

Wyoming Department of Health, Home and Community Based Services

(Community Choices Waiver (CCW), Comprehensive Waiver, and Supports Waiver)

FISCAL/EMPLOYER AGENT (F/EA) EMPLOYEE ENROLLMENT PACKET

**Mail or Fax Enrollment Packets to
Program Fiscal/Employer Agent (F/EA):**



ACES\$ Financial Management Services
202 E. 18th Street
Cheyenne, WY 82001
Fax: 1 (877) 226-8836

To securely email your packet, please send a request to:
secureWY@mycil.org

QUESTIONS? CONTACT US!

Participant Care Hotline: 1 (844) 500-3815

EMAIL: supportWY@mycil.org

(Questions only- please do not email completed packets to this address.)

www.MyCIL.org



Fiscal/Employer Agent (F/EA) Enrollment Process

QUICK TIPS:

- If you are downloading the packet directly from the ACES\$ website, we recommend you complete the Contact Information Form in this packet prior to printing. This page will help fill other forms within the packet automatically and make completing the packet less work for you!
- If you have any questions, please email or call ACES\$ to speak with an Enrollment Specialist!

Participant Care Hotline: 1 (844) 500-3815
Email: supportWY@mycil.org

COMMON TERMS

Below are common terms used in this packet.

Participant – the Participant is the individual authorized to receive services under the Wyoming Department of Health (WYDH) HCBS Waiver Program.

Employer - the Employer is the person who is ultimately responsible for managing the employees and ensuring applicable employment laws are upheld. This includes hiring, firing, scheduling, training, ensuring competency, supervising and approving timesheets.

Employee - the Employee is the individual who provides the Participant with approved services under the Waiver Program.

Fiscal/Employer Agent – the F/EA performs background checks on potential Employee(s), processes payroll and performs required tax functions on behalf of the Employer. Payroll is issued to Employees for timesheets approved by the Employer that are within the Participant's Prior Authorization limits. The F/EA is ACES\$ Financial Management Services. The F/EA is not the Employer of the self-direction employee.

Steps to Enroll with ACES\$, Your Fiscal/Employer Agent (F/EA)



STEP ONE

- **Employer Packet** is completed by the Individual serving as the Employer.
- The Checklist/Instructions found at the beginning of the packet provides a quick reference on how to complete each form.
- If you have any questions, please email or call ACES\$ to speak with an Enrollment Specialist.
- Once your packet is complete, submit to ACES\$ for processing. (See submission instructions on cover of packet.)

STEP TWO

- **Employee Packet** is completed by the Individual(s) serving as the Employee and the Employer.
- The Checklist/Instructions found at the beginning of the packet provides a quick reference on how to complete each form.
- If you have any questions, please email or call ACES\$ to speak with an Enrollment Specialist.
- Once your packet is complete, submit to ACES\$ for processing.

STEP THREE

- Once completed packets are received by ACES\$, we will begin processing them.
- An ACES\$ staff person will contact you if the packet is missing information which prevents processing.
- Employer is provided with background check instructions as part of the enrollment process. Once the packet processing, background checks, Employer and Employee training and certification requirements are complete the Employer will be notified.
- If the Employer would like to check on the status of the Employee enrollment, please email or call ACES\$.

SAVE TIME WITH ACES\$ ONLINE!

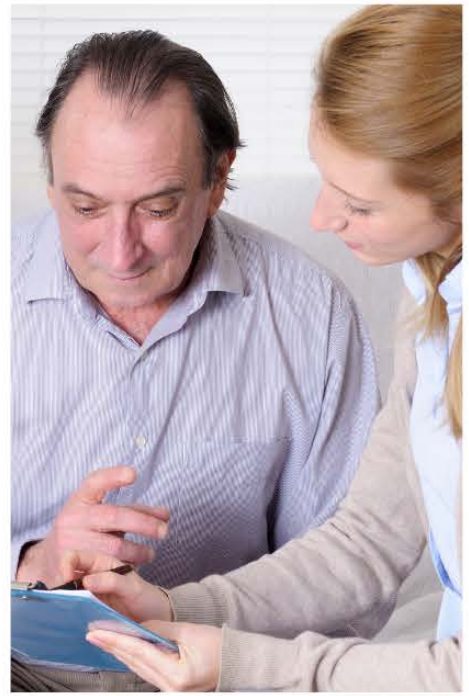
EMPLOYERS use the portal to:

- Approve or reject Employee timesheets
- Monitor and review Employee payroll history
- Monitor budget

EMPLOYEES use the portal to:

- Add and edit shifts worked for Employer review and approval
- Review timesheets, scheduled pay and paystubs
- Review payroll status and history

For instructions, view the *User Guide: ACES\$ Online, How to Register for an Account* found in the Resources section on the ACES\$ Wyoming page on www.mycil.org



Don't Forget!

