

TITLE PAGE

TECHNICAL PROPOSAL IN RESPONSE TO:



**The State of West Virginia
Bureau for Medical Services
Request for Proposal MED10001
Fiscal Employer/Resource Consulting**

Due: prior to 1:30 pm on March 11, 2010

WV Department of Health and Human Resources
Office of Purchasing
ATTN: Bryan Rosen
One Davis Square, Suite 100
Charleston, WV 25301
Telephone (304) 558-0953 Fax (304) 558-2892

VENDOR INFORMATION

Allied Community Resources, Inc.
6 Craftsman Road, East Windsor, CT 06088
Phone: (860) 627-9500 Fax (860) 627-0230
Authorized Contact: Carol A. Bohnet

Carol Bohnet
Executive Director

Date

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EXECUTIVE SUMMARY

There are four areas of strength that set Allied Community Resources (ACR) apart and makes Allied the best choice for West Virginia while supporting the Bureau of Medical Services' mission to maintain accountability and assure access to services in a user friendly manner. ACR's strengths are our commitment to personalized customer service, our commitment to the quality of the services we provide, our infrastructure – technology, experience and knowledge, and our capacity to grow with your programs.

A key strength is our commitment to serving individuals. Allied is a community-based provider of both financial management and direct support services focused on assisting individuals achieve independence by providing personalized service and meeting individual needs. The Allied organization grew from a school started by a group of parents in 1964 for their children with special needs. Our Mission to “*provide individuals with disabilities or other challenges the opportunity to live and enjoy a productive, independent and fulfilling life*” focuses on the individual - their independence and self-direction. ACR's Customer Service is not based on a typical call center operator structure. ***When a Member calls Allied they will talk directly to the people who provide their services.*** Each individual member is assigned to a specific Processor/Customer Service Representative and provided with their direct telephone extension. We also provide contact information sheets with pictures (*it is a live person on the other end of the phone*) which include descriptions of responsibilities and email and telephone contact information. This personalized service contributes to ACR's high customer satisfaction ratings that average 96%.

Although we stress the human element in our customer service protocol, ACR has the advanced technology to back up our services. ACR's Management Information System has a specific Customer Service section to record call information and to provide continuity in customer service on those occasions when the assigned representative is not available. ACR strives to practice a one call - one person protocol and the Management Information System provides staff with a history to refer to when providing information. Even though our technology systems aid staff in providing quality services - they do not dictate how the service is provided,

Our staff provides the time and supports that our clients need; personalized assistance regarding their household employer responsibilities as well as support and information about their individual budgets and expenditures. Allied's Vision is “*creating opportunities for people*” by providing the individualized tools and assistance for self-directed services that individuals need to achieve independence. The motivation that drives each and every Allied employee is to create opportunities for people. Every staff person: file clerks, processors, trainers, managers – all are dedicated to, and rewarded, by Allied's mission of helping people; all of them know that the work they do - whether filing a plan, entering a timesheet, training a new employer or answering the phone -

helps people to remain in their homes. Our entire organization is committed to community inclusion and independence and that drives our every action every day.

Providing the quality of services that our clients deserve is our driving force and another key strength of Allied's. Allied Community Resources stands for **excellence** in all aspects of its business operations which is one reason we don't use sub-contractors or call centers for any of our programs or fiscal agent tasks.

Our philosophy is that quality assurance is an inherent part of every position within the company. Staff input is solicited for improvement and training stresses the quality of services all staffs are expected to provide; the individualized and flexible service to our customers and the accountability and attention to detail that is required for all of our programs. Every staff person is expected to be professional and each employee has a responsibility for monitoring quality, not only of their own work but also problems that may have occurred in other process steps or functions. Every staff person receives training in Customer Service, HIPAA, Fraud Awareness and many other topics to assist them in providing the quality of service Allied has become known for.

Responsiveness is also a hallmark of our customer service. Our clients reach real people and calls are returned. All individuals are treated with dignity and respect; clients, employees, customers and community relations. A V/FA cannot provide truly high quality services without individualized and flexible service. Some steps, such as the telephone assessment we conduct for every new plan startup, allows Allied staff to determine any special needs or requirements that apply to the member so that service can be adjusted wherever possible to meet their specific situation.

Accountability and attention to detail are synonymous with fiscal agent responsibilities. Allied's processes utilize internal controls, routing slips and checklists to ensure and document that all required activity has occurred and all procedures used are documented and controlled. Employees and clients are encouraged to offer ideas for process and performance improvement. These ideas often lead to changes which enhance ACR's internal processes or service to program members and the State.

ACR's experience includes over ten years as one of the first fiscal intermediaries for self-directed programs and over forty years of experience directly supporting individuals. ACR has been building our experience and expertise in all vendor/fiscal agent tasks and support services since 1999. We are a not-for-profit service organization that operates as an efficient business. ACR is the sole, state-wide V/FA for Connecticut's Department of Social Services' Elder Homecare PCA Pilot, ABI Medicaid Waiver, PCA Medicaid Waiver and Money Follows the Person Programs. CT's MFP Program is an extremely complicated program transitioning participants into one of six different Waivers – all with different rules and program designs. ACR successfully manages the myriad differences and requirements of all of the programs.

ACR is also one of only two remaining V/FA's for the Connecticut Department of Developmental Disabilities Waivers, pilots and self-directed programs. The CT DDS program is also complex, includes extensive participant contact and assistance and has undergone almost continual changes and sustained substantial growth. ACR has in fact resolved a substantial number of tax issues for our clients that were a result of previous V/FA's. ACR also provides financial management services for Alabama's Personal Choices Cash and Counseling Demonstration Program, assisting the State with program implementation and supporting the program's growth over the past three years.

ACR, as an operational F/EA, and having successfully completed readiness reviews for several major State CMS approved Home and Community Based Waiver programs, will be prepared and able to perform all Fiscal/Employer Agents tasks required as reporting agent or subagent under Section 3504 (IRS 80-4) and Notice 2003-70 and as required by the CMS approved West Virginia Home and Community Based Waiver. ACR has the necessary experience and operational base to begin processing enrollments, application packets, approved timesheets, payroll, invoices and payments within thirty (30) days for new enrollees and thirty to sixty (60) days of the contract start date for the existing 500 members receiving services through the Aged and Disabled Waiver. The transition time required for current Members would depend on the ability of the existing contractor to accomplish timely transition activities and the availability of current accurate plan and expenditure information. Allied has taken over two large, poorly performing programs as well as taken over the caseload of a vendor/fiscal agent whose contract was terminated mid-year. In all three transitions, poor record keeping and inaccurate budget balances created challenges. Allied worked closely with State personnel to implement services with accurate payments and budget expenditures as quickly as possible with clear communication and concerted, coordinated effort.

Lastly, our planned growth strategy is another Allied strength. ACR is committed to self-directed programs and to help as many people as we can, however, it is more important to us HOW WE PROVIDE SERVICES, than how *many* people we provide services to, or how many programs we have. ACR adds new programs only when it can be done with the highest quality of services. Allied is progressive in the on-going development and enhancement of the technologies, programs and services we provide. Through on-going training and development, Allied achieves and maintains the highest levels of efficiency in business operations for our current customers and for new programs. We have the technology infrastructure in place with scalable systems, continued upgrades and advancements in technology to provide the best possible V/FA services for West Virginia.

We are confident that Allied Community Resources is the best choice to provide competent and high quality services for West Virginia's current Members and for the future growth of BMS's self-directed programs.

LOCATION

3.1.1 Maintain an in-state office.

ACR's central business office, call center and billing center are all located in East Windsor, Connecticut. ACR occupies seventy-five percent of a 20,000 square foot building owned by ACR's parent organization, Allied Community Services, Inc.; also a non-profit organization. The building's size and configuration provides significant space for program and file storage expansion.

ACR will provide direct services to individuals throughout the State of West Virginia and upon notice of contract award; ACR will establish an in-state West Virginia office centrally located near or in Charleston within 30 days of contract award. The in-state Program Manager and Resource Consultants will travel from the established office to provide resource consulting and support services to members.

The Charleston area office will be the point location for enrollment, training and direct customer service and resource consulting for members and Agency personnel and will provide secure and adequate file storage space. The West Virginia office will also have the necessary local equipment such as high-speed copier and fax, telephones and computers to perform the contractual requirements with the highest quality standards. Communications, network and server equipment will be centralized in the Connecticut location. The West Virginia office will have full connectivity to all of the information systems, telephone system and voicemail, technology and software infrastructure that are already established in Connecticut. The West Virginia office access to and use of the Information System will be real-time. Both locations will have up-to-date information about the processes and tasks accomplished in both areas, be able to communicate via the telephone system and network, and interact within a virtual office environment. The office locations will be transparent to the services provided.

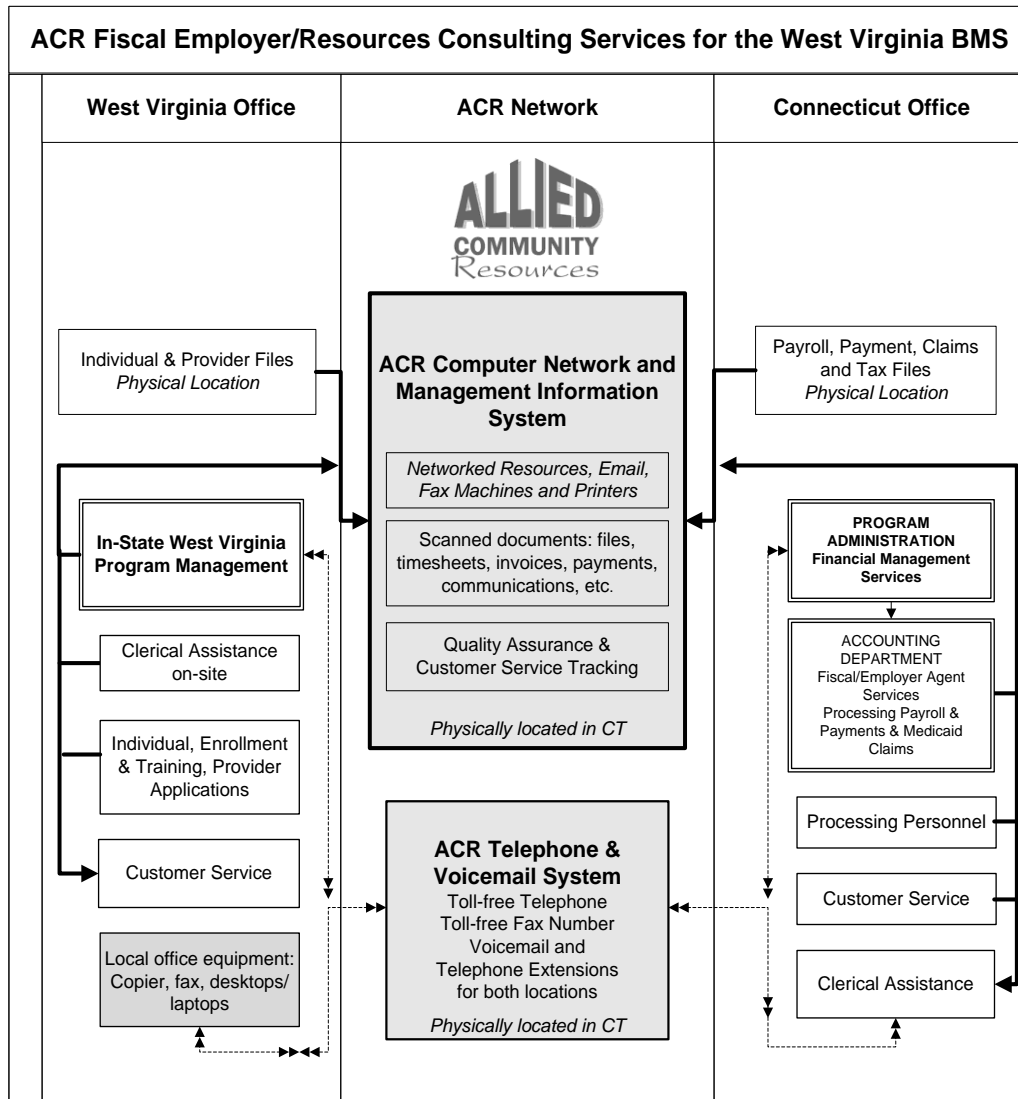
Staff Location. ACR's Resource Consultants and Customer Services Representatives at both locations will assist BMS Members, program members, representatives and/or case managers with completing and understanding program documents and requirements.

The Program Manager, Resource Consultant(s) and the clerical/program assistant will be physically located at the West Virginia office. The Program Manager will hire and train additional Resource Consultants around the State as the program increases in size. They will travel from their home locations or the office to meet with and provide orientation, enrollment and training to individuals and their representatives as well as to provide resource consulting services. They will have access to the office, files, network & phone systems. All related enrollment and application files will be maintained on the premises and Resource Consultants will be required to bring completed enrollment documents to the office for processing, uploading to Management Information System,

and secure file storage. The Program Manager will provide direct supervision and direct oversight of the personnel and the work performed in West Virginia.

The processing, reports and quality assurance oversight portions of the services will be performed at ACR's East Windsor, Connecticut offices. West Virginia in-state quality assurance will be conducted in conjunction with the West Virginia based Program Manager, ACR's Quality Assurance Manager and Directors. Timesheets and invoices will be faxed, mailed, emailed or submitted through our FTP site to ACR in Connecticut for scanning, input and processing. Payment will be made via direct deposit, debit card accounts or mailed from the main postal delivery office in Hartford, Connecticut.

Location of Records. All enrollment and application files completed in West Virginia will be scanned and uploaded to the ACR database and maintained in locked facilities in



West Virginia. Processing records will be maintained in Connecticut. ACR maintains current and archive confidential records and transactions in a secure 900 square foot storage area within our CT facility. The room has limited access by position, in accordance with internal controls established for HIPAA, federal and state contract requirements. Files are organized by program area and function.

In addition to locked hard copy files of archived records, ACR also scans and saves all payroll records, timesheets, accounts payables and tax documentation on CD/DVD (stored in a locked, fireproof cabinet). The archive information is retrievable by time period, provider name and/or employer name. The scanned records are available in the archive file server database for secure access by staff. Security levels organize user rights with access to electronic files restricted by function and need.

Technology Systems. ACR's customized Information Management System interfaces with customized payment system providing comprehensive information inputted from individual client files and verification for processors and customer service personnel. ACR's systems were developed and customized specifically for State self-directed, fiscal intermediary programs.

Although the physical files will not be located in both locations, Member plan information, along with all payment documentation and reports will be scanned and uploaded into our MIS and available to all of ACR's Personal Options Program personnel. A screen print sample of ACR's electronic file system is provided below.

The screenshot displays a software window titled "Allied Community Resources" with a menu bar (File, Edit, Insert, Records, Window, Help, Adobe PDF) and a search bar. The main content area is a form for "AAA A SAMPLE, DDS Consumer #7750". The form is organized into several sections:

- General Info:** Name (AAA, A SAMPLE), Address, Phone, Cell, Email, Date of Birth (with Male/Female radio buttons), Physical Address.
- Demographic/Status:** Status (N), Program, Funding Source, Budget Type, Notification Date, DMR No., SSN, MAS90 No., Medicaid No., MCD Effective Date, Application Date, Enrollment Date.
- Visit/Referral:** Visit Date (with Odd Week, Even Week, N/A radio buttons), Start Date, Referral Date.
- Administrative:** Checkboxes for Payroll, Vendors, Other, Privacy Statement On File; Trainer; Closed; Primary Language (English); Plan Approval Date.
- DMR Information:** Region, Office, Case Worker, Phone, Fax, Email.
- Plan Periods:** A table with columns: Start Date, End Date, Cur, Cola Applied, Eff. Date, Date Entered.
- Transfer Tables:** Two tables for "Transfer Type" and "Program Transfers" with columns for From, To, and Date.

RELEVANT EXPERIENCE

ACR has been providing fiscal intermediary and financial management services since 1999, has a separate fiscal agent FEIN, and has significant experience as a vendor fiscal agent for multiple contract units dealing with Medicaid, Social Security and state contracts. ACR also has experience providing direct resource consulting services to individual program participants enrolled in self-directed service programs. ACR provides fiscal/employer agent services, provider outreach and training for the Connecticut Department of Social Services as the sole fiscal intermediary statewide for four programs: a pilot program for the frail, elderly over the age of 65, the Acquired Brain Injury Medicaid Waiver Program, the Personal Care Assistance Medicaid Waiver Program and the Money Follows the Person Demonstration Program. ACR also provides fiscal/employer agent services as one of two fiscal intermediaries statewide for the Connecticut Department of Developmental Services. ACR is also the financial management services agency for Alabama's Personal Choice Pilot Program in seven West Alabama counties. ACR's financial management services interface with agency administrators, program services personnel and social workers as well as program participants, providers, families, conservators and state and federal tax personnel.

MEDICAID PROVIDER STATUS

ACR is a Medicaid Approved Provider for Connecticut's ABI Medicaid Waiver, PCA Medicaid Waiver, Money Follows the Person Waivers and DDS Medicaid Waiver programs. ACR has been submitting Medicaid claims on behalf of the State of Connecticut for the past ten years and has established systems and written policies and procedures in place for submitting Medicaid claims for reimbursement. Claims are submitted electronically two times weekly directly to Connecticut Medicaid (EDS). ACR also submits monthly payment data report files in the required format for the CT Department of Developmental Services to submit claims for Medicaid reimbursement.

EXPERIENCE WITH PROGRAM START-UPS

ACR assisted the State of Connecticut Department of Social Services in the start-up implementation of the ABI Medicaid Waiver Program, the Elder Homecare PCA Pilot Program and the Money Follows the Person re-balancing program. Allied Community Resources has also successfully taken over two very challenging programs on behalf of the State of Connecticut, which included from 200 to 300 current clients, program irregularities, tax issues, prior dissatisfaction with services and unpopular system changes. The CT Department of Developmental Services Employer/Fiscal Agent contracted services and the CT Personal Care Assistant Medicaid Waiver Program were both successfully implemented and continue to successfully increase in volume with high levels of customer satisfaction. All five of Allied Community Resources' fiscal intermediary programs in Connecticut operate statewide and receive dedicated, high quality and competent fiscal and employer agent services.

PROGRAM CAPACITY

In 2009, ACR provided fiscal/employer agent services to 4,047 unduplicated individuals, processing internally (in-house) over 130 million dollars in payments, 207,625 invoices and timesheets, 101,726 paychecks and 5,818 W2 forms. ACR currently provides fiscal intermediary services for over 3,600 active program participants and processes over \$10,000,000 monthly.

RELATED EXPERIENCE

Previously, 2007 through 2009, ACR provided support services, training and employment assistants to individuals receiving State financial assistance; and provided support services, outreach and application assistance to Connecticut families for the Healthcare Insurance for Un-insured Kids and Youth (HUSKY). HUSKY Outreach was conducted in community locations to increase the number of children and youth in Connecticut with health insurance. Outreach included the development and distribution of marketing and training materials, advertising, public service announcements, application assistance and interfacing with individuals needing insurance, providers, support professionals, employers, social services agencies and medical practices.

CONTRACTED PROGRAM DESCRIPTIONS and REFERENCE INFORMATION

1. CT Department of Social Services (DSS)

ACR manages four major Medicaid Waiver, Self-Determination and Pilot Programs for the Connecticut Department of Social Services. All of the contracts are active through June 30, 2010 and all are pending a six-month extension through December 31, 2010.

Reference for ABI Waiver and PCA Waiver Programs:

(Letter included in Attachment Two)

Ms. Dorian Long, Program Manager, Social Work Services Unit

State of Connecticut Department of Social Services

Telephone: 860-424-5964

Fax Number: 860-424-5091

Email: dorian.long@ct.gov

a. **Acquired Brain Injury (ABI) Medicaid Waiver Program** - Fiscal intermediary services (payroll and non-payroll), Medicaid reimbursement, provider approval and training, and provider registry outreach and maintenance. ACR is the sole, statewide provider for up to 369 possible Waiver participants. The current number being served is 369. In 2009, ACR processed a total of \$36,553,750 on behalf of 460 unduplicated participants.

The ABI Medicaid Waiver Program, which commenced in December of 1998, encompasses the statewide provision of fiscal/employer agent services for individuals with acquired brain injuries. ACR worked with the Department on the rollout - initial implementation and procedural design - of the ABI Waiver Program.

Services include both individual employee payroll and invoicing agency providers. ACR, as a Medicaid Provider, directly submits claims for Medicaid reimbursement of all provider payroll and invoices. The program also reviews participant plans and maintains the plan records. Staff provide outreach to recruit providers for nineteen different services. Staff receive, review and approve applications from potential providers and maintain a provider registry. ACR provides coordination of quarterly basic training (on both acquired brain injury and self-determination) and advanced training sessions for potential and approved service providers. Staff also conduct monthly provider training on-site and statewide.

b. Personal Care Assistant (PCA) Medicaid Waiver Program - Fiscal/employer agent services – payroll, Medicaid reimbursement, household employer/participant training, registry outreach and maintenance. ACR is the sole, statewide provider for up to 748 possible Waiver participants. The current number being served is 744. Starting in the year 2000, ACR began PCA Waiver contract services for over 300 household employers at start-up, transitioned from a previous contractor. In calendar year 2009, ACR processed a total of \$20,148,157 on behalf of 844 unduplicated consumers.

The PCA Medicaid Waiver program provides household employer payroll services and vendor payments (for emergency response systems). ACR, as a Medicaid Provider, directly submits claims for Medicaid reimbursement of all provider payroll and invoices. ACR also provides in-home enrollment and training services for the participants as well as assistance with securing workers compensation insurance. During the home visits, all related employer paperwork is completed, ACR's procedures are reviewed and basic training on household employer responsibilities is provided. For all four of the Connecticut Department of Social Services programs, ACR provides provider outreach and registry services.

c. Elder Homecare PCA Pilot Program - Fiscal/employer agent services for pilot program serving frail, elderly individuals over the age of sixty-four. Services include payroll, household employer/participant training and provider registry outreach and maintenance. ACR assisted the Department (CT) with implementation and the development of processes and procedures for the program. From the pilot implementation in 2000 for 50 participants, to the present, ACR is the sole, statewide provider for up to a possible 250 Pilot participants. The current number being served is 208 individuals. In calendar year 2009, ACR processed \$6,463,022 on behalf of 278 unduplicated participants.

Reference for Elder Homecare PCA Pilot Program:
(Letter included in Attachment Two)

Ms. Kathy A. Bruni, Program Manager, CT Homecare Program for Elders
State of Connecticut Department of Social Services
Telephone: 860-424-5177
Fax Number: 860-424-4963
Email: Kathy.a.Bruni@ct.gov

d. **Money Follows the Person (MFP) Demonstration Project** – Financial management and vendor/fiscal agent services for a re-balancing demonstration project serving as a transitional program to six State of Connecticut Waivers. Services include payroll, vendor payments, transitional budget management, household employer/participant training and provider registry outreach and maintenance. ACR assisted DSS with the implementation and development of processes and procedures for the Demonstration Project. ACR is currently the sole, statewide vendor/fiscal agent/FMS provider for up to a possible 200 participants annually. The contract officially started in October 2008 with implementation processes starting in February 2009. In calendar year 2009, ACR processed \$591,520 on behalf of 63 unduplicated participants. Seventy-four participants are currently active with another forty-nine pending.

Reference for Money Follows the Person Program:
(Letter included in Attachment Two)

Ms. Dawn Lambert, MFP Project Director
State of Connecticut Department of Social Services
Telephone: 860-424-4897
Fax Number: 860-951-9544
Email: Dawn.Lambert@ct.gov

e. **HUSKY Outreach Services.** Allied provided HUSKY (Health Insurance for Un-Insured Kids and Youth) Outreach services for a total of fifteen months, ending March 2009. HUSKY Outreach was conducted in community locations to increase the number of children and youth in Connecticut with health insurance. Outreach included the development and distribution of marketing and training materials, advertising, public service announcements, application assistance and interfacing with diverse individuals needing insurance, providers, support professionals, employers, social services agencies and medical practices. ACR distributed 11,819 applications, 51,387 flyers, 5,815 correspondences and 108,858 postcards; made 80 direct contacts with community, local and state personnel and 87 direct contacts with new mothers; attended and/or ran 170 events and meetings, directly assisted individuals with applications, and provided 50 Press Releases, 173 ads/publications and 26 Public Service Announcements.

Reference for HUSKY Outreach Services:

Mr. David Dearborn, Communications Director
State of Connecticut Department of Social Services
Office of Public and Government Relations
Telephone: 860 424-5024
Email: David.Dearborn@ct.gov

2. CT Department of Developmental Services (DDS)

Medicaid Waiver, Self-Determination and Pilot Programs

Reference for DDS Programs:

(Letter included in Attachment Two)

Mr. Gregory McMahon, Director of Self Determination

State of Connecticut Department of Developmental Services

Telephone: 203-294-5063

Fax Number: 203-294-5112

Email: Gregory.McMahon@ct.gov

ACR provides fiscal/employer agent services (both payroll and non-payroll). ACR started DDS fiscal/employer agent contract services in 2005 with 200 participants transitioned from a previous contractor. The current number being served is over 2,218 individuals. In 2009, ACR processed \$65,837,410 on behalf of 2,319 unduplicated consumers. The contract is effective through December 31, 2010.

Since the start of the contract, ACR has been participating with the Department on the development, implementation and conversion of their self-determination, pilot and agency based services to Waiver services involving the conversion from provider contracts to individual budgets. A reference letter is also included in Attachment Two from the former DDS Central Office liaison, Mr. Mickey Verno. ACR worked closely with Mr. Verno for the first five years of the contract. Mr. Verno retired in 2009 and continues to work part-time for the Department.

ACR is responsible for the financial management of DDS funds, Medicaid billing data, employee pre employment requirements, employee post employment requirements, all local, state, and federal employment and tax requirements, payments to employees, vendors, home and vehicle modifications, monthly and quarterly expenditure reports, financial reports, demographic reports, customer service operations, employer initiation training, and CT DDS work groups. ACR also provides services as the sole fiscal agent for two DDS associated pilot programs, the DCF (Department of Children and Families) Pilot and the Autism Pilot.

ACR has also provided additional support for the Department as a point person for DDS consumers with tax issues under other and/or former vendor fiscal agents. ACR communicated directly with the IRS to successfully resolve serious tax reporting errors for 65 people that surfaced in 2007 as a result of their previous vendor/fiscal agent.

Staff also works closely with families and case managers providing budget management and resource consulting on plan and vendor startups, payment approval, budget revisions and household employer responsibilities. ACR submits payment data report files in the required format for the Department to submit claims for Medicaid reimbursement.

3. Alabama Department of Senior Services

“Personal Choices” Medicaid Waiver Program

Reference for Alabama Personal Choices Program:

(Letter included in Attachment Two)

Ms. Jean Stone, Division Chief, Long Term Care Programs

Alabama Department of Senior Services (ADSS)

Telephone: 334-353-8288

Fax Number: 334-242-5594

Email: Jean.stone@adss.alabama.gov

Financial management services (both payroll and non-payroll). ACR started ADSS contract services in 2008 with the program implementation. The current number being served is over 67 individuals in seven counties under the West Alabama Regional Commission. In 2009, ACR processed \$397,078 on behalf of 73 unduplicated consumers.

Since the start of the contract, ACR has been participating with the Department and West Alabama Regional Commission on the development, implementation and provision of services. ACR submits payment reports for the Department's tracking requirements and to submit claims for Medicaid reimbursement.

ACR conducts the payroll and payment processing in Connecticut for Alabama's program participants. Customer service is also provided from Connecticut to participants and Agency personnel.

ACR works closely with families and counselors on plan and vendor startups, payment approval, budget management and revisions and household employer responsibilities. The Personal Options Program includes a great deal of flexibility for the self-directed participants including a savings plan that ACR manages for them, providing a monthly accounting of funds expended and saved.

REFERENCES

The following State agency references are currently employed by the State and directly familiar with ACR's performance as a Fiscal/Employer Agent. The reference contact information was also included with the applicable program description.

Two reference letters are also included here that highlight additional ACR direct support experience providing educational, resource consulting and direct assistance to families and needy individuals: Ms. Therese Nadeau who was formally a Program Specialist for Connecticut's C-PASS system change grant, Community Integration for Personal Assistance Support Services; and Ms. Pamela Nabors, Program Director for the regional workforce development board, Capital Workforce Partners. The State of

Connecticut no longer contracts out for HUSKY Outreach however; ACR successfully fulfilled the two year outreach and assistance contract for both the Northern Region and Statewide.

Also included is a reference letter from the recently retired Director of Individual Supports for the State of Connecticut Department of Developmental Disabilities (formally the Department of Mental Retardation), Mr. Mickey Verno. ACR worked closely with Mr. Verno as members on the C-Pass Oversight Committee for several years and for five years as a fiscal intermediary until his retirement. Mr. Verno is currently working part-time as a consultant for the Department (DDS).

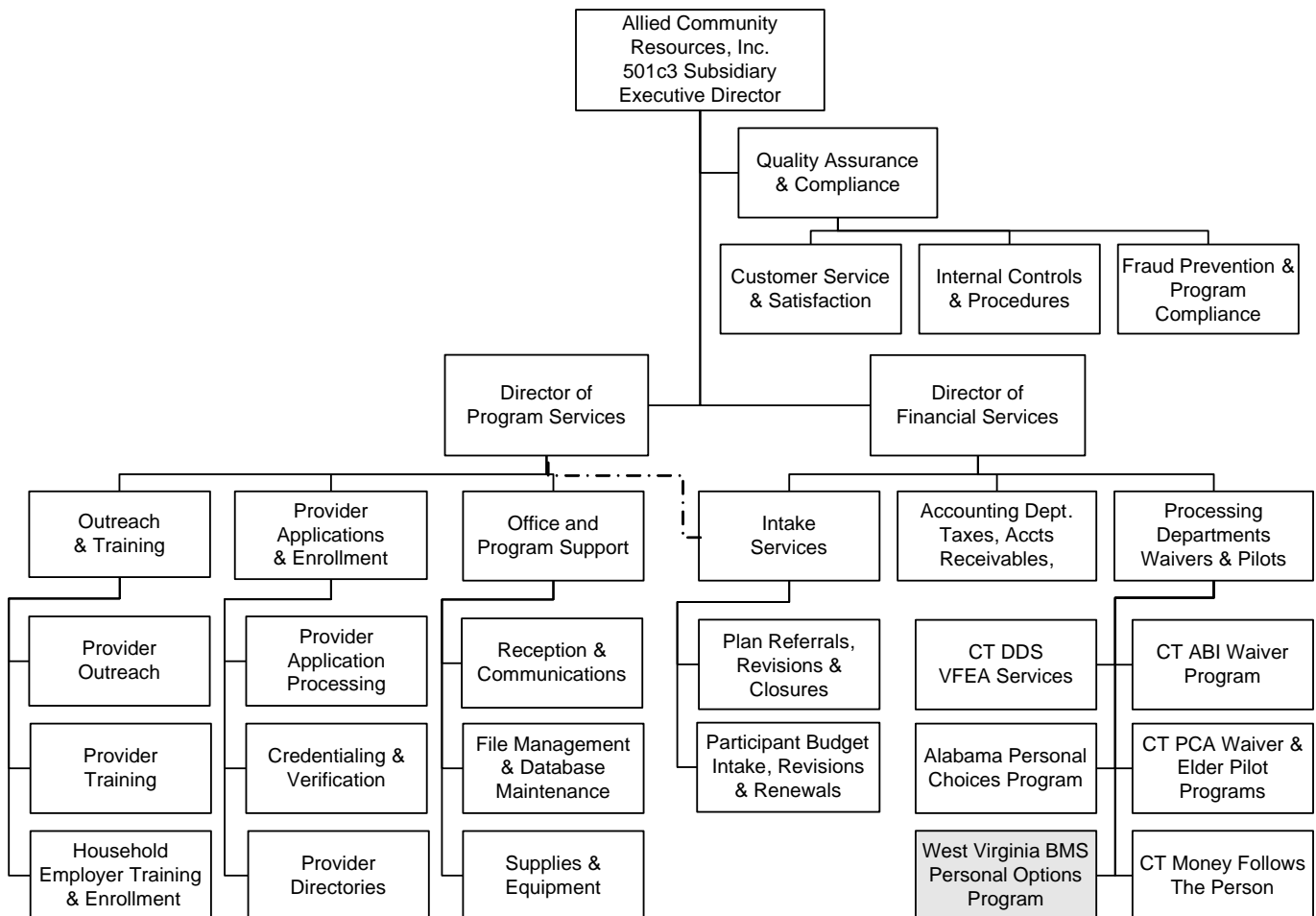
Letters of Reference in **Attachment Two**, pages 129 – 139, include:

- Dawn Lambert, CT DSS Money Follows the Person Program
- Dorian Long, CT DSS ABI Waiver and PCA Waiver Programs
- Kathy Bruni, CT DSS Elder Homecare Program
- Gregory McMahon, CT DDS Waiver Programs
- Jean Stone, Alabama Personal Choices Program
- Mickey Verno, CT DDS Waiver Programs
- Pamela Nabors, CT Capital Workforce Partners
- Therese Nadeau, A.J. Pappanikou Center for Developmental Disabilities

PROJECT APPROACH AND SOLUTION

Program Start-Up

ACR is prepared to meet with BMS representatives immediately after the contract award to address program start-up. Because of ACR's existing programs and established structure, we have the ability to quickly provide services for the Bureau and their Members. New project implementation requires concentrated, experienced effort to ensure a successful implementation. ACR's management works as a team "to get new programs off on the right foot" and provides continued consultation and support to the new program to maintain the highest possible quality of service delivery. ACR's teamwork and supported approach is accomplished through cross training between workgroups and internal promotions and transfers into new programs. For West Virginia's program, current staff will be assigned to the new West Virginia Program Team located in CT. Additional personnel will support and manage the program during implementation and on an ongoing capacity.



ACR already has in place guidelines for and experience with the fiscal agent tasks associated with the program and experienced, qualified personnel to provide services and administrative oversight. Program startup tasks will be accomplished by ACR's Management Team and current staff to facilitate a successful implementation. ACR's West Virginia office will be established within 30 days.

Implementation Timeline

ACR's proposed Implementation Timeline was developed based upon our ten years of experience assisting State agencies start up new programs and "transition-in" and improve existing programs. The timeline also takes into account the shortened period ACR requires to assume fiscal agent duties for new members in West Virginia because of our firm foundation of personnel, policies, practices, systems and technology already in place. ACR has the necessary experience and operational base to begin processing new enrollments, application packets, approved timesheets, payroll, invoices and payments within 30 days of contract signature.

ACR's previous experience receiving fiscal agent transfers for similarly large programs has also been factored into the proposed timeline. We propose a three-month timeline for transferring the existing 500 Members' budget expenditure and employee information from the previous V/FA to the new vendor. It has been our experience when acquiring an existing program that the "transitioning-out" V/FA requires a minimum of three months to accurately transfer all of the necessary member, budget expenditure and direct care worker information required.

Commencing March through April 2010

- 1. ACR's BMS Personal Options Program Team.** Immediately upon award notification Executive Director and the ACR Management Team will begin implementation activities. ACR fills lead positions for new programs from within; therefore, delays in startup are avoided and experienced and knowledgeable personnel are involved which facilitates a smooth implementation. The new BMS team will work together on implementation activities for a cohesive and seamless start-up. The first month of operation will allow for personnel training, user setup, data entry into ACR's systems for payment purposes, additional software installation, and ACR's software consultant's work on full system implementation. Please see the staffing organizational chart in **VENDOR STAFFING** on page 112.
- 2. Final Contract and Implementation Planning with State.** The Executive Director will travel to West Virginia to meet with the BMS for final contract negotiations and implementation planning. Projected completion date is dependent upon the State's timeframe.
- 3. West Virginia-Specific Approvals.** Upon notice of award, ACR will immediately apply for all West Virginia specific approvals, registrations and certifications

including a billing agent agreement/ Medicaid Provider numbers and all West Virginia required business registrations. Projected completion date is dependent upon processing timeframes for the applicable entities.

Allied Community Resources Start-Up Plan

IMPLEMENTATION OF SERVICES				
	March - April	May	June	July
INFRASTRUCTURE	West Virginia-Based Office Established Register with State as required Establish employer status for ACR hire			
	Recruit & Train WV based Program Manager ACR Managers travel to West Virginia for interviews and to staff Welcome Sessions; set up and implement program. Hire staff; Program Manager travels to CT for min. of 2 week Training			
	Technology Setup: Add West Virginia specific service descriptions, codes and rules to MIS; Database Refinements, Communications establish toll-free numbers (telephone & Fax)			
	Establish Processing Bank Account Set up financial reporting			
	Readiness Review: West Virginia program business rules, State approval for V/FA services			
TRANSITION	Member Budget Expenditure Information obtained from previous V/FA Data entered and/or uploaded into ACR Management Information System.		Start-up of MR/DD Waiver Program and Enrollments	
	April 1st and on: Start-up of V/FA services for New Members		July 1st: Start-up of payroll and AP for transferred Members A&D Waiver	
CUSTOMER SERVICE	Welcome Packets Created & Distributed		Welcome Packets mailed to all new members upon referral, incl. forms, required signatures. Customer Service Calls to all new clients "Welcome to Allied" & to answer questions.	
	<div style="border: 1px solid black; padding: 10px;"> <pre> graph TD A[Members' Info (data files and/or paper files) sent via FAX/FTP upload or mail from WV BMS to ACR-CT] --> B[ACR Welcome Packet: Introductory Letter & Postage Paid Reply Postcard mailed to all Members.] B --> C[Member chooses to attend Welcome meeting or to mail forms to ACR. Member checks preference on postcard and mails to ACR.] C --> D[Enrollment Package mailed to Individual with follow-up telephone call from Customer Service Rep] D --> E[Enrollment Sessions planned in multiple locations around State for face-to-face enrollments with Members] E --> F[Employee paperwork and Employer signature pages completed by individual with ACR help] F --> G[Employee paperwork and Employer signature pages in pre-addressed, pre-stamped envelope are completed by individual and mailed to ACR-CT] G --> H[Follow-up Customer Service Call within 2 - 4 weeks of enrollment to review processes and address any problems] H --> A </pre> </div>			

4. **Establish Local Office.** ACR will locate a West Virginia facility location immediately upon contract award. Several Charleston-area options have already been identified. The facility lease will be secured upon contract execution.
5. **Separate FEIN.** ACR has a separate federal employer identification number, in addition to ACR's corporate FEIN, that is used for the sole purpose of acting as the fiscal agent for consumers and filing IRS Forms (2678, 8821, 940, 941, 941c, W-2, W-2c, W3 and W-3c) and making payments for individuals that ACR represents as a Vendor Fiscal/Employer Agent.
6. **Federal IRS Forms.** ACR will execute the required IRS forms to act as a V/FA subagent for the Members/Personal Options Program participants 30 days prior to service commencement. ACR's standard operating procedures include the requirements for all required federal forms (i.e., Forms 2678 and 8655) to be complete and documented prior to the individual's V/FA services start date. During readiness reviews for other States' programs, ACR successfully demonstrated knowledge of, and internal controls and procedures for, the execution of the federal forms which must be approved before ACR files taxes on behalf of self-directed program participants.
7. **Power of Attorney.** ACR will execute West Virginia required power-of-attorney forms prior to program members' service commencement. ACR's standard operating procedures include the requirements for the execution of all required State Power of Attorney forms. During past readiness reviews for other States' programs, ACR has successfully demonstrated knowledge of, and the internal controls and procedures for, all of the required power of attorney forms before ACR commences fiscal agent tasks on behalf of self-directed program members.
8. **Personal Options Policy and Procedure Manual.** ACR will develop and/or obtain from BMS and other State entities, all program specific information, processes and procedures for inclusion into ACR's Procedural Manual for the development of a specific BMS Self-Directed Service Policies and Procedures Manual. The manual will include policies, procedures and internal controls in addition to all required fiscal agent tasks as stated in the RFP and legally required.

Successfully fulfilling this RFP timeline will be facilitated with ACR's current, up-to-date comprehensive vendor fiscal agent operational manual (hard copy and electronic read only versions). ACR's manual includes policies, procedures and internal controls for staying current with federal and state tax, labor, immigration, workers' compensation and mandatory disability insurance, as applicable, program regulations and government reporting agent requirements.

The projected date for a working manual will be within thirty (30) to sixty (60) days of notice of award. If there are additional refinements or revisions to those detailed in

the RFP, and once all additional Personal Options specific requirements are provided, the Personal Options Manual will be expanded to include all applicable policies and procedures.

9. **Member Enrollment Packet.** Immediately upon notice from the State of intent to award a contract, ACR will begin development of, and with BMS approval and upon contract execution, will have available to distribute a Member enrollment packet for new Members/self-directed Personal Options Program members.

The projected completion date for this implementation task will be thirty (30) days from notice of contract award. Successfully fulfilling this RFP timeline will be facilitated with ACR's current enrollment packets and process. Additions and revisions will be made to include the Personal Options program specifics in all informational and self-directed Member materials and documents including V/FA information and contact numbers, provider agreements, training curriculum, enrollment packets and employment packets – all required forms and information about federal, state and local unemployment tax, employee rate setting, labor and worker's compensation rules and time sheets. Intake and application processing personnel will receive training in BMS enrollment specifics. As information or forms change, or as directed by BMS, packets will be updated and changes will be distributed to all current and future members.

10. **Employee New-Hire Packet.** ACR will develop and once complete and approved specific for the Personal Options Program, distribute a direct support worker new-hire packet to each employee of self-directed members.

The projected completion date for this implementation task will be thirty (30) days from notice of contract award. Additions and revisions will be made to include the Personal Options program specifics including provider agreements, employment applications, payroll forms (IRS Form W-4, WV Form W-4, State forms, US CIS Form I-9 and IRS Notice 797) and all other required and requested documents and materials.

11. **All Other Government Fiscal/Employer Agent Tasks.** ACR, as an operational V/FA, and having successfully completed readiness reviews for other major State CMS approved Home and Community Based Waiver programs, will within thirty (30) days prior to operational start date, be prepared and able to perform all Government Fiscal/Employer Agents tasks required for the Personal Options program, as reporting agent or subagent under Section 3504 (IRS 80-4) and Notice 2003-70 and as required by the CMS approved West Virginia Home and Community Based Waiver.

12. **Information Technology** areas will be addressed, including the expansion/integration of ACR's systems to incorporate the Personal Options

program, including all known required data fields for reporting purposes.

13. **Data Input for Current Members.** Available current client demographic and budget payment data will be inputted into ACR's processing and database systems. This implementation timeline is contingent upon the transfer of necessary information from the current V/FA. A July 1, 2010 start date for current members is recommended to provide the necessary time for the transfer of information and start the new V/FA services at the beginning of a tax quarter.
14. **New Members Operational State Date** (April 2010) - ACR has the necessary experience and operational base to begin processing enrollments, application packets, approved timesheets, payroll, invoices and payments within thirty (30) days of contract signature. ACR recommends that July 1, 2010 be considered as the V/FA transfer date for existing members for the purpose of a clear delineation of fiscal agent tax reporting responsibilities for all new member enrollments and to provide time for the current V/FA to transfer all of the necessary information.
15. **Functional Medicaid Billing System.** ACR is confident that a functional billing agreement and operational system will be successfully implemented by the Operational Start Date. ACR already submits Medicaid billing for several Connecticut programs as a billing agent using program specific provider numbers and NPI as well as all of the other billing agent tasks described in the RFP. ACR submits, views and monitors claims electronically, and addresses and resolves claims payment issues.

SECTION 3 – STATEMENT OF WORK

3.2 Scope of Work

3.2.2 A plan to implement policies and procedures to perform FE/A and Resource Consultant tasks, as the Subagent, listed in this section and in accordance with state and federal regulations, including how adjustments will be made to respond to Agency needs as well as any changes in state or federal tax regulations.

A plan for successful implementation will be facilitated by ACR's current operational base and knowledge. The first steps will include the expansion of ACR's operational manual to incorporate West Virginia specific requirements, staff training and the implementation of the applicable new policies and procedures. All of ACR's systems, procedures and internal controls will be undated to include services provided to the State of West Virginia. The implementation plan will also include the completion of all Readiness Review requirements.

POLICY AND PROCEDURE MANUAL

ACR's current operational manual will be expanded to include the West Virginia Bureau of Medical Services' Aged and Disabled Waiver Program, and as developed, the MR/DD Waiver Program. ACR's manuals include HIPAA and organizational policies, procedures and internal controls, required fiscal agent tasks and legal requirements. The manuals are used for training, consistent program operations, quality assurance, process review and improvements.

ACR's manual includes established HIPAA standards for privacy and security, and procedures and internal controls for staying current with federal and state tax, labor, immigration, workers' compensation, as applicable, program regulations and government reporting agent requirements. ACR reviews applicable state and federal agency web sites monthly and manuals are updated at the minimum of annually. Please refer to **Section 3.2.11** for further detail.

MANUAL APPROVAL BY WEST VIRGINIA. ACR will develop and present for BMS approval program specific information, forms, processes and procedures for the development of a specific BMS Self-Directed Services Policies and Procedures Manual. All procedures are reviewed and approved by the Program Director, dated and documented as such. The procedures will also require West Virginia approval documentation, once given, dated and documented as such.

The projected date for a working manual will be within thirty (30) days of notice of award and prior to implementation as required per RFP requirement 3.1.18. If there are additional refinements or revisions to those detailed in the RFP, ACR Management will revise procedures and obtain approval from BMS as applicable. As program needs

change, Medicaid Waiver regulations are amended and other Agency adjustments are requested and or needed, ACR will work with BMS to evaluate the most efficient and cost effective ways to implement the identified changes.

The Table of Contents list, located in **Attachment Three**, pages 140 - 143, illustrates the content of ACR's current manual. The automated, read-only manual is available on ACR's network and updated whenever changes are needed, minimally on an annual basis. As stated earlier, revisions and expansions to the manual will include the inclusion of sections from the RFP that may be additional to ACR's manual, including West Virginia State and Program specific information, policies and procedures. The Allied Group's personnel manual and ACR's HIPAA Manual are also linked to the ACR Policy and Procedure Manual.

CHANGE(S) APPROVAL BY WEST VIRGINIA. Changes will be generated, discussed and submitted to the designated BMS liaison for approval. The revised procedures will include West Virginia approval documentation prior to implementation and insertion into the ACR West Virginia-specific Procedural Manual. The approval method preferred by BMS will be used. It could be printed copies mailed or faxed, or electronic versions emailed to the designated personnel. ACR can and will make the manual available through a secure Internet connection for BMS's review and approval of updates to the manual.

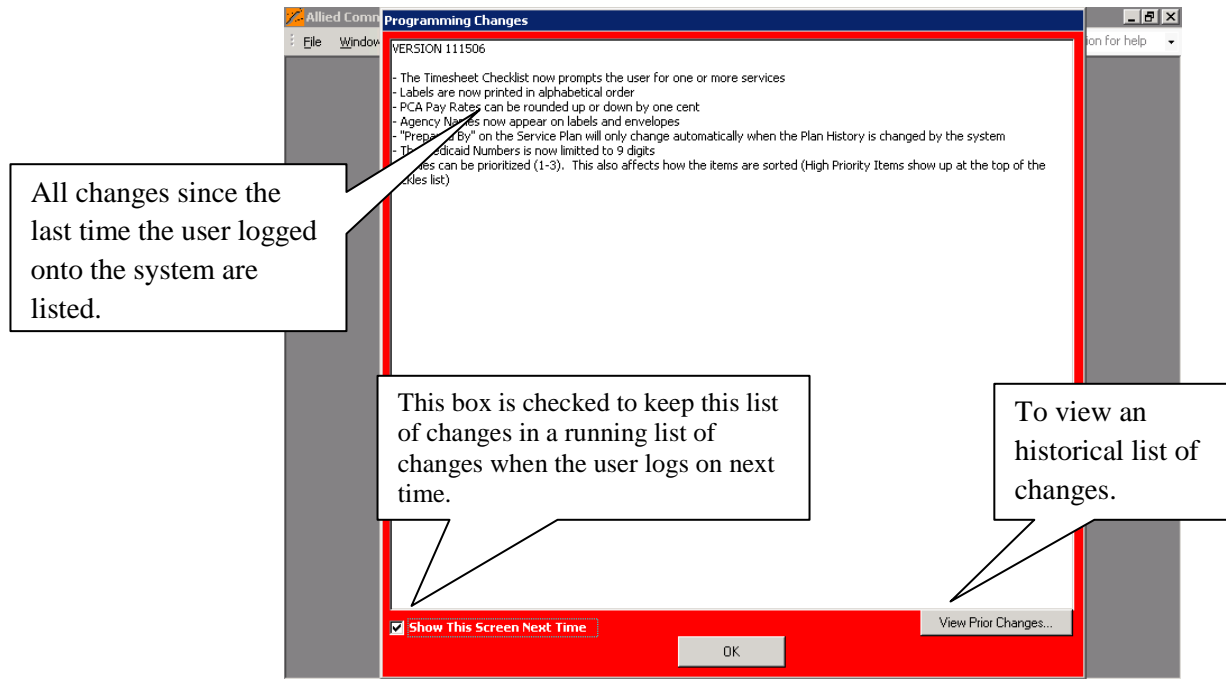
UPDATES. The automated manual is available on ACR's network and will be updated whenever changes are needed including revisions and expansions to the manual, system changes and internal controls regarding manual maintenance and updates and West Virginia State and BMS Program specific information, policies and procedures. Changes will be updated in the manual (both hard copy and electronic) within ten business days. The manual will be reviewed and updated at least annually and when rules and modifications are required. The manual will also be updated when new or revised procedures have been developed or proposed by internal workgroups, State contract changes (regulatory or legislature) or by new contract procurement.

