

**2026 HCBS Fee Schedule Update
Qualified Worker Rate Change Form**

Participant Name	DCW Name
Participant PPL ID	DCW PPL ID

As the Common Law Employer, you direct the wages for the Direct Care Worker (DCW) that you employ.

*If you would like to update the DCW hourly rate to something **different**, please complete this form and submit it to PPL by **April 10, 2026**.*

Service (Procedure Code)	DCW Hourly Rate
Personal Assistance Services (W1792)	\$

The below factors are used to determine the billable rate, which is the amount withdrawn from the participant's authorization. Please refer to the OLTL DCW Wage Rate Determination Form on pplfirst.com for guidance on these figures.



DCW Signature:		Date:	
Participant Name:			
Representative's Name (optional):			
Participant or Representative Signature:		Date:	