



California Kern Regional Center Employee Rate Form

In efforts to ensure proper payment, please provide Acumen with the following information so your employee is paid the correct rate for the service(s) provided. Please consult your California Kern Plan of Care, provided by the region, for max rate information. Employee's can only be paid for services that are approved in the Member's Plan of Care.

Rate change forms must be received by Acumen at least two (2) weeks prior to the pay period start date for which they are to take effect. If a two (2) week notice is not provided, the form will not be processed. Retroactive rate changes are not allowed. Please refer to the "Payment Schedule" for pay period start dates.

Employee's Name (please print): _____

Employee's Social Security Number (last 4 digits): _____

Service Code: IHS **Rate:** \$ _____ **Revised**

Effective Month: _____ **Please Circle:** 1st Half or 2nd Half
(1ST DAY) (16TH DAY)

Member's Name (please print): _____

Member or Employer's Signature *Date*

- Please complete this form for each new employee
- **This form must be received by Acumen at least two weeks prior to the pay period start date (1ST or 16th day of the month) for which the rate is to take effect**
- Refer to the "Payment Schedule" to see pay period dates; this form can be located at www.acumenfiscalagent.com
- Retroactive rate changes are not allowed
- Refer to the "Calculation Sheet" to see the actual rate cost change; this form can be located at www.acumenfiscalagent.com
- **If a rate change is not received two (2) weeks prior to the effective date, the rate change will not be processed**

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