Acumen Fiscal Agent
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Employee Wage and Hours Agreement Form

Employer Name _____

Participant/Client Name _____

Employee Name _____

Service Codes and Wage Information

Please indicate the employee's wage per hour for the following service codes:

1. Personal Care Services (PCS): $_____ per hour

2. Respite Care Services: $_____ per hour

Estimated Weekly Hours

As the employer, provide an estimate of the number of hours per week the employee will work for each service:

1. Personal Care Services: _____ hours per week

2. Respite Care Services: _____ per client/household

Total estimated hours per week for both services combined: _____ hours per week

Work Hours Limitations and Conditions

Please read and acknowledge the following conditions regarding work hours for employees:

- Employees who do not reside in the same household as the CAP Medicaid recipient (client) are limited to a combined total of 40 hours per week.
- The 40-hour limit per week is inclusive of all services provided; employees may not work 40 hours in one service and 40 hours in another within the same week.
- Employees who live in the same household as the CAP Medicaid recipient (client) and are considered live-in employees may work over 40 hours per week (if applicable to clinical coverage policy). However, live-in employees are not eligible for overtime wages.

By signing below, both the employer and the employee acknowledge and agree to adhere to the work hours limitations and conditions as stated above.

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____