

The Employee Hourly Wage Change Form must be completed when an employer wishes to change an existing employee's hourly wage. An employee's hourly wage can only be changed once during the plan year, preferably prior to the start of the new plan year. Upon receipt of this form, PCG Public Partnerships will calculate the new billable rate based on the new hourly wage. The new billable rate will be provided to the individual's support coordinator, who will use it to revise the individual's service plan. The new hourly wage will become effective upon Division approval of the individual's revised service plan. The employer should consult with the individual's support coordinator to ensure the new hourly wage is reasonable and is compatible with the individual's budget prior to submission of this form.

Instructions to Employer

- Complete both **Section I: Individual & Self-Directed Employee (SDE) Information** and **Section II: Support Coordinator (SC) Information**
- In **Section III: Hourly Wage Table**, enter the current wage and new wage for each applicable service provided by the employee for which there is a prior authorization in the individual's current service plan.
- The hourly wage is the amount agreed upon by the employer of record and the self-directed employee, and must be equal to or greater than minimum wage.
- Both the employer and employee must sign and date this form.
- Please submit this completed and signed form to Public Partnerships by e-mail (njddd@pcgus.com) or fax (1-844-561-5978).

Section I: Individual & Self-Directed Employee (SDE) Information			
Individual Name		Individual DDD ID	_____
SDE Name		SDE PPL ID	P O N J D _____

Section II: Support Coordinator (SC) Information			
SC First Name:		SC Last Name	
SC Phone:		SC E-mail	
SC Agency		SC Agency E-mail	

Section III: Hourly Wage Table				
Procedure/Waiver Code (check and complete all that apply)	Description	Expected Effective Date	Current Hourly Wage	New Hourly Wage
<input type="checkbox"/> H2016ISE	Individual Supports	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> T100522	Respite - Hourly	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> T2041HIU7	Supports Brokerage	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> T1005HIU8	Respite	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> T1013HI52	Interpreter Services	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> H2021HI52	Community Based Supports	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> H2016HIU8	Individual Supports	___ / ___ / _____	\$____.____	\$____.____
<input type="checkbox"/> A0090HI52	Hourly Transportation	___ / ___ / _____	\$____.____	\$____.____

X	Self-Directed Employee (SDE) Signature	Printed Name	Date (mm/dd/yyyy)
X	Employer of Record (EOR) Signature	Printed Name	Date (mm/dd/yyyy)