COMMUNICATION OF NEW AND/OR REVISED PROCEDURES. All staff will be informed within five days of changes and/or new processes and will read and initial their review of the circulated material; all staff will also review the procedural changes at the next departmental staff meeting within 30 days or sooner.

New/revised procedures will be inserted into the hard copy of the manual as well as the electronic copy on the ACR Network in the Shared Folder, which is accessible to all staff. This same electronic copy can be made available to BMS designated personnel through a web portal.

Procedural changes are communicated to personnel through the networked Information Management System as pop-ups until the individual user has read and checked off the

pop-up. Users see the pop-up with all changes listed since the last time they signed on. All change notes can also be viewed through the “View Prior Changes” button in the lower right corner of the pop-up box. This illustration is provided to demonstrate timely communication to all staff.



ACR’s procedure for vendor fiscal agent adherence to applicable local, state and federal requirements requires continuous updates from all available resources. ACR reviews all pertinent related material and meets quarterly with managers and supervisors to insure that all related legal and regulatory processes are being complied with. The ACR Director of Financial Services will include confirmation of and list all change notices and checks for regulatory updates with the quarterly Program Director’s reports submitted to the ACR Executive Director.

The Program Director will insure that the V/FA Procedures Manual reflects processing and procedural changes necessitated by any regulatory changes and/or new rules, requirements and forms. The Quality Assurance Department will update the Procedural Manual within ten business days and circulate the change/new information according to established protocols (email notice to supervisory team, pop-up notice added to electronic system, and verbal review at next monthly staff meeting for each and all teams).

Please see **Section 3.2.11** for additional detail about ACR procedures remaining current with Federal and State labor and employment tax rules.

3.2.3 A plan to implement internal controls/ Quality Management to ensure that the policies and procedures for each task are performed accurately and within required timeframes.

Quality Management Plan

Allied Community Resources produces and incorporates into our existing Quality Management Plan the defined goals and standards for each of our contracted programs and will do so for the BMS Personal Options program services.

ACR's Quality Management Plan is a combination of activities designed to provide a comprehensive system of conducting and monitoring the functioning of programs that ACR administers including Document Control, Quality Assurance Surveys, Internal Controls and Fraud Detection. It gives management, individuals served and related state agencies the ability to understand how quality will be maintained and what documentation may be expected to be included in this project.

Working in collaboration with the Quality Assurance, Customer Services and Compliance Departments, ACR's Directors have responsibility for the implementation of the Plan. The Quality Management Plan (QMP) consists of the following components:

1. **Document Control** – administered by the Quality Assurance Manager, this system provides the mechanisms to record existing procedures, control changes and updates to those procedures and delete outdated documents from the work environment. This is a means to ensure compliance with approved program parameters and requirements. All procedures, new and revised, are reviewed and approved by all Directors (Program, Financial and Executive). Once approved, procedures are published and all department supervisors are required to review with their teams and implement new procedure requirements.

A Document Library is maintained on our NETWORK and by hardcopy for easy access by all Allied employees. A Master List of documents identifies each procedure by name, control number, version level and status. Documents from the Library are used as required to compile specific Program Manuals.

2. **Quality Assurance Surveys/ Customer Service** - administered by the Quality Assurance Manager to solicit, monitor and record customer feedback, track and trend this data and implement changes as necessary based on the response. Surveys are conducted quarterly for each program and at established timelines for each new enrollee (30 days, six months). Surveys are based on specific program requirements and performance metrics, for example:

- Questions about payroll timeliness and accuracy
- Questions about staff professionalism
- Responses to calls

Answers to questions within 24 hours

Survey input is put to use, not just analyzed and reported. Using survey input for continuous quality improvement, overall program service evaluation and enhancement, survey results are provided to directors, staff and State personnel, as well as summarized in client newsletters and on the ACR webpage. Survey results, planned responses and/or actions taken are reported to the Executive Director, CEO and Board of Directors.

Allied continuously strives to provide exceptional Customer Service and welcomes any suggestions or feedback received from State Agency Administration, Employers, Participants, and their Families.

3. Internal Control – administered by the Compliance Manager this system is intended to conduct audits on adherence to business functioning (performance metrics). The system includes internal audits of records, payments, processes, and service delivery. Audit results are reported to all directors monthly and corrective action plans are implemented by the applicable department head.

Internal Controls are written into our procedures to ensure compliance, adherence to proper practices, and prevent internal fraud. The QA & Compliance Department audits a variety of functions to ensure compliance with specific program and/or government/legal requirements. Examples of activity include: Timesheet Audits, Invoice Payment Audits, Training/Credentialing Audits, and File Audits. Results of the audits are reported, distributed and corrective action steps and responsibilities are identified.

Newsletters, bulletins and web sites of applicable state and federal agencies or professional organizations are monitored to obtain the latest requirements, changes or best practice information.

ACR employs various methods to ensure that the policies and procedures used to perform the V/FA tasks are effective and efficient including inter-disciplinary work groups, committees and meetings, annual audits, and quality assurance reviews.

Workgroups convene weekly or monthly and include a payroll-processing workgroup (weekly), program team workgroups (monthly: Alabama Personal Choices, ABI Medicaid Waiver, PCA Waiver and Elder Pilot Program, Money Follows the Person, and DDS Program teams), management team meetings (weekly), quality assurance and customer service workgroup (monthly), and a procedures and manuals workgroup (main group meets monthly and sub-groups meet weekly).

The various workgroups review processes, identify glitches, work on solutions, review and implement changes (contractual, regulatory and technological), and make recommendations to management.

The QA and Customer Service group reviews satisfaction survey questions; format and input/data received, creates and obtains training materials for staff, makes recommendations to management for staff training, conducts in-service training, and even conducts anonymous calls to staff to check on customer service delivery. The QA team also conducts case record reviews of files for completeness, accuracy and adherence to policies and protocols.

The management team reviews survey input, processing and productivity data, internal and external factors which impact on the V/FA services such as postage increases and technology advances that impact how ACR will operate in the most efficient and cost-effective way.

ACR's annual financial audit includes a thorough and detailed review of all V/FA tasks and processes, claims and payment files as well as Allied's internal controls. Expanded audit activities include a CT DDS contract requirement for the completion of a fiscal agent "Agree Upon Procedures" document.

ACR's organizational quality assurance policies and protocols include quarterly and annual reviews and reports regarding measurable QA goals including efficiency, effectiveness and satisfaction measures. ACR's mid-year report can be viewed on the ACR website at http://www.alliedcommunityresources.org/goals_outcomes.php

Outcomes to be measured are identified by the Quality Assurance Manager and Directors based upon input from staff, individuals receiving services, and other stakeholders. Results are reported quarterly, reviewed by the Executive Director, the CEO and the Board of Directors. Immediate feedback and improvement activity takes place in instances of marginal performance. Aggregated outcome data is used in the development of annual program objectives.

4. Fraud Detection – administered by the Compliance Manager this system provides a method of collecting allegations of potential billing, payroll fraud or irregularities with regard to adherence to program guidelines, and analysis and reporting of this information to appropriate oversight agencies. Allied implements process and computer enhancements to assist in the prevention and detection of fraud. Some of the methods are automated within Allied's Management Information System and Payroll System and some are collected through random telephone calls and follow-up audits of submitted timesheets. For example, payroll exception reports are run to identify potential double billing prior to cutting checks. ACR's 24/7 Fraud Hotline allows reports of potential billing or payroll fraud to be reported at any time. Reports are handled personally by the Compliance Manager. Written statements are collected and submitted to the appropriate state agency for evaluation and investigation. Applicable documents are collected and supplied for the State agency's evaluation as needed.

Using all the efforts described above permits Allied to address the needs of program participants with high quality service while complying with State, Federal and program specific requirements

This QMP ensures all responsibilities in this RFP are accomplished within the required time periods and according to best practice for participant- directed payroll and tax management services and other tasks required in this RFP. This plan is reviewed annually to evaluate effectiveness in meeting responsibilities; however, upgrades and revisions to processes are evaluated and revised at any point that a need is identified.

3.2.4 An ongoing staff development plan including best practices in Personal Options

ACR's quality assurance systems include consumer and stakeholder satisfaction measures as well as a corporate culture of continuous customer service. ACR staffs receive training and direction regarding State mandatory reporting laws and bring all concerns to their supervisors if unclear or unsure regarding an individual's safety or questionable billing. ACR provides consumer directed services throughout all of our programs.

ACR's new-hire orientation program includes a lengthy shadowing period with a review of all procedures. The ACR procedural manual is used for training new staff and describes the processes used to accomplish the financial management services provided: employer agent, vendor processing, employer enrollment, vendor/provider outreach, training and applications, and other projects and program miscellaneous. In addition to general guidelines, customer service information, service delivery philosophy and participant rights, various positions have step-by-step procedures to ensure continuity of service. New and revised procedures are published and all department supervisors are required to review with their teams and implement new procedure requirements.

Personnel receive a performance appraisal after six months of employment to assess and provide feedback on their skills and knowledge; identify personal achievement plan goals and areas for additional training and or improvement. Then another review is conducted at twelve months of employment and annually thereafter.

ACR also incorporates customer service training into its new-hire orientation program. So much of customer service goes beyond processing the payments and payroll accurately and timely; both of which are extremely important, however, attitude and how people are treated when they call for assistance makes a tremendous difference in overall customer satisfaction. For this reason, ACR puts as much emphasis on how our staff does their work, as we do on what they do.

The following extremely condensed example of ACR's Customer Service training curriculum lists some of the highlighted topics.

Customer Service Training for ACR Staff – Condensed List of Topics

Delivery: All employees of the company are responsible for delivering good customer service. Practicing these eight features of DELIVERY help customer service skills go to the top of the league...

Dedicated - The moment a customer needs help, the dedicated employee swings into action. The customer should be made to feel that he/she is priority number ONE, not on the bottom of the list and will have to wait their turn.

Empowered - The empowered employee is given what they need to be able to provide OUTSTANDING customer service. The empowered employee shows trust and support while listening and helping to resolve problems

Linked - All employees must work together and share information. Customer Service cannot be achieved working alone or in isolation. Employees who work together for the mutual benefit of the customers will quickly rise to the top.

Informed - Employees will receive thorough training on the company's systems, practices and procedures. Employees will know how to solve problems, where to find the needed information, who to contact for specific situations, and how to build customer satisfaction.

Valued - When employees feel valued, they will produce greater results. Employees will feel valued by being asked for their opinions and feedback, receiving responses to their needs and questions, and by being acknowledged for their contributions.

Experienced - An experienced employee is knowledgeable, shows confidence, friendliness, and helpfulness when dealing with customers

Representative - The employee should project a strong and positive image of the company and have a sincere interest in helping the customer. The customer in turn will feel happy about doing business with a company whose employees are friendly, efficient, and knowledgeable.

Responsibility - The employee accepts responsibility for their role as the front-line representative for the company. The employee knows that to the customer, he/she IS the company.

The Four C's of Providing Excellent Customer Service: Concern, Consideration, Conscientiousness and Co-Operation.

- **Concern** – Care about your customer's complete satisfaction
- **Consideration** – Customers relish courtesy and genuine kindness. Even when you are tired and stressed, appear as though you are feeling energetic and cheerful.
- **Conscientiousness** – Always do what you promised for the customer in a timely manner.
- **Co-Operation** – If one of your co-workers needs a hand in order to provide excellent customer service, roll up your sleeves and help out-even if you know your co-worker will get all the credit afterward. It doesn't matter who gets all the glory, what matters is whether or not the customer's needs are met completely.

KEY FACTORS ASSOCIATED WITH EXCELLENT CUSTOMER SERVICE

Knowledge: If you don't know the answer---ASK!

Caring individuals who understand the needs of the customer and show a genuine desire to get answers to the questions being asked provide excellent customer service.

Tone of Voice: Using simple phrases when answering the phone such as "Good Morning" or "Good Afternoon" are easy ways to make your caller feel welcome. Be polite and courteous...

Choice of Words: A customer may have just had the most perfect experience with you and they politely say “Thank you” to which you respond, “No Problem”. Although this isn’t the worst response you could give, try replacing it with more friendly phrases such as:

- “It was my pleasure”
- “I’m glad I could help”
- “I’m happy we have worked together to resolve the issue”
- “You’re welcome”.

Appropriate, friendly language plays an important part in creating a positive Customer Service Experience.

Attitude: We all sometimes make the mistake of taking customer complaints and criticisms personally. Think of a complaint for what it is: “An opportunity to get feedback from the customer” Listen carefully! Your attitude when dealing with upset customers should be professional, pleasant, and reasonable. Thank them for their patience and cooperation.

Telephone Skills:

- Do your best to answer your phone by the third ring. When at all possible avoid calls going to voice mail. When an individual calls for customer service, they expect to reach a LIVE person...not a voice mail message.
- If calls do go to voice mail, be sure to return the caller’s message within the company’s allotted time. At best, calls should be returned within the same day or up to 24 hours from the time the message was left.
- When calling back customers be sure to try to make the return call more than once if unsuccessful the first time. If you get a voice mail, speak slowly, clearly, and precisely and indicate why you are calling. Be sure to leave your name, phone number and extension.
- When dealing with a customer on the phone, try not to put them on hold for longer than a minute or two. If your phone starts beeping, your customer has been on hold for too long. If you cannot resolve their issue or find someone that can, politely take their name and number and ask if you can call them back shortly.
- Customers do not like to be passed from one person to another repeatedly or sent from one department to another. Before transferring a customer to another extension, ensure that the individual you are transferring them to is at their desk. Give that individual a brief overview of why the customer is calling. This will eliminate the customer’s need to re-iterate what they have already told you thus lowering the level of frustration on the customer’s part.

Additional customer service training topics include: Listen Attentively, Put Yourself in Your Customer’s Shoes, Never Argue with the Customer, Techniques for Handling Customer Complaints and our **Customer’s Bill of Rights**, bulleted here:

- Receive courteous and respectful service at all times.
- Be the top priority and focus during the service experience.

- Find processes, rules and regulations that are customer-centered, and adhere to required laws and guidelines.
- Be offered appropriate solutions to my problem.
- Be considered as an individual with unique service needs.
- Be listened to and communicated to honestly.
- Have timely and secure access to information.
- Be confident that my privacy is being respected at all times.
- Work with the service person to make the service experience a success.

3.2.5 A current member enrollment packet for each member participant and how that packet will be produced, distributed and maintained

Also described in Section 3.2.17.

ACR has systems in place, with written policies and procedures, for the compilation and distribution of member enrollment packets. Internal controls for the maintenance of the packets are monitored by the Program Manager.

ACR has established enrollment packets for all of the State programs currently receiving ACR services. Immediately upon notice from the State of intent to award a contract, ACR will begin development of, and with BMS approval and upon contract execution, distribute a Member enrollment packet to each of the current self-directed BMS recipients.

PRODUCTION. The Enrollment Packet that ACR will produce for the BMS program will describe members' responsibilities as household employers, provide detailed, step-by-step explanations and include examples of required forms. Packets will be developed from the current informational packets customized to West Virginia's services, documents and requirements, including ACR staff contact information, provider agreements, Forms SS-4, 2678, 8821, 2848, and West Virginia forms WV/BYS-APP, WV-2848, UC201-B. Please see **Attachment Six**, starting on page 175, for form samples. The completion date for this implementation task will be thirty (30) days from notice of contract award. Successfully fulfilling this RFP timeline will be facilitated with ACR's current enrollment packets and process. Additions and revisions will be made to include the BMS program specifics in all informational and self-directed Member materials and documents including training curriculum, enrollment packets and employment packets – all required forms and information about federal, state and local unemployment tax, employee rate setting, labor and worker's compensation rules and time sheets.

ACR's enrollment packet for fiscal/employer agent services includes all of the paperwork and State and federal forms required for the individual to become a household employer and to receive the various fiscal agent services. The packet developed for the BMS Home and Community Based Waiver program will include:

- Privacy Notices, Consent, Orientation, Acknowledgement and Program Agreement forms.
- Samples of the various reports and procedures that are applicable to the individual.
- Copies of timesheets and submission deadlines for processing, a sample of/and a supply of new worker Employment Packets (employee packets), pay schedule,

miscellaneous required consent and agreement forms, instructional materials and ACR customer service contact information.

- Recruiting, hiring, supervision and management resource information to be used by the individual and/or their representative, report samples and BMS materials.

A complete sample of ACR's enrollment packet for CT's Department of Developmental Services Waiver program is included in **Attachment 9 – Enrollment Packet Sample**. The packet contains all required forms, samples and information as well as ACR's household employer training materials developed exclusively for ACR's customers and Agency materials as required.

DISTRIBUTION. Forms are pre-filled with known information inserted by ACR training staff prior to delivery to the individual. For current members, distribution will be by mail or at the group enrollment sessions during start-up activities. For new self-directed members the packets are distributed at the home visit. General informational packets are mailed to participants/members who will not become household employers as part of their service plan or per contract do not receive in-home enrollment and training services.

MAINTENANCE. As information or forms change, or as directed by BMS, packets will be updated and maintained internally through revision of official operating procedures and applicable documents. Changes will be submitted for BMS approval.

All applications, forms, training and enrollment documents are maintained on a secure network folder and all packets are collated from that sole location. Only designated personnel are able to change the documents.

Changes will be distributed to all current and future members through mailings, newsletters and updated member manuals/packets.

3.2.6 A plan to develop and maintain a registry of qualified direct care workers

ACR will maintain a registry of qualified employees who have agreed to be included for the purpose of referral to other individuals participating in the BMS Personal Options program. ACR currently maintains directories (registries) for our Connecticut programs. ACR's various directories have over 4,500 direct support and vendor providers for 20 different services. New program participants (members) receive a customized directory during their in-home enrollment and training visit.

Individual participants also telephone ACR to request an updated directory and updates are made available monthly and upon request to the various Department offices.

Query reports can be produced by service type or geographical area to respond to individuals' specific requests. Exclusive query reports can be compiled based on whether criminal history checks or Certified Nurse Aide Registry checks have been processed on existing providers. Other customized reports can be compiled for more specific needs as requested.

To the right is a screen print illustrating the query options for individualized registry reports for our Connecticut programs.

The same level of functionality will be applied to BMS's Personal Options Provider Registry. The registry will be created using a check-off on the direct care worker and/or vendor application (if inclusion is desired by BMS). Providers can update their information and/or request to be included in, or removed from, the registry at any time by telephone or mail. Providers can also be removed from inclusion in the "published registry" upon direction from BMS.

The screenshot shows a software window titled "Allied Community Resources" with a menu bar (File, Edit, Insert, Records, Window, Help). The main content area is titled "Registry Report Criteria" and contains the following fields and sections:

- Program:** A dropdown menu.
- Service Approval Date:** Fields for "From:" and "To:".
- Include CBCs Only:** A checkbox.
- Show All:** A checkbox with the text "(including providers marked as 'Do Not Include on Registry')".
- Group By:** A dropdown menu.
- Level 1, Level 2, Level 3:** Three dropdown menus.
- Provider Types:** A list of checkboxes: Agency, Private-Household, Private-SE & H, Private-Self-Empl.
- Status Levels:** A list of checkboxes: Active, Inactive, Pending, Declined.
- Regions:** A list of checkboxes: Eastern, North, North Central, Northwestern, South.
- Services:** An empty list box.
- Towns:** A list of checkboxes: Ansonia, Ashford, Avon, Barkhamsted, Beacon Falls, Berlin, Bethany, Bethel, Bethlehem, Bolton, Bozrah, Branford, Bridgeport, Bridgewater.
- Buttons:** Print Report, Print List, Print Labels, Close.

3.2.7 A plan to provide resource consulting services to member participants statewide.

Please see Section 3.2.22 for additional detail regarding Resource Consulting Services.

ACR will provide resource consulting services to members statewide through an initial referral telephone call, in-home enrollment and training visits, employer handbooks and other informational materials, budget expenditure and payroll reports, follow-up customer service calls, quarterly newsletters, monthly telephone support for budget management, employer questions, other additional assistance calls, and in-home visits every six months. ACR currently provides similar services to almost 2,000 individuals statewide for four of our programs in Connecticut.

ACR will recruit, hire and train Resource Consultants for the various geographical regions in West Virginia as referrals for the MR/DD Waiver increase and as needed for the location and numbers of member participants. The Resource Consultants and the Program Manager, as needed, will make contact calls and travel from their homes or the Charleston area office for visits.

Both West Virginia and Connecticut staff will be available to assist member participants over the telephone with direct extension numbers. Members will be able to call customer service or their program processor in Connecticut as well as their West Virginia Resource Consultant. ACR includes within the Member Enrollment Packet, customer service information that includes phone numbers for all management staff and the applicable program's team members (resource consultants, trainers and processors' names, email addresses and direct telephone extensions), office hours of operation, payroll and payment submission instructions and requirements, and problem resolution information.

ACR staffs respond to customer calls for assistance with budget and expenditure questions, payment and payroll information, hiring employees, and processing information about their applicants' employment packets.

ACR also provides periodic information, consultation and training about changes in procedures, reporting and systems, including reminders to families through newsletters, correspondence and flyers. Individuals, who experience difficulties in certain areas of their employer responsibilities, or vendor invoices, will be offered re-training, either over the telephone or during their in-home visit. Personal requests by individuals or Agency personnel for return visits or training are also accommodated.

ACR sends out quarterly newsletters to all clients that include information about program changes, seasonal information and fraud prevention. Please see **Attachment Four: Informational Materials for Members** page 154 for a sample newsletter.

3.2.8 A direct care worker employment packet for each hire and how that packet will be produced, distributed and maintained.

Please also see Section 3.2.18.

ACR will develop, and once complete and approved specific for the Personal Options Program, distribute a new-hire packet to each direct care worker/applicant of self-directed member participants. New hire packets are produced in our office as needed to accommodate changes to forms and information. Packets are distributed by inclusion in Member Enrollment Packets during the visit, by mail upon request and from our website, www.ACRfi.org.

The packets will be available within thirty (30) days from notice of contract award, if not sooner, facilitated by ACR's current enrollment packets (basic) and process. Additions and revisions will be made to include West Virginia program specifics including but not limited to provider agreements, employment applications, payroll forms (IRS Form W-4, WV/IT-104, WV/IT104.1, US CIS Form I-9 and IRS Notice 797) and all other required and requested documents and materials.

Employment Packets and Human Resources Documentation. The new-hire Employment Packets produced by ACR include an application, State W-4 (when applicable) and an IRS W-4, status forms for authorization from the individual, an I9 form, Medicaid Agreement form and all other necessary Waiver Program provider agreements. Initial employment packets will be provided to new member participants in the program during the enrollment process. Extra packets will be distributed via mail or email upon request. Forms may also be downloaded from Allied's website at www.ACRfi.org.

A sample of the Employment Packet, as well as a supply of new packets, is included in the initial Individual Enrollment Packet. Individuals are provided a list of forms and sample instructional sheets including:

- ◆ A one page employment application form,
- ◆ A Medicaid Waiver Program Provider Agreement form,
- ◆ The Immigration and naturalization service (INS) Form I-9,
- ◆ An Employment Eligibility verification Form, IRS Form W-4, Employee's Withholding Allowance Certificate and associated federal and state income tax forms and instructions,
- ◆ The IRS Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC),
- ◆ The IRS Form W-5, Earned Income Credit Advance Payment Certificate,
- ◆ An Authorization Form for Criminal History Background Check is included on the application form and provider agreement,

- ◆ A timesheet, instruction for completion and Payroll Schedule with deadlines for submission,
- ◆ All applicable required State forms including West Virginia Forms IT-104 and IT104.1.
- ◆ And Instructions on how and when each form needs to be completed.

The forms are reviewed for completeness, including signatures, checked off and confirmed prior to employee start dates and the employee/provider file in the database is updated. ACR's established systems, written policies and procedures regarding employment packets and the enrollment of employees establish the required personnel documentation, consent and methods used. The Program Manager develops and maintains the Employment Packets, ensuring that all updated and required forms are accurate and included. Program and Office Assistants print and collate the Employment Packets for home visits and mailing to individual employers.

3.2.9 A plan to produce, distribute, verify and maintain timesheets and documentation of services for all member direct hires.

Please see Section 3.2.20 for additional information regarding timesheets.

ACR has written policies, procedures and internal controls in place to produce, distribute, collect, verify, process, monitor and maintain employee timesheets. We have developed timesheets, with State agency personnel, for seven State programs. A WV Personal Options program timesheet will be developed by ACR to include all of the information required by the BMS and instructions for completion. A sample instructional timesheet developed by ACR for our CT DDS (Department of Developmental Services) program is included in **Attachment 6 – Forms and Timesheet Samples** on page 189. It illustrates the required documentation of services.

Providers or employers can fax, mail and email timesheets to ACR as approved delivery methods for submitting timesheets. ACR currently receives timesheets electronically into our OCR (Optical Character Recognition) Teleform system, through Fax, or through the U.S. Mail. If mailed, the timesheets are scanned and stored electronically (on a data hard drive and CD/DVD) so that the timesheets may be retrieved by queries sorted by employee, employer or time period.

Requests for blank timesheets are received via telephone, email and correspondence. For our CT DDS program, employer and employee information is pre-populated into the timesheets. Program participants can also receive and submit via our FTP portal, their customized electronic timesheet documents.

Upon receipt of timesheets, ACR's automated system verifies for budgeted hours and (active) status of employees. All timesheets would be submitted to ACR on a bi-weekly basis on a schedule developed with the BMS. Timesheets received by established deadline will be processed and paid by the fifth workday following the deadline, for example: a Monday deadline will insure paychecks by Friday at the latest.

For Medicaid fraud prevention purposes, all time sheets require signatures and any timesheets without signatures are not be accepted for payment. They would be returned to the individual for review and signature. There are individuals who cannot easily sign their name; accommodations for electronic signatures, approved representatives and/or direct telephone review and confirmation have been implemented for several program participants with Agency notification and approval.

WRITTEN POLICIES AND INTERNAL CONTROLS

3.2.10 To prevent claims submission exceeding the member budget or services not included in the members budget.

Please see Section 3.2.19 for additional detail regarding adherence to spending plans.

ACR manages the claims submission process through 1) established procedures and internal controls for both the internal processing of claims and the re-billing claims submission for Medicaid reimbursement, 2) review of budgets before entering into our database, 3) automated systems, 4) system verifications while entering payroll and invoices, and 5) issues are communicated and corrected.

INTERNAL CONTROLS AND PROCEDURES. ACR has written policies, procedures and internal controls in place for monitoring the Medicaid billing process. The monitoring of receipt and disbursement of individuals' budget funds and the tracking of budget funds received and disbursed is accomplished with ACR's Management Information System database. ACR's budget intake procedures and management information systems also insure that claims submissions exceeding the member's budget will not be paid. Section 3.2.19 has additional detail.

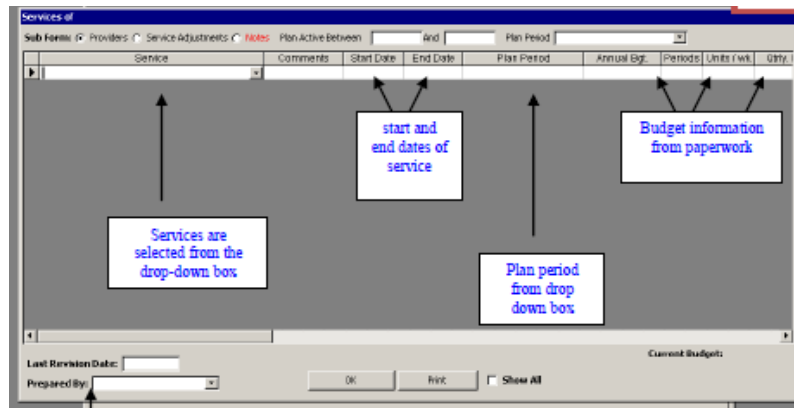
ACR's internal controls are consistently applied and are well understood by staff and management. Internal controls are designed to limit authority, safeguard access to certain records, and segregate functions. They are reviewed annually by external auditors. Internal controls follow a strict adherence to a separation of functions. For example, personnel who process payments cannot add new providers to the payment system. Personnel processing disbursements and personnel processing cash receipts are separated and cannot overlap one function with the other. Also the person processing disbursements does not perform the setup of new vendor accounts. The Accounting Manager reviews all new providers to be setup only after the Director has approved the new provider. Clerical staff do not have the security access to add, delete or modify accounts, vendors or client information in the payment system.

Monitoring of receipt and disbursement of individuals' Medicaid budget funds and the tracking of budget funds received and disbursed is accomplished with ACR's Information System database. The following screen print illustrates CT DDS receipts for a client's disbursement history.

The screenshot shows a software window titled "Allied Community Resources" with a menu bar (File, Edit, Insert, Records, Window, Help) and a search bar. Below the menu is a navigation bar with tabs: General Info., HIPAA Info., Eligibility History, Employer Info., Employees, Plan History, Surveys, QA, Cash Payments, Comments, Representatives, Customer Service, Authorized Signatures, and Workers Compensation. The main area displays a table with the following data:

	Date	Qtr	Pmt. Type	Plan Period	Amount	Comments
▶	10/12/2006	2	620	4/1/2006 - 3/31/2007	\$1,194.00	voucher#49328
	07/25/2006	1	620		\$1,194.00	Voucher #46069 1/1/06 - 12/31/06
	05/24/2006	4	620	4/1/2006 - 3/31/2007	\$1,194.00	Voucher #43461
*						

BUDGET REVIEW. ACR's existing customized database is used to store budget and plan information in an electronic format and our financial reporting package is customized in a departmentalized general ledger/ job processing system. Each department represents a member. Upon receipt of new or revised budgets/plans, Program Assistants review the budget for accuracy inclusive of all line items, billing rates, hours of service and providers. Budgets which have problems are passed to the applicable Supervisor or Liaison for further review and problem resolution with the referring State agency. The budget is entered into the information database (see example below) and the financial reporting system within 24 hours. Hard copies are filed in the individual's physical file folders and referenced if needed.



AUTOMATED SYSTEMS. This information is also stored in the financial software in which reports or online queries may be used to validate budget and compliance with plans. The system will track all pre-approved services to include consumer information, approved vendors, expenses and amounts, and reflect up-to-date fund balances. Automated validation is required before the system allows payments and payroll to be processed. The database compares individuals' support services plans with the payroll and non-labor payment entries to insure that payments are for the authorized hours and rates and within the individual's authorized budget amounts.

Our Management Information System also allows ACR to create reports individually for members and in the aggregate for the Agency with year to date figures and budget variances. Real time Budget Exception Reports can be generated by ACR's MAS90 software and printed as an Excel report and/or screen print for viewing. The various reports help not only ACR manage claims submissions, but also the self-directed members. Resource Consultants will review members' reports with them during their established telephone communications and visits.

VERIFICATION PROCESS. ACR's processing software system is automated for the verification process. The database compares individuals' support services plans with the payroll and non-labor payment entries to insure that payments are for the authorized hours and rates and within the individual's authorized budget amounts. Invoices require

information specific to the program for which the services were provided. After processing invoices, ACR runs budget exception reports. If expenditures are outside of established cost standards allowed, then the individual, their Resource Consultant and designated Agency personnel will be notified. This automated verification system is successfully used for ACR's programs, ensuring compliance with approved budgets and minimizing the potential for fraud.

This screen shot illustrates ACR's invoice input screen.

Date	Service Name	Code	Funding Source	Requested			Adjusted				
				Units	Rate	Amount	Units	Rate	Amount		

COMMUNICATION ABOUT ERRORS. Members and their Resource Consultants are notified when submissions exceed budgets. ACR also educates vendors and employers about billing requirements including time restrictions for Medicaid reimbursement.

When an invoice is noted to have errors, the Processor/Customer Services Representative places a call to the Vendor or Provider to discuss the error. A new invoice is submitted by the provider or corrections may be made to the old invoice by the Accounts Payable Department noting the discrepancies in red ink.

If the non-payment is due to a funding issue then a letter is generated informing both the submitting vendor and the case manager that they are over budget or the goods/services are not contained in the budget. The case manager then needs to make an adjustment and inform the AP Department where the monies need to be moved to or from within the budget. For our CT DDS Program a verbal confirmation is presently acceptable up to and including a \$500 adjusted amount. The verbal is followed by an "Adjustment" form. Acceptable parameters would be set by BMS for the West Virginia procedures and protocol.

Discrepancies termed “non compliant” invoicing might include: 1) Bi-monthly bills overlap dates and/or services resulting in double billing, 2) Bill rate amount is different than the authorized rate in the budget, 3) Bill is submitted with date ranges instead of required exact dates and hours of service, 4) Invoice is for a service that is not in the budget, 5) An approved budget has not been received (not yet approved), 6) Receipts do not total the amount of the invoice or are not acceptable forms of receipts (such as a flier with camp dates), 7) Math errors, 8) Services do not match Vendor agreement, or 9) Invoices submitted by unapproved Vendors or providers.

When a timesheet has errors, the Payroll Processor/Customer Service Representative contacts the Employer/Member by telephone to inform them of the discrepancies and ask for clarification or a corrected timesheet submission. They also notify the Resource Consultant to make them aware of the issue. If discrepancies regarding hours or rates are questioned by either the Employer or the AP Department the designated Agency personnel/case manager is notified.

If concern regarding fraud is identified by any of the parties, ACR’s QA and Compliance Manager is also notified to review the information and evaluate whether any follow-up compliance action is indicated.

A “notation” is placed in the Data Base and a “tickler” is put to the attention of the person handling the invoice or timesheet for follow-up purposes. The “tickler” is an automated Management Information System reminder.

The screenshot displays a software interface for a consumer named 'Test Test, DDS Consumer #7099'. The main window has several tabs: General Info., HIPAA Info., Eligibility History, Employer Info., Employees, Plan History, Surveys, QA, Cash Payments, Comments, Representatives, Customer Service, Authorized Signatures, and Workers Compensation. A table below the tabs shows 'Customer Service Rep.' with 'Kathleen Blackwood' selected, and columns for 'Start Date' and 'End Date'. A 'Print Notes' button is visible. A 'Programming Changes' window is overlaid on the left, listing various system updates. A callout box on the right points to the 'Assigned To' dropdown menu and the 'Action Required' checkbox, stating: 'Comments are inserted and follow-up is assigned to a staff person in the drop down box. The Action Required Box is checked off. The Tickler illustrated at left automatically comes up when the assigned staff logs into the MIS.'

If in either case the questions are not resolved in a timely manner, the Resource Director and/or Regional Liaison is notified by fax along with a copy of the time sheet or invoice indicating the problem. A phone call is placed to the Self-Determination Director (designated Agency personnel) informing them of the issue and the forthcoming fax.

3.2.11 To assure Policies and Procedures are reviewed and updated by the Vendor, whenever changes in Federal and State labor and employment tax rules and/or operations change or as requested by the Agency

Allied Community Resources (ACR) has written procedures, internal controls and protocols for all tasks performed as a vendor/fiscal agent and other financial management services. The automated manual is reviewed and updated regularly (at least annually) and whenever rules and modifications are required by changes in Federal and State laws/rules and/or requested by the Agency for any of the various programs ACR administers, as applicable.

Local, state and federal labor laws pertaining to fiscal intermediary and fiscal agent services are considered by ACR to be professional requirements as a financial services management agency.

ACR's Management Team attends conferences regarding fiscal agent responsibilities as one of several ways to remain current with Federal and State rules and regulations regarding fiscal agents and household employers. ACR staff attend various trainings and seminars related to payroll and Vendor Fiscal/ Employer Agent, such as the workshops hosted by the National Resource Center for Participant-Directed Services with sessions lead by the Internal Revenue Service. ACR will also communicate with IRS representatives as it has in the past on numerous occasions with matters related to Vendor Fiscal/Employer Agent.

ACR also subscribes to several government automatic electronic list services, which alert ACR to changes. The Director of Financial Services is responsible for remaining current with all Federal and State Rules and Regulations related to financial management service contracts and programs. For federal level rulings and regulations, ACR is subscribed to and receives several updates on a daily basis from the following subscriptions:

- The IRS government website is used to review and update all IRS forms and instructions needed to prepare and file federal taxes on behalf of the household employers ACR represents. The IRS website is also used to review notices and publications related to fiscal employer agents.
- Allied subscribes to the Internal Revenue Service's "GuideWire" electronic newsletter providing timely email updates.
- Applicable federal Department of Labor rules, forms and instructions related to household employers and employees are also monitored through websites and electronic list serves.
 - Office of Disability Employment Policy
 - USDOL In-Focus
 - Unemployment Insurance Weekly Claims report
 - USDOL Events Calendar

- USDOL Publications
- USDOL Statistics
- USDOL – Administrative Review Board Updates
- USDOL – Office of Administrative Law Judges Update
- Federal websites are also used to update applicable US Citizenship and Immigration Services rules, forms and instructions used by ACR in our role as fiscal agent.
- Allied subscribes to the “United States Customs and Immigration Service” electronic newsletter and bulletin updates. This service provides immediate updates to laws and new regulations, press releases and general USCIS topics, monthly news letter and information for Employers.
- ACR receives numerous email updates from the Social Security Administration covering various topics including but not limited to; Congressional Affairs, Employer related topics, and Social Security Number verifications.
- Federal and state Department of Labor wage and hour rules compliance is ensured through ACR’s automated system to calculate the tax rules and regulations.
- As with the preceding responsibilities, ACR reviews and updates applicable State workers’ compensation insurance rules, forms and instructions using the applicable state websites.
- State revenue websites are used to review and update all state tax forms and instructions needed to prepare and file state taxes. The websites are also used to update ACR’s manuals and other documents.
- State websites are used to review and update all unemployment insurance tax forms and instructions, notice, publications and rules related to fiscal employer agents and household employers.
- State level agency websites are used to research any local information needed through the appropriate archives.
- The Program Director is also a member of the American Payroll Association. APA publishes several periodicals and newsletters keeping members updated on the latest national, state and local changes to all matters affecting payroll matters and emails regulatory updates.
- The Quality Assurance Department Supervisor is responsible for ensuring that all IRS forms, State Forms, and Federal Forms being used by Allied Community Resources are the most current, up-to-date version. Updates are provided to the supervisor via internet notifications, mailings, and other correspondence with the various involved agencies. These forms include, but are not limited to:
 - IRS forms, instructions, notices, publications and rules
 - US Citizenship and Immigration service’s forms, instructions, notices, publications, and rules

- Federal Department of Labor forms, instructions, notices, publications, and rules
- State employment services forms, instructions, notices, publications and rules, including Worker's Compensation
- State new hire requirements
- State Department of Revenue forms, instructions, notices, publications, and rules

Updates regarding these forms are also made in our Employer Training Guidelines and Procedures manuals which are taken on each home visit conducted by Allied Community Resources Staff.

3.2.12 To execute a “simplified” Medicaid provider agreement with each member’s direct care worker

ACR will secure an executed simplified Medicaid provider agreement from each member’s direct care worker.

For ACR’s current programs, Provider Agreements are included in both the Enrollment Packets and the Employment Packets. The form is also available on ACR’s website on the Forms webpage.

Both the direct support person/employee and the individual receiving services sign the Provider Agreement Form. It lists the employees’ role and responsibilities, the employee/employer relationship and an agreement to abide by the Waiver Program and fiscal agent requirements. All of the signed Provider Agreements are retained in our files. Design of the agreements are provided by and/or approved by the applicable State Agencies. A sample agreement for the West Virginia program is included in **Attachment Six – Forms and Timesheet Samples** on page 190.

3.2.13 To collect and maintain a signed informed consent statement regarding the Government FE/As use of a Vendor Subagent from every member in accordance with IRS Proposed Notice 2003-70

The Internal Revenue Service (IRS) Proposed Notice 2003-70” states an FE/A must obtain a Form 2678 Employer Appointment of Agent, and send it to the IRS as signed consent for the FE/A to act as an agent for them. This approval must be kept in individual consumer files. As required, ACR submits the required documentation to the IRS to be recognized as the individual’s fiscal agent and /or payroll agent and to request copies of future correspondence. When submitting the IRS Form 2678, and the Request for Authorization Application Letter, ACR is requesting authorization to do “all that is required of the employer for wages paid on the taxpayer’s behalf” and “all that is required of the payer for requirements of back-up withholding.”

The IRS Form 2678 is part of ACR’s system for all forms and letters to be prepared in advance prior to the delivery of the enrollment packet to the individual receiving services. All known information is filled in. Once received, the individual reviews, completes and signs the IRS Form 2678 and then returns it to ACR with the completed packet, either during the in-home household employer enrollment training or via U.S. Mail. The original is sent by ACR to the IRS with a Request for Approval letter. A copy is filed in the individual’s file.

The IRS sends confirmations of all 2678's to ACR as the fiscal agent. Upon written receipt of the 2678 confirmation, the original is filed in the individual's folder. The information is entered into the database for tracking and monitoring purposes. Periodic reports and queries are run to review the application process and insure that all required forms have been completed, returned and filed.

3.2.14 To obtain a Federal Employer Identification Number (FEIN) for each member enrolled in self-direction and for maintaining copies of the IRS FEIN notification letter (or the FEIN if subagent did not receive a letter from the IRS) and the filed Form SS-4 in each member's file. The proposed system should address the retirement of the FEIN number, monitoring receipt and retirement and maintaining the documentation.

INDIVIDUAL FEIN. ACR obtains a separate FEIN for each individual, or their representatives, who will become household employers with ACR as Agent.

Although previously all FEIN's were obtained via the WWW.IRS.Gov website, since November 1, 2009, all FEINs must be obtained from the IRS over the telephone. The FEIN is recorded, inputted into our Management Information System and filed with the SS-4 Form into the individual file.

ACR's system for obtaining, monitoring and retiring members' FEIN's utilizes our MIS database. In the database, the appropriate information is entered for documentation, tracking and monitoring purposes. Periodic reports and queries are run to review the application process. All processes and procedures are documented in ACR's written policies and procedures. When appropriate, all FEIN's are retired in a manner prescribed by the IRS. ACR's protocols follow the IRS guidelines for retiring numbers. The original application and/or confirmation are stamped with an "expired" and expiration date. This is forwarded to the IRS per IRS regulations and a copy is kept in the individual's folder.

OBTAINING AN FEIN. ACR's Resource Consultant brings the IRS Form SS-4 to the enrollment visit to be reviewed, completed and signed by the member/employer. The Resource Consultant telephone the IRS as required, explaining the need for an FEIN for a member hiring employees and using Allied community Resources as the Fiscal/Employer Agent. The IRS representative requests a copy of the Form SS-4 signed by the employer or legal representative. If the member has a Power of Attorney or conservator, that documentation is faxed along with the Form SS-4 as required. The IRS representative receives the fax while still on the telephone and generates an FEIN for the member. The number is given to the ACR Resource Consultant over the telephone who records the number and confirms it with the IRS before disconnecting the call. Up to three numbers can be obtained on each call. The member's FEIN is recorded on all other employer related tax paperwork and added to the Employer Tab in the database. The following illustration shows the database fields which are used to record and track the process. Query reports are run from the system for maintenance and quality assurance purposes.

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

The FEIN process is recorded and tracked within the MIS

Note: the Form 8855 is no longer used since ACR has a V/FA FEIN, however, for long-term clients, the information still be in our records.

RETIRING AN FEIN. Once it has been determined that a budget has been closed (due to death or other reason, except transfer to another V/FA), the following steps are taken to ensure that the members' tax numbers have been revoked and Allied's responsibility as the fiscal intermediary have been severed. A letter of notification is sent to the Internal Revenue Service informing them to close the member's FEIN and terminate ACR's relationship as a Payroll Agent. ACR attaches the original 2678 form signed by the Employer at the time of their enrollment visit. If the client's file includes the older version of the 2678 form, then a new form is completed and signed and included along with the letter and the old form. A copy of the letter and form(s) are placed in the member's closed file, marked as 'copy' indicating the date the letter is mailed. The database field under the Employer Information tab is updated to show the date the number was revoked.

3.2.15 To process all state and Federal required tax forms including but not limited to IRS form 2678, IRS form 8821, West Virginia State Tax Department Form WV/2848, Power of Attorney and Form WV/ARI-001, Authorization to Release.

ACR has internal controls and written policies and procedures for processing all state and Federal required tax forms; applying for, processing, and revoking all "limited Power of Attorneys". These protocols cover the forms 2678, 8821 as well as state-specific forms such as the WV/2848, Power of Attorney and WV/ARI-001, Authorization to Release Information. Additionally, ACR follows the IRS procedures as applicable for the revocation of forms; if the agent is not being replaced, ACR stamps "REVOKE" across the original application and mails it to the IRS. ACR uses a "Revoke" stamp with Initials and date of revocation.

ACR will expand our Policies and Procedural Manual to include revised procedures specific to West Virginia requirements. ACR maintains all relevant authorizations and documentations in the individual's file and monitors the approval and revocation process according to IRS regulations.

During the Member/Employer Enrollment Visit by the Resource Consultant, one aspect of the training visit is to explain to the member the purpose of these forms and the role that ACR plays as their Vendor Fiscal/Employer Agent. These forms will be signed by the members; ACR will then mail or process them online at the appropriate websites. Copies will be retained in the member's file folders.

In ACR's informational database, the appropriate fields will be checked for the forms that have been filed and completed. ACR's database will be modified to reflect the West Virginia specific forms. The following screen example illustrates the fields in our database used to track and control tax authorization forms.

Fields used to track and control tax authorization forms.

Service	Authorized Signatures	Random Audits	Timesheet Checklists	Workers Compensation	
Eligibility History	Employer Info.	Plan History	Surveys	Quality Assurance	Comments

Revocation Date

FEIN Received FEIN Number: DOR No:

8821 Received DOL No: Exp:

2678 Received Revocation Date:

DOR Paymaster

DOR Received

Household Employer

Fiduciary Agent Form Received

Exp Rate History

Year	Exp. Rate

Power of Attorney (POA) Forms

After either completion of the self-directed participant enrollment visit, or when the signed forms are received back from the member or conservator, the following forms are processed.

Form 8821: This form is faxed to the Internal Revenue Service once it has been completed and signed by the member or the Conservator/POA, if applicable. The message portion of the Fax includes the member's name and a notation as to whether conservator or POA paperwork is also included. Once the form has been faxed, the cover sheet is stamped indicating the date the fax was sent and is stapled to the top of form 8821 and placed in the member's file. This form is entered into the member's electronic record and an expiration date is automatically registered, 36 months from 12/31 of the year submitted.

Renewal: Queries are run every September to determine which members will need to be processed for 8821 renewals. A call is made to notify the member of the upcoming expiring 8821 and that a form will be mailed and must be signed. A return envelope is enclosed for returning the form for ACR to renew. ACR then copies and files the form in the member's file, then submits the 8821 to the IRS for renewal for another 3-year period.

