Vendor Welcome Packet

Welcome to the Consumer Choices Option (CCO) program. Veridian Fiscal Solutions (VFS) is a Financial Management Organization that coordinates some of the payment and tax responsibilities for the CCO member and the vendors they choose to hire. The documents included in this packet contain information about the program and the paperwork you must complete. All vendors must complete a background screening prior to receiving payment using program funds.

Our Communication Promise

We are committed to responding to your questions within 48 hours. Our business hours are Monday through Friday, 8am-5pm with the exception of holidays.

✓ **Phone:** (866) 226-4692

✓ Email: ccoiowa@veridiancu.org.

Our Contact Information

All paperwork and reimbursement forms can be sent by email to Veridian Fiscal Solutions at ccoiowa@veridiancu.org. If email is not an option for you, please submit your documents in one of the following ways:

✓ **Fax** – (319) 236-6785

✓ **Mailing address** − Veridian Fiscal Solutions

P.O. Box 4502 Waterloo, IA 50704

Required Forms

Please make sure you submit the following completed forms.

When completing the forms please remember the following to avoid processing delays.

- ✓ We cannot accept an electronic signature
- ✓ Do not start providing services without approval
- ✓ Make sure all highlighted areas are complete
- ✓ Only use black ink or type on the form
- ✓ Do not use pencil or gel pen

DHS Background Check
Authorization and Disclosure
Form W-9

Non-Payroll Reimbursements

A non-payroll reimbursement form is used to pay vendors. This service must be included in the CCO member's service plan and listed as an approved service on the budget. All payment requests must include a detailed invoice or receipt.

Payments

Vendors have the choice to be paid through electronic funds transfer (EFT) or by a paper check. We highly encourage EFT so funds are available to you on the payment date. If you prefer a paper check it will be mailed on the payment date. VFS will not be liable for delays caused by the US Postal Service.

2024 Payment schedule

All time worked and vendor invoices must be submitted no later than the 5th and the 20th of each month. This is to be processed with the 15th and end of the month payroll, respectively. Paper checks will be mailed on the pay date. Direct deposits will be posted to the recipient's account on the pay date. If the 15th or last date of the month falls on a weekend on a federal holiday, payroll will be issued on the prior business day. Veridian is not responsible for U.S. Postal Service delays.

Be sure to submit all payment requests within 30 days from the last day of service. After 30 days, Veridian may no longer have access to the funding for payment.

Overtime:

Under the Fair Labor Standards Act, if an employee works more than 40 hours in the work week (Sunday through Saturday), hours in excess of 40 are considered overtime. Overtime hours are required to be paid at the rate of time and a half the employee's normal rate of pay. For more information on overtime, please visit the Forms and Resources page on our website.

https://www.veridianfiscalsolutions.org/cco/forms.aspx

Time Period	Due to Veridian	Payment Date			
January 1-15	01/20/2024	01/31/2024			
January 16-31	02/05/2024	02/15/2024			
February 1-15	02/20/2024	02/29/2024			
February 16-28	03/05/2024	03/15/2024			
March 1-15	03/20/2024	03/29/2024			
March 16-31	04/05/2024	04/15/2024			
April 1-15	04/20/2024	04/30/2024			
April 16-30	05/05/2024	05/15/2024			
May 1-15	05/20/2024	05/31/2024			
May 16-31	06/05/2024	06/14/2024			
June 1-15	06/20/2024	06/28/2024			
June 16-30	07/05/2024	07/15/2024			
July 1-15	07/20/2024	07/31/2024			
July 16-31	08/05/2024	08/15/2024			
August 1-15	08/20/2024	08/30/2024			
August 16-31	09/05/2024	09/13/2024			
September 1-15	09/20/2024	09/30/2024			
September 16-30	10/05/2024	10/15/2024			
October 1-15	10/20/2024	10/31/2024			
October 16-31	11/05/2024	11/15/2024			
November 1-15	11/20/2024	11/29/2024			
November 16-30	12/05/2024	12/13/2024			
December 1-15	12/20/2024	12/31/2024			
December 16-31	01/05/2025	01/15/2025			





