

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR. GOVERNOR

DEACON FOR THIS TRANSMITTAL

| | REASON FOR THIS TRANSMITTAL |
|-----------------------------------|---|
| October 9, 2015 | [] State Law Change [] Federal Law or Regulation |
| | Change |
| ALL-COUNTY LETTER (ACL) NO: 15-78 | [] Court Order [] Clarification Requested by |
| | One or More Counties |
| | [x] Initiated by CDSS |

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY FISCAL OFFICERS ALL IHSS PROGRAM MANAGERS

PUBLIC AUTHORITY EXECUTIVE DIRECTORS

SUBJECT: PROCESS FOR REQUESTING PUBLIC AUTHORITY/NON-

PROFIT CONSORTIUM RATE CHANGES

REFERENCES: ACL 00-68, DATED SEPTEMBER 20, 2000

ACL 12-63, DATED DECEMBER 11, 2012 ACIN I-03-14, DATED JANUARY 3, 2014 ACL 15-23, DATED FEBRUARY 19, 2015

This All County Letter (ACL) provides clarification on the processes, timelines, and supporting documentation required when requesting a Public Authority/Non-Profit Consortium (PA/NPC) rate change.

PA/NPC Rate Change Process

In accordance with the Welfare and Institutions Code (WIC) section 12306.1(b), any change made to the PA/NPC rate shall take effect commencing the **first day of the month** following final approval received by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS).

A request to change a PA/NPC rate must be made at least 60 calendar days but not more than 90 calendar days prior to the requested effective date. This timeframe is necessary to ensure proper approvals are obtained and the necessary changes are made in the Case Management, Information and Payroll System (CMIPS) prior to the requested effective date.

Example:

For counties wanting to implement a rate change effective January 1, 2016, CDSS must be notified in writing by October 31, 2015. There is no guarantee that CDSS can process a rate change to meet the January 1, 2016 deadline, if it is submitted after October 31, 2015.

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Requests for PA/NPC rate changes require approval from CDSS and DHCS. In order to process a PA/NPC rate change request, the following documentation is required:

- Letter from the County Welfare Director or Chief Fiscal Officer, that includes the
 requested effective date and requested rate on County letterhead. (The rate
 should be broken down by hourly wage, benefits, taxes and administrative costs
 to allow CDSS to validate that the county is aware of all aspects of the rate
 change that is being submitted by the PA/NPC.)
- SOC 449 (Updated in February 2015, see attached)
- In-Home Supportive Services rate worksheet (sample format attached)
- Line item budget (sample format attached)
- County Board of Supervisors (BOS) approval (including appropriate signatures and stamped with County Seal)
- Current Memorandum of Understanding (including a minimum of two signatures, one from the PA/NPC, and one from the recognized labor organization)

In order to initiate the process, scanned copies of the information above can be sent via electronic mail (e-mail) to the CDSS analyst assigned to your county with a copy to the CDSS Public Authority Unit manager (Karen.LaRose@dss.ca.gov). However, originals must be mailed to the address below via certified mail and must be received by CDSS prior to the requested effective date.

California Department of Social Services Public Authority Unit 744 P Street, MS 9-9-04 Sacramento, CA 95814

To help streamline these processes, when requesting a PA/NPC rate change please also provide CDSS with two points of contact, a primary contact and a secondary contact, including telephone numbers (office and cell, if applicable) and email addresses. This information will be used for notification purposes and/or in the event that information is missing or incomplete.

Please Note:

If the MOU includes more than one rate change scheduled to occur on different effective dates, each rate change requires a separate rate change request with all corresponding documents.

When a rate change is locally negotiated, mediated, or imposed, it should be indicated on the locally negotiated line on the SOC 449 and the county Maintenance of Effort (MOE) will be adjusted for the county share of that increase.

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When a rate change is non-locally negotiated, such as the minimum wage increase effective on January 1, 2016, it should be indicated on the non-locally negotiated line of the SOC 449 and the rate change will not impact the county MOE.

However, if a locally negotiated, mediated, or imposed rate increase is scheduled to occur on the same date as the minimum wage increase and the county reflects both increases on the locally negotiated line on the SOC 449, the county MOE will be impacted by the county share of the combined amount.

Additionally, counties should be aware that rate changes negotiated prior to a county's transition to the Statewide Authority may have impacts to the county MOE and are subject to limitations as outlined in WIC Section 12306.15.

Rate Changes for Counties that Transition to Statewide Authority with Existing MOUs that Include Future Rate Changes

Counties that transition to the Statewide Authority with existing MOUs that include future rate changes, shall utilize the same process for submitting rate change requests that is outlined above. The requests shall be made at least 60 calendar days but no more than 90 calendar days prior to the requested effective date. This will ensure proper approvals are obtained and that the necessary changes are made in the CMIPS prior to the requested effective date.

For any questions or concerns regarding the processes for PA/NPC rate changes, please contact Karen La Rose, Manager, Public Authority Unit, at (916) 653-1908.

Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at mudss@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu 271.htm.