Form 2678: This form is processed once it has been completed and signed by the member or conservator/POA, if applicable. A letter to the Director of the Internal Revenue Service is also completed and signed by the Financial Services Director. A copy of the letter and form are made, stamped with the copy stamp and mailed stamp indicating the date mailed, and the original form, letter, and the copy of the conservator/POA paperwork, if applicable, are mailed. The copy of this letter and form are then placed in the member's file and a note is made in the communication log as to the date the form was sent to the IRS as well as the individual's initials that processed the form. This is an open authorization until revoked.

Form WV/2848: This form is processed once it has been completed and signed by the member or conservator/POA, if applicable. A copy of the form is made, stamped with the copy stamp and mailed stamp indicating the date mailed, and the original form, and the copy of the conservator/POA paperwork, if applicable, are mailed. The copy of this letter and form are then placed in the member's file and a note is made in the communication log as to the date the form was sent to the West Virginia State Tax Department Revenue Division as well as the individual's initials that processed the form. This is an open authorization until revoked.

Form WV/ARI-001: This form is processed once it has been completed and signed by the member or conservator/POA, if applicable. A copy of the form is made, stamped with the copy stamp and mailed stamp indicating the date mailed, and the original form, and the copy of the conservator/POA paperwork, if applicable, are mailed. The copy of

this letter and form are then placed in the member's file and a note is made in the communication log as to the date the form was sent to the West Virginia State Tax Commissioner as well as the individual's initials that processed the form. This is an open authorization until revoked.

REVOCAION OF FEDERAL and STATE ID NUMBERS and POWER OF ATTORNEY. Upon receipt of termination of a Member's Plan, either due to the plan closing or the member being deceased, Allied will retire the Employer's FEIN number, Employer's State Unemployment Tax Identification Number, and the Employer's State Income Tax Withholding Identification Number. Retiring of these numbers is conducted at the end of the quarter in which the plan was closed. The Program Assistant completes the applicable Revocation letters and submits the documents to the Financial Services Director for signature. Once the signature is obtained, the documents are forwarded to the applicable Federal & State Agencies for the request for revocation to be processed. The Program Assistant updates the member database record and archives the member's paper file. All closed files are scanned to the archiving drive on the server, and the paper files are archived by year, program, and member last name in our on-site archiving location.

3.2.16 To perform FE/A services with regards to making claims and payments and maintain compliance with the 42 CFR part 447 including, but not limited to the requirements for timely payment to direct care workers, set forth in 42 C.F.R. § 447.453.1.10

ACR has experience Billing MCD agencies for payments for reimbursement for Services rendered by both Vendors and Direct Care Workers. In Connecticut, programs vendor services are paid within 30 days of receipt of invoice. These services are billed for Medicaid reimbursement by the Processing Supervisor on a weekly basis and payment is received by the V/FA bi-weekly prior to payment to the vendor (CT). West Virginia process will be revised for the monthly submission and payment protocol as stated in the RFP. For the direct care workers all Department of Labor rules are followed and paid bi weekly within the guidelines of the State. ACR will maintain a line of credit to pay these workers while awaiting the payment from the MCD agent.

ACR also has policies and procedures in place to process, maintain, review and collect these funds within the twelve months from Date of Service dead line as set forth in 42 CRF. Re-billing of denied claims require investigation as to reason for denial.

The Accounts Receivable Clerk is responsible for the billing of outstanding claims. There is a one year time limit that claims can be submitted/ resubmitted to EDS (CT Medicaid Agency Contractor). All claims are submitted and paid within this time period.

The Accounts Receivable Clerk prints or views the Aged Invoice Report to view the history for each invoice with a balance. The report shows how much was paid or taken back and on which remit it occurred. Service dates – the actual date the service is provided to the member - are confirmed to be within the 12 month limit. If the claims are still timely, the denial codes are investigated. Each denial code indicates how the claim needs to be corrected if eligible for payment. The entire claim must be resubmitted, not just the portion that was denied. For Connecticut claims submissions, the process is accomplished on-line on a secure web portal. If the claim is adjusted properly it is paid on the next remit.

An example of our Medicaid Claims Re-Billing Procedure is included in **Attachment Seven – Procedure Examples** page 194.

3.2.17 To develop, produce, distribute and maintain enrollment packets

Please see Section 3.2.5 for additional information regarding enrollment packets.

ACR has systems in place, with written policies and procedures, for the compilation and distribution of enrollment and employee packets, and for the orientation and training of self-directed participants. Internal controls and contractual program management is incorporated into the system and monitored by the ACR management team.

The Enrollment Packet that ACR will produce and distribute to the BMS members describes their responsibilities as household employers, provides detailed, step-by-step explanations and includes examples of required forms direct care worker employment packets, and all other necessary forms and provider agreements for the West Virginia Waiver Programs as stipulated. ACR currently uses packets of similar information for individuals and/or their representatives that include recruiting, hiring, supervision and management resource information for our programs. The household employer informational handbooks currently provided by ACR include such information as fiscal agent services, employer responsibilities and reading budget reports; they would be revised and/or expanded to correspond with the State of West Virginia and the BMS's requirements. Please see **Attachment Five** pages 169 – 171 for sample reports from ACR's training handbook.

Forms and letters are pre-prepared with known information inserted prior to delivery to the individual. The sample Employment Packet (direct care worker packet), that is included as part of the Individual Enrollment Packet, includes a list of employee related forms and sample instructional sheets. The Employment packet will include a checklist, an application of employment, an individual-family agreement with employee, a provider agreement form, timesheets and instructions, driver's license check release form , State W4 (when applicable) and an IRS W4, status forms for authorization from the individual, an I9 form, authorization forms for criminal history background checks, a provider qualification & training verification record, direct deposit application, and a debit card account form.

Both the direct support person/employee and the individual receiving services sign the Provider Agreement Form (Individual-Family Agreement with Employee). It will list the employees' role and responsibilities, the employee/employer relationship and an agreement to abide by the Waiver Program and fiscal agent requirements. Additional packets shall be distributed via mail, website access or email depending upon the program and individual circumstances. All of the signed Provider Agreements are filed.

PROCESSING COMPLETED PACKETS. The following tasks are accomplished as part of the employer's responsibility and confirmed by ACR:

- ◆ Sign authorization form to act as fiscal intermediary on behalf of the individual receiving services.

- ◆ Review and sign orientation acknowledgement and program agreements. (Please see the sample PCA Participant Duties checklist in **Attachment Six** on page 191)
- ◆ Fill out and file appropriate IRS and state tax forms such as: SS-4 to obtain FEIN number, Form 2678 to designate contractor as tax reporting agent, State income tax forms and a letter requesting limited Power of Attorney (sent with the registration for State Unemployment tax, as applicable). State registration forms. Power of Attorney with the applicable State Tax Department. ACR makes every effort to file and report electronically whenever electronic filing is an available option.
- ◆ The individual will receive verbal instructions on the procedures for completing time sheets. A written step-by-step instruction sheet will be provided.
- ◆ The individual will be instructed to review and sign timesheets, which will be submitted to ACR weekly.
- ◆ Upon receipt by ACR of the completed packets, a program assistant, using a checklist, reviews all packets for any missing forms, data and signatures. If anything is missing, a service call is made to the individual and/or service facilitator to expedite the missing forms or signatures.
- ◆ Upon completion, ACR files all forms with federal and state agencies. Copies are retained in ACR's files, and if requested, sent to the individual or family receiving services.
- ◆ As applicable, follow-up would be done with the individual/family/representative to assure appropriate filings were completed.

The completed packet is reviewed again and the enrollment checklist is completed. A sample of an enrollment checklist for our PCA Medicaid Waiver program is included in **Attachment Six** on page 192. Once all of the required items are checked off, the new member participant is entered into ACR's information database and passed to the director for authorization to create a payment data file. For internal control purposes, the Accountant can create the payment file only after the Director has approved authorization. The Accounting Manager reviews the setup. All pending files are tracked and reviewed by the Customer Service Supervisor.

Shortly after a member starts active services, an automated process checks and verifies submitted timesheets for compliance with the support services plan budget and proper completion. Any indication that an individual may not understand the required processes triggers a follow-up customer service call to review any problem areas and answer questions.

3.2.18 To produce, distribute, process, and maintain direct care worker employment packets for member's direct care workers containing all the required forms including but not limited to applications, agreements and consent documents needed to enroll direct care workers as members' employees

Please see Sections 3.2.8 and 3.2.24 for additional detail regarding employment packets.

Internal controls established to monitor the production and distribution of employment packets include a Forms Documentation Control System and an established procedure for processing the direct care worker employment packets.

PRODUCING DIRECT CARE WORKER EMPLOYMENT PACKETS. Program Managers, the Director of Program Services and the Director of Financial Services design and approve the employment packet containing all of the necessary instructions, forms, applications, consent documents and agreements needed to enroll direct care workers as members' employees. Forms are located and maintained in one central location to insure that the proper and most up-to-date versions of forms are used. Webpage forms are also uploaded from the central forms location. Limited identified personnel are given security access to revise, replace and save forms to the network and webpage locations. Other staffs are able to read and print copies for collating packets and responding to requests for mailing out copies of employment packets. A condensed sample of a checklist provided with the employment packets is provided below.

Employee Documentation Checklist Sample

CHECK LIST

The following forms must be completed for each private household employee.

Employer Status Form. This form is the formal acknowledgement to ACR that the client hired this provider. This form must be completed and signed by the worker/provider prior to ACR making payments. This form also serves for rehires, termination notifications and rate increases.

Provider/Registry Application. If the provider wishes to be placed on the registry (directory), this form must be completed and signed. This form requests information about qualifications, prior work experience, personal references, languages spoken, if convicted of a criminal felony offense, work hours/days, regions and specific towns to work in. This form is mandatory in order for an applicant to be placed on the registry.

I9 Verification of Citizenship. Lists of acceptable documents for identification and employment eligibility are on the back of the form. Employee and employer must complete and sign this form before the employee begins working (it may be done the first day of work). Submit this form to the office.

State-W4. To be completed and signed by the household employee choosing whether or not to have state taxes withheld. Submit this form to the office.

W 4 Federal Tax Withholding. To be completed and signed by any household employee choosing to have federal taxes withheld. Submit this form to the office.

W5 Federal Form. To be obtained for each eligible employee for processing advanced EIC.

Provider Agreements. Agreements are also included in these packets. MHDS's agreement will be inserted here.

These forms must be completed by employer and employee and returned to ACR Financial Management Services before the employee starts working.

Timesheet. To be completed by employee and signed. Days, hours and daily activity checklist must be verified and counter-signed by employer. Submitted weekly to ACR Financial Management Services.

Condensed, including font, for the purposes of the proposal.

DISTRIBUTION OF EMPLOYMENT PACKETS. In order to be listed on the Provider Registry (Directory) and/or to work for members on the program, individuals must complete a Direct Care Worker Application. Application packets may be obtained by contacting ACR's Customer Service Department directly or may be obtained directly from a member participant on the program. Packets may be mailed, faxed, or emailed. Packets are also given to the member at the time of their home visit and additional employment packets may be mailed directly to the member at their request. Forms may also be downloaded from Allied's website at www.ACRfi.org.

PROCESSING EMPLOYMENT PACKETS. New Hire applications and all documents are faxed, emailed, mailed, or hand delivered to ACR for processing. The application packets and documentation received are date stamped and reviewed by an Applications Processor at the time of arrival. ACR Application Processors receive formalized training on how to review applications and verify compliance with state and federal regulations. Each individual application is thoroughly checked for accuracy and completion.

All applications are entered into a centralized Application Log, indicating the date received, the applicant's name and status of application as to whether it is complete or incomplete. The Log is used to monitor the status of each received application. The log is updated and reviewed on a weekly basis and assessed monthly by management personnel to ensure that applications are processed thoroughly and efficiently, for internal control and quality reviews.

Application Processors use the pre-filled checklist when conducting their review for completeness and to document receipt of all required items. This is determined by reviewing for any missing forms, data and signatures. If the application is found to be incomplete, a service call is made to inform the member of the missing information or forms.

The completed packet is reviewed and employee information is entered into ACR's information database by the Application Processor and passed to the Director of Financial Services for authorization to create a payment data file. The Accountant creates the payment file only after the Director has approved authorization. The physical copies are filed in the employee section of the employer's record file folder in a program designated secure location within our office.

When an application packet is received incomplete, the Application Processing department contacts the employer and/or representatives via telephone (or mail if a registry only application) to request the pending parts of the application and instructed that they will need to submit the required information before they may be added to the provider registry or issued a start date to be paid. Processors review with the member or applicant the pending information step by step with instructions on how to make corrections to the application paperwork. This is a vital piece of our Applications department as the employers are not eligible to hire and begin payroll to the selected individual providers until the application process has been completed.

Incomplete Application packets are filed in a central processing location for contact and follow up with the members and/or their representatives and held until all information is submitted to the Application Processor. These packets are held for 90 days at which point the application is deemed "discontinued" if they remain incomplete. A notice will be sent to the employer and applicant informing them that their application is no longer valid. No payroll will be processed until employment packets are complete. In the event that the applications are discontinued or placed on an "on hold status" they remain in a secure designated location within the applications department.

Follow up contact with members and/or their representatives are conducted on a weekly basis, and at least three attempts are made to the members and/or their representatives via telephone or mail before the application is placed in an "on hold" status.

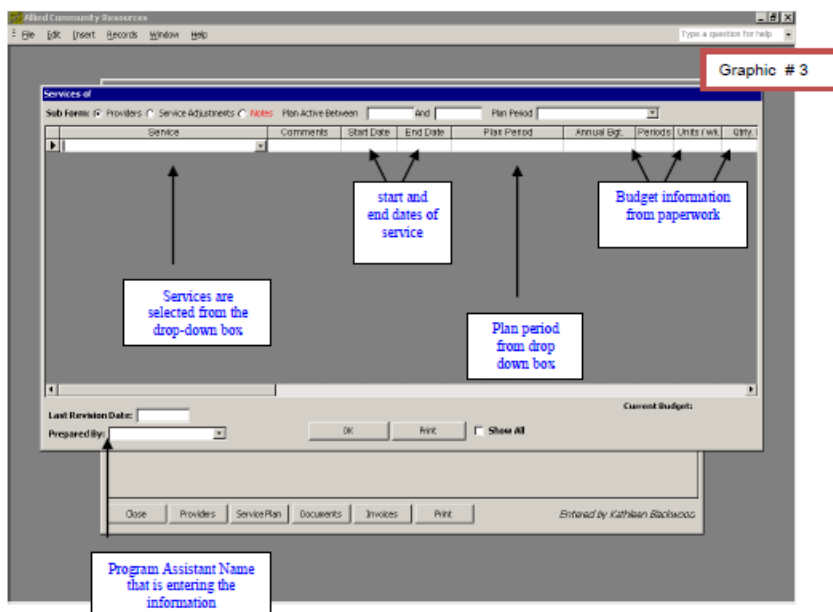
Applications must be completed within 90 days of the date received; if applications are not completed in this time frame, a new application would need to be submitted by the program participant and potential employee. Additional information regarding the detailed steps in the processing of employment documentation such as the procedure for verifying the direct care worker's social security number and other verification and credentialing checks is located in Section 3.2.24.

3.2.19 To ensure that the amount claimed does not exceed the members approved spending plan and address over billing occurrences pursuant to policy

Please see Section 3.2.10 for additional detail regarding claims submissions.

ACR utilizes both a customized Accounting system and a customized MIS Database to ensure that the amount claimed does not exceed the member's approved budget. Upon award of this contract ACR will update both systems to assure compliance with West Virginia's policy. Our customized MIS database maintains all versions of a member's budget, including revisions and annual renewals. Not only are the versions of budgets available for proper payment purposes, but also audit, disputed claims and fraud investigations. All data entry is identified by User ID for staff entering the data. See below for a screen print from one of ACR's procedures showing budget information entry.

H. Using the budget information, the Program Assistant enters the information that refers to the funding allocated to the client. The Program Assistant enters their name in the "Prepared by" field.

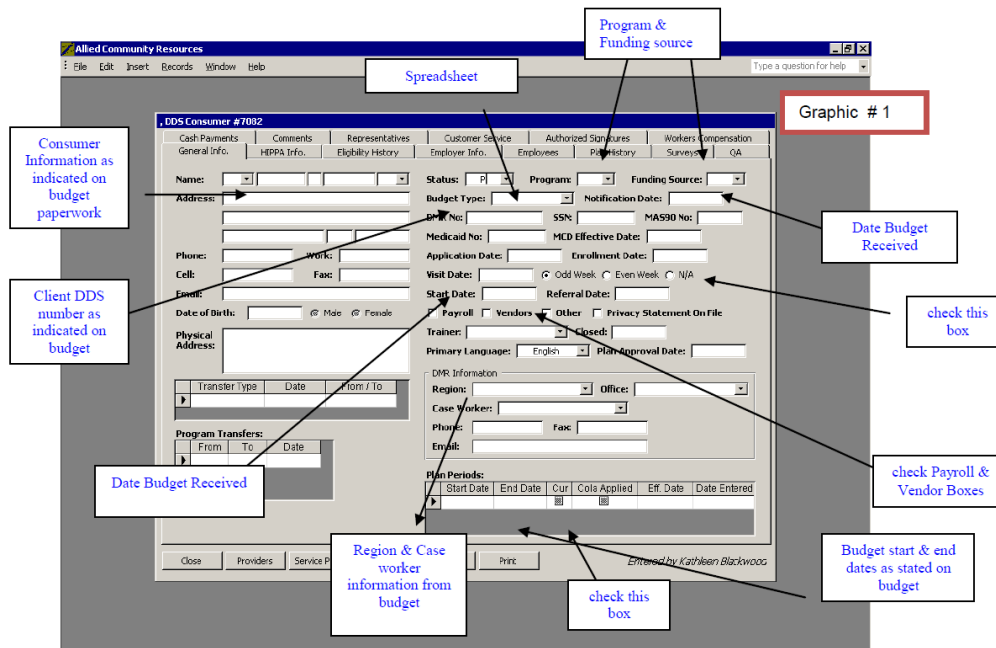


Program Assistants review the budget for accuracy inclusive of all line items, billing rates, hours of service and providers. Budgets which have problems are passed to the applicable Supervisor or Liaison for further review and problem resolution with the referring State agency. The budget is entered into the information database and the financial reporting system within 24 hours. Hard copies are filed in the individual's physical file folders.

ACR's current financial reporting package is customized in a departmentalized general ledger job processing system. Each department will represent a member. This reporting system allows ACR to create reports individually for members and in the

aggregate for the BMS with year to date figures and budget variances. ACR processes invoices daily and payments twice weekly to ensure payments to vendors within contract timeline requirements. Payments are made after verifying invoices with pre-approved services, which are logged into the system prior to vendor billing. The system tracks all pre-approved services to include member information, approved vendors, expenses and amounts, and reflect up-to-date fund balances. Real time Budget Exception Reports are generated by ACR's MAS90 software as an Excel report and/or screen print for viewing.

ACR's processing software system is automated for the verification process. Our extensive database system (see print below) compares individuals' support services plans with the payroll and non-labor payment entries to insure that the plan is active and that payments are for the authorized hours and rates and within the individual's authorized budget amounts. After processing invoices, ACR runs budget exception reports. If expenditures are outside of established cost standards allowed, then the individual, Resource Consultant and Agency personnel as applicable will be notified. This automated verification system is successfully used for ACR's Connecticut and Alabama programs, ensuring compliance with approved budgets and minimizing the potential for fraud.



In addition to the utilization of processing software, Allied also utilizes excel spreadsheets for the CT DDS program as a secondary source of ensuring that payments are made within budgetary guidelines. Any variance from the approved budget is verified with the DDS case manager in writing by the ACR Program Liaison and when necessary, approved through DDS Resource Management.

3.2.20 To process and maintain direct care workers timesheets

Please refer to Section 3.2.9 for additional detail regarding the timesheet process.

ACR has written policies, procedures and internal controls in place to process and maintain direct care worker timesheets. These established controls are also a part of ACR's customized MIS database which is automated to compare hours on timesheets to allowed hours on the plan in order to confirm and maintain plan compliance and accuracy.

Providers or employers can fax, mail or email timesheets to ACR bi-weekly as approved delivery methods for submitting timesheets. If received through the mail, timesheets are either scanned or data entered into our system depending on the program. Timesheets received by established deadline will be processed and paid by the fifth workday following the deadline, for example: a Monday deadline will insure paychecks by Friday at the latest.

Upon receipt and entering of timesheets, ACR's automated system is used to verify for budgeted hours and (active) status of employees.

After processing timesheets, in order to insure that only authorized payments are made, budget exception reports are run per ACR's written procedures. The payroll exception report from the database generates and tracks the occurrence of time sheets that are in excess of authorized amounts or a red flag for potential fraud scenarios, such as multiple timesheets for different employers during the same time period.

The payroll system has an automated process that allows for garnishment deductions upon receiving the legal documentation to attach wages. The relevant documentation is maintained in ACR's files. Therefore, all judgments, garnishments, tax levies or any related holds on an employee's funds as may be required by local, state or federal laws will be processed along with payroll, after receiving notification for the authorized agency requesting the attachment.

The payroll supervisor checks payroll reports against timesheet totals to assure payroll accuracy. If expenditures are greater than an established budget, timesheets arrive late, have errors, or are missing information then the individual/employer, and case manager if applicable, will be notified. The mechanism for identifying and tracking these occurrences is designed as part of the customized database software program utilized by ACR. DOL wage and overtime rules are also applied and monitored within the system.

After the exceptions are corrected, a new report is run. If there are no further exceptions, it is signed by the Payroll Supervisor as approval documentation to process the payroll checks. The report is kept on file for audit purposes.

ACR will process corrected timesheets during the next scheduled payroll run and within Department of Labor time requirements, running a special payroll if necessary.

All necessary information, including timesheets, is maintained for verification purposes and provided upon proper request from authorized parties with strict adherence to confidentiality requirements. ACR currently scans all timesheets and stores them electronically (on a data hard drive and CD/DVD) so that the timesheets may be retrieved by queries sorted by direct care worker, employer or time period.

For Medicaid fraud prevention purposes, unless individually exempted by Agency personnel as an accommodation, all time sheets require signatures and any timesheets without signatures are not accepted for payment. They would be returned to the individual for review and signature.

3.2.21 To develop, produce and implement practical skills training curricula and materials that address such issues as hiring, managing and terminating direct care workers, problem solving, and conflict resolution and updating the curricula and materials, as needed

Orientation And Skills Training For Individuals

ACR will provide orientation and information about fiscal/employer agent services and individual enrollment, information and practical skills training for individuals who will become household employers. ACR provides orientation and training for our current programs in Connecticut and has informational materials for each program that are updated regularly to remain current. Additionally, newsletters are distributed to clients with news and changes to the programs as well as customer satisfaction data information.

A handbook ACR has developed about self-directed services for our CT DDS program's Enrollment Packet includes information on vendor/fiscal agent responsibilities, budget management, skills training for employer responsibilities and customer services. Several samples from ACR's various program materials are included in **Attachment Four – Informational Materials for Members** on pages 158 - 167. A handbook sample is included in the Enrollment Packet sample in **Attachment Nine**, page 218.

TRAINING ABOUT EMPLOYER RESPONSIBILITIES. The Enrollment Packet that ACR provides to and reviews with the individual member participants describes their responsibilities as household employers, provides detailed, step-by-step explanations and includes examples of required forms. Resource Consultants will review the materials which include recruiting, hiring, supervision and management resource information to be used by the individual and/or their representative. ACR currently uses packets of similar information for training visits for our Connecticut DDS Waivers, ABI Waiver, Money Follows the Person, PCA Waiver and Elder Pilot programs. The Employer Handbook is described in greater detail later in this section.

TELEPHONE ASSESSMENT. Several of ACR's contracts include face-to-face training and enrollment visits similar to the Resource Consulting for the BMS program. Prior to the individual orientation and training, ACR contacts new referrals by telephone to assess the individual's or their representative's training needs. An appointment is made for the enrollment and training visit at the time of the initial telephone call and assessment. The Resource Consultant (West Virginia) or Employer Trainer (Connecticut) conducts the following telephone assessment.

TELEPHONE PRE-TRAINING & ENROLLMENT ASSESSMENT

General Information:

Are you Conserved? Y N if yes, of : PERSON ESTATE BOTH

Do you have a Power of Attorney? Y N if yes, who? _____

Relationship to POA: _____

If YES to any of the above, we will need a copy of the Probate Court paperwork.

When we meet, there will be several forms that require a signature. If you need assistance from a designated POA or COP, that person will need to be present (for a COE, Employer Trainer must call the COE).

Tax Paperwork

1. Do you have an FEIN (Federal Employer I.D. Number)?
2. Current REG-1 (tax registration number)?
3. Current UC-1A (CT Dept of Labor Employer Status)?

Employer Experience

1. Have you ever hired a household employee? _____ If yes, what was the position? ___ If no, have you ever interviewed or hired anyone?
2. Have you ever placed an employment ad?
3. Have you ever supervised an employee?

Hiring Specifics

1. Do you have anyone in mind for the position of PCA?
2. Have you considered qualifications; responsibilities; schedules?
3. Have you considered a backup plan for your PCA?

During my visit, we can discuss employment processing and recruitment of personnel. Please prepare a tentative plan outlining desired qualifications, schedule needs, employee responsibilities and any other concerns you might like to address.

Is there a one or more of these areas that you would like more information on than another?

Yes _____ No _____

**Do you have any other special needs that I should be aware of? _____

ALLERGIES?? Yes No If yes, to what? _____

It is our office practice to complete most of the forms prior to our visit for your convenience. We also have information and tax forms sent to the office to keep on file for you and we will discuss that in more detail at our visit.

PRIVACY RIGHTS: (MUST GO OVER WITH CONSUMER regardless of whether or not they plan to have employees present at the time of visit) If you would like to have your potential employees present to fill out paperwork, we would be happy to assist them. However, we will be discussing your plan and personal information about you with them present. Please be mindful of this when deciding whether to have them there or not. Do you understand this?

Date: _____ Initials: _____ Employer Trainer Name: _____

HANDBOOK. ACR's household employer handbooks include samples and reference materials for the individual receiving services. The handbook would be revised to correspond with the State of West Virginia and the BMS' requirements. Included with the CT DDS handbook is an informational booklet created by ACR for case managers working with new enrollees to educate members about fiscal/employer agent services and reading budget reports. **Attachment Four – Informational Materials for Members**, pages 158 – 167, includes several condensed examples and sample pages from ACR's handouts and training curriculum materials for individuals who will become household employers for different programs. The DDS Training handbook, for example, includes the following sections:

- Communicating with Allied Community Resources
- Recruitment/ Hiring Employee's
- Interviewing and Hiring
- Wage Information
- Employee Paperwork/Sample Forms and their explanations
- Organizing Employee Tasks and Ongoing Management
- Teaching and Training Employees for Individualized Needs
- Sexual Harassment
- FAQ's from Employers of Personal Care Assistants
- FAQ's from Personal Care Assistants
- Reading my Budget Reports

ACR has experience training and communicating with individuals with a variety of disabilities in several modalities to include one to one, small classes, videotapes and written guidelines. Allied has also provided and facilitated training to community groups, families and employers regarding Social Security benefits, the Americans with Disabilities Act and financial planning (i.e. Trust Funds).

UPDATING CURRICULUM MATERIALS. Allied has procedures in place for updating and distributing the undated materials to members. All forms and training materials are maintained in a central location on ACR's network server to insure that only the most recent versions are accessed and distributed to employers. The Forms Control procedures insure that only the documented owners can revise and save new versions to the network folder.

When updates or changes are made to the information contained within the employer training documents and forms, the added pages or changed information is copied and sent along with an explanatory letter to the Employer so that their manual may be updated as well. Notations of the updates being sent to the Employer are indicated in the Customer Service portion of the member's database record. It includes a listing of what information was sent and the date the information was sent to the Employer of Record.

3.2.22 To assist members to develop Resource Management Plans and Spending Plans and to be maintained in members files

The ACR Resource Consultant will assist members with developing their Resource Management Plans and Spending Plans during the initial enrollment visit at their home or other location chosen by the member. The enrollment visit provides an opportunity for the member and their representative and/or family members to receive a face-to-face orientation about the program, consultation about plan development and information about the Vendor/Fiscal Agent's role.

It is very important for the member to clearly understand their role as a self-directed participant in the Waiver program and their responsibilities for their spending plan, budget management and as an employer.

Prior to the enrollment visit, a pre-visit telephone call is made to review and confirm basic information, determine any special needs and schedule the visit. The call will also confirm that the member received the necessary Agency program information and self-assessment and planning tools to review and consider prior to the visit to be better prepared to accomplish the planning process during the Resource Consultant's visit.

During the enrollment visit, the Resource Consultant will assist the member by:

- reviewing the process for developing a spending plan,
- reviewing member participant responsibilities,
- reviewing and signing informed consent and other required program forms,
- determining if a representative will be used and completing necessary forms,
- reviewing, explaining and assisting the member to complete the forms necessary to meet the IRS requirements as an employer of record ,
- reviewing and completing all other State and Federal tax and employer related forms,
- providing education and training on self-directed services, hiring of employees, allowable and un-allowable program and budget information, and all other program requirements.

ACR's Resource Consultant will assist the member with developing a plan that will recognize their own individual needs and the support services needed to remain safely in their home, work and community. If a Back-up Plan is required for the Waiver, as is typical, the need for an emergency back-up plan will be explained and the member will be assisted with identifying the alternative supports the member will require for their back-up plan that will address their unique needs.

The Resource Management and Spending Plans will be finalized after approval by BMS or as protocol requires, and copies will be provided to the member, the Agency and any other appropriate support entities as dictated. If available, the CDM will be used to develop and or communicate the plan and receive approval. The specific protocol will

be developed with BMS and the confidential plans will be maintained in ACR's secure file management systems.

ACR staff work closely with families and case managers on plan and vendor startups, payment approval, budget management and revisions and household employer responsibilities. Other sections detail the training and information ACR provides to new program participants who will become household employers. Please see Sections 3.2.5 and 3.2.21 for further detail about orientation and training services.

To assist member participants, ACR provides payroll registers and monthly and quarterly budget reports to individuals and case managers. The reports include summaries of payments and deductions made on the individual's behalf and current and year-to-date information with remaining available funds for the service year. Reports are mailed to individuals, their representative if applicable, and their case manager (as applicable to program requirements) with a cover letter. The cover letter asks members to report any discrepancies. For the West Virginia program the cover letter and the reports will be revised to include BMS specifications, such as specific annual information, hours used and remaining hours available as per the RFP requirements.

Three samples of the reports provided to the individual household employers are included in **Attachment Five – Report Samples** on pages 169 - 171. The sample reports shown are included in an informational booklet included with the Individual Enrollment Packet given to each new participant. These samples include call-out box descriptors. The actual reports sent to individuals do not have the call out boxes, although the informational booklet sample reports do. ACR will develop member and Agency reports to BMS's required specifications.

ACR staffs also provide continuing telephone support to our clients; we answer general questions, explanations about their employees' payroll, budget expenditures, budget management, program and contact information. ACR's Employer Trainers/Resource Consultants make follow-up telephone calls every two weeks after the enrollment visit until the plan is started or closed. During these calls, the ACR staff offer additional suggestions for recruitment of workers, offer to send a customized provider directory listing, and answer any questions on how to complete the new hire paperwork. Follow-up calls are logged into a tracking spreadsheet and noted in the Customer Service tab of the new enrollee/members' database record.

For the BMS Personal Options Program's Resource Consulting Services, members would be telephoned monthly and visited a minimum of once every six months, as per the RFP. Plan approvals, revisions and updates would be addressed as determined by protocol developed with BMS.

3.2.23 To manage employment documentation, payroll, and Federal and State tax requirements for the direct care worker the member (common-law employer) hires directly

ACR's role as a Vendor/Fiscal Agent is to accomplish these tasks on behalf of the member (common-law employer).

ACR's Employment Packet and application processing procedures insure that all of the required employment documentation is completed, signed and verified by our staff prior to the start of direct care workers employment. All of the employment documentation is maintained in ACR's secure files on behalf of the member/employer. The Employer's file includes a section for all of their employees (direct care workers) documentation. If the direct care worker works for more than one member, a file specific to the second member is created and maintained in that employer file. Employment documentation is not "shared" but is specific to the employer. Further detail about the employment documentation, processing and maintenance is included in Sections 3.2.24 – 27 and 3.2.43.

ACR's payroll processing function as a Vendor/Fiscal Agent strictly adheres to all regulatory, State and Federal requirements including Department of Labor. ACR performs these functions on behalf of the member/employer and takes this responsibility very seriously. The member participant is the employer. ACR is their Agent. Therefore, we follow their direction as to the payroll for their employees while providing information and assistance to stay within program requirements, legal responsibilities, and budget parameters. Further detail about managing payroll processing services on behalf of the member is included in Sections 3.2.28 – 31 and 3.2.37 - 40.

ACR has procedures in place for the withholding, filing and paying of individual employees' income tax. The procedures will be revised to include West Virginia State requirements. For our Connecticut programs ACR has a separate Common Paymaster registration number used for aggregate report filing and payment processing of all program clients.¹

¹ ACR is aware and acknowledges that West Virginia does not recognize "common paymasters" and that ACR as vendor fiscal/employer agent will need to file individual tax reporting forms, state income tax withholding and state unemployment insurance tax filing and depositing for each consumer employer in West Virginia. ACR's explanation regarding our "common paymaster" description in Connecticut was used here to demonstrate what ACR has accomplished in Connecticut to increase efficiencies for year-end processing. It is not relevant to this proposal except as an example of what could be accomplished in West Virginia if successfully pursued.

After the individual is assigned a withholding registration number, a letter of notification is sent to the Connecticut Department of Revenue Services (applicable State Tax Department) associating the clients withholding registration number with ACR's Common Paymaster number.

All individuals' payments are calculated and processed weekly. A fund transfer request is initiated from the Accounting Department and approved by the Director, then submitted to the Corporate Accounting office to fund the tax account. The weekly payment is then processed via the Department of Revenue Services' secure website and they in turn withdraw the funds from the tax account.

For Payroll Clients the State Withholding payment is filed weekly. The State 941's are manually prepared and submitted quarterly from data secured from the payroll system.

ACR will withhold, file and pay state unemployment withholdings for each individual's state tax registration number for all direct support persons per state requirements, maintaining relevant documentation in ACR's files. For ACR's Connecticut fiscal agent clients, an electronic report file is created and exported from the payroll system automatically. The export report file is uploaded to the Department of Labor quarterly via a secure website. Payments are submitted on Employee Contribution Vouchers as a batch listing of all individuals and their individual Department of Labor numbers. A single draft is submitted to the Department of Labor with the batch listing. Confirmations are returned via email that the file was received and processed.

Household employers' State taxes are paid weekly and filed quarterly and will follow allowable practices for the State of West Virginia, as applicable.

ACR currently processes withholding taxes electronically on a per payroll basis. All withholding taxes are deducted from each employee without regard or consideration to minimal limits, based upon a completed W4 and a State-W4, under the assumption that these employees will be subject to all applicable taxes. This eliminates the necessity of having to retroactively withhold any taxes. During year-end processing, if it is determined that employees should not have been subject to FICA withholdings, a 941C is filed and credited in the next quarterly filing. Appropriate refunds are distributed to the state in accordance with the December 18, 2000 IRS letter. The employee can choose to claim excess FICA during the course of their annual tax filings or be refunded by ACR as the fiscal agent.

Information about the US CIS Form I-9, IRS Form W4, EIC, and a Form W5 are included in the Employment Packets as detailed earlier in this section. It is the responsibility of the employee to inform ACR that they are eligible for EIC and Advanced EIC by filing a Form W5. ACR will then process the W5 and refund Advanced EIC credits to the employee. Internal controls for monitoring the various forms are included in ACR's systems and procedures.

3.2.24 To collect, process and maintain the required human resources documentation from members and their direct care workers in order to process payroll for direct care workers, which will include the verification of social security numbers

Each potential employee's social security number is verified via the Internet at <http://www.socialsecurity.gov>. Allied is also registered and approved with E-Verify as a Designated Agent; a liaison between E-Verify and employers wishing to participate, but who choose to outsource submission of employment eligibility verification queries for newly hired employees. Designated Agents conduct the verification process for employers or clients. Allied has registered online and signed a Memorandum of Understanding (MOU) with SSA and DHS. Each employer/member will also be required to sign an MOU and will have a unique E-Verify client number which Allied will use to determine and verify employment eligibility within the United States.

ACR's systems, written policies and procedures regarding employment packets and the employment of direct care workers by members establish the required personnel documentation, consent and methods required. The Provider Applications and Credentialing Supervisor and the Program Manager develop and maintain the Employment Packets, ensuring that all updated and required forms are included. Program Assistants print and collate the Employment Packets for mailing to individual employers.

Internal controls established to monitor the production and distribution of employment packets include a single, read-only location for approved forms and documents on the ACR network server. Completed applications may be faxed or mailed back to ACR for processing. Application packets are reviewed to be sure that all forms needed are included and that all areas are completed and signed.

Employment Packets produced by ACR include an application, State W-4 (when applicable) and an IRS W-4, status forms for authorization from the individual, an I9 form, Medicaid Agreement form and all other necessary Waiver Program provider agreements and instructions. Initial employment packets will be provided to new member participants in the program during the enrollment process. Extra packets will be distributed via mail or email upon request. Forms may also be downloaded from Allied's website at www.ACRfi.org. Packets include:

- ◆ A one page employment application form,
- ◆ A Medicaid Waiver Program Provider Agreement form,
- ◆ Form I-9, Employment Eligibility Verification
- ◆ An Employment Eligibility verification Form, IRS Form W-4, Employee's Withholding Allowance Certificate and associated federal and state income tax forms and instructions,

- ◆ The IRS Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC),
- ◆ The IRS Form W-5, Earned Income Credit Advance Payment Certificate,
- ◆ An Authorization Form for Criminal History Background Check is included on the application form and provider agreement,
- ◆ A timesheet, instruction for completion and Payroll Schedule with deadlines for submission,
- ◆ All applicable required State forms including WV/NRW-4, WV/IT-104 and WV/IT-104.1.
- ◆ Instructions on how and when each form needs to be completed.

Processing of Application Packets

All Application packets are entered into a centralized application log, indicating the date received, the applicant's name and status of application as to whether it is complete or incomplete. As an internal control, management personnel review the log monthly.

The forms are reviewed for completeness, including signatures, checked off and confirmed prior to employee start dates and the employee/provider file in the database is updated. If packets are found to be complete, the information is entered into our provider database and the physical copies are filed in the employer's file folder.

If packets are found to be incomplete, the applicant and/or employer is called by telephone explaining what is missing and instructed that they will need to submit the required information before they may be added to the provider registry or be paid. No payroll will be processed until employment packets are complete.

Incomplete Application packets are filed in a central processing location and held until all information is submitted to the application clerk. Pending files are monitored by the Provider Applications and Credentialing Supervisor and held for ninety days (or other established unit of time) at which point the application is deemed "discontinued" if they remain incomplete. A notice is sent to the employer and the applicant at the 30 and 60 day marks, informing them that their application is pending documentation and finally at 90 days is no longer valid.

The completed packet is reviewed again, entered into ACR's information database and passed to the Financial Services Director for authorization to create a payment data file. For internal control purposes, the Accountant can create the payment file only after the Director has approved authorization. The Accounting Manager reviews the setup. The physical copies are filed in the employer's file folder.

3.2.25 To verify direct care workers' citizenship and alien status by collecting and maintaining completed United States Citizenship and Immigration Services (USCIS) Form I-9, Employment Eligibility Verification, for every member's direct care worker it processes payroll for in each direct care worker's file

Verification of US Citizenship. ACR's Enrollment Packet for new employers includes instructions and sample forms for the collection and verification of direct care workers' citizenship with the required USCIS Form I-9 signed by the Employer verifying the required identification documentation maintained in our direct care worker files. New employees are not entered into our payroll system until all required documentation is received from the Employer.

Employers receive instruction during their in-home visit about the forms and the types of identification documents required. Direct care worker Employment Packets also have a copy of the form and instructions with a list of acceptable documents.

Each potential employee's social security number is verified via the Internet at <http://www.socialsecurity.gov>. Our Applications Processing Department has also started utilizing the E-Verify system, a link to the DHS (Department of Homeland Security) and SSA (Social Security Administration) databases to verify citizenship and eligibility status for employment of all new hire applicants on behalf of the member participant/employer. ACR is registered and approved (SSA and DHS) with E-Verify as a Designated Agent; a liaison between E-Verify and employers wishing to participate. Designated Agents conduct the verification process for employers or clients. Each employer that wishes to participate is required to sign a memorandum of understanding (MOU) and will have a unique E-Verify client number which ACR will use to determine and verify employment eligibility within the United States.

Please see **Attachment Four** - page 167, for a Member Handbook page detailing the Member/Household Employer's responsibility to obtain the required documentation and signatures for the I-9 Form.

Copies of forms, identification copies and all required documents are logged as received, entered and documented in the member's database file and filed in the member's/employer's secure (paper) file.

3.2.26 To process a criminal background check for each member's direct care worker(s), tracking the findings, maintaining the information in each direct care worker's file, and provide findings to the Resource Consultant

Processing Criminal Background Checks of Prospective Workers. ACR currently subscribes to an Internet service for criminal history background and drivers' license checks provided on behalf of individuals. Employee authorization for the background check is included on the application and provider agreement in the Employment Packets for direct care workers and submitted with the other employment forms to ACR.

The forms and procedures developed specifically BMS programs will be created prior to the Readiness Review and program startup. Payment for the background check by the direct care worker applicant will be included in the process. Checks will be statewide and ACR will also incorporate into our processing steps checks against ADW policy for excluded offenses.

ACR verifies that the check has been completed for each potential employee prior to the start of employment and payment for payroll wages.

Notification is made to the employer, the Resource Consultant and the BMS as established, upon receipt of the completed background check. Currently, ACR notifies the employer immediately by telephone, as the employment start date is pending the results of the background check. A copy of the results are sent to the individual employer as required/or not required contractually. Monthly or Quarterly summary reports of all background checks made and results are sent to the applicable State contact as established for each program.

Criminal history background check results and dates are part of the ACR Information System database and can be queried for additional reports as required and/or requested by the BMS. Only identified positions have access to the background check system and log-on, results and documentation. The information, other than pass-fail notations in the database, is extremely limited and on a need-to-know basis. Only necessary documentation is maintained in the direct care worker's file and treated in the same confidential manner as all other human resource documentation collected.

3.2.27 To report new hires per West Virginia requirements

ACR's operational Policies and Procedures Manual includes new hire procedures for each of our program States. Our manual will be updated to include the specific requirements for the State of West Virginia. A draft New Hire Procedure for West Virginia is included in **Attachment Three**, page 145. This draft procedure will be finalized prior to the Readiness Review and/or operational start date as applicable.

Reporting New Hires. ACR's procedure establishes a consistent process for registering employees with the West Virginia New Hire Reporting Center on the State website. It applies to all new employees for members under the West Virginia programs. After a start date has been issued on the member's plan, all new hire and rehire employees will be registered with the New Hire Reporting Center within fourteen (14) days of their start date. The Applications Processor registers the employees via the Internet by accessing the State website. The Processor follows the prompts within the system to register each employee. The confirmation of the registration is printed and attached to the employee packet within the member's paper file.

Information reporting new hires is maintained in ACR's database and file management systems. Internal controls require the applicable department supervisor to run a database query report on a set schedule to identify pending applications and missing information.

3.2.28 (a) To pay member's direct care workers in compliance with Federal and State Department of Labor wage and hour rules and within maximum payment caps for services established by the Bureau

ACR will process timesheets and direct deposits during scheduled payroll runs and within Department of Labor time requirements. All payments, whether payroll, taxes and/or garnishments, are paid via one of ACR's dedicated software systems or customized payroll system. Tax reporting is performed automatically and aggregate payments are processed electronically. The systems also insure that all direct support persons are paid in compliance with program payment caps, federal and state Department of Labor wage and hour rules for regular and overtime pay. The internal monitoring controls are included in ACR's procedures.

All necessary information is maintained for verification purposes and provided upon proper request from authorized parties with strict adherence to confidentiality requirements.

Following established internal controls, written procedures and policies, ACR's MIS database is automated to compare hours on timesheets to allowed hours on the plan to determine plan compliance and accuracy.

After processing invoices and timesheets and to insure that only authorized payments are made, ACR runs budget exception reports per ACR's written procedures. The payroll exception report from the database generates and tracks the occurrence of time sheets that are in excess of authorized amounts or a red flag for potential fraud scenarios, such as multiple timesheets for different employers during the same time period.

The payroll supervisor or program bookkeeper checks payroll reports against timesheet totals to assure payroll accuracy. If expenditures are greater than an established budget, timesheets arrive late, have errors, or are missing information then the individual/employer, and case manager if applicable, will be notified. The mechanism for identifying and tracking these occurrences is designed as part of the database software program utilized by ACR. DOL wage and overtime rules are also applied and monitored within the system.

After the exceptions are corrected, a new report is run. If there are no further exceptions, it is signed by the payroll supervisor/program bookkeeper as approval documentation to process the payroll checks. The report is kept on file for audit purposes.

3.2.28 (b) To determine if the direct care worker is a family member who may be exempt from filing and paying Federal Insurance Contributions Act (FICA), and/or Federal Unemployment Tax Act (FUTA) and State Unemployment Tax Act (SUTA) and maintaining relevant documentation in each direct care worker's file

FICA, FUTA, SUTA Exemptions. ACR has in place procedures for identifying direct support persons who are also family members who might be exempt from FICA, FUTA and SUTA.

Any parent that is employed by their child will be deemed a dependent care provider following Guidelines set forth by the IRS (Pub 16) which states:

Parent employed by child. The payments for the services of a parent employed by his or her child in a trade or business are subject to income tax withholding and social security and Medicare taxes. Social Security Medicare taxes do not apply to payments made to a parent for services not in a trade or business, but they apply to domestic services if:

- The parent cares for a child who lives with the parent's child and the child is under age 18 or requires adult supervision for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition and
- The parent's son or daughter is a widow or widower, divorced, or living with a spouse who, because of a physical or mental condition that lasts at least 4 continuous weeks, cannot care for the child during such period.

Payments made to a parent employed by his or her child are not subject to FUTA tax, regardless of the type of services provided. ACR maintains all of the required documentation in the direct care worker's file located within the member's /employer's employee file section.

3.2.29 To determine if a direct care worker resides outside of West Virginia and for maintaining relevant documentation in the direct care worker's file

Out of State Direct Care Workers. When direct care worker applications are received by Allied for review they are entered into the application tracking system. If an applicant lives outside of the designated program's State, the applications are processed using the same guidelines. Many of the providers in our Connecticut programs live in the bordering states of New York, Massachusetts and Rhode Island and our application processing procedures clearly establish the worker's State of residence. Upon contract award, ACR will modify our existing procedures and employee paperwork to include the Form WV/NRW-4 which is required for all nonresident direct care workers. The document will be maintained as required in the worker's file.

Background checks for criminal history and drivers' license, if applicable, will include the residency state as indicated on the application and documents. Allied has also recently begun using the E-Verify system, a link to the DHS (Department of Homeland Security) and SSA (Social Security Administration) databases, to verify employment eligibility status of all new hire applicants.

Allied staff stays in close contact with the applicant until the process is complete and the applicant is approved as a service provider. A hard copy folder is created for the worker which contains the application and all relevant paperwork (addendums, correspondence, and credentialing) pertaining to this application. A record is created in our database for the individual which contains information from the initial application, credentialing checks and all other documentation up to and including the final approval.

3.2.30 To pay the members' direct care workers in full for net wages earned, not to exceed the authorized number of hours approved

Direct Care Worker Pay Within Authorized Hours. As noted earlier in Section 3.2.28(a), the Payroll Supervisor checks payroll reports against timesheet totals to assure payroll accuracy. If expenditures are greater than an established budget, timesheets arrive late, have errors, or are missing information, then the individual/employer, and case manager if applicable, will be notified. The mechanism for identifying and tracking these occurrences is designed as part of the database software program utilized by ACR. DOL wage and overtime rules are also applied and monitored within ACR's Information Management System.

