

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS DATE 5/5/16

Departmental Concurrence

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

636



**FROM:** Office on Aging

**SUBMITTAL DATE:**  
 April 25, 2016

**SUBJECT:** Ratification of Contract Agreement Amendment No. 1 between the County of Riverside Office on Aging (OoA) and the Council on Aging - Orange County for Medicare Improvements for Patients and Providers Act (MIPPA) for FY 2015/16. [Districts – ALL] [Total Cost: \$53,104] [Source of Funds – 100% Federal].

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

1. Ratify and Authorize the Chair to execute Contract Agreement Amendment No. 1 between the County of Riverside Office on Aging (OoA) and the Council on Aging - Orange County for Medicare Improvements for Patients and Providers Act (MIPPA) for FY 2015/16;
2. Authorize the Purchasing Agent, based on the availability of funding, to sign renewals and amendments that do not change the substantive terms of the agreement, as approved by County Counsel; and
3. Return three (3) original Contract Agreement Amendments to the Office on Aging for further processing.

(Continued on Page 2)

*Anna L. Martinez*  
 Anna L. Martinez  
 Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 53,104	\$	\$ 53,104	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	
<b>SOURCE OF FUNDS:</b> 100% Federal				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b> 2015/16	

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

APPROVE  
 BY: *Lari Sioson*  
 Lari Sioson

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11:** Ratification of Contract Agreement Amendment No. 1 between the County of Riverside Office on Aging (OoA) and the Council on Aging - Orange County for Medicare Improvements for Patients and Providers Act (MIPPA) for FY 2015/16. [Districts – ALL] [Total Cost: \$53,104] [Source of Funds – 100% Federal].

**DATE: April 25, 2016**

**PAGE: 2 of 2**

**BACKGROUND:**

**Summary**

Standard Agreement MI-1517-21 between the California Department of Aging (CDA) and the County of Riverside for MIPPA, administered by the Office on Aging, was approved and signed by the Board of Supervisor on March 15, 2016, Agenda Item 3-17 for the allocated amount of \$53,104 to Contributions to other Non-County Agency for Council on Aging – Orange County. The California Department of Aging (CDA) allocates the Federal grant funds to Area Agencies on Aging (AAA) to provide enhanced Medicare Improvements for Patients and Providers Act (MIPPA) outreach, education and counseling related to Medicare benefits, prescription drug plans and health plans. The MIPPA funds are to be used by Council on Aging – Orange County to promote coordinated delivery of medical, behavioral health, long-term institutional and home and community-based services through a single organized system to older adults and people with disabilities who are dually eligible for both Medi-Cal and Medicare.

**Impact on Citizens and Businesses**

These funds are to be utilized to assist low-income Medicare beneficiaries to access the Part D Low Income Subsidy (LIS/Extra Help) and Medicare Savings Programs (MSPs).

**SUPPLEMENTAL:**

**Additional Fiscal Information**

A budget adjustment was requested and approved by the Board of Supervisors on March 15, 2016, Agenda Item 3-17; therefore, no budget adjustment is needed through this process.

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

**ATTACHMENTS:**

- A. Contract Agreement Amendment No. 1 between the County of Riverside Office on Aging (OoA) and the Council on Aging - Orange County



# RIVERSIDE COUNTY OFFICE ON AGING



Amendment 1

## CONTRACT CONTENTS CHECKLIST

FISCAL YEAR 2015/2016

September 30, 2015 through June 30, 2016

Contract with: **Council On Aging - Orange County**

✓ Check each box when complete

Contract: (4) Signed Signature Pages:	<input checked="" type="checkbox"/>	Four Signature Pages Only
Attachment A:	<input checked="" type="checkbox"/>	Attachment A: Scope of Work -MIPPA AAA, MIPPA HICAP, MIPPA ADRC
Attachment B:	<input checked="" type="checkbox"/>	Attachment B: Individual Contractor Allocation - MIPPA AAA, MIPPA HICAP, MIPPA ADRC
Attachment C:	<input checked="" type="checkbox"/>	Attachment C: Contract Budget Program/Activity - MIPPA AAA, MIPPA HICAP, MIPPA ADRC

### Insurance Copies:

Attach a copy Certificate of Insurance

Expiration Dates

* Requires additionally insured letter	<input checked="" type="checkbox"/>	Workers Compensation	1-1-17
	<input checked="" type="checkbox"/>	*Commerce General Liability	7-1-16
	<input checked="" type="checkbox"/>	*Vehicle Liability	7-1-16
	<input type="checkbox"/>	General Insurance	
	<input type="checkbox"/>	Professional Liability	if applicable

Board Resolution Stmt & Signatures  Authorization to enter into agreement

Organizational Chart:  Include names and job titles

AGENCY CONTRACTS REPRESENTATIVE PLEASE FILL OUT THIS CONTRACT CONTENTS CHECKLIST FORM COMPLETELY AND RETURN WITH CONTRACT PACKAGE.

\* Failure to include all required documents that are complete and correct will result in the package being returned to me via regular mail. The returned package will include a statement indicating the reason(s) for return. Execution of this Contract and the availability of funds WILL be delayed.

\* Please provide the name(s) of the person(s) who complete the Monthly Reports and Reimbursements:

Linda Cardoza

Monthly Reports/Name/Phone Number

Miriam Boulger 714-648-0892

Reimbursements/Name/Phone Number

mboulger@coaoc.org + lcardoza@hicapsbc.org

Please provide an email address for your agency

\* Upon receipt of a complete and correct contract package, the contract will be executed and a copy sent to.

[Signature] 3-24-16  
SIGNATURE/DATE Lisa Wright Jenkins, CEO/President  
(DIRECTOR OR DESIGNEE)

Amendment Number: 1

1. This Agreement is entered into between the Riverside County Agency and Contractor named below.

Riverside County Agency Name  
Office on Aging  
Contractor Name  
Council On Aging - Orange County

2. The term of this Agreement is: September 30, 2015 through June 30, 2016  
**MIPPA Contract**

3. Maximum amount of this Agreement: \$53,104.00  
Fifty-three Thousand One-Hundred and Four Even Dollars

4. The parties agree to comply with the terms and conditions of the following documents which are by this reference made a part of the Agreement.

Riverside County Office on Aging Contract


Attachment A Scope of Work -MIPPA AAA, MIPPA HICAP, MIPPA ADRC


Attachment B Individual Contractor Allocations - MIPPA AAA, MIPPA HICAP, MIPPA ADRC

Attachment C Contract Budget Program/Activity - MIPPA AAA, MIPPA HICAP, MIPPA ADRC

All other terms and conditions remain unchanged and in full force and affect.

