

**SB 3 MINIMUM WAGE 2019 RATE ADJUSTMENT - COMMUNITY-BASED DAY and WORK ACTIVITY PROGRAMS  
WORKSHEET INSTRUCTIONS**

These instructions are for the Vendor Worksheet. After you read these instructions, please go to the "Vendor Worksheet" tab to begin. You will **ONLY** be able to fill-in and select from the shaded fields on this worksheet. The information you submit on this worksheet will be reviewed by the Department of Developmental Services (Department). If additional information is needed, the Department will contact you. After the review, the Department will respond to your request accordingly.

**SECTION A: PROGRAM INFORMATION**

- Row 1 Please enter the Service Provider Name.
- Row 2 Please enter the Vendor Number.
- Row 3 Please enter the three-digit Service Code.
- Row 4 Employers with 25 or less employees are required to pay the increased minimum wage of 11.00 per hour and Employers with 26 or more employees are required to pay the increased minimum wage of 12.00 per hour, both effective January 1, 2019. Make selection to indicate that you employ either 25 or less employees or 26 or more employees in total, factoring in all locations and services. However, only employees/hours worked delivering services under the vendor number/service code above can be included in this rate adjustment request. Vendors that operate multiple services must submit separate rate adjustment requests for each service and must ensure there is no duplication of reported employment hours across different services.
- Row 5 Please enter the Staffing Ratio.
- Row 6 Please enter the number of Enrolled Consumers for the vendor number entered in Row 2 only.
- Row 7 Please list all other vendor numbers and service codes for the service provider entered in Row 1.
- Row 8 Please enter the dates for the beginning and end of a review period of 3 consecutive months from January through December 2018. If you have been recently vendored and have less than 3 months of payroll and billing data, please enter the dates for an applicable review period of up to 3 months from January through December 2018.
- Row 9 Please enter the current rate as established by the Department and select the Unit Type, either Daily or Hourly, from the drop-down list.
- Rows 10 & 11 Rate information will populate automatically here.
- Row 12 Select the Vendoring Regional Center from the drop-down list.
- Row 13-16 Select the User Regional Center(s), if applicable, from the drop-down list. If you need to list additional user regional centers, please add rows by clicking as instructed on the designated button.

**SECTION B: EMPLOYEE WAGE INFORMATION**

- Column A Please enter the name or initials of the employed staff who were paid during the review period, followed by their position title. For any employee/position who received two or more different hourly wages during the review period being reported, please list only the most current wage paid with the requested information in columns B through I. If additional rows are needed, please click on the designated button. PLEASE NOTE: Only employees of the vendor number and service code listed above in Rows 2 and 3 above are to be listed in Section B: Employee Wage Information.

**DO NOT** include staff who are providing these services that are funded by another source, such as through a contract with a school district. Also, **DO NOT** include wages paid to consumers while receiving these services or any worker who is paid through other sources such as contract funding. Additionally, **DO NOT** include staff hours that are spent with non-mobile consumers, these hours are reimbursed through the supplemental rate.

- Column B Please enter the Position Title of the Employee.
- Column C Please enter the current Hourly Wage paid to the employee(s) reported during the Review Period.

- Columns D - G Wage information will calculate automatically here.
- Column H Please enter the Workers' Compensation Insurance Employer Rate as a percentage.
- Column I Please enter your Total Unemployment Insurance contribution rate as a percentage, including the net Federal and State rates, and the Employment Training Tax. (Refer to your Form DE-2088 that you receive from the State of California Employment Development Department (EDD) for your contribution rates for Unemployment Insurance and Employment Training Tax.)
- Column J Wage information will calculate automatically here.
- Column K Please enter the actual Total Hours Worked During the Review Period by each of the reported employee(s).
- Column L The cost of the rate adjustment will calculate automatically here.  
If less than a 3 month period, Section A Row 8, Department Staff will adjust the calculation as needed.

**SECTION C: RATE ADJUSTMENT CALCULATION**

- Row 1 Total wages, payroll taxes, workers' compensation, and other mandated employer costs will calculate automatically here.
- Row 2 Total Number of Units of Services Billed to all Regional Centers during the 3 month period will calculate automatically here.
- Rows 3 - 9 Please select the individual regional center(s) billed in the Review Period and enter the total units billed in the Review Period for the selected regional center(s). If you need to list additional regional centers, please click the designated button.
- Row 10 The rate change will calculate automatically here and populate Row 10 in Section A, Program Information.

Please review **ALL** the information you have entered on the worksheet, and specifically rows 9 - 11 in Section A, and row 10 in Section C. These rows should have calculated rate information based on the data you have entered. If there is an error message in these rows, you may need to re-enter the information in Sections B, and/or C.

