

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY/NON-PROFIT
CONSORTIUM RATE**

To: California Department of Social Services
Adult Programs Division
Financial Management Unit
744 P Street, MS 9-11-91
Sacramento, CA 95814

COUNTY: San Bernardino-36		EFFECTIVE DATE: 12/1/2023
PA NAME: San Bernardino County IHSS Public Authority		
CONTACT NAME: Franklin Leonard		
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Please address questions regarding this form to the Financial Management Unit, at (916) 653-1908.

Please complete the Rate Table below and attach supporting documentation explaining how each component of the rate was determined. The total Public Authority (PA) and Non-profit Consortium (NPC) rate should include a rate for services (wage and benefits), payroll taxes, and a rate for administrative costs. The total rate for wages and benefits should be broken down to include an hourly wage, payroll taxes, health and non-health benefits. The State is legally authorized to share only in the costs of individual health benefits and some specific non-health benefits for IHSS providers, however, other benefits costs may be eligible for Title XIX reimbursement.

- The current State Participation cap for combined wages and health benefits for all IHSS providers in the State is \$12.10 per hour. When minimum wage increases to \$12.00 per hour (January 1, 2019), pursuant to Labor Code section 1182.12 (b) (1) (C) and beyond in subsequent years, the cap will be adjusted to equal the State minimum wage plus \$1.10 per hour.
- The State will not participate in increases to wages or employment taxes, or increases or expansions of benefits negotiated or agreed to by a PA or NPC unless provided for in the Annual Budget Act or appropriated by statute.
- No increase in wages or benefits negotiated or agreed to by a PA or NPC shall take effect until it has been approved by the State (CDSS/CDHCS) or unless provided for in the Annual Budget Act or appropriated by statute.

RATE TABLE

Hourly Wage (locally negotiated) 1
 Hourly Wage (non-locally negotiated) 2
 Hourly Wage (by ordinance) 3
 Wage Supplement (one-time MOE adj) 4
 Wage Supplement (continued--no MOE adj.) 5
Wage Total (sum of lines 1-5)
 Health Benefits (locally negotiated) 6
 Health Benefits (non-locally negotiated) 7
Health Benefits Total (sum of lines 6-7)
 Non-Health Benefits incr \$10,000 yr PPE (type) 9
 Payroll Taxes (FUTA,SUI,FICA) 10
 Administrative Rate 11
PA/NPC Rate Total
 (sum of wages, health benefits, non-health benefits, taxes, admin)

	Current Rate	Requested Rate	Difference
1	\$0.00	\$0.00	\$0.00
2	\$15.50	\$15.50	\$0.00
3	\$0.00	\$0.00	\$0.00
4	\$0.00	\$1.00	\$1.00
5	\$0.50	\$0.50	\$0.00
	\$16.00	\$17.00	\$1.00
6	\$0.32	\$0.42	\$0.10
7	\$0.00	\$0.00	\$0.00
	\$0.32	\$0.42	\$0.10
9	\$0.01	\$0.01	\$0.00
10	\$1.32	\$1.40	\$0.08
11	\$0.08	\$0.06	-\$0.02
	\$17.73	\$18.89	\$1.16

The State shall participate (65 percent of the non-federal share) in a cumulative total up to 10 percent of the sum of the combined total of wages or health benefits or both over a three-year period. **Check the box and sign and date on the line below if you are choosing to utilize the 10 percent increase over the three-year period option.**

Authorizing Officer Signature _____ Date: _____