



**OKLAHOMA  
IN-HOME SUPPORT WAIVER SELF DIRECTED PROGRAM  
EMPLOYEE RATE SHEET**

|                                |  |
|--------------------------------|--|
| EMPLOYEE NAME (PRINT)          | EMPLOYEE ID#   |
| SERVICE RECIPIENT NAME (PRINT) | EFFECTIVE DATE<br>Please Circle<br>Month                      1 <sup>st</sup> half   or   2 <sup>nd</sup> half |

**To ensure proper payment, please provide Acumen with the rate your employee is to be paid for Self-Directed Habilitation Training Services (HTS).**

- Please complete this form for each new employee.
- Please complete a new form for any employee you wish to have the payroll rate changed.
- Rate changes must be received by Acumen **TWO (2) weeks prior** to the pay period for which they are to take effect.
- Please be sure the below pay rate matches the service authorization issued by the Oklahoma Department of Human Services (OKDHS) that Acumen has on file. If this request does not match the authorization exactly, we will reject this rate sheet.
- Remember, OKDHS is unable to pay for HTS services using different rates for the same day of service. If you decide to pay different wages for HTS's, you will need to be sure they never work on the same day. OKDHS has no vehicle to pay for the second HTS service on the same day at a different rate. HTS's who make the same wage may work on the same day.

Please circle

HTS Habilitation Training Services                      \$ \_\_\_\_\_/hr      New or Change

Employer Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Return this form to Acumen (choose one):**

Email: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Fax (toll free): 1-877-364-2837

Acumen Fiscal Agent

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