After the exceptions are corrected, a new report is run. If there are no further exceptions, it is signed by the payroll supervisor/program bookkeeper as approval documentation to process the payroll checks. The report is kept on file for audit purposes.

3.2.31 To manage Federal Advanced Earned Income Credit (EIC) for each eligible direct care worker in an accurate and timely manner and to maintain the relevant documentation in the direct care worker's files

ACR makes advanced payments of federal Earned Income Credit (EIC) to eligible direct support persons through the payroll service.

The IRS Publication 797, information about Earned Income Credit, and a Form W-5 are included in the Employment Packets provided to members and potential direct care workers. It is the responsibility of the employee to inform ACR that they are eligible for EIC and Advanced EIC by returning to ACR a completed Form W-5.

Upon receipt of completed Form W-5's, an Application Processor enters the information into our payroll system. Once entered, the system automatically processes the advanced payments for the direct care worker during the payroll process. The direct care worker will receive the advance in their bi-weekly payroll check. Internal controls for monitoring EIC are included in ACR's systems and procedures which include maintaining the relevant documentation in our files.

The same procedure will apply to the WV/it104.1 Low-Income Earned Income Exclusion.

3.2.32 To file the WV/BUS-APP, Business Registration and obtaining the appropriate State Employer Identification Number from the West Virginia State Tax Department for State income tax withholding filing and payment purposes for all members it represents and maintaining the relevant documentation in the member's files

State Employer Registration Numbers, Withholdings And Payments

ACR obtains the necessary and appropriate state employer registration numbers for the filing of income tax (when applicable) and unemployment insurance tax withholding, filing and payment purposes for all fiscal agent clients ACR represents. The documentation is maintained in ACR's files. West Virginia specific procedures will be developed to include Forms WV/BUS-APP, WV2848, WV/ari001, and UC201. For illustration purposes, ACR's procedures for Connecticut programs are detailed here.

Sample Procedure From ACR's Manual Regarding State Registration Numbers.

PROCEDURE: Completing and Processing the State of Connecticut Form REG-1 Business Taxes Registration Authorization (DOR form) for household Employers

When a household employer needs a Federal Employer Identification Number (FEIN), the Fiduciary Agent must also register the business with the State of Connecticut Department of Revenue Services. The following steps in completing the form are done prior to the home visit, as well as processing the form after the visit has been conducted.

Using CT Form REG-1, complete the following areas (condensed example).

- Part 1: Reason for Filing Form REG-1: Check the box "Hiring Household Employees and intend to withhold Connecticut Income Tax.
- Part 2: Business Information: Check the box "Other" and in the explanation area fill in "Household Employer"
- Part 3: Nature of Business Activity: Fill in this area with "Hiring of Personal Care Assistants".
- Part 6: List All Owner, Partners, Corporate Officers or LLC Members:
 1. Name: Fill in the Household Employer's Last Name, First Name, and Middle Initial.
 2. Title: Fill in with "Employer"
 3. Home Address: Fill in with the Household Employer's address. This area should match the information contained in Part 5, line 4.
 4. City, State, Zip Code: Fill in with the Household Employer's city, state, and zip code. This area should match the information contained in Part 5, line 5.
 6. SSN: Fill in with the Household Employer's Social Security number, including dashes (000-00-0000).
 7. Date of Birth: Fill in the Household Employer's date of birth in a month/day/year format (00/00/0000).

*~ Condensed ~ Part 7 through Part 14 instructions are detailed in
the same way~*

For Connecticut programs, the Household Employer signs the declaration in Part 14 at the home visit. Prior to the home visit, the Telephone number field is filled in with the Household Employer's home phone number with area code, as well as the Printed Name of the Household Employer and the title being listed as Employer.

In conjunction with this form, Allied also prepares an Authorization Letter giving Allied authorization to act as the fiscal intermediary for the Household Employer and requesting that confirmation of registration with the Connecticut Department of Revenue be forwarded to Allied Community Resources on the Household Employer's behalf. The letter is filled in with the Household Employer's printed name and is brought to the home visit.

The Household Employer reviews the REG-1 (Connecticut) form for accuracy and signs and dates the form. The Household Employer also signs and dates the Authorization letter prepared by ACR.

After the home visit, the Household Employer is then registered on line with the State of Connecticut Department of Revenue. This is done by going to the website <http://www.fastfile.state.ct.us/Cbt/welcome.asp> and following the prompts on the registration screen. After all of the information obtained from the home visit has been entered, the form is submitted. Confirmation of the online registration appears and will state the Household Employer's name, the DOR registration #, the confirmation number for filing, the date of submission. This confirmation page is printed and the completed form, the authorization letter and the online registration confirmation are all placed in the Household Employer's personal file.

Once wages in excess of \$1,500 in a quarter have been paid to the household employees, the customer service representative will register the Household Employer on line with the Connecticut Department of Labor. This is done by going to the website <http://www.ctdol.state.ct.us>. The complete form comes up on the screen. Confirmation of the online registration will appear and will state the Household Employer's name, the DOL registration #, the confirmation number for filing, and the SUI rate for the applicable year(s). This page is printed and the completed form, the authorization letter, and the online registration confirmation are all placed in the Household Employer's personal file.

ACR follows State procedures as applicable for retiring the employer registration numbers (income tax and unemployment tax) when they are permanently no longer an employer. ACR waits six months before implementing the "retirement" process to ensure that the individual will not become active again and need the number. The processes for accomplishing this task are included in ACR's procedures.

3.2.33 To retire the member's State Income Tax Withholding Identification Number with the State Tax Department when the member is no longer in the program

ACR has policies and procedures in place for all of our current programs and States. A written procedure has been drafted for revoking the Employer's West Virginia State Income Tax Withholding Identification Number. Please see **Attachment Three**, page 150, for a draft sample procedure and letter for the West Virginia program. The procedure will be finalized for the Readiness Review and program start-up.

Upon receipt of termination of a Member's plan from the West Virginia Program, ACR will retire the individual's unique identification number. Retiring the number is conducted at the conclusion of the quarter in which the Member's plan was closed to ensure that all applicable State Employer Taxes are paid before the number is retired. The assigned Program Assistant completes a "Letter of Revocation" for signature by the Financial Services Director. The signed letter, along with the original Tax Withholding Registration Form stamped with "Revoke" is mailed to the West Virginia State Tax Department. The Member's database record is updated. ACR maintains a copy of the letter and form in the individual's file.

3.2.34 To file and monitor the WV/BUS-APP, Business Registration and obtaining the appropriate State employer identification number from the West Virginia State Tax Department for State income tax withholding filing and payment purposes and retiring it, when appropriate, for all members it represents and maintaining the relevant documentation in the member's files

ACR obtains the necessary and appropriate state employer registration numbers for the filing of income tax (when applicable) and unemployment insurance tax withholding, filing and payment purposes for all fiscal agent clients ACR represents. The documentation is maintained in ACR's files. A West Virginia draft procedure to include Form WV/BUS-APP is included in **Attachment Three**, page 151, and will be finalized by the Readiness Review and program start-up. For illustration purposes, ACR's current process is detailed here.

When a household employer needs a Federal Employer Identification Number (FEIN), the Fiduciary Agent must also register the business with the State Department of Revenue Services or other applicable State Agency. The following steps in completing the form are done prior to the home visit, as well as processing the form after the visit has been conducted.

Using CT Form REG-1, The Following Areas are Completed (*condensed*).

- Part 1: Reason for Filing Form REG-1: Check the box "Hiring Household Employees and intend to withhold Connecticut Income Tax.
- Part 3: Nature of Business Activity: Fill in this area with "Hiring of Personal Care Assistants".
- Part 6: List All Owner, Partners, Corporate Officers or LLC Members:
 1. Name: Fill in the Household Employer's Last Name, First Name, and Middle Initial.
 2. Title: Fill in with "Employer"
 3. Home Address: Fill in with the Household Employer's address. This area should match the information contained in Part 5, line 4.
 4. City, State, Zip Code: Fill in with the Household Employer's city, state, and zip code. This area should match the information contained in Part 5, line 5.
 5. Home Telephone Number: Fill in with the Household Employer's Home telephone number.
 6. SSN: Fill in with the Household Employer's Social Security number, including dashes (000-00-0000).

~ Condensed ~ Part 7 through Part 14 instructions are detailed in the same way~

For Connecticut programs, the Household Employer signs the declaration in Part 14 at the home visit. Prior to the home visit, the Telephone number field is filled in with the Household Employer's home phone number with area code, as well as the Printed Name of the Household Employer and the title being listed as Employer.

In conjunction with this form, Allied also prepares an Authorization Letter giving Allied authorization to act as the fiscal intermediary for the Household Employer and requesting that confirmation of registration with the Connecticut Department of Revenue be forwarded to Allied Community Resources on the Household Employer's behalf. The letter is filled in with the Household Employer's printed name and is brought to the home visit.

The Household Employer reviews the REG-1 (Connecticut) form for accuracy and signs and dates the form. The Household Employer also signs and dates the Authorization letter prepared by ACR.

After the home visit, the Household Employer is then registered on line with the State of Connecticut Department of Revenue. This is done by going to the website <http://www.fastfile.state.ct.us/Cbt/welcome.asp> and following the prompts on the registration screen. After all of the information obtained from the home visit has been entered, the form is submitted. Confirmation of the online registration appears and will state the Household Employer's name, the DOR registration #, the confirmation number for filing, the date of submission. This confirmation page is printed and the completed form, the authorization letter and the online registration confirmation are all placed in the Household Employer's personal file.

Once wages in excess of \$1,500 in a quarter have been paid to the household employees, the customer service representative will register the Household Employer on line with the Connecticut Department of Labor. This is done by going to the website <http://www.ctdol.state.ct.us>. The complete form comes up on the screen. Confirmation of the online registration will appear and will state the Household Employer's name, the DOL registration #, the confirmation number for filing, and the SUI rate for the applicable year(s). This page is printed and the completed form, the authorization letter, and the online registration confirmation are all placed in the Household Employer's personal file.

ACR follows State procedures as applicable for retiring the employer registration numbers (income tax and unemployment tax) when they are permanently no longer an employer. ACR waits six months before implementing the "retirement" process to ensure that the individual will not become active again and need the number. The processes for accomplishing this task are included in ACR's procedures.

ACR documents the process in the employer's database record and files all of the required documentation in the employer's/member's secured paper file.

3.2.35 To file the WV/BUS-APP, Business Registration and obtaining the appropriate State Employer Identification Number from the West Virginia State Bureau of Employment Programs for State Unemployment Insurance Tax filing and payment purposes for all members it represents and maintaining the relevant documentation in the member's files

ACR has procedures in place for registering new employers/program participants with all of their respective required State Agencies; for West Virginia the West Virginia State bureau of Employment Programs. When filing form WV/BUS-APP to register employers for West Virginia withholding, Form WV/BUS-APP includes a section on registering employers for unemployment insurance. Once the State of West Virginia Withholding Department receives the registration form they forward page four to the West Virginia State Bureau of Employment Programs who will issue an unemployment registration number for the employer. Please see Section 3.2.34 for related information regarding ACR's procedures and a draft West Virginia program procedure in **Attachment Three**, page 151.

ACR documents the process in the employer's database record and files all of the required documentation in the employer's/member's secured paper file.

3.2.36 To retire the member's State Unemployment Insurance Tax Identification Number with the State Bureau of Employment Programs when the member is no longer in the program

Retiring State Unemployment Insurance Tax Identification Numbers. ACR has established procedures and internal controls to retire program participants' State tax numbers when they are no longer in the program for the States of Connecticut and Alabama. A procedure for West Virginia will be included in the ACR Policies and Procedures Manual and implemented for the Personal Options Program. A draft West Virginia procedure is included in **Attachment Three**, page 149. The procedure will be finalized prior to the Readiness Review and/or operational start date as applicable.

Upon notice and/or receipt of a termination of a Member's Plan from the West Virginia Program, Allied will retire the Employer's State Unemployment Insurance Tax Identification number following ACR's established procedure based upon the State of West Virginia requirements. Retiring of Tax Identification Numbers is done at the end of the quarter in which the plan was closed to ensure all payroll related taxes paid during the quarter are filed prior to retirement of the number.

A Processor within ACR's Intake Services Department retires the number by logging into the State's Workforce website and retrieving the Form WVUC-A-47A, Employer's Application for Termination of Coverage. The Processor completes the form and submits to the Workforce West Virginia Unemployment Compensation Division via fax. The confirmation of the fax is stapled to the Form and placed into the Employer's paper file. The retirement of the number is logged in the member's database record. The screen print below illustrates a CT PCA Waiver participant record and revocation date field.

The screenshot shows a software window titled "Allied Community Resources" with a menu bar (File, Edit, Insert, Records, Window, Help) and a search bar. The main content area displays a form with several sections. A callout box with the text "The screen for West Virginia participants will display the relevant State agencies and acronyms." has two arrows pointing to the "Revocation Date" section and the "Exp Rate History" table. The "Revocation Date" section includes a list of checkboxes: "FEIN Received", "8821 Received", "2678 Received", "DOR Paymaster", "DOR Received", "Household Employer", and "Fiduciary Agent Form Received". To the right of these checkboxes are input fields for "FEIN Number:", "DOR No:", "DOL No:", and "Exp. Date:". Below these is a "Revocation Date:" field. The "Exp Rate History" section contains a table with columns "Year" and "Exp. Rate".

Department supervisors can query the MIS to monitor the process for closed files and internal control purposes.

3.2.37 To manage the application of all garnishments, levies and liens on member direct care workers' payroll checks in an accurate and timely manner and to maintain the relevant documentation in the direct care worker's file

ACR manages and processes all judgments, garnishments, tax levies or any related holds on an employee's funds as may be required by local, state or federal laws after receiving notification for the authorized agency instructing the attachment. The payroll system is an automated process that allows for garnishment deductions upon receiving the legal documentation to attach wages. The relevant documentation is maintained in ACR's files.

When a garnishment is received for a direct care worker of a program participant, the paperwork must list the participant as the employer.

If the employee has been terminated, the Processor completes the form and mails it back to the originator. A copy is kept for documentation in the direct care worker's file.

If the direct care worker is active, the Processor makes a copy of the garnishment and mails it to the employee. A note is put into the database under the employee regarding the garnishment.

The garnishment is entered into payment system and to a garnishment log. Each week after all time sheets have been entered the garnishment log is printed for internal control purposes. The Payroll Processor inputs total hours on the log and gives it to the supervisor. The supervisor calculates the garnishments and makes adjustments as needed to the amount withheld and enters the changes into the payment system. The garnishment checks are processed on the payroll date and mailed to the appropriate entities. The garnishment log is saved and filed for documentation and tracking purposes.

3.2.38 To process all required municipality/ city taxes/fees for members' direct hires

When a member comes onto the program it will be determined if municipality/city taxes/fees for members' direct hires will need to be deducted from their payroll. At that point it will be determined by contact with the municipality/city via website if they impose any types of taxes and on what types of employers. If it is determined that the employer is subject to municipality taxes ACR will develop a procedure to withhold and pay those taxes on the direct hires' wages.

3.2.39 To pay members' direct care workers within the time period required by the State Department of Labor (e.g., per State "Payday" requirement)

Please also see Section 3.2.28(a) regarding DOL Rules.

DOL Rules Within State Payday Requirements. ACR processes timesheets and direct deposits during scheduled payroll runs and within Department of Labor time requirements. All payments, whether payroll, taxes and/or garnishments, are paid via one of ACR's dedicated software systems or customized payroll system. Tax reporting is performed automatically and aggregate payments are processed electronically. The systems also insure that all direct support workers are paid in compliance with federal and state Department of Labor wage and hour rules for regular and overtime pay. The internal monitoring controls are included in ACR's procedures.

All necessary information is maintained for verification purposes and provided upon proper request from authorized parties with strict adherence to confidentiality requirements.

Following established internal controls, written procedures and policies, ACR's MIS database is automated to compare hours on timesheets to allowed hours on the plan to determine plan compliance and accuracy.

After processing invoices and timesheets and to insure that only authorized payments are made, ACR runs budget exception reports per ACR's written procedures. The payroll exception report from the database generates and tracks the occurrence of time sheets that are in excess of authorized amounts or a red flag for potential fraud scenarios, such as multiple timesheets for different employers during the same time period.

The payroll supervisor/program bookkeeper checks payroll reports against timesheet totals to assure payroll accuracy. If expenditures are greater than an established budget, timesheets arrive late, have errors, or are missing information then the individual/employer, and case manager if applicable, will be notified. The mechanism for identifying and tracking these occurrences is designed as part of the database software program utilized by ACR. DOL wage and overtime rules are also applied and monitored within the system.

After the exceptions are corrected, a new report is run. If there are no further exceptions, it is signed by the payroll supervisor/program bookkeeper as approval documentation to process the payroll checks. The report is kept on file for audit purposes.

3.2.40 To process direct deposit and to maintain the relevant documents in the direct care worker's file

The Direct Care Worker Employment Packets include applications for direct deposit of payroll. The forms are also available on ACR's website. When forms are received they are processed as part of the employment packet and maintained in the Direct Care Worker's file. A test file is created and sent to the bank to verify the routing and account numbers of the account holder before the file is activated to accept payroll funds. All changes to direct deposit information must be received in writing, including requests to inactivate accounts. All direct deposit information is kept on file with the active employment application in the employer's file.

After payroll is calculated, the payroll clerk creates a direct deposit file. The Payroll Supervisor reviews the file and generates a control sheet listing the number of transactions and the total dollar amounts to be transmitted. The control sheet is then forwarded to the Accounting Manager for final review and authorization. The Accounting Manager then sends the authorized control sheet back to the Payroll Supervisor who transmits the direct deposit file to the bank via a secure web site and following the Direct Deposit Transmittal Procedure. After the file is transmitted to the bank the Accounting Manager then faxes a control sheet to the bank. The control sheet confirmation is then filed with the payroll records.

3.2.41 To process wage information requests from federal and state agencies and other qualified entities and to maintain copies of relevant documentation in each direct care worker's file

ACR has policies and procedures in place to control the processing of wage information requests and to maintain copies of the relevant documentation in the direct care worker's file.

Wage Verification Processing. ACR complies with requests for wage verifications, such as payroll records or dates of employment, that include the name of the employer and the name of employee and when received in writing. The request must contain the individual program participant's name as the employer of record. A signed consent of the employee must accompany the request, unless requested by the employer of record and sent to the employer of record. Requests from private companies that are received non-compliant are returned with a letter informing the sender of what is required.

State Agency Requests. ACR will grant requests for wage verifications from the Internal Revenue Service, the Social Security Administration and the West Virginia Division of Labor without the signed consent of the employee if the employer can be identified through identifying tax numbers.

3.2.42 To fulfill all mandatory reporting requirements

Allied Community Resources assumes accountability and responsibility for the tax compliance issues regarding all related tax payments ACR provides on behalf of our V/FA clients. ACR files all federal and state tax returns with our own V/FA FEIN establishing our “co-responsibility” and assuring that ACR will meet all mandatory tax reporting requirements. ACR has established internal controls to monitor the federal end of year tax process all of the processes and internal controls for reporting requirements are documented in writing in the ACR Procedural Manual.

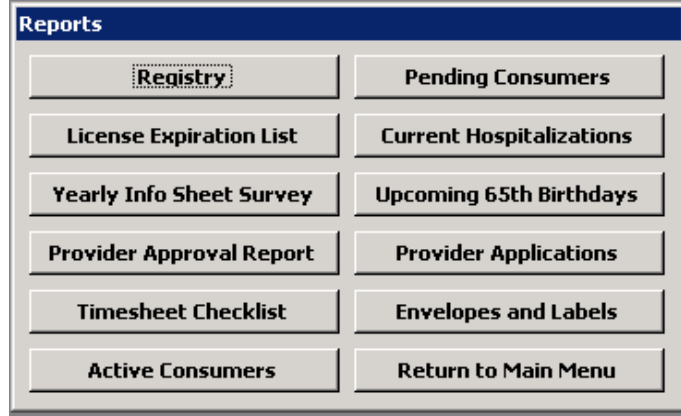
ACR also has the experience and resources to generate the required reports including monthly, quarterly and annual expenditure reports for individuals’ budgets, individual monthly Medicaid billing reports for all consumers, annual reconciliation reports for each individual budget, Medicaid billing, and various tracking and demographic reports. ACR currently provides payroll registers and monthly and quarterly budget reports to individuals and case managers for the CT DDS self-directed services program. The reports include summaries of payments and deductions made on the individual’s behalf and current and year-to-date information with remaining available funds for the service year. Reports with cover letters are mailed to individuals, their representative if applicable, and their case manager. The report samples in **Attachment Five**, pages 172 – 174, are examples of reports developed by ACR, per specifications, for the Connecticut Departments of Developmental Services and Social Services Programs.

ACR’s resources are capable of inputting and transferring electronically the report information involved for the administration of the BMS’ Programs. ACR submits third-party Medicaid reimbursement billing over the Internet weekly that is ASC X12N 837 HIPAA compliant format. As an example of ACR’s Medicaid billing experience, our electronic billing submission for the month of February 2010 totaled \$5 Million. Another \$3.9 Million in claim data is submitted monthly through a secure FTP site to the CT Department of Administrative Services on behalf of the CT DDS. Another \$600,000 is processed monthly with State of Connecticut Pilot funds drawn down from established processing accounts.

ACR has in place an operational, customized SQL database on a secure Microsoft network for our established data and reporting system. ACR’s customized financial reporting package is a departmentalized general ledger/ job processing system. Each department represents a client. This reporting system allows ACR to create reports individually for consumers and in the aggregate for the State with year to date figures and budget variances. ACR can produce reports by services provided, by region, by town or by other characteristics included in the database and per the specifications requested, including Excel format, electronic reports.

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

This example screen print illustrates ACR's current database system resources and our experience in generating different types of reports that may be required by the State of West Virginia and the BMS'. ACR's financial processing software also creates standard and customized reports specific to disbursements and balances.



Standard monthly reports will be generated from the system in the required format designed in conjunction with the State of West Virginia and the BMS' requirements. The data elements will include all required fields per determined necessary.

ACR currently provides payroll registers and monthly and quarterly budget reports to individuals and case managers for the CT DDS self-directed services program. The reports include summaries of payments and deductions made on the individual's behalf and current and year-to-date information with remaining available funds for the service year. Reports are mailed to individuals, their representative if applicable, and their case manager (as applicable to program requirements) with a cover letter. The cover letter asks participants to report any discrepancies. For the West Virginia program the cover letter and the reports will be revised to include the State of West Virginia and the BMS' requirements' specifications, such as specific annual information, hours used and remaining hours available.

The screen print below illustrates an expenditure report in excel format as requested by one of ACR's State programs.

Plan Period	ID	First Name	Last Name	Annual Budget	Annual Budget	Q-Budget 617	Q-Budget 620	Q-Exp617	Q-Exp620	Q-Exp015
9/1/2008-6/30/2009	00001	John	Doe	15,920.00	0.00	4,776.00		3,966.05	0.00	
7/1/2008-6/30/2009	00002	Jane	Martin	\$10,572.00	\$0.00	\$2,643.00		3,481.17	0.00	
7/1/2008-6/30/2009	00003	James	Rivers	\$0.00	\$41,914.00		\$9,471.00	0.00	7,365.75	
4/1/2008-3/31/2009	00004	Anthony	Smith	\$26,376.00	\$0.00	\$6,594.00		0.00	0.00	\$ 3,260.00
11/1/2008-9/30/2009	00005	Lynn	Waters	\$10,479.00	\$7,728.00	\$2,625.00	\$3,864.00	0.00	7,245.00	
			Total					7,447.22	14,610.75	3,260.00
Total Expenses:	Received	Expensed	Lump Sum	Cash Adj				Balance		
12101 (015)	\$ 5,000.00	\$ 3,260.00						\$ 1,740.00		
16108 (617)	\$ 12,000.00	\$ 7,447.22						\$ 4,552.78		
16122 (620)	\$ 20,000.00	\$ 14,610.75						\$ 5,389.25		
	\$ 37,000.00	\$ 25,317.97	\$ -					\$ 11,682.03		

3.2.43 To verify that the employment packet is completed accurately and copies of the required information are processed and maintained in the Vendor's files prior to authorizing payment to a direct care worker

Please see Sections 3.2.8, 12 and 18 for additional information about employment packet processing.

ACR's written policies and procedures insure consistent processing and verification of direct care worker employment packets prior to payment authorization. New members are informed during their enrollment visit and in new-hire documentation, that new employees cannot start working until ACR gives the approved start date once all required documentation and verifications are completed. Internal controls require the Director of Financial Services approval of the completed packet before a new worker can be inputted into the payroll system and a start date can be issued. Payroll cannot be processed without the direct care worker being inputted into the payroll system.

Upon receipt of an application packet, the ACR Application Processor will review all forms for completeness, including all required signatures and appropriate provider identification prior to the employee's start date. The Processor creates or updates the employee/provider file in the database. All complete application packets will be processed, including all required credentialing functions and passed on to the Financial Services Director for approval and set up into the payroll system. The processed applications will be stored in the employer's folder.

The ACR Application Processor will make contact with the Employer to request any missing documentation or required signatures on documentation of incomplete application packets. Regular periodic contact is made to collect missing parts of applications. The incomplete applications will be kept on hold status up to sixty days from the date received before discontinuing the application. A tracking system is in place to monitor the status of all received application packets and is reviewed monthly by management.

ACR's established systems, written policies and procedures regarding employment packets and the enrollment of employees establish the required personnel documentation, consent and methods used. The Program Manager develops and maintains the Employment Packets, ensuring that all updated and required forms are accurate and included. Program and Office Assistants print and collate the Employment Packets for home visits and mailing to individual employers.

3.2.44 To verify that the member is actively enrolled in Medicaid self-directed waiver program prior to authorizing payment to a direct care worker, independent contractor or other vendor of approved goods and services

ACR's payment approval procedures include confirmation of member eligibility prior to activation in the payment software system.

New participant plans are processed within 5 days of receipt. The plan paperwork is verified to ensure all necessary documentation for processing is included. Plans are entered into the database and progress is tracked through use of the Program Communication Log. The paperwork is compiled and placed into the assigned Program designation colored folder and is retained in the Program Assistant's work area until ready to start.

Plans are considered as "Pending" when no start date has been issued. The most common reasons for a start date not being issued are that the member participant may be ineligible for services at the present time, that they may be hospitalized, or that Providers have not been secured to provide the services outlined in the individual's plan. At the end of each month, the Program Assistant contacts the Case Manager listed on the individual's plan for an update to the status of a possible start. Documentation of the follow up is recorded in the Customer Service area of the database for the member. Follow up is conducted monthly until the plan starts or notification to close the plan is received.

If timesheets or invoices are received for a non-confirmed individual, the timesheets and invoices are placed in pending status in our system and cannot be paid until eligibility has been confirmed or the State Agency has approved payment as an exception, such as in Connecticut, pending approval for Title 19 Medicaid requiring services until eligibility is determined. Rebilling for Medicaid claims reimbursement is held as pending until eligibility is established within the Medicaid payment system. In an exception such as this, Connecticut requests payments in writing and confirms coverage for repayment to the V/FA for the payment amount with State dollars if eligibility is denied and Medicaid reimbursement cannot be made. As noted, this is an exception. Otherwise, ACR does not make payments for payroll or invoices to vendors or for goods and services if the program participant has not been confirmed as eligible for Medicaid.

A sample ACR procedure for verifying eligibility is included in **Attachment Seven**, page 201.

3.2.45 To process the approved payment of direct care workers, independent contractors and other vendors of approved goods and services based on the requirements/ regulations and to maintain relevant documentation in each member's file based on the requirements/ regulations

ACR has established accounting and payment systems in place to verify, process and pay payroll, vendor invoices and all non-labor related payments for goods and services per authorized individual spending plans and within Medicaid Waiver program requirements and regulations. ACR's procedures include confirmation of member eligibility, service approval and rates, and authorization for payment.

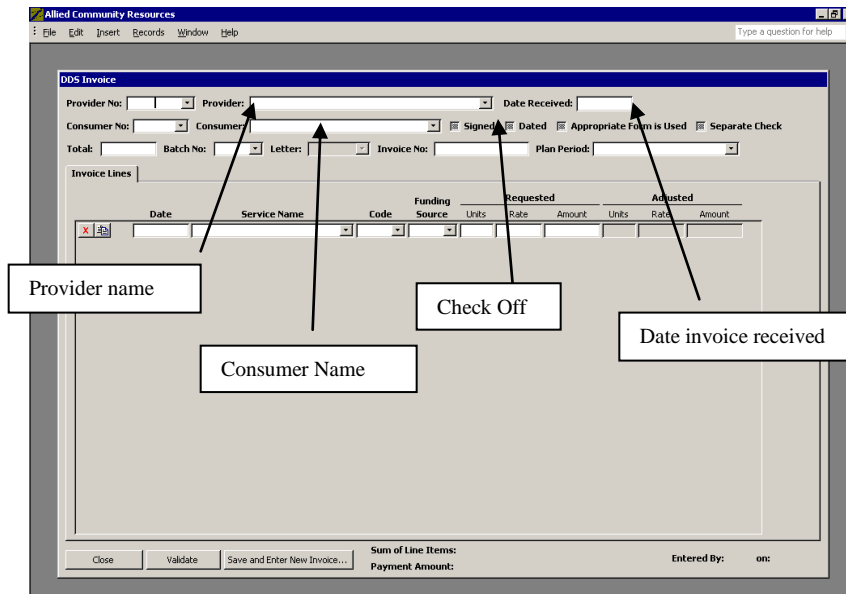
Our customized Management Information System, accounting software and payment systems are automated and linked to not allow the processing of payments that do not match the member's spending plan and/or budget balances in the system. If exceptions occur, the payments cannot be made without a manual override by an Accounting Manager or Director. For example, if a member's payroll or expenditures went over the monthly budget and the program business rules allowed an exception for certain circumstances as long as the expenditures did not go over the quarterly budget, the Processing Supervisor would review the specific exception and determine if the applicable program rules allowed an override for payment. The payment exception would be noted in the customer service area of the member's database record and the member and Resource Consultant/designated Agency worker would be notified to insure that spending remained within the quarterly budget (in this example).

Payments, by check or direct deposit, are made within established timelines after receipt of timesheets and invoices, provided that services are approved and active and that all requirements for payment are met.

Timesheet system checks in place require that active employees, allowable plan hours, and rates of pay are verified against the database to ensure that individuals submitting timesheets may be paid. Timesheets are also verified to ensure they are signed by the responsible parties (Employer and Employee). Timesheets with cross outs or white out are not accepted and are verified over the telephone with the Employer. A checklist is utilized for the two pay cycles (Even and Odd) to ensure that the member participant is paid according to their assigned pay cycle.

Invoices require information specific to the program for which the services were provided. ACR processes all invoices received on a daily basis and makes payments for all approved expenditures on a daily or twice-weekly basis, as applicable per contract requirements. Once received, the bills are date stamped, reviewed for authorization and processed for payment. The payment system tracks all pre-approved services to include consumer information, approved vendors, expenses and amounts, and reflect up-to-date fund balances.

Please see the screen shot below for illustration of ACR's invoice input screen.



Real time Budget Exception Reports are generated by ACR's customized MAS90 software and printed as an Excel report and/or screen print for viewing.

After invoices have been processed for payment they are reviewed and approved by the Accounting Manager. All voided checks, reports and check registers are sent to the Corporate Accounting office. For internal control purposes, ACR's processing bank accounts are maintained by the Corporate Accounting Office. ACR currently provides and promotes the use of electronic fund transfers, direct deposits and direct deposit "debit paycards" per arrangement with, and agreement of, the recipients. Non-check methods of payroll payment provide the direct care worker with their pay sooner than the mailing of paychecks and help to reduce incidents of fraud and lost checks.

ACR's receives invoices via fax, U.S. Postal Service, FTP site or email. Web portal submissions are under development and will be available by July 1, 2010. Clerical staff stamps all invoices with a received date and forwards them to the payment processors immediately and continuously daily. Processors verify through the automated system that the members are active and that the invoices are within the limits of the approved plans (budgets). If an invoice for vendor services exceeds plan budgets, unless approved as an exemption by the Accounting Manager for payment as noted earlier, a notice of claim denial is generated from the system and mailed to the vendor and the caseworker. All denials are filed electronically. The invoice (adjusted, if applicable) is then entered into the payment system and processed for payment according to the timelines required by the applicable contract and payment type.

3.2.46 To investigate and resolve the situation when any check for payment to members' direct care workers (e.g., FICA refunds) are not successfully received by the member's worker(s) and to process any checks undeliverable to the State agency responsible for implementing the West Virginia Unclaimed Property Law

ACR has procedures and internal controls in place to investigate and resolve for un-received and undelivered checks and to process checks to the State following the West Virginia Unclaimed Property Law. Please see Section 3.2.48 for additional detail.

A provider will telephone the processor that they haven't received a check that was issued to them. The processor will prepare and either mail or fax to the provider a Stop Payment Request Form. The provider will sign the form and fax it or mail it back to the processor at ACR. Once the signed form is received, the processor will initial the form and forward the document(s) to the Accounting Manager. The Accounting Manager does a search for the check to confirm it has not cleared the processing account. If it has cleared, a copy of the front and back of the check is printed and the provider is notified that the check was cashed. If the provider claims that they were not the one to cash the check then the provider is referred to the ACR QA and Compliance (Fraud) Department. The provider is also encouraged and recommended to file a police complaint.

If the check has not cleared, a stop payment is placed on the check by the Accounting Manager. The Stop Payment Request Form is initialed by the Accounting Manager and handed to the Payroll Processing Supervisor to void the check in ACR's Payroll Processing Software (ACCPAC). Once the check is voided, the Processing Supervisor initials and hands the Stop Payment Request Form back to the Payroll Processor to reissue the check.

Every month Corporate Accounting sends an outstanding check list to the Accounting Manager who forwards to the Customer Service Supervisor. The Outstanding Check list is reviewed for checks older than three months. The procedure for Unclaimed Properties is followed according to the Unclaimed Properties Law for West Virginia.

3.2.47 To receive, verify and process invoices for services provided by an independent contractor to a member and to maintain the relevant documentation in each independent contractor's file

ACR has an established process in place to receive, verify, process and pay independent contractor invoices for our current programs. The process includes 1) verification of the provider's status, 2) the system verification to plan process when invoices are received, 3) the processing protocols for invoices, 4) the tracking of payments for 1099 purposes and 5) the maintenance of documentation in the provider's file.

1) Verifying Status of Workers. ACR has procedures in place for establishing the status of a provider as an independent contractor, vendor or household employee. For ACR's current programs which include pre-qualification and credentialing of providers, when a company or individual applies to become a provider, or submits an invoice for the first time and their status is unclear, they must complete and return the Provider Determination Questionnaire in order to determine their status as an independent contractor, vendor, or household employee. This information has questions pertaining to the number of employees, if any, registration with the Department of Labor, workers compensation insurance, and IRS taxation status.

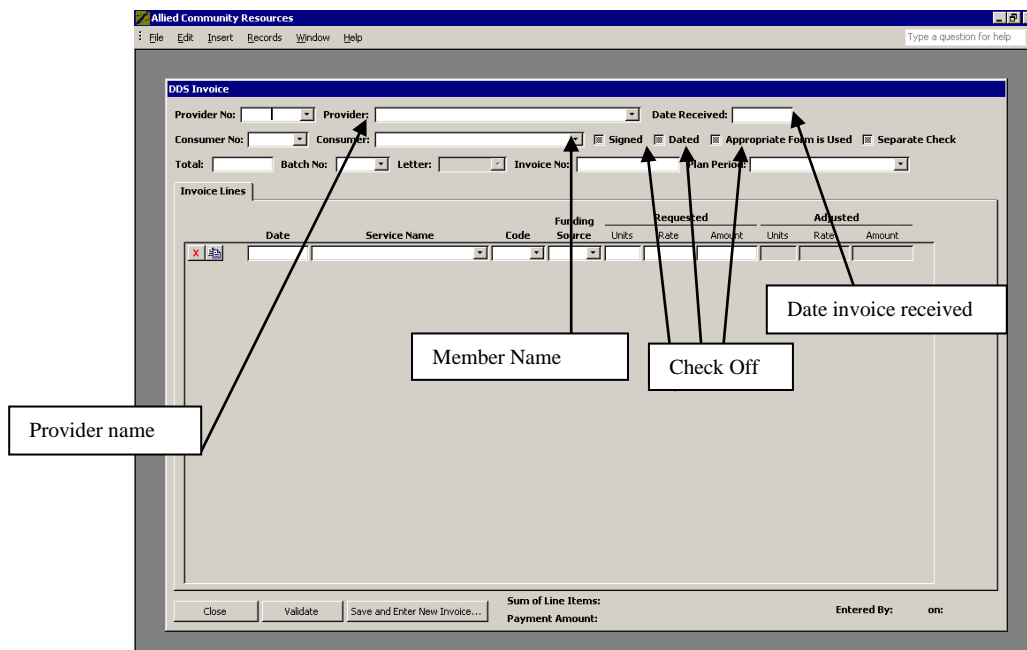
When the form is received from the applicant, it is reviewed to be sure it is completely filled out. Once reviewed, the form is passed to the Financial Services Director for determination as to the status of the applicant (Agency, Household Provider, or Private Self-Employed). If after the questionnaire is reviewed and it is still undetermined, an SS-8 form is used to determine the provider's status.

If it is determined that the provider is an agency or an independent contractor, they are notified of their status and must fill out a W-9 in order to report payments to the IRS and receive a 1099-MISC at year-end. ACR secures Medicaid Provider Agreements as applicable per Agency contract prior to making payments for invoices from non-enrolled vendors for Medicaid Waiver services. The Provider Status is inputted into the database file and copies of the required forms and documentation are maintained in the vendor's file. ACR runs periodic queries for receipt of completed form 1099's from each provider for follow-up confirmation. No payments are processed without a W9 on file.

2) System Verification to Plan. ACR has systems for approving invoices per authorized individual budget plans, Medicaid Waiver requirements and program parameters. ACR's existing customized database is used to store approved provider, budget and plan information in an electronic format. This information is also stored in the financial software and used to validate providers, budget and compliance with plans. Validation by the system is automated and required before payment can be processed through the system. If an invoice has missing or erroneous information, which is not caught visually, once entered or imported into the system, ACR's Information Management

System will flag the invoice for non-payment through a generated exception report. Various methods are used in the system depending on the situation, for example, pop-ups may appear on the screen and change to a red background for violations of restricted plans. Other erroneous and missing information will show up in the exception reports that are generated before invoice checks and/or payroll checks are printed. Any exceptions are researched and dealt with according to established procedures and internal controls.

3) Invoice Processing Protocols. ACR's procedures include confirmation of approval and authorization for payment. Payments, by check or direct deposit, are made within established timelines after receipt of invoices, provided that services are approved and active and that all requirements for payment are met. Invoices require information specific to the program for which the services were provided. The screen shot below illustrates ACR's invoice input screen.



ACR processes all invoices received on a daily basis and makes payments for all approved expenditures as applicable per contract requirements. Once received, the bills are date stamped, reviewed for authorization and processed for payment. The payment system tracks all pre-approved services to include member information, approved vendors, expenses and amounts, and reflect up-to-date fund balances. A real time Budget Exception Reports is generated by ACR's database and printed. Before payments are processed this report is reviewed. The Internal Control Process allows only the Accounting Manager or the Director of Financial Services to override any exceptions before payment can be processed.

After invoices have been processed for payment they are reviewed and approved by the Accounting Manager. For internal control purposes, all voided checks, reports and

check registers are sent to the Corporate Accounting office where the Processing Fund bank accounts are managed.

4) Tracking Payments for 1099 Purposes. ACR processes and maintains documentation in the provider files for all independent contractors. ACR processes an IRS Form 1099-MISC for each provider who has been paid \$600 or more within a calendar year. After final payments of each calendar year are issued, a check history report is run from the payment system, which recaps all payments issued for that year. The report is reviewed to determine which vendors will require 1099's based on federal guidelines. Yearly totals are verified against the yearly check history report. Adjustments are made as necessary. The 1099 information is printed onto preprinted forms utilizing ACR's Payment System 1099 reporting option. The 1099 reports are then verified to ensure accuracy and completion. The 1099's are mailed out to vendors/independent contractors on/or before January 31st for that year and the 1096 forms are sent to the IRS on/or before the last day in February.

ACR has procedures in place for producing and providing Federal tax form 1099, issued using the ACR's own fiscal agent tax identification number. ACR obtains and processes a completed Department of the Treasury Internal Revenue Service's W-9 Form from agency or private, self-employed providers in order to report income paid to the provider and issue a 1099-MISC at year-end.

ACR has existing policies and procedures in place for processing non-payroll payments and internal controls that are a strict adherence to a separation of functions. For example, personnel who process payments cannot add new providers to the payment system. Staff processing payments cannot be involved in processing receipts (funds). The Accounting Manager reviews all new providers to be setup only after the Director has approved the new provider. Only the Accounting Manager can setup a new member data file in the general ledger after the Director has given approval.

5) Maintaining Vendor Documentation. Vendor documentation maintained in vendor files may include initial provider application, Provider Agreement Forms, Form W-9, and Form 1099 copies. ACR obtains and processes a completed Department of the Treasury Internal Revenue Service's W-9 Form from any agency or private, self-employed provider in order to report income paid to the provider. Once the form is received, the individual processing the form will go into the provider database and pull up the provider's record. On the provider information tab, the processor will check the box labeled W9. Once the box has been checked, the form is then filed in the provider's paper file. ACR runs periodic queries for receipt of completed Form 1099's from each provider for follow-up confirmation. No payments will be processed without a W9 on file.

3.2.48 To address improperly cashed or issued checks, stop payments on checks, and to re-issue lost checks or improperly issued checks at no expense to the bureau and to maintain relevant documentation in the Vendor's files. The Vendor will maintain a history of these transactions. The bureau will not be liable for any overdrafts or charges that result in the processing of payroll

ACR has an established process in place with internal controls and written procedures to establish consistent practices for stopping payments on lost or stolen (improperly cashed) checks, voiding lost or stolen checks and replacing/ re-issuing lost or stolen checks. Our procedures include steps for when reports come from the employee/provider, member/employer or other sources, such as anonymous reports or contact by our bank(s). When indicated, checks are re-issued at no cost to the bureau or to the payee. Complete documentation is maintained in our files included all historical communications and documentation. Overdrafts and bank charges are incorporated into the fiscal agent fee structure as a cost of doing business and ACR acknowledges that the bureau will not be liable for any overdrafts or bank charges resulting from the processing of payroll.

When a direct care worker or other provider contacts ACR regarding a "lost" check, the Processor faxes or mails a form letter for the worker to sign and return requesting that a stop payment is placed on the lost or stolen check. Depending on If the lost check is less than or greater than six months old, the letter is specific to that timeline. Depending on the circumstances, the Processor will request the Accounting Manager to initiate a stop payment immediately; however the Processor still follow-ups with the provider to make sure the Stop Payment Request is received.

Once the signed letter is faxed or mailed back to ACR the Processor pulls the check stub and attaches it to the Stop Payment Request Letter. The Processor initials and dates the returned Stop Payment Request and forwards to the Accounting Manager.

The Accounting Manager logs onto the online banking system and confirms that the check has not been cashed. If it has, the form is noted and a copy of the front and the back of the check is attached to the form for the provider to review. If the provider insists that the signature is not theirs the Stop Payment Request documentation is forwarded to the QA and Compliance Department Manager (Fraud Auditor). If the check has not cleared a stop payment is place on the check and the Stop Payment Request is passed to the Processing Supervisor who voids the check in the payment and database systems following ACR procedure. The Stop Payment Request is then forwarded to the processor to reissue the check. Once the replacement check has been issued, the Processor initials and dates the Stop Payment Request with the replacement check date and check number. The documentation is filed for future and historical reference according to ACR protocol.

3.2.49 To reconcile payroll differences and unusual items with designated bureau staff and provide a history of all reconciliation and items discussed with the bureau and maintain relevant documentation in each member's file

The Program Manager or Program Liaison is responsible for assisting Consumers, Providers, and designated Bureau Staff in reconciling payroll differences, unusual items, and any other questions regarding payments or other problems which may arise. The Program Manager/Liaison will act as a troubleshooter and liaison between all relevant parties involved to ensure that relevant documentation and information are discussed with the bureau and maintained in the member's file, including a history of correspondence, adjustments and reconciliations.

As noted earlier in Section 3.2.45, our customized Management Information System, accounting software and payment systems are automated and linked to not allow the processing of payments that do not match the member's spending plan and/or budget balances in the system. If exceptions occur, the payments cannot be made without a manual override by the Accounting Manager or Director. For example, if a member's expenditures went over the monthly budget and the program business rules allowed an exception for certain circumstances as long as the expenditures did not go over the quarterly budget, the Processing Supervisor would review the specific exception and determine if the applicable program rules allowed an override for payment; and then present to the Accounting Manager or Director for override. The payment exception would be noted in the member's file and the member and Resource Consultant/designated Agency worker would be notified to insure that spending remained within the quarterly budget (in this example).

Please refer to an example ACR procedure, "Processing and Resolving Problems in DDS Budgets" in **Attachment Seven** – Procedure Examples, page 198, that describes a consistent method of processing, resolving and reporting problems with service budgets; and as an example of the process we would develop for the BMS Program to reconcile payroll differences and unusual items with BMS.

3.2.50 To prepare and distribute a copy of the monthly statement from the dedicated payroll bank account to the bureau and to maintain relevant documentation in the Vendor's files

ACR has procedures and internal controls in place for monitoring the receipt and disbursement of Medicaid funds. All program processing accounts are kept separate and not intermingled with each other or with ACR's administrative operating accounts. For West Virginia's programs, per RFP requirements, these funds will be the Vendor/Fiscal Agent's monies and not advanced by the State of West Virginia, BMS. ACR will use an established \$2,000,000 Line of Credit with New England Bank to set up a dedicated processing fund checking account solely for the cash flow required for this program while claims reimbursements are pending. ACR is willing and able to prepare and provide for the Bureau a copy of the monthly bank statement as requested in this RFP. ACR carries a Fidelity Bond/Crime Policy to cover any potential losses and we have never experienced a loss or claim.

A monthly expenditure report providing individual member program disbursement information and aggregate program information can also be provided to BMS. The report demonstrates payments made on behalf of members and within budget and program parameters. Please see **Attachment Five – Report Samples**, pages 172 – 174, for three examples of aggregate expenditure reports provided for ACR's programs. Reports for BMS will be designed and provided to BMS specifications. All relevant documentation regarding payments are maintained in ACR's files. Bank statements are maintained in our Corporate Accounting office following our established internal control requirements.

3.2.51 To investigate and resolve the situation when checks have not been cashed. This procedure shall ensure due diligence is exercised in accordance with CFR42 Part 433 Section 40 (Treatment of Uncashed or Cancelled [voided] Medicaid Checks). The Vendor will submit a list of uncashed or cancelled (voided) checks (beyond a period of 180 days after issuance) each quarter to the bureau

ACR has procedures and internal controls in place for investigating and resolving uncashed checks that ensure due diligence is exercised in accordance with CFR42 Part 433 Section 40. ACR will submit a list per the RFP requirements of uncashed or cancelled (voided) checks each quarter to the bureau.

ACR's procedure requires the Corporate Accounting Department to send a bank reconciliation to the Accounting Manager and Director of Financial Services every month. The Accounting Manager forwards the outstanding check list to the Customer Service Department. After three consecutive months on the outstanding check register, customer service attempts to contact the payee via telephone. Once the payee has been contacted, arrangements are made to generate a replacement check if they do not have the check in their possession. ACR staffs follow the appropriate procedure which is described in Section 3.2.48. If the check is in the payee's possession they are informed to cash the check immediately.

If the payee cannot be reached, three attempts within a six week period will be made. A letter is mailed to the payee as a final notification attempt. After the third unsuccessful attempt, the net check amount is transferred from the outstanding checks list to unclaimed property. Unclaimed property that has been abandoned for the time period required for the applicable State will be reported to the applicable State Agency in accordance with the State abandoned property laws. ACR has specific procedures for Connecticut and Alabama and will develop specific procedures to adhere to West Virginia Unclaimed Property Requirements by the Readiness Review or program start date.

