



North Carolina Innovations Waiver 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. **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. Maximum pay rates may differ by LME-MCO. Please refer to the Program Code Description Form for rates.

Employee Name (please print): _____

Employee Social Security Number (last 4 digits): _____

Use the code found in the Service Code column of the North Carolina Cardinal Program Code Descriptions*.

Service Code: _____ Employee Rate: \$ _____

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

Participant Name (please print): _____

EOR Signature

Date

- Please complete this form for each 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 until the next pay period.** 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.

Fax: 855-264-3292

Email: ncmcoagents@acumen2.net

Mail: Acumen Fiscal Agent, LLC
5416 East 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.