

**SB 3 MINIMUM WAGE 2021 RATE ADJUSTMENT  
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 Valley Mountain Regional Center (VMRC). If additional information is needed, VMRC will contact you. After the review, VMRC 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 13.00 per hour and Employers with 26 or more employees are required to pay the increased minimum wage of 14.00 per hour, both effective January 1, 2021. 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 August 2020. 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 August 2020.
- Row 9 Please enter the current rate 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 supplemental 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 or Paid 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.

**SECTION D: RATE ADJUSTMENT CALCULATION (Alternative Rate)**

- Row 1 Please select from the dropdown if you have an Alternative Services monthly rate.
- Rows 2 - 4 Please enter the total number of consumers that received services for each month selected during the review period.
- Row 5 The total number of consumers during the 3 month period will automatically calculate here.
- Row 6 The rate increase for the monthly rate will automatically calculate here.

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.

**Please save your workbook using the vendor number in the title of the file and submit to Corina Ramirez, Cramirez@vmrc.net**

**SB 3 MINIMUM WAGE 2021 RATE ADJUSTMENT**

Effective January 1, 2021 - California Minimum Wage Increases to \$13.00 per hour for Service Providers Employing 25 or less Employees AND \$14.00 for Service Providers Employing 26 or more Employees

**SECTION A: PROGRAM INFORMATION**

(You will ONLY be able to fill-in and select from the shaded fields on this worksheet)

1	Service Provider Name	
2	Vendor Number	
3	Service Code	
4	Select 25 or Less OR 26 or More Employees from Drop Down:	26 or more
5	Staffing Ratio	
6	Number of Enrolled Consumers	
7	Other Vendor Numbers and Services Codes	
8	Review Period Between January-August 2020: (Enter Beginning & End)	
9	Current Rate:	Select Unit Type: Hourly
10	Rate Adjustment:	#DIV/0!
11	New Rate:	#DIV/0!
12	Select Vendoring Regional Center from Drop Down Menu	
13	Select User Regional Centers from Drop Down Menu	
14	Select User Regional Centers	
15	Select User Regional Centers	
16	Select User Regional Centers	

**SECTION B: EMPLOYEE WAGE INFORMATION**

Row #	A Name or Initials of Staff Employee(s) (Please See Instructions for Listing Employees Receiving more than One Wage)	B Position Title	C Current Hourly Wage	D New Hourly Wage	E Hourly Wage Change	F Employer Social Security Tax @ 6.2%	G Employer Medicare Tax @ 1.45%	H Workers Compensation as a %	I Unemploy. Insurance as a %	J Wage Adjustment plus Mandated Payroll Costs	K Hours Worked/Paid During 3 Month	L Cost of Rate Adjustment (3 Month Period)
1	Staff 1		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
2	Staff 2		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
3	Staff 3		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
4	Staff 4		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
5	Staff 5		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
6	Staff 6		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
7	Staff 7		\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
8			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
9			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
10			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
11			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
12			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
13			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
14			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
15			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
16			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
17			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
18			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
19			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
20			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
21			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
22			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
23			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
24			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
25			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
26			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
27			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
28			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
29			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
30			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
31			\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		\$ -
										\$ -	0.0	\$ -

**SECTION C: RATE ADJUSTMENT CALCULATION**

1		Total Cost of the Minimum Wage Adjustment for the Review Period:	0.0
2		Number of Units of Services Billed to all Regional Centers for the Review Period:	0.0
3	Select Regional Center from Drop Down Menu:	Enter Total No. of Units for Review Period	
4	Select Regional Center:	Enter Total No. of Units for Review Period	
5	Select Regional Center:	Enter Total No. of Units for Review Period	
6	Select Regional Center:	Enter Total No. of Units for Review Period	
7	Select Regional Center:	Enter Total No. of Units for Review Period	
8	Select Regional Center:	Enter Total No. of Units for Review Period	
9	Select Regional Center:	Enter Total No. of Units for Review Period	
10	Rate Change (Section C, Row 1: Total Cost of Minimum Wage Adjustment/Section C, Row 2: Units of Service Billed to all Regional Centers)	#DIV/0!	

**SB 3 MINIMUM WAGE 2021 RATE ADJUSTMENT  
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.

If Alternative Services were provided - Please review the proposed alternative monthly rate change, which is calculated based on the information you have entered on the worksheet. If there is an error message in the Alternative 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 "CRamirez@vmrc.net". Please contact Corina Ramirez at CRamirez@vmrc.net if you do not receive a confirmation email. Please ensure you submit a copy to the vendoring 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 VMRC is specific to payroll costs necessary to meet the requirements of the minimum wage increase effective January 1, 2021. 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:**

[CRamirez@vmrc.net](mailto:CRamirez@vmrc.net)

**OR**

**MAILING ADDRESS:**

Valley Mountain Regional Center  
Attention: Corina Ramirez, Resource Development

P.O. Box 692290  
Stockton, CA 95269-2290  
(209) 955-3398

SB 3 MINIMUM WAGE 2021 RATE ADJUSTMENT  
SUMMARY & CERTIFICATION SHEET

PROGRAM INFORMATION

Service Provider Name:	0
Vendor Number:	0
Service Code:	0
Number of Employees:	26 or more
Service Address:	
Mailing Address: (if different than service address)	

CONTACT INFORMATION

	Individual Responsible for Completing Worksheet:
Contact Name:	
Contact Phone Number:	
Email Address:	
Executive Director/Owner:	
Current Rate:	\$0.00
Proposed Rate Change:	#DIV/0!
Proposed New Rate:	#DIV/0!
Unit Type:	Hourly
Proposed Alternative Monthly Rate Change:	

By checking the box below, I certify that the information provided to VMRC is specific to payroll costs necessary to meet the requirements of the minimum wage increase effective January 1, 2021. 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**

**Please read the certification instructions page and save your workbook using your vendor number and email to CRamirez@vmrc.net. Please contact Corina Ramirez at CRamirez@vmrc.net if you do not receive a confirmation email.**

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