ACR will use the outstanding check list for (West Virginia program) to create and submit a list of uncashed or cancelled/voided checks beyond 180 days after issuance each quarter to the bureau.

3.2.52 To process any unclaimed funds for direct care workers, independent contractors or other vendors of approved goods and services in accordance with WV's Unclaimed Property Act, when appropriate and to maintain relevant documentation in each direct care worker, independent contractor or other vendor of approved goods and services' file

ACR has procedures and internal controls in place for processing unclaimed funds for direct care workers, independent contractors and other vendors of approved goods and services in accordance with our current programs' States. Our procedure has been revised and expanded to provide a draft West Virginia Unclaimed Property process. The draft procedure is included in **Attachment Three** on page 146.

Following the steps explained in the previous Section 3.2.51, ACR's internal control procedures include sending an unclaimed property list to our Corporate Accounting Department containing the check number, date issued and check amount so that Corporate Accounting can remove the items from the outstanding check list. The Accounting Department creates a journal entry crediting the Unclaimed Property Account following ACR procedure. This credit represents the amount that needs to be remitted to the State. ACR reports Unclaimed Property to the State Treasurer on line as required. A notarized cover letter with a check for the proper amount is remitted to the State of West Virginia Treasurer's Office, Unclaimed Property Division.

3.2.53 To notify members when the results of a criminal background check do not comply with Waiver Provider Policy and to assist members in acquiring qualified staff

Please see Sections 3.2.6 and 3.2.26 for additional detail registries and background checks.

To assist members in acquiring qualified staff, ACR provides customized direct care worker registries (directories), recruitment training materials which include handbook examples and suggestions on ways to find and choose employees based upon their unique needs, review of the materials during the training, and continued telephone and in-home visit support to assist the member. ACR Resource Consultants and Application Processors assist employers over the phone with completing the new-hire paperwork and reviewing the results of an applicant's criminal history background check.

New program members will receive a customized directory during their in-home enrollment and training visit. It will be created based upon the available direct care worker applicants listed in the new member's geographical area. Customized reports can also be compiled to respond to individuals' specific requests such as certifications and recent verifications. Criminal Background Checks are done for every new employment application processed for the most current history possible. Customized lists can also be compiled for more specific needs as requested. Individual members also telephone ACR's Resource Consultants or Customer Service Representatives to request assistance with names of potential applicants and to request an updated directory. Updates are made available monthly and upon request to the various Agency offices.

In New England a web-based directory is available at RewardingWork.org that was designed to assist individuals with disabilities and their families to hire their own staff. ACR purchased several accounts to be able to query Rewarding Work's online directory of resumes for program participants who do not have or cannot use computers or Internet.²

Notification is made to the employer, the Resource Consultant and the Bureau as established, upon receipt of the completed background check results. ACR notifies the employer immediately by telephone, as the employment start date is pending the results of the background check. A copy of the results are sent to the individual employer as required/or not required contractually. Monthly or Quarterly summary reports of all background checks made and results are sent to the applicable State contact as established for each program.

² ACR's Executive Director participated on the interdisciplinary System Change Grant Implementation Committee responsible for Connecticut's participation in the New England Region Web-based provider directory.

3.2.54 To monitor quality through a minimum of monthly phone contacts and six month face to face visits.

ACR's West Virginia based Resource Consultants will maintain monthly telephone contact and visit face-to-face each member participant a minimum of once every six months. During these contacts, our Resource Consultant will perform service quality monitoring as agreed with BMS and to support West Virginia BMS's quality management efforts, by

- collecting and compiling information that assures that program services are provided in a quality and cost effective manner, including Incident Reporting Procedures as established by BMS,
- monitoring the Spending Plan to ensure that members are effectively using their budgets and not underutilizing services in a way that may compromise their health and well being. ACR's monthly expenditure reports will also provide an indication of quality – if plans are extremely under spent, then ACR and BMS can question whether the services required are being received or whether the plan itself needs revision.
- providing support and training assistance for the on-going management of their employer duties,
- assuring that essential needs are met as well as can be accomplished during the monthly telephone calls and visits every six months.

ACR Resource Consultant will assist the Bureau with insuring members' health, welfare and quality of care/services through the use of BMS' self-assessment tools or other tools used by BMS for quality monitoring either through mailings, with surveys, or during the face-to-face visit. Telephone calls would be geared towards answering questions, identifying unmet needs, any health and safety issues, and reviewing current spending plan. Surveys can assist with measuring the level and quality of participant direction and the adequacy of training to enable successful self-direction.

VENDOR STAFFING

Allied Community Resources, Inc.'s personnel have the necessary training, skills and experience to provide West Virginia with the best and most accessible Vendor/Fiscal Agent and Resource Consulting services available, as well as to successfully fulfill the mandatory requirements as specified in the RFP.

One area that sets ACR apart as a V/FA is our accessibility. Our supervisors, managers and directors are all accessible to members and Agency personnel; everyone's direct telephone extension is communicated and available. The ACR personnel identified in this proposal are the people who will be directly involved with West Virginia BMS's programs and members. The number of personnel assigned to the program will be added to in response to program growth, and as needed, based upon service volume and type of services provided.

Because of ACR's existing programs and established structure, we have the ability to quickly and cost-effectively provide services for the BMS and their members - to comply with all the services and responsibilities, utilizing economies of scale and providing for on-going quality services and growth. West Virginia's programs will benefit from ACR's experienced staff committed to our mission of self-direction. Our diverse personnel have extensive experience in direct care service capacities as counselors, volunteers and trainers. Many of our staffs are themselves or have family and friends who have various disabilities and twenty-four (24) percent of our staff is bi-lingual.

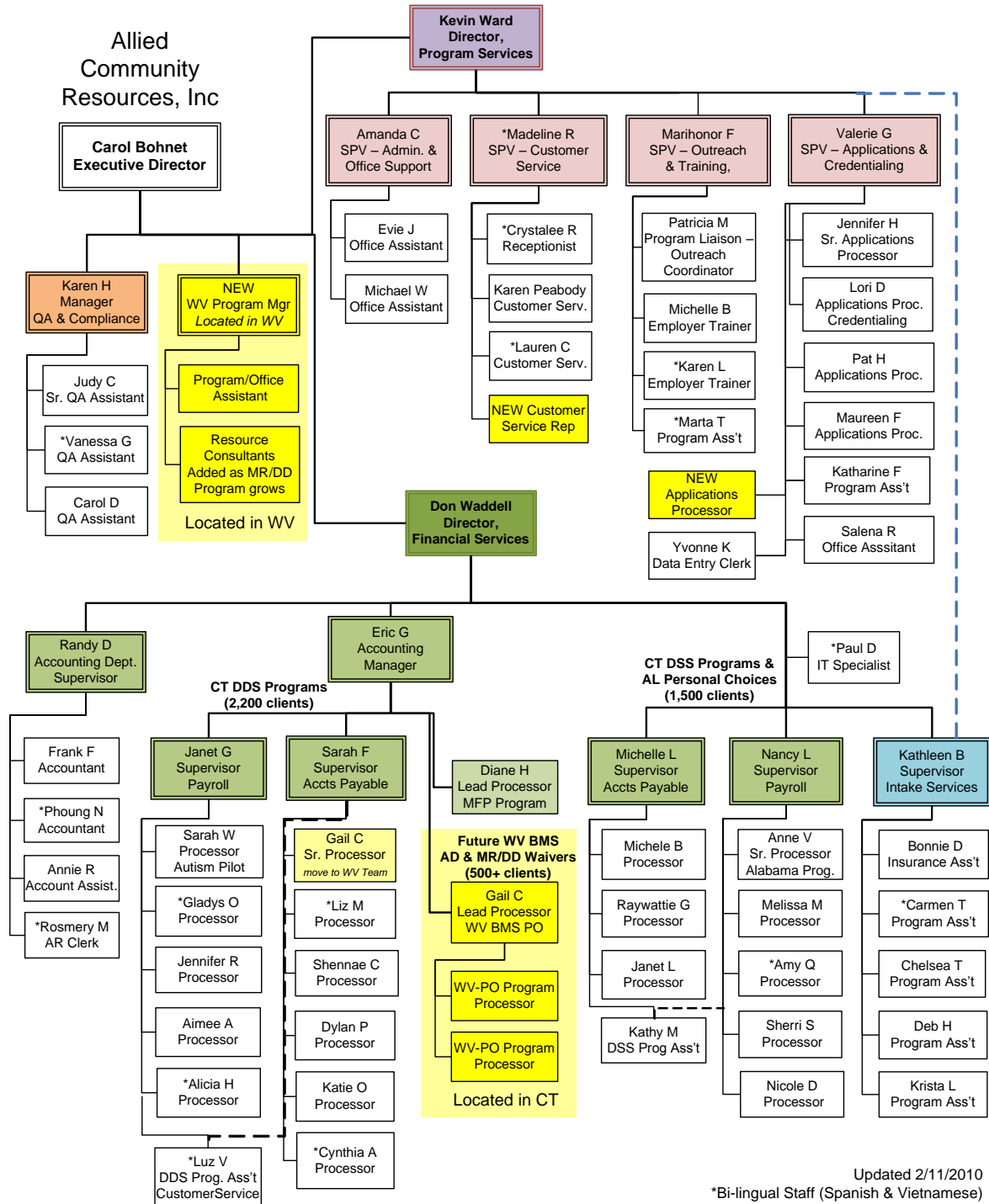
New project implementation requires concentrated, experienced effort to ensure a successful implementation. ACR's management works as a team "to get new programs off on the right foot" and provides continued support to the new program to maintain the highest possible quality of service delivery. ACR already has in place guidelines for and experience with the fiscal agent tasks associated with the program and experienced, qualified personnel to provide services and administrative oversight. Program startup tasks will be accomplished by the Executive Director, Program Directors and current staff to facilitate a successful implementation. ACR's existing staff will travel to West Virginia for start-up and implementation activities.

ACR's teamwork and supported approach is accomplished through cross training between workgroups and internal promotions and transfers into new programs. For West Virginia's program, current staff will be assigned to the new West Virginia Program Team in Connecticut. Additional personnel will support and manage the program during implementation and on an ongoing capacity as needed.

West Virginia based staff will be recruited to provide local customer service and support – a Program Manager, Resource Consultant(s) and clerical support. Resource Consultants will be required to obtain or maintain West Virginia Notary Public certification from the Secretary of State/Governor. Until the new hire is adequately

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trained, ACR personnel will support the position in West Virginia. This organizational chart illustrates the efficient staffing structure ACR provides for our vendor fiscal agent, outreach, training and resource consulting activities. Draft job descriptions are also included in **Attachment Eight** – Resumes, pages 214 - 217, for the Program Manager and Resource Consultant positions in lieu of resumes. Revisions to the duties are expected to be negotiated with BMS for the best fit with the program’s expectations and local resources.



Updated 2/11/2010
*Bi-lingual Staff (Spanish & Vietnamese)
(Allied Group Resources: Polish & French)

All program support department personnel (Training, Intake Services, Application and Credentialing, Accounting, Customer Service, Quality Assurance and Compliance will support the West Virginia Program. Additional positions in yellow illustrate capacity expansion to accommodate the initial program members transitioned. They do not necessarily indicate exclusive responsibility. For example, the full Applications and Credentialing Department supports all of ACR's programs.

ACR's Financial Management Services Division is managed and organized in a cross-functional team design. The accountants on staff directly manage the accounting functions of the fiscal intermediary and fiscal/employer agent tasks. The Director of Financial Services, Accounting Manager and Accounting Supervisor are all accountants with Bachelor and/or Master's level degrees in accounting with extensive experience in the healthcare and non-profit accounting fields. The Program Services Departments are staffed with personnel experienced in human services, training and direct client services and provide support and consultation for the processing departments.

The In-State Program Manager and Resource Consultant(s) will be recruited and hired in West Virginia. After training by ACR Management, the Program Manager, and additional Resource Consultants as hired, will provide orientation to the program, train individuals (with payroll plans) and/or their representatives in employer responsibilities, and complete their enrollment as household employers. The Program Manager will be responsible for maintaining State, Federal and organizational reporting requirements, and along with Resource Consultants will act as liaisons to individuals, their representatives and Agency support workers regarding service provision and authorizations, making initial contact with individuals to assess their training need, and meeting face-to-face to assist in filling out and filing necessary tax and enrollment paperwork. Additional Resource Consultant staff will be hired to provide services throughout the State as the MR/DD Waiver program grows.

The Resource Consultant's responsibilities will include training related to Waiver program responsibilities and information, VFA role and responsibilities, assisting with the development of members' service plans, confirming authorization of service plans including services, authorized amounts and providers identified, processing of provider applications and the maintenance of member database records. The Resource Consultants will be directly supervised by the West Virginia based Program Manager. The Program Manager will be directly supervised by ACR's Executive Director, who will assist with initial program implementation activities including procedural and materials/document development.

Resumes for key personnel in **Attachment Eight** starting on page 203, include the following personnel located in Connecticut and involved in the project: Executive Director, Chief Financial Officer, Director of Financial Services, Accounting Manager, Accounting Supervisor and Director of Program Services. Descriptions for the

positions, including the Senior Processor, Quality Assurance Manager and technology consultants are included in this section.

Carol Bohnet, Executive Director and **Peg Kenny, Chief Financial Officer**, both provide key implementation assistance to the Team, oversight and support, and in regards to Ms. Bohnet, significant contributions to the project and overall administrative duties in regards to administrative budget management, program development and contract oversight. As Chief Financial Officer, Ms. Kenny ensures that accountability; accounting practices and internal controls are in place. Both Ms. Bohnet and Ms. Kenny have over ten years experience administering and overseeing fiscal agent service programs and Ms. Bohnet has thirty years experience in Human Services including work with individuals receiving aging, developmental and physical disability services.

The Director of Financial Services, Don Waddell, will be the Project Lead for the BMS Program in Connecticut. He provides operational oversight of fiscal intermediary services and reports directly to the ACR Executive Director, Carol Bohnet and indirectly to the parent company's Chief Financial Officer, Peg Kenny. The Director supervises the Accountant Manager and Accounting Supervisor directly. Mr. Waddell has over seven years of experience directing and providing Fiscal Employer Agent services and several years of Medicaid billing experience in the Healthcare Industry. Mr. Waddell has been instrumental working directly with the Internal Revenue Service and Connecticut and Alabama State Tax Departments to streamline procedures and create aggregate vendor/fiscal agent reporting systems.

The Director is responsible for overall financial and operational management of ACR's fiscal intermediary programs including payroll taxes and reporting, preparation of contractual reports and plans, budget preparation, interface with state contracting agencies and Medicaid contractors, financial reports, interface with audit staff, computer network and management information systems (MIS) interface, maintaining state, federal and organizational reporting requirements, maintaining enrollment as a Medicaid provider, maintaining processing accounts, and the operation of systems to process invoices and disburse payments to providers for covered services.

Qualifications required for the Director's position, include a degree and the ability to develop and maintain a fully accountable financial system, management information system and accounting modules to interface with the Parent Company's Accounting Department, supervisory experience and experience with accounting software, word processing, spreadsheets and databases.

The Director of Program Services, Kevin Ward is responsible for overseeing the various (non-payment related) program support departments: Customer Service, Administrative and Office Support (including file management and archiving), Provider Applications and Credentialing, Outreach and Training. These areas have four

department specific supervisors. The Director of Program Services is responsible for interfacing with state contracting agencies development, coordination and implementation of participant training related to employment requirements and documentation and the development and implementation of procedural guidelines for department operations including confidentiality and privacy requirements, input and satisfaction with services, and all customer service related requests. The Director also teams with the Quality Assurance Manager compiling survey information and using the results to coordinate improvements that provide overall customer satisfaction.

Qualifications required for the Director's position include a Bachelor's degree and the ability to develop and maintain fully supportive customer service and case management systems. The Director must have supervisory experience, the ability to communicate effectively and work productively with subordinates, program participants, service providers, community members and outside agencies and affiliations.

The Accounting Manager, Eric Gervais, is responsible for managing the payroll and payment-processing functions for the fiscal/employer agent contracted programs. The Accounting Manager will directly supervise the Senior Processor assigned to the BMS project. He indirectly supervises the General Ledger and Program Accountants, Accounting Assistants, Bookkeepers and directly supervises assigned Processing Supervisors, Team Leaders and their processing staff. The Accountant Manger directly reports to the Director of Financial Services, Donald Waddell and indirectly to the parent company's Chief Financial Officer, Peg Kenny. Mr. Gervais has over two years of experience providing fiscal employer agent services and over twelve years as a public accountant.

The Accounting Manager, assisted by the Account Department Supervisor, Randy Daher (resume included) is responsible for the development and implementation of procedural guidelines, the preparation and analysis of monthly, year-to-date, and annual financial statements, maintenance of the fully accountable financial system, management information system, in-house payroll system and accounting modules to interface with the corporate Accounting Department, Accounts Receivables, Accounts Payable, household employer payroll, and Job Costing. Qualifications required includes an accounting degree and experience with payroll, accounts payables, accounts receivables, third-party billing, general ledger and general accounting, and automated accounting system, experience in the accounting field, supervisory experience and experience with accounting software, spreadsheets and databases.

The Senior Processor will be responsible for the payroll and vendor payment processing and report to the Accounting Manager, Eric Gervais. The Senior Processor is responsible for assisting the Accounting Manager with the workflow of the daily payment processing operations, fielding phone calls for payment and payroll issues, assisting the Accounting Manager in the weekly reconciliation of payments to billing,

assisting in the preparation for the annual financial audit, and maintaining the accounts receivables. The Senior Processor's qualification requirements include experience in payroll, computer data entry and automated accounting systems.

The Senior Processor for the WV BMS Personal Options Program will be Gail Cassista. Gail is currently the Senior Accounts Payable Processor for our CT DDS Program. She is a dedicated and technically skilled business professional with a versatile skill set developed through experience as an Accounts Payable Senior Processor, Administrative Assistant, Receptionist, and Lead Customer Service Representative. Gail's demonstrated strong abilities to coordinate work among team members, proven team leader skills and experience providing services for the extremely participant-interactive CT DDS program is the reason she was chosen to lead the West Virginia processing team. Gail has worked as a Senior Accounts Payable Processor for Allied Community Resources since 2007. She is responsible for processing vendor invoices within State of Connecticut deadlines, providing a high level of Customer Service contact with program participants, Vendor providers, DDS Case Managers, and company supervisory staff, creating and maintaining spreadsheet data critical to the processing of client payments, working on special projects with the Financial Services Director, Accounting Manager, and Processing Supervisor and is responsible for assisting in the training of new employees.

The Quality Assurance Manager, Karen Hansen, has been with Allied since 1995 after many years in Quality Assurance positions at the former Digital Equipment Corporation. For several years, she has been a member of the Association of Certified Fraud Examiners and is currently preparing for the Certification exam.

Karen's responsibilities include internal operational auditing, the Customer Satisfaction Survey system, the Procedures and Forms Control system and monitoring compliance with Federal, State and contractual program requirements. Her business experience and degree in Psychology support her in the handling of all Fraud related activity including investigational support to State agency personnel and all levels of law enforcement.

TECHNOLOGY PERSONNEL. ACR uses several technology consultants specializing in various areas which optimize the level of expertise available to ACR for the customized development of our technology resources and the cost efficient use of development resources. Our consultants include experts in webpage design, OCR (Optical Character Recognition) software, database systems and financial software. Information from our consultants is included here for Innovative Computer Solutions (database and web portal), Service Internet Solutions (webpage and FTP site), Digital Documents (OCR and Teleform), TAB Computer Systems (hardware and software support), Computer Management Systems, and Preferred Logic (financial and payroll software).

1. Customized Software: Innovative Computer Systems - Innovative Computer Systems is a Microsoft Systems Integrator and Managed Gold Certified Partner with a proven track record of providing reliable, effective solutions based on Microsoft's technology platform for over 20 years. Our technical and industry expertise empowers businesses to enhance their technological capacity and respond to business opportunities with a greater level of efficiency. Headquartered in Farmington, CT, our focus revolves around IT Network Infrastructure, Business Productivity, Business Process Automation and Unified Communications. Our Business Consulting Practice provides Business Impact Assessments, Technical Assessments, and Comprehensive IT Operations Evaluations.

Stephen Pestillo is a software developer / database specialist who has been working with Allied Community Resources since 2004. Stephen designed and built our primary database management system which is used to track Consumer and Provider information, validate and store payroll data, and store / process accounts payable data. Prior to joining ICS in 2006, he ran his own consulting practice for 13 years where he developed custom software solutions for several manufacturing companies, non-profit organizations, and law firms. He holds a Bachelor of Science degree from the University of Connecticut.

Steve Pellegatto is the co founder and CTO of ICS, Steve Pellegatto is responsible for the strategic direction of technology and for the evaluation of tools, technologies and R&D efforts of software solutions, application development and architecture for both internal and client-based solutions. During his 20 years at ICS, Steve has maintained focus on the core concept that the database is the foundation of every application. With 20 years of business consulting experience, deep technical knowledge of the Microsoft product line, and visionary talent, Steve is heavily involved in all solution designs. As an expert in relational database design and architecture, Steve has designed and deployed large data warehouse systems for the legal and medical professions as well as manufacturing shop floor systems and financial services analysis applications. Steve is heavily involved at the customer level as a strategist, architect, and business analyst. Steve is a graduate of the University of Connecticut with a Bachelor of Science in Mechanical Engineering.

Paul Ward, is our Lead developer with SQL server in-depth knowledge, holds multiple Microsoft Certifications; MSCD, MCTS SQL Server – all disciplines. In addition to his seven plus years of experience and a college degree, Paul has an expertise coupled with vast experience with Inter-business data transfer / ecommerce and Database Administration

2. Optical Character Recognition Software and Teleforms: Digital Documents – Steve Young is the Manager of Technical Services (Installation, Training and Technical Support Resources). He is a CDIA+ (Certified Document Imaging Architect) and an

MCP (Microsoft Certified Professional). Steve has over Eleven (11) years of experience in Form Processing, Content Management, Document Scanning, Workflow, Electronic Form and Fax Server Technologies.

Pierre van der Westhuizen is the Manager of Development and System Integration Services. Pierre has over Fourteen (14) years of experience in Form Processing, Content Management, Document Scanning, Workflow, Electronic Form and Fax Server Technologies. He is fluent in VB, .NET, ASP, ADO, MS SQL Server, and many other development environments and databases.

Bruce Genger is the founder of the company and has over Seventeen (17) years of experience in Form Processing, Content Management, Document Scanning, Workflow, Electronic Form and Fax Server Technologies. He also served as Vice President of National Sales for Autonomy (Cardiff Software), a leader in Form Processing and Electronic Forms Software.

Chip VonBurg is Director of Development Services and was a Sr. Engineer with Autonomy (Cardiff Software) for 10 years and has significant experience with TeleForm and LiquidOffice. He is fluent in VB, .NET, ASP, ADO, MS SQL Server, Java, Java Script and many other development environments and databases.

3. Accounting Software: Preferred Logic, Inc. - Dana B. Stidsen, ERP Certified Consultant, provides the technical support for the Sage Accpac U.S. Payroll software used by ACR. He has worked with computerized payroll and accounting software systems in various capacities since 1983. Dana has sold, supported and customized the Windows based version of Accpac since its inception in 1993 and holds certifications from Accpac in the various modules of the software. He is also a development partner member of the Sage Accpac development community.

Dana holds a degree in Electrical Engineering and Computer Science from the Rochester Institute of Technology in Rochester, NY. His career after college began as Partner, CFO and IT Manager of a large construction company based in Windsor, CT. During his 16 years at that company he introduced and maintained computerized Job Cost accounting software which included integrated payroll and HR. He continued his career as a partner in Enterprise Systems Group, which was a systems integrator also located in Windsor. His primary focus at the ESG was selling and supporting the Accpac accounting software which was sold with the computers and other supporting hardware as turnkey solutions to area businesses in New England and beyond.

4. Webpage and FTP Site: Service Internet Solutions – Our consultant Matthew Service has more than thirty years of business experience developing dynamic websites and optimizing their visibility on the Internet. He has assisted more than 500 small and medium size businesses develop an Internet presence and strategy.

5. Financial Software Support: Computer Management Services – CMS is a leading provider of Sage MAS 90 and Sage MAS 200 solutions in New England.

Harvey Payton, Senior Application Consultant serves as project lead for ACR and our financial application, MAS200. A graduate from Bryant College with over 30 years of experience in the field, Mr. Payton has assisted hundreds of companies to streamline their organizations through the prudent application of technology. His vast experience enables him to create and deploy efficient solutions for diverse clientele.

Matthew St. John, Software Application Consultant, has a solid experience in Business and Financial Management applications. His practical application experience coupled with his in depth knowledge of the Sage MAS 200 system, equips him with the skills needed to assist clients in achieving their objectives on a day to day basis.

Susan Payton, Senior Consultant for Financial Applications, serves as chief consultant for financial applications for ACR and their financial application, MAS200. A Bryant College and Johnson & Wales graduate with over 30 years of experience, Ms. Payton helps organizations develop and maintain proper financial processes and controls utilizing the Sage financial application MAS200. She assists companies in the creation and deployment of their financial reporting tools to best utilize organizational resources.

6. Hardware and Software Support: TAB Computer Systems - TAB is a Gold Certified Microsoft Partner and supports 300 plus businesses and not-for-profit organizations in Connecticut and Western Massachusetts. TAB has 27 certified (MCP, MCSA, MCSE, Cisco, Apple, etc.) technicians, programmers and support staff servicing hundreds of area clients.

TJ Benoit has been working in the computer industry for more than 30 years. He has an extensive computer programming background in mainframe, mini and PC environments as well as years of PC hardware experience. He has written books on the subject of IT in the small business arena and is a noted expert on IT issues.

Erik Semmel has been with the company for more than 18 years and has consulted with and advised thousands of small business owners in New England. Erik has 20 Years of, network design, management and support experience and holds a BS in Management from the University of Connecticut School of Business.

Rick Kouatly has more than 14 years experience in the IT field. He holds certifications in all major Microsoft and Cisco disciplines. He is in charge of all facets of Operations Management including helpdesk, field support, scheduling and repair.

Michael Ware has been with the company for more than 20 years. He has a diverse knowledge of platforms and development topologies including SQL, Clarion, .NET and C++. He is highly regarded in the online software community with expertise sought after world-wide. He is in charge of all client-related programming and support.

SPECIAL TERMS AND CONDITIONS

Not Applicable – No special terms or conditions submitted.

SIGNED FORMS



6 Craftsman Road, East Windsor, CT 06088
Phone: (860) 749-8833 Fax (860) 627-0230

"Creating Opportunities for People."

CORPORATE RESOLUTION

I, Christine Casey, Secretary of ALLIED COMMUNITY RESOURCES, INC. (the "Contractor"), a corporation organized under the Laws of the State of Connecticut, do hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of the Contractor duly held and convened on the 24th of February, 2010, at which meeting a duly constituted quorum of the Board of Directors was present and acting throughout and that such resolution has not been modified, rescinded, or revoked and is at present in full force and effect:

RESOLVED that Carol A. Bohnet, Executive Director, is empowered to enter into and amend contractual instruments in the name and on behalf of this Contractor with the State of West Virginia, Bureau For Medical Services and to affix the corporate seal.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature and the corporate seal of the Contractor this 3rd day of March, 2010.



Signature of Secretary

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West Virginia MED10001 - Fiscal Employer/Resource Consulting

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME Allied Community Resources, Inc.	Doing business as (DBA) N/A		
ADDRESS 6 Craftsman Road East Windsor, CT 06088	Applicable Procurement or Solicitation #, if any: MED10001	Federal Employer Tax Identification #: 06-1538357	
This certification is submitted as part of a request to contract.			


Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature:  Date: 3/3/2010
 Print Name and Title: Carol Bohnet, Executive Director

BUREAU FOR MEDICAL SERVICES

MED PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Allied Community Resources, Inc.

Authorized Signature: *CAROL BOBNET* Date: March 3, 2010

State of Connecticut

County of HARTFORD, to-wit: EAST WINDSOR

Taken, subscribed, and sworn to before me this 3RD day of MARCH, 2010.

My Commission expires JULY 31, 2014.

AFFIX SEAL HERE

NOTARY PUBLIC *Linda G. Bunnell*

Bureau for Medical Services

VENDOR PREFERENCE CERTIFICATE


Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable. Not Applicable/ No preference requested.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
_____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
_____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
_____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
_____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
_____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**
_____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
_____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
_____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61 -5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Allied Community Resources Signed: 
Date: March 3, 2010 Title: Executive Director

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive Not Applicable -
No Preference Requested

Attachment One

Disaster Recovery Plan

ACR disaster planning includes critical business functions for payroll processing, check printing, mailing services, fax receipts, telephone systems, accounts payables systems and network and MIS systems. Areas addressed in ACR's Disaster Recovery Plan include the MIS/network detailed below, as well as facility and relocation, power, telephone and voicemail systems, equipment (printers, fax machines and copiers), personnel, supplies, security, confidentiality of protected information, environmental and illness.

Network Systems. ACR has in place an MIS recovery plan to restore software, master files and hardware systems for the continuation of payroll, invoicing, payments, telephone logs and reports. To insure timely payment to service providers, payroll disbursement, and to prevent the loss of any data, a redundancy based back-up plan is utilized with written policies and procedures documented.

1) All six of ACR's network servers have mirrored hard drives that simultaneously duplicates all software programs, settings and data. Should the Server's primary hard drive fail, the mirrored hard drive can be activated immediately. With the mirrored hard drive, all processing can continue without delay and ensures (1) the accuracy of the software and data upon return to operations with the previous or a new mirrored Server hard drive, and (2) ensures ACR's ability to maintain operations at full capacity immediately. Additionally, all servers have consistent components and software enabling the hard drives to be moved from one server to another in case of server power or motherboard failure.

2) A real-time system-wide backup runs 24/7 to a separate SonicWALL continuous data protection device. The SonicWALL provides continuous real-time data backup of servers, laptops and desktops. Instant data recovery is possible for file versions from any time period in the past and supports all of ACR's databases and applications with exact images of all servers and workstations.

3) Backup is also accomplished with nightly, weekly, monthly, quarterly and annual tape backups of the servers using multiple tapes; all back-up tapes are rotated and couriered daily for off-site storage at ACR's parent organization, Allied Community Services' office in Enfield, CT. ACR also has a back-up server on site.

All recovery and back-up systems are regularly tested and verified for accuracy according to ACR's established Back-up Plan. Historical payroll and accounts payables data is stored on a back-up data storage hard-drive in a dedicated computer. Payroll and accounts payables registers are backed-up onto the network storage drive and all

time sheets and invoices paid are burned onto a CD ROM weekly, providing disaster recovery of hard copy files as well.

ACR's East Windsor building location has a natural gas Emergency Power Generator which powers the entire building, all facility systems and all equipment. The generator is tested weekly for a minimum of twenty minutes in duration.

Attachment Two
Letters of Reference

Dawn Lambert, CT DSS Money Follows the Person Program

Dorian Long, CT DSS ABI Waiver and PCA Waiver Programs

Kathy Bruni, CT DSS Elder Homecare Program

Gregory McMahon, CT DDS Waiver Programs

Jean Stone, Alabama Personal Choices Program

Mickey Verno, CT DDS Waiver Programs

Pamela Nabors, CT Capital Workforce Partners

Therese Nadeau, A.J. Pappanikou Center for Developmental Disabilities (formally)



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

March 1, 2010

Dear Mr. Rosen,

As Project Director for Connecticut's Money Follows the Person Rebalancing Demonstration (MFP), I am pleased to highly recommend Allied Community Resources (ACR) as a qualified Vendor in response to your Request for Proposal MED 10001. ACR has Medicaid experience and excels both as a Vendor FE/A and as a Resource Consulting agent in the provision of FE/A and Resource Consulting services. ACR's performance in Connecticut continually exceeds expectations.

Connecticut's MFP demonstration is operated by the Medical Care Administration. MFP is a complex demonstration involving the delivery of home and community based (HCBS) services across multiple target populations including persons with mental illness, persons with developmental disabilities and persons who are aged and/or disabled. MFP participants have the opportunity to hire their own staff and to manage their own budgets. MFP also includes the design, development and implementation of both new demonstration services and new claims procedures.

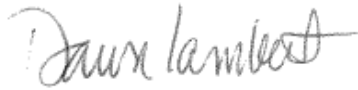
ACR provides Vendor FE/A and Resource Consulting services to MFP participants. These services include but are not limited to: design and implementation of employment packets and training, documentation of timesheets, development and maintenance of a registry of direct care workers, execution of provider agreements, consulting and monitoring of individual budgets (resource management plans), management of employment documentation, payroll and federal and state tax requirements, documentation and notification of criminal background checks, etc. In addition to the MFP participants, ACR provides these services to thousands of 1915C waiver participants in Connecticut. ACR is highly competent in the delivery of these services displaying both strong business skills as well as a commitment to the values of self-directed HCBS models.

As a new demonstration in Connecticut, there were multiple design and process adjustments made during the first year of implementation. ACR provided key leadership and support by offering recommendations for continual improvement. As a contractor, they always examine first what they can do to help the program become more successful. For new demonstration services not claimed through MMIS, ACR developed documentation designed to coordinate with MSIS reporting and support the level of detail required for claims reporting. For the State's emergency back up direct care registry, ACR designed a new recruitment strategy. When there were coordination concerns between MFP implementation and existing programs, ACR designed new reports anticipating what was needed to manage the demonstration more efficiently.

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

ACR is a valuable member of the MFP demonstration in Connecticut. They exceed expectation in every way. I highly recommend ACR as a Vendor FE/A and Resource Consulting agent to the State of West Virginia.

Sincerely,

A handwritten signature in cursive script that reads "Dawn Lambert".

Dawn Lambert, Project Director
Money Follows the Person Rebalancing Demonstration



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

February 12, 2010

Mr. Bryan Rosen
WV Department of Health and Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

Re: RFP # MED10001

Dear Mr. Rosen:

It is with pleasure that I write this letter of support for Allied Community Resources ("ACR"), an applicant for your request for proposal. Please know that ACR performs administrative functions that support the Connecticut Department of Social Services' (DSS) management of the Acquired Brain Injury and the Personal Case Assistance Medicaid Waivers. These federal waiver programs address the needs of persons with disabilities who would otherwise require services in an institutional setting. The following are some of the duties ACR performs under its contract with DSS:

- Serve as a fiscal intermediary delivering payroll disbursement to household providers (e.g., personal care attendants) including tracking and paying FICA (Social Security), FUTA (Federal Unemployment), UC (Unemployment Compensation), and State and Federal income tax for Household Employee Providers on behalf of waiver participants;
- Administer claims payment to agency providers;
- Conduct provider outreach to increase awareness of the waiver programs and to recruit qualified providers to serve consumers;
- Coordinate training to potential and existing providers;
- Manage provider credentialing activities in accordance with DSS stipulations;
- Maintain a provider registry that lists all qualified providers who may perform services for and are eligible for employment by waiver program participants;
- Maintain waiver participant's Service Plan;
- Performs quality assurance activities that support that all services and corresponding claim payments are coded and properly documented. ACR ensures that all billed services emanate from an approved consumer service plan; and
- Offer and complete criminal background checks on private providers and reporting the results to DSS and the hiring waiver participant.

ACR performs the aforementioned duties in a very professional, timely and effective manner. In addition to fulfilling their contractual obligations, ACR serves as a true partner in the development and implementation of new procedures to address problems that occur with regard to the complex processes required by these Waiver programs.

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

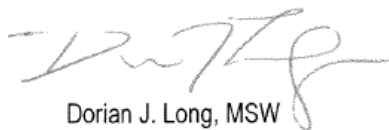
- 2 -

February 17, 2010

For example, some providers of service on the Waiver programs were not submitting clean claims in a timely manner. , Despite receiving detailed denial statements, vendors were not keeping track of outstanding claims, and consequently missed their payment window. This resulted in vendors contacting DSS to seek exceptions to timely filing due to their budget issues stemming from non-payment. ACR has been of great assistance in recommending procedures that they could put into practice to support more accurate and timely billing on the part of providers. This includes but is not limited to generating a vendor specific report. ACR sends such report to the individual vendors and summarizes each outstanding claim for DSS. This report has helped vendors to be more organized and correct claim submission errors or understand better why a claim was legitimately denied.

My experience utilizing ACR has found them to be a responsive and accommodating vendor. Their efficient and knowledgeable staff and solid work ethic make them a valuable partner in serving Connecticut's citizens. I support and endorse ACR's application to provide Fiscal Employer/Agent (FE/A) and Resource Consulting (RC) services. Should you require any additional information from me, you are welcome to contact me at 860-424-5964.

Sincerely,



Dorian J. Long, MSW
Program Administration Manager
Connecticut Department of Social Services



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

January 28, 2010

West Virginia Department of
Health and Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301
Attn: Bryan Rosen

Re: RFP # MED 10001

Dear Mr. Rosen

The Department of Social Services is pleased to write this letter of support on behalf of Allied Community Resources (ACR) for the West Virginia Department of Health and Human Resources and Bureau for Medical Services.

Allied has been the contractor for clients on the Personal Care Assistant Program as well as our elder pilot program since July 1999. They are responsible for producing, disbursing, collecting client enrollment and personal care worker employment packets and processing completed federal and state tax, labor, and worker's compensation insurance forms; maintaining current client authorization information; obtaining criminal background checks of workers hired by clients and reporting the results to the Department; filing and paying federal and state income tax withholding and employment taxes; processing and disbursing workers paychecks; processing payments for the purchase of approved goods and services; accessing initial and renewal worker's compensation insurance policies for clients, paying premiums and providing insurers with wage information to establish benefits, when applicable, in a timely manner.

Allied possesses all of the qualifications necessary to be a successful contractor for the West Virginia Department of Health and Human Resources and Bureau for Medical Services. We have found them to be responsive, knowledgeable and consistently compliant with contract deliverables.

I enthusiastically recommend them to the West Virginia Bureau for Medical Services as a potential contractor.

Sincerely,

A handwritten signature in black ink that reads "Kathy Bruni".

Kathy Bruni, Manager
CT Home Care Program for Elders

KB:scs



M. Jodi Rell
Governor

State of Connecticut
Department of Developmental Services

DDS

Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

February 23, 2010

WV Department of Health and Human Resources
Office of Purchasing
ATTN: Bryan Rosen
One Davis Square, Suite 100
Charleston, WV 25301

Referencing: **RFP # MED10001**

Dear Mr. Rosen,

I have had the opportunity to work closely with Allied Community Resources Inc. since June of 2005 in their role as Fiscal Intermediary for the State of Connecticut Department of Developmental Services (DDS). As a Fiscal Intermediary for DDS, Allied Community Resources, Inc. provides services and support to individuals with intellectual disabilities to allow them to have control over the funding provided by DDS. Allied Community Resources Inc works closely with the individuals we support and their families to assist them to manage individual budgets and payroll. This requires close 1:1 interaction with families and regular contact with DDS Case Managers and staff.

Allied Community Resources Inc. is responsible for all aspects of budget and financial management of DDS and Medicaid funding. Their responsibilities include, managing Medicaid billing, employee timesheets and payroll, tracking direct hire employee training, implementing DDS rules and requirements, and working closely with DDS staff to assist in the development of DDS procedures that benefit the people we support. As an FI, Allied Community Resources, Inc. is responsible for providing monthly and quarterly expenditure reports, regular financial reports and demographic and trend reporting to help DDS meet its service requirements.

South Regional Office

Phone: 203 294-5063 • Toll Free 888 263-4445 • Fax: 203 294-5119

104 South Turnpike Road • Wallingford, Connecticut 06492

www.ct.gov/dds

An Equal Opportunity Employer

Allied has proven to have a clear understanding of the role of a fiscal intermediary. They put the needs of the individuals and families we support first. By establishing a customer support division, Allied Community Resources, Inc has show a commitment to assuring that the people we support receive the best services possible. Allied has effectively met all of the varied reporting and service requirements and met or exceeded the responsibilities expected of them through their contract with DDS. Allied Community Resources, Inc has a proven track record with DDS as an efficient and effective provider of fiscal intermediary services. Please feel free to contact me if you would like further information at 203-294-5063 or by e-mail at gregory.mcmahon@ct.gov.

Sincerely,



Gregory McMahon
Director of Self Determination



BOB RILEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES

RSA PLAZA SUITE 570
770 WASHINGTON AVENUE
P.O. BOX 301851
MONTGOMERY, AL 36130-1851



IRENE B. COLLINS
Commissioner

(334) 242-5743
FAX: (334) 242-5594
www.alabamaageline.gov

February 8, 2010

Dear Sir/Madam;

This letter is regarding the reference needed for Allied Community Resources, Inc. Allied was awarded the contract for Alabama's Cash and Counseling model program called *Personal Choices*. Allied has served as the fiscal entity for our program since 2007.

Allied is responsible for being the sole fiscal intermediary agency for our program. They are responsible for receiving prospective payment of the individual budgets for each program participant on a monthly basis. They support the individual and/or family to manage and distribute funds contained in their individual budget, including, but not limited to the facilitation of employment of service workers by the individual or family, including Federal, state, and local tax withholdings/payments, unemployment compensation fees, wage settlements, fiscal accounting and expenditure reports, and all payments to vendors and other non labor related supports approved by the person served.

There was a very short timeframe for completing the requirement of a readiness review as well as start-up for our program and they worked tirelessly with us to meet those deadlines. Their direct participation in implementation activities and willingness to share their past experience in various aspects of managing these type programs was critical in assisting us to formulate policy and procedures that have worked well for our program.

We have been very pleased by their job performance and are certain their expertise has been a major factor in the success of our program to date. Their longevity in the fiscal field and varied experience in several different models of consumer directed programs gives them the expertise to serve in the capacity of fiscal management or resource consulting. Their employees are very knowledgeable and respond quickly to any requests for assistance from participants or program staff.

You may contact me at (334) 353-8288 if you need additional information.

Sincerely,

Jean Stone, Division Chief
Long Term Care Programs
Alabama Dept of Senior Services



State of Connecticut
Department of Developmental Services

DDS

M. Jodi Rell
Governor

Peter H. O'Meara
Commissioner

October 5, 2009

Kathryn du Pree
Deputy Commissioner

To Whom It May Concern

Regarding: Reference for Allied Community Resources, Inc.

The CT Department of Developmental Services Mental Retardation has contracted with Allied Community Resources, Inc through a competitive bidding process for fiscal Intermediary services for individuals on Home and Community Based Waivers. The contract was for three years and extended for an additional three years through December 2010.

Allied Community Resources, Inc was responsible for transitioning about 200 consumers from the previous fiscal intermediary at the initiation of the contract under adverse conditions and protests. Since the initiation of the contract Allied Community Resources, Inc. has increased enrollment of consumers from 174 to about 2000 people. Serious tax reporting errors for 65 people that surfaced in 2007 as result of the previous FI were successfully resolved by Allied Community Resources.

Allied Community Resources, Inc is responsible for a full spectrum of financial management of DDS funds, Medicaid billing data, employee pre employment requirements, employee post employment requirements, all local, state, and federal employment and tax requirements, payments to employees, vendors, home and vehicle modifications, monthly and quarterly expenditure reports, financial reports, demographic reports, customer service operations, employer initiation training, and CT DDS work groups. They are also involved with a pilot program that involves the conversion from provider contracts to individual budgets.

They have met all of the performance expectations that are identified in their contract. They have demonstrated a high degree of expertise and capacity in the area of fiscal intermediary services and have been willing and able participants in working the CT DDS systems to increase efficiency and service to consumers. They have demonstrated a thorough understanding of our business rules and have no instances of non-compliance. They have a well-trained workforce and have segregated the duties of their operations to provide controls over state funds. The department is confident in their leadership, skills, and organizational structure as a fiscal intermediary.

If you would like additional information you can contact me at (203) 806-7413 (W) or (203) 598 7972 (H).

Sincerely,
Mickey Verno
Department of Mental Retardation
Operations Center

West Regional Office
Phone: 203 805-7400 ♦ Toll Free 800 347-2574 ♦ Fax: 203 805-7410
250 Freight Street ♦ Waterbury, Connecticut 06702
www.ct.gov/dds ♦ e-mail: ddsct.west@ct.gov
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Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting



November 14, 2006

Kathleen Brennan, Contract Administration
CT Department of Social Services
25 Sigourney Street, 9th floor
Hartford, CT 06106

Re: Husky Outreach RFA

Dear Ms. Brennan:

The Capital Workforce Partners (CWP) is pleased to support Allied Community Resources' proposal to conduct outreach and assistance for the Husky Programs in the North Central CT workforce region. Allied Community Resources, Inc. currently provides statewide outreach and training services for CT's ABI and PCA Medicaid Waivers, the Elder PCA Pilot and consumer outreach and training for the DMR Waiver. Allied has also provided outreach, counseling, enrollment and training services for the customers of many local, state and federal entities, as well as the Welfare to Work and TANF programs. Specifically in our region, Allied has provided quality employment and training programs under contract with CWP for low-income job seekers, TANF clients, and dislocated workers. We have found their training to be of a high quality, and both comprehensive and sensitive to labor market, consumer needs and input.

Allied has proven its ability to effectively address the needs of low-income individuals and families and provide outreach to those populations. This fact is demonstrated by their work in providing informational outreach and enrollment sessions for workforce programs at housing centers, churches and other locations in Hartford and the North Central Region. Their staff are also highly qualified to provide support and counseling to students around family and financial issues. Allied has also fostered successful collaborative efforts with the employer community through the North Central Chamber of Commerce, the CT Department of Labor and local businesses and organizations. They are well positioned to enhance the outreach efforts of the HUSKY program in CT.

Should you require further information regarding CWP's work with Allied Community Resources, please contact me at 860-522-1111, ext. 336. The CWP strongly encourages your favorable consideration of this proposal.

Sincerely,

Pamela J. Nabors

Pamela J. Nabors, Director
One Stop Services



University of Connecticut Health Center
A.J. Pappanikou Center for Developmental Disabilities

November 7, 2006

Ms. Kathleen M. Brennan
Contract Administration
Department of Social Services
25 Sigourney Street, 9th Floor
Hartford, CT 06106

RE: Husky Outreach RFA

Dear Ms. Brennan:

I am pleased to provide this letter of support for Allied Community Resources, Inc. proposal to provide outreach services to increase enrollment for CT's HUSKY insurance program.

Allied Community Resources, Inc. has collaborated with the University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research and Service through the Oversight Committee for the state's Community Integrated Personal Assistance Support Services (C-PASS) grant. Allied Community Resources, Inc. brings to the C-PASS Oversight Committee their experience in planning and implementation, as it relates to the waiver programs throughout Connecticut. They have been of assistance in helping us to locate participants for the training program we developed with regards to hiring and managing personal assistants, as well as in promoting a website to locate people interested in being personal assistants. In addition, Allied staff has been involved and a valuable contributor to the entire process from reviewing the contents of the grant, providing feedback on videos, flyers and other materials relevant to the CPASS project.

Allied Community Resources, Inc. provides statewide outreach and training services for the States' ABI and PCA Medicaid Waivers, the Elder PCA Pilot and consumer outreach and training for the DMR Waiver. Allied has also provided outreach, counseling, enrollment and training services for the customers of many local, state and federal entities, including former Welfare to Work and TANF programs. I feel that their experience and collaborative efforts would be an asset to providing outreach services for CT's HUSKY insurance program.

Please feel free to contact me should you have any questions. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Therese A. Nadeau".

