



GEORGIA COMP Employee Rate Form

To ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. Please consult the Show Me the Money* form for rate information. **Rate changes 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.**

Employee Name (please print): _____

Employee Social Security Number (last 4 digits): _____

Is the Employee an Approved Family Hire: Yes ☐ No ☐ **If yes, please do not exceed the pay rate maxes established by DBHDD.**

Use the 3-letter code found in the Service Code column of the Georgia NOW.COMP Service Code Descriptions*. **Note when using Community Living Supports:** If you indicate code "CLS" the rate will be applied to CLB, CLE and PAR only. CLB, CLE, and PAR, will be noted at the same pay rate unless otherwise indicated. If you are using the two- or three- person CLS codes, you must specify each rate separately. RD1/RD2 are paid as Daily Rates. Please refer to the Georgia NOW.COMP Service Code Descriptions*.

Service Code: _____ Employee Rate: \$ _____

Service Code: _____ Employee Rate: \$ _____

Service Code: _____ Employee Rate: \$ _____

Effective Date: _____ (*rate changes **cannot** be retroactive)

Participant Name (please print): _____

Participant or Representative Signature

Date

- Please complete this form for each new employee **and** each time you would like to change your employees' pay rate.
- This form **must be received by Acumen two (2) weeks prior to the pay period start date for which the rate is to take effect. If two-week notice is not provided, the form will not be processed.** Refer to the Pay Schedule* to see pay period dates.
- Be advised, most employers are required to pay their employees overtime (time and a half) for any hours worked over 40 each week. Please review the DOL handbook titled "*Paying Minimum Wage and Overtime to Home Care Workers*"* which can be found on our website.

Fax: 877-522-8636

Email: Enrollment@acumen2.net

Mail: Acumen Fiscal Agent, LLC
5416 E Baseline Rd., Suite 200
Mesa, Arizona 85206

*All forms can be found at www.acumenfiscalagent.com, click on "Participant Employers" then choose your state, then choose your program.