



UT DSPD EMPLOYEE RATE SHEET

Employee Name	Employee SSN (last 4 digits)
Client Name(s)	Effective Date (see guidelines)

- SELECT ONE:** **This employee is a NEW hire or RE-hire** (The effective date above should match the hire date.)
 This is a revision for an existing employee (The effective date above must be at least two weeks later than the date you submit this form to Acumen, and must be either the 1st or the 16th of a month. Retroactive rate changes or effective dates that do not follow these guidelines will not be processed.)

Refer to the current "Show Me the Money" table for the allowable hourly wage range of each service code.

AC1 – Attendant Care (LSW)	\$ _____ Per hour	(do not write "Max")
AC2 – Attendant Care Level 2 (LSW)	\$ _____ Per hour	(do not write "Max")
AC3 – Attendant Care (LSW)	\$ _____ Per hour	(do not write "Max")
BE1 – Behavior Support (LSW)	\$ _____ Per hour	(do not write "Max")
CH1 – Chore Service	\$ _____ Per hour	(do not write "Max")
CO1 – Companion Hourly	\$ _____ Per hour	(do not write "Max")
HS1 – Homemaker	\$ _____ Per hour	(do not write "Max")
IS1 – Indiv Supported Employment (LSW)	\$ _____ Per hour	(do not write "Max")
PA1 – Personal Assistance	\$ _____ Per hour	(do not write "Max")
PA2 – Personal Assistance (spouse of client)	\$ _____ Per hour	(do not write "Max")
PA3 – Personal Assistance (limited)	\$ _____ Per hour	(do not write "Max")
RP1 – Respite Care	\$ _____ Per hour	(do not write "Max")
RL1 – Respite Care (LSW)	\$ _____ Per hour	(do not write "Max")
RP6 – Respite with Room & Board	\$ _____ Per hour	(do not write "Max")
RL6 – Respite with R&B (LSW)	\$ _____ Per hour	(do not write "Max")
RP7 – Group Respite without R&B	\$ _____ Per hour	(do not write "Max")
RP8 – Group Respite with R&B	\$ _____ Per hour	(do not write "Max")
SL1 – Supported Living	\$ _____ Per hour	(do not write "Max")
SL2 – Supported Living (spouse of client)	\$ _____ Per hour	(do not write "Max")
SL3 – Supported Living (limited)	\$ _____ Per hour	(do not write "Max")
TF1 – Family Training	\$ _____ Per hour	(do not write "Max")
DTP – Mileage Reimbursement*	\$ _____ Per MILE	(Write \$0.44 cents)
*Must be at least 18 years old		
Other Code _____	\$ _____ Per hour	

Employer name (please print): _____

Employer Signature _____ Date _____

Fax: (888) 249-7023 Email enrollment-ut@acumen2.net Mail: Acumen, P.O. Box 539, Orem, UT 84059