



Employee Rate Form LA Self Directed Services Option

In efforts to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. This is a request for ACUMEN to make the following rate change for the below employee. Rate change forms **must be received by Acumen two weeks prior to the effective date** for which the rate change is to take effect. If a two week notice is not provided, the form will **not** be processed. Retroactive (backdated) rate changes are **not** allowed. Please consult the "Show me the Money" for rate information.

Employee Name (please print): _____

Employee SSN (last 4 digits): _____

Service: CLS Rate:\$ _____

Service: CL2 Rate:\$ _____

Service: CL3 Rate:\$ _____

CLS = Community Living Supports
CL2 = Community Living Supports Shared Support 2 Persons
CL3 = Community Living Supports Shared Support 3 Persons

Effective Date (must be 1st or 16th of the month): _____
**rate changes cannot be retroactive*

Employer Name (please print): _____

Participant Name (if different from employer): _____

Employer Signature: _____ Date: _____

- Please complete this form for each new employee.
- Please complete this form for each employee that you wish to have the payroll rate changed.
- This form must be received by Acumen **two weeks** prior to the effective date. If a two week notice is not provided, the form will **not** be processed.

EMAIL, FAX or MAIL to:

enrollment@acumen2.net

1-866-923-5334

Acumen Fiscal Agent, LLC

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