

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS  
 DATE: 4/14/15

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

742



**FROM:** Office on Aging

**SUBMITTAL DATE:**  
 April 13, 2015

**SUBJECT:** FY2014/2015 Standard Agreement HI-1415-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP). [District – ALL] [Total Cost: \$51,031] [Source of Funds – 100% Federal].

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve and Authorize Chair to execute FY2014/15 Standard Agreement HI-1415-21, Amendment 1 (April 1, 2014 to June 30, 2015) with the California Department of Aging (CDA);
2. Approve and direct the Auditor-Controller to make budget adjustments as shown in Schedule A; and
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	\$ 51,031	\$ 0	\$ 51,031	\$ 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  
 For Fiscal Year: 2014/2015

**C.E.O. RECOMMENDATION:** APPROVE

County Executive Office Signature

BY: *Lani Sison*  
 LANI SIOSON

**MINUTES OF THE BOARD OF SUPERVISORS**

FISCAL PROCEDURES APPROVED  
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
 BY: *Esteban Hernandez*

-Departmental Concurrence

Positions Added  
 Change Order

A-30  
 4/5 Vote

Prev. Agn. Ref.: 6/17/2014; 3-43 | District: ALL | Agenda Number:

3-22

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11:** FY2014/2015 Standard Agreement HI-1415-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP).  
[District – ALL] [Total Cost: \$51,031] [Source of Funds – 100% Federal].

**DATE:** April 13, 2015

**PAGE:** Page 2 of 2

**BACKGROUND:**

**Summary (continued)**

The original agreement was approved and signed by the Board of Supervisors on June 17, 2014, Agenda Item 3-43; for the amount of \$634,279. This amendment shows an increase of \$51,031 in OTO Federal SHIP Funds, which results in a total amount of \$685,310. Therefore, an adjustment to our Department budget is needed, as shown in Schedule A.

Office on Aging will provide counseling and advocacy for Medicare beneficiaries and community education throughout the County, through a Sub-Contract with the Council on Aging Health Insurance Counseling and Advocacy Program (HICAP). HICAP is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans and health plans.

This agreement reflects the current contract from California Department of Aging and could be subject to modifications based on the State final legislative process.

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**

**Attachment A**

**Office on Aging  
Schedule A  
FY2014/2015**

**Increase Office on Aging Estimated Revenue:**

21450-5300100000-767140	Fed-Misc. Reimbursement	\$51,031
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**Increase Office on Aging Appropriation:**

21450-5300100000-536200	Contrib. to other Non-County Agency	\$50,599
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21450-5300100000-510040	Regular Salaries	\$ 432
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\$51,031

**CALIFORNIA DEPARTMENT OF AGING**

1300 National Drive, Suite 200  
SACRAMENTO, CA 95834  
Internet Home Page: [www.aging.ca.gov](http://www.aging.ca.gov)  
TDD Only 1-800-735-2929  
FAX Only (916) 928-2500  
(916) 419-7531



March 17, 2015

To: COUNTY OF RIVERSIDE

Enclosed are four Standard Agreements for Contract # HI-1415-21 Amendment 1. You must have current supporting documents in order for us to process this amendment.

As a reminder, we have listed below the expiration dates for your Insurance Certificate or letter of self-insurance and the DUNS expiration for this contract. If they are expired or will be prior to us receiving the signed amendment back, you will need to renew your insurance and send it with the amendment or update your DUNS # on the SAM.gov website.

- General Liability will expire on 7/1/2015
- Auto Liability will expire on 7/1/2015
- Professional Liability will expire on 10/1/2015
- DUNS # will expire on 11/10/2015.

- A new resolution is needed (True)  
 A new resolution is NOT needed

Please sign and return all four copies of the Contract and any additional documents required to:

California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834

If you have any questions, please contact me at (916) 419-7157 or at the email address listed below.  
Thank you.

