

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

705



**FROM :** Office on Aging

**SUBMITTAL DATE:**  
January 19, 2012

**SUBJECT:** Amended FY 2011/2012 Agreement #1 HI-1112-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

**RECOMMENDED MOTION:** That your Honorable Board:

1. Approve and Authorize Chair to execute amended Agreement #1 HI-1112-21 for FY 2011-2012 (July 1, 2011 to June 30, 2012) with the California Department of Aging (CDA).
2. Approve and direct the Auditor-Controller to increase Estimated Revenue and Appropriations by \$23,691 as outlined in Schedule A.
3. Return all 4 copies to the Office on Aging for further processing.

**BACKGROUND:** The last agreement was approved on August 16, 2011 as agenda item 3.66. It is being amended to include One Time Only (OTO) budget adjustments received from the California Department of Aging.

Continued next page...

*Hilary Clarke for Edward Walsh*  
Hilary Clarke, Deputy Director for Edward F. Walsh, Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 23,691	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	11/12

<b>SOURCE OF FUNDS:</b> Federal 100%	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input checked="" type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE  
BY: *Lari Sioson*  
Lari Sioson  
County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: February 7, 2012  
xc: Office on Aging, Auditor, EO

Kecia Harper-Ihem  
Clerk of the Board  
By: *[Signature]*  
Deputy

**3.20**

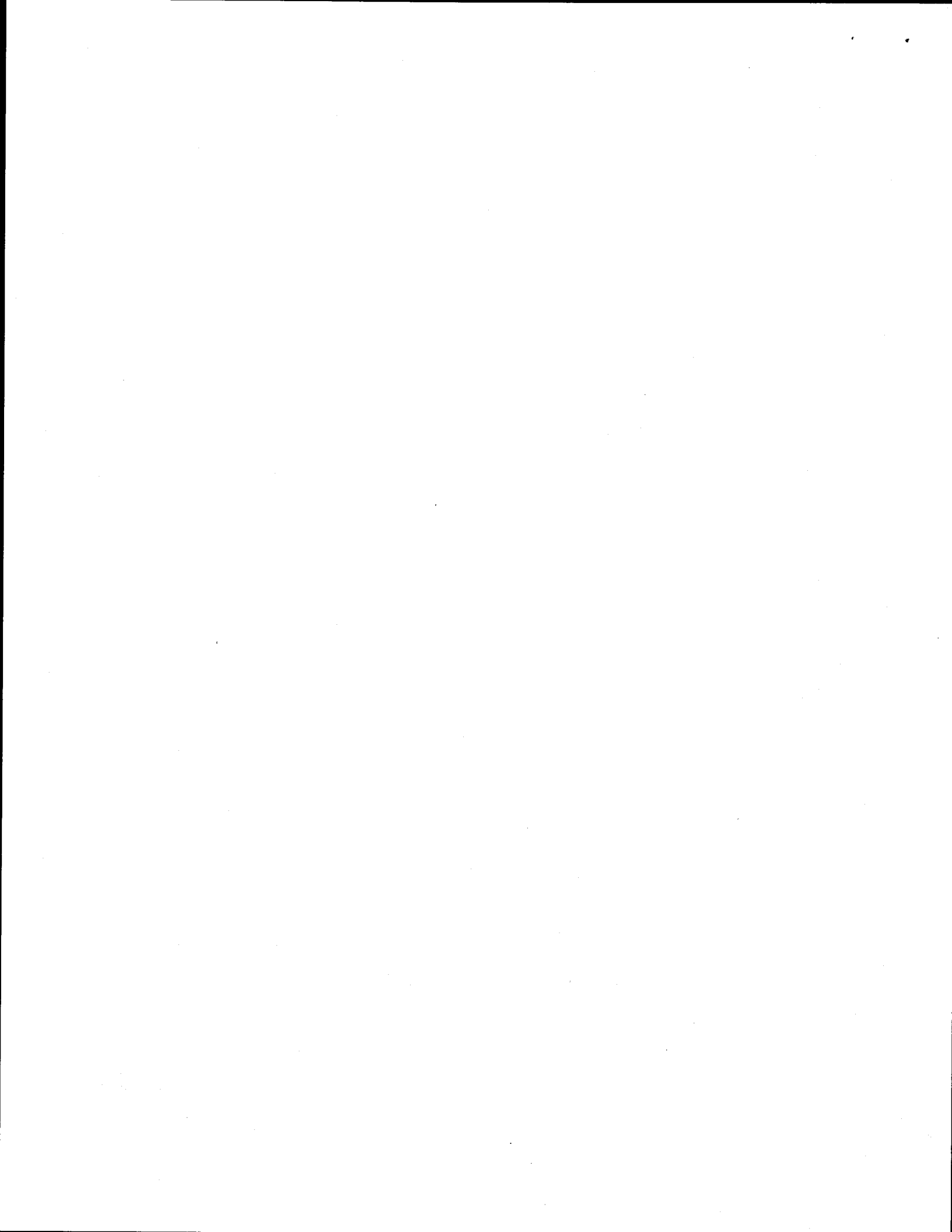
Prev. Agn. Ref.: 3.66 Aug 16, 2011 District: All Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL BY: NEAL R. KIPNIS DATE: 1/24/12  
 FORM APPROVED BY: PAUL ANGULO, CPA, AUDITOR-CONTROLLER BY: Samuel Wong 1/24/12  
 CONCURRENCE APPROVED BY: SAMUEL WONG

