



Paying For Your Supports Packet

Payment Schedule

A Payment Schedule will be provided with your Good to Go letter. 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, 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 Form* 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 *Show Me the Money* chart so you can see the "cost to you". The "cost to you" will show you 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 Reserve Fund. Check with your Community Navigator about what you can use the money in your Reserve Fund for. Review the North Carolina Trillium Code Descriptions document in this packet for service code information.

Show Me the Money

Included in this packet is a *Show Me the Money* chart so you can see the total cost of the wages you choose to pay.



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, 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, select Participant/Employer then select your state and program. The form can also be found at www.irs.gov/pub/irs-pdf/fw9.pdf.

In addition, all vendor payments 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, and then click on Resources.

ALL VENDORS 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 Option

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, 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

customerservice@acumenfiscalagent.com
www.acumenfiscalagent.com



NC Trillium 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 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	7/3/22	7/16/22	7/18/22	7/29/22
	7/17/22	7/30/22	8/1/22	8/12/22
AUGUST	7/31/22	8/13/22	8/15/22	8/26/22
	8/14/22	8/27/22	8/29/22	9/9/22
SEPTEMBER	8/28/22	9/10/22	9/12/22	9/23/22
	9/11/22	9/24/22	9/26/22	10/7/22
OCTOBER	9/25/22	10/8/22	10/10/22	10/21/22
	10/9/22	10/22/22	10/24/22	11/4/22
NOVEMBER	10/23/22	11/5/22	11/7/22	11/18/22
	11/6/22	11/19/22	11/21/22	12/2/22
DECEMBER	11/20/22	12/3/22	12/5/22	12/16/22
	12/4/22	12/17/22	12/19/22	12/30/22
JANUARY	12/18/22	12/31/22	1/2/23	1/13/23
	1/1/23	1/14/23	1/16/23	1/27/23
FEBRUARY	1/15/23	1/28/23	1/30/23	2/10/23
	1/29/23	2/11/23	2/13/23	2/24/23
MARCH	2/12/23	2/25/23	2/27/23	3/10/23
	2/26/23	3/11/23	3/13/23	3/24/23
APRIL	3/12/23	3/25/23	3/27/23	4/6/23
	3/26/23	4/8/23	4/10/23	4/21/23
MAY	4/9/23	4/22/23	4/24/23	5/5/23
	4/23/23	5/6/23	5/8/23	5/19/23
JUNE	5/7/23	5/20/23	5/22/23	6/2/23
	5/21/23	6/3/23	6/5/23	6/16/23
JULY	6/4/23	6/17/23	6/19/23	6/30/23
	6/18/23	7/1/23	7/3/23	7/14/23
	7/2/23	7/15/23	7/17/23	7/28/23

"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



ELECTRONIC FUNDS TRANSFER FORM

VENDOR PAYMENTS

*Attach a **voided check** for verification of the checking account number. 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.

New Account

Change of Account

Cancellation

Account Type:

- Checking
- Savings

Financial Institution Name

Branch Name and Phone Number

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

Email Address

Signature

Date

Payroll Agent: Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (888) 811-3099
Fax: (855) 264-3292

North Carolina Trillium

Max Pay Rates

Revision Date: 04/01/22

Code	Description	Max Bill Rate*	Max Pay Rate	Unit Type	Billing Code
CLSI	Community Living & Support Individual	\$6.12	\$21.85	Quarter hour	T2013 TF
CLSG	Community Living & Support Group	\$3.41	\$12.18	Quarter hour	T2021 TF HQ
CNTI	Community Networking Individual	\$5.61	\$20.03	Quarter hour	H2015
CNTG	Community Networking Group	\$3.12	\$11.14	Quarter hour	H2015 HQ
CNTT	Community Networking Trans	Invoice	Invoice	Per mile	H2015 U2
NSEI	Natural Supports Ed Individual	\$8.36	\$29.85	Quarter hour	S5110
RSPI	Respite Individual	\$3.71	\$13.25	Quarter hour	S5150
RSPG	Respite Group	\$2.82	\$10.07	Quarter hour	S5150 HQ
RSPR	Respite Nursing RN	\$9.24	\$33.00	Quarter hour	T1005 TD
RSPL	Respite Nursing LPN	\$9.24	\$33.00	Quarter hour	T1005 TE
SEMI	Supported Employment Individual	\$7.75	\$27.67	Quarter hour	H2025
SEMG	Supported Employment Group	\$ 1.99	\$ 7.10	Quarter hour	H2025 HQ
ESUP	Employer Supplies	As listed on MCO Budget	As listed on the Authorization	Per Authorization	T2025 U2
RSRV	Trillium Reserve	Not to exceed amount in Reserve	Not to exceed amount in Reserve	Per Trillium Reserve	
INGS	Individual Goods & Services	As listed on Authorization	As listed on Authorization	Per Authorization not to exceed \$2000/yr	T1999

*Note: Max Bill Rate is the maximum amount Acumen may bill to Trillium for each unit of service on your behalf. The Payroll Cost includes the hourly pay rate, Employer Taxes and Workers' Compensation. When determining the rate of pay for your employee, you must keep the Payroll Cost in mind. The total Payroll cost cannot exceed the Max Bill Rate. Below is a breakdown of the payroll costs.