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

Contractor		County of Riverside	
Contractor Name: Council On Aging - Orange County ( HICAP)		Agency Name: Office On Aging	
BY (Authorized Signature)	Date Signed	BY (Authorized Signature)	Date Signed
	3-24-16		
Printed Name And Title of Person Signing		Printed Name And Title of Person Signing	
Lisa Wright Jenkins, CEO/President			
Address		Address	
1971 East 4th Street, Suite 200 Santa Ana, CA 92705		6296 River Crest Drive, Suite K Riverside, CA 92507	

FOR APPROVED COUNTY COUNSEL  
BY:  5/5/16  
NEAL R. KIPNIS DATE

Amendment Number: 1

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Lisa Wright Jenkins, CEO/President			
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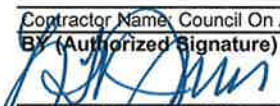
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BY (Authorized Signature)	Date Signed	BY (Authorized Signature)	Date Signed
	<u>3-24-16</u>		
Printed Name And Title of Person Signing		Printed Name And Title of Person Signing	
<u>Lisa Wright Jenkins, CEO/President</u>			
Address		Address	
1971 East 4th Street, Suite 200 Santa Ana, CA 92705		6296 River Crest Drive, Suite K Riverside, CA 92507	

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS

DATE 5/5/16



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Contractor Name: Council On Aging - Orange County ( HICAP)		Agency Name: Office On Aging	
BY (Authorized Signature)	Date Signed	BY (Authorized Signature)	Date Signed
	3-24-16		
Printed Name And Title of Person Signing		Printed Name And Title of Person Signing	
Lisa Wright Jenkins, CEO/President			
Address		Address	
1971 East 4th Street, Suite 200 Santa Ana, CA 92705		6296 River Crest Drive, Suite K Riverside, CA 92507	

FORM APPROVED COUNTY COUNSEL  
BY:  5/6/16  
NEAL R. KIPNIS DATE



# RIVERSIDE COUNTY OFFICE ON AGING



April 1, 2016 through June 30, 2016  
(3 Months)

## COUNCIL ON AGING HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (MIPPA III)

### PROGRAM DESCRIPTION

- A. Describe the proposer agency's interest in providing the HICAP services, and the overall concept that the agency intends to use in the provision of HICAP services. Explain the qualifications and accomplishments that would indicate the proposer's ability to deliver the services by this RFP. Document any previous relevant training and experience applicable to HICAP services.

The Council on Aging - Orange County / HICAP of Riverside County currently provides Health Insurance Counseling & Advocacy Program services to Medicare beneficiaries and persons imminent to the Medicare program in Riverside, Inyo and Mono Counties. COAOC has operated as the contractor since October 2012, and currently operates through a combination of Staff and Volunteer HICAP Counselors that provide one-on-one counseling services through a combination of 26 in-person counseling sites located throughout the Riverside County service area, the HICAP Office/Call Center located in Rancho Cucamonga. In FY 2014/2015, HICAP of Riverside County assisted 2,672 Riverside County clients, 108% of the State benchmark, achieving 4 out of 7 exemplary level attainments in HICAP performance measurements.

As of March 31, 2016 for FY 2015/2016, COAOC/HICAP of Riverside County is expected to exceed the performance measure of served clients, 2,672 Medicare beneficiaries, by approximately 10 percent. This interprets as COAOC / HICAP of Riverside County serving approximately 2,700 clients in FY 2015/2016.

The HICAP Program Manager regularly attends the California Department of Aging biannual HICAP Conference, so as to increase program knowledge on select Medicare topics, and to incorporate into monthly in-service trainings and round tables to ensure HICAP Counselors are knowledgeable on topics affecting their communities.

In addition, in the proposed contract period, the HICAP Program Manager will attend the CDA conference event held in Irvine, CA in April 2016. This will further increase the technical and knowledge experience of the program, to better serve the Riverside County community.

HICAP participates in monthly Medicare technical assistance calls hosted by the California Health Advocates. The technical assistance calls allow for the Program Manager to present issues facing the Riverside County community in terms of their Medicare benefits, and allows for a cross-county collaborative approach in terms of complex case resolution. The HICAP participates in additional trainings conducted by the



National Council on Aging, Justice in Aging, and the California Health Advocates; on timely topics ranging from Covered CA for Medicare beneficiaries, the California Coordinated Care Initiative / Cal MediConnect Basic and Advanced Trainings, MIPPA topics, and etc.

HICAP of Riverside County / HICAP of Inyo and Mono Counties intends to further expand HICAP services in the Riverside County and Inyo & Mono County communities through a multi-pronged approach so to increase the HICAP Volunteer base, increase Education and Outreach efforts, and to increase services to the community. This will be accomplished by expanding the HICAP staffing levels, and implementation of an organizational structure that departmentalizes key program responsibilities: Volunteers, General Education & Outreach, Latino Education & Outreach, and Call Center Operations.

In terms of delivering MIPPA Services, HICAP further specializes application assistance for the Limited Income Subsidy Program (LIS) and the Medicare Savings Programs (MSPs), through the activities completed through our HICAP Benefits Enrollment Center. The HICAP BEC Staff streamlines the application completion process as to maximize efficiency and expedite the process as a whole. This method will aide in the programs goal to complete a total of 275 applications in the project year for the Riverside County Service area. MIPPA III funding will be utilized to support staff efforts in meeting the program deliverables.

- B.** Describe the proposed strategies and methods that will be used to provide the HICAP services to the broadest possible targeted population. Include who will be served, how, where, and when the services allowed under HICAP will operate. Describe the different levels of services allowable under HICAP rules and demonstrate an understanding of the requirements, responsibilities, and technical training need for operating a HICAP. Describe how these services would be managed in a cost efficient and effective manner by the proposer agency. Include a statement of how the program will satisfy the service requirements outlined in the RFP and the agency's understanding of HICAP specifications.

HICAP of Riverside County / HICAP of Inyo & Mono Counties will continue and build on a multi-faceted approach in increasing the capacity of a trained HICAP Volunteer base, and increasing education and outreach events in the community; with the purpose to provide high level Medicare Counseling services to our communities and meet / exceed program performance measurements.

Over the course of the previous fiscal year, COAOC reviewed the program organizational structure and determined that reorganization was necessary to best maximize program resources and increase services at the community level. To accomplish this, COAOC has departmentalized key program responsibilities, with the Program Director and Manager overseeing program planning and project management. The key departments created consist of: Volunteer Department, General Education & Outreach, Latino Education & Outreach, and Call Center Operations. Supervising Coordinators in each department, lead project delivery with supporting Specialist positions.