Consent  
 Policy  
 Consent  
 Felicity

Dept's Recommen.:  
 Per Exec. Ofc.:



From: OFFICE ON AGING

Subject: FY 2011/2012 Agreement #1 HI-1112-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

The previous agreement signed by the Board on August 16, 2011 was for \$458,046. This new amendment shows an increase of \$23,691 and a new amended agreement total of \$481,737.

The increase was not included in our current budget for FY 2011-2012 and an adjustment to our Agency budget is needed as shown on Schedule "A".

The amended OTO total fund includes \$23,171 on Program Federal SHIP funds, and \$520 Administration Federal SHIP funds.

Under the terms of this agreement with CDA, OTO funds can be used for the following purpose:

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.

We are requesting for no additional cash matching contribution and there is not impact on County General Funds.



From: OFFICE ON AGING

Subject: FY 2011/2012 Agreement #1 HI-1112-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

OFFICE ON AGING  
Schedule A

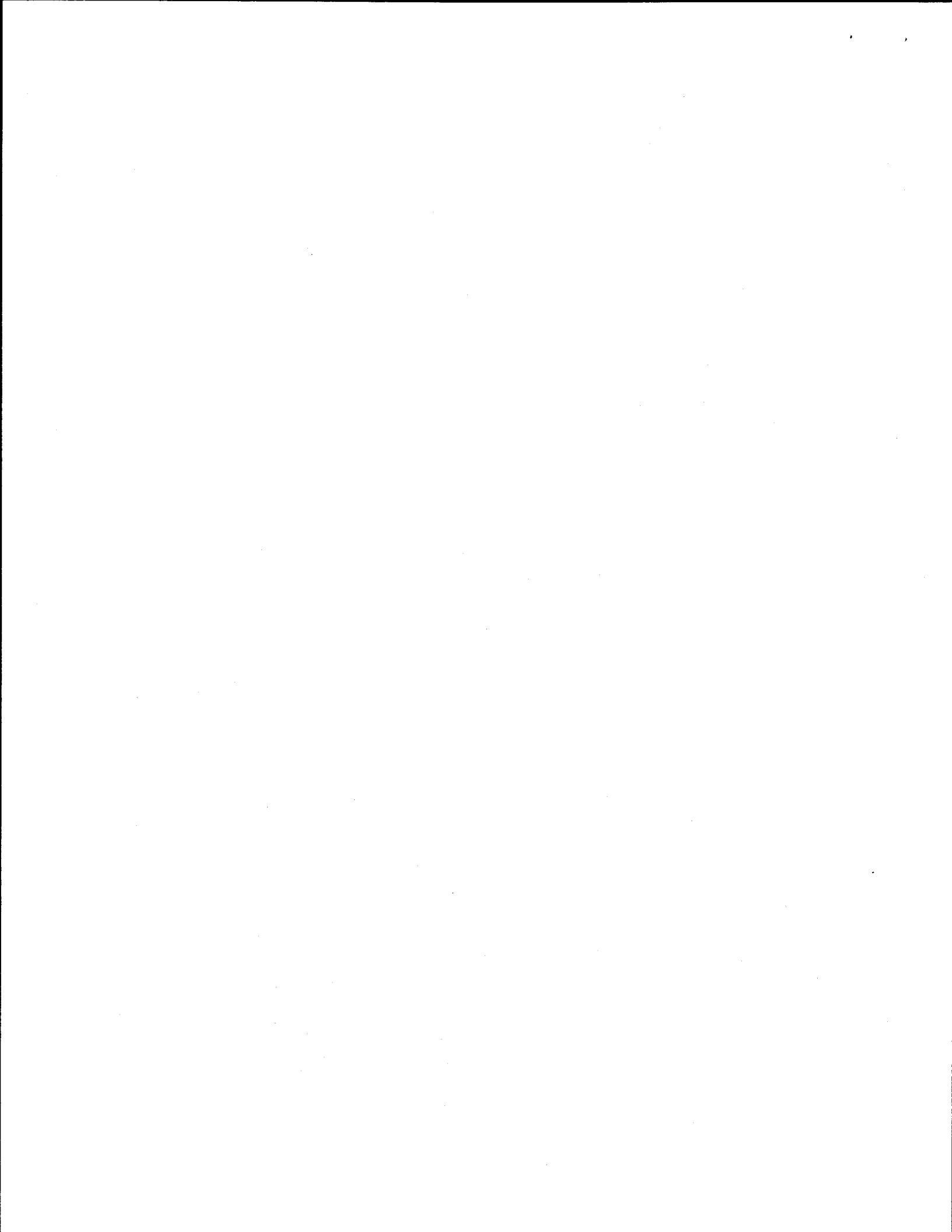
Adjusting revenues and appropriations:

INCREASE ESTIMATED REVENUE

21450-5300100000-767140	Fed-Misc. Reimbursement	<u>23,691</u>
	Total	\$23,691

INCREASE APPROPRIATIONS

21450-5300100000-523700	Office Supplies	520
21450-5300100000-536200	Contributions to Non-Co Agency	<u>23,171</u>
	Total	\$23,691



**CALIFORNIA DEPARTMENT OF AGING**

1300 NATIONAL DRIVE, SUITE 200  
 SACRAMENTO, CA 95834-1992  
 Internet Home Page: [www.aging.ca.gov](http://www.aging.ca.gov)  
 TDD Only 1-800-735-2929  
 FAX Only (916) 928-2267  
 Phone Number (916) 419-7500

**PROGRAM MEMO**

CDA 1014 (Rev. 04/11)

TO: <b>Area Agency on Aging Directors</b>	NO.: <b>PM 11-21(P)</b>
SUBJECT: <b>Fiscal Year 2011-12 Health Insurance Counseling and Advocacy Program Contract Amendment #1</b>	DATE ISSUED: <b>December 13, 2011</b>
REVISED:	EXPIRES: <b>June 30, 2012</b>
REFERENCES: <b>Older Californians Act, Welfare and Institutions Code 9100, et. seq.</b>	SUPERSEDES: <b>PM 11-08(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"/> ADHC <input checked="" type="checkbox"/> Other: <b>HICAP</b>	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other	

**Purpose**

This Program Memo (PM) transmits your Fiscal Year (FY) 2011-12 Health Insurance Counseling and Advocacy Program (HICAP) Revised Allocation and Contract Amendment #1. The California Department of Aging (CDA) is amending the contract to:

