

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

933



**FROM :** Office on Aging

**SUBMITTAL DATE:**  
May 14, 2012

**SUBJECT:** Grant Award Agreement 11-H9003 Amendment with California Health and Human Services Agency and Riverside County Office on Aging

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

- 1) Ratify and authorize Chair to execute the following: Standard Agreement 11-H9003 with the California Health and Human Services Agency and Contractor Certification (form CCC-307).
- 2) Direct Clerk of the Board to return 2 Standard Agreements and Contractor Certification to the Office on Aging for further processing.

**BACKGROUND:** Riverside County Office on Aging was awarded a California Aging and Disability Resource Center Program Grant by the California Health and Human Services Agency to enhance the delivery of consumer services under the existing Aging and Disability Resource Connection (ADRC) program.

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:	\$ 36,688	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

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

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

County Executive Office Signature

BY: *Lani Sioson*  
Lani Sioson

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Benoit 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: June 5, 2012  
xc: Office on Aging, Auditor

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

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.45

Prev. Agn. Ref.: 3.27 10/18/11 | District: All | Agenda Number:

FISCAL PROCEDURES APPROVED  
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
 BY: *[Signature]* 5/22/12  
 SAMUEL WONG  
 Departmental Concurrence  
 DATE: 5/18/12  
 NEAL R. KIPNIS  
 FORM APPROVED COUNTY COUNSEL

Consent  
 Policy  
 Consent  
 Policy  
 Dept't Recomm.:  
 Per Exec. Ofc.:

From: OFFICE ON AGING

**SUBJECT:** Grant Award Agreement 11-H9003 Amendment with California Health and Human Services Agency and Riverside County Office on Aging

Continued,

Through this award, Riverside County Office on Aging's intent to: 1) implement the ADRC Options Counseling Pilot Project and work with local ADRC stakeholders to test and evaluate a comprehensive set of State Long-Term Options Counseling Standards; 2) improve the Care Transitions program by expanding the current ADRC hospital to home care transition program to diverse and underserved communities. The goal is to reduce hospital readmission rates and to secure funding from partner hospitals for continuation of transition coach positions.

The Board approved the original contract on October 18, 2011 Agenda item 3.27 in the amount of \$140,000.

The term of this agreement with the California Health and Human Services Agency has been extended for an additional three (3) months for FY12-13. The revised grant period is July 1, 2011 through September 29, 2012.

Total grant amount remains at \$140,000; FY11-12 \$103,312 and FY12-13 \$36,688.

In our Fiscal Year Budget 2012/2013, submitted to the Executive Office for review and recommendation to the Board, we included a budget of \$25,000 for this grant. We will be submitting an adjusted Form 11 for the increase of funds of \$11,688 once the original budget has been approved.

There is no impact to County General Fund and we are requesting no matching funds.

STATE OF CALIFORNIA }  
BOARD OF SUPERVISORS } §  
COUNTY OF RIVERSIDE }

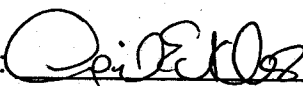
I, April Eckles, Deputy Clerk of the Board for the County of Riverside, do hereby certify that the foregoing is a full, true and correct copy of Standard Agreement No. 11-H9003, approved by the Board of Supervisors at a regular meeting duly held and convened on June 5, 2012, at which meeting a quorum of said Board was present and acting throughout.

Furthermore, I hereby certify that according to provisions of Government Code Section 25103, a copy of Standard Agreement No. 11-H9003, Amendment No. 1 was delivered to the Chairman of the Board, John Tavaglione.

Dated this 5th day of June, 2012

WITNESS my hand and official seal

Kecia Harper-Ihem, Clerk of the Board

By:  \_\_\_\_\_  
Deputy

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# RESOLUTION

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on June 5, 2012, that John Tavaglione, the Chairman of this Board is authorized and directed to execute on behalf of said County the State of California Standard Agreement No. 11-H9003 between the Riverside County and California Health and Human Services Agency providing for: Delivery of Consumer Services under the existing Aging and Disability Resource Connection (ADRC) program.

ROLL CALL:

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Abstain: None

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

KECIA HARPER-IHEM,  
Clerk of the Board

BY:   
Deputy Clerk

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 25 Pages

AGREEMENT NUMBER <b>11-H9003 A-1</b>	AMENDMENT NUMBER
REGISTRATION NUMBER:	

- This Agreement is entered into between the State Agency and Contractor named below:  
 STATE AGENCY'S NAME  
California Health and Human Services Agency  
 CONTRACTOR'S NAME  
Riverside County Office on Aging
- The term of this Agreement is July 1, 2011 or date of approval by the Department of General Services, whichever is later, through September 29, 2012
- The maximum amount of this Agreement after this amendment is: \$140,000.00  
One Hundred Forty Thousand Dollars and 00/100
- 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:
  - The **term** of this Agreement is amended to read as follows: "July 1, 2011 or date of approval by the Department of General Services, whichever is later, through ~~June 30~~ September 29, 2012"
  - Exhibit A, Scope of Work and Attachments 1 through 4** are revised to reflect the new end date of the contract. Exhibit A, Scope of Work and Attachments 1 through 4 are deleted in their entirety and replaced with the attached Revised Exhibit A, Scope of Work and Attachments 1 through 4.
  - Exhibit B, Budget Detail and Payment Provisions, section A, paragraph 1**, is amended to decrease the amount of Fiscal Year 2011-12 by \$36,688.00 and increase Fiscal Year 2012-13 by \$36,688, and shall read as follows:

