

**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: Fresno	EFFECTIVE DATE: 04/01/2020
PA NAME: Fresno County IHSS Public Authority	
CONTACT NAME: Ana Torres Arana	
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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 \_\_\_\_\_(type) 9  
Payroll Taxes (FUTA,SUI,FICA) 10  
Administrative Rate 11

	Current Rate	Requested Rate	Difference
1	\$0.00	\$0.00	\$0.00
2	\$13.00	\$13.00	\$0.00
3	\$0.00	\$0.00	\$0.00
4	\$0.00	\$0.60	\$0.60
5	\$0.00	\$0.00	\$0.00
	\$13.00	\$13.60	\$0.60
6	\$0.00	\$0.00	\$0.00
7	\$0.85	\$0.85	\$0.00
	\$0.85	\$0.85	\$0.00
9	\$0.00	\$0.00	\$0.00
10	\$1.07	\$1.12	\$0.05
11	\$0.10	\$0.10	\$0.00
	\$15.02	\$15.67	\$0.65

**PA/NPC Rate Total**  
(sum of wages, health benefits, non-health benefits, taxes, admin)

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 \_\_\_\_\_

*[Handwritten Signature]* Date: 1/14/2020