Before you submit the Employee Packet to ACES\$ for processing, please make a copy for your records, as the Employer.

ACES\$ IS NOT THE EMPLOYER

The Employer is responsible for maintaining all Employer/Employee paperwork. Please make a copy of the Employee Packet before sending it to ACES\$ for processing.



Electronic Visit Verification (EVV) Notice

EVV is used to capture information in order to process Payroll for time worked. EVV will capture time of service, date of service, who is providing the service, who is receiving the service, snap shot of location of service, and type of service being performed.

To get started, the Employee downloads the CareAttend EVV Mobile Application and the Employee and Participant/Employer each need to Register for an ACES\$ Online account.

CareAttend is a free app published by CellTrak. It is compatible with a wide range of Apple and Android devices.

After a "Good to Go" date is issued, further details will be provided to the Employer as needed.

To Get the CareAttend App

Step 1: Open your device's app store

Step 2: Search for *CareAttend*

Step 3: Tap *Get* or *Install* to download the app to your mobile device

To register for ACES\$ Online:

- Go to login.mycil.org
- Select Register for an Account and choose Wyoming for Organization
- Select Account Type
- Complete the information on the registration page
- **For Participant account type please use Participant information and Employer email address. Participant ID will be provided in the Welcome Packet mentioned above.
- Check the attestation box and push Register
- You will receive an email to set your password

Find instructional resources on our ACES\$ Wyoming web page under EVV resources.

If unable to use the mobile application, you can also find information on Interactive Voice Response (IVR) on the EVV resources page.

**If you have any questions or need additional information, please reach out.
We are here and happy to assist!**

**Participant Care: 1 (844) 500-3815
Email: supportWY@mycil.org**



FINDING THE RIGHT FIT JUST GOT EASIER

ACES\$ Wyoming Attendant Directory

The Attendant Directory is a search engine that allows Self-Direction Employers or Case Managers to search for Employees who would like to work with self-directing Participants. The Attendant Directory can be found within the ACES\$ Online Portal.

Where to find and how to use the ACES\$ Wyoming Attendant Directory

Employers: If you are an Employer, once registered for ACES\$ Online and logged in, you can find the Attendant Directory on the left hand side or as a “Tile” on the Dashboard. Click either of these areas to bring you to the search engine. Please note, as an Employer you are not limited to using the Employees listed within this Attendant Directory.

Employees: If you are an Employee for a self-directing Participant and would like to join the Attendant Directory, once issued a hire date and registered for ACES\$ Online, log into ACES\$ Online. You can add yourself to the Directory by clicking “Attendant Directory” in the top right corner of the page and completing the indicated information. Please see the ACES\$ Online Manuals for further instructions as needed and feel free to contact us with any questions.

ACES\$ Wyoming Participant Care: 1-844-500-3815
supportWY@mycil.org



ACES\$ ENROLLMENT PACKET CHECKLIST

Participant:

Employer:

Employee:

Packet Completed by:

Packet Submitted On:

Contact Information Form

- All Participant, Employer, and Employee information

IRS W-4 Withholding Certification Form

- Complete Steps 1-4, EMPLOYEE signs and dates (Step 5)

Wyoming New Hire Reporting Form

- EMPLOYER completes top portion of form
- EMPLOYEE completes bottom portion of form

I-9 Employment Eligibility Verification

- EMPLOYEE completes Section 1, signs and dates
- EMPLOYER completes Section 2, signs and dates **Note: Copy of IDs may be needed

Employer/Employee Agreement

- EMPLOYEE completes all Employee sections of form, signs and dates
- EMPLOYER completes all Employer sections of form, signs and dates

Employee/Employer Relationship Disclosure Form (EERD)

- Complete form and answer each question. EMPLOYEE and EMPLOYER signs and dates.

Employee/Participant Relationship and Residence Disclosure Form (EPRRD)

- Complete form and answer each question. EMPLOYEE and EMPLOYER signs and dates.