ATTEST:  
 KECIA HARPER-IHEM, Clerk  
 By Sonia Herrera  
 DEPUTY

"1. The maximum amount payable under this agreement shall not exceed \$140,000.00. Shown below are the amounts that cannot be exceeded for each fiscal year(s):

2011/12	\$140,000.00	<u>\$103,312.00</u>
2012/13	<u>\$36,688.00</u>	

(Continued on page 2)

All other terms and conditions shall remain the same.

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

CONTRACTOR	
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <u>Riverside County Office on Aging</u>	
BY (Authorized Signature) 	DATE SIGNED (Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING <b>JOHN TAVAGLIONE CHAIRMAN, BOARD OF SUPERVISORS</b>	
ADDRESS <u>6296 River Crest Drive, Suite K, Riverside, CA 92507</u>	

COUNTY COUNSEL  
 FORM APPROVED BY: NEAL R. KIPNIS  
 DATE

STATE OF CALIFORNIA	
AGENCY NAME <u>California Health and Human Services Agency</u>	
BY (Authorized Signature) 	DATE SIGNED (Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Sonia Herrera, Chief, Administration and Financial Services</b>	
ADDRESS <u>1600 Ninth Street, Room 460, Sacramento, CA 95814</u>	

CALIFORNIA Department of General Services Use Only
<input type="checkbox"/> Exempt per:

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

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 25 Pages

AGREEMENT NUMBER <b>11-H9003 A-1</b>	AMENDMENT NUMBER
REGISTRATION NUMBER:	

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 STATE AGENCY'S NAME  
California Health and Human Services Agency  
 CONTRACTOR'S NAME  
Riverside County Office on Aging
- The term of this Agreement is July 1, 2011 or date of approval by the Department of General Services, whichever is later, through September 29, 2012
- The maximum amount of this Agreement after this amendment is: \$140,000.00  
One Hundred Forty Thousand Dollars and 00/100
- 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:

- The term of this Agreement is amended to read as follows: "July 1, 2011 or date of approval by the Department of General Services, whichever is later, through ~~June 30~~ September 29, 2012"
- Exhibit A, Scope of Work and Attachments 1 through 4** are revised to reflect the new end date of the contract. Exhibit A, Scope of Work and Attachments 1 through 4 are deleted in their entirety and replaced with the attached Revised Exhibit A, Scope of Work and Attachments 1 through 4.

**Exhibit B, Budget Detail and Payment Provisions, section A, paragraph 1,** is amended to decrease the amount of Fiscal Year 2011-12 by \$36,688.00 and increase Fiscal Year 2012-13 by \$36,688, and shall read as follows:

- The maximum amount payable under this agreement shall not exceed \$140,000.00. Shown below are the amounts that cannot be exceeded for each fiscal year(s):
 

2011/12	<del>\$140,000.00</del>	<u>\$103,312.00</u>
2012/13	<u>\$36,688.00</u>	

ATTEST:  
 KECIA HARPER-IHEM, Clerk  
 By Sonia Herrera DEPUTY

(Continued on page 2)

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.) <u>Riverside County Office on Aging</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>JOHN TAVAGLIONE CHAIRMAN, BOARD OF SUPERVISORS</b>		
ADDRESS <u>6296 River Crest Drive, Suite K, Riverside, CA 92507</u>		
<b>STATE OF CALIFORNIA</b>		<input type="checkbox"/> Exempt per:
AGENCY NAME <u>California Health and Human Services Agency</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Sonia Herrera, Chief, Administration and Financial Services</b>		
ADDRESS <u>1600 Ninth Street, Room 460, Sacramento, CA 95814</u>		

FORM APPROVED COUNTY COUNSEL  
 BY: NEAL F. KIPNIS DATE

**REVISED EXHIBIT A**  
**Scope of Work**

- A. Contractor agrees to provide California Health and Human Services Agency (CHHS) services that enhance the delivery of consumer services under the existing Aging and Disability Resource Connection (ADRC) program, as described herein.

Aging and Disability Resource Connection (ADRC) Programs in California provide a coordinated entry point into the long-term care system for older adults and people with disabilities. ADRC programs raise visibility about the full range of available options, better coordinate aging and disability service systems, provide objective information and assistance, and empower individuals to make informed decisions about their long term supports for both public and private long term-care programs and support services. Since 2004, California has launched seven ADRC partnerships (covering 10 counties) to meet the challenge of a growing and changing long-term care population. California's ADRC model preserves the existing resources and expertise of local Area Agencies on Aging (AAA) and Independent Living Centers (ILC), while eliminating service and program overlaps. Using the best of both established and respected systems – through integration and partnership – ADRCs offer consumers a more coordinated system of long-term supports.