Don Fingado  
Contract Analyst  
California Department of Aging  
[Don.Fingad@aging.ca.gov](mailto:Don.Fingad@aging.ca.gov)



## CALIFORNIA DEPARTMENT OF AGING

1300 NATIONAL DRIVE, SUITE 200  
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 Phone Number (916) 419-7500



# PROGRAM MEMO

CDA 1014 (Rev. 02/14)

TO: <b>Area Agencies on Aging Directors</b>		NO.: <b>PM 15-05 (P)</b>
SUBJECT: <b>HICAP</b>  <b>Fiscal Year 2014-15 Health Insurance Counseling and Advocacy Program Contract Amendment #1</b>		DATE ISSUED: <b>March 25, 2015</b>
REVISED:		EXPIRES: <b>June 30, 2015</b>
REFERENCES: <b>Older Californians Act, Welfare and Institutions Code 9100, et seq.</b>		SUPERSEDES: <b>PM 14-06(P)</b>
PROGRAMS AFFECTED:	<input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> CBAS <input checked="" type="checkbox"/> <b>HICAP</b>	

## Purpose

This Program Memo (PM) transmits information regarding your Fiscal Year (FY) 2014-15 Health Insurance Counseling and Advocacy Program (HICAP) revised Budget Display and Contract Amendment #1 (STD. 213A).

## Amendment Content

The California Department of Aging (CDA) is amending the statewide HICAP Contracts (HI-1415) to allocate and reallocate One-Time Only (OTO) federal State Health Insurance Assistance Program (SHIP) funds. The amendment consists of:

- \$185,778 carryover of federal SHIP grant funds reallocated from the March 31, 2014 closeouts; and
- \$89,000 in previously unallocated federal SHIP grant funds.

The result is a \$274,778 net increase to the statewide HICAP Contracts.

## Budget Displays

On the attached HICAP 2014-15 Amendment #1 Budget Displays, the column labeled "State Fiscal Year Funding Adjustment" identifies any unspent funds, per your June 30, 2014 closeouts. If your AAA has any of these funds, you will see them adjusted out of the top section of the Budget Display (State Fiscal Year 2013-2014) and into the bottom section (State Fiscal Year 2014-2015).

Carryover amounts from the prior contract period and the previously unallocated funds are displayed in a separate column labeled "One-Time Only."

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

AGREEMENT NUMBER <b>HI-1415-21</b>	AMENDMENT NUMBER <b>1</b>
REGISTRATION NUMBER	

1. 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

2. The term of this Agreement is **April 1, 2014** through **June 30, 2015**

3. The maximum amount of this Agreement after this amendment is: **\$ 685,310.00**  
**Six hundred eighty-five thousand three hundred ten and 00/100dollars**

4. 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 by \$ 51,031.00. The additional funds will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 6, is attached and replaces the original Exhibit B, Budget Detail, Payment Provisions and Closeouts, page 6.

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

Services shall be performed in PSA(s): 16, 21.

Exhibit D, Article V, Section A is changed. "The Contractor's decision is final and the Subcontractor has no right of appeals to the California Department of Aging." is added.

Exhibit D, Article XII. Section D is changed. "Said notice shall also inform the Contractor of its right to appeal such decision to the Department and the procedure for doing so." is deleted.

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) COUNTY OF RIVERSIDE		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 6296 Rivercrest Drive, Suite K Riverside CA 92507-0738		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME California Department of Aging		<input checked="" type="checkbox"/> Exempt per: Older Californians Act
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Glenn Wallace Manager, CBSS		
ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834		

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**  
**April 1, 2014 - June 30, 2015**  
**County of Riverside**