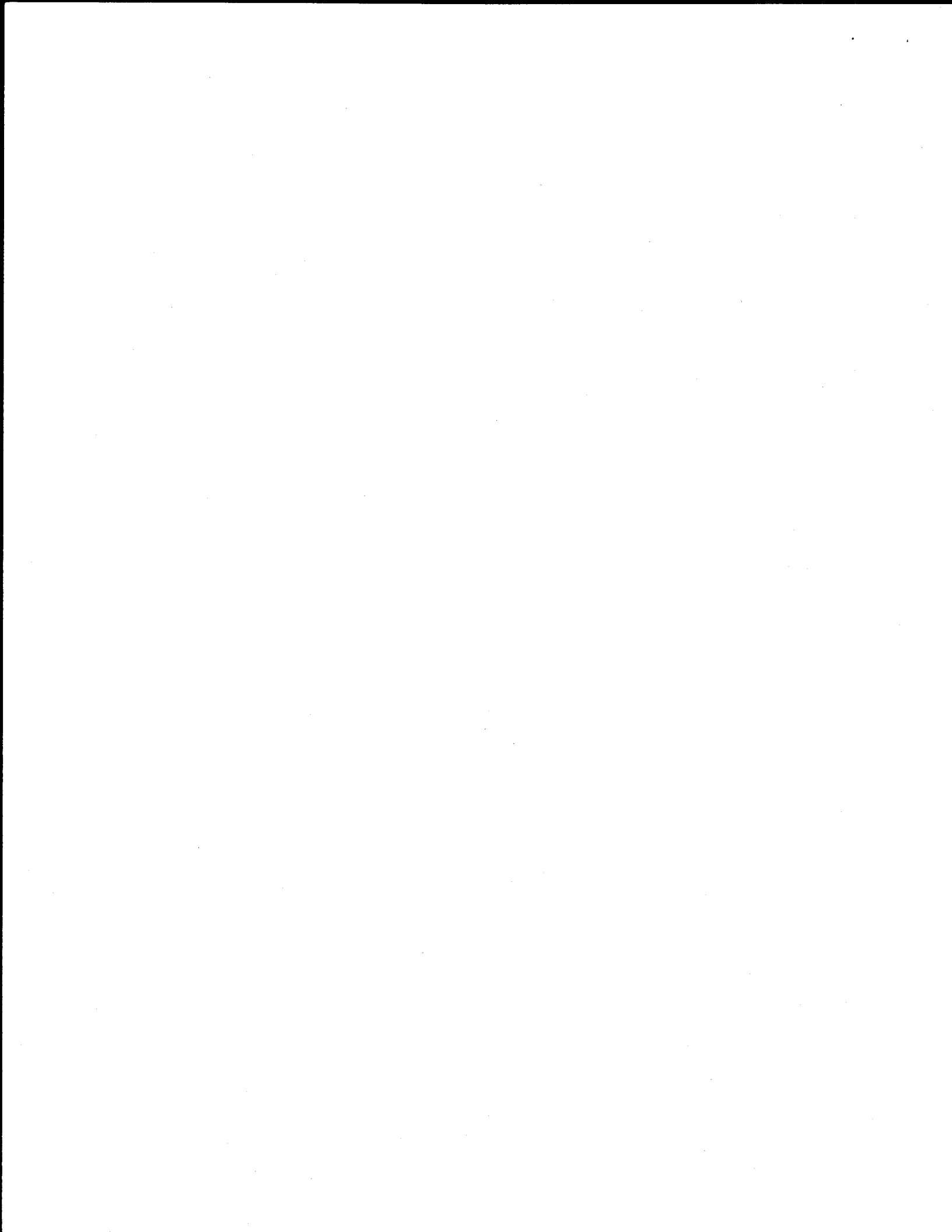
- Allocate \$91,514 in reconciled federal State Health Insurance Assistance Program (SHIP) funds.
- Reallocate in place \$447,057 unspent Area Agency on Aging (AAA) SHIP grant funds for FY 2010-11 to FY 2011-12.
- Allocate \$213,179 in SHIP Performance Grant funds.
- Allocate \$186,717 in SHIP funds from the previous federal grant.
- Execute AAAs' funding transfer requests.

**Allocation Methodology**

CDA allocated reconciled SHIP funds as follows:

- Fifty percent, including administration, equally to each of the 26 contracted HICAP jurisdictions.
- Fifty percent, including administration, to the 26 contractors based on the number of Medicare beneficiaries in their county(ies), using the most current population data available from the Centers for Medicare and Medicaid Services (CMS).