Subsequent to the US Supreme Court's Olmstead decision in 1999, Congress has allocated federal funds to improve consumer access to services that enable disabled individuals to live in the most integrated community setting possible instead of in high cost institutions. In 2006, the Centers for Medicare and Medicaid Services awarded the CHHS a five-year \$3 million Real Choice Systems Transformation Grant (STG) to support the California Community Choices project (9/06-9/11). The Choices project is focused on increasing consumer access to home and community-based long-term care services and diverting persons with disabilities and older adults from unnecessary institutionalization through development of California's long-term care infrastructure. ADRCs were established in Riverside and Orange County and a state pilot long-term care website was launched to improve consumer access to information about long-term services and supports. CHHS also supports ADRCs in San Diego and San Francisco as lead for an ADRC Enhancement project, funded by a 2009 Hospital Discharge Planning Model (HDM) Grant via an interagency agreement with the Department of Health Care Services.

In 2010, the US Department of Health and Human Services Program Announcement, "Implementing the Affordable Care Act (ACA): Making it Easier for Individuals to Navigate Their Health and Long-Term Care through Person-Centered Systems of Information, Counseling and Access" was released. Two new federal ADRC grants under the ACA were awarded to CHHS on September 30, 2010. These grants enable California to build on the initial investment in the ADRC model by strengthening ADRC protocols, technical tools and services developed under the STG and HDM grants.

This contract's Scope of Work is divided into two segments to reflect activities under each grant.

- B. ADRC Options Counseling and Assistance Programs: This federal grant award will be used to work with local ADRC stakeholders to test and evaluate a comprehensive set of State Long-Term Options Counseling Standards.

Contractor shall provide services in accordance with Exhibit A- Attachment 1, Scope of Work: Options Counseling Pilot Project; Exhibit A- Attachment 2, Options Counseling Pilot Project Work Plan. The term for this project is July 1, 2011-~~June 30~~ **September 29**, 2012.

- C. Care Transitions. This federal grant award will expand the current ADRC hospital to home care transition programs to diverse and underserved communities at four ADRCs. The goal of the program is to reduce hospital readmission rates and to secure funding from partner hospitals for continuation of transition coach positions.

Contractor shall provide services in accordance with Exhibit A- Attachment 3, Scope of Work: Care Transitions Intervention; Exhibit A- Attachment 4, Work Plan: Care Transitions Intervention. The term for this project is July 1, 2011-~~June 30~~ **September 29**, 2012.

- D. The project representatives during the term of this agreement will be:

CHHS  
Karol Swartzlander, Project Director  
California Community Choices  
1600 9<sup>th</sup> Street, Room 460  
Sacramento, CA 95814  
(916) 651-6693

Riverside County Office on Aging  
Renee Dar-Khan  
Supervising Program Specialist  
Information & Assistance  
(951) 867-3800  
Fax (951) 867-3830  
[rdarkhan@co.riverside.ca.us](mailto:rdarkhan@co.riverside.ca.us)

Changes to the project representative information may be made by written notice to the other party and shall not require an amendment to this Agreement.



**Exhibit A- Attachment 1**  
**Scope of Work: Options Counseling Pilot Project**

A. Contractor agrees to provide the California Health and Human Services Agency (CHHS) services that support the development of state options counseling standards by providing ongoing options counseling services and conducting a pilot implementation of the draft options counseling standards through the ADRC service delivery model.

B. Target Groups

1. Contractor shall provide options counseling services to the following consumer groups without regard to income level or source:
  - a. Older adults (individuals age 60 years and older);
  - b. Persons with disabilities (of all ages) including physical disabilities, mental illness, and intellectual disabilities/developmental delays/mental retardation/developmental disabilities; and
  - c. Caregivers, informal (unpaid) and formal (paid).

C. Options Counseling Work Group

Contractor shall designate a staff representative to participate on an Options Counseling work group to provide technical input on development of California Options Counseling Standards. A CHHS Program Manager will lead the work group via teleconferences, webinars, document review, and email communications. As a member of the Options Counseling Work Group, the contractor staff representative will conduct specific activities as specified in Attachment 2, Work Plan. Work Group activities include: assisting with an inventory of current Options Counseling best practices, methods, and system tools used in California ADRCs and Money Follows the Person (MFP) lead organizations; providing input on the Options Counseling information modules (e.g., content to be covered), methods (how to provide the service), and scope of service (extent of information to be included, and when to refer to licensed experts).

D. Training

Contractor shall designate at least one individual to attend an in-service training on California Options Counseling Standards.

E. Implement Options Counseling Standards

Contractor shall designate at least one staff person (or a combination of staff) as a designated options counselor to implement options counseling consistent with the standards established under the Options Counseling Work Group and options counseling training curriculum. ADRC will designate the amount of time dedicated staff will provide options counseling services consistent with established standards.

A detailed work plan for options counseling pilot implementation shall be submitted to CHHS for review and approval prior to implementation.

