ACCOUNT STATEMENTS

Sample Only

Acumen Fiscal Agent Account Statement

SAMPLE EMPLOYER 1
1234 ANY STREET
YOUR TOWN, MT 00000

2
Statement Date: 08/07/2025
Participant ID: MT0000
Program: MT SDEO

Account Information 3

	Authorization Type	Initial Balance	Utilization	Remaining Balance	Pending Entries	Available
IGS 09/01/2024 -06/30/2025	Dollar	514.00	370.00	144.00	0.00	144.00
TRM 07/01/2025 -06/30/2026	Dollar	700.00	0.00	700.00	0.00	700.00
FEE 07/01/2025 -06/30/2026	Dollar	744.00	0.00	744.00	0.00	744.00
IGS 07/01/2025 -06/30/2026	Dollar	514.00	0.00	514.00	0.00	514.00
RSP 07/01/2025 -06/30/2026	Dollar	14420.00	834.94	13585.06	627.65	12957.41
PLS 07/01/2025 -06/30/2026	Dollar	35323.85	678.59	34645.26	0.00	34645.26

Employee Information 4

Employee Name	Status	Employee #
EMPLOYEE ONE	Active	MT1111
EMPLOYEE TWO	Active	MT2222
EMPLOYEE THREE	Active	MT3333
EMPLOYEE FOUR	Inactive	MT4444

Code and Rate Information 5

Employee Name	Description	Start Date	End Date	Rate
EMPLOYEE ONE	PLS-Standard	09/17/2024		23.71
EMPLOYEE ONE	RSP-Standard	10/01/2024		19.17
EMPLOYEE TWO	PLS-Standard	09/17/2024		23.71
EMPLOYEE THREE	PLS-Standard	09/17/2024		23.71
EMPLOYEE THREE	RSP-Standard	05/01/2025		20.17

1. **Employer:** Person who manages employees and/or represents the client for this account in this program.
2. **Participant ID**: ID number used for participant on timesheets and Web Time Entry. **Participant:** Person receiving services; Client.
3. **Account Information:** All **active** participant Service Authorizations. Service Authorizations not active are not displayed. Future periods show a zero balance until they become available for spending.
    a. **Initial Balance**: Total amount your state/program has authorized Acumen to pay on your behalf.
    b. **Utilization:** The total amount used from start of your service plan.
    c. Remaining Balance: Total amount remaining in the participant's budget for each service code.
    d. **Pending Entries:** Total amount still waiting for employer approval.
    e. **Available:** Amount remaining in the participant's budget once pending entries have been deducted.
4. **Employee Information:** Lists of all employees, even those that did not work during the payroll period.
    a. **Status:** Shows if an employee is active (Allowed to work) or inactive (Not allowed to work)
    b. **Employee #:** ID number used for employee on timesheets and Web Time Entry.
5. **Code and Rate Information:** Lists approved service codes and rates for each employee based on the participants' service plan and rate sheets received by Acumen.
    a. **Description:** Shows services the employee has been approved to provide.
    b. **Start Date:** The date the employee was authorized and approved to begin providing services for the specified authorization.
    c. **End Date:** The expiration date of the service authorization. This represents the final date the employee is authorized to deliver services under that authorization.
    d. **Rate:** The hourly wage paid to the employee for the listed service code

ACCOUNT STATEMENTS

Sample Only

Training & Certification 6

Employee Name	Requirement Name	Expiration Date	Certification Status
EMPLOYEE ONE	CPR	02/28/2025	Expired
EMPLOYEE ONE	CPR	03/31/2027	Active
EMPLOYEE ONE	First Aid-MT	03/31/2027	Active
EMPLOYEE ONE	MT CDS	01/01/2090	Active
EMPLOYEE TWO	CPR	03/31/2026	Active
EMPLOYEE TWO	First Aid-MT	03/31/2026	Active

Payroll Check Information 7

Remittance#: 123456
Date: 08/08/2025
Payee: EMPLOYEE TWO
Total Net: 70.28
Gross: 165.98

Medicare: 2.41
FICA: 10.29
SUTA: 2.12
FUTA: 0.00
Work Comp: 12.00

8

Billing: 192.80 9

Disbursement Information

CheckNumber: 0000000000 **CheckDate:** 08/08/2025 **CheckNet:** 70.28 10

Payroll Check - Punch Details 11

Check Number	Employee Name	Service Code	Work Date	Start Time	End Time	Pay Type	Wage	Hours
3333333	EMPLOYEE THREE	RSP	07/01/2025	7:53PM	9:26PM	Regular	20.17	1.55
1111111	EMPLOYEE ONE	RSP	07/31/2025	9:21PM	10:26PM	Regular	19.17	1.08
2222222	EMPLOYEE TWO	PLS	07/16/2025	1:30PM	5:00PM	Regular	23.71	3.50

Vendor Check Information 12

Check # 333333
Date: 08/10/2025
Payee: VENDOR NAME
Net: 444.00
Type: CK

Batch # 00000
Billing: 444.00

Code	Date
T1999	08/10/2025

6. **Training and Certification**: Shows important expiration/renewal dates for employee certifications.
    a. **Requirement Name**: Name of Certification
    b. **Expiration Date**: Date the certification expires.
    c. **Certification Status**: Shows if the certification is Active or Expired
7. **Payroll Check Information:** Details of each check issued for each employee based on timesheets submitted. Each employee payroll check issued in a Pay Period is listed separately in the Payroll Check Information section.
    a. **Payee:** The Employee receiving pay.
    b. **Total Net:** Earnings after employee taxes deducted
    c. **Gross:** Employee earnings before employee taxes deducted.
8. **Tax:** Employer's tax liability costs for the employment, paid by Acumen on behalf of the employer. (Employer Burden)
    a. **Medicare:** Tax to help cover cost of Medicare programs.
    b. **FICA:** Federal Insurance contributions Act; includes Social Security Taxes
    c. **SUTA:** State Unemployment Tax Authority
    d. **FUTA:** Federal Unemployment Tax Act
    e. **Work Comp:** Workers Compensation Insurance. Provides benefits if employee is injured while working. Paid by the employer through the participant's Service Authorization and managed by Acumen.
9. **Billing:** Total amount including Employer Burden (FICA, FUTA, SUTA, Medicare, and Workers Comp) being deducted from the participant's budget.
10. **CheckNet:** Total amount paid to the employee. ***Please note****: The employer costs listed in this section DO NOT impact the amount paid to the employee.*
11. **Payroll Check – Punch Details:** Lists each time entry submitted by the employee.
12. **Vendor Check Information:** Details of each check issued to Vendors based on Vendor Reimbursements submitted.
    a. **Payee:** The Vendor receiving pay
    b. **Net:** Amount paid to Vendor
    c. **Billing:** Amount deducted from client's service account and billed to Medicaid.
    d. **Code**: Medicaid billing code that Acumen uses when submitting reimbursement for the vendor payment.