

PA ODP – PAPER RATE SHEET INSTRUCTIONS

- Please complete all highlighted sections. Missing information will cause a delay in processing paper rate sheets.
 - Note: The service authorization must be approved prior to requesting an updated rate. If you are unsure if the service authorization is approved, please contact your Service Coordinator.
- 2. Once PPL receives a completed form we will change the rate at the beginning of the next pay period. Please email completed the form to: PAODP-CS@pplfirst.com.
- 3. PPL will not accept paper rate sheets after June 30, 2024. All rates will need be updated within MyAccount starting on July 1, 2024.

SUPPORT SERVICE PROFESSIONAL SERVICES AND RATES FORM

Support Service Professional (SSP) Name					
First:	Last:	PPL ID:			
Participant Name					
First:	Last:	PPL ID:			
Common Law Employer (CLE) Name					
First:	Last:]			

The CLE and the SSP must complete this form together. Hourly Rate amounts requested can only be made if the rate is within the approved ODP wage range. Fill this form out. Then submit the form to:

- · Your Supports Coordinator (SC), or
- Administrative Entity (AE).

! IMPORTANT: We need to know the hourly rate of pay, not the hourly rate plus CLE taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the "Hourly Rate" field.

"Change Hourly Rate" should be marked ONLY if the SSP is already working, and you want to change their hourly rate of pay. Include the Service Name and Service Code for an hourly rate being changed.

Once PPL receives a complete form, we will change the hourly rate of pay at the beginning of the next pay period.

The Hourly Rate entered cannot be lower than the current Pennsylvania minimum wage.

Request Type:	Initial Service	☐ New Service for SSP	☐ Change Hourly Rate	
Service Name ar	nd Service Code		Hourly Rate	
Agree and Sign		Common Law Employer S	ignature:	Date:
	d all of this form. s provided are acc	Service Support Profession	onal (SSP) Signature:	Date:
Prepared by Public Partnerships LLC Office of Developmental Programs.				
		Support Coordinator (SC)	or Administrative Entity (AE)) Signature: Date: