



Hawaii CDO Employee Rate Form

This is a request for Acumen to make the following rate change for the employee listed below. Please provide Acumen with the following information so the employee is paid the correct rate for the service(s) the employee is providing.

Rate changes will become effective at the beginning of a pay period (1st or 16th of the month). Therefore, completed rate forms must be received by Acumen at least two (2) weeks before the effective date. Retroactive rate increases are not allowed. Please refer to the "Show Me the Money" for rate information.

Employee's Name (please print): _____

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

Service Code	Description	Rate of Pay
PAB1 / PB1B	Personal Assistance/Habilitation 1:1	\$ _____
PAB2 / PB2B	Personal Assistance/Habilitation 1:2	\$ _____
CLS1 / CL1B	Community Learning Service Individual	\$ _____
CLS2 / CL2B	Community Learning Service Group 2:1	\$ _____
CLS3 / CL3B	Community Learning Service Group 3:1	\$ _____
RSP1 / RS1B	Respite 1:1	\$ _____
RSP2 / RS2B	Respite 1:2	\$ _____
CHOR / CHRB	Chore	\$ _____

Effective Date: _____ (Wage increases are not retroactive)

Participant's Name (please print): _____

Employer (Print Name)

Employer Signature

Date

- Please complete this form for each new employee
- Please complete a new rate form when changing the wage rate for any employee
- A wage rate form is needed for the employee(s) when a new service code is added to the Participant's ISP

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