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**MONTEREY COUNTY IHSS PUBLIC AUTHORITY
and
SEIU UNITED LONG TERM CARE WORKERS UNION**

TENTATIVE AGREEMENT

The parties agree that the following terms and conditions constitute settlement for the successor MOU:

1. Section 1 PREAMBLE TERM

March 1, 2012 through December 31, 2013

THIS MEMORANDUM OF UNDERSTANDING, referred to below as "MOU," is entered into by and between the Monterey County Public Authority for In Home Supportive Services, hereafter designated as the "Public Authority", and Service Employees International Union, United Long Term Care Workers, hereafter designated as the "Union" for the term ~~March 1, 2009~~ **March 1, 2012** (upon Union ratification and Public Authority Board approval) to and including ~~February 29, 2012~~ **December 31, 2013**.

2. Section 12.3 Provider Orientation

The Public Authority agrees to provide the Union with ~~at least ten (10) days~~ advance notice of the weekly calendar of all Provider orientations and to provide an opportunity for Union representatives to make presentations at the Orientations.

3. SECTION 14. WAGES and BENEFITS

14.1 Wages

~~Effective March 1, 2009, or as soon as possible thereafter, following Union ratification and Public Authority Board approval of the Agreement between the parties-Provider~~ **Contingent upon on-going federal and state contribution levels, Provider** wages shall be **remain at** \$11.50 per hour and shall remain in effect for the term of the MOU. Sixty **nine** cents (\$.609) per hour will also be available for a health benefit plan for the Providers in this bargaining unit.

The parties recognize that Provider wages and benefits are primarily determined by State statute. Therefore, in addition to securing the applicable funding

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provided for by statute, the Public Authority agrees to include a request for County funding in its annual budgeting process.

MOU Meet and Confer

In the event the Communities First Choice Option plan amendment that was submitted by the State of California in 2011 is not approved effective December 2011, the parties will meet and confer within ninety (90) days of the federal decision to discuss the continuation of the \$0.09 additional benefit funding.

4. CONTINGENCY PROVISION – STATE TRIGGER CUTS New Section 14.2 (6)

If during the term of this MOU, the State of California imposes an across-the-board reduction in hours for IHSS Providers that causes Providers to lose eligibility for health insurance, Providers who are enrolled in health insurance and who, if not for the imposition of cuts, would otherwise maintain eligibility, will not lose eligibility for insurance due to the cuts for the term of this Agreement or until the parties reach an alternative agreement, whichever is sooner. Providers not enrolled in health insurance at the time of the imposition of the hours cuts must meet all eligibility requirements for insurance.

The Public Authority's obligation to maintain Provider coverage under this provision shall not exceed the County's savings that would result from the across-the-board reduction. In the case that the savings derived from the hours reduction is insufficient to support the additional insurance costs, the Parties will meet to determine what coverage shall be provided.

5. Section 15. HEALTH BENEFITS

15.1 Health Benefit Funding

Effective July 1, 2005, the Monterey County Public Authority made available \$0.60 per hour multiplied by the number of paid IHSS hours each month in combined Federal/State/County contributions to fund benefits for eligible IHSS Providers. **Effective upon Union ratification, Public Authority, Board approval, and State approval of the increased rate contained in this Agreement, the Monterey County Public Authority shall make available \$0.69 per hour multiplied by the**

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number of paid IHSS hours each month in combined Federal/State/County contributions to fund benefits for eligible IHSS Providers.

~~15.2 Plan Coverage Effective Date~~

~~Effective the first pay period in July, 2005, eligible Providers were enrolled as plan participants.~~

15.2 Provider Health Benefit Premium Payment and Processing

Providers eligible for and enrolling in the health benefits plan shall pay a co-premium of Fifteen Dollars (\$15.00) per month through payroll deduction. This co-premium shall be paid to the Public Authority.

Providers covered by the Health Benefits Plan are responsible for direct payment of their monthly co-premiums in situations when the co-premiums cannot be collected by payroll deductions.

15.3 Public Authority Premium Payments

The Public Authority shall pay its full designated share (\$0.60 per hour multiplied by the number of paid IHSS hours each month in combined Federal/State/County funding) and an additional \$0.09 County/Federal share for a total of \$0.69 of health plan premium cost so long as there are adequate funds appropriated by the Public Authority and Board to meet the requirement of the health plan; subject to the limitation of funding appropriated by the Board of Supervisors of Monterey County and any restriction from the health insurance plan administration.

