



Participant Name	Employer Name	Employee Name

Date PA/Employee Rate Change Form Sent to PPL: _____

KS WORK UnitedHealthcare PA/Employee Rate Change

If you wish to make any changes to the previously agreed upon rate, please complete this form and return to the KS WORK program, through Public Partnerships LLC prior to the first day of the month you would like the new rate to take effect. If this form is received on or after the 1st, the rate change will take effect the next month. Rate changes cannot be for past dates of service.

NOTE: This rate should match the participant's budget rate and will need to be approved by UnitedHealthcare prior to taking effect.

Participant ID:	Personal Assistant (PA)/Employee ID:
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If PA is 18 years of age or older:

Services Covered	Pay Rate	Billable Rate
<ul style="list-style-type: none"> ▪ Activities of Daily Living (bathing, grooming, toileting, eating, transferring, medication, management, and mobility) ▪ Instrumental Activities of Daily Living (shopping, housekeeping, laundry, meal prep, lawn care/snow removal, transportation, and money management) ▪ Employment Related Support 	\$ _____ /hr	\$ _____ /hr
<ul style="list-style-type: none"> ▪ Night Support 	\$ _____ /hr	\$ _____ /hr

If PA is 16–17 years of age:

Services Covered	Pay Rate	Billable Rate
<ul style="list-style-type: none"> ▪ Instrumental Activities of Daily Living (shopping, housekeeping, laundry, meal prep, lawn care/snow removal, transportation, and money management) 	\$ _____ /hr	\$ _____ /hr

PA/Employee Signature:	Date:
Participant/Employer Signature:	Date:
Care Coordinator/MCO Signature:	Date:

Send completed and signed form to the KS WORK program, through PPL via fax, email, or mail prior to the first day of the pay period you would like the new rate to take effect.

Fax* 1-855-344-5443 *FOR FASTEST PROCESSING, EMAIL OR FAX FORM	Email* pplks-unitedhealthcare@pcgus.com	Mail KS WORK UHC Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
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