Employee EVV Training Attestation

- EMPLOYER signs and dates form
- EMPLOYEE completes all Employee sections of form, signs and dates form

Employee Program Training Attestation (CCW only)

- EMPLOYER completes all Employer sections of form, signs and dates
- EMPLOYEE completes all Employee sections of form, signs and dates

Employee Training Requirements (DD only)

- EMPLOYER completes all Employer sections of form, signs and dates
- EMPLOYEE completes all Employee sections of form, signs and dates and include copy of certifications

Employee Transportation Requirements (DD only)

- EMPLOYER completes all Employer sections of form, signs and dates
- EMPLOYEE completes all Employee sections of form, signs and dates. Include copy of driver's license and insurance, if applicable.

Employee Rate Information Sheet

- EMPLOYEE completes all Employee sections of form, signs and dates
- EMPLOYER completes all Employer sections of form, signs and dates

Direct Deposit Acceptance Form

- EMPLOYEE completes all Employee sections of form, signs and dates
- If selecting direct deposit, include copy of voided check or bank direct deposit set up form

FOR INTERNAL USE ONLY

Received Date:	By Staff:	Via: Email	Fax	Mail	Handed
Reviewed Date:	By Staff:	Complete		Incomplete	

Contact Information Form

Please provide the following contact information for ACES\$ to ensure your enrollment is as efficient as possible.

PARTICIPANT INFORMATION

Participant Name Gender Identification: F M

Participant Home Address

Participant Mailing Address

Participant Phone Number Waiver

EMPLOYER INFORMATION

Employer Name

Employer Full Address Street City State Zip

Employer Phone Number

Employer Email

EMPLOYEE INFORMATION

Employee Name

Gender Identification: F M Birth Date: - - SS #: - -

Home Address

City County State Zip Code

Mailing Address

City County State Zip Code

Phone Number Email Address

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$21,900 if you're head of household				
	• \$14,600 if you're single or married filing separately				

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Employer/Employee Agreement

Employer Name:

Employee Name:

Employee Mailing Address:

Street

City

State

Zip

Employee Phone Number:

Employee Email:

*Are you a relative of the Participant?

Yes

No

*Are you the spouse of the Participant?

Yes

No

*Are you the legal guardian of the Participant?

Yes

No

*Do you have Power of Attorney for the Participant?

Yes

No

•If yes, please indicate:

Full POA

Financial POA

Medical only POA

Custodial/Guardianship POA

Other limited POA:

*Do you serve as the Authorized Representative for the Participant?

Yes

No

*Are you under the age of 18?

Yes

No

*Employee Relationship to Participant:

**Due to changes in the waivers July 1, 2011 because of House Enrolled Act 91, each relative or legal guardian who provides services to a related waiver participant or intends to provide services are required to disclose the relationship and acknowledge and address the safeguards set forth by the Behavioral Health Division – Developmental Disabilities (BHD-DD) and Healthcare Finance Division – Home and Community Based Services. Legally Appointed Guardians of adult participants ages 18+ may not receive reimbursement for providing services.*

PARTIES TO AGREEMENT

This employment agreement is made between:

Employee

Employer

After this referred to as “Employee” and “Employer”.

The purpose of this agreement is to establish the responsibilities of the parties to each other.

Employer/Employee Agreement (Continued)

MUTUAL RESPONSIBILITIES

The parties agree to follow the guidance of the Self-Directed Option under the Wyoming Community Choices, Comprehensive and Supports Waivers.

The Employee and Employer agree to hold harmless, release, and forever discharge the Wyoming Department of Health, the Case Managers, and ACES\$ Financial Management Services from any claims or damages that might arise out of any action or omissions by the Employee or the Employer. The duties and obligations of the Department of Health and payments of any monies are contingent on the Participant's continued eligibility and approval of the Participant's Prior Authorization (PA).

Employee wage rate(s) will be set by the Employer with support from the Case Manager as needed.

EMPLOYEE QUALIFICATIONS

The Employee attests to the Employer that they meet the minimum qualifications for employment outlined below as established by the Wyoming Department of Health, Division of Healthcare Financing, HCBS Unit.

Qualifications are:

1. Employee is 18 years old or older.
2. Employee has the required skills to perform and can demonstrate or has demonstrated to the Employer the capability to carry out the responsibilities required by the Participant.
3. Employee possesses a valid form of identification that authorizes them to work in the United States and a valid Social Security number.
4. Employee must submit to and pass required program background checks, per their Participant's waiver, prior to the initiation of employment activities.
5. Employee must provide documentation confirming completion of current program-required trainings to ACES\$ Financial Management Services as outlined in the ACES\$ enrollment packet. These may include, as specified by the participant's waiver enrollment, CPR, First Aid, Medication Assistance Training (MAT), CCW Program Training, and EVV Training dependent upon the participant's waiver.