F. Reporting

Contractor shall submit data and reports in the format and within the timeframes specified by CHHS. These reports include, but shall not be limited to:

1. Semi-Annual Performance Reports – This report will be submitted using the Administration on Aging, web-based Semi-Annual Report Template (SART) found on the ADRC-TAE.org website. Contractor will be responsible for completing the local SART.
2. Year-End Financial Report – This report shall include, but not be limited to, fiscal summaries of actual expenditure of contract funds.
3. Contractor shall submit Fiscal Reports to:

California Health and Human Services Agency  
1600 9th Street, Rom 460  
Sacramento, CA 95814

G. Evaluation

Contractor shall support an evaluation to assess the quality of service and level of consistency in implementing California Options Counseling Standards across pilot sites. Evaluation of Options Counseling Standards will focus on improving consumer outcomes (services status, applications completed, satisfaction, etc.) and business operations (staff workload, time devoted to specific service functions and tasks, etc.). The Evaluator will inventory the Quality Improvement (QI) systems, both electronic systems and consumer follow-up methods, used by current ADRCs, and make recommendations for indicators that address quality, e.g., what consumers find most (or least) helpful. Managers, Options Counselors, and consumers will serve as key informants. Additional data collection indicators (beyond consumer demographics) may include, but are not limited to: primary (presenting need) and secondary (other needs) issues; number of issue(s) addressed; total consumer interaction time; materials provided; follow-up actions; urgent/protective needs or referrals; counselor caseload; and service setting need (e.g. home or facility). Evaluation reports will synthesize information, data and analyze trends and patterns to inform quality improvement of the Options Counseling service.

H. Contract Compliance and Monitoring

Contractor shall actively participate in all required fiscal and program compliance monitoring and evaluation. This includes, but is not limited to, a review and evaluation of the contractor's performance in relation to goals, adequacy of the Options Counseling service delivery system, and program cost/expenditures. CHHS will

conduct the monitoring and evaluation through required semi-annual reports as well as onsite visits. CHHS reserves the right to require the contractor to implement a corrective action plan that identifies specific action and timeframes to address any deficiencies identified through contract or program compliance monitoring and evaluation activities.







### **Exhibit A- Attachment 3, Scope of Work: Care Transitions Intervention**

- A. Contractor agrees to provide the California Health and Human Services Agency (CHHS) services to expand the current Care Transitions Intervention<sup>SM</sup> (CTI) program by increasing participation of identified underserved and/or underrepresented communities by 30% during the contract period.

The CTI, developed by Dr. Eric Coleman and the Care Transitions Program-  
[www.caretransitions.org](http://www.caretransitions.org), was designed to address potential threats to patient safety during care transitions by providing patients with the tools and support they need to understand and take a more active role in managing their health care and care transitions. The intervention was also designed to help patients avoid repeat hospitalizations and potentially unnecessary institutionalization. Additionally, the model provides a framework for encouraging larger systems transformations, including improved clinical practice and cost savings attributable to reductions in hospital readmission.

- B. Contractor shall maintain fidelity to the CTI model as follows:

CTI is a four-week, low-cost, low-intensity self-management program designed to provide participants discharged from the acute care setting with skills, tools, and the support of a transition coach to ensure that their health and self-management needs are met.

Through visits and phone calls with a designated transition coach, typically a nurse, social worker, or community worker whose primary role is to "coach, not do," participants develop improved capacity in four conceptual domains or "pillars:"

1. Medication self-management;
2. Using a patient-centered health record;
3. Making primary care provider/specialist appointments; and
4. Knowledge of "red flags"—indicators that a health condition is worsening and how to respond.

- C. Contractor shall acknowledge The Care Transitions Intervention<sup>SM</sup> in all materials and publications.
- D. Contractor is not precluded from referring participants to additional "wrap around" social service supports and short-term service coordination.
- E. Contractor will conduct specific activities as specified in Exhibit A- Attachment 4, Work Plan: Care Transitions Intervention. Expected outcomes include: increased patient confidence and capacity in the CTI four pillars; improved hospital readmission rates for patients with chronic conditions; improved critical pathways between hospitals and ADRCs; and, project sustainability through secured financial support from partner hospitals and other organizations that benefit from reduced hospital readmissions.

**Exhibit A- Attachment 4, Work Plan: Care Transitions Intervention**  
**July 1, 2011-June 30 September 29, 2012**

	Lead	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul- Sept
<b>Administrative Activities</b>																				
Participate on CTI Learning Community -Monthly Teleconferences	Monique ADRC																			
Designate one staff to attend a CTI Master Training (TBD)	ADRC																			
<b>Riverside CTI Development and Implementation</b>																				
Data Analysis (2010 data)/Evaluation Summary Report	Rachel																			
Needs Assessment	Team ADRC																			
Develop and Implement Outreach Strategies to Underserved	ADRC																			
Develop ADRC CTI Business Case	Monique/ADRC																			
Presentation of Business Case	ADRC HSAG																			
<b>Evaluation Activities</b>																				
Submit quarterly data report using the California CTI Access Database and participate on data analysis review call with Evaluation Team	ADRC																			