To meet the demand of HICAP services across our service areas, HICAP will work to increase the volunteer capacity at individual one-on-one counseling sites throughout the County. COAOC recognizes that the increasing demand for HICAP services must be answered through a strong HICAP Volunteer base, so to match the overall growth of the program, the County's Medicare population and to successfully deliver targeted projects, such as the Medicare Part D Annual Enrollment Clinics and expanding the MIPPA project. To increase the HICAP volunteer base in the contract period, the HICAP will work towards three goals: community relationship building, building the volunteer base, and improving HICAP volunteer counselor development trainings. Each individual goal will be met with deliverables aimed at improving the volunteer experience and in turn, increase the overall program capacity to serve more clients. In the MIPPA project period, the HICAP will be responsible for providing application assistance for 275 Riverside County Medicare beneficiaries and persons imminent to the Medicare program. This counseling strategy, along with the counseling support of the expanded HICAP Call Center, the program will be well positioned in meeting all annual deliverables.

The HICAP Call Center provides immediate counseling services, assistance, and in-person appointment scheduling to the County's Medicare beneficiaries, persons imminent to the Medicare program, and their caregivers. Where counseling services include, general Medicare topics, New to Medicare counseling, the Dual Eligible Demonstration project, MIPPA counseling and application assistance, Medicare options counseling, MA and Part D comparisons, Medicare billing assistance, Medicare Appeals assistance, Long Term Care Insurance Counseling, and etc. To best serve the Riverside County community, two additional HICAP Medicare Call Center Specialists have been hired to complete a team of 4 staff specialists, supervised by the HICAP Operations Coordinator, to provide continuous coverage of the HICAP Call Center and expedited Medicare / MIPPA counseling services and/or appointment scheduling at the request of the client.

So to ensure HICAP Counselors are appropriately trained on new topics affecting the Medicare program and our county's Medicare beneficiaries, the HICAP will continue to offer HICAP Roundtable trainings for complex case review, and monthly HICAP In-Service Meetings spotlighting Medicare updates and topical presentations that include MIPPA counseling services.

The HICAP will rely on a staff department team consisting of a supervising Volunteer Coordinator, a Volunteer Specialist responsible for recruitment and training in the Riverside County service area, and a Volunteer Training Specialist that will act as a lead trainer to facilitate new and continuing education. The Volunteer Specialist position and Volunteer Training Specialist, are new positions in the HICAP organizational structure, and demonstrate the program's ability to provide new solutions as to meet increasing demand in a cost-efficient and effective manner. This further allows the program to integrate MIPPA topics into the training HICAP training process, to facilitate an increasing growth of Counselors equipped to provide counseling related to Medicare preventive benefits, Part D assistance, and LIS & MSP application assistance.

- C. Describe any experience in providing public education, training, or public informational presentations. Demonstrate the ability to learn about and perform in areas of government programs, long-term care planning, and consumer protection issues.

In the contract period, MIPPA topics will continue to be integrated into all HICAP Public and Media events.

The HICAP coordinates General Education & Outreach, and Latino Education & Outreach (bilingual English-Spanish), through Supervising Coordinators for each department overseeing an Education and Outreach Specialist. This method ensures that as demand for HICAP presentations and event participation increases, the HICAP will be well positioned to accommodate community needs. Furthermore, as more HICAP Volunteers build a stronger Medicare knowledge base, and begin meeting registration requirements to become HICAP General Educators. Selection of volunteers to assist in Public and Media events, and work alongside our staff Education Departments to reach more beneficiaries.

Public education and information presentations offered by the HICAP, include topics ranging from, but are not limited to, Roadmap to Medicare, MIPPA and the HICAP Benefits Enrollment Center, the California Coordinated Care Initiative (CCI) / Cal-MediConnect, Medicare and other health insurance products, long term care insurance, and etc., while adapting curriculums to best meet the needs of the target audience.

In addition, the HICAP Program Manager acts as the lead Medicare trainer, where they attend bi-annual California Department of Aging HICAP Conferences. This allows the Program Manager to be fully updated with trending topics affecting Medicare beneficiaries, and networks with other programs to incorporate best practices to improve and increase HICAP community education.

The HICAP partners with other aligned Community Based Organizations and government agencies, to raise awareness of available HICAP services, educate professionals serving Medicare beneficiaries, and addressing trends affecting Riverside County Medicare beneficiaries as a population, such as denials of service or balanced billing.

The HICAP Benefits Enrollment Center, further collaborates with aligned Community Based Organizations and government agencies, for a concentrated MIPPA outreach plan. The BEC Staff Team, consisting of a supervising BEC & Medicare Benefits Coordinator, and a BEC & Medicare Benefits Specialist, act as the team lead with the Program Manager and Operations Coordinator to ensure a high level of project coordination and service delivery. Both the BEC & Medicare Benefits Coordinator, and the BEC & Medicare Benefits Specialist, are new positions created to best meet the demand for MIPPA services in the Riverside County community.

## **STAFFING CAPABILITY AND PATTERN**

- A. Describe the staffing pattern that is proposed for HICAP services, and include job titles where applicable, and supervisory lines of authority.

HICAP of Riverside County utilizes a combination of paid-staff HICAP Counselors and volunteer HICAP Counselor support to deliver HICAP services to the Riverside County community. The HICAP staffing pattern relies on teams responsible for defined HICAP service functions.

COAOC HICAP Program Director, supervises HICAP Program Managers serving Orange, Riverside and San Bernardino Counties. Supervises HICAP Medicare Appeals Advocate.

HICAP Program Manager, oversees program operations and supervises HICAP Operations Coordinator, Volunteer Coordinator, Education and Outreach Coordinator, and Latino Education and Outreach Coordinator.

HICAP Operations Coordinator, supervises HICAP Call Center Specialists.

HICAP Call Center Specialist, staffed HICAP Counselors providing continuous HICAP Call Center Coverage and case management. Includes, English-Spanish Bilingual HICAP Call Center Specialist.

HICAP Volunteer Coordinator, supervises Volunteers. Train and recruits new Volunteer Counselors. Supervises Volunteer Specialist.

HICAP Volunteer Training Specialist, Lead for Volunteer Department. Facilitates enhanced training for volunteer counselors.

HICAP Education and Outreach Coordinator, supervises and coordinates with Education and Outreach Specialist. Conducts presentations and participates in community events.

HICAP Education and Outreach Specialist, conducts presentations and participates in community events.

HICAP Latino Education and Outreach Specialist, Conducts Hispanic community targeted presentations and community events.

HICAP Benefits Enrollment Center Coordinator supervises and coordinates with Benefits Enrollment Specialist Benefits Enrollment Center and Medicare Benefits Counselor. Responsible for Medicare Counseling and MIPPA Counseling and application assistance.

HICAP Regional Coordinator, responsible for Inyo and Mono County HICAP Counseling and Community presentations/events.

- B.** Describe the project management, technical staff, and the effective use of a broad cadre of volunteer HICAP Counselors. Describe technical staff functions and general duties, including those responsibilities that will be assigned to volunteer HICAP Counselors.

HICAP of Riverside County utilizes a combination of technical staff and volunteer HICAP Counselors to meet the demands and individual project goals.