PROJECT	PROGRAM BASELINE	CUMULATIVE TRANSFERS	STATE FISCAL YEAR FUNDING ADJUSTMENT	ONE-TIME ONLY	TOTAL	NET CHANGE
<b>STATE FISCAL YEAR 2013-2014</b>						
<b>HICAP Program Funds (April 1, 2014-June 30, 2014)</b>						
Reimbursements (Ins Fund)	HIRL14-13	47,605	-		47,605	-
State HICAP Fund	HHHL14-13	23,797	-		23,797	-
Federal SHIP Funds	HIFL14-13	<b>47,367</b>	-		<b>47,367</b>	-
Total Program Funds		118,769	-		118,769	-
<b>HICAP Administration Funds (April 1, 2014-June 30, 2014)</b>						
Reimbursements (Ins Fund)	HRAL14-13	3,500	-		3,500	-
State HICAP Fund	HHAL14-13	1,749	-		1,749	-
Federal SHIP Funds	HFAL14-13	<b>5,263</b>	-	(1,865)	<b>3,398</b>	<b>(1,865)</b>
Total Administration Funds		10,512	-	(1,865)	8,647	(1,865)
<b>STATE FISCAL YEAR 2013-14 (3 MONTHS) TOTAL</b>		<b>129,281</b>	-	(1,865)	<b>127,416</b>	<b>(1,865)</b>
<b>STATE FISCAL YEAR 2014-2015</b>						
<b>HICAP Program Funds (July 1, 2014-March 31, 2015)</b>						
Reimbursements (Ins Fund)	HIRL14-14	142,816	-		142,816	-
State HICAP Fund	HHHL14-14	71,388	-		71,388	-
Federal SHIP Funds	HIFL13-14			46,714	46,714	46,714
Federal SHIP Funds	HIFL14-13					
Federal SHIP Funds	HIFL14-14	<b>133,917</b>	-	<b>3,885</b>	<b>137,802</b>	<b>3,885</b>
Total Program Funds		348,121	-	50,599	398,720	50,599
<b>HICAP Administration Funds (July 1, 2014-March 31, 2015)</b>						
Reimbursements (Ins Fund)	HRAL14-14	10,499	-		10,499	-
State HICAP Fund	HHAL14-14	5,248	-		5,248	-
Federal SHIP Funds	HFAL14-13			1,865	1,865	1,865
Federal SHIP Funds	HFAL14-14	<b>14,880</b>	-	432	<b>15,312</b>	<b>432</b>
Total Administration Funds		30,627	-	1,865	32,924	2,297
<b>STATE FISCAL YEAR 2014-15 (9 MONTHS) TOTAL</b>		<b>378,748</b>	-	1,865	<b>431,644</b>	<b>52,896</b>
<b>HICAP Program Funds (April 1, 2015-June 30, 2015)</b>						
Reimbursements (Ins Fund)	HIRL15-14	47,605	-		47,605	-
State HICAP Fund	HHHL15-14	23,797	-		23,797	-
Federal SHIP Funds	HIFL15-14	<b>44,639</b>	-		<b>44,639</b>	-
TOTAL HICAP Funds		116,041	-		116,041	-
<b>HICAP Administration Funds (April 1, 2015-June 30, 2015)</b>						
Reimbursements (Ins Fund)	HRAL15-14	3,500	-		3,500	-
State HICAP Fund	HHAL15-14	1,749	-		1,749	-
Federal SHIP Funds	HFAL15-14	<b>4,960</b>	-		<b>4,960</b>	-
Total Administration Funds		10,209	-		10,209	-
<b>STATE FISCAL YEAR 2014-15 (3 MONTHS) TOTAL</b>		<b>126,250</b>	-		<b>126,250</b>	-
<b>STATE FISCAL YEAR 2014-15 (12 MONTHS) TOTAL</b>		<b>504,998</b>	-	1,865	<b>557,894</b>	<b>52,896</b>
<b>GRAND TOTAL (APRIL 1, 2014-JUNE 30, 2015)</b>						
Reimbursements (Ins Fund)		255,525	-		255,525	-
State HICAP Fund		127,728	-		127,728	-
Federal SHIP Funds		251,026	-	51,031	302,057	51,031
<b>GRAND TOTAL (15 MONTHS) TOTAL</b>		<b>634,279</b>	-	51,031	<b>685,310</b>	<b>51,031</b>

The minimum that must be expended for Mental Health Pharmaceutical Benefits Counseling/Outreach/Education for the following allocations:  
 April 1, 2014-June 30, 2014 Federal SHIP 2,539  
 July 1, 2014-March 31, 2015 Federal SHIP 10,085

\*\*Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grants:

CFDA#	Project Title	Award #	Effective Date
93.324	State Health Insurance Assistance Program	90SA0041-01-00	4/1/2014
93.324	State Health Insurance Assistance Program	To Be Announced	4/1/2015