**ADRC=Riverside County Office on Aging**  
**California Care Transitions Project Team**

Karol Swartzlander, Care Transitions Project Manager, CA Health and Human Services Agency ; Monique Parrish, CTI Consultant, San Diego State Univ. Research Foundation (SDSURF); Eric Glunt, Evaluation Supervisor, SDSURF; Rachel Adams, Evaluation Coordinator, SDSURF; Andrea Silvery, Chief Quality Improvement Officer, Health Services Advisory Group(HSAG)



## BUDGET SUMMARY

For the State Fiscal Year 2011-2012  
 Contract term July 1, 2011-June 30, 2012

BUDGET ITEM	Options Counseling	Care Transitions	Total
<b>PERSONNEL SERVICES</b>			
Salaries, Wages and Fringe Benefits	\$36,932 32,951	\$94,076 56,653	\$131,008 89,604
<b>OPERATING/EQUIPMENT EXPENSES</b>			
Subcontractor	0	0	0
Travel	2,568 721	900 1,622	3,468 2,343
Space	0	1,700	1,700
Equipment and Furniture	0	0	0
Utilities	0	300	300
Communications	0	1,190	1,190
Printing and Supplies	500 1,000	1,834 2,175	2,334 3,175
<b>SUBTOTAL - O&amp;E</b>	<b>\$3,068 1,721</b>	<b>\$5,924 6,987</b>	<b>\$8,992 8,708</b>
<b>INDIRECT COST</b>			
Other (Itemize):			
Training Costs	0	0 5,000	0 5,000
<b>TOTAL COST FY 2011-12</b>			
	<b>\$40,000 34,672</b>	<b>\$100,000 68,640</b>	<b>\$140,000 103,312</b>

## OPTIONS COUNSELING PERSONNEL BUDGET

For the State Fiscal Year of July 1, 2011 through June 30, 2012

Job Title	Monthly Salary Rate	Number of Months Budgeted	Percent Rate on CAL ADRC	Amount of Benefits	SUBTOTAL
Supervising Prog Specialist	\$6,088	12 <u>7</u>	30% \$21,916 <u>12,785</u>	\$9,428 <u>5,497</u>	\$31,344 <u>18,282</u>
Office on Aging Srvc Asst	\$2,987	12 <u>7</u>	<del>10%</del> <u>45%</u> \$3,584 <u>9,409</u>	\$2,004 <u>5,260</u>	<del>\$5,588</del> <u>14,669</u>
Enter this amount in the Budget Summary - Total					\$36,932 <u>32,951</u>

Options Counseling Work Group participation is in-kind contribution.

## OPTIONS COUNSELING BUDGET NARRATIVE

For the State Fiscal Year of July 1, 2011 through June 30, 2012

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary). Identify your projected detailed expenses for each line item by following the instructions herein. **A Budget Narrative (and accompanying Personnel Budget) must be provided for each State Fiscal Year (SFY) of the contract period:**

- ~~SFY July 1, 2010 June 30, 2011~~ (anticipated contract start July 1, 2011 or upon approval of the Department of General Services and contract end date June 30, 2012)

Budget line-item costs should include the following:

1. **PERSONNEL SERVICES**

1. **TOTAL \$36,932 32,951**

Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative

- Identify each funded position title or classification.
- Identify the monthly salary rate.
- Number of months budgeted.
- Indicate the percent time each staff will spend on CAL ADRC program: (Full staff time represents 100 percent effort, i.e., an eight-hour day, 40-hour week). Employees will be required to keep time records reflecting all hours worked on program-related activities. When an employee's time is shared with other projects or activities, the proposal must include an allocation plan to distribute time and costs to the various activities.
- Fringe Benefits (List cost detail of each benefit to be paid.)

2. **OPERATING/EQUIPMENT EXPENSES**

Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.

a. **SUBCONTRACTOR SERVICES**

a. Subtotal \$0

Specify the total costs for all subcontracted services. Identify the number of subcontractors by job title, services to be provided, and basis for costs such as by hour, day or other reasonable basis.

b. **TRAVEL**

b. Subtotal \$2,568 721

Specify the total cost for travel and per diem. Travel expenses include the cost for lodging, meal expenses, commercial carrier fares, private car mileage allowance and incidental expenses incurred by personnel traveling on program-related activities. Travel expenses shall be charged on the premise that such travel originates from the contractor's California office.

Reimbursement for necessary travel expenses shall be made from funds within the contract and shall be set in accordance with the rates specified by the Department of Personnel Administration for comparable classes. No travel outside of the State of California by the contractor shall be reimbursed unless there is prior written authorization from CHHS.

- c. **SPACE** c. Subtotal \$0  
Specify the estimated cost for space. Estimated costs may be based on the amount expected to be paid for rent. Where the facility is owned by the contractor, costs may be reimbursed on the basis of depreciation or a use allowance. When space is rented, indicate whether the charge also provides for services such as utilities or maintenance. Include the amount of square footage and the rate per square foot.
  
- d. **EQUIPMENT/FURNITURE RENTAL/PURCHASE** d. Subtotal \$0  
Specify the amount to be paid for equipment and/or furniture rental/purchase. The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS. Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contact for transfer of the equipment to the CHHS.
  
- e. **UTILITIES** e. Subtotal \$0  
Specify the cost for utilities that are not provided with rental of space. May include power, water, electricity, gas, etc.
  