Iowa Department of Human Services

Request and Acknowledgement to Conduct Registry and Record Check

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and/or DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information and hereby request the Department conduct such a Registry and/or Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

provide Department approved services for the Department's clients.								
Sexual Offender Registry								
I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.								
Signature						Date		
Child Abuse Registry								
I hereby request and give perminermission to the Department to Department's clients or provide	conduct such	n a registry c	heck	at	any time while I have	ve direct contact with the clients.		
Signature						Date		
Dependent Adult Abuse R	egistry							
I hereby request and give permigive permission to the Departme Department's clients or provide	ent to conduct	such a regis	stry c	he	ck at any time while			
Signature						Date		
Criminal History Record								
	epartment to c	conduct such	a re	gis	try check at any tim	iminal History Record check. I e while I have direct contact with the ents or have access to IRS Federal		
Signature Date					Date			
Information Required for F	Registry and	d Record C	hec	k		(Please type or print legibly.)		
Last Name First Name			Middle Name			Maiden Name (if applicable)		
Alias (if applicable)	Alias (if appl	icable)	Alia	as (if applicable)	Alias (if applicable)		
Date of Birth Gender Social Security Number Reason for Check Select Reason From List					Select Reason From List			
Address						City		
State	ZIP			Th	is is an initial check			
For DHS Employees, Volunteers or Contractors only For Child Care Center Employees or Volunteers only								
Position Requestor Name								
Central Office	entral Office Service Ar				Mailing Address			
CSRU/TCM Institution								

Background check information disclosure form

An employee or individual vendor of a Consumer Choices Option (CCO) member must pass a background check before he/she can begin work. Veridian Fiscal Solutions will submit the required forms to complete this check. This information is requested on behalf of the CCO member so Veridian can pay an employee or individual vendor with Medicaid funds. Once Veridian receives the required forms, they will be submitted to run the check. The background check can be run at any time after the forms have been signed.

Information will be taken from the following:

- ✓ The Single Contact Repository which includes:
 - Iowa's Criminal History and Sex Offender Registry (Department of Public Safety, Division of Criminal Investigation)
 - Central Abuse Registry for Child and Dependent Adult Abuse (Department of Human Services)
- ✓ Medicaid Exclusion Checks which may include:
 - Social Security Number verifications, exclusion from federal contracts/subcontracts and non-financial assistance and benefits, exclusion of individuals or entities from participation in Medicare, Medicaid, or Federal Health Care Programs, and other state or federal government exclusion lists as required by regulation.

Veridian may share the information in these reports with the CCO member, his/her Independent Support Broker (ISB), his/her Managed Care Organization and other designated entities.

Veridian may ask the employee or individual vendor to provide additional information if there are findings and will ask for a response by a deadline. If Veridian does not receive the additional information by the date requested, the application to work with the CCO member will be denied.

If there is a finding in the report that would prevent the employee or individual vendor from working with the CCO member, Veridian will send the employee or individual vendor a copy of the report and contact information for the reporting agency. An employee or individual vendor should not start working with the CCO member until he/she has been informed by the CCO member or ISB that he/she has passed the background check.



Background check information disclosure form

Member name:				
Medicaid number:				
I have read and understand the Background By signing below, I authorize Veridian Fisca the background check information and share Independent Support Broker, Managed Care I understand that it is my responsibility to not of a crime or become excluded from payment information contained in the background check Reporting Act (FCRA). I understand that I mand scope of any background check report a any time.	I Solutions and its core the findings with my e Organization and destify my CCO member nt in a Medicaid progreck may be covered unay request additional	ntractors to on CCO membersignated en immediately am. I underst ander the Fat information	obtain per, tities. r if I am convistand that ir Credit about the na	
(Please print)				
Employee/vendor name: First name	Middle name		Last name	
Maiden name/business name or other name	es used			
Street address	City	State	Zip	
	,	,		
Date of birth	Social Se	curity numb	er	
Employee/vendor signature				





Request for Taxpayer Identification Number and Certification

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

Give form to the requester. Do not send to the IRS.

