



## Paying For Your Supports Packet

### Payment Schedule

A Payment Schedule has been provided in this folder. Please remember to follow this schedule so your employees are paid on time. Late submissions will be processed in the next pay cycle according to the schedule. Paychecks will be mailed directly to your employee(s).

### Reporting Employees' Time

Anytime your employee performs work, you and the employee need to report that work to Acumen. There are two ways you can report work performed to Acumen: Web Time Entry and the DCI Mobile App.

### Web Time Entry

Acumen encourages you to use Web Time Entry (WTE) for reporting and payroll submission. WTE is an Internet-based application that allows you to submit your employee hours online and provides real-time account statements, service authorization information, and employee enrollment status details. Choosing WTE provides additional safeguards against incomplete and/or incorrect submissions.

WTE also gives you an added layer of fraud protection. As an employer, it is your responsibility to ensure the accuracy of all time submitted prior to approval and submission. The WTE site is password protected, which means that no information can be modified without your password entered as authorization. It is your responsibility as the employer to keep this password confidential. Available reports will show you hours paid out, allowing you to keep a close eye on your account. You can compare these reports with your personal records to verify that there have been no unauthorized payment requests. If you are interested in using WTE or would like more information, visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on Participant/Employers, then Participant Employer Portal, then click the Desktop User button, or contact our customer service team for assistance at (866) 811-3099.

### DCI Mobile App

Acumen offers a very convenient mobile app that can be downloaded free of charge from the Google Play Store or the Apple App Store. The application is called "DCI Mobile EVV." The DCI Mobile App allows employees to capture hours worked in real time by allowing them to "punch in" when they arrive on shift and to "punch out" when they are finished with a shift. Using the DCI Mobile App is the most convenient method of time submission because it does not require you, the employer, to go through the extra step of approving the time entries. The DCI Mobile App also captures an electronic visit verification which helps to protect against fraud, waste and abuse of program funds.

## **Employee Pay Rates**

If you want to establish or change an employee's hourly wage, complete a new *Employee Rate Sheet* and provide it to Acumen. Changes to pay rates must be submitted at least 2 weeks before you want them to take effect. Make sure you refer to the *Partners Program Code Descriptions* so you can see the "payroll cost". The "payroll cost" information will help you know how much money each hour of service will cost. The difference between this rate and the billing rate for the service will be placed in your Budgetary Overage Balance. Check with your Community Navigator about what you can use the money in your Budgetary Overage Balance for.

## **Budgetary Overage Balance Requests**

Acumen can make payments out of your Budgetary Overage Balance. To request a payment, complete the *Budgetary Overage Balance Request* form and email, fax or mail the form to Acumen. Remember all payments from the Budgetary Overage Balance must be approved in your Plan. Be sure to check the dollars you have remaining in the Budgetary Overage Balance before submitting a request for payment. Acumen cannot make payments that will put the Budgetary Overage Balance into the negative.

When completing the *Budgetary Overage Balance Request* form, enter the information on the line corresponding to what you want paid. Below is information about each:

- If you are requesting your employee to be paid mileage, enter the total miles times the rate per mile on the Mileage line. Mileage will be paid on the employee's pay check with their hours but the mileage will not be taxed.
- If you are requesting your employee to be paid a bonus, enter the gross amount you want paid to the employee on the Bonus line. The employee's taxes will come out of the gross amount.
- If you are requesting other types of payments such as a reimbursement or a payment to a vendor, attach an invoice, receipt or voided receipt and a W-9. Enter a brief description and amount on the other line.



## **Paying Vendors**

### **Vendor Payments**

Acumen can make vendor or reimbursement payments on your behalf. Complete the *Request for Vendor Payment Form* and email, fax or mail the form with a copy of a voided receipt or a copy of the bill you wish to be paid. If you are unsure if a person should be classified as an employee or an independent contractor, a Form SS-8 will help you. The form can be found on the Acumen website at [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), select Participant/Employer then select your state and program. The form can also be found at <https://www.irs.gov/pub/irs-pdf/fss8.pdf>.

### **Form W-9**

A completed *Form W-9* must be submitted to Acumen prior to any vendor payments. Please consult with your vendor/independent contractor to have them fill this form out. The form can be found on the Acumen website with your other program forms at [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), select Participant/Employer then select your state and program. The form can also be found at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf).

In addition, all vendor are subject to 1099 tax reporting. For more information regarding Form 1099-MISC, please see Acumen's MISC Reporting FAQs found at [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), and then click on Resources.