Therese A. Nadeau, MSW
Program Specialist

An Equal Opportunity Employer

263 Farmington Avenue
Farmington CT, 06030-6222

Telephone: (860) 679-1500
Toll Free: (866) 623-1315
TTY: (860) 679-1502
Facsimile: (860) 679-1571

Attachment Three

Policy and Procedure Manual Table of Contents List

Draft West Virginia Procedure Samples

New Hire Reporting

Reporting Unclaimed Property

Retiring West Virginia Closed Members State Unemployment Insurance
Tax Identification

Retiring West Virginia Closed Members State Income Tax Withholding
Identification Number

Registering New Employers with the West Virginia State Tax Department
and Workforce Department

Procedural Manual Table of Contents List

Table of Organization- Functional Structure
Allied Group Code of Ethics
Allied Group Policy on Stakeholder Input
Allied Group Policy on Outcomes
Allied Group Grievance and Complaint Procedure
Allied Group Personnel Manual
HIPAA Policies & Procedures Manual
Confidentiality Procedures and Guidelines
Federal and State Regulations Update Procedures and Policies
Master Documentation Control Procedure
Summary of Privacy Practices

ACCOUNTING

Entering Cash Receipts
Monthly Financial Statement Reporting
Program Reporting
Quarterly Returns & Tax Payments
Year End Tax Reporting
General Ledger Maintenance

APPLICATIONS

Adding New Consumers
Adding New PCAs
Application for Limited Power of Attorney
Application for FEIN Number
Application for 2678
Application for 8821
Authorization to Fiduciary
Conflict of Interest (when needed & procedure)
Confirming Eligibility
Employer Tax Identification Number Application Process
Fax Cover Sheet Sample
Employer Tax Paperwork Process/Registration
Monthly follow up on pending plans
New Hire Procedure
New Consumers with Prior Payroll
Processing tax paperwork from consumer
PCA Registry Application Process
Processing Rehired PCA Employment Paperwork

Processing Applications that are Not Approved
Processing Approved Private Provider and Agency Applications
Processing Revision Research
Processing Completed Revisions/Adding Approved Plan Providers
Processing Registry Information to DSS Offices
Processing FEIN Paperwork for New Consumers
Program Inquiry Process
Representative Documentation

PROVIDER NEW HIRE APPLICATIONS

Creating New Provider Record in Database
Contact and Follow up of Missing Application Parts
Entering a New Employee into the ACCPAC Payroll System
Personal Information Update
Processing Pre-note Files
Processing Employee Terminations in the Database
Provider Application Process/ New Employee Verifications
Registering New Employers Department of Labor
Procedure for Updating Form I-9
Provider Directory Applications
Processing New Hire Application (all Programs)

CREDENTIALING PROCEDURES

ABI Private Provider Applications Processing
ABI Agency Employee Application Processing
Internet-based Criminal Background Check
Release of Liability Waiver Request
Certified Nurse Registry Screening
Provider Removal from Directory
Social Security Number Verification
DDS Abuse and Neglect Registry Check
Driver's License Check
DMV Acknowledgement of Results

CDS Online Training
License Accreditation Expiration
Provider License Expirations and
Notifications
Review Process for ABI Provider
Application

COMPUTERS AND DATA SYSTEMS

Data Base User Manual
Disaster Recovery Plan - Back Up Tapes
Network Folder Security
Server Backup
File Transfer Protocol

CUSTOMER SERVICE

Analysis and Reports
Customer Service – Staff Power Point
Training
Debit Card Information Request
Department of Labor Correspondence
D.O.L. Wage Verification
Employer Trainer Procedures
Employment Verifications
Interpreter (Spanish Speaking) availability
Processing Claim for Wage
Received Phone Calls
Satisfaction Surveys
Staff Customer Service Manual
Timesheet Calls
Un-cashed Checks
W-2 Problem Resolution

FILING, ARCHIVING AND STORAGE

ABI Training Quizzes without applications
Client Participant Files
Completed Trainings
Household Employee Files
Processing Closed Consumer Files
Retrieving Archived Consumer
Timesheets/Info from Scanned Disk or
L Drive
Scanning, Burning and Destroying of
Timesheets
Shredding of old pending provider
applications
Vendor Files (approved & pending)

INTERNAL CONTROLS AND SECURITY

ACH Transfer
Accounts Payable (AP) Invoice
Adjustment Control
Creation of New Company

Employee Modification in Accounts
Receivable
Imprinted Signature
IRS Forms Procedures
Monitoring Direct Deposit Processing
Network Folder Security
Payroll Database
Payroll Exception Reports
Reporting Consumer Hospitalizations
Safeguarding of Payroll Checks

PAYROLL PROCESSING

AccPac Updates Form
Control and Safeguarding of Payroll
Checks and Imprinted Signature
Employee Signature
Entering Timesheets
Incomplete/Missing Employee
Documentation/ Timesheet Notification
Process
Lost or Stolen Checks
Processing Garnishments
Quarterly Payroll Tax Reporting Process
Request for Void and Replacement Check
Verifying Time Sheets through OCR
Year End Tax Reporting Process

MISCELLANEOUS

Guide to Performance Appraisals
Master Documentation Control
Monthly departmental reports to DSS
Program wait list procedures
Reporting Consumer Hospitalizations
(monthly follow up)
Sending Print jobs to Copier from
Computer
Testing Potential New Employees/Temps.
Unclaimed Payroll Checks

OUTREACH

Data Collection & Reporting for Medicaid
Waiver Outreach
Directing requests for ABI information from
PCA applicants
Outreach Mailings
Medicaid Waiver Outreach Events

Processing requests for program
information

**QUALITY ASSURANCE & FRAUD
PREVENTION**

Auditing of Archived Timesheets/Invoices
Complaint-Problems Reporting and
Tracking
Database Audit
DDS. Invoice Payment Audit
DDS Provider Qualification/Training/
Credentialing Audit
DDS Timesheet Audit
Forged Check
Hospitalization/Closure/Deceased
(Detection & Handling of Invalid
Payments)
Non Directory provider information
verification procedure
Handling Payroll Exceptions
Provider List Audit
Satisfaction Surveys – Performing and
Reporting
Signature Audit
Timesheet Internal Audit

PROGAM SPECIFIC PROCEDURES

ABI MEDICAID WAIVER PROGRAM

TASKS AND PROCEDURES

ABI Provider Status Determination
ABI Payroll
ABI Garnishments
Accounts Payable Invoices
Adding a Provider to a Plan
Billing EDS
Closing an ABI Consumer File
Closing Out A/P and Payroll for the Week
Entering Invoices into Mas90 for Payment
Entering Payroll Time Sheets into Mas90
for Payment
Entering SUTA Rates
Removing providers from a plan
Transfer of Provider Services

Medicaid Claims Reimbursements

Claims Rebilling

Entering Invoices to EDS
Posting the EDS Remit
Posting the EDS Remit Adjustments
Submitting to EDS

Job Cost
Matching Checks
New Consumer Set-Up
New Plans
Payroll Invoices
Plan Revisions
Processing 1099's
Posting Remit Adjustments
Posting Weekly Payroll Invoices
Processing Payroll Invoices
Processing Accounts Payable Invoices
Running Weekly Accounts Payable.
Running Weekly Payroll
Sorting Invoices
Specific Responsibilities – ABI Payroll
Specialist
Weekly, Monthly, Quarterly Reports
Procedure

ABI Provider Training Procedures

ABI Private Provider Applications
Processing
ABI Agency Employee Application
Processing
ABI Provider Application Review Process
Advanced Training Preparation
Agency Training Pre & Post Processing
Coordinating Live Trainings
Conducting Provider Satisfaction Surveys
Incoming Private Provider and Agency
Applications
Interpreter Request (Internal)
Laptop and Projector Set Up
License Accreditation Expiration
Live Basic Training Preparation
Planning & scheduling agency trainings
Pre-Revision Processing
Processing Pre & Post Training Paperwork
Provider License Expirations and
Notifications
Quality Assurance for Agency Training

Reserving Live Training Sites
Revision Processing
Training Videotape Use Agreement
Setting Up an Agency as a Training Site
Setting Up New ABI Agency File
Scheduling an Interpreter
Staff listings sent quarterly to agencies

ALABAMA PERSONAL CHOICES PROGRAM

Alabama Monthly & Quarterly Intake Reporting
Alabama Nurse Aide Registry Search
Dept of Industrial Relations (DIR) – New Hire Registrations for Employers and Employees
Processing New Alabama Personal Choices Consumer Plan
Processing Alabama Program Plan Revisions
Starting Pending Alabama Consumer Plans
Spending Plans Received Process

DDS FISCAL INTERMEDIARY SERVICES

Billing Reports for DDS
CDS Credentialing
COLA Adjustments
In-processing of Budgets
Invoice Processing
Notification of Denial/non-payment to Providers
Processing and Resolving Problems with DDS Budgets
Processing non-compliant Invoices
Processing Payments
Required Agreements on File
Process for setting-up clients to upload invoices via FTP
Requirements for setting up an employer client

State of CT DDS Procedure for Incident Reporting
State of CT DDS Fiscal Management

ELDERCARE PCA PILOT PROGRAM

Cost Sharing
Elder Program Transfer Protocol

MONEY FOLLOWS THE PERSON (CT)

Emergency Back-up Application Process
Emergency Back-up Stipend Payments
MFP/EBU Visit Procedures
MFP Plan Referral/Intake Implementation
MFP Reporting
MFP Plan Starts
MFP Transitional Budgets

PCA MEDICAID WAIVER

Explanation of Before Visit Paperwork to the Employer
New Employer Visit
PCA Registry Applicant Processing
PCA Waiver Wait List
Processing PCA Program Plan Revisions
Processing Provider Re-Hires
Processing New Employer Tax Paperwork
Provider Application Process
Reporting Consumer Hospitalizations
Starting a PCA Waiver Plan

WEST VIRGINIA DRAFT PROCEDURES

New Hire Reporting
Reporting Unclaimed Property
Retiring Closed Members State UI-Tax Identification Number
Retiring West Virginia Closed Members State Income Tax Withholding Identification Number
Registering New Employers with the West Virginia State Tax Department and Workforce Department

PROCEDURE: New Hire Reporting

- A. After a start date has been issued on the new member's plan, all employees must be Registered with the West Virginia New Hire Reporting Center. This includes new hires as well as re-hires subsequently added to a member's active plan. Individuals classified with a 1099 status are not required to be reported using this system.

- B. The assigned Processor within the Provider Applications & Credentialing Department registers the Employees via the internet by accessing the site:

<http://www.wv-newhire.com>

- C. The assigned Processor logs on to the site using Allied's unique logon and password information.

- D. The assigned Processor follows the prompts within the system to register each employee.

- E. Confirmation of the registration of each Employee is printed and attached to the Employee Packet within the member's paper file.

- F. All Employees must be registered within 14 days of their start date.

- G. ACR's database record for the employee is updated with the registration date.

PROCEDURE: Reporting Unclaimed Property

A. CONTACT THE PROVIDERS ACCORDING TO DUE DILIGENCE

1. A bank reconciliation is sent from Corporate Accounting to the Accounting Manager and Director of Financial Services every month.
2. The Accounting Manager will forward the outstanding check list to the Customer Service Department
3. After three consecutive months on the outstanding check register, customer service will attempt to contact the payee via telephone
4. Once payee has been contacted, arrangements will be made to generate a replacement check if they do not have the check in their possession. See Void and Replacement Check Procedure. (Procedure PAY-ALLPRO-005)
5. If the check is in the payee's possession they must be informed to cash the check immediately.
6. If the payee cannot be reached, three attempts within a six week period will be made.
7. A letter will be mailed to the payee as a final notification attempt
8. After the third unsuccessful attempt, the net check amount will be transferred from the outstanding checks list to unclaimed property
9. Unclaimed Property that has been abandoned for 12 months or longer for Payroll Checks and 60 months or longer for Vendor checks will be reported and remitted to the State of Connecticut Department of the Treasury in accordance with abandoned property laws.

B. REPORT UNCASHED CHECKS GREATER THAN 180 DAYS OLD TO THE BUREAU OF WEST VIRGINIA EVERY QUARTER

1. Using the outstanding check list from step A(2) above create an excel list of all outstanding checks greater than 180 days old.
2. Include in Quarterly reports to the Bureau of West Virginia

C. TRANSFER NET AMOUNT FROM OUTSTANDING CHECK LIST TO UNCLAIMED PROPERTY LIST

1. Open unclaimed property sheet at L:/Fiancial Services/Accounting/Unclaimed Property
2. Input the provider's name, the program (DDS, ABI, PCA, etc.), Social Security Number, Date of Birth, Address, check number, Date of issue, and net check amount. Provider's Social Security Number, Date of Birth, and Address can be found in Allied's database.
3. Accounting Department will e-mail Corporate Accounting with a list containing the check number, date issued and check amount so Corporate Accounting can remove from outstanding check list.
4. Accounting Department will create a journal entry in MAS90 debiting Cash for the net amount and Crediting the Unclaimed Property Account. This Credit will represent the amount that needs to get remitted to the State. See Financial Statement Procedure (ACCT-ALLPRO-004)

C. REPORTING UNCLAIMED PROPERTY TO THE STATE TREASURER

1. Unclaimed Property must be reported to the state each year no later than March 31st for the prior year.
2. Download HRS Pro to electronically report unclaimed property
 - a) Go to <http://www.wvsto.com>
 - b) Click on “Services” then “Unclaimed Properties”
 - c) Click on “Reporting Property”
 - d) Click on “Download HRS Pro”
 - e) Click on “Standard Edition”
 - f) Click on “Download”. If you already have HRS Pro on your computer from a prior year than do the update only, otherwise do the full installation
 - g) Enter E-Mail address, name, company and company address
 - h) Click “Accept”
3. Sign in under your name, if you’re a new user click on “Add New User” and input your information
4. Click on “Add” to add the current year
5. Click on “Single State”
6. Enter the current year and enter the state(WV for Virginia)
7. Click “Save” and then “Close”
8. Highlight the current year than click “Properties”
9. Using the spreadsheet created from Section B(1-2) above start inputting the property information
 - a) Click “Add”
 - b) Property Status is “Reportable”
 - c) Owner Status is “Known”
 - d) For Property Type Select “MS01” for Payroll Checks or “MS04” for Accounts Payable Checks
 - e) Enter the checks issue date for the last activity date
 - f) Enter the check number
 - g) Make sure the “Cash” tab is clicked
 - h) Enter the net amount of the check for “Cash to Report”
 - i) That total should carry to “Cash to Remit” there are no “additions” or “deductions” so those should be zero
 - j) Click “Save”
 - k) A box for the Owner Information will appear

- l) Enter the payee's Social Security Number, Date of Birth, "UN" for Owner Type, Select "PA" for "Relation to First Owner", Enter Payee's Name and Address
 - m) Click Save
 - n) Click "Add Next Property"
 - o) Continue entering the checks and when finished Click "Close"
10. Create Electronic Disk for Submission
- a) Click "Data Output"
 - b) Click "Holder Reports"
 - c) Select "NAPUA File"
 - d) Click Generate Output
 - e) Insert CD into Computer Tower
 - f) Select Path to CD Drive and Click "Save"
11. Prepare Cover Letter
- a) Go to L:/Financial Services/Accounting/Unclaimed Properties/UCPCoverSheet.pd
 - b) Fill out information
 - c) Send, via Interoffice envelope, to Executive Secretary to notarize
12. Prepare a check request in the amount of the claimed property and have the processing supervisor issue a check through MAS90. When check is written through MAS90 the amount gets credited to cash and debited to the unclaimed properties general ledger account.
13. Mail Check, Cover Letter, and CD to West Virginia State Treasurer's Office, Unclaimed Property Division, P.O. Box 3329, Charleston, WV 25333-3328

PROCEDURE: Retiring West Virginia Closed Members State Unemployment Insurance Tax Identification

- A. Upon receipt of termination of a Member's Plan from the West Virginia Program, Allied will retire the Employer's State Unemployment Insurance Tax Identification number.
- B. Retiring of Tax Identification Numbers is done at the end of quarter in which the plan was closed.
- C. The assigned Processor within the Intake Department will retire the number by accessing the State's Workforce Site via the internet at:

<http://www.workforcewv.org/UC/UCMain>
- D. The assigned Processor logs onto the site and retrieves form WVUC-A-47A, Employer's Application for Termination of Coverage. (See Sample below)
- E. The assigned Processor completes the form and submits to the department via fax at 304-558-1324.
- F. Confirmation of the fax is stapled to the form and placed into the Employer's paper file. Retirement of the number is logged in the Member's database record.

WVUC-A-47A
REV. 2-05

WORKFORCE WEST VIRGINIA
UNEMPLOYMENT COMPENSATION DIVISION
CHARLESTON

EMPLOYER'S APPLICATION FOR TERMINATION OF COVERAGE

1. Business Name_ _____

2. Address_ _____

3. Employer Registration Number _ _____

4. Report below for each calendar week during the calendar year 20____ the number of your workers in employment covered by the West Virginia Unemployment Compensation Law on that day during which you had in employment the largest number.

(EMPLOYMENT RECORD FOR EACH CALENDAR WEEK IN THE YEAR 20____)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53							

5. Report below for each calendar quarter during the calendar year 20____ the amount of wages paid to all covered employees.

(EMPLOYMENT RECORD FOR EACH CALENDAR QUARTER IN THE YEAR 20____)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

The undersigned hereby affirms that the information given above is true and correct, and hereby makes application for termination of coverage as an employer under the West Virginia Unemployment Compensation Law, such termination to be effective as of January 1, 20____.

This the ____ day of _____, 20____

Signed _____
By _____
Title _____

Subscribed and sworn to before me
this ____ day of _____, 20____

Notary Public

Approved _____, 20____


Effective January 1, 20____

Commissioner

(To be filed in duplicate)

PROCEDURE: Retiring West Virginia Closed Members State Income Tax Withholding Identification Number

- A. Upon receipt of termination of a Member's Plan from the West Virginia Program, Allied will retire the Employer's State Income Tax Withholding Identification number.
- B. Retiring of the Income Tax Withholding Identification Number is done at the end of quarter in which the plan was closed.
- C. The assigned Processor within the Intake Department will retire the number by completing the Revocation letter (see Sample # 1). The Revocation letter is signed by the Director of Financial Services. The original Tax Registration Form is stamped "Revoked". The date field of the stamped area is filled in as are the initials of the Program Assistant processing the Revocation.
- D. A copy of the letter and form are kept and placed in the Employer's paper file. The original letter is sent to the West Virginia State Tax Department. Retirement of the number is logged in the Member's database record.

 ALLIED COMMUNITY Resources	Financial Management Services P.O. Box 479 East Windsor, CT. 06088-0479 Phone: (860) 627-9500 Fax (860) 627-0230
<i>"Creating Opportunities for People"</i>	
Date	
West Virginia State Tax Department PO Box 11425 Charleston, WV 25339-1425	
To Whom It May Concern:	
Please be advised that effective quarter ending <u>mm/dd/year</u> the individual listed below no longer has payroll related taxes and payroll withholdings filed under Allied Fiduciary Services, FEIN # Allied's FEIN Number . Our WV Tax Registration number is Allied's Tax Registration Number as a common paymaster.	
Employer's Full Name FEIN# Employer's FEIN WV Tax ID #	
Sincerely,	
Donald Waddell Director of Financial Services	

PROCEDURE: Registering New Employers with the West Virginia State Tax Department and Workforce Department

1. Once an employer hires an employee they must be registered with the West Virginia State tax Department with a withholding only tax account and with the West Virginia Workforce Department for Unemployment.
2. In order to register, a Business Registration Application (Form WV/BUS-APP) must be prepared.
3. Go to www.state.wv.us/taxdiv
4. On the left hand side of the screen click on “Form” then click “Business Registration”
5. Click on “Business Registration tax Forms”
6. Click on “BUS-APP”
7. Print Form WV/BUS-APP. The Employer Trainer will have the employer sign Section B, Item 12 and Page 1 at the bottom of the form.
8. Once signed by the employer, the Employer Trainer Prepares the Form
 - a) **Section A, Part 1**; Enter the employer’s Federal Identification number
 - b) **Section A, Part 2**; Enter the Employer’s Name and Address
 - c) **Section A, Part 3**; Enter Allied’s name and address. For the Name enter C/O Allied Fiduciary Services
 - d) **Section A, Part 4**; Enter the business class code which is “8141’ for Private Households. Enter “Withholding Only” for the description of your business activity.
 - e) **Section A, Part 5**: Enter business Data(For Withholding Only Account complete Lines C & D only)
 - 1) Employer Trainer enters their name and telephone number as the person completing the application
 - 2) Enter Allied’s telephone number
 - f) **Section A, Part 6**; Enter “Household Employer” for the type of business ownership under “Other”.
 - g) **Section A, Part 6**; For “Partners – Members – Officers – Owners” enter the employer’s name, address, social security number and telephone number
 - h) **Section A, Part 8**; For the type of activity check “Other” and write in Household Employer”
 - i) **Section A, Parts 9-22**; skip to Line 21 which asks “Will you have West Virginia employees”. Check “Yes”³

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

- 1) For the “date you began or will begin withholding West Virginia income tax from employees” enter the date the employer hired their first employee
 - 2) For the “number of employees subject to West Virginia income tax” enter the number of employees the employer hired.
 - 3) When asked “Will you withhold more than \$250.00 of West Virginia income tax per month” check “yes”
 - 4) When asked “are you an out-of state business registering to report withholding tax only” check “yes”
- j) **Section B – Filing for West Virginia Unemployment, For Withholding Only Accounts Complete only Items 1,2,3,4 and 12**
- 1) Withholding and Unemployment is included on 1 registration form. The Withholding Division will forward the unemployment information to the West Virginia Workforce Department.
 - 2) Check off “New Business” for Section 1
 - 3) Enter employer’s name and address in Section 2
 - 4) For Contact Person enter the name of Allied’s Director of Financial Services in Section 2
 - 5) Enter the date the employer first hired employees for Section 3
 - 6) Enter the number of employees in West Virginia for Item 4
 - 7) See Step 7 for employer’s signature.
9. Fax the completed form to Office of Business Registration at (304)558-8754 or mail the form to West Virginia State Tax Department, P.O. Box 11425, Charleston, WV 25339-1425.
10. The West Virginia Department of Revenue will mail Allied the employer’s withholding account number and the West Virginia Department Workforce Department will mail Allied the employer’s Unemployment Registration Number.

Attachment Four

Informational and Training Materials for Members

Newsletter Sample

Handbook Samples

Recruiting Pages

Managing Employees Information

Fiscal Intermediary Quick Reference Page

Questions and Answers Pages

Employer Training Information Pages

I-9 Explanation and Information Page



Our Mission:

Provide individuals with disabilities or other challenges the opportunity to live and enjoy a productive, independent, and fulfilling life.



WINTER 2009 NEWSLETTER



Happy 2009! We look forward to a New Year of servicing our consumers with pride, respect and diligence. We welcome all comments, concerns and questions you may have regarding our services to you. Your input is one of the major ways we can improve our services. Enclosed you will find a Customer Service Satisfaction Survey. We appreciate you or a representative taking a few moments to help us evaluate our services. You may even call us with your responses if you do not have fax services or mailing is inconvenient.

In This Issue:

- ***Benefits of Direct Deposit***
- ***New Hires – Making the Process More Efficient***
- ***Affordable Health Insurance Options***
- ***Meet the Team***
- ***2009 Tax Season***
- ***FREE Tax Preparation Info***
- ***PCA Program - Hospitalizations***



What's New?

We have a new Website:

We invite all of you to visit our new website at www.acrfi.org. The website contains information about all of our Programs and Services and links to State and Federal websites. You can download forms, provider applications, view newsletters and contact us via email. We are also linked to our parent company, Allied Community Services: www.alliedgroup.org.

New Phone Number:

Our LOCAL phone number has changed from 860-749-8833 to **860-627-9500**

Next Issue:

- ***Protecting yourself from FRAUD***

New Copiers:

We now have a high speed Xerox copier which is currently printing faxes from 5 active fax lines. If one line is busy, it will rollover to an open line to accommodate the hundreds of incoming faxes we receive on a daily basis.

→ Please bear in mind, that due to the high volume of faxes received over the weekend, it is difficult for our staff to tell you if your timesheets have been received. If you call after 2:00pm, we will be better able to assist you with those types of questions.



MAKE PAYDAY EASIER, SAFER, AND MORE CONVENIENT!

All of your employees have the opportunity for electronic deposit of their paychecks.

WHY SIGN UP?



No checks lost in the mail.

Immediate availability of funds on payday (with timely submission of timesheets).

No need for check-cashing services or waiting in lines.

No travel time needed to pick up check from employer.

HOW:

Have your employee fill out a direct deposit form with their bank account or debit card account information. Send to us and within 2 to 3 weeks, we can have their payroll setup to receive direct deposits. The same account information may be used for multiple employers.

If your employee does not currently have a bank account or active debit card, we can offer an enrollment form for a paycheck debit card. Please ask for one today!!

ABI Medicaid Waiver Program: New Hires - Making the Process More Efficient

In an effort to improve our customer service and make the hiring process for your household employees smoother and more efficient, please follow the steps listed below before a provider begins employment. You must hire an approved **ABI Medicaid Waiver** provider, name the individual to your plan, complete the new hire paperwork packet, and confirm the start date with Allied.

- You must be certain that the person you wish to hire is an approved provider on the **ABI Medicaid Waiver Program**. Call Allied if you are unsure.
- Once you have selected an approved provider, you need to get the individual named to your plan by your DSS social worker in writing.
- Once the request is received, we will send out a letter to the employee giving general information on billing and contacts. For household service employees, we also enclose a New Hire Paperwork packet which **must be completely and correctly filled out and returned to Allied before the provider begins working**.
- Once we get the new hire paperwork back and it is complete and correct, we pass the file for a Criminal Background Check. If this is acceptable, the file is then set up in our payroll system. Then the employee may begin work.

Remember the four simple steps in this order: choose an approved provider, have them named to the plan, submit the complete new hire paperwork to Allied, and confirm the start date.

Affordable Health Insurance...2 Options

HUSKY

(Healthcare for **U**nins**S**ured **K**ids and **Y**outh) is low-cost or free health coverage for children under 19 years of age. Depending on family size and household income, parents, pregnant women or a caretaker relative may also qualify for **HUSKY**. Families earning up to \$50,000 a year and even more can qualify and **HUSKY** currently covers more than 230,000 children in *working families*.

For more information and to apply for **HUSKY**, call toll-free 1-877-487-5901,

Vanessa Rodriguez (ext. 142) or Kristy Jones (ext. 140) or visit the website at www.huskyhealth.com.

Allied Community Resources is a **HUSKY** Outreach Partner of the State Department of Social Services.

Charter Oak Health Plan

Governor M. Jodi Rell's new **Charter Oak Health Plan** offers affordable health coverage to Connecticut adults of all incomes who aren't lucky enough to get health insurance on the job. Individual premiums range from \$75-\$259 monthly, depending upon your family size and household income. **Charter Oak** has no exclusions for individuals with pre-existing medical conditions. Individuals cannot have been covered by health insurance during the past six months in order to qualify for **Charter Oak** (*exceptions include job loss, financial hardship or loss of **HUSKY** eligibility due to age or income).

For more information and to apply for **Charter Oak**, call toll-free 1-877-772-8625

or visit the website at www.charteroakhealthplan.com.

M **ABI** Provider Training Services

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The ABI Services & Training department currently has three members. Krista is responsible for new plans and revisions. Marta's responsibilities include processing provider applications and trainings, and Marihonor is the department supervisor. Marihonor is responsible for the overall work flow of the department and is a back up to both Krista and Marta.

This department has three major duties; process ABI provider applications and maintain the Provider Directory for the state, set up and maintain ABI consumer files, and coordinate and process basic and advanced trainings.

Any questions concerning provider applications, training, and consumer issues should be directed to the ABI Provider Training Services



Krista Legere



Marta Torres



Marihonor Flagg

2009 Tax Season

Allied has successfully printed and mailed over 5,000 W-2 forms to the providers of our consumers in 4 State of Connecticut Medicaid Waiver Programs and 1 in the state of Alabama. Per the Department of Social Services, W-2 forms are mandated to be mailed directly to the employees. Employees should carefully review their W-2 for discrepancies before filing their taxes with the Internal Revenue Service.

Things to Consider for Upcoming Year:

- Change in Marital Status?
- Number of Allowances?
- Have enough taxes been taken out?
- Do I need to submit a new W-4 form?

If your employee decides that he should

make an adjustment to their tax forms, please call our office to request additional W-4 forms. Have your employee fill it out and we will happily make the adjustment as soon as we receive the signed form.

If your employee decides that not enough taxes are taken out, they can request additional withholding amounts be deducted. They need to bear in mind that the amount they decide on should be based on the biweekly pay schedule. Therefore if they would like an additional \$10.00 per week deducted, they should write \$20.00 in the space allocated on the W-4 form.

All changes in tax status need to be submitted on an updated W-4 or CT W-4 tax form. We cannot make changes from information taken over the telephone.

Free Tax Preparation in CT

IRS-trained tax preparers will help you prepare and e-file your tax return at no charge at VITA (Volunteer Income Tax Assistance) sites throughout Connecticut.



Families with incomes up to \$42,000 annually may qualify to receive the Earned Income Tax Credit (EITC) and get connected to other money-saving services. College-aged students

can even get help applying for financial aid. Call 211 to make an appointment during this tax season at one of the free tax centers in your area.

Inside Allied

PCA Medicaid Waiver Program

-ONLY-

Hospitalizations:

Please Be Aware: The State **does not** allow for payment of PCA Waiver Program Homecare services **and** Hospitalization services simultaneously, unless there are verbal communication difficulties. Only **10 Hours per Year** will be paid to your **Provider for communicating** on your behalf while hospitalized. This means **you, the PCA Waiver employer, will be responsible to pay the wages of employees you allow to work** while you are hospitalized or in a nursing facility.

4

2009 Winter Newsletter

Individual Participant Handbook Excerpt #1 condensed

Newspaper Ads

You may also want to place a small advertisement in a local newspaper expressing your interest in hiring a personal care assistant. A few sample ads are listed below to use as a reference.

Personal Care Assistant Needed for Male (female) in their own home. A variety of household and personal care tasks including bathing, dressing, feeding, meal preparation and light housekeeping are required. Approximately 20 hours per week, morning or early evening hours available. References and High School diploma are required. Must be at least 18 years old. Salary to be discussed. Please call 555-5555 to find out more information.

Flyers

Posting a flyer is another way to find prospective Employees. Many places such as colleges, grocery stores and churches will allow a free posting. The following is a sample flyer.



**PERSONAL CARE ASSISTANT
(or Companion, Homemaker, etc.)
WANTED**

To work with me in my home

Flexible Hours

Great part time opportunity

If interested in finding out more about this opportunity,
please call 555-5555.

Individual Participant Handbook Excerpt #2 condensed

Section 3: Interviewing and Hiring

This portion covers applicant screening, interviewing skills, questions for the interview, scheduling interview, checking background and references, and hiring. This information is provided as a reference and can be tailored to fit your individual needs.

Applicant Screening (over the phone)

1. Give a basic overview of what tasks you are looking for assistance with.
2. Indicate your general location and ask the individual where they live. State the hours of the position. If you placed an ad, mention again the hours that were listed.
3. LISTEN to the person's responses. Negative responses include trying to control the conversation, asking questions that have nothing to do with the conversation, and dissatisfaction with the pay rate. POSITIVE responses include treating you with RESPECT and asking questions applicable to the job.

4. If lifting is involved in your care plan, ask if they can do the types of lifts that you require. Be specific if you have special needs. DO NOT ask if they have back problems or a disability—THIS IS AGAINST THE LAW.
5. DO NOT ASK THE PERSON'S AGE, MARITAL STATUS, OR IF THEY HAVE ANY CHILDREN----THIS IS AGAINST THE LAW!
6. If you like what you hear, set up an appointment for a personal interview. It is recommended that you actually meet the person face to face rather than hiring them strictly based on a telephone conversation.

Section 3

Interviewing



Where Do I Begin?

This portion covers applicant screening, interviewing skills, questions for the interview, scheduling an interview, checking references, and hiring. This information is provided as a reference and can be tailored to fit your individual needs.

Applicant Screening (over the phone)

1. Explain briefly what the job involves. Give a basic overview of the tasks for which you are looking for assistance.
2. Indicate your general location (you do not have to state your specific address) and ask the individual where they live. If you are familiar with your town, you may have a general idea as to how far away from you they might live. Many times, if the individual lives too far away, the screening process with that person will come to an end.
3. State the hours of the position. If you placed an ad, mention again the hours that were listed.
4. LISTEN to the person's responses. Negative responses include trying to control the conversation, asking questions that have nothing to do with the conversation, and dissatisfaction with the pay rate. POSITIVE responses include treating you with RESPECT and asking questions applicable to the job.

Individual Participant Handbook Excerpt #3 condensed

How and When to consider Dismissing an Employee

The P.C.A. is working for YOU to assist YOU with your needs. Occasionally, problems arise resulting in the unexpected termination of an employee. Some instances for which termination may be grounds for are the following:

- The employee is not performing the work satisfactorily.
- The employee has taken control out of your hands.
- The employee is not neat and clean in personal appearance.
- The employee does not come to work on time or misses work frequently.
- The employee is not pleasant when working.

If the arrangement is not working out, then inform the employee of your concerns. If possible, start looking for a replacement so that you have full back-up. If changes do not occur, then it is time to dismiss them.

If you need to terminate an employee, an Employee Status Form must be completed and sent to Allied Community Resources. Please be sure that you have completed all of the required areas of the form.

Individual Participant Handbook Excerpt #4 condensed

Emergency Medical Procedures:

Review emergency medical procedures including names and numbers for your primary care physician and local emergency room services. Establish and post a written list of names and telephone numbers.

Identify signs and symptoms indicative of emergencies related to your disabilities. Describe emergency medical procedure that require transport to a hospital; situations that can be handled at home; and general emergency situations.

Identify and describe the use of any available emergency equipment.

Establish back-up plan for emergency situations:

It is recommended that you have a minimum of one back-up provider in the event that your employee(s) becomes ill, goes away on vacation, or needs a short leave from working for you.

Individual Participant Handbook Excerpt #5

Allied Community Resources

Fiscal Intermediary Quick Reference Page

<p>Making Choices....</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Help with choices: Your case manager or broker can assist you in making choices between the vendors currently contracted by DMR to provide services, including the three Fiscal Intermediaries. <input type="checkbox"/> Each Fiscal Intermediary follows the same guidelines for services as directed by DMR.
<p>As a Fiscal Intermediary Allied provides....</p>	<p>Budget Management:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receipt of allocated budgetary funds from DMR and provides documentation of incomes and expenditures through monthly and quarterly reports <input type="checkbox"/> Payment for goods and services up to monthly allocation in budgets through vendor invoicing and/or employee time sheets. <input type="checkbox"/> Processing of receipts for goods and services purchased as outlined in budget. <input type="checkbox"/> Notification to Case Manager when budgets are exceeded or need to be adjusted. <input type="checkbox"/> Monthly and quarterly reports to you and your DMR representatives. <input type="checkbox"/> Accounts payable and receivable transactions. <input type="checkbox"/> Privacy through HIPPA compliance <p>Employer Assistance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Training and assistance with paperwork to all new and existing employers. <input type="checkbox"/> Conduct background and DMR registry checks as required. <input type="checkbox"/> Responsible for all documentation and records related to tax withholdings and Department of Labor law compliance. <input type="checkbox"/> Assistance in obtaining Workman’s Compensation Insurance and payment of premiums <input type="checkbox"/> Process Employee timesheets and issue paychecks in a timely and accurate manner <p>Customer Service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review of budget for accuracy <input type="checkbox"/> Notification of services to the providers you choose through “Welcome Letters” <input type="checkbox"/> Personal phone call by your assigned customer service representative and receipt of a “Welcome letter outlining the provision of services you have requested <input type="checkbox"/> Prompt and attentive customer service with individualized attention.

Individual Participant Handbook Excerpt #6

Allied Community Resources

Questions & Answers

Provider Qualifications & Training Requirements – what is this?

Employers are responsible to ensure that employees they directly hire meet the standard and specific qualifications identified. The Employer must provide the necessary training and support for employees to acquire identified competencies and verify that all qualifications are met within the required timeframes.

– how do I do this?

The employee is required to read and review each training module, date and initial on the Provider Qualifications and Verification Record form that is included in the packet. The Employer is required to initial on the same form, when this is completed. The Provider Qualification and Training Requirements packet will be included with your employee packets or you may contact our Employer Trainer if you need additional training packets.

– what is the required timeframe to complete this training?

This training is required prior to the employee working alone with the participant or within 30 days of employment. The employer is required to provide the completed Provider Qualifications and Verification Record form to the Fiscal Intermediary on or before the submission of the second two week time sheet for the employee.

I hire private providers, but Allied Community Resources issues their paychecks, so who is considered their Employer?

These employees work directly for you – not for Allied Community Resources.
YOU ARE THEIR EMPLOYER.

I have received tax forms and letters – what do I do with them?

All letters involving taxes should be forwarded to Allied. However do not worry, if you have mistakenly misplaced or have thrown them away. Allied has all necessary forms to file you employer taxes.

When are my employees paid?

The pay week runs from Saturday to Friday. Paychecks are issued on a bi-weekly basis. Paychecks are made payable to your employees and mailed directly to their home.

I am interested in purchasing Worker's Comp for my employees – how do I do this?

Our Employer Trainer will assist you with obtaining Worker's Comp Insurance for your employees.

Can my employees have their paychecks direct deposited into their bank accounts?

Employees have the option to have direct deposit of their paychecks. They would need to complete a direct deposit application and submit it to Allied. Direct deposit takes 2 to 4 weeks to be established. Once established, funds are guaranteed to be available after 5:00 PM on Fridays.

How can I submit my timesheets?

You can fax, mail or email your timesheets. Please DO NOT do all three methods at the same time. Fax is available 24 hours a day, seven days a week.

What type of information does Allied provide to me about my budget and payroll?

Customer Service is available to answer your questions over the telephone. Also, the following three pages include samples of the monthly, payroll and quarterly reports you will receive by mail.

Individual Participant Handbook Excerpt #7

Allied Community Resources

Questions & Answers *continued...*

If I want to give my employee a raise, why can't I just call Allied?

DMR requires any changes in your employees' rates of pay to be documented. Your broker or case manager needs to make that change. When it is approved, DMR sends Allied the document and the raise can then be included in payroll. DMR is reviewing ways to make this process easier for you.

How long does direct deposit take to be activated?

Once the direct deposit paperwork is returned to us completely filled out it takes about two pay periods to be activated.

How often should timesheets be sent in and when?

Every two weeks depending on your pay cycle. Pay weeks end on Friday at midnight. Send timesheets to Allied by the Monday after the last day worked in the pay cycle.

How should a timesheet be filled out?

All timesheets must have the employee's name, address, & phone number, and the employer's name. The middle portion must have the dates worked, time in and time out (with no cross outs or corrections). Time sheets must be signed and dated by both the employee and the employer.

I want to use money from one area of my budget for something else (for example: transportation money for recreation) — how do I do it?

You need to contact your broker/case manager who needs to document the change and send it to Allied in order for the payment to be made. Fiscal Intermediaries do not have the authority to make changes to the budgets.

What do I need to do to hire a new employee?

We will send you an employee packet with samples to help you fill out the paperwork. Fill out ALL of the paperwork in the packet. Pick one of the 3 criminal background checks and send the paperwork back to Allied. As always, if you have any questions please call us.

Once all of the completed paperwork is received by Allied, and the DMR registry and criminal background checks are complete; we will issue you the date that your new employee may start work.

The person I want to hire already works for someone else in the DMR program and has gone through the registry check, criminal background check and filled out all of the paperwork. Why do we have to repeat everything?

Each employer is a separate entity and we cannot take information from one employer's file to enter into another employer's file. It is a breach of privacy laws.

Who can I contact if I need further assistance with questions or to resolve problems?

You will have the name and contact information for your personal Customer Service Representative. If your questions or problem cannot be resolved by them, they will automatically inform the Program Manager. We do ask that you first allow your Customer Service Representative an opportunity to respond, however, you always have the option of directly contacting the Program Manager, Program Director or Executive Director for further assistance.

Section 4

Wage Information



What wage can I offer my potential Employee?

The **MAXIMUM** wage you may offer your Employees is determined by your social worker based upon your approved plan. Based upon the information on your plan, Allied is able to convey the wage information to you for the specific services listed on your approved care plan. Please note that Allied has no input or involvement with determining the wages you may pay your Employees. Your plan currently lists the following services and wages:

How is this wage calculated?

Your plan indicates a Medicaid reimbursement rate that was set by the Department of Social Services. Out of that rate comes Employer taxes. The Employer taxes that are deducted are: FUTA (Federal Unemployment Tax), SUTA (State Unemployment Tax), Social Security, and Medicare. The

withholding and the Employer is required to match that. Medicaid reimbursement rate is calculated into a wage, which your Employee. This wage is based upon your Current as determined by the State of Connecticut Department of may have an affect on the wage you may offer your d on your history as an employer with regard to hiring/firing

questions regarding the number of hours available per service, Allied Community Resources. We will provide this you based upon the plan that has been forwarded to us by the Social Services. Please note that Allied in no way sets or number of hours or rate of pay you may offer your employees. his or requests to increase hours or pay rates must be directed ent of Social Services social worker.

encouraged not to provide advice regarding exemptions, other information regarding the Employee's taxes. Allied does duals on this matter. If an Employee has questions regarding they should be directed to consult an accountant, the IRS, or necticut Department of Revenue Services.



Additional Recruitment Ideas

For Employers looking for further assistance with finding Employees, the Connecticut Department of Labor offers free services to Employers. These services include:

- Posting help wanted ads in DOL offices and on the CT. Job Bank Website.
- Screening of resumes to determine if the resume shows the required qualifications.
- Conducting recruitment sessions to solicit applicants at DOL offices.
- Space to interview at DOL offices.

In order to use these services, you must call the Department of Labor office in the region in which you live. The Business Service Consultant for your area will assist you to obtain the services that interest you.

Southwest Region
 (203) 455-2601 or (203) 455-2602

South Central Region
 (203) 859-3454 or (203) 859-3452

North Central
 (860) 827-7781 or (860) 256-3869

Eastern Connecticut Region
 (860) 439-7600 or (860) 859-5603

Northwest Region
 (203) 437-3274

You can also visit their website at www.ctdol.state.ct.us. On the left side of the main page, click on Business, then click on Recruitment assistance.

Rewarding Work Website

Have you heard about Rewarding Work?

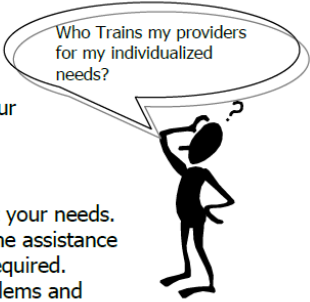


Rewarding Work is a website that lists individuals throughout the State that have expressed an interest in providing Personal Care Assistance to individuals in their homes. Although these individuals have not completed the necessary paperwork that Allied requires under our programs, they have expressed an interest to work. Many individuals on our program have used the website to find staff to provide services to them in their homes. If you would like to preview a listing of individuals in your area, you may either contact Allied and ask us to print a list for you, or you may visit the website on your own at www.rewardingwork.org. A small fee does apply if you use the website on your own. We want to hear from you! We welcome your feedback regarding the usefulness / helpfulness of this website.

Section 6

Organizing Tasks & Ongoing Management

Training Employees on specific job tasks is the responsibility of the Employer. You may want to have a current provider, family member, or friend assist with the training depending upon your needs.



Daily Tasks:

- Go through the routine established to meet your needs. Identify and explain the routine including the assistance needed, equipment needed and the time required.
- Identify existing medical conditions or problems and explain the treatment for each.
- Identify personal susceptibilities and explain the preventive routine for those potential medical problems.
- Explain individual bowel/bladder routine.
- Explain exercise and Range of Motion routine in laymen's terms.
- Correctly list all medications, schedules, reasons for taking them and possible side effects.
- Explain your nutritional and dietary needs and regime.

Emergency Medical Procedures:

Review emergency medical procedures including names and numbers for your primary care physician and local emergency room services. Establish and post a written list of names and telephone numbers.

- Identify signs and symptoms indicative of emergencies related to your disabilities.
- Describe emergency medical procedures that require transport to a hospital; situations that can be handled at home; and general emergency situations.
- Identify and describe the use of any available emergency equipment.

Establish back-up plan for emergency situations:

It is recommended that you have a minimum of one back-up provider in the event that your provider(s) become ill, go away on vacation, or need to take a short leave from working for you. Allied does not send a back-up provider to your home in the event that your staff does not show up.

22

Time for Timesheets!

Submit my Employee's timesheet?

Timesheets should be completed and signed by the Employee. The hours worked by the Employee and the Employer signs the timesheet. BOTH Employee and Employer must sign. Connecticut State Law (CT General Statutes) requires payment of wages due within 8 days from the end of the pay period. As the Employer, you are responsible to process timesheets on to your Fiduciary Agent in a timeframe that meets the law. **Please be sure that you have an original on hand at all times. If you are running low, a replacement will be sent to you.**

When do timesheets need to be in to Allied?

Timesheets should be submitted to Allied every Friday and payment is issued every other week. Timesheets should be mailed or faxed on Sunday evenings. Fax on Friday. Please keep in mind that weekend faxing, as well as overnight shipping, is extremely heavy. **PLEASE DO NOT FAX AND MAIL timesheets by the same method.** The top copy of the timesheet (white sheet) should be kept by the Employee. The middle copy (yellow sheet) is to be given to the Employer. Remember, if you do not submit timesheets in a timely fashion you are violating the law. **ABI Program timesheets must be submitted to Allied no later than Wednesday at Noon.**

If you are unsure of your pay schedule, please contact our Customer Service Department and they will be happy to forward a printed schedule to you.



When will my employee receive their paycheck?

Paychecks are issued on a BI-WEEKLY basis and are mailed to the employee. Paychecks are released on FRIDAY and therefore are mailed on FRIDAY. It is our recommendation that timesheets be mailed or faxed on Sunday evening. Fax is available 24 hours, seven days a week. Holidays MAY affect your pay cycle. You may check with Customer Service or get details on Allied's phone system. **TIMESHEETS RECEIVED AFTER THE WEDNESDAY DEADLINE WILL EXPERIENCE A DELAY IN RECEIPT OF CHECKS AND WILL NOT BE PROCESSED USING DIRECT DEPOSIT.**

The Following is a Sample of a completed Timesheet.

24

Informational Reference from Section 3.2.24.

I-9 Employment Eligibility Verification

This form must be completed by both the Employee and the Employer either prior to or on the actual day the Employee starts working for you. No later! An acceptable list of documents for identification and employment eligibility are on the back of the form. **The employer must see 1 document from LIST A OR 1 document from LIST B AND 1 document from LIST C.**



The Employee is to complete the top portion of the form (section 1). The employer is to complete section 2 (listing of the forms of ID presented) and sign the form. Both the Employee and the Employer are required to sign this form. **Clear, legible photocopies of the ID's listed for the employee on this form should accompany the completed packet.** Allied suggests that photocopies of the ID's should be mailed rather than faxed as faxing tends to distort the information making it unclear and difficult to read. Failure to complete this paperwork will result in withholding of payment to the Employee and a possible fine imposed by the Federal Government.

The Following is a sample of an I-9 Form.

Attachment Five
Report Samples

Quarterly Budget Expenditure Report

Payroll Register

Monthly Expenditure Report

State Demographic Reports

Elder Homecare Self-Directed Pilot Program

Personal Care Assistance Waiver Program

ABI Waiver Program

Allied Community Resources

SAMPLE QUARTERLY REPORT

Annual Budget: **\$83,362.00**

Region: West

Date: 12/31/05
 Participant Name:

Contract Period: 10/1/2005—9/30/2006

State Fiscal Quarter: 2

This is your Annual Allotted Budget Amount.

This area represents funds spent on agencies & non-payroll services.

This figure represents unspent Cash from the Previous Quarter.

This area contains your Payroll Services Information.

	Personal Support Wages		Personal Support Agency		Total
	617	620	617/043	620/015	
Prior Quarter Carry-Over:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cash Received for This Quarter:	\$0.00	\$0.00	\$0.00	\$20,755.00	\$20,755.00
Expenses for This Quarter:	\$0.00	\$0.00	\$0.00	\$17,026.00	\$17,026.00
Cash Balance:	\$0.00	\$0.00	\$0.00	\$3,729.00	\$3,729.00

This code represents "Day Services".

This code represents "Residential Services".

This figure represents the amount of cash received during the current quarter LESS the actual dollars spent this Quarter.

The quarterly report is a summary of your cash flow for the period stated on the report. This report separates your Service Identification (SID) from payroll and agency services. The cash balance at the end of the period carries over quarter to quarter until the end of your plan year.

Allied Community Resources

SAMPLE PAYROLL REGISTER

This payroll register is a sample of the report you will receive each pay period if you have a payroll based plan. It will show you the amount of gross earnings for each employee, total deductions and their net take home pay.

