IN-HOME SUPPORTIVE SERVICES PROGRAM PUBLIC AUTHORITY/NON-PROFIT	COUNTY: Shasta		
CONSORTIUM RATE	CONTACT NAME: Sarah Adamec		
	PA NAME: Shasta County IHSS Public Authority		
To: California Department of Social Services	TELEPHONE:  FAX NUMBER:    ( 530 ) 229-8330  ( 530 ) 229-8331    ADDRESS:		
Adult Programs Division Public Authority Unit 744 P Street, MS 9-9-04 Sacramento, CA 95814	2632 Breslauer Way, Redding, Ca 96001 EMAIL ADDRESS: sadamec@co.shasta.ca.us		

Please address questions regarding this form to the Public Authority Unit, at (916) 651-3488.

Please complete the budget narrative 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) 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 <u>health</u> benefits for IHSS providers, however, these costs may be eligible for Title XIX reimbursement.

- The state will only participate in hourly wage and benefits up to \$12.10 per hour unless otherwise provided for in the Annual Budget Act or appropriated by statute.
- 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/DHCS) or unless provided for in the Annual Budget Act or appropriated by statute.

I hereby certify that the proposed IHSS MOE adjustment includes no locally negotiated health benefit rate changes and no changes that modify who is eligible for health benefits (only applies to non-locally negotiated health benefit rates).

Approved by: \_\_\_\_\_ Date:\_\_\_\_

BUDGET NARRATIVE		Current Rate	Requested Rate	Difference
PA/NPC Hourly Rate:	1	\$11.33	\$11.90	\$0.57
PA/NPC Hourly Administrative Cost:	2	\$0.13	\$0.15	\$0.02
Hourly Services Cost: Total	3	\$11.20	\$11.75	\$0.55
- Hourly Wage (locally negotiated)	4	\$0.00	\$0.00	\$0.00
Hourly Wage (non-locally negotiated)	5	\$10.00	\$10.50	\$0.50
Payroll Taxes (FUTA, SUI, FICA)	6a	\$1.20	\$1.25	\$0.05
Health Benefits (locally negotiated)	6b	\$0.00	\$0.00	\$0.00
Health Benefits (non-locally negotiated)	7	\$0.00	\$0.00	\$0.00
Non-Health Benefits (if any)	8	\$0.00	\$0.00	\$0.00

Comments: Please include the Line-by-Line Budget Narrative with PA Rate Change Package