*Continued on next page*



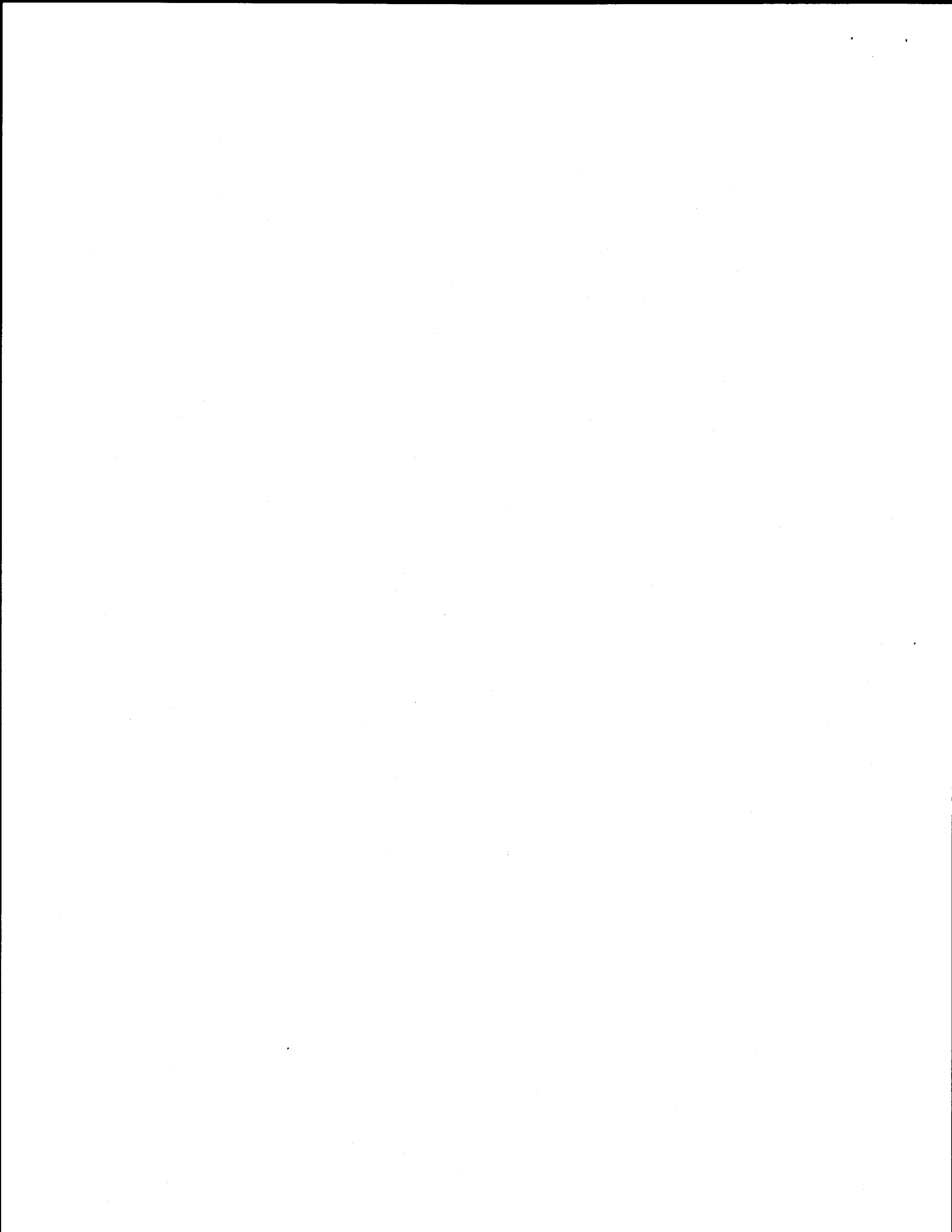


<b>Allocation Methodology</b> (continued)	<p>CDA reallocated previously unspent federal SHIP grant funds for FY 2010-11 in place to each contracted jurisdiction (AAA) based on individual FY 2010-11 closeouts.</p> <p>CDA allocated all other funds as follows:</p> <ul style="list-style-type: none"> <li>• Fifty percent equally to each of the 26 contracted HICAP jurisdictions.</li> <li>• Fifty percent to the 26 contractors based on the number of Medicare beneficiaries in their county(ies), using the most current population data available from CMS.</li> <li>• No funding allocated to administration.</li> </ul>
<b>Expenditure Deadline</b>	June 30, 2012
<b>Expenditure Guideline</b>	<p>Use reallocated unexpended federal SHIP Grant funds for FY 2010-11 as specified in the SHIP Grant Terms and Conditions. Use all other funding sources in this amendment to promote and expand core HICAP activities and to meet or exceed CMS required Benchmarks, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Increasing one-on-one counseling services</li> <li>• Increasing outreach and education activities</li> <li>• Maintaining and expanding quality assurance activities</li> <li>• Augmenting the HICAP staff and volunteer base to meet the needs of the increasing numbers of Medicare-eligible beneficiaries</li> <li>• Performing targeted outreach and counseling services to low-income, dual-eligible and hard-to-reach populations</li> <li>• Training HICAP staff on accurate and thorough reporting of all HICAP activities</li> <li>• Designing activities to enhance HICAP services to clients with limited English proficiency</li> </ul>
<b>Submission Deadline</b>	<p>Submit a revised HICAP Budget (CDA 229) incorporating the attached HICAP Budget Display Amendment #1 to your Fiscal Team Specialist as soon as possible, but no later than 30 days from the date of this PM.</p>
<b>Inquiries</b>	<p>For fiscal inquiries contact your assigned AAA-Based Fiscal Team Specialist. For programmatic inquiries contact your assigned HICAP Specialist.</p>
<b>Attachments</b>	<ul style="list-style-type: none"> <li>• HICAP 2011-12 Amendment #1 Budget Displays</li> <li>• HICAP 2011-12 Amendment #1 Contracts</li> </ul>

*Lora Connolly*

---

Lora Connolly  
Acting Director



## Attachment A: CDA Incomplete Contract Package Process

---

### Revised Process

Effective January 1, 2012, CDA will no longer hold incomplete contract packages indefinitely. AAAs will be required to submit missing information within the following timeframes.

---

### Five-Day Initial Response

If you submit an incomplete contract package, CDA will immediately send an e-mail to your contract representative and your director explaining exactly what is missing. You will have five business days to respond.