YOUR COMPANY NAME HERE

Date: Tuesday, March 14, 2006
 Payroll Register by Employee Number (UPSREG1)

This is the date on which your employee's checks were processed.

Pay Frequency: (ALL)
 From Check Date: 3/10/2006
 From Employee:

Include Pay Information: (Manual Checks, System Checks, Reversed Checks)

<u>Employee</u>	<u>Check Date</u>	<u>Check No.</u>	<u>Amount of Check</u>	<u>Total Earnings</u>	<u>Total Taxes</u>	<u>Total Deductions</u>
DOE, Doe, Jane	3/10/2006	7111	201.57	232.40	30.83	0.00
DOEJ Doe, John	3/10/2006	7112	331.17	331.17	0.00	0.00
POPINS Popins, Joseph	3/10/2006	7113	290.50	290.50	0.00	0.00
POPINSM Popins, Margaret	3/10/2006	7114	244.02	244.02	0.00	0.00

Report Totals

Amount of Checks: 1,067.26
 Total Earnings: 1,098.09
 Total Taxes: 30.83
 Total Deductions: 0.00

These are the employees that payroll checks were processed for.

This is the date that appears on your employee's payroll check.

This area tells you the amount of earnings after deductions by employee.

4 Checks Printed

Refer here to verify the number of payroll checks processed for your employees.

This area provides you with a summary of all employee checks processed as it relates to net check amounts, total earnings, total taxes withheld, and total miscellaneous deductions, if applicable.

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

Allied Community Resources

MONTHLY EXPENDITURE REPORT

This is your Monthly expenditure report for the month of December. The current month expenditures reflect invoices received and processed in this time period only, not necessarily the actual dates of services. Late invoices may affect the actual balances of your remaining budget. If you have any questions please call and ask for DMR Customer Service. Please remember that Allied is committed to supporting you with your Fiduciary needs.

Period Ending: 12/31/2005 Budget Period: 10/31/2005
9/30/2006

	Total Annual Budget	Prior Month Carry-Over	Current Month's Budget	Total Available For Current Month	Current Month Expenditures	Carry-Over Next Month	YTD Expenditures	Available Budget Remaining
Personal Support Wages—Residential	49,905.00	0.00	0.00	0.00	0.00	0.00	0.00	49,905.00
Employer's Contribution	5,616.00	0.00	0.00	0.00	0.00	0.00	0.00	5,616.00
Transportation	1,028.00	170.00	85.00	255.00	0.00	255.00	0.00	1,028.00
Personal Support Agency	18,588.00	8,497.00	6,196.00	14,693.00	13,131.00	1,562.00	17,026.00	1,562.00
Respite	800.00	132.00	66.00	198.00	0.00	198.00	0.00	800.00
Worker's Compensation	1,985.00	495.00	0.00	495.00	0.00	495.00	0.00	1,985.00
Background Check	240.00	40.00	20.00	60.00	0.00	60.00	0.00	240.00
Others	5,200.00	866.00	433.00	1,299.00	0.00	1,299.00	0.00	5,200.00
Totals	83,262.00	10,200.00	6,800.00	17,000.00	13,131.00	3,869.00	17,026.00	66,336.00

Best Regards,
Allied Customer Service

This amount represents your prior month's underspent budget carried forward to this new current month.

This amount represents the sum of the current month budget AND the prior month carry-over budget.

This amount represents the funds which were underspent during the current month that will be carried over to the upcoming month.

This amount represents your available Budget Balance to spend until your plan year-end.

Elder Homecare Program State Report Sample

	January	February	March	April	May	June	Y-T-D	PROGRAM TO DATE		
ELDER CARE PILOT PROGRAM	ALLIED COMMUNITY RESOURCES									
Monthly REPORT 2006	72 Shaker Road									
FOR Month ENDING: 6/30/06	Enfield, CT 06082									
	(860) 749-8833									
<u>TOTAL REFERRALS/STRANSFERS</u>	19	8	6	4	3	5	45	182		
<u>TOTAL NUMBER OF CONSUMERS PAID</u>	82	90	91	93	92	97				
<u>TOTAL NUMBER OF ACTIVE PROVIDERS</u>	180	185	208	206	203	218				
<u>AVERAGE PROVIDERS PER CONSUMER</u>	2.2	2.1	2.3	2.2	2.2	2.2				
<u>TOTAL PAYROLL RUNS</u>	4	4	5	4	4	5	26	287		
<u>TOTAL PAYROLLS & TAX LIABILITY =</u>	\$ 150,939.82	\$ 162,396.99	\$ 202,032.63	\$ 179,153.60	\$ 174,352.20	\$ 234,303.37	\$1,103,178.61	\$5,551,664.44		
<u>AVERAGE DOLLAR AMOUNT PER PAYROLL</u>	\$ 37,734.96	\$ 40,599.25	\$ 40,406.53	\$ 44,788.40	\$ 43,588.05	\$ 46,860.67	\$ 42,429.95	\$ 19,343.78		
<u>AVERAGE CONSUMERS PER PAYROLL</u>	42.00	44.75	44.60	38.40	45.50	48.75				
<u>AVERAGE CONSUMER COST PER PAYROLL</u>	\$ 898.45	\$ 907.25	\$ 905.98	\$ 1,166.36	\$ 957.98	\$ 961.24				
<u>PROGRAM TO DATE ADVANCES</u>	\$5,745,000.00									
<u>TOTAL PAYROLLS & TAX LIABILITY =</u>	\$ 5,531,664.44									
<u>UNUSED ADVANCES</u>	\$ 193,335.56									

Personal Care Assistance Medicaid Waiver Program State Report Sample

PCA MEDICAID WAIVER PROGRAM QUARTERLY REPORT 12/31/2009							
	2008		2009		% Chg	2009 Calendar Y-T-D	2010 Fiscal Y-T-D
	4th qtr	4th qtr	4th qtr	4th qtr			
Note: actual paid only							
<u>TOTAL NUMBER OF CONSUMERS W/ PAID SERVICES</u>	707	720		1.81%	779	742	
<u>TOTAL NUMBER OF ACTIVE PROVIDERS</u>	2110	2212		4.61%	3,269	2605	
<u>AVERAGE PROVIDERS PER CONSUMER</u>	2.98	3.07		2.86%	4.20	3.51	
<u>TOTAL PAYROLL RUNS PER CONSUMER</u>	7	7		0.00%	26	13	
<u>TOTAL DOLLAR AMOUNT OF PAYROLLS & TAXIABILITY =</u>	\$ 4,647,314.29	\$ 5,407,600.79		14.06%	\$ 19,852,361.68	\$ 10,424,557.91	
<u>AVERAGE DOLLAR AMOUNT PER PAYROLL</u>	\$ 663,902.04	\$ 772,514.40		14.06%	\$ 763,552.37	\$ 801,889.07	
<u>AVERAGE PAYROLL PER CONSUMER</u>	\$ 939.04	\$ 1,072.94		12.48%	\$ 988.62	\$ 1,032.80	
<u>TOTAL NUMBER OF CONSUMERS HOSPITALIZED</u>	87	106		17.92%	206	153	
<u>TOTAL NUMBER OF PENDING STARTS</u>	66	60		-10.00%	179	133	
<u>TOTAL CLOSED IN THE QUARTER</u>	-13	-29		55.17%	-55	-47	
<u>TOTAL ACTIVE WITH NO PAYROLL IN QUARTER</u>	0	0		0.00%			
<u>TOTAL NUMBER OF ACTIVE CONSUMERS</u>	847	857		1.17%			

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

Acquired Brain Injury Medicaid Waiver Program State Report Sample

QUARTERLY INVOICE PAYMENT REPORT
FOR QUARTER ENDING:12/31/09

TOTAL ACTIVE PARTICIPANTS AS OF END OF QUARTER=469

INVOICES RECEIVED THIS QUARTER

# of Invoices	Service	Amount
0	Chore	\$0.00
4	Homemaker - Private	\$1,744.64
242	Companion Private	\$96,796.42
1	PCA	\$453,141.73
1047	Care Management	\$21,104.06
207	Care Management	\$913.92
26	Agency Chore	\$351,617.99
457	CLASS	\$1,932,980.60
1962	Agency/Companion Emr./ Accessibility Adapt.	\$13,693.00
2	Family Training	\$0.00
0	Agency Homemaker	\$40,738.80
363	Independent Living Skills	\$4,308,333.90
3631	Independent Living Skills(Group)	\$0.00
0	Cognitive Behavioral	\$305,807.20
1533	Home Delivered Meals	\$8,099.20
39	PERK-Intnl	\$33.00
192	PERK-Service Fee	\$9,093.72
1426	Pre-Vocational	\$1,203,707.69
26	Respite	\$3,039.04
21	Specialized Medical Equip	\$7,928.34
937	Supported Employment	\$888,781.30
1	Transportation-Public	\$48.00
133	Transportation-Private	\$5,682.30
1	Vehicle Modification	\$10,000.00
5	Interpreter Services	\$2,706.79
Totals:	12315	\$9,571,984.04

INVOICES NOT PAID AFTER 90 DAYS

# of Invoices	Service	Amount
0		\$0.00

INVOICES PAID THIS QUARTER

# of Invoices	Service	Amount
0	Chore	\$0.00
4	Homemaker - Private	\$814.72
1	Companion Private	\$102,560.39
242	PCA	\$435,336.43
1047	Care Management	\$20,797.97
182	Care Management	\$913.92
22	Agency Chore	\$352,113.93
369	CLASS	\$1,876,683.66
1379	Agency/Companion Emr./ Accessibility Adapt.	\$13,693.00
3	Family Training	\$0.00
0	Agency Homemaker	\$40,542.96
248	Independent Living Skills	\$4,196,916.15
2838	Independent Living Skills(Group)	\$0.00
0	Cognitive Behavioral	\$305,189.20
1114	Home Delivered Meals	\$8,099.20
28	PERK-Intnl	\$33.00
1	PERK-Service Fee	\$9,036.64
173	Pre-Vocational	\$1,188,546.52
999	Respite	\$3,039.04
10	Specialized Medical Equip	\$7,928.34
23	Supported Employment	\$868,703.30
517	Transportation-Public	\$48.00
2	Transportation-Private	\$5,482.30
123	Vehicle Modification	\$10,000.00
1	Interpreter Services	\$2,707.49
46		\$9,331,196.36
Totals:	9833	

CALENDAR YEAR TO DATE

# of Invoices	Service	Amount
2	Chore	\$274.80
12	Homemaker - Private	\$2,217.68
738	Companion Private	\$196,792.63
3139	PCA	\$1,306,511.69
105	Care Management	\$90,339.20
105	Care Management	\$4,207.68
1718	Agency Chore	\$1,384,286.80
6968	CLASS	\$7,180,923.35
13	Agency/Companion Emr./ Accessibility Adapt.	\$82,480.00
0	Family Training	\$0.00
1119	Agency Homemaker	\$136,786.95
12354	Independent Living Skills	\$15,619,317.66
0	Independent Living Skills(Group)	\$0.00
4947	Cognitive Behavioral	\$782,964.19
133	Home Delivered Meals	\$20,323.12
6	PERK-Intnl	\$201.46
714	PERK-Service Fee	\$33,501.60
4570	Pre-Vocational	\$4,573,166.67
88	Respite	\$1,638.96
104	Specialized Medical Equip	\$68,002.04
2328	Supported Employment	\$2,978,839.37
16	Transportation-Public	\$816.00
541	Transportation-Private	\$24,006.32
5	Vehicle Modification	\$11,932.00
51	Interpreter Services	\$38,166.67
Totals:	40639	\$34,518,651.64

CALENDAR YEAR TO DATE

# of Invoices	Service	Amount
2	Chore	\$274.80
12	Homemaker - Private	\$2,112.48
738	Companion Private	\$307,963.39
3139	PCA	\$1,700,706.39
735	Care Management	\$90,316.97
105	Care Management	\$4,207.68
1713	Agency Chore	\$1,380,162.74
6888	CLASS	\$7,116,008.31
11	Agency/Companion Emr./ Accessibility Adapt.	\$64,480.00
0	Family Training	\$0.00
113	Agency Homemaker	\$136,391.11
12347	Independent Living Skills	\$15,494,338.36
0	Independent Living Skills(Group)	\$0.00
4940	Cognitive Behavioral	\$782,263.79
133	Home Delivered Meals	\$20,323.12
6	PERK-Intnl	\$201.46
707	PERK-Service Fee	\$33,464.52
4337	Pre-Vocational	\$4,536,654.52
88	Respite	\$1,638.96
104	Specialized Medical Equip	\$68,002.04
2496	Supported Employment	\$3,925,164.76
16	Transportation-Public	\$816.00
329	Transportation-Private	\$23,806.32
5	Vehicle Modification	\$11,932.00
51	Interpreter Services	\$38,166.61
Totals:	38343	\$34,576,751.47

FISCAL YEAR TO DATE

# of Invoices	Service	Amount
0	Chore	\$0.00
8	Homemaker - Private	\$2,394.64
480	Companion Private	\$123,798.42
2089	PCA	\$603,141.73
397	Care Management	\$44,560.77
50	Care Management	\$2,175.84
835	Agency Chore	\$646,337.79
3392	CLASS	\$3,337,358.41
7	Agency/Companion Emr./ Accessibility Adapt.	\$36,283.00
0	Family Training	\$0.00
612	Agency Homemaker	\$73,931.47
6345	Independent Living Skills	\$7,750,908.32
0	Independent Living Skills(Group)	\$0.00
2668	Cognitive Behavioral	\$381,000.79
87	Home Delivered Meals	\$11,734.18
2	PERK-Intnl	\$66.34
365	PERK-Service Fee	\$17,632.60
2430	Pre-Vocational	\$2,163,847.35
46	Respite	\$24,304.55
1230	Specialized Medical Equip	\$1,560,273.60
3	Supported Employment	\$144.00
278	Transportation-Public	\$11,989.88
2	Transportation-Private	\$10,392.00
51	Interpreter Services	\$38,166.70
Totals:	22123	\$17,069,816.37

FISCAL YEAR TO DATE

# of Invoices	Service	Amount
0	Chore	\$0.00
7	Homemaker - Private	\$1,614.72
1	Companion Private	\$202,560.39
489	PCA	\$835,336.43
2089	Care Management	\$23,669.03
386	Care Management	\$2,175.84
50	Agency Chore	\$642,203.73
830	CLASS	\$3,470,071.43
3517	Agency/Companion Emr./ Accessibility Adapt.	\$38,283.00
5	Family Training	\$0.00
606	Agency Homemaker	\$73,733.63
6442	Independent Living Skills	\$7,618,344.39
2661	Independent Living Skills(Group)	\$0.00
87	Cognitive Behavioral	\$380,300.39
88	Home Delivered Meals	\$11,734.18
2	PERK-Intnl	\$66.34
338	PERK-Service Fee	\$17,393.32
2418	Pre-Vocational	\$2,146,533.23
36	Respite	\$6,931.89
46	Specialized Medical Equip	\$34,304.55
1491	Supported Employment	\$1,524,826.73
3	Transportation-Public	\$144.00
276	Transportation-Private	\$11,789.88
2	Vehicle Modification	\$10,392.00
51	Interpreter Services	\$38,166.61
Totals:	21880	\$17,080,843.77

Attachment Six

Forms and Timesheet Samples

Enrollment Packet Samples

Member Consent and Acknowledgement form

Representative Documentation

Form SS-4

Form 2678

Form 8821

Form 2848

WV/BYS-APP Form

WV-2848 Form

UC 201-B Form

Timesheet Example

Provider Agreement

PCA Participant Checklist

PCA Program Communication Log

Enrollment Packet Sample Forms Reference in Section 3.2.5

ALLIED COMMUNITY RESOURCES, INC. Consent and Acknowledgment Form

I consent to the use or disclosure of my protected health information by Allied Community Resources, Inc. to any person or organization for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected health information used or disclosed by Allied Community Resources, Inc. may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information, as long as such information is used or disclosed in accordance with Connecticut and Federal law, which may require you to provide specific authorization.

If I am a fiscal intermediary consumer, such as in the Medicaid Waiver or similar program, I understand that Allied Community Resources uses my protected information for the purposes of my employer tax reporting and payments as well as reimbursement payment claims submissions.

I understand that information regarding how Allied Community Resources, Inc. will use and disclose my information can be found in Allied Community Resources, Inc.'s Notice of Privacy Practices. I understand that this consent is effective for as long as Allied Community Resources, Inc. maintains my protected health information.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent; and
- I have received Allied Community Resources, Inc.'s Notice of Privacy Practices currently in effect.

<u>Consumer Name</u>	<u>Rep Name, if any (COE, COP, POA)</u>
Print Name of Individual	and if any, Print Name of Personal Representative
<u>Consumer/Rep. Signature</u>	<u>date signed</u>
Signature of Individual or Personal Representative	Date

If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual: relationship (POA, COP, COE)

Unable to obtain written consent and acknowledgment because:

- Individual refused
- Emergency treatment situation
- Individual not able to sign due to incompetence or other medical reason
- Other: _____


FAX to: 860-627-0230 or MAIL to: P.O. Box 479, East Windsor, CT 06088-0479

FOR OFFICE USE ONLY AFTER FORM IS SIGNED- Please Indicate Program for Filing Purposes
ABI Waiver PCAWaiver ElderHomeCare DMR Employment & Assessment Services Training Services

Est. 3/3/03
Rev. 3/19/03, 5/2/03, 6/2/05, 2/16/06

Program ID

Enrollment Packet Sample Forms Reference in Section 3.2.5

	Sample
	FMS-Outreach & Training Services PCA, Elder, ABI Programs: PO Box 479 East Windsor, CT 06088-0479 Fax: 860-627-0230 DDS, APC Programs: P.O. Box 509, East Windsor, CT 06088-0509 Fax: 860-627-0330 Phone: (860) 627-9500 – Toll Free (866) 275-1358
“Creating Opportunities for People”	
REPRESENTATIVE DOCUMENTATION	
<p>**If you are a designated Power of Attorney, Conservator or Legal Guardian for the participant, you do not need to list yourself as a Representative. Instead, please submit a copy of your Probate Court documents to Allied Financial Management Services**</p>	
Date: _____	
I, _____, give Allied permission to speak with my representative _____ about my plan with the following access:	
<input type="checkbox"/> NO RESTRICTIONS <input type="checkbox"/> May speak of contents of plan <input type="checkbox"/> May discuss payroll issues <input type="checkbox"/> May discuss adjustments to household providers <input type="checkbox"/> May speak about timesheets <input type="checkbox"/> May speak about employees <input type="checkbox"/> May pick up checks <input type="checkbox"/> May request checks mailed to their house (see address below) <input type="checkbox"/> Criminal Background Check Results <input type="checkbox"/> Other Restrictions or Access	
_____ _____ _____	
<p>**If this form is being completed and signed by the individual's designated Power or Attorney, Conservator or Legal Guardian you MUST attach a copy of the Probate Court documents to this form**</p>	
Consumer Signature: _____ Date: _____	
Representative Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Telephone (required): (h) _____ (c) _____ (w) _____	
<div style="border: 1px solid black; padding: 5px;"><p>(For office use only) Program: __PCA __ABI __Elder __DDS __APC</p></div>	Version 2, 10/09 ALL PRO

Enrollment Packet Sample Forms Reference in Section 3.2.5

SAMPLE ONLY

Form **SS-4** **Application for Employer Identification Number** OMB No. 1545-0003
(Rev. July 2007) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) EIN
Department of the Treasury ▶ See separate instructions for each line. ▶ Keep a copy for your records. 0
Internal Revenue Service

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested 0	
	2 Trade name of business (if different from name on line 1) 0	3 Executor, administrator, trustee, "care of" name 0
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 0	5a Street address (if different) (Do not enter a P.O. box.) 0
	4b City, state, and ZIP code (if foreign, see instructions) 0	5b City, state, and ZIP code (if foreign, see instructions) 0
	6 County and state where principal business is located 0	
	7a Name of principal officer, general partner, grantor, owner, or trustee Employer Name	7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶ Consumer Mailing
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) <u>City</u> <u>st</u> <u>zip</u> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ HHCSR Using Fiscal/Employer Agent <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Other (specify) ▶ HHCSR Using Fiscal/Employer Agent <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. visit date	12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural Household Other 4	14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ visit date		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) HHCSR Using Fiscal/Employer Agent		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HHCSR Using Fiscal/Employer Agent		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Don Waddell, Eric Gervais, & _____, Fiscal/Employer Agent	Designee's telephone number (include area code) (860) 627-9500
	Address and ZIP code PO Box 509, East Windsor, CT 06088-0509	Designee's fax number (include area code) (860) 627-0330
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) () phone #
Name and title (type or print clearly) ▶ Consumer Name, Employer		Applicant's fax number (include area code) ()
Signature ▶ _____		Date ▶ _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 18055N **Form SS-4** (Rev. 7-2007)

Enrollment Packet Sample Forms Reference in Section 3.2.5

SAMPLE

Form **2678** **Employer/Payer Appointment of Agent** OMB No. 1545-0748
(Rev. May 2007) Department of the Treasury — Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment is not effective until we approve your request. See the instructions for your reporting, deposit, and payment requirements while we are processing your request.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you are filing this form...

(Check one)

You want to **appoint** an agent for tax reporting, depositing, and paying.

You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: If you want to appoint an agent or revoke an appointment, complete this part.

1 **Employer identification number (EIN)** Employer EIN # 0 0 - 0 0 0 0 0 0 0

2 **Employer's or payer's name**
(not your trade name) Employer Name

3 **Trade name** (if any)

4 **Address**

Consumer Mailing Address

Number Street Suite or room number

City State ZIP code

5 **Forms for which you want to appoint an agent or revoke the agent's appointment to file.**
(Check all that apply.)

	For ALL employees/ payees	For SOME employees/ payees
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944-PR, 944-SS, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form 1042 (Annual Withholding Tax Return for U.S. Source Income of Foreign Persons)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

Note: You may NOT appoint an agent to report, deposit, and pay taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here EMPLOYER'S SIGNATURE Print your name here

Date / / Print your title here

Best daytime phone () - PH #

Now give this form to the agent to complete. ➔

Cat. No. 18770D Form **2678** (Rev. 5-2007)

Enrollment Packet Sample Forms Reference in Section 3.2.5

Form 2678 (Rev. 5-2007) Page **2**

Part 3: Agent Information: If you will be an agent for an employer or payer, or want to revoke an appointment, complete this part.

6 Agent's employer identification number (EIN) -

7 Agent's name (not trade name)

8 Trade name (if any)

9 Address
Number Street Suite or room number

City State ZIP code

Check here if the employer is a disabled individual or other welfare recipient receiving home-care services through a state or local program

Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here Print your name here

Print your title here

Date Best daytime phone

Form **2678** (Rev. 5-2007)

Enrollment Packet Sample Forms Reference in Section 3.2.5

SAMPLE ONLY

Form 8821
(Rev. April 2004)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ Do not use this form to request a copy or transcript of your tax return.
Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1185
For IRS Use Only

Received by: _____
Name: _____
Telephone: _____
Function: _____
Date: ____/____/____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) Consumer Name Consume Address City, State and Zip Code	Social security number(s) 000 : 00 : 0000 : : Daytime telephone number (000) 000-0000	Employer identification number 00 : 0000000 Plan number (if applicable)
---	--	---

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address Allied Financial Management Services PO Box 509 East Windsor CT 06088-0509	CAF No. 0304-30438R Telephone No. 940 & 941 Fax No. 860-627-0330 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
---	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see Instr.)
Employment Taxes	941 & 940	2010-2013	pymts, balances, penalties

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6. ▶

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box. ▶

b If you do not want any copies of notices or communications sent to your appointee, check this box. ▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box. ▶
To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.
▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

<u>Consumer Signature</u>	<u>Date</u>
<u>Signature</u>	<u>Date</u>
Consumer Name	Employer - Using a Fiscal Agent
<u>Print Name</u>	<u>Title (if applicable)</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 11090P Form **8821** (Rev. 4-2004)

Enrollment Packet Sample Forms Reference in Section 3.2.5

SAMPLE

Form 2848
(Rev. March 2004)
Department of the Treasury
Internal Revenue Service

**Power of Attorney
and Declaration of Representative**

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date / / _____

Part I Power of Attorney
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address Consumer Name Consume Address City, State and Zip Code	Social security number(s) 000 : 00 : 0000 Daytime telephone number (00) 0000000	Employer identification number 000 : 000-0000 Plan number (if applicable)
---	--	---

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Donald Waddell, Director of Financial Services c/o Allied Financial Management Services PO Box 509, East Windsor, CT 06088-0509	CAF No. 940 & 941 Telephone No. 860-627-9500 Fax No. 860-627-0330 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Employment Taxes	CAF No. 941 & 940 Telephone No. 2010-2013 Fax No. Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. Telephone No. Fax No. Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
	940, 941	3rd Qtr 2010 - 3rd Qtr 2013
Consumer Name	Employer - Using a Fiscal Ager	

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.**

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.
Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

.....

.....

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

For Privacy Act and Paperwork Reduction Notice, see page 4 of the instructions.


Cat. No. 11986J

Form **2848** (Rev. 3-2004)

Enrollment Packet Sample Forms Reference in Section 3.2.5

Form 2848 (Rev. 3-2004)	Page 2		
<p>7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.</p> <p>a If you also want the second representative listed to receive a copy of notices and communications, check this box <input type="checkbox"/></p> <p>b If you do not want any notices or communications sent to your representative(s), check this box <input type="checkbox"/></p>			
<p>8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. <input type="checkbox"/></p> <p>YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.</p>			
<p>9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.</p> <p style="text-align: center;">▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.</p>			
<p>CONSUMER SIGNATURE</p> <p>----- Signature</p> <p>CONSUMER PRINTED NAME</p> <p>----- Print Name</p>	<p>DATE</p> <p>----- Date</p>	<p>HOUSEHOLD EMPLOYER - USING A FISCAL AGENT</p> <p>----- Title (if applicable)</p>	
<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>----- PIN Number</p>	<p>----- Print name of taxpayer from line 1 if other than individual</p>		
<p>----- Signature</p> <p>----- Print Name</p>	<p>----- Date</p>	<p>----- Title (if applicable)</p>	
<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>----- PIN Number</p>			
<p>Part II Declaration of Representative</p>			
<p>Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.</p> <p>Under penalties of perjury, I declare that:</p> <ul style="list-style-type: none"> • I am not currently under suspension or disbarment from practice before the Internal Revenue Service; • I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others; • I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and • I am one of the following: <ul style="list-style-type: none"> a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below. b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230. d Officer—a bona fide officer of the taxpayer's organization. e Full-Time Employee—a full-time employee of the taxpayer. f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister). g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230). h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 2 of the instructions. <p>▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.</p>			
<p>Designation—Insert above letter (a-h)</p> <p style="text-align: center;">c</p>	<p>Jurisdiction (state) or identification</p>	<p>Signature</p> <p style="text-align: center;">Director of Financial Services Signature</p>	<p>Date</p> <p style="text-align: center;">Date</p>
Form 2848 (Rev. 3-2004)			

**Enrollment Packet Sample Forms Reference in Section 3.2.5
WV/BYS-APP Page 1 of 4 for illustration purposes.**

Clear Form	Print Form	Go to Page 2	Press CTRL and click here for Form Instructions	Use tab key to move from field to field
WV/BYS-APP (Rev. Aug/98)		WEST VIRGINIA OFFICE OF BUSINESS REGISTRATION		Page 1 of 4
INSTRUCTIONS FOR COMPLETION ARE FOUND ON PAGE 9 OF THIS BOOKLET				
SECTION A: COMPLETE THIS SECTION TO REGISTER WITH THE WEST VIRGINIA STATE TAX DEPARTMENT				
1. WEST VIRGINIA TAXPAYER IDENTIFICATION NUMBER:				
<small>If you have a Federal Employers Identification Number, enter it. (All partnerships, corporations and sole-owners with employees must have a FEIN). If sole-owner (no employees), enter social security number.</small> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto;"></div>				
2. BUSINESS NAME AND ACTUAL PHYSICAL LOCATION		3. MAILING ADDRESS (Where returns are to be sent)		
Legal Business Or Corporate Name (Type or Print Using Blue/Black Ink)		Name Check here if mailing address same as business address		
DBA Division, Subsidiary or Trade Name		Additional Space For Name If Needed		
Owner's Name (If Sole Owner)		Check to use address on other business registration forms		
Address (Street) DO NOT USE A POST OFFICE BOX NUMBER		Address (Street Or P.O. Box)		
City	State WV	Zip Code	City	State WV
4. BUSINESS CLASS DESCRIPTION (FROM PAGES 18 THROUGH 21): Click here for NAICS Business Codes				
Enter primary business class: <input type="text"/> Description of your business activity: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
and secondary business class <input type="text"/>				
5. BUSINESS DATA:				
A. Beginning date of business in West Virginia for the location entered in item 2 on this application: <input type="text" value="mm/dd/yyyy"/>				
B. County where business is located. NOTE: County must match city in item 2 above. <input type="text" value="Kanawha"/>				
C. Person completing this application: Name: _____ Telephone #: _____				
D. Business telephone number: _____				
E. Estimated annual gross income for this location: <input type="checkbox"/> 0 - \$20,000 <input type="checkbox"/> over \$20,000				
F. Previous name of this business, if any, owner's name and location: _____				
G. Are you now or have you ever been registered to do business in West Virginia? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If yes, give name and West Virginia Identification Number: _____				
H. If you have other locations registered or multiple business locations being registered, do you desire to file consolidated tax returns? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter taxes to be consolidated and West Virginia Identification Number you desire to file under: _____				
I. Taxable year end for Federal Tax purposes - Enter month <input type="text"/>				
J. If nonprofit, do you have 501 C exemption status from the IRS? If yes, attach copy of determination letter. Yes <input type="checkbox"/> No <input type="checkbox"/>				
K. Enter 5-digit Control Number assigned by the Secretary of State's Office, if applicable <input type="text"/> You must have a control number to submit this application.				
<small>A control number is not required for sole proprietorship or general partnership.</small>				
6. ENTER TYPE OF BUSINESS OWNERSHIP:				
<input type="checkbox"/> A Sole-Owner <input type="checkbox"/> D1 General Partnership <input type="checkbox"/> E Joint Venture <input type="checkbox"/> Z Other (Specify below) <input type="checkbox"/> B Domestic Corporation <input type="checkbox"/> D2 Limited Partnership <input type="checkbox"/> F Association <input type="checkbox"/> C Foreign Corporation <input type="checkbox"/> D3 Limited Liability Partnership <input type="checkbox"/> G Limited Liability Company				
PARTNERS - MEMBERS - OFFICERS - OWNERS:				
NAME - _____		HOME ADDRESS _____		SOCIAL SECURITY NUMBER _____
_____		_____		_____
7. CHECK APPROPRIATE BLOCKS:				
<input type="checkbox"/> A Operate a collection agency <input type="checkbox"/> E Sell tangible personal property to consumers at retail level and do not maintain an established place of business in West Virginia (transient vendor) <input type="checkbox"/> B Operate an employment agency <input type="checkbox"/> F Use commercial weighing or measuring devices (i.e. scales, gas pumps, etc.) <input type="checkbox"/> C Make consumer loans <input type="checkbox"/> G Offer or sell goods or services to West Virginia Consumers by Telemarketing <input type="checkbox"/> D Make supervised loans (loans pursuant to a revolving loan account or take assignments) <input type="checkbox"/> H None of the Preceding				
8. TYPE OF ACTIVITY:				
<input type="checkbox"/> A Service <input type="checkbox"/> C Wholesale <input type="checkbox"/> E Construction <input type="checkbox"/> G Manufacturing <input type="checkbox"/> B Retail <input type="checkbox"/> D Both (Retail & Wholesale) <input type="checkbox"/> F Rental <input type="checkbox"/> Z Other (Specify - Attach Information)				
<small>I certify this application to be true and correct to the best of my knowledge.</small>				
SIGNATURE _____				
<small>(SIGNATURE REQUIRED)</small>				
TITLE _____		DATE _____		
		 B 2 9 0 8 0 6 0 1 A		

[Go to Page 2](#)

Enrollment Packet Sample Forms Reference in Section 3.2.5

WV-2848 Rev. 01/05	<h3 style="margin: 0;">West Virginia State Tax Department</h3> <h3 style="margin: 0;">Authorization of Power of Attorney</h3> <p style="font-size: small; margin: 0;"><i>(An authorization giving the person you name on this form specified powers to act for you in dealing with the West Virginia State Tax Department.)</i></p>		
Please type or print the information you provide on this form			
Your name (or name of business if applicable)	Your Social Security Number (or WV Tax ID Number)	Daytime Telephone	
Spouse's name (if applicable)	Spouse's Social Security Number (if applicable)	Daytime Telephone	
Street Address	City or Town	State	Zip Code
Name of person you are giving power of attorney	Social Security or WV Tax ID number	Daytime Telephone	
Street address	City or Town	State	Zip Code
I limit the powers which I am authorizing on this form to the following types of tax returns for the following periods:			
Type of Tax <small>(personal income, estate, etc.)</small>	Tax Form Number <small>(IT-140, EST-76, etc.)</small>	Month, Quarter and/or Year of Return <small>(date of death if estate tax)</small>	
I hereby give the person I have named above only the following powers to act for me in dealing with the West Virginia State Tax Department in connection with the tax returns I have listed above:			
Check each applicable box	Your signature for each power you give		
<input type="checkbox"/> to receive (but not to endorse or cash) any checks issued by the West Virginia State Tax Department	_____		
<input type="checkbox"/> to receive confidential tax information concerning me	_____		
<input type="checkbox"/> to extend the period during which I am liable for assessment or payment of any state tax	_____		
<input type="checkbox"/> to sign tax returns and forms	_____		
<input type="checkbox"/> to make and sign agreements settling matters in dispute between the West Virginia State Tax Department	_____		
<input type="checkbox"/> to assign this power of attorney to another person approved by me in writing	_____		
<input type="checkbox"/> the following other power or powers (if none, state "none"):	_____		
This form is continued on the reverse side.			

Enrollment Packet Sample Forms Reference in Section 3.2.5

I understand that in authorizing this power of attorney I am also giving the person I have named above the power to receive private and nonpublic information concerning my State taxes from the West Virginia State Tax Department.

I certify that no other person holds these powers for me. I understand that I have the right to revoke these powers at any time by notifying in writing both the person named above and the West Virginia State Tax Department.

This power of attorney revokes any earlier Authorization of Power of Attorney for the same types of taxes and periods covered by this power of attorney, but only to that extent.

Signature of or for taxpayer(s)

Your signature	Date	Daytime Telephone
Spouse's signature (if any returns listed above are joint returns)	Date	Daytime Telephone
Signature and title of corporate officer, partner or fiduciary authorized to execute this power of attorney on your behalf	Date	Daytime Telephone

If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized below.

The person signing as or for the taxpayer(s): (Check and complete only one of the following sections.)

is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:

_____	_____
(Signature of Witness)	(Date)
_____	_____
(Signature of Witness)	(Date)

appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed.

Witness: _____
(Signature of Notary)

NOTARIAL SEAL

(Date)

Mail to: West Virginia State Tax Department
Revenue Division
Post Office Box 2389
Charleston, West Virginia 25328-2389

Enrollment Packet Sample Forms Reference in Section 3.2.5

UC 201-B Rev. 5-08	EMPLOYER'S INITIAL STATEMENT WORKFORCE WEST VIRGINIA UNEMPLOYMENT COMPENSATION DIVISION Required by Article 10, Section 11 of the West Virginia Unemployment Compensation Law																															
RETURN ORIGINAL WITHIN TEN DAYS																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">1. Name(s)</td> <td style="width: 30%;"></td> <td style="width: 50%;">Telephone Number</td> </tr> <tr> <td>DBA</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Business Address and Zip Code</td> </tr> <tr> <td colspan="3">Mailing Address and Zip Code</td> </tr> <tr> <td>County</td> <td colspan="2">Federal Number</td> </tr> </table>	1. Name(s)		Telephone Number	DBA			Business Address and Zip Code			Mailing Address and Zip Code			County	Federal Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: black; color: white; font-weight: bold;">DO NOT WRITE IN THIS SECTION</td> </tr> <tr> <td colspan="2">Effective Date:</td> </tr> <tr> <td colspan="2">Liable Date:</td> </tr> <tr> <td colspan="2">Provision:</td> </tr> <tr> <td>Decision By:</td> <td>Date:</td> </tr> <tr> <td colspan="2">Fed ID No:</td> </tr> <tr> <td colspan="2">State ID No:</td> </tr> <tr> <td>Rate:</td> <td>Merit Year:</td> </tr> </table>	DO NOT WRITE IN THIS SECTION		Effective Date:		Liable Date:		Provision:		Decision By:	Date:	Fed ID No:		State ID No:		Rate:	Merit Year:
1. Name(s)		Telephone Number																														
DBA																																
Business Address and Zip Code																																
Mailing Address and Zip Code																																
County	Federal Number																															
DO NOT WRITE IN THIS SECTION																																
Effective Date:																																
Liable Date:																																
Provision:																																
Decision By:	Date:																															
Fed ID No:																																
State ID No:																																
Rate:	Merit Year:																															
2. Physical location of business (be specific):																																
3. Name, street address, telephone number, and person to contact where payroll records are maintained:																																
4. (a) Check (X) form of organization:																																
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Domestic Only <input type="checkbox"/> Agricultural Only <input type="checkbox"/> LLC If you are an LLC, do you file with the IRS as a corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Corporation State of Incorporation _____ Date of Incorporation _____ <input type="checkbox"/> Governmental Entity, Political Subdivision or Instrumentality <input type="checkbox"/> Taxable <input type="checkbox"/> Reimbursable <input type="checkbox"/> Nonprofit organization exempt from income tax under IRS Code Section 501(C) (3) ONLY. Attach copy of U.S. Treasury letter giving this exemption. <input type="checkbox"/> Taxable <input type="checkbox"/> Reimbursable																																
(b) List Name, Social Security Number and Resident Address of Proprietor; all Partners, LLC members or Officers of the Corporation.																																
Name and Title	Social Security Number (Required)	Resident Address (Required)																														
5. Nature of Business: _____ WV Location: _____																																
6. If you have been assigned an Employer Account Number by this Division, please enter the number here:																																
7. Date you began operation in West Virginia: ____/____/____ Date first wages paid in West Virginia: ____/____/____ Business/assets acquired from another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter date: ____/____/____ Give name, address and zip code of predecessor; also federal reporting and state U.I. numbers (if known)																																
Federal Number	State UI Number																															
8. Have you ever or do you expect to employ at least ONE worker in 20 different calendar weeks during a calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes Month _____ Year _____ If Yes, in what earliest month and year will the 20 th week occur?																																
9. Have you or do you expect to have a quarterly payroll of \$1,500? <input type="checkbox"/> No <input type="checkbox"/> Yes Quarter _____ Year _____ If Yes, in what earliest quarter and year will the payroll occur?																																
10. Have you or do you expect to employ in any calendar year, 10 or more agricultural workers in 20 different calendar weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes Month _____ Year _____ If Yes, in what earliest month and year will the 20 th week occur?																																
11. Have you or do you expect to have a \$20,000 quarterly payroll of agricultural workers in any year? <input type="checkbox"/> No <input type="checkbox"/> Yes Quarter _____ Year _____ If Yes, in what earliest quarter and year will the payroll occur?																																
12. Have you or do you expect to have a \$1,000 quarterly payroll of domestic (housekeepers, babysitters, etc) workers in any year? <input type="checkbox"/> No <input type="checkbox"/> Yes Quarter _____ Year _____ If Yes, in what earliest quarter and year will the payroll occur?																																
13. If you are a nonprofit organization with a 501 (c)(3) exemption, have you or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes Month _____ Year _____ If Yes, in what earliest month and year will the 20 th week occur? Please furnish a copy of exemption letter.																																
14. Are you liable for the Federal Unemployment Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what year did you become liable? _____ In what states?																																
15. State the number of Individuals working in West Virginia: _____ In other states: _____																																

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

Enrollment Packet Sample Forms Reference in Section 3.2.5

16. Enter the greatest number of employees you had in any one day in the calendar week. Include part-time and extra workers as well as your regular employees. Partners of a partnership are not employees. An individual proprietor of a proprietorship is not an employee. OFFICER'S SALARIES ARE REPORTABLE. Wages of the members of a limited liability company are reportable if the LLC files with the IRS as a corporation but are not reportable if the LLC files with the IRS as a partnership. (Work performed in the employ of a son, daughter, or spouse, or work performed by a child under 18 in the employ of his mother or father, is excluded from the definition of employment.)

FOR CALENDAR YEAR ____										FOR CALENDAR YEAR ____													
CALENDAR WEEKS					CALENDAR WEEKS					CALENDAR WEEKS					CALENDAR WEEKS								
	1ST	2ND	3RD	4TH	5TH		1ST	2ND	3RD	4TH	5TH		1ST	2ND	3RD	4TH	5TH		1ST	2ND	3RD	4TH	5TH
JAN					JUL						JAN						JUL						
FEB					AUG						FEB						AUG						
MAR					SEP						MAR						SEP						
APR					OCT						APR						OCT						
MAY					NOV						MAY						NOV						
JUN					DEC						JUN						DEC						

17. Show quarterly and yearly wages if one or more individuals are employed for any part of a day.

WEST VIRGINIA PAYROLLS	CALENDAR QUARTER ENDING MARCH 31	CALENDAR QUARTER ENDING JUNE 30	CALENDAR QUARTER ENDING SEPT. 30	CALENDAR QUARTER ENDING DEC 31	TOTAL FOR YEAR
PRECEDING YEAR					
CURRENT YEAR					

If you have not started business, check here Give estimated start date _____ Sign on line 18.

18. CERTIFICATION: This report must be signed by owner if business is operated as an individual proprietorship; by all members of a partnership if business is operated as a partnership or joint venture; by all members of an LLC; by an authorized officer of an incorporated business. Signatures of any other party will not be accepted unless this form is accompanied by a valid power of attorney.

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

GENERAL INSTRUCTIONS

Item 1. Enter the name, business address, mailing address if different than the business address, telephone number and federal employer identification number (FEIN) of your business. If you do not have a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or at www.irs.gov. Also, enter the West Virginia county where your business is located.

Item 2. Enter the physical location of business if different than your business and/or mailing address.

Item 3. Enter the name, address and telephone number of the individual you wish to be contacted concerning your payroll records.

Item 4(a). Choose your appropriate form of organization.

Item 4(b). Enter the name, title, social security number and resident address of the owner of a sole proprietorship, each member of a partnership or LLC or each officer of a corporation.

Item 5. Enter the nature of your business and the city in West Virginia where your business is located.

Item 6. Enter your West Virginia Unemployment Compensation account number if one has been issued.

Item 7. Enter the date you began having employees in West Virginia and the date first wages were paid in West Virginia. Please furnish the month, day and year. If you acquired any assets from another business, please furnish the date of acquisition along with the name, address and account number of the predecessor.

Items 8-13. Enter the month, year and quarter for provisions applying to your business type.

Item 14. Enter the year you became liable for Federal Unemployment tax and in which state this occurred.

Item 15. Enter the number of individuals working in West Virginia and the number of individuals working in other states.

Item 16. Enter the number of employees by week. Include only employees working in West Virginia.

Item 17. Enter the amount of quarterly and yearly wages in the current and preceding year or the estimated start date if you have not started your business.

Item 18. Affix only proper signatures in order for application to be processed.

Please return completed form by mail or fax: Status Determination Unit
P. O. Box 106
Charleston, West Virginia 25321
Fax number: 304-558-1324
Phone number: 304-558-2677

Timesheet Example referenced in Section 3.2.9.

DDS Timesheet-ACR Financial Management Services

DDS SAMPLE TIMESHEET t: 860-627-0330 or Toll-Free 866-398-2227
 r: PO Box 509 East Windsor, CT 06088-0509

Part 1: Employee Information				Part 2: Employer Information			
Employee FIRST Name				Employer FIRST Name			
Employee LAST Name				Employer LAST Name			
Employee Number:				Pay Period Ending Date:		DDS Number:	
				CR			

Service Code Key	Independent Home Support: IHS	Individual Day Support: INDIND	Adult Companion: COMP
	Independent Broker: INDB	Personal Support: PS	Respite: Flat Rate (24hr): RES
			Respite Hourly: RES2

Part III: Timesheet **YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW**

Week 1	Date	Service Code	Time IN	Time OUT	Time IN	Time OUT	Total Hrs
Saturday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Sunday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Monday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Tuesday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Wednesday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Thursday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Friday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Ends Midnight			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Week 2							
Saturday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Sunday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Monday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Tuesday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Wednesday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Thursday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Friday			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Ends Midnight			AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	

Progress Notes: Bi-weekly IP Outcome progress note: What did you do for the hours you worked?
 Enter comments below-REQUIRED!

Write in the tasks/outings/things done to help the client work toward achieving their targeted IP goals in this area. This area **MUST** be completed!

Check here if you have an address or phone number change; we will send you a form to make the

Please check and FAX change form, if applicable
 Address Change _____
 Telephone # Change _____

By signing below, I certify that I provided the services to the consumer for the times recorded on this timesheet.

Employee MUST sign here	Date Signed by Employee
_____ Employee Signature	_____ Date Signed
I certify that the consumer has received the hours of service recorded on this timesheet.	
Employer MUST sign here	Date Signed by Employer
_____ Employer Signature	_____ Date Signed

Version 2, 11/09 DDS

Sample Provider Agreement Referenced in Section 3.2.12.

<p>STATE OF WEST VIRGINIA Department of Health and Human Resources BUREAU for MEDICAL SERVICES 350 Capital Street • Charleston, WV 25301-3708</p>	
<p>SAMPLE</p>	
<p>Provider Agreement</p>	
<p>Date: _____</p>	
<p>Agreement between the West Virginia Bureau for Medical Services (BMS) and</p>	
<p>Provider: _____</p>	
<p>A. Address</p>	

Phone _____	Fax _____
<p>The provider agrees to accept check(s) for item(s) or service(s) purchased for individuals served through the BMS Aged and Disabled Waiver. Financial management, for these purchases and/or payments for services, is provided by BMS contracted vendor fiscal employer agent, which is not a West Virginia government agency.</p>	
<p>Acceptance and endorsement of the check(s) will signify that the provider agrees to the following terms and conditions:</p>	
<ul style="list-style-type: none">a. Accept payment, in form of check(s), from BMS contracted fiscal intermediaries doing business in West Virginia.b. Agree to keep records of the service(s) or purchase(s).c. Provide only the service(s) or item(s) authorized on the check(s).d. Accept the check(s) as payment in full for the service(s) or item(s) purchased.e. No additional charges will be made or accepted from clients.f. Upon request, provide BMS or its designee information regarding the service(s) or purchase(s) for which payment was made.	
_____ BMS Representative	_____ Provider Representative
<p>ACR FE/RC Proposal 02/11/2010</p>	

PCA Participant Checklist referenced in Section 3.2.17 Enrollment Packet System.