**ALL VENDORS and NON-EMPLOYEES MUST SUBMIT A FORM W-9 TO RECEIVE PAYMENT.**

### **Timeline for Vendor Payments**

Completed *Request for Vendor Payment Forms* will be paid according to the *Payment Schedule* included in this packet.

### **Electronic Funds Transfer (EFT) Direct Deposit**

Acumen offers an Electronic Funds Transfer (EFT)/Direct Deposit option for vendor or non-employee payments. Funds can be deposited electronically into the vendor's account on the pay day according to the *Payment Schedule*. If the vendor would like to participate in the EFT option, please have them fill out the *Vendor Electronic Funds Transfer Form*. This form can be found at [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on Participant Employers, then select your state and program. You can also contact Acumen to request the form.



Acumen Fiscal Agent, LLC.  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206  
Toll Free: (866) 811-3099  
Fax: (855) 264-3292  
[www.acumenfiscalagent.com](http://www.acumenfiscalagent.com)



## NC Innovations Payment Schedule Effective July 1, 2022

To ensure that your employees and/or service providers are always paid on time, please ensure your employee's time is entered and approved online by the due date, even if it falls on a weekend or holiday. These dates are strictly enforced. Any time that is approved after the due date or payment requests received after that date will be processed for the following payment period.

Be sure to have all hours entered and approved by the "Submissions Due NO Later Than" date. To access the DCI Employer and Employee Portal, go to:

<http://acumen.dcisoftware.com>

If you would like to attend a webinar on how to use either the Mobile App or online Web Time Entry portal, visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com) and click on the Events tab. If you have any questions or concerns, contact our Customer Call Center at 866-522-8636.

MONTH	Payroll Start Date	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
JULY	7/1/22	7/15/22	7/18/22	7/29/22
	7/16/22	7/31/22	8/3/22	8/15/22
AUGUST	8/1/22	8/15/22	8/18/22	8/30/22
	8/16/22	8/31/22	9/3/22	9/15/22
SEPTEMBER	9/1/22	9/15/22	9/18/22	9/30/22
	9/16/22	9/30/22	10/3/22	10/14/22
OCTOBER	10/1/22	10/15/22	10/18/22	10/28/22
	10/16/22	10/31/22	11/3/22	11/15/22
NOVEMBER	11/1/22	11/15/22	11/18/22	11/30/22
	11/16/22	11/30/22	12/3/22	12/15/22
DECEMBER	12/1/22	12/15/22	12/18/22	12/30/22
	12/16/22	12/31/22	1/3/23	1/13/23
JANUARY	1/1/23	1/15/23	1/18/23	1/30/23
	1/16/23	1/31/23	2/3/23	2/15/23
FEBRUARY	2/1/23	2/15/23	2/18/23	2/28/23
	2/16/23	2/28/23	3/3/23	3/15/23
MARCH	3/1/23	3/15/23	3/18/23	3/30/23
	3/16/23	3/31/23	4/3/23	4/14/23
APRIL	4/1/23	4/15/23	4/18/23	4/28/23
	4/16/23	4/30/23	5/3/23	5/15/23
MAY	5/1/23	5/15/23	5/18/23	5/30/23
	5/16/23	5/31/23	6/3/23	6/15/23
JUNE	6/1/23	6/15/23	6/18/23	6/30/23
	6/16/23	6/30/23	7/3/23	7/14/23

**"MONTH"** refers to the month that services were provided.

**"Payment Period End Date"** is the last day of services in the pay period.

**"Direct Deposit/Check Date"** shows the date that payment will be issued. For those payees that have selected direct deposit or pay card, this is also the date that funds will be available in their accounts.

**"Submissions Due NO Later Than"** is the last date that your employee's time can be approved and your vendor payment requests can be submitted, for the pay period in order to be paid as scheduled.

Please share this schedule with your employees, and keep a copy in a safe place for easy reference.

Acumen Fiscal Agent  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206

**North Carolina MCO**  
**PARTNERS Standard Bill Rates & Acumen Max Pay Rates (Effective 3/1/2022)**

**\*Note:** Max Bill Rate is the amount Acumen bills to Sandhills for each unit of service. The Payroll Cost includes the hourly pay rate, Employer Taxes and Workers' Compensation. The difference between the Payroll Cost and what is billed will be added into your Fund Balance. Below is a breakdown of the payroll costs.