Sincerely,

Original Document Signed By:

Eileen Carroll, Deputy Director Adult Programs Division

c: CWDA

Attachments

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

To: California Department of Social Services Adult Programs Division Public Authority Unit 744 P Street, MS 9-9-04 Sacramento, CA 95814

| COUNTY: | |
|----------------|-------------|
| CONTACT NAME: | |
| PA NAME: | |
| TELEPHONE: | FAX NUMBER: |
| () | () |
| ADDRESS: | |
| EMAIL ADDRESS: | |

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 health 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).

Date:

| , | | | | |
|--|----|--------------|----------------|------------|
| BUDGET NARRATIVE | | Current Rate | Requested Rate | Difference |
| PA/NPC Hourly Rate: | 1 | | | |
| PA/NPC Hourly Administrative Cost: | 2 | | | |
| Hourly Services Cost: Total | 3 | | | |
| Hourly Wage (locally negotiated) | 4 | | | |
| Hourly Wage (non-locally negotiated) | 5 | | | |
| Payroll Taxes (FUTA, SUI, FICA) | 6a | | | |
| Health Benefits (locally negotiated) | 6b | | | |
| Health Benefits (non-locally negotiated) | 7 | | | |
| Non-Health Benefits (if any) | 8 | | | |

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

Approved by:

County NAME: IHSS PA Rate Worksheet

Projected yearly hours

13,565,700

| | | | | | | | | | Portion of |
|--|----|-------------|---|-----|--------------|---|---------------|---|---------------------|
| # ITEM | | BUDGET | | | SERVICES | | ADMIN | | RATE |
| Provider Costs | | | | | | | | | |
| 1 IP Wages = proj yearly hours @ per hr | \$ | 110,560,455 | | \$ | 110,560,455 | | | | 8.15 |
| 2 IP Employer Taxes @ | \$ | 10,613,804 | | \$ | 10,613,804 | | | | 0.78 |
| 3 Health Benefits | \$ | 8,139,420 | | \$ | 8,139,420 | | | | 0.60 |
| | \$ | - | | | | | | | 9.53 |
| Total Provider Costs | \$ | 129,313,679 | | \$ | 129,313,679 | | | | |
| Public Authority Administrative costs | | | | | | | | | |
| Salaries & Benefits | \$ | 1,006,621 | | | | | \$ 1,006,621 | | 0.07 |
| Overhead Expenses | \$ | 374,766 | | | | | \$ 374,766 | | 0.03 |
| Other Charges | \$ | 123,156 | | | | | \$ 123,156 | | 0.01 |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Public Authority Administrative costs | \$ | 1,504,543 | | | | | \$ 1,504,543 | | 0.11 |
| TOTAL | \$ | 130,818,222 | | \$ | 129,313,679 | | | | \$ 0.11 |
| | | | | | | | | | |
| Total hourly rate: The hourly rate is computed by adding total services costs and total administrative costs and dividing by the number of IHSS hours. | | | | | | | | | |
| | Se | rvices Cost | | Adı | m Costs | | Total Hours | Т | otal PA Hourly Rate |
| PA Rate | \$ | 129,313,679 | # | \$ | 1,504,543.00 | / | \$ 13,565,700 | = | \$ 9.64 |
| Services Rate = Services Cost Divided by Total Hours | \$ | 129,313,679 | | \$ | - | 1 | \$ 13,565,700 | = | \$ 9.53 |
| Admin Rate = Admin Cost Divided by Total Hours | | | | \$ | 1,504,543.00 | 1 | \$ 13,565,700 | = | \$ 0.11 |

