Acumen Fiscal Agent
Innovation · Opportunity · Freedom

Family Care Wisconsin — Employee Rate Change Form

To make sure the employee is paid the correct rate, please provide all the information requested on this form. **Talk with your Care Manager or IDT** before filling out the form to make sure any rate changes fit within your Member-Centered Plan (MCP). **Rate changes must be submitted at least two (2) weeks before the start of the pay period** for the change to begin. If the two-week notice is not given, the request will not be processed as requested. **Rate changes cannot be applied to past services.**

Employee Name: _____

Member Name: _____

Service Code	Current Pay Rate	New Pay Rate	Effective Date
	$	$	
	$	$	
	$	$	

- This form **must be received two (2) weeks prior** to the start date of the pay period for which the rate is to take effect. If this form is received less than two weeks before the effective date pay period, the rate change will take effect on the first day of the pay period that begins two weeks after the form is received.
- Rate change requests that are not first discussed with the member's case manager (CM) or interdisciplinary team (IDT) may be delayed or denied by the MCO.
- Be advised, many employers are required to pay their employees overtime (time and a half) for any hours worked over 40 each week. Overtime should be authorized by your MCO and on your Care Plan before you approve it for your employees.

_____ _____
Member or Representative Signature Date

For Acumen Use Only:

Date Rec'd: _____

Effective Date: _____

Agent: _____

Return to Acumen:
Email: Wisconsin@acumen2.net
Fax: 800-687-3121
Mail: Acumen Fiscal Agent
5416 E Baseline Rd Suite 200
Mesa, Arizona 85206