If...	And...	Then...
You respond within five business days	You submit all the missing information	You have completed the contract package submission process.
You respond within five business days	You do not have all the missing information, but you give CDA an estimate of how long it will take you to provide the missing information	CDA will hold your contract package and grant you an extension (not to exceed 45 calendar days).
You <b>do not</b> respond within 5 business days	NA	CDA will return your contract package, explaining what is missing, and you must resubmit.

---

### Extension: 45 Days or Less

If CDA grants you an extension, you will have no more than 45 calendar days to submit the missing information.

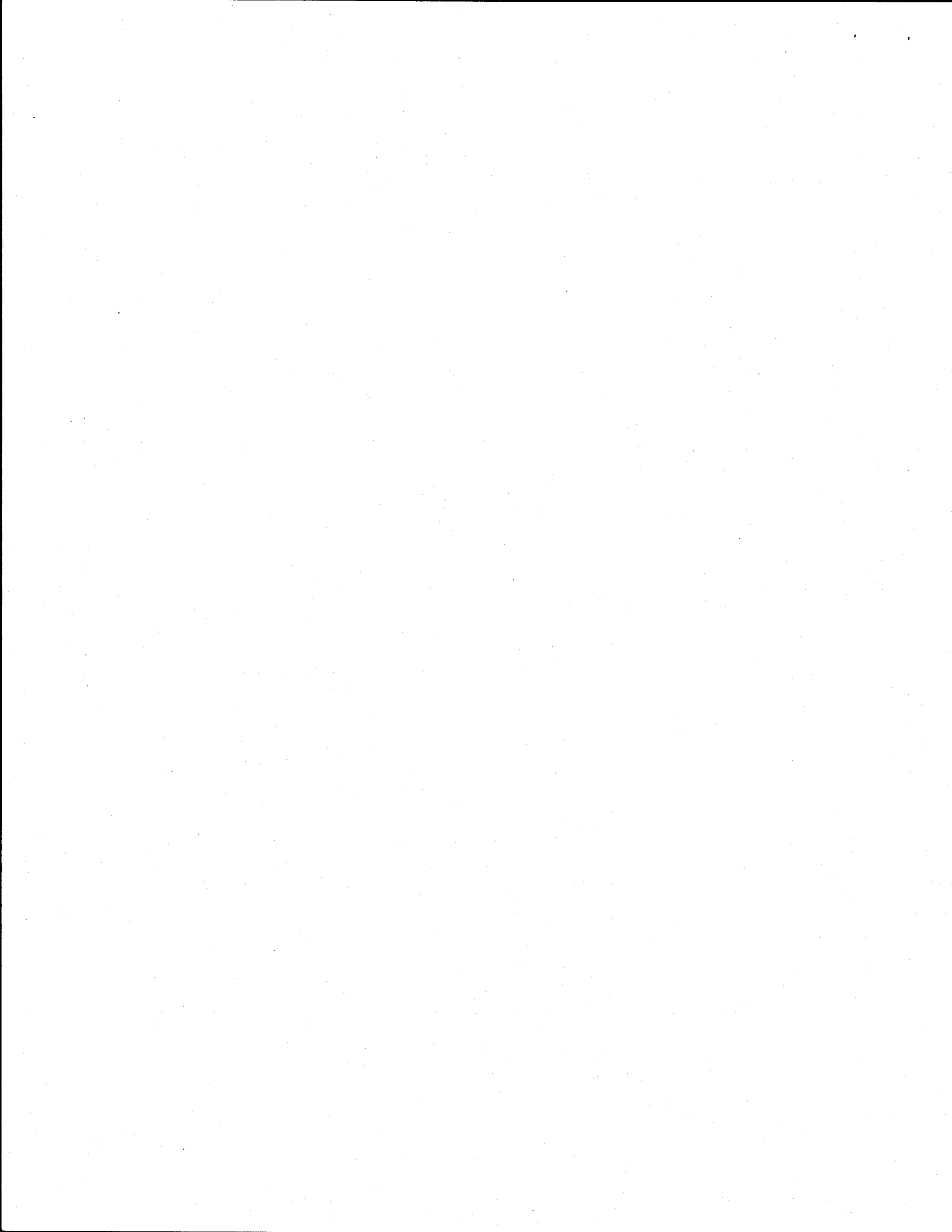
If...	Then...
You provide CDA the missing information within 45 calendar days	You have completed the contract package submission process.
You <b>do not</b> provide CDA the missing information within 45 calendar days	CDA will return your contract package, explaining what is missing, and you must resubmit.

---

### Questions

If you have questions regarding the contract package requirements, please contact the CDA Contract Coordinator, Don Fingado at 916-419-7157 or [dfingado@aging.ca.gov](mailto:dfingado@aging.ca.gov).

