



## Missouri SDS Employee Rate Form

To make sure employees are paid correctly, please give Acumen the following information so the employee is paid the correct rate for the service(s) provided. Please consult the Pay Rate Calculator to make sure the pay rate doesn't exceed the allowable Medicaid maximum. **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's Name** (please print): \_\_\_\_\_

**Employee's Social Security Number** (last 4 digits): \_\_\_\_\_

<i><b>Service Name/Description</b></i>	<i><b>Service Code</b></i>	<i><b>Rate of Pay</b></i>
Personal Assistant (PA)	T1019 U2	
Medical PA	T1019 SCSE	
Team Collaboration	G9007 U2	
Community Specialist	T1016 U2	
Special PA non-Medicaid	T1019 HW	

Effective Date: \_\_\_\_\_ (\*rate changes **cannot** be retroactive)

Individual's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
*Employer/Designated Rep Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

- Complete this form for each new employee **and** each time you would like to change your employee's pay rate
- You must complete a new form for any employee that needs a rate of pay changed
- The Employer and Employee must sign and date form
- 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.

FAX: (816) 396-6912

Email: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

MAIL: 1123 Wilkes Boulevard, Suite 230, Columbia, MO 65201