

RESOLUTION NO. 2024-

A RESOLUTION OF THE BOARD OF SUPERVISORS OF NAPA COUNTY, STATE OF CALIFORNIA, AUTHORIZING A RATE PACKAGE BE SUBMITTED TO THE STATE DEPARTMENT OF SOCIAL SERVICES ON BEHALF OF NAPA COUNTY APPROVING A PUBLIC AUTHORITY RATE CHANGE

WHEREAS, the Napa County In-Home Supportive Services Public Authority (hereafter “Public Authority”) was created by ordinance as authorized by section 12301.6 of the Welfare and Institutions Code; and

WHEREAS, the Public Authority operates partly through Federal and State funding and partly through funding provided by the County; and

WHEREAS, on July 6, 2018, the California Department of Social Services issued All-County letter 18-79, giving guidance on requirements for all Counties requesting rate change requests including increases to Public Authorities’ Administrative Rates; and

WHEREAS, on February 6, 2024, the IHSS Public Authority Governing Board approved the Memorandum of Understanding between the In-Home Supportive Services Public Authority and SEIU Local 2015; and

WHEREAS, the wage rate for Individual Providers is currently \$17.45 per hour; and

WHEREAS, the Memorandum of Understanding between the Public Authority and SEIU Local 2015 states that a wage supplement of \$4.00 shall be applied to the minimum wage of \$16.00 for Individual Providers, increasing the total wage to \$20.00 per hour; and

WHEREAS, the Memorandum of Understanding between the Public Authority and SEIU Local 2015 (representing Individual Providers) states that a Health Benefit rate of \$0.40 shall be continued; and

WHEREAS, the County’s rate package submitted to the California Department of Social Services is requesting that the provider wage rate be changed to \$20.00, the Health Benefit Rate remain at \$0.40, the Payroll Tax Rate increase to \$1.53, the Non-Health Benefit rate increase to \$0.01 and that the Administration Rate remain at \$0.33, for a total Public Authority Rate of \$22.27.

NOW, THEREFORE, BE IT RESOLVED the Napa County Board of Supervisors:

1. Approves the rate package attached to this Resolution as Exhibit A, which includes an increase in the total Wage from \$17.45 to \$20.00, a Health Benefit amount of \$0.40, a Non-Health Benefit amount of \$0.01, a Payroll Tax Rate of \$1.53, an Administration Rate of \$0.33, for a total Public Authority Rate of \$22.27, to be effective May 1, 2024.

2. This rate change shall be effective only upon approval thereof by the Napa County Board of Supervisors, the California Department of Social Services and the California Department of Health Care Services.

THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED by the Governing Board of the In-Home Supportive Services Public Authority, at a regular meeting of the Authority Board held on the ____ day of _____, by the following vote:

AYES: MEMBERS _____

NOES: MEMBERS _____

ABSTAIN: MEMBERS _____

ABSENT: MEMBERS _____

NAPA COUNTY, a political subdivision of the
State of California

JOELLE GALLAGHER, Chair of the
Governing Board of the In-Home Supportive Services
Public Authority

<p>APPROVED AS TO FORM Office of Authority Counsel</p> <p>By: <i>Susan B. Altman</i>, Deputy</p> <p>Date: January 30, 2024</p>	<p>APPROVED BY THE GOVERNING BOARD OF THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY</p> <p>Date: Processed By:</p> <p>_____ Deputy Secretary of the Authority</p>	<p>ATTEST: NEHA HOSKINS Secretary of the Authority</p> <p>By: _____</p>
--	--	---