The HICAP Program Director and Program Manager, are responsible for the strategic planning and goals so as to meet and/or exceed program deliverables.

The ongoing project to provide Counseling services and outreach to the Riverside County Community, utilizes the expertise of the technical staff departments: Call Center,

Volunteers, Education and Outreach, and Latino Education and Outreach, to ensure a multifaceted approach to increasing awareness of HICAP services, educating the public, and providing individual counseling services.

To increase staff specialization to meet overall program deliverables, each HICAP department comprises a supervising coordinator and subordinate technical specialist. Among each of the Coordinator positions, a new addition in the contract period is the HICAP Operations Coordinator. This position directly supervises a team of HICAP Call Center Staff Specialists, to ensure a high-quality counseling experience for the Riverside / Inyo & Mono County Medicare beneficiaries

The BEC Staff Team, acts as the lead for MIPPA project delivery, acting as the primary counselors for the Limited Income Subsidy (LIS) and Medicare Savings Programs (MSPs) application assistance, and for concentrated MIPPA outreach and integration into General and Latino Community education events.

Volunteerism is a key function of successfully meeting program deliverables, therefore Volunteer recruitment and training is an ongoing and continuous effort at all times.

State registered Volunteer HICAP Counselors provide in-person counseling at 26 partnering sites throughout Riverside County. In addition, registered Volunteer HICAP Counselors participate in Education and Outreach, Long Term Care Insurance Counseling, MIPPA outreach, AEP Enrollment Clinic Counseling, and other State / Federal projects related HICAP as they are implemented.

To facilitate the growth of the program, funds in the contract period will be used to increase the exposure of the program through a combination of staffing and related operational costs detailed in the provided budget.

## **COORDINATION WITH NETWORK OF AGING SERVICES**

- A. Describe the methods that will be employed to coordinate with other aging/senior network services, community based services, and other HICAP services.

HICAP of Riverside County acts a clearinghouse of resources when assisting HICAP clients, and works to connect the client with the appropriate aging/senior network services or community based services as necessary.

When a Riverside County client seeks to utilize available HICAP services, HICAP of Riverside County works to provide the needed counseling services by scheduling the client to meet with a Counselor at one of the 26 in-person counseling sites throughout the County. Or, at the discretion of the client, provide counseling services over the phone through our HICAP Call Center.

The HICAP Education and Outreach team coordinate with aligned community partners to increase the awareness of HICAP services in the community.

As outreach efforts are increased in the contract period, standard coordination practices will continue to raise awareness of HICAP services, and to link HICAP clients to available programs through the Riverside County ADRC, and other Community Based Organizations.



- B.** Describe the proposer agency's experience in cooperative relationships with community based services. Describe experience, if any, working with regulatory agencies at the state and federal levels.

HICAP of Riverside County works closely and cooperatively with aligned community based organizations / services in Riverside County as to best serve the County's HICAP clients, seniors, persons with disabilities, and their caregivers.

Due to the nature of HICAP scope of work, collaboration with State and Federal Regulatory Agencies at times may be necessary.

HICAP of Riverside County works with California Department of Aging on an ongoing basis so to ensure an efficient running program. Participation in workgroups and stakeholder groups, are the extent to work with other regulatory agencies. For example, in participation in collaborates focused on trends affecting beneficiaries through the California Coordinated Care Initiative / Financial Alignment. Other examples of where the HICAP will work directly with regulatory agencies, is when assisting a client with the Medicare appeals process up to the Administrative Law Judge level, or at times directly with CMS to resolve specific technical issue(s) affecting a beneficiary.

- C.** Describe the coordination between the counseling and legal services, as required by law. Indicate how the proposer agency will coordinate legal services/representation if contracted for.

HICAP of Riverside County utilizes its network of staff and volunteer HICAP Counselors to provide preliminary Medicare counseling services to Riverside County Medicare beneficiaries, under the review of the HICAP Program Manager.

When a client case is determined to be in need of assistance with a Medicare appeal due to a denied service, the HICAP Program Manager assess the individual case to determine the appropriate action needed with the aim to obtain successful resolution for the client.

If and when, an individual case is determined to need Medicare Appeals case management, the Program Manager will facilitate a case transfer to the COAOC Medicare Appeals Advocate.

The Medicare Appeals Advocate is the primary managing Counselor concerning the Medicare Appeals process. When encountering a client that needs assistance with a Medicare denied service the Staff Appeals Advocate, will either work with the Primary Counselor to assist clients with Medicare appeals, or assume the case entirely and work directly with the client to pursue resolution. The Appeals Advocates assists in all Medicare denied services, up to and including the Administrative Law Judge level.

If the Program Manager and/or Medicare Appeals Advocate determine an individual case to be beyond the scope of HICAP services, the HICAP Program Manager will initiate a referral to Riverside County Legal Services.

COAOC has an established MOU with Inland County Legal Services.

## OUTREACH AND PUBLICITY

- A. Describe how the proposer agency intends to communicate with culturally diverse communities within the service jurisdiction and the underserved populations.

HICAP of Riverside County will continue and expand currently implemented strategies for education and outreach, and Latino Education and Outreach through the contract period. The HICAP will meet performance measurements through a combination of Staff and Volunteer HICAP Counselors. The staff HICAP Latino Education & Outreach department provides community education events targeted to the Riverside County Hispanic community, and integrates MIPPA services into Spanish language presentations and events so to better reach this population as a whole. HICAP General Educators and Latino Educators, will continue providing interactive presentations, booth/exhibits at partnering pharmacies and health / senior fairs, stakeholder groups / collaborates, and other community events.

In addition to a continuation of current Education and Outreach strategies, HICAP will expand its HICAP - Benefits Enrollment Center to provide increased MIPPA services to the Riverside County community. This will translate into additional topical presentations aimed at Part D enrollment assistance, Medicare Preventive Benefits, and Part D Limited Income Subsidy / Medicare Savings Program application assistance.

In the contract period, the MIPPA project will be a primary topic for the HICAP, and the associated cost savings for Riverside County beneficiaries. To address this demand, the staff HICAP BEC Team and the HICAP Education and Outreach departments will provide specialized topical presentations on available MIPPA services, as well as integrating overviews into all community education events. Collateral materials for the HICAP Benefits Enrollment Center, for MIPPA Services, will be distributed at health fairs and at partnering Senior / Community Centers.

- B. Describe how the agency would conduct market research, how an eligible person would find out about the HICAP services, and what methods you would use to bring them into the system.

HICAP of Riverside County incorporates market research strategy into the HICAP client intake process. Prior to delivering counseling services, all HICAP Counselors obtain a set of data from their client to be uploaded into the California Department of Aging's Statewide HICAP Annual Reporting Program (SHARP) database.

Along with information needed to complete the client profile, HICAP Counselors ask how their client had learned about the program.

To accompany this question, HICAP of Riverside County has trained HICAP Counselors how to document this answer, and has expanded the reporting parameters to better identify the effectiveness of individual media campaigns.

This methodology will be employed in the contract period, accompanying any planned campaign strategies.

#### **INYO/MONO AREA AGENCY PROGRAM SUPPORT**

- A.** Describe how the agency will assist the Inyo/Mono Area Agency with program and technical support as described in Section L., Office on Aging Requirements

N/A. PSA 16, Inyo and Mono Counties do not participate in MIPPA project. However, Part D and Low-income application assistance are built in to standard HICAP counseling practices.

- B.** Describe the coordination between the counseling and legal services, as required by law, indicate how the proposer agency will coordinate legal services/representation if contracted for.

N/A. PSA 16, Inyo and Mono Counties do not participate in MIPPA project. However, Part D and Low-income application assistance are built in to standard HICAP counseling practices.

#### **OUTREACH AND PUBLICITY**

- A.** Describe how the proposer agency intends to communicate with culturally diverse communities within the service jurisdiction and the underserved populations.

N/A. PSA 16, Inyo and Mono Counties do not participate in MIPPA project. However, Part D and Low-income application assistance are built in to standard HICAP counseling practices.



# RIVERSIDE COUNTY OFFICE ON AGING



Amendment 1- MIPPA Contract  
ATTACHMENT B  
Vendor# 112252

Contracts for Services Fiscal Year 2015/2016  
September 30, 2015 through June 30, 2016

Provider	Funding Source Project/Grant	Program	Unit of Service	Unit Description	CFDA #	Number of Units	Unit Rate	Federal Funds	State Funds	Total Contract Amount
Council On Aging 1971 E. 4th Street Suite 200 Santa Ana, CA 92705	OA51028FY16	MIPPA-AAA	AAA	MIPPA	93.779	n/a	expenses	\$ 17,482.00		\$17,482.00
	OA51030FY16	MIPPA-HICAP	HICAP	MIPPA	93.779	n/a	expenses	\$ 14,028.00		\$14,028.00
	OA51038FY16	MIPPA-ADRC	ADRC	MIPPA	93.779	n/a	expenses	\$ 21,594.00		\$21,594.00
<b>Total</b>										<b>\$53,104.00</b>

**ATTACHMENT "C"**



**RIVERSIDE COUNTY  
OFFICE ON AGING**



Riverside County Office on Aging  
Contractor Budget: Program Resources  
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:   
Revision:   
OTO:

Contractor: Council on Aging  
Program and Service: MIPPA  
Vendor #: 112252

Date: 03/24/2016

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	<b>RCOoA Award Amounts:</b>			
11	Federal & State			
12	Federal & State OTO	MIPPA	53,104	
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	<b>Total RCOoA Award Amounts</b>		<b>53,104</b>	<b>OK</b>
17	<b>Program Income (May not be used for match):</b>			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	<b>Total Program Income (May not be used for match)</b>		<b>0</b>	<b>OK</b>
22	<b>Match Cash (From non-Federal sources):</b>			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	<b>Total Match Cash</b>		<b>0</b>	<b>OK</b>
29	<b>Match Third-Party In-Kind:</b>			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	<b>Total Match Third-Party In-Kind</b>		<b>0</b>	<b>OK</b>
36	<b>Total Program Resources</b>		<b>53,104</b>	<b>OK</b>

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	5,900	0
Minimum Required Match	Title IIIE	25%	17,701	0

\* IFS = Include Funding Source

Program Resources amounts (this worksheet) must equal Program Costs amounts (separate worksheet) as follows:

- Program Resources cell G16 must equal Program Costs cell I41.
- Program Resources cell G21 must equal Program Costs cell E41.
- Program Resources cell G28 must equal Program Costs cell F41.
- Program Resources cell G34 must equal Program Costs cell H41.
- Program Resources cell G36 must equal Program Costs cell D41.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.



ATTACHMENT "C"



RIVERSIDE COUNTY  
OFFICE ON AGING



Riverside County Office on Aging  
Contractor Budget: Program Costs  
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:   
Revision:   
OTO:

Contractor:  
Program and Service:  
Vendor #:

Council on Aging  
MIPPA  
112252

Date: # 03/24/2016

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
<b>Paid Personnel</b>					
11 Total Salaries / Wages	18,173				18,173
12 Payroll Taxes	1,481				1,481
13 Workers' Compensation	85				85
14 Other Benefits	2,026				2,026
15 Total Paid Personnel	21,765	0	0		21,765
16 Third-Party In-Kind Personnel	0				0
17 <b>Total Personnel</b>	<b>21,765</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,765</b>
18 <b>Travel &amp; Training *</b>					<b>0</b>
19 <b>Equipment</b>					
20 Expendable Equipment (unit cost of < \$500)					0
21 Non-Expendable Equipment (unit cost ≥ \$500)	0				0
22 <b>Total Equipment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
23 <b>Catered Food</b>					<b>0</b>
24 <b>Raw Food</b>					<b>0</b>
25 <b>Consultants *</b>					<b>0</b>
26 <b>Other Direct Expenses</b>					
27 <b>Building Rent and Utilities</b>					
28 Lease / Rent *	25,000				25,000
29 Utilities *	2,200				2,200
30 Office Expense *	2,639				2,639
31 Vehicle Operations and Maintenance *					0
32 Outside Services *					0
33 Accounting *					0
34 Audit * **					0
35 Volunteer Expense *	1,500				1,500
36 Advertising *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *					0
39 <b>Total Other Direct Expenses</b>	<b>31,339</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31,339</b>
40 <b>Indirect Costs (Maximum 9% of Total) *</b>					<b>0</b>
41 <b>Total Program Costs</b>	<b>53,104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,104</b>

OK OK OK OK OK

\* Requires explanation

\*\* Cannot include audit cost unless \$500,000 in Federal Awards is expended annually

Program Costs amounts (this worksheet) must equal Program Resources amounts (separate worksheet) as follows:

- Program Costs cell D41 must equal Program Resources cell G36.
- Program Costs cell E41 must equal Program Resources cell G21.
- Program Costs cell F41 must equal Program Resources cell G28.
- Program Costs cell H41 must equal Program Resources cell G34.
- Program Costs cell I41 must equal Program Resources cell G16.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.



ATTACHMENT "C"

RIVERSIDE COUNTY  
OFFICE ON AGING



Riverside County Office on Aging  
Contractor Budget: Explanations  
Fiscal Year 2015-16

Original:  X  
Revision:   
OTO:

April 1, 2016 to June 30, 2016

Contractor: Council on Aging  
Program and Service: MIPPA  
Vendor #: 112252

Date: 03/24/2016

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	0	
Consultants *	25	0	
Lease / Rent *	28	25,000	Portion of rent expense
Utilities *	29	2,200	Telephone
Office Expense *	30	2,639	Covers supplies, postage, and office printing
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	0	
Accounting *	33	0	
Audit * **	34	0	
Volunteer Expense *	35	1,500	Training and recognition expenses
Advertising *	36	0	
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	0	
Indirect Costs (Maximum 9% of Total) *	40	31,339	



**RIVERSIDE COUNTY  
OFFICE ON AGING**



Riverside County Office on Aging  
Contractor Budget: Paid Personnel  
Fiscal Year 2015-16

Original:  X  
Revision:   
OTO:

April 1, 2016 to June 30, 2016

Contractor:  
Program and Service:  
Vendor #:

Council on Aging  
MIPPA  
112252

Date: # 03/24/2016

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	HICAP Benefit Counselor	33.08	15.75	13	6,773	#
2	Outreach Coordinator	26.46	20.00	13	6,880	
3	CEO/President	2.01	71.84	13	1,881	
4	Director of Finance	2.01	44.90	13	1,176	
5	Executive Assistant	2.01	17.85	13	467	
6	Accounting Assistant/Office Manager	2.01	24.00	13	629	
7	Receptionist	2.01	14.00	13	367	
8				13	0	
9				13	0	
10				13	0	
11				13	0	
12				13	0	
13				13	0	
14				13	0	
15				13	0	
16				13	0	
17				13	0	
18				13	0	
19				13	0	
20				13	0	
Total Salaries / Wages: Section A					18,173	
Total Salaries / Wages: Section B					0	See detail in Section B
Total Salaries / Wages: Section C					0	See detail in Section C
TOTAL SALARIES / WAGES					18,173	
Total Payroll Taxes					1,481	
Total Workers' Compensation					85	
Total Other Benefits					2,026	
TOTAL EMPLOYEE BENEFITS					3,592	
TOTAL PAID PERSONNEL					21,765	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				13	0	
22				13	0	
23				13	0	
24				13	0	
25				13	0	
26				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	0	
Total Salaries / Wages: Section B					0	

PAID PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
41				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	0	
51				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
Total Salaries / Wages: Section C					0	





**RIVERSIDE COUNTY  
OFFICE ON AGING**



Riverside County Office on Aging  
Contractor Budget: In-Kind Personnel  
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016  
April 1, 2016 to June 30, 2016

Original:   
Revision:   
OTO:

Contractor:  
Program and Service:  
Vendor #:

Council on Aging  
HICAP-MIIPA  
112252

Date: 03/24/2016

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	#
1				13	0	
2				13	0	
3				13	0	
4				13	0	
5				13	0	
6				13	0	
7				13	0	
8				13	0	
9				13	0	
10				13	0	
11				13	0	
12				13	0	
13				13	0	
14				13	0	
15				13	0	
16				13	0	
17				13	0	
18				13	0	
19				13	0	
20				13	0	
21				13	0	
22				13	0	
23				13	0	
24				13	0	
25				13	0	
Third-Party In-Kind Personnel: Section A						0
Third-Party In-Kind Personnel: Section B						0 See detail in Section B
Third-Party In-Kind Personnel: Section C						0 See detail in Section C
TOTAL THIRD-PARTY IN-KIND PERSONNEL						0

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
26				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	0	
41				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	0	
Third-Party In-Kind Personnel: Section B						0

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
51				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
61				13	0	
62				13	0	
63				13	0	
64				13	0	
65				13	0	
66				13	0	
67				13	0	
68				13	0	
69				13	0	
70				13	0	
71				13	0	
72				13	0	
73				13	0	
74				13	0	
75				13	0	
Third-Party In-Kind Personnel: Section C						0



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Milestone Risk Management & Insurance Agency License No. 0B72766 8 Corporate Park, Suite 130 Irvine CA 92606	<b>CONTACT NAME:</b> Cindy Hebert <b>PHONE (A/C, No, Ext):</b> (949) 852-0909 <b>FAX (A/C, No):</b> (949) 852-1131 <b>E-MAIL ADDRESS:</b> chebert@milestonepromise.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Council on Aging of Orange County 1971 E 4th St, Ste 200 Santa Ana CA 92705	<b>INSURER A:</b> Technology Insurance Co <b>NAIC #</b> 42376	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 16/17 WC      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC3524607	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE:** Health Insurance Counseling & Advocacy Program (HICAP) - FY 2012-13  
The County of Riverside, The Department of Aging, State of California, its officers, agents, employees, and servants are included as certificate holder.

<b>CERTIFICATE HOLDER</b>  County of Riverside 6296 River Crest Dr #K Riverside, CA 92507	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Cindy Hebert/CHEBRT



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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2% of the California workers' compensation premium otherwise due on such remuneration.

**Schedule**

Any person or organization as required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**Endorsement Effective** 1/1/2016      **Policy No.** TWC3524607      **Endorsement No.** WC040306  
**Insured** Council on Aging of Orange County (A Non Profit Organization)  
**Insurance Company** Technology Insurance Company

