



## **NC Innovations Waiver Employer-Authorized Representative/Acumen Agreement Form**

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

### **Overview and Conditions of the Individual & Family Directed Services (IFDS)**

\_\_\_\_ Participation in this Individual & Family Directed Services (IFDS) Option is a decision made after training and consultation with the Tailored Care Manager.

\_\_\_\_ I have received from the Tailored Care Manager any/all program related information about the service delivery options and the rules and regulations regarding participation in the IFDS.

### **Financial Supports Agency Overview**

Financial Support Services (FSS) is the umbrella service for the continuum of supports offered to NC Innovations individuals who elect the Individual and Family Directed Services Option, Employer of Record Model. Financial Support Services are provided to assure that funds for self-directed services are managed and distributed as intended.

### **Financial Support Services Responsibilities**

\_\_\_\_ I understand my Financial Services Agency (FSA/FSSA) facilitates the employment of support staff by the Employer as follows:

1. Filing claims for self-directed services.
2. Processing payment of payroll to employees hired to provide services.
3. Deducting all required federal, state, and local taxes, including unemployment tax, prior to issuing paychecks to employees.
4. Ordering employment-related supplies and paying invoices for other expenses such as training of employees.
5. Maintaining reporting of the individual's accrued funds.
6. Tracking and monitoring individual budget expenditures.
7. Providing monthly account statements as required, to the individual/ employer/family, detailing expenditures of services and funds.
8. Submitting and reviewing criminal background checks, driver's license checks, and health care registry checks on Employer of Record staff as requested.
9. Facilitating Workers Compensation Coverage on behalf of the Employer of Record for their staff.
10. Serving as the Internal Revenue approved Fiscal Employer Agent.



## **Acknowledgement of Employer of Record Responsibilities**

\_\_\_\_\_ It is my responsibility as the Employer/Authorized Representative (Employer) to abide by all the rules and regulations of this program.

\_\_\_\_\_ That I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent, the State of North Carolina or the Tailored Care Plan.

\_\_\_\_\_ 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 the Final Rule effective December 1, 2016.

\_\_\_\_\_ As the employer my responsibility may extend beyond what the program funds may pay my employee, and I accept full responsibility for all debts owed. This includes overtime and any hours that are above what is authorized in the Individualized Support Plan (ISP) and/or within program rules. (Federal link: [https://www.dol.gov/whd/homecare/homecare\\_guide.pdf](https://www.dol.gov/whd/homecare/homecare_guide.pdf)) (State link: <https://www.labor.nc.gov/>)

\_\_\_\_\_ I understand that Acumen is only authorized to represent me in processing payments as it relates to this IFDS Option. Acumen will only make payments on my behalf in accordance with the authorized amounts as outlined in the Individualized Support 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 units and funds.

\_\_\_\_\_ I understand that if I cause work to happen above and beyond what is authorized in the Individualized Support Plan, I, as the employer, will be personally responsible for those expenses.

\_\_\_\_\_ I understand it is my responsibility to hire and train only qualified staff, as defined by the IFDS Option, to provide services. This includes hiring employees over the age of 18, with a high school diploma or GED.

\_\_\_\_\_ 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 any new staff to begin performing work until Acumen has notified me that staff are active in their system (Good to Go).

\_\_\_\_\_ I understand that if the program requires my future applicants to pass a background and motor vehicle driving check for employee(s) providing transportation.

\_\_\_\_\_ I understand that I must follow the Fair Credit Reporting Act (FCRA) requirements related to background check investigations.

\_\_\_\_\_ I will ensure all investigation reports are kept confidential, 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, DOB, SSN).



\_\_\_\_ I understand it is my responsibility to review and approve all time submissions prior to submitting them 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 IFDS.

\_\_\_\_ I understand it is my responsibility to notify the Tailored Care Manager immediately of any significant changes in circumstances that may affect the participant's Individualized Support Plan and/or safety.

\_\_\_\_ I understand it is my responsibility to notify Acumen immediately of any changes that affect eligibility for IFDS. I understand I may be responsible for payment of any work performed during the loss of eligibility.

\_\_\_\_ I understand that Acumen will provide a Workers' Compensation poster for use if my employee is injured on the job. I understand this poster must be displayed in an area of the home where it can be easily viewed and read by my employee during the workday.

\_\_\_\_ I understand all requests for payment must be submitted through the appropriate Acumen online time entry system. This system requires password-protected employer approval and I understand that Acumen will not process a payment request without proper employer approval.

\_\_\_\_ I understand my employee(s) must be paid time and one half for all hours worked over 40 in a work week. The work week is from Sunday to Saturday.

### **Grievance Procedures**

\_\_\_\_ I have read and understand the below grievance procedure below for disputes between myself and Acumen.

- Acumen's customer service is the first tier for issue resolution at (866) 811-3099.
- If the grievance is not resolved, you may request to speak to the Customer Service Lead.
- If the grievance is not resolved, you may request to speak to the NC Team Supervisor.
- If the grievance is still not resolved, you may request to speak with the NC Executive Director.
- If the grievance is related to the Program Supervisory and Executive Staff, you may request to speak with the Acumen Quality Services Department.
- If the grievance is still not resolved, you may contact the Acumen President's Hotline at
- (888) 290-1655.
- Unresolved grievances, complaints or concerns may be referred to the Tailored Care Plan directly.

### **Employer Agreements**

\_\_\_\_ I attest that I will submit and/or approve all payment requests in accordance with the Innovations Waiver 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 I may receive documents and information from NC Department of Commerce, Employment Security Division. I will forward this information on to Acumen when received.

\_\_\_\_ I hereby authorize Acumen to electronically send me information (e.g. email) including but not limited to account statement reports. I understand that I have the ability to opt-out of electronic communication upon request and can receive this through U.S. Mail service. To opt-out of receiving electronic communication, contact Acumen's Customer Service department at (866) 811-3099.

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

Name of Participant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

EOR Representative (if applicable): \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Email Address: \_\_\_\_\_  
The phone # and email address provided will be added into the participant's account as the primary phone # and email address.

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*EOR Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Acumen Representative Signature*

\_\_\_\_\_  
*Date*