---



**Exhibit B - Budget Detail, Payment Provisions, and Closeout**  
**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**  
**BUDGET DISPLAY - Fiscal Year 2011/12**  
**County of Riverside**

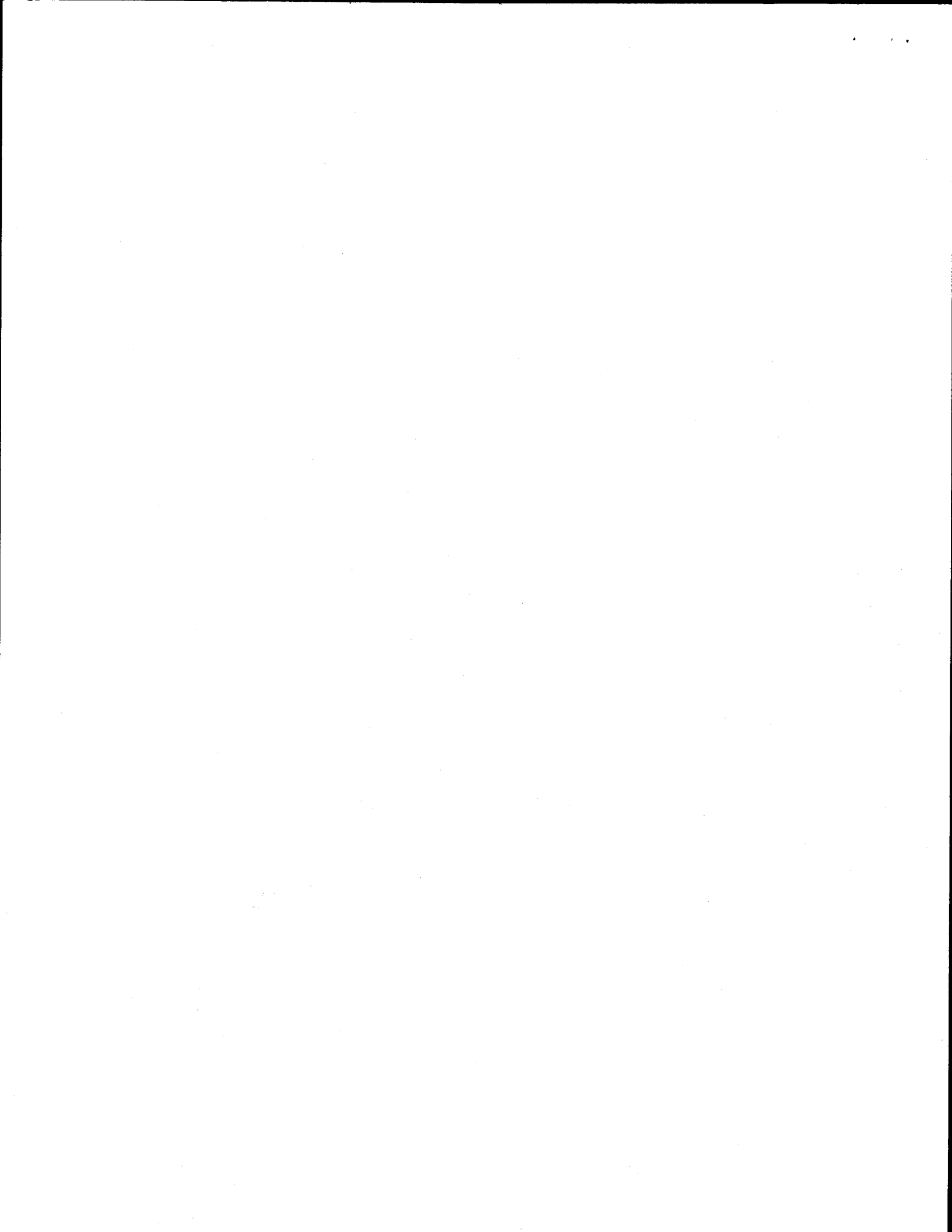
	PROGRAM BASELINE	ONE-TIME ONLY *	TOTAL	NET CHANGE
<b>HICAP Program</b>				
HICAP Fund	95,084	-	95,084	-
Reimbursements (Ins Fund)	190,216	-	190,216	-
Federal SHIP Funds	141,564	23,171	164,735	23,171
<b>TOTAL HICAP Program</b>	<b>426,864</b>	<b>23,171</b>	<b>450,035</b>	<b>23,171</b>
<b>HICAP Administration</b>				
HICAP Fund	5,672	-	5,672	-
Reimbursements (Ins Fund)	11,354	-	11,354	-
Federal SHIP Funds	14,156	520	14,676	520
<b>TOTAL Administration</b>	<b>31,182</b>	<b>520</b>	<b>31,702</b>	<b>520</b>
<b>Grand Total All Funds</b>	<b>458,046</b>	<b>23,691</b>	<b>481,737</b>	<b>23,691</b>