15.4 Public Authority Premium Processing

The Public Authority will forward the full amount of insurance premiums (Public Authority and Provider shares) to the health plan administrator no less than once each month.

15.5 Union Premium Payment Contribution Timeline

The Union will forward the amount of the Providers' premiums to the Public Authority no later than the 10th of each month.

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15.6 Provider Initial Eligibility and Plan Enrollment

In order to become eligible to participate in the health plan, a Provider must work (6) consecutive months with a minimum of eighty (80) paid hours in each month or satisfy other criteria as established by the Health Plan Administrators. Benefit coverage begins the first day of the second month following the Provider's initial eligibility. In the event the Health Plan is at maximum enrollment, the Provider will be placed on a waiting list.

15.7 Provider Eligibility Determination

The Public Authority shall determine Provider eligibility based on the report received from the State CMIPS system of Paid Provider hours for each month.

15.8 Eligibility Appeal

A Provider may request appeal the Public Authority's determination of Ineligibility to the Public Authority Director. If the issue is not resolved at the Public Authority Director level, the Provider may appeal to the Health Benefits Plan Labor Management Committee as provided for in Section ~~15.16~~ **15.13**. The decision of the Health Benefits Plan Labor Management Committee is final and binding on the parties and the issue of eligibility is not subject to the grievance procedure.

15.9 Continuing Eligibility

To remain eligible, a Provider must maintain at least eighty (80) paid hours per month. If the Provider's pay is below eighty (80) hours in any month, the Provider must increase the number of paid hours to at least eighty (80) hours in the next consecutive two (2) months. If the paid hours requirement is not met, the Provider will be dropped from the plan.

15.10 Maximum Enrollment

Maximum enrollment in the health plan will be limited to the maximum number of Providers for whom premiums can be paid within the funding appropriated by the Monterey County Board of Supervisors. The Public Authority shall review the amount of funding available for the health plan coverage no less than bi-annually in conjunction with the Monterey County Board of Supervisors' budget review as well as conduct monthly monitoring reviews and make permissible adjustments accordingly.

15.11 Benefits Waiting List

If there is a waiting list for eligibility, Providers who become eligible will be added to the bottom of the waiting list. Providers who become ineligible for benefits while on the list will be removed from the list.

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15.12 County Costs Contingency

The parties agree that the funding for the Health Benefits Plan is subject to the terms and conditions established in ~~Section 14.2,~~ the Wage and Benefit Section of this MOU Formula.

15.13 Health Plan Review and Plan Modification

The parties agree to hold Health Benefits Plan Labor-Management Committee meetings as necessary for the purpose of monitoring and assessing periodic modifications to the health insurance plan.

The Public Authority and the Union share a common goal of providing an affordable, accessible health insurance plan for IHSS Providers. The parties agree to meet and confer during the term of this Agreement for the purpose of evaluating the current plan as well as all other available options and selecting the best health plan that can be made available to the Providers with the available funding.

~~The Public Authority shall provide for a total of \$0.60 per hour multiplied by the number of paid IHSS hours each month in combined Federal/State/County funding toward a health insurance pool to fund benefits for eligible IHSS Providers.~~

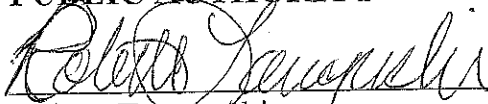
~~Specifically, the parties agree that the following steps and timelines shall apply in evaluating and selecting a health plan that shall take effect no sooner than July 1, 2009:~~

- ~~• As soon as possible following Union ratification and Public Authority Board approval of the Agreement, the Public Authority shall initiate the Request for Proposals (RFP) process in order to expedite the parties' resolution of health plan coverage.~~
- ~~• No later than March 16, 2009, the parties shall meet to discuss the available options.~~
- ~~• In the event the parties agree to change from the current health plan coverage to another plan, such plan shall take effect as soon as possible after July 1, 2009.~~

6. Insurance Waiting List - Educational Program

The Public Authority can agree to continue to provide information at New Provider Orientation and other trainings to Providers regarding eligibility for publicly funded medical insurance options.

**FOR MONTEREY COUNTY
PUBLIC AUTHORITY**

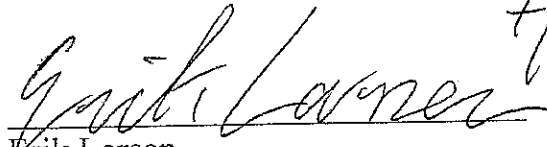

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7/19/12


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Raquel Toribio

Frank Cabrera

Dora Melchor

DATED 7/20/12

DATED _____