



MT-SDEO EMPLOYEE RATE INFORMATION FORM

Employee Name:	Employee SS#: (last 4 digits)
Participant Name and Medicaid #:	Effective Date: (1 st day in pay period)

Please complete a new copy of this form for each new employee, and for any employee that you wish to have the payroll rate changed or who is providing a new service. Check the MT Show Me the Money to ensure you do not pay over the max wages allowed by the program. Employers have the option to pay an employee two different rates or wages for most services provided (Standard Rate and Other Rate). When entering time through our time entry system (DCI) the employee will have the option of choosing the rate which applies to the service provided. IF the employee is using a paper timesheet, the employer will have to request a timesheet that allows a choice of rates.

Rate changes will take effect on the 1st and 16th of each month for existing employees. Rate change forms must be received by Acumen two 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. Retroactive rate changes are only allowed when mandated by the state funding source. For new employees, the rate takes effect on their first date of service.

Check the box next to the service the employee will be providing. Then enter the rate(s) the employee will be paid for providing that service. Remember to check the Show Me the Money to ensure you are paying within the allowable program rates.

Check Box	Service	Standard Rate	Other Rate
	RSP=Respite	\$ Per Hour	\$ Per Hour
	PLS=Personal Supports	\$ Per Hour	\$ Per Hour
	SBS=Support Broker Services	\$ Per Hour	\$ Per Hour
	FAS=Follow Along Services	\$ Per Hour	\$ Per Hour
	IES=Individual Employment Support	\$ Per Hour	\$ Per Hour
	CWS=Co-Worker Support	\$ Per Hour	\$ Per Hour
	TRM=Transportation Mileage	\$ Per Mile	

Employer Signature

Date