



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.

Employee: _____ Employee SSN (last 4 digits): _____

Employer, add the wage that you want this employee to be paid for each of the services that have been authorized by your case management agency. The wage(s) selected must fall within the minimum and maximum(s) listed in the grid below:

Service	Minimum	Maximum	Approved Wage
Attendant Care (AC)	\$7.25	\$22.18	\$
Homemaking (HM)	\$7.25	\$19.64	\$
Respite (HR)	\$7.25	\$20.73	\$

- 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: 01/01/2026)

***SPECIAL INSTRUCTIONS FOR EXISTING EMPLOYEES:** The existing employees, the effective date for rate changes must be either the 1st or 16th of the month (the first day of a pay period). Rate changes cannot be retroactive and require notice to Acumen at least 2 weeks in advance of the effective date. Please review the effective date that you've listed on this form and make changes if needed. Rate sheets that do not follow these guidelines will not be processed.

Employer Name (please print): _____

Employer Signature: _____ Date: _____

Fax: (888) 249-7023

Email: enrollment-ut@acumen2.net

Mail: Acumen Fiscal Agent, LLC

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