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| | ITEM | | BUDGET | SERVICES | ADMIN | RATE | 1 |
|----------|----------------------------------|----------|--------------|--------------|----------------|----------|--|
| | Individual Providers | | | | | | |
| 1 | IP Wages | | \$ 5,084,699 | \$ 5,084,699 | | \$ 10.50 | Hours are FY04/05 Projected Base with |
| | Hours | | | | | | 10% Growth for FY05/06 |
| | Rate | \$ 10.50 | | | | | |
| 2 | IP Employer Taxes | | 203,388 | 203,388 | | 0.4200 | 4% based upon invoicing |
| | Rate | 4.00% | | | | | |
| 3 | IP Health Plan | 0.60 | 290,554 | 290,554 | | 0.6000 | |
| | PA Salaries and Benefits | | | | | | |
| 4 | Administrative Salaries | | | | | | |
| | Executive Director | 1.00 FTE | 52,790 | | 52,790 | | |
| | Office Assistant II | 1.00 FTE | 30,030 | | 30,030 | | |
| | Training/Registry Specialists | 1.00 FTE | 35,497 | | 35,497 | | |
| | Total Salaries | | 118,317 | | 118,317 | 0.2400 | |
| 5 | Administrative Benefits and Taxe | S | | | | | |
| | Group Insurance | | 5,323 | | 5,323 | 0.0100 | |
| | FICA | 0.0620 | 7,336 | | 7,336 | 0.0200 | Set Percentage Re: Payroll Distribution Report |
| | Workers Comp. Ins | 1.68% | 250 | | 250 | 0.0000 | |
| | Medicare | 0.0140 | 1,715 | | 1,715 | 0.0000 | Set Percentage Re: Payroll Distribution Report |
| | Cell Phone Allowance | | 560 | | 560 | 0.0000 | |
| | 401A | | 667 | | 667 | 0.0000 | |
| | Physical Fitness Reimburseme | nt | 469 | | 469 | 0.0000 | |
| | Total Admin Benefits and Taxes | i i c | 16,321 | | 16,321 | 0.0300 | |
| | Operating Costs | | 10,521 | | 10,321 | 0.0300 | |
| - | Communications | | | | | | |
| - 0 | Telephone | | 1,000 | | 1,000 | 0.0000 | \$125 average per month |
| <u> </u> | | | 1,000 | | 1,000 | 0.0000 | 1 average per monur |
| / | Insurance Liability | | 101 | | 101 | 0.0004 | |
| | General Liability Insurance | | 181 | | 181 | 0.0004 | |
| | Miscellaneous Insurance | | 0 | | 0 | 0.0000 | |
| | Maintenance Equipment | | 133 | | 133 | 0.0003 | |
| | Maintenance Building | | 0 | | 0 | 0.0000 | |
| | Memberships | | 1,000 | | 1,000 | 0.0021 | |
| 11 | Office Expense | | | | | | |
| | Office Supplies | | 10,000 | | 10,000 | 0.0207 | |
| 12 | Training | | | | | | |
| | Staff | | 2,000 | | 2,000 | 0.0041 | |
| | Providers | | 3,000 | | 3,000 | 0.0062 | |
| 13 | Professional Services: Other | | | | | | |
| | Interagency Agreement | | 31115 | | | | |
| | Auditor-Controller | | | | 0 | | |
| | Annual Audit Cost | | | | 0 | | |
| | CEO Office | | | | 0 | | |
| | Personnel | | | | 0 | | |
| | County Counsel | | | | 0 | | |
| | Risk Management | | | | 0 | | |
| | ITS | | | | 0 | | |
| | Communications | | | | 0 | | |
| | Public Works | | | | 0 | | |
| | T dbile Works | | | | 0 | | |
| | Total Interagency Agreement | | 31,115 | | 31,115 | 0.0643 | |
| | Care Tracker Software | | 3,600 | | 3,600 | 0.0074 | |
| 1/ | Publications/Notices | | 1,000 | | 1,000 | 0.0074 | |
| | Rents/Lease Equipment | | 1,000 | | 1,000 | 0.0021 | |
| | Rents/Lease Building | | 0 | | 0 | 0.0000 | |
| 10 | Carithers Rent Lease Agreeme | n+ | 0.251 | | 0.251 | 0.0172 | |
| 17 | | :IIL | 8,351 | | 8,351 3,667 | | |
| | Postage | | 3,667 | | 3,007 | 0.0076 | |
| 18 | SDE: Other | | • | | | 0.0000 | |
| | Marketing | | 0 | | 0 | 0.0000 | |
| | Background Checks | | 0 | | 0 | 0.0000 | |
| | Miscellaneous | | 2,500 | | 2,500 | 0.0052 | |
| | Computer Peripheral | | 1,000 | | 1,000 | 0.0021 | |
| 20 | Transportation and Travel | | | | | | |
| | Conferences | | 2,000 | | 2,000 | 0.0041 | |
| | Private Vehicle Mileage | | 667 | | 667 | 0.0014 | |
| | Utilities | | 200 | | 200 | | |
| 23 | Management Information System | | 7,639 | | 7,639 | 0.0158 | |
| | TOTALS | | \$ 5,784,693 | \$ 5,578,641 | \$206,052 | \$ 11.95 | |
| | | · | · | | | | |

PUBLIC AUTHORITY UNIT - COUNTY ASSIGNMENT

| Zenaida Solis | Joseph Smith | Sonja Washburn | Gloria Licea |
|--|---|--|---|
| (916) 653-3911 | (916) 651-2787 | (916) 651-3327 | (916)651-2919 |
| | | | |
| Amador (3) Butte (4) Colusa (6) Del Norte (8) Glenn (11) Humboldt (12) Lake (17) Lassen (18) Shasta (45) Siskiyou (47) Sutter (51) | Contra Costa (7) Imperial (13) Kern (15) Kings (16) Marin (21) Mendocino (23) Monterey (27) Napa (28) San Joaquin (39) San Luis Obispo (40) Santa Cruz (44) | El Dorado (9) Madera (20) Mariposa (22) Merced (24) San Benito (35) Yolo (57) IP MODE ONLY Alpine (2) | Alameda (1) Fresno (10) Los Angeles (19) * Orange (30) * Placer (31) Sacramento (34) San Bernardino (36) * San Diego (37) * Santa Barbara (42) Santa Clara (43) * Sonoma (49) |
| Tehama (52) Trinity (53) | Solano (48) Stanislaus (50) | JPA | CONTRACT MODE (SOC 432) |
| Yuba (58) | Tulare (54) Ventura (56) | Nevada (29) - JPA Plumas (32) - JPA Sierra (46) - JPA NPC ONLY | Riverside (33) * San Francisco (38) San Mateo (41) * |
| | | Inyo (14) - NPC Modoc (25) - NPC Mono (26) - NPC | |