BILL CODE	ACUMEN CODE	DESCRIPTION	UNIT TYPE	MCO UNIT BILL RATE	MCO HOURLY BILL RATE	EOR EMPLOYEE MAX PAY RATE	APPROXIMATE EMPLOYER BURDEN PER HOUR
T2013TF	CLSIP	COMMUNITY LIVING AND SUPPORTS	15 MIN UNIT	6.18	24.72	22.07	2.65
T2013TFHQ	CLSGP	COMMUNITY LIVING AND SUPPORTS GROUP	15 MIN UNIT	4.08	16.32	14.57	1.75
T2012GC	CLSIP	COMMUNITY LIVING AND SUPPORTS LIVE-IN/COMMUNITY	15 MIN UNIT	6.18	24.72	22.07	2.65
T2012GCHQ	CLSGP	COMMUNITY LIVING AND SUPPORTS GROUP LIVE-IN/COMMUNITY	15 MIN UNIT	4.08	16.32	14.57	1.75
H2015	CNTIP	COMMUNITY NETWORKING	15 MIN UNIT	5.88	23.52	21.00	2.52
H2015HQ	CNTGP	COMMUNITY NETWORKING GROUP	15 MIN UNIT	4.20	16.80	15.00	1.80
S5150	RSPIP	RESPIRE	15 MIN UNIT	4.89	19.56	17.46	2.10
S5150HQ	RSPGP	RESPIRE GROUP	15 MIN UNIT	3.32	13.28	11.85	1.43
T1005TD	RSPRP	RESPIRE RN	15 MIN UNIT	10.07	40.28	35.96	4.32
T1005TE	RSPLP	RESPIRE LPN	15 MIN UNIT	10.07	40.28	35.96	4.32
H2025	SEMIP	SUPPORTED EMPLOYMENT	15 MIN UNIT	7.91	31.64	28.25	3.39

## North Carolina MCO

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BILL CODE	ACUMEN CODE	DESCRIPTION	UNIT TYPE	MCO UNIT BILL RATE	MCO HOURLY BILL RATE	EOR EMPLOYEE MAX PAY RATE	APPROXIMATE EMPLOYER BURDEN PER HOUR
H2025HQ	SEMGP	SUPPORTED EMPLOYMENT GROUP	15 MIN UNIT	2.17	8.68	7.75	.93
H2025TS	SEMILTP	SUPPORTED EMPLOYMENT LTFA INDIVIDUAL	15 MIN UNIT	7.91	31.64	28.25	3.39
H2025TSHQ	SEMGLTP	SUPPORTED EMPLOYMENT LTFA GROUP	15 MIN UNIT	2.17	8.68	7.75	.93
T2033U1	SLP	SUPPORTED LIVING PERIODIC	15 MIN UNIT	5.72	22.88	20.42	2.46
T2033	SLL1P	SUPPORTED LIVING LEVEL 1	DAILY	160.09	NOT APPLICABLE	179.57	NOT APPLICABLE
T2033HI	SLL2P	SUPPORTED LIVING LEVEL 2	DAILY	218.65	NOT APPLICABLE	211.74	NOT APPLICABLE
T2033TF	SLL3P	SUPPORTED LIVING LEVEL 3	DAILY	237.01	NOT APPLICABLE	262.91	NOT APPLICABLE
S5110	NSEIP	NATURAL SUPPORTS EDUCATION	15 MIN UNIT	8.36	33.44	29.85	3.59
H2015U1	CNCCP	COMMUNITY NETWORKING CLASS AND CONFERENCE	PER AUTH	AS APPROVED IN AUTHORIZATION	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE
H2015U2	CNTTP	COMMUNITY NETWORKING TRANSPORTATION	PER MILE	AS APPROVED IN AUTHORIZATION	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE
T1999	IGSP	INDIVIDUAL GOOD & SERVICES	PER AUTH	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
T2025U2	ESUP	EMPLOYER SUPPLIES	PER AUTH	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
T2025U2-BB	ESUP-BB	EMPLOYER SUPPLIES BASIC PACKAGE	PER AUTH	\$750.00 PER PLAN YEAR	\$750.00	NOT APPLICABLE	NOT APPLICABLE

## North Carolina MCO

### PARTNERS Standard Bill Rates & Acumen Max Pay Rates (Effective 3/1/2022)

**\*Note:** Max Bill Rate is the amount Acumen bills to Sandhills for each unit of service. The Payroll Cost includes the hourly pay rate, Employer Taxes and Workers' Compensation. The difference between the Payroll Cost and what is billed will be added into your Fund Balance. Below is a breakdown of the payroll costs.

