



## Oklahoma SDP Employee Rate Form

To make sure employees are paid correctly, please give Acumen the following information so the employee is paid the correct rate for the service(s) provided. This is a request for Acumen to pay the following rate for the below employee.

**Employee's Name** (please print): \_\_\_\_\_

**Employee's Social Security Number** (last 4 digits): \_\_\_\_\_

<i>Service Code</i>	<i>Description</i>	<i>Rate of Pay</i>
PCA	Personal Care Assistant	\$ _____
ASR	Advanced Supportive Restorative	\$ _____
RSP	Respite	\$ _____

Member's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Member/Employer Signature

\_\_\_\_\_  
Date

- Complete this form for each new employee
- Pay rate changes can only be made at the time of your annual service plan reassessment
- You must complete a new form for any employee that needs a rate of pay changed
- You must inform your employee of any rate changes

**Please return this form to your Case Manager. Once approved, it will be forwarded to Acumen Fiscal Agent.**