Employer initial after reviewing page:

Employee initial after reviewing page:

Employer/Employee Agreement (Continued)

EMPLOYEE RESPONSIBILITIES

As the Employee, I will accept payment for services provided by me to the individual served by the Wyoming Self-Directed Option. Fiscal management services are provided by ACES\$ Financial Management Services which, I understand, is not a Wyoming government agency and is not the Employer. I recognize that my employment is dependent upon the Participant's enrollment in the program. If the Participant is no longer eligible for Self-Direction, or voluntarily dis-enrolls from the program, I may no longer be employed by the Employer listed above.

My acceptance and endorsement of payment signifies that, as the Employee, I agree to the following terms and conditions:

1. The Participant, or their designated Employer of Record is my Employer. My Employer is not ACES\$, the State of Wyoming, or any other entity involved with Self-Direction.
2. Employee must submit to and pass required program background checks, per their Participant's waiver, prior to the initiation of employment activities. ACES\$ will provide background check instructions/forms to the Employer for the Employee to complete.
3. Employee cannot provide services prior to completing all HCBS requirements. Documentation confirming completion of current program-required trainings must be submitted to ACES\$ Financial Management Services as outlined in the ACES\$ enrollment packet and may include, as specified by the Participant's waiver enrollment, CPR, First Aid, Medication Assistance Training (MAT), CCW Program Training, and EVV Training dependent upon the participant's waiver. Note: For Comprehensive and Supports waivers, services cannot be reimbursed for days when there is no certification in place for CPR, First Aid or MAT.
4. Employee will only be paid for services and service amounts that have been pre-authorized by the State for the Plan of Care.
5. Employee will provide personal support services as outlined by the Employer and authorized by the HCBS Waiver program within the participant's plan of care within the Participant-Directed option.
6. Employee may not submit time or be paid for any day or time which overlaps with a Participant's admission to a hospital, nursing home, rehabilitation facility or any other period for which the Participant is not eligible for waiver services.

Employer initial after reviewing page:

Employee initial after reviewing page:

Employer/Employee Agreement (Continued)

7. Employee will maintain the necessary documentation and records, as required by Program Guidance and their Employer. All records Employee may have, or assist in maintaining, will be kept confidential.
8. Employee will report incidents to the Participant's Case Manager, including suspected fraud, abuse, neglect, or exploitation. Critical events involving personal injury, illness, medical emergency should be reported within 24 hours of incident.
9. Employee agrees to submit time worked through Electronic Visit Verification (EVV) in a timely and consistent manner.
10. ACES\$ cannot pay for services at a wage rate that is less than the greater of the Federal or State of Wyoming minimum wage.
11. Employee paychecks will be processed by ACES\$ Financial Management Services, who is the Financial Management Service (FMS) Organization, responsible for processing payroll on behalf of the Employer. ACES\$ is not authorized to pay for any service not approved by the Plan of Care, or any payment request that exceeds the Participant's prior authorized funds.
12. The Employer sets the wage rate not ACES\$. ACES\$ will only reimburse for services at a rate within Program Guidelines that has been approved by the Employer. (ACES\$ Wyoming Employee Rate Information Form)
13. Employee cannot be paid, per Program Guidelines, through the FMS for more than 40 hours in a workweek per Employer of Record. The workweek runs from Sunday through Saturday each week.
14. Any false claims or untruthful submission of documents, in an attempt to obtain improper payment, is reportable as fraud and subject to investigation. Fraud is a felony and can lead to substantial penalties and/or imprisonment.
15. Employee will maintain the security and confidentiality of protected data of the Participant and all others, including "protected health information", under the Health Insurance Portability and Accountability Act (HIPAA).
16. Employee information maintained by ACES\$, relative to employment with the Employer, is subject to disclosure to the Employer.
17. Employee attests that they have not been decertified as a traditional provider (through a sanction or other corrective action by the Agency) and if it is discovered that the Employee was a decertified provider, they will be terminated from providing Self-Direction care.

Employer initial after reviewing page:

Employee initial after reviewing page:

Employer/Employee Agreement (Continued)

EMPLOYER RESPONSIBILITIES

1. Employer agrees to orient, train, and direct the Employee in providing the services that are described and authorized for Participant.
2. Employer agrees to establish a mutually agreeable schedule for the Employee's services either orally or in writing.
3. Employer understands that services must be within the authorized Plan of Care for the Participant and that services performed in excess of what is authorized will not be covered by ACES\$.
4. Employer agrees to provide adequate notice of changes as able in the Employee's schedule in the event of unforeseen circumstances or emergencies.
5. In consideration of the time worked, Employer agrees to authorize completed Employee EVV shifts and payment of Employee's net wages on a regular and timely basis according to a predetermined payroll schedule. (Net wages will include gross earnings calculated according to Employee's pay rate minus payroll deductions for federal income taxes, Employee's share of FICA, and other deductions, as appropriate.)
6. Employer authorizes ACES\$ to provide the Employee with an accounting of payments and deductions made from gross earnings.
7. Employer authorizes ACES\$ to pay all deductions on behalf of Employee.

