

## WV Worker Pay Rate Information

Select the appropriate reason for this form:

- New Worker Enrollment
  Change Existing Rate

REQUIRED INFORMATION	
Participant/Employer Name	Participant ID
Worker Name	Worker ID or Last 4 of SSN
Program Representative (PR) Name (if applicable)	PR ID (if applicable)

Below, please indicate the Pay Rate you are agreeing to. The Pay Rate is the amount that the Worker will receive per hour worked.

Rate Name	Hourly Rate
<b>Personal Attendant Services (ADW &amp; TBI)</b>	
<b>Person-Centered Support-PCS (IDDW)</b>	
<b>Respite (IDDW)</b>	
<b>Unlicensed Residential Person-Centered Support (IDDW)</b>	

### **Mutual Responsibilities**

Both parties agree to adhere to all policies and procedures of the waiver programs and Personal Options.

### **Employer Responsibilities**

The employer shall:

- Verify worker qualifications, including criminal background check, required training, first aid, and current certification in Cardio-Pulmonary Resuscitation (CPR).
- Schedule workers to provide services for payment only after being authorized by Palco, Inc. Palco cannot pay for any services provided prior to being issued a start date.
- Orient, train, schedule, and supervise workers.
- Provide a safe workplace free from excess hazards, employment discrimination, and harassment.
- Request worker to perform permitted and planned for duties, as determined in the Participant Directed Service Plan. The worker should not perform prohibited services such as administering medication, dressing wounds, and tube feeding.
- Notify workers in advance if services are not required or if participant is no longer eligible for services.
- Verify services provided by worker by reviewing and approving timesheets, invoices, and documentation of services rendered, and ensuring submission to Palco, Inc.
- Accept responsibility for payment of services not authorized in approved spending plan.

**Worker Responsibilities**

The Worker shall:

- Complete mandatory pre-employment training and on-going annual training
- Be punctual, neatly dressed, and respectful of employer’s person, belongings, family members, and acquaintances.
- Use employer’s personal property only if agreed upon by both parties.
- Report any suspected fraud, abuse, or neglect timely.

By signing below, the Participant/Employer and Worker certify that the information in this form is correct and was agreed to by both parties. For changes to existing rates, 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.

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant/Employer Signature**

\_\_\_\_\_  
**Date**

*Please return this form to Palco via fax: 1-877-859-8757, email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or mail: PO Box 13260, Maumelle, AR 72113*