**Before submitting, please save your workbook using the vendor number in the title of the file. Failure to do so results in the submission of an empty workbook.**



**SB 3 MINIMUM WAGE 2019 RATE ADJUSTMENT - COMMUNITY-BASED DAY and WORK ACTIVITY PROGRAMS  
SUMMARY & CERTIFICATION INSTRUCTIONS**

These instructions are for the Vendor Summary & Certification. After you read these instructions, please go to the "Vendor Summary & Certification" tab. Please review the Program Information and enter the service address associated with the information submitted on this workbook. If your program has a different mailing address than the service address, please enter this information.

Please enter the requested Contact Information for the individual responsible for completing this workbook. This information will include Contact Name, Contact Phone Number, Email Address, and Executive Director/Owner.

Please review the current rate, proposed rate change, and the proposed new rate, which are calculated based on the information you have entered on the worksheet. If there is an error message in the rate information, go back and review the information in the worksheet.

We ask that you save this workbook using your vendor number and service code in the title of the file name. For example, "H12345 510.xlsm", then email the workbook to the Department at "[rateadjustrequest@dds.ca.gov](mailto:rateadjustrequest@dds.ca.gov)" by hitting the "SUBMIT" button on the bottom of the Vendor Summary & Certification worksheet. If the workbook is not saved prior to hitting submit, the worksheet will be transmitted as a blank. Please contact the Department if you do not receive a confirmation email after submitting the workbook. Also, if your email is NOT Outlook, the "SUBMIT" button will not work. If this applies to you, please save your workbook and send as an attachment to [rateadjustrequest@dds.ca.gov](mailto:rateadjustrequest@dds.ca.gov) using your email. Please ensure you submit a copy to the vendor regional center and to keep copies for your records.

**PLEASE NOTE:** By clicking the "I AGREE" checkbox near the bottom of the "Vendor Summary & Certification" worksheet, you certify that the information provided to the Department is specific to payroll costs necessary to meet the requirements of the minimum wage increase effective January 1, 2019. You additionally certify to the best of your knowledge and belief that the information submitted is true and correct, and subject to verification by all record keeping and audit processes, procedures, and guidelines under the Lanterman Act and Title 17 of the California Code of Regulations (CCR).

You must retain **ALL** backup documentation which supports the information being submitted in this workbook. The backup information for the information provided on this workbook is subject to all record keeping and audit processes, procedures, and guidelines under the Lanterman Act and Title 17, CCR.

**EMAIL ADDRESS:**

[rateadjustrequest@dds.ca.gov](mailto:rateadjustrequest@dds.ca.gov)

**OR**

**MAILING ADDRESS:**

California Department of Developmental Services  
Rates and Fiscal Support Section  
Attention: Ann Stigelmayer, Assistant Chief  
P.O. Box 944202  
Sacramento, CA 94244-2020  
(916) 654-2300

SB 3 MINIMUM WAGE 2019 RATE ADJUSTMENT - COMMUNITY-BASED DAY and WORK ACTIVITY PROGRAMS  
SUMMARY & CERTIFICATION SHEET

PROGRAM INFORMATION

Service Provider Name:	0	
Vendor Number:	0	
Service Code:	0	
Number of Employees:	0	
Service Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mailing Address: (if different than service address)	<input type="text"/> <input type="text"/> <input type="text"/>	

CONTACT INFORMATION

	Individual Responsible for Completing Worksheet:	
Contact Name:	<input type="text"/>	
Contact Phone Number:	<input type="text"/>	
Email Address:	<input type="text"/>	
Executive Director/Owner:	<input type="text"/>	
Current Rate:	<input type="text" value="\$0.00"/>	
Proposed Rate Change:	<input type="text" value="#DIV/0!"/>	
Proposed New Rate:	<input type="text" value="#DIV/0!"/>	
Unit Type:	<input type="text" value="Hourly"/>	

By checking the box below, I certify that the information provided to the Department is specific to payroll costs necessary to meet the requirements of the minimum wage increase effective January 1, 2019. I additionally certify to the best of my knowledge and belief the information submitted is true and correct, and subject to verification by all record keeping and audit processes, procedures, and guidelines under the Lanterman Act and Title 17 of the California Code of Regulations.

**I AGREE**

**Before clicking submit, please read the certification instructions page and save your workbook using your vendor number. If the workbook is not saved prior to hitting submit, the worksheet will be transmitted as a blank. Please contact the Department if you do not receive a confirmation email after submitting the workbook. Also, if your email is NOT Outlook, the "SUBMIT" button will not work. If this applies to you, please save your workbook and send as an attachment to [rateadjustrequest@dds.ca.gov](mailto:rateadjustrequest@dds.ca.gov) using your email.**

Please keep a copy for your records and submit a copy to the vendoring regional center.