

UT New Choices Waiver Employee Rate Form

This is a request for Acumen to update the below employee's pay rate. This rate sheet is required for all new employees, and is also required if you wish to change the pay rate for existing employees. In order to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for services provided.

mployee:		Employee SSN (last 4 digits):		
Employer, add the wage that have been authorized to must fall within the minimur	y your case mar	nagement agency.	The wage(s) selected	
Service	Minimum	Maximum	Approved Wage	
Attendant Care (AC)	\$7.25	\$16.47	\$	
Homemaking (HM)	\$7.25	\$19.22	\$	
Respite (HR)	\$7.25	\$21.72	\$	
 This is an EXISTING employee who already works for me and receives their paycheck through Acumen. (*See special instructions for the effective date.) This is a NEW employee that I am hiring to work for me. (The effective date should match the employee's hire date.) 				
Effective date: (Include month, day and year. Ex: 01/01/2022)				
the effective date for rate che day of a pay period). Rate at least 2 weeks in advance you've listed on this form ar	e effective date for rate changes must be either the 1 st or 16 th of the month (the first ay of a pay period). Rate changes cannot be retroactive and require notice to Acumen least 2 weeks in advance of the effective date. Please review the effective date that bu've listed on this form and make changes if needed. Rate sheets that do not follow ese guidelines will not be processed.			
Employer Name (please pri	nt):			
Employer Signature:			Date:	
Fax: (888) 249-7023				
Email: enrollment-ut@acumen2.net				

Mail: Acumen Fiscal Agent, LLC

Orem, UT 84059-0539

P.O. Box 539