<b>Funding Summary</b>				
HICAP Fund	100,756	-	100,756	-
Reimbursements (Ins Fund)	201,570	-	201,570	-
Federal SHIP Funds	155,720	23,691	179,411	23,691
<b>Total Funds</b>	<b>458,046</b>	<b>23,691</b>	<b>481,737</b>	<b>23,691</b>

\*ONE-TIME ONLY includes 10/11 carryover, reconciliation, unallocated and performance grant funds

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

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	1N0CMS020196-18-00	4/1/2010
93.779	State Health Insurance Assistance Program	1N0CMS020196-19-00	4/1/2011
93.779	State Health Insurance Assistance Program	1N0CMS020196-20-00	4/1/2012



**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER <b>HI-1112-21</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 July 1, 2011 through June 30, 2012

3. The maximum amount of this Agreement after this amendment is: **\$ 481,737.00**  
**Four hundred eighty-one thousand seven hundred thirty-seven and 00/100 dollars**

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. The additional funds consisting of the following will be used to enhance HICAP services:

- State Health Insurance Assistance Program (SHIP) Performance Grant funds to local assistance.
- Reconciled SHIP funds.
- Area Agency on Aging's (AAA) unspent FY 2010-11 HICAP funds to FY 2011-12
- Unspent HICAP funding from the previous federal grant.
- Transfers of funding requested by AAAs.

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

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

ATTEST:  
 KECIA HARPER-JHEM, Clerk  
 BY:   
 DEPUTY

WHEN DOCUMENT IS FULLY EXECUTED RETURN  
**CLERK'S COPY**

to Riverside County Clerk of the Board, Stop 1010  
Post Office Box 1147, Riverside, Ca 92502-1147  
Thank you.

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		FORM APPROVED COUNTY COUNSEL BY: NEAL R. KINNIS DATE
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) <u>2/7/12</u>	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>JOHN TAVAGLIONE CHAIRMAN, BOARD OF SUPERVISORS</b>		
ADDRESS 6296 RIVERCREST DRIVE, SUITE K RIVERSIDE CA 92507		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME California Department of Aging		CALIFORNIA Department of General Services Use Only  <input checked="" type="checkbox"/> Exempt per: Older Californians Act
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rachel de la Cruz, Manager, Contracts and Business Services Section		
ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834		

FEB 07 2012 3:20

**Exhibit B - Budget Detail, Payment Provisions, and Closeout**  
**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**  
**BUDGET DISPLAY - Fiscal Year 2011/12**  
**County of Riverside**

	PROGRAM BASELINE	ONE-TIME ONLY *	TOTAL	NET CHANGE
<b>HICAP Program</b>				
HICAP Fund	95,084	-	95,084	-
Reimbursements (Ins Fund)	190,216	-	190,216	-
Federal SHIP Funds	141,564	23,171	164,735	23,171
<b>TOTAL HICAP Program</b>	<b>426,864</b>	<b>23,171</b>	<b>450,035</b>	<b>23,171</b>
<b>HICAP Administration</b>				
HICAP Fund	5,672	-	5,672	-
Reimbursements (Ins Fund)	11,354	-	11,354	-
Federal SHIP Funds	14,156	520	14,676	520
<b>TOTAL Administration</b>	<b>31,182</b>	<b>520</b>	<b>31,702</b>	<b>520</b>
<b>Grand Total All Funds</b>	<b>458,046</b>	<b>23,691</b>	<b>481,737</b>	<b>23,691</b>

<b>Funding Summary</b>				
HICAP Fund	100,756	-	100,756	-
Reimbursements (Ins Fund)	201,570	-	201,570	-
Federal SHIP Funds	155,720	23,691	179,411	23,691
<b>Total Funds</b>	<b>458,046</b>	<b>23,691</b>	<b>481,737</b>	<b>23,691</b>

\*ONE-TIME ONLY includes 10/11 carryover, reconciliation, unallocated and performance grant funds

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

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	1N0CMS020196-18-00	4/1/2010
93.779	State Health Insurance Assistance Program	1N0CMS020196-19-00	4/1/2011
93.779	State Health Insurance Assistance Program	1N0CMS020196-20-00	4/1/2012