BILL CODE	ACUMEN CODE	DESCRIPTION	UNIT TYPE	MCO UNIT BILL RATE	MCO HOURLY BILL RATE	EOR EMPLOYEE MAX PAY RATE	APPROXIMATE EMPLOYER BURDEN PER HOUR
T2025U1	NOT APPLICABLE	FINANCIAL SERVICES FEE	1 UNIT PER MONTH	192.50	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	BOBP	ACCRUED FUNDS	NOT TO EXCEED AMOUNT IN FUND BALANCE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

<b>Total payroll cost breakdown includes the following</b>	
<b>Federal Insurance Contributions Act (FICA):</b>	7.65% of taxable wages
<b>Federal Unemployment Tax Act (FUTA):</b>	0.6% of taxable wages
<b>State Unemployment Tax Act (SUTA):</b>	SUTA is determined on an individual basis. The 2022 calendar year new employer SUTA rate is 1.0%. If you are not a new employer, your rate could be different. Contact Acumen for your individual rate.
<b>Workers' Compensation:</b>	2.75% of gross wages
<b>Pay Rate:</b>	Gross wage paid to employee



## Partners Request for Employee Bonus and Reimbursement



<b>Participant Name</b>	<b>Participant ID #</b>
<b>Employer Name</b>	

**Payment Instructions**

<b>Employee Name</b>	
<b>Address</b>	<b>City/State/Zip</b>

**Is this payment a Reimbursement or a Bonus?**

**Bonus**

**Reimbursement (Costs Paid by Employee) *(Verify MCO Rules)***

Enter information on the appropriate line below for payment from the Budgetary Overage Balance.

- **BOBP** - Bonus, write in the gross amount of the payment. *Taxes will come out of this amount. Service date should be within pay period of pay cycle in which you wish to pay your Employee.*
- **BOBP** - Mileage, write in total miles X rate in the Description
- **BOBP** - Training/Supervision hours. Enter the number of hours and rate of pay in the Description.
- **ESUP-BB** – Use this code for Reimbursement for Training/Class, other Costs, etc. *Service date should be within pay period of pay cycle in which you wish to pay your employee.*

Service Date	Service Code	Description	Item Amount
		Total Amount	

**REMINDER:** Please be sure to check the amount remaining in your Budgetary Overage-BOBP and ESUP-BB accounts before submitting a request. Acumen cannot pay more than the amount remaining.

**By signing this form, I attest that services were delivered and received consistent with the Individualized Support Plan and I have rendered and/or approved the above payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.**

Email this form to [nc-mcoagents@acumen2.net](mailto:nc-mcoagents@acumen2.net) and cc: [payroll-nc@acumen2.net](mailto:payroll-nc@acumen2.net)

\_\_\_\_\_  
EOR Signature

\_\_\_\_\_  
Date

Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206  
Phone (866) 811-3099 Fax (855) 264-3292



## Vendor Payment Request Form

Participant Name	Participant Acumen ID #
Employer Name (if different than Participant)	MCO Name:

**Please check if you are requesting:**

- Check to agency/vendor/independent contractor     
  EFT to agency/vendor/independent contractor

**Payment Instructions**

Make Check Payable To:	
Vendor FEIN or SS#	Vendor Name
Vendor Address	Vendor City/State/Zip
Does Vendor have a W9 on file? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, please include a W9 completed by the vendor.	

Service Date	Service Code	Description of Vendor Payment Request	Total Amount
<b>Total Check Amount</b>			

**Return this form to Acumen by email to [ncmcoagents@acumen2.net](mailto:ncmcoagents@acumen2.net)  
 Include a copy of the bill, invoice, or signed bid/estimate.**

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

**\*\*Note\*\* This payment must be approved by the MCO before payment can be made. Please refer to the rules of the MCO in which the participant receives their waiver services.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

## Partners Request for Vendor Payment Instructions

Service Code	Description
ESUP-BB	Employer Supplies – Basic Package
ESUP	Employer Supplies – Approved service
INGS	Individual Goods and Services – Approved service
NSEI	Natural Supports Education Individual (Vendor) - Approved Service
NSEC	Natural Supports Education/Conference – Approved Service

**ACUMEN REQUIRES AN IRS FORM (W-9) BE SUBMITTED WHEN SERVICES ARE PROVIDED FOR AGENCIES, VENDORS AND INDEPENDENT CONTRACTORS. THIS FORM MUST BE RECEIVED BY ACUMEN PRIOR TO ANY PAYMENT. VENDORS CANNOT BE PAID IF THEIR NAME SHOWS UP ON THE LIST OF EXCLUDED INDIVIDUALS AND ENTITIES (LEIE). ACUMEN WILL VERIFY SERVICES HAVE BEEN APPROVED IN THE PLAN PRIOR TO MAKING THE PURCHASE.**

**1) Vendor Payments – (Reimbursements to Employer Not Allowed)**

The employer can submit an invoice, along with the Acumen Vendor Request Form to Acumen at [ncmcoagents@acumen2.net](mailto:ncmcoagents@acumen2.net) for services approved on the Plan. Acumen will issue a check made payable to the vendor directly to the vendor or if available pay by phone/online.

