



Pay Rate Information- NV CS PROGRAM

Select the appropriate reason for this form: ☐ Initial Setup ☐ Change Existing Rate

REQUIRED INFORMATION	
Participant/Employer Name:	ID
Caregiver/Employee Name:	ID
AR Name (if applicable):	

Below, please indicate the Pay Rate you are agreeing to and ensure it is within the allocated service authorization budget and program rules. A rate of pay should only be indicated for a service that is authorized in the plan of care and the worker is authorized to provide. If you have questions, speak with your Service Coordinator.

As of 7/1/2024, the minimum wage for NV is \$12.00.

SERVICES COVERED	EFFECTIVE DATE*	HOURLY PAY RATE
HMO - Homemaker	<div><div>/</div><div>/</div><div>/</div><div>MM/DD/YYYY</div></div>	<div><div>\$</div><div>.</div><div>/</div><div>hour</div></div>

*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. For new employees, the rate takes effect on their first date of service.

By signing below, the Employer or AR and Caregiver/Employee certify that the information in this form is correct and was agreed to by both parties. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made.

Caregiver/Employee Signature

Date

Participant/Employer or AR Signature

Date

Service Coordinator Signature

Date

**Please return this form to Acumen via email: enrollment@acumen2.net
or via fax to (866) 496-4551**