- f. **COMMUNICATIONS** f. Subtotal \$0  
Specify the cost for telephones, facsimile, postage, etc. Identify the type of service, number of telephones, basis for payment, etc.
  
- g. **PRINTING AND SUPPLIES** g. Subtotal \$500 1,000  
Specify the costs for printing, photocopying and other reproduction services. Specify the estimated cost of office supplies such as paper, forms, folders, pens, pencils, etc. Only costs incurred specifically for the program are allowable.

**2. TOTAL OPERATING/EQUIPMENT EXPENSES: \$3,068 1,721**

- 3. **INDIRECT COSTS** 3. TOTAL \$0  
Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.
  
- 4. **OTHER EXPENSES** 4. TOTAL \$0  
Any expenses not specified in the above categories must be identified and fully explained/justified.

**\*TOTAL COST: \$40,000 34,672**

\*This amount must match the Total Cost on the Budget Summary.

## CARE TRANSITIONS PERSONNEL BUDGET

For the State Fiscal Year of July 1, 2011 through June 30, 2012

Job Title	Monthly Salary Rate	Number of Months Budgeted	Percent Rate on CAL ADRC	Amount of Benefits	SUBTOTAL
Social Worker V	\$4,590	12 7	100% \$55,080 32,130	\$23,738 13,848	\$78,818 45,978
Social Service Worker III	\$4,179	12 4	10% \$5,015 1,672	\$2,420 807	\$7,435 2,479
Mental Health Srvc Supvsr	\$6,675	12 4	7% \$5,607 1,869	\$2,216 740	\$7,823 2,609
<u>Social Service Worker III</u>	<u>\$4,179</u>	<u>3</u>	<u>15%</u> <u>1,881</u>	<u>\$910</u>	<u>\$2,791</u>
<u>Mental Health Srvc Supvsr</u>	<u>\$6,675</u>	<u>3</u>	<u>10%</u> <u>2,003</u>	<u>\$793</u>	<u>\$2,796</u>
Enter this amount in the Budget Summary - Total					\$94,076 56,653

## CARE TRANSITION BUDGET NARRATIVE

For the State Fiscal Year of July 1, 2011 through June 30, 2012

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary. Identify your projected detailed expenses for each line item by following the instructions herein. **A Budget Narrative (and accompanying Personnel Budget must be provided for each State Fiscal Year (SFY) of the contract period:**

- ~~SFY July 1, 2010 June 30, 2011 (anticipated contract start July 1, 2011 or upon approval of the Department of General Services and contract end date June 30, 2012)~~

Budget line-item costs should include the following:

### 1. PERSONNEL SERVICES

1. TOTAL \$94,076 56,653

Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative

- Identify each funded position title or classification.
- Identify the monthly salary rate.
- Number of months budgeted.
- Indicate the percent time each staff will spend on CAL ADRC program:  
(Full staff time represents 100 percent effort, i.e., an eight-hour day, 40-hour week). Employees will be required to keep time records reflecting all hours worked on program-related activities. When an employee's time is shared with other projects or activities, the proposal must include an allocation plan to distribute time and costs to the various activities.
- Fringe Benefits (List cost detail of each benefit to be paid.)

### 2. OPERATING/EQUIPMENT EXPENSES

Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.

#### a. SUBCONTRACTOR SERVICES

a. Subtotal \$0

Specify the total costs for all subcontracted services. Identify the number of subcontractors by job title, services to be provided, and basis for costs such as by hour, day or other reasonable basis.

#### b. TRAVEL

b. Subtotal \$900 1,622

Specify the total cost for travel and per diem. Travel expenses include the cost for lodging, meal expenses, commercial carrier fares, private car mileage allowance and incidental expenses incurred by personnel traveling on program-related activities. Travel expenses shall be charged on the premise that such travel originates from the contractor's California office.

Reimbursement for necessary travel expenses shall be made from funds within the contract and shall be set in accordance with the rates specified by the Department of Personnel Administration for comparable classes. No travel outside of the State of California by the contractor shall be reimbursed unless there is prior written authorization from CHHS.

c. SPACE

Specify the estimated cost for space. Estimated costs may be based on the amount expected to be paid for rent. Where the facility is owned by the contractor, costs may be reimbursed on the basis of depreciation or a use allowance. When space is rented, indicate whether the charge also provides for services such as utilities or maintenance. Include the amount of square footage and the rate per square foot.

**Approximately 85.8 square feet @ \$19.81 per square foot per year.**

c. Subtotal \$1,700

d. EQUIPMENT/FURNITURE RENTAL/PURCHASE

Specify the amount to be paid for equipment and/or furniture rental/purchase. The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS. Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contact for transfer of the equipment to the CHHS.

d. Subtotal \$0

e. UTILITIES

Specify the cost for utilities that are not provided with rental of space.  
**Includes electricity and water.**

e. Subtotal \$300

f. COMMUNICATIONS

**Includes monthly costs for one (1) office phone lease charges from county and one (1) cell phone**

f. Subtotal \$1,190

g. PRINTING AND SUPPLIES

Specify the costs for printing, photocopying and other reproduction services. Specify the estimated cost of office supplies such as paper, forms, folders, pens, pencils, etc. Only costs incurred specifically for the program are allowable.

g. Subtotal \$1,834 2,175

**2. TOTAL OPERATING/EQUIPMENT EXPENSES: \$5,924 6,987**

3. **INDIRECT COSTS**

Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.