By signing below, I confirm that I have read this agreement in its entirety. I understand I must sign and return this form as a condition of employment in this program, and that I cannot begin providing services until this form, along with all enrollment documentation and requirements, is completed and returned to ACES\$. I confirm by signing below that I understand what is being required of me, and I agree to abide by the terms and conditions set forth within this document. I understand and agree that violation of any of the terms or conditions of this agreement may result in termination. I understand that this agreement may be terminated by any party to this agreement, at any time, without advance notice or cause.

Employer Signature:

Date:

Employee Signature:

Date:

Employee/Employer Relationship Disclosure Form (EERD)

Employee Name <i>First Name, Last Name (Print)</i>		Employee SSN <i>(Print)</i>	
Employer of Record (EOR) Name <i>First Name, Last Name (Print)</i>			
Participant Name <i>First Name, Last Name (Print)</i>			

BACKGROUND

Employees providing domestic services such as personal care may be exempt from some payroll taxes. This is based on the Employee's age and relationship to the Employer of Record (EOR). ACES\$ will apply any exemptions based on the relationships identified below. **Incorrectly filling out this form may result in inaccurate tax withholdings.** Employees that live under the same roof as the Medicaid Participant may be exempt from overtime regulations.

RELATIONSHIP DETERMINATION

Employee Instructions: Please answer the questions below.

1. Are you related by blood, marriage or adoption to the Employer?	Yes	No
2. Are you the Child of the Employer and are you <u>less</u> than 21 years of age?	Yes	No
3. Are you the Child of the Employer and are you 21 years of age or older?	Yes	No
4. Are you the spouse of the Employer?	Yes	No
5. Are you the parent of the Employer?	Yes	No
<i>If YES to question 5, please check any of the following that apply.</i>		
Yes, I also provide care for my grandchild or step-grandchild in my child's home.		
Yes, my grandchild or step-grandchild is under age 18, or has a physical or mental condition that requires personal care of an adult for at least four continuous weeks during the calendar quarter in which services are performed.		
Yes, my child (son or daughter) is widowed or divorced and not remarried, or living with a spouse who has a mental or physical condition which prohibits the spouse from caring for my grandchild for at least four continuous weeks during the calendar quarter in which services are performed.		
6. Is the Employer your aunt, uncle, sibling, grandparent, grandchild, or other relative not specifically listed above?	Yes	No
7. Are you under the age of 18 or do you turn 18 this calendar year?	Yes, I am under 18 or am turning 18 this calendar year. No, I am over 18.	
<i>If YES to question 7, answer the following question. If you answered NO, skip this section.</i>		
8. Is the job of performing household services (respite or nursing) your principal occupation? <i>Please Note: Do not answer "Yes" if you are a student.</i>	Yes, performing household services is my principal occupation. No, performing household services is not my principal occupation, or I am a student.	

Important Notes:

- If the Employee and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived.
- If the Employee's earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.
- Exemptions are based on the relationship between the Employee and Employer. The Participant may or may not be the Employer.

RELATIONSHIP/RESIDENCE ACKNOWLEDGMENT

We attest the relationships defined above are accurate. This may show that the Employee and Employer are exempt from some taxes. If these relationships change, the Employee **must** notify ACES\$ within 5 days. If ACES\$ is not notified of changes, the Employee may have to pay back money that should have been withheld from pay. By signing below, I acknowledge that the person listed above in the box entitled 'Employer Name' is/will be my common law employer. I acknowledge and understand that I am not employed by ACES\$.

Employee Signature:

Date:

Employer Signature:

Date:

Employee/Participant Relationship and Residence Disclosure (EPRRD)

EMPLOYEE/PARTICIPANT RELATIONSHIP DISCLOSURE

Employee Name <i>First Name, Last Name (Print)</i>		Employee SSN <i>(Print)</i>	
Employer of Record (EOR) Name <i>First Name, Last Name (Print)</i>			
Participant Name <i>First Name, Last Name (Print)</i>			
Employee Relationship to Participant			

RESIDENCE AND OVERTIME DISCLOSURE

Employee Instructions: Please answer the questions below.

