

• To ensure proper payment for your employee, please complete this rate form and submit it to Acumen.

Fax Number: 1-866-862-6862

E-mail Address: payroll-oh@acumen2.net

Mailing Address: Acumen Fiscal Agent 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

- Rate change forms must be received by Acumen 2 weeks before the requested effective start date in order to be processed. Acumen cannot back pay employees with a new rate for pay periods that have already passed.
- Please consult with your Care Manager regarding:
  - ✓ Maximum rates that cannot be exceeded
  - ✓ Rules on changing employee pay rates

Employee Name:		Employee Acumen ID# <b>or</b> Employee SS#:		
Veteran's/Employer's Name	:			
s this a new employee or a Check one box below:	an existing employe	e?		
For a New Employee: T The employees good to			approved good to go date.	
For an Existing Employee: Rates can only change on the 1 <sup>st</sup> or 16 <sup>th</sup> of a month. Make the below rate/s start on (select one option only): 1 <sup>st</sup> 16 <sup>th</sup> 16 <sup>th</sup>				
Service Code	Employee Pay Rate	"Cost to You" (Employee Rate + Employer Burden)	Indicate if the code is <u>NEW</u> or if the rate for an existing code is <u>CHANGING</u>	
PCS – Personal Care Services	\$	\$		
ERB – Emergency Backup Services	\$	\$		
Veteran or Employer Representative's Signature			te	
Care Manager's Signature			Date	