Countersigned by



CERTIFICATE OF LIABILITY INSURANCE					Date	6/26/2015	
<b>Producer</b> MANION/BELL INSURANCE ASSOCIATES P. O. BOX 36186 LOS ANGELES, CA. 90036 (213) 387-8294* FAX (213) 389-5833 LIC. # 0655274			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW				
<b>Insured</b> Council on Aging of Orange County 1971 E. 4th Street, Ste. 200 Santa Ana, CA 92705			<b>COMPANIES AFFORDING COVERAGES</b> Company A Nonprofits' Ins. Alliance of Calif.(NIAC) Company Best: A Rated Company B United States Fire Ins. Co.(USFIC) Company Best: A Rated Company C Company D				
COVERAGES							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS							
CO	LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM,DD,YY)	POLICY EXPIRATION DATE(MM,DD,YY)	LIMITS	
<b>COMM. GENERAL LIABILITY</b>						GENERAL AGGREGATE	\$2,000,000
A	X	OCCURRENCE FORM	2015 09600 NPO	7/1/2015	7/1/2016	PROFESSIONAL LIABILITY AGG.	\$2,000,000
		OTHER _____				PRODUCTS*COMP/OP AGG	\$1,000,000
	X	SEXUAL MISCONDUCT(1M AGG)				PERSONAL & ADV INJURY	\$1,000,000
	X	PROFESSIONAL LIABILITY				EACH OCCURRENCE	\$1,000,000
						FIRE DAMAGE(Any one fire)	\$500,000
						MED EXP(Any one person)*	\$20,000
						DEDUCTIBLE	\$0
<b>AUTOMOBILE LIABILITY</b>							
A		ANY AUTO				COMBINED SINGLE LIMIT	\$1,000,000
		ALL OWNED AUTOS	2015 22727 NPO	7/1/2015	7/1/2016	BODILY INJURY	
	X	SCHEDULED AUTOS				(Per person)	
	X	HIRED AUTOS				BODILY INJURY	
	X	NON-OWNED AUTOS				(Per accident)	
	X	\$ 250. DED. ON COMP/COLL				PROPERTY DAMAGE	
<b>EXCESS LIABILITY</b>							
A	X	UMBRELLA FORM	2016 22727 UMB	7/1/2015	7/1/2016	EACH OCCURRENCE	\$2,000,000
		OTHER THAN UMBRELLA FORM				AGGREGATE	\$2,000,000
						RETENTION	\$10,000
<b>VOLUNTEER ACCIDENT</b>							
B	X	PRIMARY	US 192BD	7/1/2015	7/1/2016	ACCIDENT LIMIT	\$10,000
		EXCESS				AD&D	\$5,000
		DEDUCTIBLE				DEDUCTIBLE	\$0
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
RE: Health Insurance Counseling & Advocacy Program (HICAP) – FT 2013-14 The County of Riverside, The Department of Aging, State of California, its officers, agents, employees, and servants are included as Additional insureds, with respect to work performed for the State of California under this agreement							
CERTIFICATE HOLDER & ADDITIONAL INSURED				CANCELLATION			
County of Riverside 6296 River Crest DR # K Riverside, CA 92507				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS 30 DAYS NOTICE OF CANCELLATION, EXCEPT 10 DAYS NON-PAYMENT OF PREMIUM AUTHORIZED REPRESENTATIVE <i>Glory Manion</i>			
				213 387 8294			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p> <p>County of Riverside, the Department of Aging, the State of California, its officers, agents and employees</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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**A. SECTION II – WHO IS AN INSURED** is amended to include any public entity as an additional insured for whom you are performing operations when you and such person or organization have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" arising out of, in whole or in part, by:

1. Your negligent acts or omissions; or
2. The negligent acts or omissions of those acting on your behalf; in the performance of your ongoing operations.

No such public entity is an additional insured for liability arising out of the "products-completed operations hazard" or for liability arising out of the sole negligence of that public entity.

**B.** With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply.

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** The following is added to **SECTION III – LIMITS OF INSURANCE**:

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

**D.** With respect to the insurance provided to the additional insured(s), **Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

**4. Other Insurance**

**a. Primary Insurance**

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph b. below.

**b. Excess Insurance**

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
  - (e) That is any other insurance available to an additional insured(s) under this Endorsement covering liability for damages arising out of the premises or operations, or products-completed operations, for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**c. Methods of Sharing**

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

**ACTION BY WRITTEN CONSENT  
BY THE BOARD OF DIRECTORS OF  
THE COUNCIL ON AGING – ORANGE COUNTY**

The undersigned, being the Executive Committee of the directors of THE COUNCIL ON AGING – ORANGE COUNTY (the “COUNCIL”), do hereby consent in writing as of July 28, 2015 to the following actions by the Board of Directors (the “Board”):

WHEREAS, the Board has determined that it is in the best interested of the Chief Executive Officer/President of the Council, Lisa Wright Jenkins, be permitted to manage, in an expeditious manner, the day to day business activities of the Council including payment of any and all proper claims and other obligations from vendors and creditors in the form of the issuance of checks and/or various methods of electronic payment and to sign contracts on behalf of the Council;

WHEREAS, this Board has previously reviewed procedures for contracting, hiring, purchasing, and disbursing policies that implement effective internal controls that are reviewed by independent, third party auditors; and

WHEREAS, in order to expedite the payment of claims and other obligations, this Board hereby finds, determines and declares that it is necessary and proper to establish a procedure for the approval of checks and contracts of the Council;

NOW, THEREFORE, BE IT RESOLVED: That this Board hereby finds and determines that beginning July 1, 2014 for the fiscal year thereafter, the following are authorized signatories to issue checks in payment of claims or other obligations of the Council.

Lisa Wright Jenkins	Chief Executive Officer/President
Daryl YeeLitt	Board Chair & 1 <sup>st</sup> Vice President
Richard Mattern	Board Vice Chair & 2 <sup>nd</sup> Corporate Vice President
Michael Bader	Treasurer
Brad Remillard	Secretary

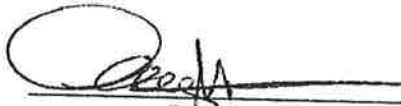
FURTHER RESOLVED: That any authorized signer shall have a signature limit of \$10,000 on any single payment transactions;

FURTHER RESOLVED: Any payment transactions that exceed \$10,000 must be co-signed by an authorized individual.

This Written Consent shall be filed in the minute book of the Council and become a part of the records of the Council.




IN WITNESS WHEREOF, the undersigned have executed this Written Consent as of the date first written above.