1. Do you live in the same household as the Participant <u>and</u> are you using the Live-in Exemption?	Yes	No
2. Do you primarily provide companionship services and use the companionship exemption?	Yes	No
3. Do you live full-time in the same household as the Participant <i>and</i> have no other residence where you live, even if only part time? <i>Please Note: An employee may be exempt from select IRS regulations if certain conditions are met.</i>	Yes	No

RELATIONSHIP/RESIDENCE/OVERTIME ACKNOWLEDGMENT

I attest the relationship, residence, and overtime disclosures defined above are accurate. This may show that the Employee and Employer are exempt from some taxes and some Department of Labor regulations.

If these relationships change, the Employee must notify ACES\$ within 5 days of the change. If ACES\$ is not notified of changes, the Employee may have to pay back money that should have been withheld from pay.

Employee Signature:

Date:

Employer Signature:

Date:

Explanation of Employee Exemptions

EXPLANATION OF EMPLOYEE EXEMPTIONS

Please reference the chart below as needed.

Relationship to EIN Holder (Employer)	FICA	FUTA	SUTA
*Spouse	Exempt	Exempt	Exempt
Parent	Exempt (a)	Exempt	Exempt
Child age 21 and over	Subject to Tax	Subject to Tax	Subject to Tax
Child age Under 21	Exempt	Exempt	Exempt
Sibling, Grandparent, Grandchild	Subject to Tax	Subject to Tax	Subject to Tax
No Relationship	Subject to Tax	Subject to Tax	Subject to Tax

****If the EOR is also the Medicaid Participant, their spouse is not permitted to be their employee by program rule. Otherwise exempt.***

(a) FICA Exempt unless if caring for the employer's dependent child (employee's grandchild) and certain other conditions are met. Contact ACES\$ for additional information.

Employee EVV Training Attestation

All Employees are required, per program guidance, to complete EVV Training.

EVV TRAINING INFORMATION

EVV Training can be completed by completing one of the following:

- Attending one of the monthly EVV Webinars hosted by ACES\$
- Watching the recorded EVV Training on the ACES\$ website
- Reviewing the EVV User Guides and Videos on the ACES\$ website

REGISTER FOR EVV TRAINING

EVV Webinar: Hosted the first Tuesday of every month from 1:00 p.m. – 2:00 p.m. MST

*** Unless this date is a recognized Federal or State holiday – please inquire if unsure*

Register for a Webinar here: <https://www.research.net/r/WYEVVTraining> or scan

QR code:



EVV TRAINING RESOURCES

ACES\$ Website: <https://www.mycil.org/resources/wy-evv/>

Please indicate below how and when you completed EVV Training:

Attended Webinar

Watched Recorded Training

Reviewed EVV Materials

Date EVV Training Completed:

Employee Signature:

Date:

Employer Signature:

Date:

Wyoming Department of Health
HCBS Waiver Programs**Employee Program Training Attestation**

All Employees who provide services to a Participant on the Community Choice Waiver (CCW) through Participant-Direction are required, per Program Guidance, to complete the Program-provided Training.

PROGRAM TRAINING INFORMATION

There are four modules included in the Program Training, three of which are required during enrollment and as a renewal every two years.

Ageism, Disability, and Cultural Awareness – OPTIONAL

Identifying and Reports Abuse, Neglect, and Exploitation – Enrollment / 2-Year Renewal

Roles and Responsibilities in Participant Direction – Enrollment / 2-Year Renewal

Infection Control, Health, and Safety – Enrollment / 2-Year Renewal

Program Training modules can be found at the website below:

<https://health.wyo.gov/healthcarefin/hcbs/hcbs-training/>

Once on the website, scroll down to Participant-Directed Trainings and click the plus sign (+). You will see **Employees** and find the training modules there.

After you have finished the required Program Training modules indicated above, please be sure to follow the instructions and complete the *Participant-Directed Employee Evidence of Training Form*. Mentioned form, and its instructions, are found at the link above. There is no need to provide the Participant-Directed Employee Evidence of Training Form to ACES\$.

Please complete the below information when you have completed the required training.