Befor	e yo	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.									
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's na	me on l	line 1, a	ınd en	nter the	e busi	ness/d	isregard	ed
	2	Business name/disregarded entity name, if different from above.									
Print or type. See Specific Instructions on page 3.	3b 5	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes. Individual/sole proprietor	Trust	/estate	Ex Ex Co	certai see ir sempt sempti omplia ode (if (Appli out	payee ion fro ance A any) ies to a tside t	code m For	ot indirection pag (if any) reign A TCA) r	ccount ⁻ eporting	Тах
Par	t I	Taxpayer Identification Number (TIN)									
		r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	securi	ty nui	mber				
backı reside	p w nt a	ithholding. For individuals, this is generally your social security number (SSN). However, f lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ora	or		-		_			
TIN, la	ater.				yer ide	ntific	ation	numb	er		
		be account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and		-						
Par	ill	Certification	l								
1. The 2. I ar Ser no	nu n no vice long	nalties of perjury, I certify that: mber shown on this form is my correct taxpayer identification number (or I am waiting for t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of the subject to backup withholding; and J.S. citizen or other U.S. person (defined below); and	I have n	ot beer	n notifi	ed by	y the	Interr			ım
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	a is corr	ect.							

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

Date

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Electronic Funds Transfer (EFT) Authorization

Vendor information Vendor name: Address: City: _____ State: ____ Zip code: ____ Phone number: Email: **CCO** member information CCO member name: Medicaid number: Financial institution information Financial institution name: Account type: ☐ Checking ☐ Savings Please print account and routing numbers clearly and legibly Account number: Routing number: I hereby authorize Veridian Fiscal Solutions to initiate electronic funds transfers and, if necessary, to direct the financial institution above to initiate debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution. I understand this authorization will override any previous authorization and will remain in effect until the date Veridian Fiscal Solutions has received written or electronic notification from me of its termination in such time and in such manner as to afford Veridian Fiscal Solutions and the financial institution named above a reasonable opportunity to act on it. I understand that I must immediately notify Veridian Fiscal Solutions before I close the account listed above while this authorization is in effect. Signature: Date:

Please attach a voided check or deposit slip. With this, we have all the information we need to make a direct deposit into your account.

A pay stub for each payment will be available online. Simply log into your account and click on "Pay Stubs" under the "My Account" tab. If you need a paper copy of a pay stub, please contact us.

Please return this completed form and attachment to Veridian Fiscal Solutions by:

- 1) Email: ccoiowa@veridiancu.org
- 2) Fax: 319-236-6785
- 3) Mail: P.O. Box 4502 Waterloo, IA 50704





FACTS

WHAT DOES VERIDIAN FISCAL SOLUTIONS DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and employment information
- Checking and savings account information and transaction history
- Account balances and income

How?

All financial companies need to share members' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their members' personal information; the reason Veridian Fiscal Solutions chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Veridian Fiscal Solutions share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes— to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	We don't share
For our affiliates' everyday business purposes—information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes—information about your creditworthiness	NO	We don't share
For our affiliates to market to you	NO	We don't share
For nonaffiliates to market to you	NO	We don't share

Questions?

Call 1-855-828-0755 or go to veridianfiscal solutions.org

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Who we are					
Who is providing this notice?	Veridian Fiscal Solutions				
What we do					
How does Veridian Fiscal Solutions protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.				
How does Veridian Fiscal Solutions	We collect your personal information, for example, when you				
collect my personal information?	 open an account or give us your contact information 				
	 show your government-issued ID or tell us where to send the money 				
	 provide account information 				
	We also collect your personal information from other companies.				
Why can't I limit all sharing?	Federal law gives you the right to limit only				
	 sharing for affiliates' everyday business purposes— information aboutyour creditworthiness 				
	 affiliates from using your information to market to you 				
	 sharing for nonaffiliates to market to you 				
	State laws and individual companies may give you additional rights to limit sharing.				
Definitions					
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.				
	 Our affiliates include financial companies with a common corporate identity, such as Veridian Credit Union and Veridian Insurance. 				
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.				
	 Veridian Fiscal Solutions does not share with nonaffiliates so they can market to you. 				
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.				
	 Veridian Fiscal Solutions doesn't jointly market. 				