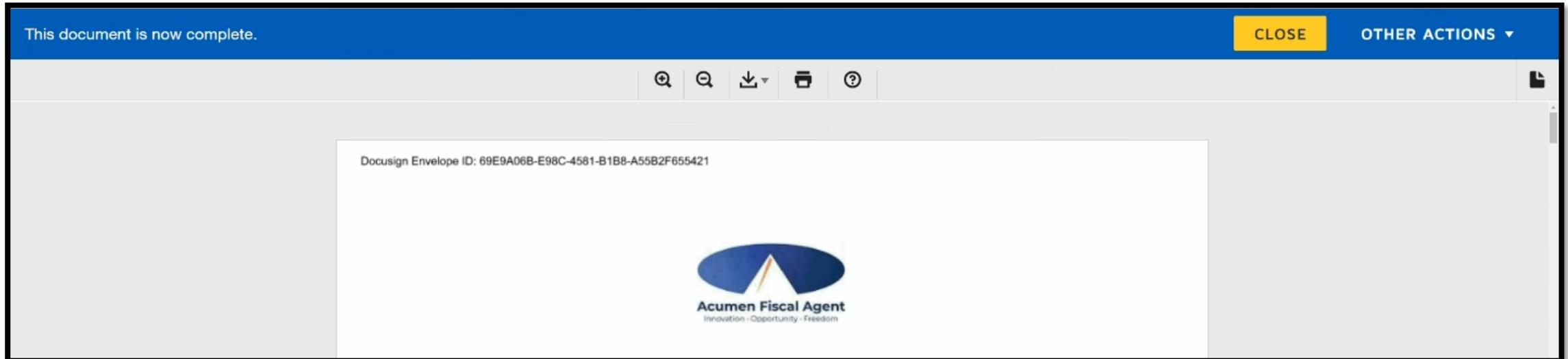


- Optionally, click the **download icon** to download as a combined PDF or as separate PDFs, or click the **printer icon** to print.
- Click the yellow **Continue** button to proceed