3. TOTAL \$0

4. **OTHER EXPENSES**

Care Transitions Intervention "Simulation Laboratory Training" at the University of Colorado in Denver for our Social Services Worker (Hospital Liaison). This training will certify our Liaison as a Train-the-Trainer to provide training to other staff.

4. TOTAL \$0 5,000

**\*TOTAL COST FY 2011-12: \$100,000 68,640**

\*This amount must match the Total Cost on the Budget Summary.

**BUDGET SUMMARY**

For the State Fiscal Year 2012-2013  
July 1, 2012 through September 29, 2012

<b>BUDGET ITEM</b>	<b>Options Counseling</b>	<b>Care Transitions</b>	<b>Total</b>
<b>PERSONNEL SERVICES</b>			
Salaries, Wages and Fringe Benefits	\$5,281	\$28,513	\$33,794
<b>OPERATING/EQUIPMENT EXPENSES</b>			
Subcontractor	0	0	0
Travel		400	400
Space	0	425	425
Equipment and Furniture	0	0	0
Utilities	0	150	150
Communications	0	150	150
Printing and Supplies	47	1,722	1,769
<b>SUBTOTAL - O&amp;E</b>	<b>\$47</b>	<b>\$2,847</b>	<b>\$2,894</b>
<b>INDIRECT COST</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other (Itemize):	0	0	0
<b>TOTAL COST FY 2012-13</b>	<b>\$5,328</b>	<b>\$31,360</b>	<b>\$36,688</b>



**OPTIONS COUNSELING**  
**PERSONNEL BUDGET**  
 For the State Fiscal Year 2012-2013  
July 1, 2012 through September 29, 2012

<b>Job Title</b>	<b>Monthly Salary Rate</b>	<b>Number of Months Budgeted</b>	<b>Percent Rate on CAL ADRC</b>	<b>Amount of Benefits</b>	<b>SUBTOTAL</b>
Supervising Prog Specialist	\$6,312	3	14% \$2,651	\$1,182	\$3,833
Office on Aging Svcs Asst	\$2,976	3	10% \$893	\$555	\$1,448
Enter this amount in the Budget Summary - Total					\$5,281

## OPTIONS COUNSELING BUDGET NARRATIVE

For the State Fiscal Year 2012-2013  
July 1, 2012 through September 29, 2012

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary). Identify your projected detailed expenses for each line item by following the instructions herein. **A Budget Narrative (and accompanying Personnel Budget) must be provided for each State Fiscal Year (SFY) of the contract period:**

Budget line-item costs should include the following:

**1. PERSONNEL SERVICES** **1. TOTAL \$5,281**

Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative

- Identify each funded position title or classification.
- Identify the monthly salary rate.
- Number of months budgeted.
- Indicate the percent time each staff will spend on CAL ADRC program:  
(Full staff time represents 100 percent effort, i.e., an eight-hour day, 40-hour week). Employees will be required to keep time records reflecting all hours worked on program-related activities. When an employee's time is shared with other projects or activities, the proposal must include an allocation plan to distribute time and costs to the various activities.
- Fringe Benefits (List cost detail of each benefit to be paid.)

**2. OPERATING/EQUIPMENT EXPENSES**

Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.

**a. SUBCONTRACTOR SERVICES** **a. Subtotal \$0**

Specify the total costs for all subcontracted services. Identify the number of subcontractors by job title, services to be provided, and basis for costs such as by hour, day or other reasonable basis.

**b. TRAVEL** **b. Subtotal \$0**

Specify the total cost for travel and per diem. Travel expenses include the cost for lodging, meal expenses, commercial carrier fares, private car mileage allowance and incidental expenses incurred by personnel traveling on program-related activities. Travel expenses shall be charged on the premise that such travel originates from the contractor's California office.

Reimbursement for necessary travel expenses shall be made from funds within the contract and shall be set in accordance with the rates specified by the Department of Personnel Administration for comparable classes. No travel outside of the State of California by the contractor shall be reimbursed unless there is prior written authorization from CHHS.

- c. **SPACE** c. Subtotal \$0  
Specify the estimated cost for space. Estimated costs may be based on the amount expected to be paid for rent. Where the facility is owned by the contractor, costs may be reimbursed on the basis of depreciation or a use allowance. When space is rented, indicate whether the charge also provides for services such as utilities or maintenance. Include the amount of square footage and the rate per square foot.
- d. **EQUIPMENT/FURNITURE RENTAL/PURCHASE** d. Subtotal \$0  
Specify the amount to be paid for equipment and/or furniture rental/purchase. The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS. Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contact for transfer of the equipment to the CHHS.
- e. **UTILITIES** e. Subtotal \$0  
Specify the cost for utilities that are not provided with rental of space. May include power, water, electricity, gas, etc.
- f. **COMMUNICATIONS** f. Subtotal \$0  
Specify the cost for telephones, facsimile, postage, etc. Identify the type of service, number of telephones, basis for payment, etc.
- g. **PRINTING AND SUPPLIES** g. Subtotal \$47  
Specify the costs for printing, photocopying and other reproduction services. Specify the estimated cost of office supplies such as paper, forms, folders, pens, pencils, etc. Only costs incurred specifically for the program are allowable.

