

# OK CD-PASS

## Request for Optional Employer Expense (OPX) Form



Member/Employer Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

Date(s) of Service/Expense: \_\_\_\_\_ Plan Year:  Current  Previous

**To submit this form to Acumen Fiscal Agent: Fax (855) 295-9075, Email: [payroll-OKCD@acumen2.net](mailto:payroll-OKCD@acumen2.net),**

**Mail: 4867 S Sheridan, Suite 711 Tulsa, OK 74145**

**Receipts or mileage logs are required to be submitted with this request.**

**OPX Requirements:**

- All participants must budget a minimum of \$150 per service plan year to cover the cost of employee criminal background checks, advertising and vaccinations.
- Reimbursement requests must be submitted within 120 days of the date of the expense.
- Members must have enough money in their individual OPX account to cover the request, \$16 should be left in the account in case a background check is needed.
- Payments to employees for reimbursed expenses are not taxed as wages.
- OPX payments follow the same schedule as the regular pay cycle.
- Requests over \$100 require approval from OHS. This may delay payment.

Check One	Allowed Expenses
<input type="checkbox"/>	<p><b>Worker Retention Payments (RP):</b> This replaces "bonuses." If a Member has the funds available in their OPX account, they may authorize an RP of max \$100 per quarter, per worker. Maximum of 4 retention payments per year. RP allowed after the worker has served for a minimum of 90 days. The amount coming out of your OPX budget for an RP will be a bit more as Employer related taxes apply. Employee will also see less as RP are taxed like wages.</p> <p>Quarter for RP: <input type="checkbox"/> Jan-Mar <input type="checkbox"/> Apr-June <input type="checkbox"/> July-Sept <input type="checkbox"/> Oct-Dec</p>
<input type="checkbox"/>	<p><b>Purchase of EVV Compliant, GPS enabled devise:</b> Up to \$100, device must be set up and shown to meet requirements for EVV before reimbursement request may be made, only once every 3 years. Not for monthly service plans or phone subscriptions.</p>
<input type="checkbox"/>	<p><b>Classified Advertising:</b> Cost to place an ad for recruitment of new employees.</p>
<input type="checkbox"/>	<p><b>Copying/Faxing/Printing/Notary:</b> Cost to print and /or copy blank CD-PASS forms for employees.</p>
<input type="checkbox"/>	<p><b>Employee Health Insurance Coverage:</b> Employer portion of employee health insurance.</p>
<input type="checkbox"/>	<p><b>Hepatitis B/Flu Vaccinations:</b> Cost of Vaccinations for new employees.</p>
<input type="checkbox"/>	<p><b>Mileage:</b> Per mile cost for trips, non-medical transportation only. Include mileage log.</p>
<input type="checkbox"/>	<p><b>Office Supplies:</b> Ink, paper, pens and file folders used to maintain CD-PASS records. (Durable Office Supplies NOT allowed).</p>
<input type="checkbox"/>	<p><b>Personal Protective Equipment:</b> Cost of masks, gloves, etc. related to personal care service. (Durable Medical Supplies NOT allowed).</p>
<input type="checkbox"/>	<p><b>Postage:</b> Cost of postage to mail CD-PASS forms to Acumen or OHS.</p>
<input type="checkbox"/>	<p><b>Training:</b> Cost of employee or informal support training related to personal care services. (CPR &amp; First Aid ONLY unless OHS approved)</p>
<input type="checkbox"/>	<p><b>Other Expenses:</b> Related to personal care services, as specifically approved by the ADvantage Administration.</p>

Item Total: \$ \_\_\_\_\_ Member/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_