



**OKLAHOMA
DEVELOPMENTAL DISABILITIES WAIVER SELF DIRECTED PROGRAM
EMPLOYEE RATE SHEET**

EMPLOYEE NAME (PRINT)	EMPLOYEE ID#
SERVICE RECIPIENT NAME (PRINT)	EFFECTIVE DATE <i>Rate changes must be received by Acumen at least TWO (2) weeks prior to the pay period for which they are to take effect.</i>

To ensure proper payment, please provide Acumen with the rate your employee is to be paid for Self-Directed Habilitation Training Services (HTS).

- Please complete this form for each employee.
- Employer must coordinate pay rates with the case manager. This includes providing your case manager with the number of units* used at the previous HTS pay rate if changing the pay rate.
**Please note one unit equals 15 minutes*

Units Used = Number of Units used to date + Number of units planned to be used during 2 week waiting period

- Rate changes must be received by Acumen at least **TWO (2) weeks prior** to the pay period for which they are to take effect.
- Please complete a new form for any employee you wish to have the payroll rate changed.
- Please be sure the below pay rate matches the service authorization issued by the Oklahoma Department of Human Services (OKDHS) that Acumen has on file. If this request does not match the authorization exactly, we will reject this rate sheet.
- Remember, OKDHS is unable to pay for HTS services using different rates for the same day of service. If you decide to pay different wages for HTS's, you will need to be sure they never work on the same day. OKDHS has no vehicle to pay for the second HTS service on the same day at a different rate. HTS's who make the same wage may work on the same day.

Please circle:

HTS Habilitation Training Services \$ _____/hr New or Change

Date Case Manager Notified of Rate Change Request (*required*): _____

Employer Name (please print): _____

Employer Signature

Date

Please return this form to your Case Manager. Once approved, it will be forwarded to Acumen Fiscal Agent.