



SD Family Support 360 Program Participant/Employer Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Participant/Employer as stated below.

General understanding and conditions of the SD Family Support 360 Program:

- Participation in this Participant Direction option is a decision I have made after consultation with my Family Support Coordinator.
- I have received from my Family Support Coordinator any/all program related information about my service delivery options and the rules and regulations regarding my participation in the Family Support 360 Program. I understand it is my responsibility as the Employer to abide by all the rules and regulations of this program and the South Dakota FS 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 South Dakota Family Support 360 Program 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/employees, as defined by the South Dakota FS 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 employee and/or I complete are correct within required guidelines.
- I will not allow provider(s)/employee(s) to begin performing work until Acumen has notified me that provider(s)/employee(s) are active in their system (Good to Go).
- I understand that if my program requires my employee (job applicant) to pass a background check I will ensure all investigation reports are kept confidential, and will not be shared, and will be disposed of properly given that they include sensitive data (e.g. criminal history) and personally identifiable information (e.g. name, date of birth, SSN).
- I understand that Acumen is only authorized to represent me in processing payments as it relates to the Family Support 360 Program. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in my Budget/Spending Plan.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available funds.
- I understand that if I cause work to happen above and beyond what is authorized in my Budget/Spending Plan, I as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility to review and approve all requests for payment prior to submitting them to Acumen to ensure accuracy and confirm they are authorized for processing.
- The Employer of Record/Authorized Rep. is responsible to ensure service documentation notes include:
 - Description of various covered activities (services) involving the participant receiving services,
 - Record of situations or incidents (good or bad) that arise affecting the participant receiving services,
 - Ensure service documentation is completed at the time of service.

- 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 Family Support 360 Program.
- I understand it is my responsibility to notify my Family Support Coordinator immediately of any significant changes in circumstances that may affect the participant's Budget/Spending Plan and/or safety.
- I understand it is my responsibility to notify Acumen immediately of any changes that effect my eligibility for services. (e.g. loss of Medicaid, hospitalization, placement in a facility) I understand I may be responsible for payment of any work performed during the loss of eligibility.
- I understand all requests for payment must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims 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. Any collection costs or legal fees will be my responsibility to pay.
- I understand any request for a payment that is more than 30 days from the date of service may have a delay in payment. Acumen will need to request an exception from the state. Please refer to the Paying Your Supports packet.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Participant: _____

Name of Employer/ Representative (if applicable): _____

Phone: (____) _____ Email Address: _____

Participant/Employer Signature

Date

Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (866) 499-0624
Fax: (866) 496-4564
enrollment@acumen2.net