

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

137



FROM: Office on Aging

SUBMITTAL DATE:
January 6, 2014

SUBJECT: FY2013/2014 Standard Agreement H9-1314-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP). [District – ALL] [Total Cost: \$5,067] [Source of Funds – 100% Federal].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and Authorize Chair to execute FY2013/14 Standard Agreement H9-1314-21, Amendment 1 (July 1, 2013 to March 31, 2014) with the California Department of Aging (CDA).
2. Approve and direct the Auditor-Controller to increase Estimated Revenue and Appropriations by \$5,067 as outlined in Schedule A.
3. Return four (4) copies of the agreement to Riverside County Office on Aging for further processing.

BACKGROUND:

Summary

This amended agreement and budget display provides the allocation of reconciled Federal One-Time-Only (OTO) Health Insurance Counseling and Advocacy Program (HICAP) funding.

(Continued on Page 2)

Michele Haddock

Michele Haddock
Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 5,067	\$ 0	\$ 5,067	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: Federal 100%	Budget Adjustment: Yes
APPROVE	
For Fiscal Year: 2013/2014	

C.E.O. RECOMMENDATION:

County Executive Office Signature

BY: *Lari Sioson*

Lari Sioson

MINUTES OF THE BOARD OF SUPERVISORS

- Positions Added
- Change Order
- A-30
- 4/5 Vote

Prev. Agn. Ref.: 3-41 July 30, 2013 | **District:** ALL | **Agenda Number:**

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA
COUNTY AUDITOR-CONTROLLER
BY: *Stacy* 1/16/14

FORM APPROVED COUNTY COUNSEL
DATE: *1/16/14*
BY: *NEAL R. KIPNIS*

-Departmental Concurrence-

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: FY2013/2014 Standard Agreement H9-1314-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP).
[District – ALL] [Total Cost: \$5,067] [Source of Funds – 100% Federal].

DATE: January 6, 2014

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BACKGROUND:

Summary (continued)

The amendment also includes information and instruction for the use of OTO funds:

The original agreement was approved and signed by the Board of Supervisors on July 30, 2013, Agenda Item 3-41; for the amount of \$335,545. This amendment shows an increase of \$5,067 in OTO Federal SHIP Funds, which results to a total amount of \$340,612. Therefore, an adjustment to our Department budget is needed, as shown in Schedule A.

Under the terms of this agreement with CDA, OTO funds must be expended by March 31, 2014.

The parties agree to comply with the terms and conditions including the purposes for which they were originally allocated:

1. To increase one-on-one counseling services.
2. Increase outreach and education activities.
3. Maintain and expand quality assurance activities.
4. Augmenting HICAP staff and volunteer base on meet the needs of the increasing numbers of Medicare-eligible beneficiaries.
5. Outreach and counseling services to low-income, dual-eligible and hard-to-reach populations.
6. Training HICAP staff on accurate and thorough reporting of all HICAP activities.
7. Designing activities to enhance HICAP services to clients with limited English proficiency.

There is no impact to County General Funds and we are requesting no additional matching requirements.

Impact on Citizens and Businesses

These funds are to be utilized in accordance with HICAP eligible service population, which means Medicare Beneficiaries, including Medicare Beneficiaries by virtue of a disability and those persons imminent of Medicare eligibility.

ATTACHMENTS:

A. BUDGET ADJUSTMENT

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: FY2013/2014 Standard Agreement H9-1314-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP).
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Office on Aging
Schedule A
FY 2013/2014

Increase Office on Aging Estimated Revenue:

21450-5300100000-767140	Fed-Misc. Reimbursement	\$	5,067
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Increase Office on Aging Appropriation:

21450-5300100000-536200	Contrib. to Non-County Agency	\$	5,067
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STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER H9-1314-21	AMENDMENT NUMBER 1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:
 STATE AGENCY'S NAME
California Department of Aging
 CONTRACTOR'S NAME
COUNTY OF RIVERSIDE
- The term of this Agreement is July 1, 2013 through March 31, 2014
- The maximum amount of this Agreement after this amendment is: \$ 340,612.00
Three hundred forty thousand six hundred twelve and 00/100 dollars
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

This amendment increases the dollar amount available under this Agreement. This increase of \$ 5,067.00 will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 7, is attached and incorporated, and replaces the original Exhibit B, Budget Detail and Payment Provisions, page 7.

The Budget, amendment 1, is hereby incorporated by reference and replaces the original Budget.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <u>COUNTY OF RIVERSIDE</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type) <u>7/17/14</u>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS <u>6296 Rivercrest Drive, Suite K Riverside CA 92507</u>		
STATE OF CALIFORNIA		<input checked="" type="checkbox"/> Exempt per: Older Californians Act
AGENCY NAME <u>California Department of Aging</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Dyanne Macias, Manager, Contracts and Business Services Section</u>		
ADDRESS <u>1300 National Drive, Suite 200, Sacramento, CA 95834</u>		

FORM APPROVED COUNTY COUNSEL
 BY NEAL R. KIPNIS
 DATE

Exhibit B - Budget Detail, Payment Provisions, and Closeout

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
Budget Display
Fiscal Year 2013/14
July 1, 2013 - March 31, 2014 (Nine Months)
County of Riverside

	PROGRAM BASELINE	ONE-TIME ONLY	TOTAL	NET CHANGE
HICAP Funds				
Reimbursements (Ins Fund)	153,209	-	153,209	-
State HICAP Fund	76,585	-	76,585	-
Federal SHIP Funds	105,751	5,067	110,818	5,067
TOTAL HICAP Funds	335,545	5,067	340,612	5,067

The maximum allowable funding available from the allocations above for Administration is:

Reimbursements (Ins Fund)	10,490
State HICAP Fund	5,241
Federal SHIP	10,575

The minimum that must be expended for Mental Health Pharmaceutical Benefits Counseling/Outreach/Education is:

Federal SHIP	5,529
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**Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grants:

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	1NOCMS020196-21	4/1/2013