**Online Employer Supplies Order Requests – (Reimbursements to Employer Not Allowed)**

The employer will submit the Acumen Vendor Request Form, along with screenshots and/or Wish List (example: Amazon, Walmart) for items approved for purchase to Acumen at [ncmcoagents@acumen2.net](mailto:ncmcoagents@acumen2.net). Items must be items from the Partners Basic or approved by the Partners authorization process.

**Instructions for Employers to complete and submit the Vendor Payment Request Form**

The Employer fills out the Vendor Payment Request Form. Please note that vendor requests follow the same schedule as payroll, and will be processed based on the Invoice/request date and when they are received. If items are needed sooner, please contact our NC MCO Agent Team at [ncmcoagents@acumen2.net](mailto:ncmcoagents@acumen2.net).

- A) For services rendered,** the Employer attaches a copy of the itemized receipt(s) or invoice(s), the Employer signs the form, and submits this to Acumen Fiscal Agent.
  
- B) For requests for items to be purchased by Acumen on behalf the participant,** the Employer creates a Wish List (example: Amazon, Walmart) and/or submits screenshots of the items to be purchased along with the form. The Total Check Amount must include shipping and tax where applicable. The Employer then signs and submits the form to Acumen Fiscal Agent.
  - **Price changes/differences.** As long as the price of the item does not exceed the amount approved and shown on the Cost Summary, Acumen will make the purchase. If the price of the item changes from the time of submittal to the time of Acumen making the purchase, then the employer will need to go back to Partners for approval is necessary. With price increases happening so fast it is suggested to ask for approval of 20% over the cost of the items as a buffer.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	<b>2</b> Business name/disregarded entity name, if different from above					
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____					Exemption from FATCA reporting code (if any) _____
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					(Applies to accounts maintained outside the U.S.)
	<input type="checkbox"/> Other (see instructions) ►					
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
<b>6</b> City, state, and ZIP code						
<b>7</b> List account number(s) here (optional)						

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
						-						
or												
Employer identification number												

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# ELECTRONIC FUNDS TRANSFER FORM

## VENDOR PAYMENTS

Payroll Agent: Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206

Phone: 866-811-3099  
Fax: 855-264-3292

\* Please attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Any changes to the account must be submitted immediately! The initial request and any subsequent changes will **not** be direct deposited to your account until the account is authorized by your Financial Institution. Authorization will take effect not less than 10 days after acceptance by the Financial Institution. Paper checks will be mailed to your address of record until the account is authorized.

Account Type:  checking (attach voided check)  
 savings (attach routing and account information printout)

<input type="checkbox"/> <b>New Account</b>	<input type="checkbox"/> <b>Change of Account</b>	<input type="checkbox"/> <b>Cancellation</b>
Financial Institution Name _____		
Address _____	City _____	State _____ Zip _____
Account Routing Number _____	Account Number _____	

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to the business account indicated above. I further authorize the Financial Institution named above to accept such entries and to credit or debit the amount thereof to such account.

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

\_\_\_\_\_  
Print Business Name

\_\_\_\_\_  
EIN

\_\_\_\_\_  
Print Name and Title of Individual Authorizing EFT

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



NC  
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# Online Vendor Purchase Request Form

<b>Participant Name</b>	<b>Participant Acumen ID #</b>
<b>Employer Name</b> (if different than Participant)	<b>MCO Name:</b>

1. A PDF of the shopping cart must be provided. The shopping cart must include a total which includes **taxes and shipping costs.**
2. If the vendor is not already contracted with Acumen the employer must get a W9 from the vendor and provide a copy of the completed W9 to Acumen.
3. **For Vaya Only** – Include a copy of the Vaya approval letter and the supplies request breakdown.
4. **This purchase must be approved by the MCO before payment can be made. Please refer to the rules of the MCO in which the participant receives their waiver services.**

## Payment Instructions

<b>Online Vendor Name:</b>
<b>Provide Shipping Address of Employer:</b>

Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount
		<b>Total Amount (must include taxes &amp; shipping costs)</b> (For online purchases, actual purchase price may vary. You will be contacted if approval price does not cover the actual costs of the purchase request.	

**Return this form to Acumen by email to [ncmcoagents@acumen2.net](mailto:ncmcoagents@acumen2.net)**

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date