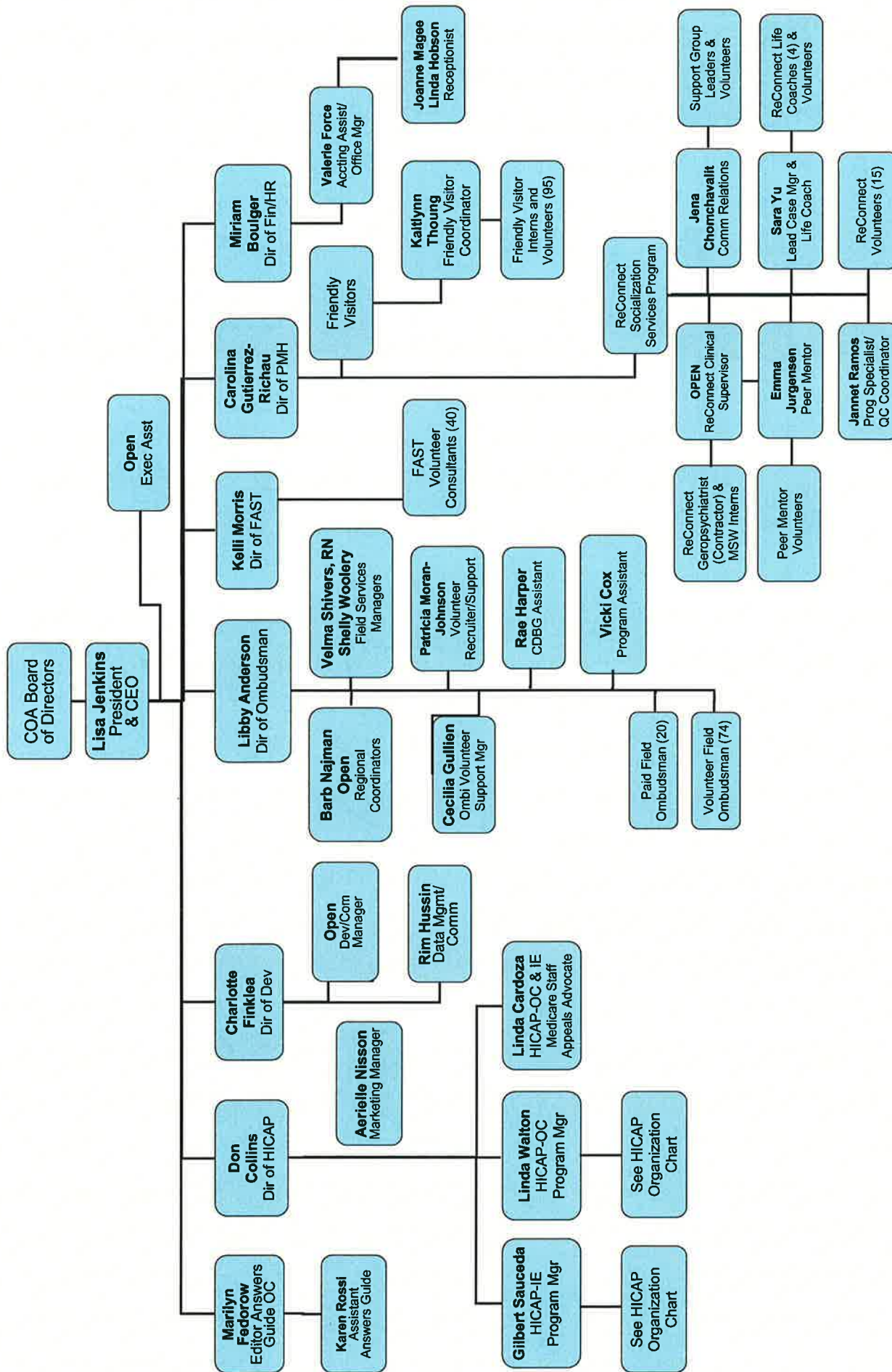
  
\_\_\_\_\_  
Daryl YeeLitt

  
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Richard Mattern

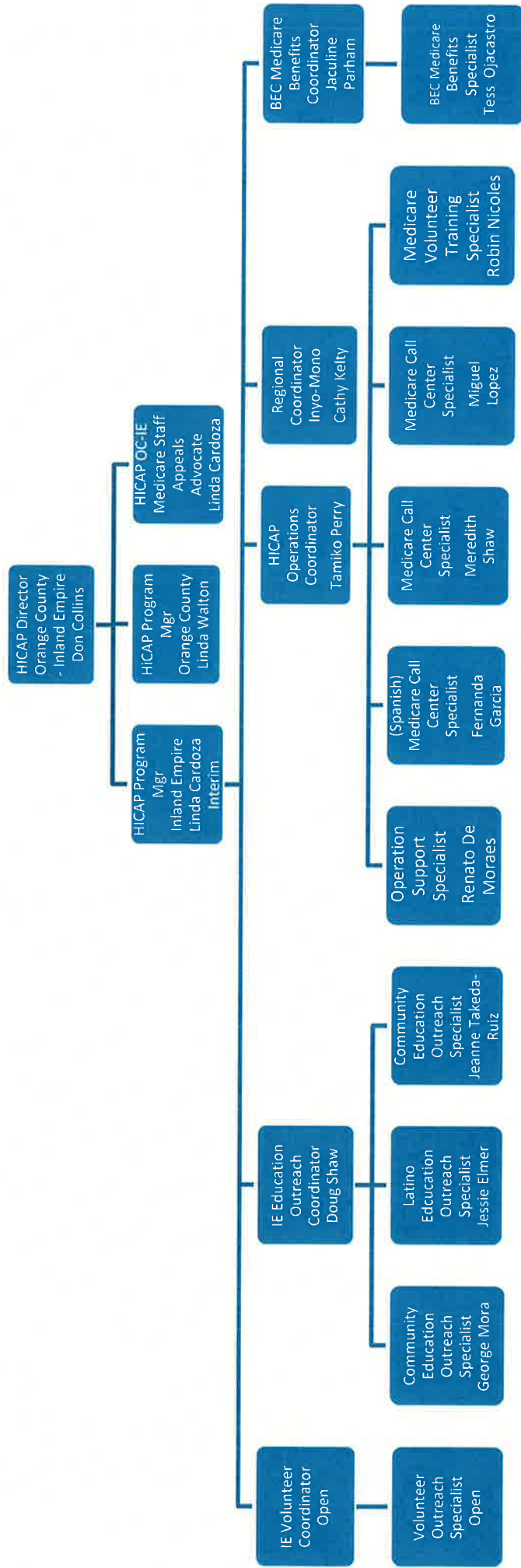
  
\_\_\_\_\_  
Michael Bader

  
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Brad Remillard

  
\_\_\_\_\_  
Lisa Wright Jenkins



# HICAP Inland Empire Organizational Structure





RIVERSIDE COUNTY  
OFFICE ON AGING



Our Core Value... the right to age with dignity

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March 15, 2016

Lisa W. Jenkins, President and Chief Executive Officer  
Council On Aging – Orange County  
1971 East 4<sup>th</sup> Street, Suite 200  
Santa Ana, CA 92705

**Subject: MIPPA Contract FY 15-16**  
**September 30, 2015 through June 30, 2016**

Dear Ms. Jenkins:

Enclosed for your review, response and signature is the MIPPA contract for Fiscal Year 15-16. The total contract amount is **\$53,104.00** for the period of September 30, 2015 to June 30, 2016. The breakdown of this allocation amount is provided on Attachment B of the contract.

Please complete the checklist and return to the Office on Aging via a trackable delivery service. Please include four (4) original signed signature pages of the Amendment, completed Checklist (with signatures), Scope of Work (Attachment A), and Completed Budget (Attachment C) no later than March 25<sup>th</sup> 2016.

If you should have any questions or comments please contact Keisha Winder at (951) 867-3800 or via e-mail at [KeishaWinder@co.riverside.ca.us](mailto:KeishaWinder@co.riverside.ca.us). Thank you in advance for your timely response.

Sincerely,

Karla Kjos,  
Contracts and Services Officer

Attachments

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**Anna L. Martinez, Director**

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◆ **Hemet**

**Mid-County Satellite Office**

749 North State Street  
Hemet, CA 92543  
(951) 791-3573; (951) 791-3553 - FAX

◆ **Main Office (West County)**

6296 River Crest Drive, #K, Riverside, CA 92507  
(951) 867-3800; (951) 867-3830 – FAX  
For Information/Assistance, Call:  
**1-800-510-2020 TTL# (951) 697-4699**

◆ **La Quinta**

**East County Satellite Office**

78-900 Avenue 47, Ste. 200  
La Quinta, CA 92253  
(760) 771-0501; (760) 771-6267 - FAX