Employee Name: _____ (Print) **Participant ID:** _____

Employer Name: _____ (Print)

Training completed for (check one): Enrollment 2 Year Renewal

(initials) Ageism, Disability, and Cultural Awareness – OPTIONAL

(initials) Identifying and Reports Abuse, Neglect, and Exploitation – Required

(initials) Roles and Responsibilities in Participant Direction – Required

(initials) Infection Control, Health, and Safety – Required

Date Program Training Completed: _____

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

**** Please Note:** 2-Year Renewal Attestations must be sent to supportwy@mycil.org as a completed Attestation is required for proof of training completion**

Wyoming Department of Health, Home and Community Based Services

Employee Training Requirements

All Employees who provide services to a Participant on the Comprehensive or Supports Waivers through Participant-Direction are required, per the waiver, to submit proof of appropriate CPR and First Aid training. These trainings must follow a nationally recognized curriculum and include a live (not virtual) hands-on skills test. Please refer to the waiver for further details.

If you will be assisting the Participant with medication, per the waiver, you must have Medication Assistance Training.

Some Participants require their Employees to have additional certifications, those do not need to be included on this form.

Please be sure to include a copy of trainings with your packet when sending to ACES\$.

I, _____ (Employer),

certify that I require my Employee to obtain the following certifications and/or trainings (check all that apply):

CPR Training *

First Aid Training*

Medication Assistance Training

Employer Signature:

Date:

(First Name)

(Last Name)

I, _____ (Employee), agree that I will obtain the training(s) checked above, and submit proof of appropriate training to ACES\$ Financial Management Services (ACES\$).

I understand that I will be required to submit proof of appropriate certification to ACES\$ before I begin working.

Employee Signature:

Date:

Wyoming Department of Health, Home and Community Based Services

Employee Transportation Requirements

All Employees are required to submit a copy of their current valid Driver's License and current Automobile Insurance if they are assisting the Participant with transportation.

I, _____ (Employer),
certify that I require my employee to provide transportation.

Yes

No*

Employer Signature:

Date:

****If no, rest of form may be left blank.***

(First Name)

(Last Name)

I, _____ (Employee), agree that I will provide transportation as the Participant requires. I understand to do so I must have and maintain a valid driver's license and automobile insurance throughout my employment. I am required to submit proof of my current valid driver's license and current auto insurance to ACES\$ Financial Management Services (ACES\$).

I understand that I will be required to submit the above documentation to ACES\$ before I begin working.

Employee Signature:

Date:

Employee Wage Information

Participant Name:

Employer Name:

Employee Name:

Employee Social Security Number:

-

-

Is this a revised wage?

Yes

No

If Yes, Effective Date: Month

1st Year

Employer: Indicate what services your Employee will provide and list a wage for each. If you are adding services, be sure to include below all existing services as well. Utilize the Cost to You Sheet to calculate the Employer cost and impact a selected wage would have on your budget.

Note: Pay Wage Revisions must be received in office 5 business days prior to the 1st of the month to be effective on the 1st of the month. Any revisions received later than 5 business days prior to the 1st of the month will not be effective until the 1st of the following month. Revisions can be emailed to supportWY@mycil.org or faxed to 1-877-226-8836.

COMMUNITY CHOICES WAIVER (If you are on the CCW Waiver, please fill out the information below.)

Will Employee Provide Service?		Service Name	Minimum Wage	Median Wage	Wage	(Unit)
Yes	No					Per
		Employee	\$7.25	\$13.69	\$	Hour

COMPREHENSIVE and SUPPORTS WAIVERS

(If you are on the Comprehensive or Supports Wavier, please fill out the information below.)

Will Employee Provide Service?		Service Name	Wage (Minimum Wage allowable \$7.25/hour)	(Unit)
Yes	No			Per
		Children's Habilitation 0-12	\$	Hour
		Children's Habilitation 13-17	\$	Hour
		Homemaker	\$	Hour
		Companion Services: Group	\$	Hour
		Companion Services: Individual	\$	Hour
		Personal Care	\$	Hour
		Individual Habilitation Training	\$	Hour
		Respite Group	\$	Hour
		Respite Individual	\$	Hour
		Supported Employment: Individual	\$	Hour
		Supported Employment: Follow Along	\$	Hour
		Community Living- Levels 3-6 (Comprehensive Waiver Only)	\$	Hour
		Community Living: Group of 2	\$	Hour
		Community Living: Group of 3	\$	Hour
		Community Living: Individual	\$	Hour

Employer Name:

Signature - Employer:

Date:

(First Name) (Last Name)

Employee Name:

Signature - Employee:

Date:

Direct Deposit Acceptance Form

Contact Information				
Name: (First)	(Middle Initial)	(Last)	Date of Birth: Month / Day / Year	
Mailing Address:		City:	State:	Zip Code:
Phone Number:		Employee ID or Social Security Number:		
Participant Name:		Participant Number:		
Payment Options				
Direct Deposit into Checking – Attach voided check for processing				
Direct Deposit into Savings – Attach bank letter, must be typed from bank				
rapid! PayCard - Mailing address required in contact information above				
Did you know? Selecting direct deposit or rapid! PayCard are faster ways to get paid! Paper checks are subject to mail delivery time lines.		NOTE: You will receive a paper check if this form is not completed and submitted.		

