



## **Employer/Employee Acknowledgement Form**

This Agreement is between Acumen Fiscal Agent, LLC. the Employer and Employee as stated below.

Acknowledgement of understanding of the policies and rules listed below regarding Self-Administered Services (SAS). If the client receiving services has a change in their enrollment status at any time, Acumen needs to be notified immediately. Services would be placed on hold and should not be billed for when these types of changes occur. Recoupment of funds can result from this policy not being followed. Client's services would be placed on hold for the following reasons:

- Client is not Medicaid eligible.
- Client has been admitted to a hospital, rehabilitation, or long-term care facility.
- Client is on an extended leave of absence from their home- i.e.: Visiting family, vacation, respite stay, etc.
- Client goes on hospice/palliative care- services may need to be placed on hold until coordination with case manager as to not duplicate services.
- A significant health or safety concerns which could potentially put the client, your staff and/or any other provider going into the home at risk until appropriate coordination and follow up with case manager.
- Client passing away.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Client(s): \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date