**2. TOTAL OPERATING/EQUIPMENT EXPENSES: \$47**

3. **INDIRECT COSTS** 3. TOTAL \$0  
Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.
4. **OTHER EXPENSES** 4. TOTAL \$0  
Any expenses not specified in the above categories must be identified and fully explained/justified.

**\*TOTAL COST: \$5,328**

\*This amount must match the Total Cost on the Budget Summary.

**CARE TRANSITIONS  
 PERSONNEL BUDGET**

For the State Fiscal Year 2012-2013  
July 1, 2012 through September 29, 2012

<b>Job Title</b>	<b>Monthly Salary Rate</b>	<b>Number of Months Budgeted</b>	<b>Percent Rate on CAL ADRC</b>	<b>Amount of Benefits</b>	<b>SUBTOTAL</b>
Social Services Worker V	\$4,779	3	100% \$14,337	\$6,327	\$20,664
Social Service Worker III	\$4,074	3	20% \$2,444	\$1,332	\$3,776
Mental Health Srvc Supvsr	\$6,329	3	15% \$2,848	\$1,225	\$4,073
Enter this amount in the Budget Summary - Total					<b>\$28,513</b>

## CARE TRANSITION BUDGET NARRATIVE

For the State Fiscal Year 2012-2013  
July 1, 2012 through September 29, 2012

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary. Identify your projected detailed expenses for each line item by following the instructions herein. **A Budget Narrative (and accompanying Personnel Budget must be provided for each State Fiscal Year (SFY) of the contract period:**

Budget line-item costs should include the following:

1. **PERSONNEL SERVICES**

Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative

- Identify each funded position title or classification.
- Identify the monthly salary rate.
- Number of months budgeted.
- Indicate the percent time each staff will spend on CAL ADRC program: (Full staff time represents 100 percent effort, i.e., an eight-hour day, 40-hour week). Employees will be required to keep time records reflecting all hours worked on program-related activities. When an employee's time is shared with other projects or activities, the proposal must include an allocation plan to distribute time and costs to the various activities.
- Fringe Benefits (List cost detail of each benefit to be paid.)

1. TOTAL \$28,513

2. **OPERATING/EQUIPMENT EXPENSES**

Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.

a. **SUBCONTRACTOR SERVICES**

Specify the total costs for all subcontracted services. Identify the number of subcontractors by job title, services to be provided, and basis for costs such as by hour, day or other reasonable basis.

a. Subtotal \$0

b. **TRAVEL**

Specify the total cost for travel and per diem. Travel expenses include the cost for lodging, meal expenses, commercial carrier fares, private car mileage allowance and incidental expenses incurred by personnel traveling on program-related activities. Travel expenses shall be charged on the premise that such travel originates from the contractor's California office.

b. Subtotal \$400

Reimbursement for necessary travel expenses shall be made from funds within the contract and shall be set in accordance with the rates specified by the Department of Personnel Administration for comparable classes. No travel outside of the State of California by the contractor shall be reimbursed unless there is prior written authorization from CHHS.

- c. **SPACE** c. Subtotal \$425  
Specify the estimated cost for space. Estimated costs may be based on the amount expected to be paid for rent. Where the facility is owned by the contractor, costs may be reimbursed on the basis of depreciation or a use allowance. When space is rented, indicate whether the charge also provides for services such as utilities or maintenance. Include the amount of square footage and the rate per square foot.

**Approximately 85.8 square feet @ \$19.81 per square foot per year.**

- d. **EQUIPMENT/FURNITURE RENTAL/PURCHASE** d. Subtotal \$0  
Specify the amount to be paid for equipment and/or furniture rental/purchase. The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS. Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contact for transfer of the equipment to the CHHS.

- e. **UTILITIES** e. Subtotal \$150  
Specify the cost for utilities that are not provided with rental of space.  
**Includes electricity and water.**

- f. **COMMUNICATIONS** f. Subtotal \$150  
**Includes monthly costs for one (1) office phone lease charges from county and one (1) cell phone.**

- g. **PRINTING AND SUPPLIES** g. Subtotal \$1,722  
Specify the costs for printing, photocopying and other reproduction services. Specify the estimated cost of office supplies such as paper, forms, folders, pens, pencils, etc. Only costs incurred specifically for the program are allowable.

**2. TOTAL OPERATING/EQUIPMENT EXPENSES: \$2,847**

3. **INDIRECT COSTS** 3. TOTAL \$0  
Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.

4. **OTHER EXPENSES** 4. TOTAL \$0  
Any expenses not specified in the above categories must be identified and fully explained/justified.

**\*TOTAL COST: \$31,360**

\*This amount must match the Total Cost on the Budget Summary.