

Qualified Worker Rate Change Form Instructions

The Common Law Employer (CLE) and Direct Care Worker (DCW) will discuss and agree on an hourly rate for each service provided. The CLE will complete the Qualified Worker Rate Change form with the agreed upon rate. All DCW rates are subject to limitations set forth by the PA Office of Long Term Living (OLTL).

This Qualified Worker Rate Change form must be completed every time there is a:

- DCW hired
- New service
- Change of existing service
- New rate
- Change of existing rate


DCW Information: The worker’s identification information must be completed.

Service/Rate Information: Indicate if this is a new service, change of existing service, new rate, or change of existing rate. Enter the rate per hour that will be paid to the DCW. **Do not list rates in 15-minute increments and do not include employer tax.** If you are a newly referred participant/CLE you will use the **Maximum Wage Rate Breakdown Sheet** provided in your initial enrollment package. The maximum wage rate breakdown sheet is specific to **new employers only**. Employers, who have an established history of managing DCW’s, may be re-assigned a “State Unemployment Experience” rate. The state unemployment experience rate is re-determined each year based on staff turnover. This rate may be higher or lower depending on your new rate and will be used to calculate the maximum wage range you will have to negotiate with your DCW. **If you have been an employer for more than one year, please contact Public Partnerships LLC (PPL) Customer Service to determine the maximum amount you may negotiate and pay your DCW.**

NOTE: If needed, the CLE may receive assistance from the Service Coordinator (SC) or PPL to obtain the service procedure code.

Signatures: Sign and date this form when the new DCW is hired, a new service or rate takes effect, or when the change of an existing service or rate will take effect. OLTL, through PPL will implement all rates at the beginning of the next available pay period start date. The CLE must print their name, sign, and date the form. If the participant is different than the CLE, then the participant’s name must also be entered.

Rate Changes: Any change in rate requires that this form is signed and provided to OLTL, through PPL. All DCW rate changes will be processed within two weeks from the date the form is received and will go into effect at the beginning of pay period.

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|------------------------------------------------------------------------------------|------------------|---------------|----------|
|  | Participant Name | Employer Name | DCW Name |
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Qualified Worker Rate Change Form

Complete this form for each new DCW and service procedure code **or** when there is a change to an existing DCW rate or service procedure code. DCW wage changes will be processed after the date received and will always go into effect at the beginning of pay period. If there is no rate entered minimum wage will be entered until a rate is received. If wage entered is more than allowed, then the maximum rate will be entered.

If this form is being used to change an existing pay rate, the rate change will go into effect on the next payroll after The Office of Long-Term Living (OLTL), through its contractor Public Partnerships receives the form. Changes will not be applied to dates already paid.

DCW Name: _____ DCW Social Security No: _____

New Service Change of Existing Service New Rate Change of Existing Rate

| Service (Procedure Code) | DCW Rate per Hour |
|-------------------------------------------------|-------------------|
| Personal Assistance Services (W1792) | \$ |
| Respite (S5150) | \$ |
| Participant Directed Community Supports (W1900) | \$ |

DCW Signature: _____ Date: _____

Participant Name: _____

Representative's Name (if applicable): _____

Participant/Representative Signature: _____ Date: _____