

SSP Pay Rate Information

Select the appropriate reason for this form:

- Initial Setup
 New Service for SSP
 Change Existing Rate

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

The CLE and the SSP must complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. Please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made. Fill this form out and then submit it to your Supports Coordinator (SC) or Administrative Entity (AE). All mileage will be paid at the standard mileage rate set by the Internal Revenue Service as dictated in the program rules.

SERVICE TYPE	SERVICE CODE	HOURLY RATE*

*The State of Pennsylvania minimum hourly rate is \$7.25.

By signing below, the CLE and SSP certify that the information in this form is correct and was agreed to by both parties.

SSP Signature

Date

CLE Signature

Date

SC or AE Signature

Date

Please return this form to Palco via email: enrollment@palcofirst.com or via fax to 1.877.859.8757.