



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: \$ _____

Service Code: _____ Employee Rate: \$ _____

Service Code: _____ Employee Rate: \$ _____

Service Code: _____ Employee Rate: \$ _____

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: Enrollment@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.