PCA Duties and Responsibilities

I have reviewed all these areas with the Employer Trainer and understand the following:

- _____ I understand the tax paperwork (obtaining Federal Employer ID #, Dept of Labor and it's purpose, Dept of Revenue and it's purpose).
- _____ I understand that I am to send in confirmations of the above numbers to Allied if/when sent to me.
- _____ I understand how many plan hours I am allowed and that I cannot exceed those hours.
- _____ I understand the Employee Paperwork and what needs to be completed and signed:
 1. _____ Employee Status Form (for new hires, rate changes and terminations).
 2. _____ I-9/Employment Eligibility Verification. I understand that whatever my employee submits to me for proof of identification, I must submit legible photo copies to Allied.
 3. _____ W-4
 4. _____ CT W 4
 5. _____ P.C.A. Waiver Provider Application.
 6. _____ Provider Agreement. I understand that a Criminal background check will be performed on all new potential employees. I understand my employee must indicate the wage they will be receiving BEFORE taxes and they MUST sign or they cannot start and be paid.
- _____ I understand that I must submit all employee paperwork to Allied and that my start date may be hinging upon this.
- _____ I understand that all future employee paperwork must be submitted to Allied prior to my employee submitting a timesheet as Allied needs time to process this paperwork.
- _____ I understand that if any of my employee paperwork is incomplete, it will be returned to me and cannot be processed until it is completed correctly.
- _____ I understand I am not to start any new employees until Allied notifies me with the results of the Criminal Background Check.
- _____ I understand what I may offer my employees as a wage.
- _____ I understand that I have the option of obtaining Worker's Compensation Insurance and that the Waiver does not cover this benefit.
- _____ I understand that any one employee cannot exceed 25.75 hours in one week (if my plan calls for more than the allotted hours) unless I obtain Worker's Compensation insurance.
- _____ I understand that my employees work for me and not for Allied Community Resources.
- _____ I understand that if I am hospitalized or in a nursing facility, I must notify Allied and my Social Worker. The Waiver cannot pay my employees during my hospitalization and if they work, I will be responsible for payments.
- _____ I understand that Allied will request a copy of my hospital discharge paperwork in order to re-activate my plan.
- _____ I understand that it is my responsibility as an employer to notify Allied of any changes in my employees or their status.
- _____ I understand that when any revision is done that involves rate changes for my employees, I must complete an Employee Status Form and submit it to Allied before that change can take place.
- _____ I understand that any issues I have with my plan has to be brought to my Social Worker as Allied does not handle plan issues.
- _____ I understand Allied's Grievance procedure. I know where this procedure is located in the Employer Manual.
- _____ **I understand that my employees CANNOT start working and get paid under the Waiver until I receive a start date from Allied. Allied will call me with that date and also send me a letter indicating the date that they can start. Again, I cannot start on the PCA Waiver until I receive a start date from Allied. If I start my employees prior to Allied issuing me a start date, I will be responsible for payment of their services out of my own pocket. Waiver dollars will not cover these hours worked.**
- _____ **I understand that CANNOT submit any timesheets until I have been notified by Allied with a start date.**

Consumer's signature

Date

Revised 6/24/09kj

Enrollment Log referenced in Section 3.2.17 Enrollment Packet System.

PCA Program Communication Log	
MFP <input type="checkbox"/>	Date Plan Rec'd _____ Passed to Intake: Date _____ Initials _____
Consumer Name: _____	Medicaid# _____
Social Worker: _____	Office: _____
INITIAL PLAN _____	hours @ MED RATE \$ _____ WAGE \$ _____
Plan check: * Routing Slip W-1001: <input type="checkbox"/>	
*PCA Service Plan W-1020 (activities to be done, hours and days allotted): <input type="checkbox"/>	
*Care Plan Summary W-951(info about person and Cost of Care plan page signed by Central Office): <input type="checkbox"/>	
Conserved?: <input type="checkbox"/> person <input type="checkbox"/> estate <input type="checkbox"/> both <input type="checkbox"/>	POA: <input type="checkbox"/> Paperwork on file: <input type="checkbox"/>
Visit Date: _____	Who did visit?: _____
Privacy Statement entered in db: date: _____	initials _____
Info. entered into: Database _____	ET Report: _____ Wait List: _____
Manual given: <input type="checkbox"/>	Entered in DB ("manual rec'd"): <input type="checkbox"/>
Pay cycle distributed at Visit & entered in db: date _____	initials _____
Even Cycle: <input type="checkbox"/>	Odd Cycle: <input type="checkbox"/>
Representative Documentation entered in db: date _____	initials _____
FEIN obtained from IRS via phone: date _____	initials _____
FEIN added to Tax Pwk: date _____	initials _____ Entered in DB <input type="checkbox"/>
2678 copied & mailed: date _____	initials _____
LGL-001 copied & mailed: date _____	initials _____
8821 copied & mailed: date _____	initials _____
DOR processed on line: date _____	initials _____ Signed copy in file <input type="checkbox"/>
DOR Commonpaymaster Letter copied & mailed (date): _____	initials _____
New employee paperwork in back of folder (before passing to Financial Services Director): initials _____	
Eligibility verified: _____ Verification in file: _____	
START DATE: _____	
Consumer Called/notified of start: date _____	initials _____
Plan Start Letter sent to consumer: date _____	initials _____
Plan Start Letter faxed to SW: date _____	initials _____
Financial Services Director approval: date _____	initials _____
DOL registered online: date _____	initials _____
Payroll set up: date _____	initials _____
Customer Service Introduction: date _____	Time _____ initials _____
Any comments pertaining to initial Customer Service call: _____	

Can be filed. Services & Training/PCA/Comm. Log/Rev. 7/07, 5/09, 8/09, 12/09	

Attachment Seven
Procedure Examples

Rebilling Accounts Receivables

Processing and Resolving Problems with DDS Budgets

Confirming Eligibility

PROCEDURE: Rebilling Accounts Receivables

The Accounts Receivable Clerk is responsible for billing of outstanding claims. Any questions can be relayed to the PCA/ABI supervisors. There is a one year time limit that claims can be resubmitted to EDS. All claims should be submitted and paid before this time period.

Accounts Receivable – Rebilling

A. Print or View Aged Invoice Report

1. MAS 90 (ABI/PCA)
2. Accounts Receivable-Aged Invoice Report- Preview/Print
3. Select Summary to view history for each invoice with a balance. This will let you know how much was paid or taken back and on which remit this occurred.

B. Determine which claims to re-bill

1. Claims that are over 1-year old from date of service can not be re-billed. To determine whether a claim is over 1-year old, first find out when it was first billed to determine service date and then if the service date is not over a year old you can re-bill.
2. The State uses dates of service as the indicator for claims over 1 year of age. Dates of service are the actual dates used for the service rendered for the consumer.
3. Once it has been determined that a claim can be re-billed, check the aging summary report to see if the claim has been partially paid or not paid at all. If there has been a partial payment look at both remits to see the denial code for portions not paid.
4. The remits can be located: L:drive/payrollprocessing/remits/ABI/PCA

C. Re-Billing

1. The portions of any claim that have not been paid will have a denial code that is located to the right of the claim notification.
2. Each denial code requires the claim to be corrected in a certain way
3. All claims that have been partially paid must be re-billed using a #7 in EDS. The entire claim must be re-submitted not just the line or lines that were partially denied. If there is a line that is completely denied, meaning \$0 paid, that one line can be re-billed separately and treated as if it were a new claim.
4. Log on to EDS and when asked to archive, always answer “no”.
5. Click on Forms 837 Professional
6. Locate the original claim; you can search by consumer name, Medicaid number or the dollar amount of the claims. Searching by dollar usually is the fastest way to locate the original claim.
7. When the claim is located click copy, enter a #7 using the drop-box where it says claim frequency, directly to the right of that is where you will enter the ICN. The

ICN of the claim is located in the remit (step II, D). It is 13 digits long and always starts with the year first, ex. 2009012301234.

8. Proceed to Service 1 tab and make the corrections to the claim. Click Save and then add and the claim is completed.
9. If the claim was adjusted correctly it will reflect that on the next remit, however if the claim is still not paid in full and another adjustment has to be done, follow the same steps-except use the newest ICN which will start with 5909 and then have 9 digits following that.

D. Denial Codes

1. Each claim will have a denial code a, Step III, A. This will let you know how to re-bill the claim. The last page of the remit will have the claim code and full explanation of what the denial means
2. Listed below are the most common denials, their explanations and how to re-bill them if you come across that denial code.
 - a) **-0240 The submitted claim detail through date of service is invalid.** (The dates of service on the claim were entered incorrectly or were not entered at all. Most common is that the date was entered as 00000000. To find the actual dates of service you can enter MAS90-Job Detail Report-Job Transaction and enter the MAS 90 code, which is different from the EDS code, see ABI Rate Schedule; L:\USERHOME\Payroll\ABI\ABI AGINGS (ABI RATE.xls), also enter the Job Billing Code, each consumer has their own code, click on the description tab and search for that consumer's name) For PCA claims enter L drive: Payroll Processing Invoice and search for the date that the claim was entered and the date of service will be listed there.
 - b) **-0265 DETAIL DATE OF SERVICE IS INVALID.** (This denial code will always be listed with the previous denial code and can be corrected the same way.)
 - c) **-0268 DETAIL BILLED AMOUNT IS MISSING.** (This denial code is similar to the previous two. It can be corrected using the same technique. The actual amount of the claim is missing and needs to be entered.)
 - d) **-0400 DETAIL UNITS MUST BE GREATER THAN ZERO.** (see 0265 and 0260, correct the same way.)
 - e) **-0512 CLAIM EXCEEDS TIMELY FILING LIMIT.** This denial code means that the dates of service for the claim are over 1 year old and the claim can not be re-billed through EDS and has to have permission from the State in order to be paid in full. See ABI Payroll Supervisor or Financial Services Director for that process.
 - f) **-0550 ELECTRONIC ADJUSTMENT IS INVALID.** (The previous adjustment that was done for this claim was done so using the wrong ICN number. Typically the ICN 2009000000000 should not be used and the

ICN 5909000000000 should be used because this claim has previously been adjusted.)

- g) **-0574 Dates of service cannot span calendar months.** (This claim can be rebilled by separating the months and breaking the claim into separate claims. The same Invoice number can be used for each month's claim.)
- h) **-1803 SOCIAL SECURITY NUMBER/EMPLOYER'S IDENTIFICATION NUMBER IS MISSING OR INVALID.** (This denial code indicates that the provider was not entered in EDS or the Social Security number was entered incorrectly. In EDS, service 2 tab is where the provider's information is entered. Refer to the Job Detail Transaction Report if you need to find the provider, see IV B. 0240 for instructions on how to enter information from the Job Transaction Detail Report in MAS 90.)
- i) **-2003 CLIENT INELIGIBLE FOR DATES OF SERVICE.** (In order to determine eligibility you need the consumers' Medicaid Number and date of birth. This information can be found on the database. Enter your credentials to enter the database and click consumer, CT, ABI/PCA tab and enter consumer's last name. The screen that pops up will have the information available. With this information and the dates of service that were denied, enter <https://www.ctdssmap.com/ctportal/Default.aspx?>, from here click on the eligibility tab once you enter your credentials on the provider tab. On the eligibility screen enter Medicaid number, date of birth and the month of the denial. If the Waiver program is listed you can re-bill, if not you need to email our representatives at the State. The emails are: (Dorian.Long@ct.gov) and (Cindy.Perion@ct.gov). Do not use the consumers' full name in the email; instead use first name and initial of last name, also the Medicaid number and month(s) of denials using a short description for recipient. Once reinstated the claim(s) are eligible to be billed.
- j) **-2103 UNABLE TO DETERMINE CLIENT ELIGIBILITY DUE TO INVALID CLIENT ID, INVALID DATE OF SERVICE OR INVALID PROVIDER ID** (Make sure all of the information on the claim is entered correctly. Often times it is a keying error with the dates of service. Also make sure the dates of service are not before the consumer became eligible for the Waiver program. That information can be found on the database, as described in the previous entry.)
- k) **-4021 The procedure billed is not a covered service under the client's benefit plan.** (This denial code is procedurally the same as 2003.)
- l) **-4032 Procedure code is not on file.** (This denial code appears because of a keying error on the actual service line, which can be found on service tab 1 in EDS. To find the correct service that needs to be billed refer to Job Transaction Detail Report in MAS 90.)

- m) **-5000/5001 POSSIBLE DUPLICATE OF A PAID CLAIM OR A CLAIM THAT IS CURRENTLY IN PROCESS.** (This denial code appears because dates of service for the procedure code entered and the provider entered are either identical or have overlapping dates.) In order to determine how to resubmit this type of claim you have to go to the CT EDS website under the tab “claim inquiry”. The website is the same as listed above Section D.i. The information that needs to be entered is the consumers Medicaid number and the dates of service in question. You can cross reference this information by looking up the dates of service in MAS 90 to see how the claim was originally entered. MAS90-Job Detail Report-Job Transaction, enter the MAS 90 code (the chart above) and the month of service to see if the denial claim is a keying error and simply needs to be resubmitted with the correct dates of service or if you need to go into a previous claim to bill retro units. If this is the case, find the initial claim and resubmit as a number 7 with the ICN number from that remit in EDS and bill the additional units. Make a note of this so you can clear the negative balance with the outstanding balance after the remit comes in.
- n) **-6012 ABI services limited to 40 hours per week.** (Units must be billed week by week, and not to exceed 40 units per week. Ex. July 5 – July 11th, then each week proceeding.)
- o) **6146 Meal service limited to 1 per date of service.** (Break down by each individual date)
- p) **-9918 PRICING ADJUSTMENT – MAX FEE PRICING APPLIED** (Units are overcharged for the amount of units entered. Example, 1560P 30 units entered, max pay is \$36.35/unit; therefore claim line can not exceed \$1090.50.)
- q) **-9922 PATIENT LIABILITY, APPLIED INCOME OR SPENDDOWN AMOUNT APPLIED.** (ABI/PCA Processing Supervisors will take care of these). Notify the ABI/PCA Processing Supervisors by sending them an email with claims listed as a 9922 (Applied Income).
- r) **-9991 BILLED UNITS HAVE BEEN CUTBACK TO CONTRACT MAXIMUM** (Similar to 9918, except for \$ amount may be correct however the units entered do not match up to pay rate.) See Job Detail Report Transaction for claim detail.)

BUD/INT-DDS-010 Processing & Resolving problems with DDS Budgets Version B

The purpose of this procedure is to establish a consistent method of processing, resolving, and reporting DDS (Department of Developmental Services) problem budgets.

Procedure

A. Making Contact with the Case Manager regarding the problem budget

1. Program Assistant(s) reviews budget for accuracy inclusive of all line items, billing rates, and hours of service, and providers. If there are issues with the budget (line items do not match throughout the document, amounts of funds are not available for movement, budget periods do not match the database), the following process is completed in hopes of obtaining a resolution:
 2. An email is sent to the case manager containing the following:
 - Client first name, last initial, and DDS number in the subject line of the email.
 - The problem is described in the email with as much detail as possible so that the case manager understands the issue at hand.
 - The email is cc'd to the Intake Supervisor in the event that the Program Assistant is not available if the case manager or resource manager calls with questions.
 3. A copy of the email is attached to the budget.
 4. Notes are entered into the Database under the customer service comments area as documentation.

B. Logging the Problem budget into the tracking report

1. The issue is then logged into the current month's DDS Monthly Issues Report folder which can be found using the following path:
 - L: ABI\Userhome\Shared\Intake Services\DDS Monthly Issues Report\Monthly\Appropriate Month

- Selecting the appropriate region. Use the standard email protected pass code to open the document. The issue is logged in under the "Open" area of the report using the following information:
 - Client Full Name
 - Case Manager Full Name
 - Allied Representative Name handling the issue
 - The issue at hand
 - The Contact made with the case manager in an attempt to resolve the issue

- The report is then saved for future use.

C. Documenting a Resolved Problem in the monthly report

1. When the corrected budget information has been received and reviewed that it is accurate and resolves the issue that was present, the open issue must be moved to the resolved area of the report.
2. Find the report exploring for the following:

L: ABI/Userhome/Shared/Intake Services/DDS Monthly Issues
Report/Monthly/Appropriate Month
3. Selecting the appropriate region. Use the standard email protected pass code to open the document.
4. After the last area of correspondence under the contact made portion of the report for your issue, add the line **RESOLUTION:** and enter the information that you have received and the process that the paperwork is now following. *For example: Resolution: 3/15/09 received corrected paperwork and passed to accounting for further review.*
5. Next, highlight the entire entry and right click to select the Copy function.
6. Scroll through the document and Paste the information under the Resolved area of the report.

D. Sending the Information to the Regional Business Office Contacts

1. At the end of each month, each region's information regarding outstanding budget issues and resolved budget issues is sent to the Regional Business Office Contacts.
2. Using the Outlook email program, an email is composed to each of the Regional contacts separately. The body of the email should contain the following information:
 - a. Attached please find the most recent Budgets with Issues Report Information. If you should have any questions, please contact me at the contact information contained in this email message. The email should also contain a closing salutation.
 - b. Attach the file that you compiled by Region to the email and send the information.

E. Including the Information on the Monthly DDS Internal Reporting Document

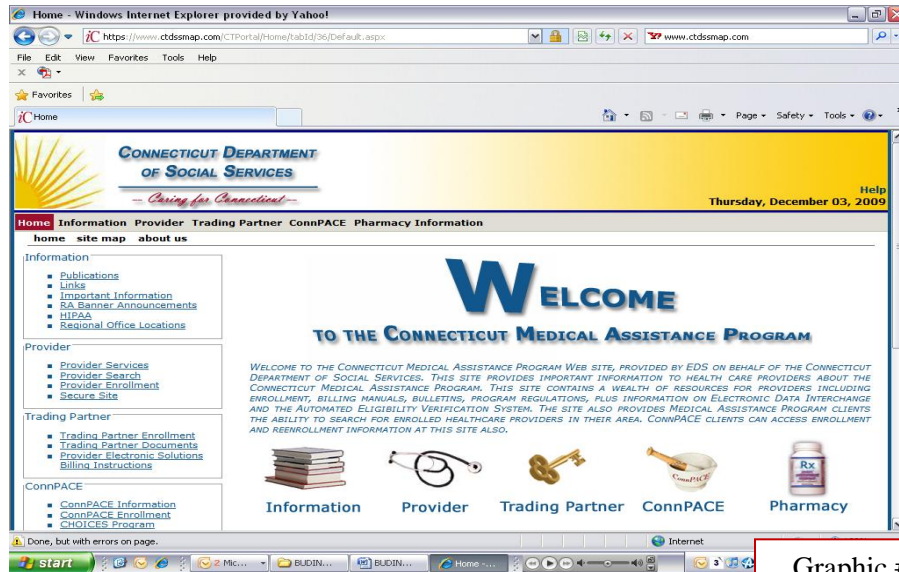
1. At the end of the month, each region's information regarding outstanding issues and resolved issues needs to be included on the Internal Reporting Document.
2. From your desktop, explore to find the following file:
3. L: Userhome/Services&Training/Reports/Reports-All Programs-New Format.
4. Click on the DDS tab and find the area that deals with the Budgets with issues information.
5. Enter the information into the report for the period on which you are reporting.
6. The report will automatically calculate the monthly and quarterly totals.

Sample Procedure Referenced in Section 3.2.44.

PROCEDURE: BUD/INT-ABI-009 Confirming Eligibility

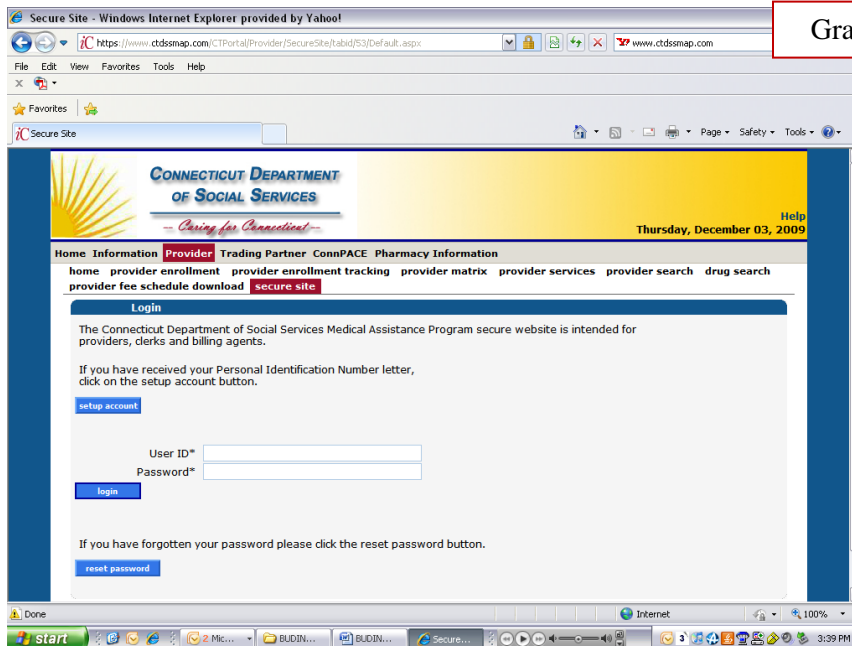
Eligibility must be confirmed using the State of Connecticut Eligibility Site www.ctdssmap.com (see Graphic # 2).

1. Select “Home”, then “Secure Site”



Graphic # 2

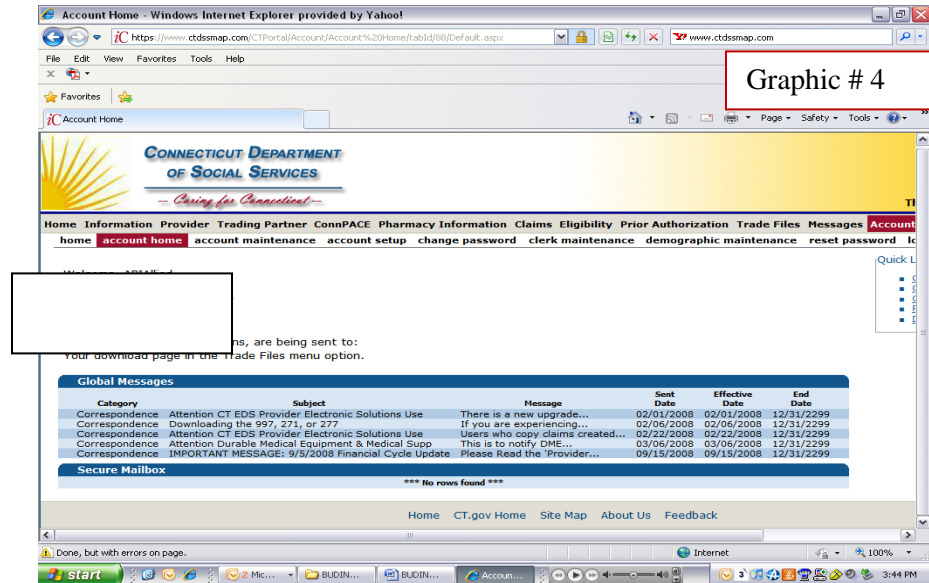
2. When prompted for the User ID, enter “ABIALLIED” (see Graphic # 3). The password changes monthly and is obtained from the DSS AP Processing Supervisor. Enter the password and click on “Login:”.



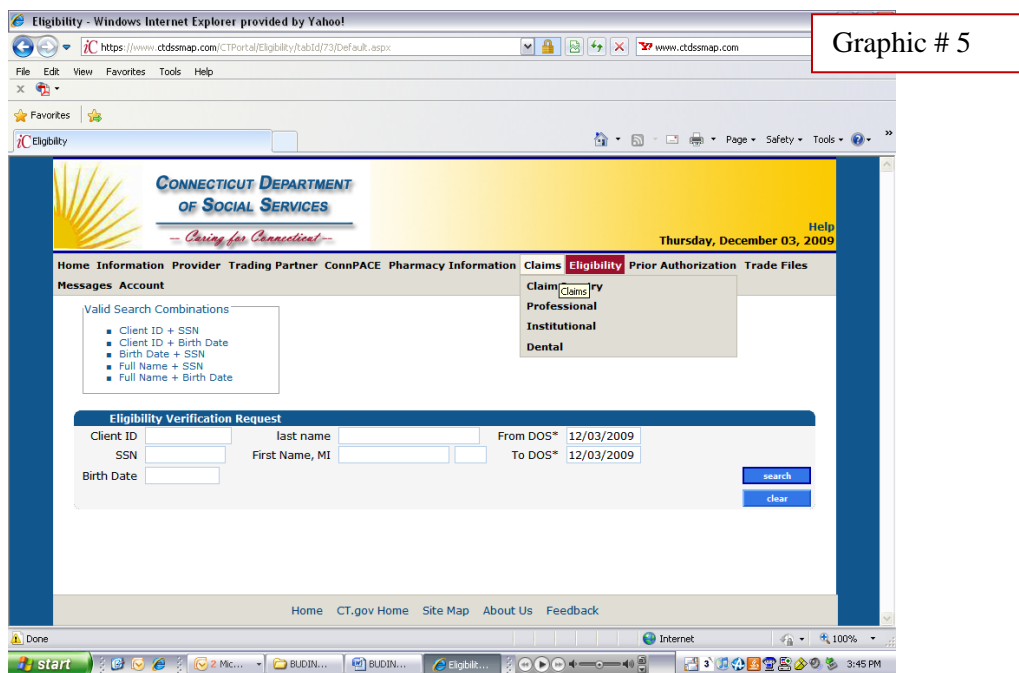
Graphic # 3

Allied Community Resources, Inc. Proposal Response
West Virginia MED10001 - Fiscal Employer/Resource Consulting

3. Next, select “eligibility” (see Graphic # 4).



4. In the “Client ID” field, enter the Consumer’s Medicaid number, in the “SSN” field, enter the Consumer’s Social Security Number, in the “From DOS” and “to DOS” fields enter the current day’s date or the start date requested, whichever is earlier (see Graphic # 5).



5. When the confirmation page is displayed, print the page and place in the Consumer’s file.

Attachment Eight
Resumes and Job Descriptions

RESUME

Carol Bohnet - Executive Director, ACR

EDUCATION

M.B.A. Business Administration Majors in both Human Resources Management and Employee Relations, Rivier College, Nashua, NH; 1987

B.S. Human Services, Summa cum Laude, Fitchburg State College, Fitchburg, MA; 1980

PROFESSIONAL EXPERIENCE

Executive Director, Allied Community Resources, Inc., East Windsor, CT

Vice President, Allied Community Services, Inc., January 2000 – Present

- Oversee Quality Assurance, Program Design and Business Development.
- Strategic planning and organizational development.
- Oversee all operations including fiscal intermediary services for Alabama Cash and Counseling Program and several CT Medicaid Waiver Programs statewide.
- Member of C-PASS/Real Choice committee for Connecticut system change grant activities. Participated with grantee agency, stakeholders, State agency personnel and Independent Living Skills Center representatives in workforce development strategies and the development of household employer training system based on participant peer training teams and Web-based recruiting system.
- Supervision of department directors, quality assurance and program managers.

Vice President, Programs & Services, September 1997 – December 1999

- Administrative duties over vocational, residential and health services.
- Coordinated national accreditation survey of Allied Group programs achieving uninterrupted certification through three consecutive reviews (three year periods 1994 – 2000) including one three year recertification review with zero corrective actions and zero recommendations for improvement.
- Supervise department directors. Program development, staff development and training and quality assurance.
- Certified with the U.S. Department of Labor Office of Workers Compensation Program to provide Vocational Rehabilitation Services 1996 – 2001.
- Maintain caseload providing vocational rehabilitation services for injured federal workers, including plan development, job placement and vocational counseling.
- Instrumental involvement in major restructuring of organization.
- Developed fiduciary services unit for a Medicaid waiver program including training and accounting staffing, provider registry, program design, policies and practices. Administrative and program quality oversight.

Director of Rehabilitation Services, September 1994 – August 1997

- Coordination for national accreditation survey of programs.
- Achieved Ticket to Work Network certification with the U.S. Social Security Administration during the initial Ticket Program roll-out.
- Assisted CT State personnel with SSA Ticket to Work implementation and coordination planning for partnerships between Ticket to Work Networks and State

Carol Bohnet Resume page 2

Rehabilitation Counselors. Co-presented with State personnel to in-state (CT) Ticket Networks and interested community providers. Co-presented with State personnel at national conference for State rehabilitation agency personnel regarding Ticket partnerships and strategies.

- Directed vocational and rehabilitation programs. Supervised program managers.
- Development of new programs and business related to rehabilitation.
- Certified with the U.S. Department of Labor Office of Workers Compensation Program to provide Vocational Rehabilitation Services 1996 – 2001.
- Provided direct rehabilitation services to injured federal workers.
- Restructured program design, staffing, quality standards, efficiency and procedures. Brought program under budget within one year from an annual deficit of over \$50,000.

Child Protection Team Coordinator, Kidsafe, Rockville, Connecticut, 1990 –1994

Developed and implemented three regional multi-disciplinary, service-coordination teams. Required educating educational, community service providers, law enforcement and judicial personnel regarding the benefits and need for interdisciplinary coordination of service delivery to insure the safety of at-risk children. Secured commitment from all parties to attend monthly case review meetings and work as a multi-disciplinary team between meetings to implement team recommendations for service delivery and oversight. Organized, facilitated and convened monthly team meetings for at-risk children and families in all three service areas. Required facilitating the cooperation of educational, community service providers, law enforcement and judicial personnel as well as other parties involved in individual cases such as lawyers and advocates. Extensive contact with community service providers. Education of state, town and community professionals regarding resource utilization and availability. Statewide chairperson 1992 – 1994 for the Connecticut Child Protection Team Coordinators Group ensuring consistency and best practices for all coordinators and regional teams throughout the entire State of Connecticut.

Rehabilitation Services Coordinator, PLUS Co. Inc., Nashua, NH, 1983 - 1985

Development of staff training manuals, assessment tools and client handbooks. Conducting and documenting vocational assessments and counseling of clients with various physical, emotional and mental disabilities and injuries. Coordinating client services including intake interviews, personnel files. Interfacing with clerical staff, state and federal agencies, school systems, union officials, employers and medical personnel.

Crisis Counselor, Northeastern Family Institute, Danvers, MA, 1980 - 1983

Crisis intervention, intake assessment, individual and group counseling for youth ages 14 to 21 diverted from State psychiatric facility. Interfaced with state and local agencies, school systems, families, private social agencies, and medical professionals.

RESUME

Margaret (Peg) Kenny – Chief Financial Officer, ACS

EDUCATION

Master of Business Administration, Western New England College, 1999
Bachelor of Business Administration – Accounting, St. Norbert College, West DePere, WI, 1971

PROFESSIONAL EXPERIENCE

ALLIED COMMUNITY SERVICES, INC., East Windsor, CT

Chief Financial Officer, 1991 - Present

Oversee fiscal operations of Allied Community Services, Inc. and its three subsidiaries. Responsibilities include financial reporting, contract management, internal controls, cash management, banking relations, risk management, annual operating plan/budget and annual audit. Supervise a staff of five.

ACME AUTO LEASING, Windsor Locks, CT

Accounting Manager, 1990 - 1992

Part-time position involving responsibility for general ledger through financial statements, financial statement analysis and account analysis. Oversee accounting functions including overall responsibility for A/P, A/R, and bank reconciliations.

KING BEARING, Stockton, CA

General Accounting Manager, 1985 - 1986

Reported to Vice-President of Finance of this \$180 million distribution company. Responsibilities including the monthly close, monthly and yearly financial statements, bank reconciliations, general ledger account analysis, expense reports, fixed asset accounting, chart of accounts and financial tables. Supervised two employees and worked closely with outside auditors.

GUNTERT & ZIMMERMAN, Ripon, CA

Controller, 1984 - 1985

Responsible for all accounting through financial statements. Supervised staff of five non-exempt employees handling payroll, A/P, A/R and billing. Involved in cash management, sales, excise and property tax returns and fixed asset accounting. Maintained three complex, multi-company sets of books. Worked closely with outside auditors. Reported to General Manager.

HEUBLEIN, INC, Hartford, CT 1975-79

Senior Financial Analyst - Grocery Products Division

CHRYSLER CORPORATION, Hartford, WI

Budget Analyst – Chrysler Outboard Division, **1972-1975**

RESUME

Donald M. Waddell, JR. – Director of Financial Services

EDUCATION

B.S. in Business Administration - Accounting, Western New England College,
Springfield, MA, 1991

PROFESSIONAL EXPERIENCE

ALLIED COMMUNITY RESOURCES, INC., East Windsor, CT

Director of Financial Services, November 2008 - Present

- Responsible for the overall financial and operational management of five State Medicaid Waiver programs and three State Pilots as a fiscal intermediary.
- Responsible for compliance reports to State, Federal and Corporate.
- Ensure compliance with all federal/state tax and labor regulatory agencies.
- Responsible for development and implementation of procedural guidelines.
- Direct supervision of managers/supervisors and corresponding staff.
- Maintain enrollment with State as a Medicaid Provider.
- Develop, maintain and improve various systems and internal controls.
- Oversight of accounting functions related to financial management services.

Assistant Director of Financial Services, November 2007 – November 2008

- Assist senior management in mid range planning.
- Assist in the assembly of requests for Proposals for new business.
- Develop entry level managers and supervisors as effective team members.
- Work with the Director planning, developing and implementing IT projects.
- Continued oversight of Accounting Manager functions.

Accounting Manager, August 2002 – November 2007

- Responsible for managing staff providing fiscal intermediary services for the DSS Acquired Brain Injury Medicaid Waiver, the PCA Waiver and Elder Pilot Programs and the DDS Waiver and Pilot Programs for the entire state of Connecticut.
- Preparation / analysis of monthly, year-to-date, and annual financial statements including Trial Balance, Income Statement and Balance Sheet.
- Developed and maintain a fully accountable financial system, management information system, in house payroll system and accounting modules to interface with Accounting Department.
- Coordination of daily monthly and quarterly financial functions including Accounts Receivables, Accounts Payable, household employer payroll, and Job Costing.
- Responsible for development and implementation of procedural guidelines for operations to support financial management activity.
- Coordinate all Payroll functions for 1,000 household employers. Functions include Payroll, W2's and all federal and State tax required reporting including quarterly and year to date filings and payments for these employers.
- Oversee all billing functions to assure timely cash receipts.
- Ensure timely access to needed records or information for all external audit functions.

Don Waddell Resume page 2

RIVER VALLEY COUNSELING CENTER, INC., Holyoke, MA

Corporate Accounting Manager, January 1998 – August 2002

- Preparation / analysis of monthly, year-to-date, and annual financial statements necessary for effective management of the agency, including Trial Balance, Statement of Activity and Statement of Financial Position. Maintain computerized accrual accounting system including accounts payable, accounts receivable, payroll, and general ledger.
- Coordination of all financial functions including both Third Party and Contract Accounts Receivables, Accounts Payable, Personnel, and Payroll.
- Maintain and project daily cash flow activity.
- Supervise Human Resources with daily administration of personnel benefits.
- Facilitate execution of external audit functions and other mandated external reviews.
- Supervision of Financial, Personnel and Maintenance staff.
- Continual development of staff to support financial management activity.
- Maintain a continuing program for the review and necessary revision of the Agency's accounting, administrative management reporting techniques to ensure they are as current, effective and reliable as possible.

CAPUANO HOME CARE, Springfield, MA

Consultant, 1999

- Implementation of Account Receivable and billing software.
- Development and implementation of operational policies and controls to ensure highest level of accuracy.
- Hire and develop staff to support financial management activity.
- Implementation of procedure manual to assure all billing and accounts receivable functions were in compliance with Medicare regulations.
- Development of Human Resource Manual to comply with Department of Labor rules and regulations.

VNA/HOSPICE ALLIANCE INC. Northampton, MA

Accountant/Business Office Supervisor, March 1994 -January 1998

- Maintenance of accrual accounting system including accounts payable, payroll and general ledger.
- Preparation of monthly, year to date, and annual financial statements.
- Patient billing, collection functions, account receivable and report systems.
- Assist in preparation of annual budgets, interim and annual cost analysis, third party reimbursement reports, and related projects.
- Responsible for overall supervision of business office staff, including Billing Analyst, Accounts Receivable Coordinator, MIS Coordinator, and other office support staff.
- Coordinate with the agency's independent auditors to ensure their timely access to needed records or information in performing their work.
- Conduct purchasing activities and direct the maintenance of inventory control.
- Coordination of agency's management information systems.

RESUME

Eric Gervais – Accounting Manager

EDUCATION

B.S. in Business Administration - Accounting, Nichols College, Dudley, MA, 1998

PROFESSIONAL EXPERIENCE

ALLIED COMMUNITY RESOURCES, INC., East Windsor, CT

Accounting Manager, October 2007-Present

- Responsible for the management of the State of Connecticut's Fiscal Intermediary Medicaid Waiver Program for the state's Department of Developmental Services
- Responsible for overseeing a staff of 13 people
- Responsible for ensuring payroll is prepared and paid weekly and that invoices are paid within 5 business days for over 3,000 consumers
- Responsible for the preparation of monthly financial statements for the organization's Department of Developmental Services Medicaid Waiver Program, the Personal Care Assistance Medicaid Waiver Program, the Acquired Brain Injury Medicaid Waiver Program, the Elder Care Pilot Program and the Alabama Personal Choices Program
- Responsible for preparing and filing all payroll tax returns to the various government agencies
- Responsible for preparing all year-end tax returns to the various government agencies
- Responsible for preparing all year-end W-2 and 1099 information returns for all providers

CULLITON & FANNING, LLC, Sturbridge, MA

Staff Accountant, May 1995- October 2007

- Responsible for preparing corporate financial statements, Federal corporate and personal tax returns, Massachusetts and Connecticut corporate and personal income tax returns quarterly and yearly payroll tax returns and year-end W-2's and 1099's
- Responsible for accurately entering client's year-end figures into software and preparing work papers prior to tax return preparation
- Responsible for accurately entering client's monthly information into software and preparing bank reconciliations
- Responsible for overseeing office management and employee supervision
- Responsible for conducting research on Federal and State tax issues
- Responsible for the accurate preparation of annual rest home cost reports for the State of Massachusetts
- Various Industries include Construction, Retail, Manufacturing, Rest Homes and Not-for-Profits

UNITED STATES ARMY

Radar Interceptor/Analyst, July 1990- July 1993

Responsible for analyzing and intercepting enemy radar transmissions. Obtained strong leadership skills as a platoon leader. Held a top secret security clearance. Awarded the following awards: Good Conduct Medal, Joint Service Achievement Medal and the Meritorious Achievement Medal. Worked as an analyst with the National Security Agency in Washington, D.C. and as a radar interceptor in Seoul, Korea.

RESUME

James R. Daher – Supervisor, Accounting Department

EDUCATION

B.S. in Business Administration - Accounting, University of Hartford, CT
M.B.A., University of Hartford, CT

PROFESSIONAL EXPERIENCE

ALLIED COMMUNITY RESOURCES, INC., East Windsor, CT

Accounting Department Supervisor, March 2010 - Present

Oversee and/or perform daily, monthly and quarterly accounting functions for Acct Department as assigned including Program Reporting (and quarterly FYE and CYE statistical information, Program contractual requirement reporting)), Accounts receivable for all Medicaid reimbursement claims, applied income and participant cost sharing, Payroll Services payroll for non-program customers, Quarterly and annual employer payroll tax reporting, General ledger accounting and monthly close and General Ledger account reconciliation.

Pfizer, Inc., New London, CT

2007 - 2009

Senior Financial Analyst – Research & Development Informatics

- Managed the annual planning and monthly forecasting process for the Research & Development Informatics project portfolios with annual budgets in excess of \$100 million.
- Published monthly financial reports to the Integrated Process Teams (IPT), which included spend analysis, latest forecasts, risk & opportunity assessment, project status updates and other ad hoc reports. Led monthly project review meetings with IPT Leads and Project Managers to review latest financial and forecasting results.
- Provided on-going training and support on the Worldwide Technology Portfolio System (project management system) and Financial Dashboard System to Project Management teams.

PERNOD RICARD USA, Farmington, CT

2001 - 2007

Division Director, Finance & Analysis - Northeast Division

- Analyzed revenue growth potential by identifying price increase opportunities on an on-going basis. Executed price increases, which generated more than \$5 million annually (post Allied Domecq acquisition).
- Partnered with Sales and Marketing management to save costs on brand-related programs through comprehensive reviews of programming plans and post-program evaluations, which led to a \$1.3 million savings in local spending in FY2006.
- Published monthly business analysis to Sales, Marketing and HQ Finance teams, such as profit results, forecasts, outlooks, and retail store results to identify risks & opportunities. Generated significant volume growth on Jameson (+19%), Glenlivet (+11%), Malibu (+8%), Martell (+6%), and Stoli (+5%) while growth on other core Spirits brands averaged at or near the industry average for distilled spirits of +3%,

James R. Daher Resume page 2

through active participation in monthly business reviews with Divisional V.P., Sales and Marketing management of the division.

- Key project team member on the implementation and rollout of new business systems: Advertising & Promotion Planning, Price Structure, Retail Account Data, and Division Profitability systems.
- Managed the financial operations and management reporting of the Northeast Division with revenues exceeding \$400 million and divisional brand profit of \$240 million per year.
- Managed the annual budget and quarterly forecasting processes; analyzed pricing against key competitive brands and executed pricing actions; analyzed shipments and distributor inventories; managed overall brand spending and operating expenses.
- Executed the realignment of the Northeast Finance Dept. to fully support a new decentralized organizational structure following the Allied Domecq acquisition, which included distributor realignments, pricing management, new planning and forecasting processes, and divisional and regional management reporting support.

Mashantucket Pequot Tribal Nation, Mashantucket, CT

1999 - 2001

Assistant Controller, Shared Services

Heublein, Inc., Hartford, CT

1984 – 1998

Positions held included:

Director, Sales Finance

Manager, Brand Finance - Vodka Portfolio

Controller, Pierre Smirnoff Company (IBC)

Supervisor, General Accounting

Supervisor, Cost Accounting

Senior Accounting Specialist

Goodwin, Loomis & Britton Insurance Agency, Hartford, CT

1982 – 1984

Accounting Analyst

RESUME

Kevin Ward – Director of Program Services

EDUCATION

Masters in Management, Cambridge College, MA; 2009

B.S. in Criminal Justice, and Psychology, American International College, MA 2007

PROFESSIONAL EXPERIENCE

ALLIED COMMUNITY RESOURCES, INC., East Windsor, CT

Director of Program Services, August 2009 - Present

- Responsible for the overall quality assurance and programmatic management of fiscal intermediary for State contracted waiver programs.
- Responsible for program outcome reports to State Liaisons.
- Ensure compliance with all federal, state and contract confidentiality and privacy requirements.
- Responsible for development and implementation of procedural guidelines.
- Direct supervision of managers/supervisors and corresponding staff.
- Responsible for customer service, outreach, training and quality assurance within the fiscal intermediary, working under contracts with the states of Connecticut and Alabama.

H & R Block, Holyoke, MA

Professional Tax Associate, 2008 - 2009

Preparation and filing of tax returns for public clientele at local H&R Block tax agency.

Brightside for Families and Children, West Springfield, MA

Campus Administrator-Night Manager, 2006-2009

- Provide leadership and operational management as a member of the residential treatment team to each of five campus and community based programs, maintaining the clinical integrity of each by ensuring compliance to policies and procedures, staff/client ratios, proper documentation, and staff coverage while operating within budgeted salary.
- Supervision of 12 direct care counselors through bi-weekly written supervision reports and annual performance evaluations; addressing critical performance issues through documented corrective action and disciplinary procedures.
- Responsible for nightly campus safety and security, weekly staff payroll and policy review, and training presentations. Collaboration with Human Resources and Residential Program Director in the hiring processes, and orientation of new staff.

Early Childhood Center, Springfield, MA

Data Entry Consultant, 2005-2006

Data entry consultant for the Even Start Program utilizing Department of Education "SMARTT" system technology.

Kevin Ward Resume page 2

Martin Luther King Community Center, Springfield, MA

Youth Development Coordinator, 2003-2004

- Created, implemented and coordinated day and evening programs for teenage youth at community center, and supervised 5 staff.
- Monthly progress reports to Program Director with updates on program statuses.
- Involved in the hiring, training, and termination processes of counselors and group leaders.

Holyoke Rehabilitation Center, Holyoke, MA

Shift Supervisor /Behavior Technician, 2002-2004

- Maintained safety and security of residents and staff in a 160-bed facility for adult patients suffering from mental illnesses ranging from head trauma to substance and alcohol abuse.
- Supervision of 5-6 behavior technician staff on the overnight shift, including scheduling and nightly reports.

Tri-County Youth Programs, Florence, MA

Shift Manager, 2000-2002

- Supervised staff (2-4 counselors) and 6-8 male youth clients in residential group homes for behaviorally challenged youth.
- Responsible for nightly, weekly, and monthly progress reports meeting with physicians, clinicians and school faculty; and provided safe daily transport of youth to school. Assisted youth with development of interpersonal skills and self-esteem, while preparing them for transition into the community through daily communication, peer grouping, interaction, and mentoring.

Arbor Staffing Agency, West Springfield. MA

Counselor/Shift Manager, 1999-2000

- Started as counselor and advanced to floating Overnight Shift Manager of several site locations of residential group homes for teens, and psychiatric centers for adults, on an "as needed" schedule.
- Duties ranged from behavioral control, and role modeling, to supervision and staffing of counselors, and other behavioral technicians.

ALLIED COMMUNITY RESOURCES, INC.

Six Craftsman Road · East Windsor, CT 06088 · (860) 627-9500 · fax (860) 627-0230

“Creating Opportunities for People”

DRAFT JOB SUMMARY *Condensed for purposes of proposal.*

PROGRAM MANAGER – WEST VIRGINIA

Function

Manages the in-state member services for the West Virginia BMS programs and acts as primary liaison to members and Agency personnel.

Reportability

Executive Director directly and indirectly to the Director of Financial Services and the Director of Program Services.

Duties

1. Acts as liaison and primary contact person to state departments regarding service provision and authorization.
2. Implement and coordinate program functions related to in-state (WV) customer services and resource consulting services.
3. Maintains reporting requirements of BMS, State, Federal and organizational – Allied.
4. Provides orientation information about programs and Allied’s F/EA role.
5. Oversee and provide initial, and as needed, Resource Consultant services especially during program start-up and periods of growth.
 - a) May make initial contact with new members to assess training need.
 - b) Meets with new members to assist in filling out and filing of necessary tax paperwork.
 - c) Assists members with service plan development and budget management.
 - d) Trains new program members on interviewing, hiring, evaluation, and management of household employees.
 - e) Process new member plans and revisions.
 - f) Provide follow-up with members to assure understanding of appropriate employer practices including monthly telephone contact and a minimum of one face-to-face contact every six months.

Program Manager Job Description page 2

6. Oversees and supervises the Resource Consultant(s) and Office and Program Assistant(s) based in West Virginia.
7. Oversees and responsible for the proper, secure processing of worker/employee information and maintenance of employee records.
8. Oversees and responsible for communications and document upload with the Connecticut office.
9. Represents Allied at West Virginia Agency meetings and assists with implementation and ongoing program delivery coordination activities with State personnel.
10. Responsible for reading and becoming familiar with Staff Personnel Handbook and all other related agency Policies and Procedures.

Qualifications

1. Ability to develop and maintain a fully accountable case management system including client demographics, training and documentation and maintenance of systems to within contractual parameters.
3. Training experience and ability to organize, coordinate and implement statewide training services.
4. Experience providing in some capacity, direct services to clients with special needs, disabilities or other challenges.
5. Experience and knowledge of tax related documentation and requirements.
6. Ability to communicate effectively and work productively with members, service providers, community members and State agency personnel.
7. Hold and maintain current West Virginia Notary Public Certification.
8. A bachelor's degree in a related field plus 3 – 5 years related experience preferred.

ALLIED COMMUNITY RESOURCES, INC.

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DRAFT JOB SUMMARY *Condensed for purposes of proposal.*

RESOURCE CONSULTANT

Function

Train program members and/or representatives/family in employer responsibilities and enrollment as household employers. Provide consultative support for budget planning and management of services.

Reportability

West Virginia Program Manager

Duties

1. Assists in data collection and reporting requirements of BMS, State, Federal and organizational – Allied.
2. Makes initial contact with new members to assess training need.
3. Provides orientation information about program and Allied’s F/EA role.
4. Meets with members to assist in filling out and filing of necessary tax paperwork and service plan development.
5. Trains new program members on interviewing, hiring, evaluation, and management of household employees.
6. Does follow-up with members to assure understanding of appropriate employer practices.
7. Provides ongoing consulting to members including monthly telephone contact and a minimum of one face-to-face contact every six months.
8. Processing of new member enrollment packets and the set up of members’ database record.
9. Responsible for reading and becoming familiar with Staff Personnel Handbook and all other related agency Policies and Procedures.

Qualifications

1. Ability to accurately and thoroughly enter and update client data into case management system including client demographics, training and documentation.

Resource Consultant Job Description page 2

2. A bachelor's degree in a related field plus 3 – 5 years related experience preferred.
3. Training experience.
4. Experience and knowledge of tax related documentation and requirements.
5. Ability to communicate effectively and work productively with program clients/members, family members, service providers, community members and outside agencies.
6. Hold, and/or ability to obtain, and maintain current West Virginia Notary Public Certification.

Attachment Nine
Enrollment Packet Sample