Transition Packet & DocuSign

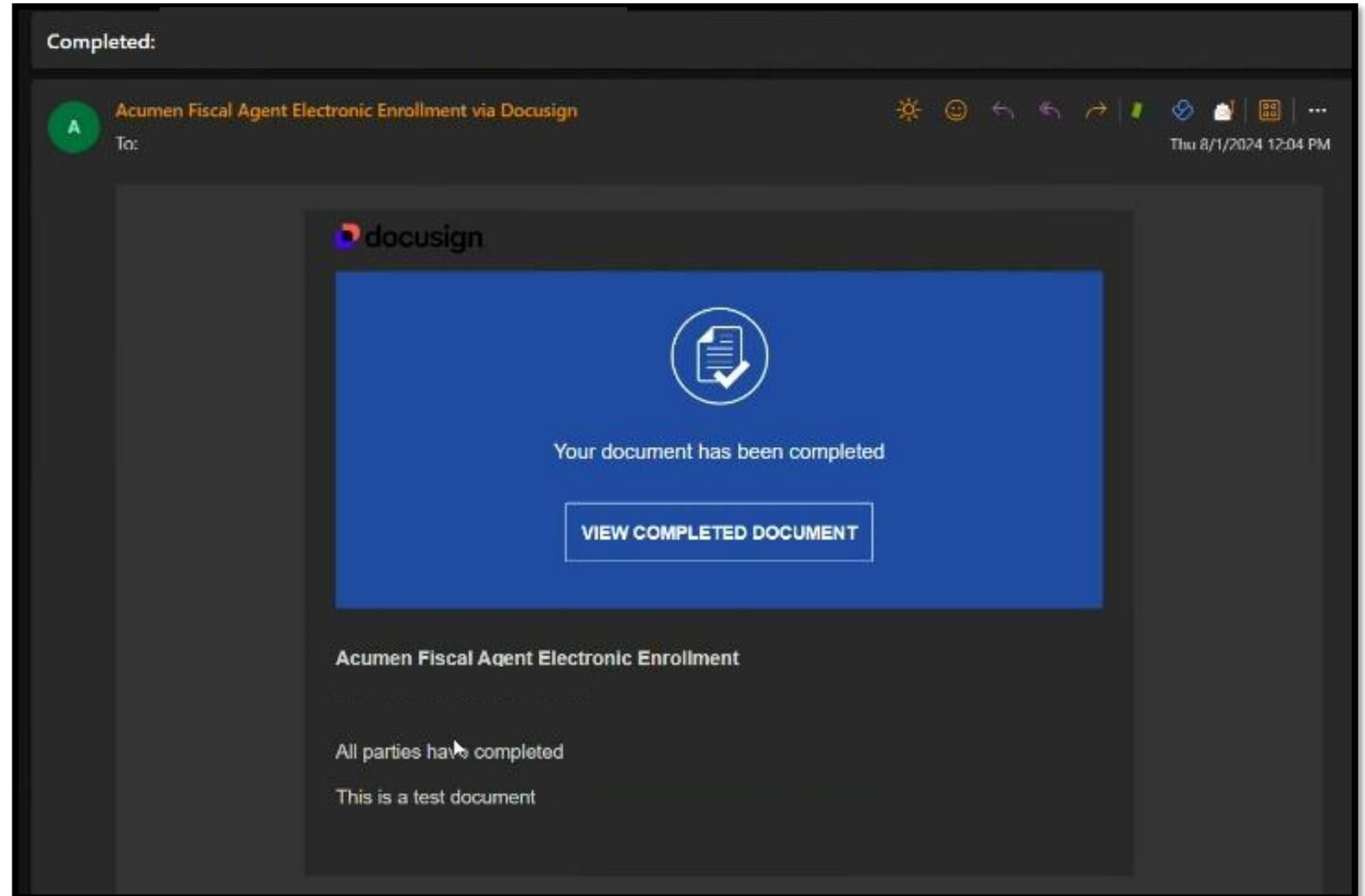


- Click the yellow Close button to exit the completed document



Transition Packet & DocuSign

- You will receive a confirmation email from enrollment-pa@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 you have not received the DocuSign email?
 - Please check your junk or spam email folders and contact Acumen customer service at 833-892-0414 to verify your email address.
- What if you don't know your access code?
 - Confirm you've entered the last four digits of the Employer of Record's social security number
 - If you're locked out, it will unlock in 24 hours (weekdays only). Try again.
 - If the access code is still incorrect, contact Acumen.
- A field that is not editable is incorrect. How do you get this corrected?
 - Proceed with completing all enrollment documents. Contact ARIS 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.
- You submitted your document, but information has changed. Can you make the changes in DocuSign?
 - No. Acumen will provide the process for updating incorrect data that has changed after enrollment.

Enrollment Packet Checklist

- The employer of record completes. If completing hard copy forms, please ensure all the following are complete and accurate:
 - Cover Letter
 - Enrollment Paperwork Guide
 - Veteran 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
 - Complete all fields to provide Acumen with the latest information for each worker



Next Steps



- Acumen will review the forms. If changes are required, we will contact you and the service coordinator.
- **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
- Acumen uses a secure email system to protect you and your workers' information
- When the enrollment process is complete, you will receive a Good to Go letter via email. The letter includes:
 - ❖ How to submit time worked
 - ❖ A payment schedule
 - ❖ Other employer resources





IMPORTANT

Important Reminders



- [February 13th](#): Acumen sent employer transition (enrollment) packets via email. Employers should complete these forms immediately upon receipt through the deadline of March 7th.
- [February 19th](#): Acumen offers virtual employer enrollment training for those who need additional support
- [March 7th](#): All forms must be received by Acumen complete and correct to ensure payments are not interrupted
- [February 24th – March 7th](#): Acumen sends employer and employee (worker) Good to Go letters
- [March 6th](#): Acumen offers virtual employer/employee (worker) time submission training using the DCI Mobile EVV app and web portal
- [March 15th](#): Employers and employees (workers) submit final time to ARIS for dates of service through 3/15/25
- [March 21st](#): ARIS final payment to employers and employees (workers) for time
- [March 16th](#): Acumen is the new Fiscal Intermediary for the PA VDC Program
- [March 16th – March 29th](#): Employers and employees (workers) begin submitting time to Acumen
- [March 31st](#): Deadline to submit time to Acumen
- [April 4th](#): First payday with Acumen



Acumen Fiscal Agent
Innovation • Opportunity • Freedom

THANK YOU!

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



Return forms to Acumen:

Complete via DocuSign link sent through email

Proprietary: For Acumen and Customer Use Only