I authorize ACES\$ to deposit funds from my pay directly into the bank account shown above, or, I hereby authorize ACES\$ to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account.

The direct deposit(s) will be made on each payday, with my banking institution, unless I notify ACES\$ in writing of my intent to cancel. Upon ACES\$'s receipt of a request to cancel a direct deposit authorization, it shall become effective on the pay date after the next full pay period following the date of receipt by ACES\$.

In the event funds are deposited erroneously into my account, I authorize ACES\$ to debit my account(s), not to exceed the original amount of the credit.

NOTE: FOR ALL NEW REQUESTS OR ACCOUNT CHANGES, YOU WILL RECEIVE A PAPER CHECK FOR THE FIRST PAY PERIOD. Requests for new or changes to direct deposits must be received by ACES\$ prior to the start of the pay period to be effective for the next pay date. I understand that ACES\$ reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH, as well as my financial institution.

I understand that direct deposit is dependent on timely and accurate submission of time worked. Missing the pay period deadline may result in the issuance of a paper check rather than direct deposit. (See payroll schedule)

**For Direct Deposit to a bank account please attach a voided check or Direct Deposit Set Up Form from bank.
Starter Checks not accepted.
Check must have current name and address on it.**

ATTACH VOIDED CHECK WITHIN THIS BOX

Submission Instructions:

Mail:

ACES\$ Financial Management Services
202 E. 18th Street
Cheyenne, WY 82001
Fax: 1 (877) 226-8836
Email: supportWY@mycil.org

Your Name		1044
Current Address		
		20
PAY TO THE ORDER OF		\$ XXX.XX
		DOLLARS
Anywhere Bank		
U.S.A		
MEMO		
Routing Number	Account Number	Check Number

Signature

Date

Employee PayCard Fee Schedule

POS Purchases

Domestic Signature Debit Purchase	FREE
Domestic PIN Debit Purchase	FREE
Domestic POS Decline	\$0.50
International Debit Purchase	\$1.00

Cash Access

Domestic ATM Cash Withdrawals – Allpoint	\$1.50	1
Domestic ATM Cash Withdrawals – (Out of Network)	\$1.50	
International ATM Cash Withdrawals	\$3.50	
Domestic ATM Balance Inquiry or Decline	\$0.75	
International ATM Balance Inquiry or Decline	\$1.00	
Domestic POS Purchase with Cash Back	FREE	
Money Order at US Postal Service	FREE	2
Over-the-Counter Bank Cash Advance/Withdrawal	FREE	

Other Financial Transactions

Interest Bearing Savings	FREE	
Card to Card Transfer	\$1.00	
ACH Transfer to Bank Account	\$1.50	1
ChekToday Convenience Check w/ Free Check Cashing	\$3.00	1,5
Request A Check	\$2.99	1
Bill Payment	\$0.99	

Information and Service

Web or IVR Account Access	FREE	
CSR Account Access (per minute)	FREE	
Text Alerts (unlimited messages)	FREE	
CSR Problem Resolution & Service	FREE	
Printed & Mailed Statement	FREE	4
Wage Statement Access – Web, IVR, Fax-back	FREE	

New Cards

Replacement Card - Employer Issued	\$5.00
Replacement Card – CSR Mailed to Home - Standard	\$10.00
Upgrade Card – Voluntary Upgrade (1 st upgrade)	FREE
Companion Card	FREE

Other Fees

Overdraft/Negative Balance – Per Incident	FREE	
Monthly Maintenance	FREE	3

¹ Cardholder shall receive the first transaction each pay period of those listed with a (1) for free, otherwise the cardholder is charged the listed fee.

² This is in addition to the USPS fees which range from \$1.05 - \$1.50 per money order. When a money order is employee's first transaction for a pay period for the full amount of their pay, rapid! refunds the amount of the USPS charge to the employee's card account.

³ Monthly maintenance fee of \$4.95 is assessed after 6 months with no balance changing transactions.

⁴ Upon request, employee may receive 1 free statement mailed to their home/month. Additional printed/mailed statements are subject to a fee of \$1.50. Statements are available free of charge on the cardholder website.

⁵ Cardholder may request additional checks at no charge.