North Carolina Trillium

Max Pay Rates

Revision Date: 04/01/22

Total payroll cost breakdown includes the following	
Federal Insurance Contributions Act (FICA):	7.65% of taxable wages
Federal Unemployment Tax Act (FUTA):	0.6% of taxable wages
State Unemployment Tax Act (SUTA):	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.
Workers' Compensation:	2.75% of gross wages
Pay Rate:	Gross wage paid to employee

Show Me the Money



It costs you, the employer, more to employ someone than just their wages. By law, employers need to pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program, and is also an employer-related cost. Acumen calls these employer-related costs the "Cost to You."

What this means is that for every \$1.00 you pay in wages, you must add approximately 14 cents to pay for taxes and Workers' Compensation. The "Cost to You" is simply the employee's wage multiplied by **1.132** (the 14 cents per dollar mentioned above). Acumen calculates and pays these taxes and Workers' Compensation on your behalf. It is important for you to understand how this impacts your spending. The difference between the Cost to You and the max rate available for the service is put into a Reserve Fund. Check with your Community Navigator regarding what you can use the money in your Reserve Fund for. This Show Me the Money form is a tool you can use to calculate the "Cost to You." Be sure that you round up your calculation to the nearest penny.

Simply fill in the blanks below to determine the "Cost to You."

$$\boxed{} \times \boxed{1.132} = \boxed{}$$

Employee Wage Taxes & Workers' Comp Cost to You (always round up)

Example 1:

Jane wants to pay her new employee, Don, the minimum wage rate of \$7.25 per hour. Using the tool described above, Jane calculates her costs:

$$\boxed{\$7.25} \times \boxed{1.132} = \boxed{\$8.21 (8.207)}$$

Employee Wage Taxes & Workers' Comp Cost to You (always round up)

It will cost Jane \$8.21 per hour to pay her employee a wage of \$7.25 per hour. Jane determines how this will impact her spending. She then completes the auto-calculator with a rate of \$7.25 per hour for Don and returns this form to Acumen before Don's first day of employment.

Example 2:

Jake wants to give his employee, Maria, a wage increase. He spoke with his Community Navigator and knows that \$11.00 per hour is an allowable rate for his approved service code. Jake calculates what it would cost him to pay Maria a wage of \$11.00 per hour using the tool described above:

$$\boxed{\$11.00} \times \boxed{1.132} = \boxed{\$12.46 (12.452)}$$

Employee Wage Taxes & Workers' Comp Cost to You (always round up)

It would cost Jake \$12.46 per hour to pay his employee, Maria, a wage of \$11.00 per hour. Jake determines how this will impact his spending. He decides he can afford to increase Maria's wage to \$11.00 per hour. Jake then completes the auto-calculator for Maria with the new rate of \$11.00 per hour and returns this to Acumen before the date he wants the increase to start.



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
Total Check Amount			

**Return this form to Acumen by email to 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

Request for Vendor Payment Instructions

Service Code	Description
RSRV Bonus	Bonus to Employee
RSRV Training	Training for Employee
RSRV Employer Supplies	Employer Supplies from Reserve
RSRV Mileage	Mileage to Employee
RSRV Other	Other Approved Items
INGS	Individual Goods and Services – approved service
ESUP	Employer Supplies – 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

The employer can submit an invoice to Acumen for services approved on the Plan. Acumen will issue a check made payable to the vendor. This check will then be mailed directly to the vendor.

2) Online Order Requests

The employer can submit the vendor request form, along with screenshots and/or Wish List (example: Amazon, Walmart) for items to be purchased on behalf of the participant.

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 customer service team to request this.

- 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, even if the price of the item changes from the time of submittal to the time of Acumen making the purchase.

Request for Trillium Reserve Payment Form



Participant Name	Participant ID #
Employer Name	

Payment Instructions

Make Check Payable To:	
Name	Is this payment to an Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip

Enter information on the appropriate line below for payment from the Trillium Reserve.

- Trillium Reserve – Mileage, write in total miles X rate in the Description.
- Trillium Reserve– 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.
- Trillium Reserve – Training, use this code for Training/Supervision hours. Enter the number of hours and rate of pay in the Description.

Service Date	Service Code	Description	Total Amount
	Mileage		
	Bonus		
	Training		
		Total Check Amount	
		Invoice Number (if applicable)	

Return this form to Acumen by email to payroll-nc@acumen2.net

REMINDER: Please be sure to check the amount remaining in your Trillium Reserve allotment. Acumen cannot pay more than is 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.

EOR Signature

Date

If you are requesting a reimbursement to the Employer, this form must also be signed by a representative of Trillium Health Resources.

Acumen Fiscal Agent, LLC
 5416 E. Baseline Rd., Suite 200
 Mesa, AZ 85206
 Phone (866) 811-3099 Fax (855) 264-3292
 Payroll-nc@acumen2.net

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 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) ▶ _____ Note: 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 not 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 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.

Sign Here	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.

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

*Attach a **voided check** for verification of the checking account number. 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.

New Account

Change of Account

Cancellation

Account Type:

- Checking
- Savings

Financial Institution Name

Branch Name and Phone Number

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

Email Address

Signature

Date

Payroll Agent: Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (888) 811-3099
Fax: (855) 264-3292



Online Vendor Purchase Request Form

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

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

Online Vendor Name:
Provide Shipping Address of Employer:

Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount
		Total Amount (must include taxes & shipping costs) (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

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