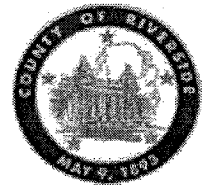


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

696



FROM : Office on Aging

SUBMITTAL DATE:
July 18, 2012

SUBJECT: FY 2012/2013 Contract Agreement between Riverside County Office on Aging and Inland Counties Health System Agency for Health Insurance Counseling and Advocacy Program (HICAP)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and Authorize Chair to execute Contract Agreement between Riverside County Office on Aging and Inland Counties Health System Agency for the period of (July 1, 2012 to September 30, 2012),
2. Return all 4 copies to the Office on Aging for further processing.

BACKGROUND: Funds provided under this agreement support the provision of services, programs and other activities for senior citizens countywide in accordance with the Older Californians Act. The services provided by Health Insurance Counseling and Advocacy Program (HICAP) include counseling and advocacy for Medicare beneficiaries and community education to the public at large.

Continued next page...

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

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 106,716	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

SOURCE OF FUNDS: Federal 33.4% and State 66.6%	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: *Lari Sioson*
Lari Sioson

- Consent
- Policy
- Consent
- Policy

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, 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: July 31, 2012
xc: Office on Aging

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

3.34

Prev. Agn. Ref.:

District: All

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: *Samuel Wong* 7/23/12
 DATE: 7/19/12
 DEPARTMENT: SAMUEL WONG
 FORM APPROVED COUNTY COUNSEL
 BY: MARSHAL VICTOR

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

From: OFFICE ON AGING

SUBJECT: FY 2012/2013 Contract Agreement between Riverside County Office on Aging and Inland Counties Health System Agency for Health Insurance Counseling and Advocacy Program (HICAP)

Continued,

This agreement is from July 1, 2012 to September 30, 2012 in the amount of \$106,716.00 and the sources of funds are \$35,390.00 Federal (33.4%) and \$71,326.00 State (66.6%). The contract will be reviewed monthly to determine the accountability and sustainability of Inland Counties Health System Agency to provide Health Insurance Counseling and Advocacy to the Riverside community.

These funds have been processed through the countywide budgetary process and will be formally approved once the FY 2012/2013 budget is adopted by the Board of Supervisors.

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

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

CONTRACT CONTENTS CHECKLIST
FISCAL YEAR 2012/2013

Contract with: **Inland Counties Health System Agency, HICAP**

√ Check each box when complete

Contract: (4) Signed Signature Pages: Four Signature Pages Only

Attachment A:	<input checked="" type="checkbox"/>	Attachment A: Scope of Work - HICAP Reimbursement (Ins. Fund); HICAP Funds and HICAP Federal Base/SHIP Funds
Attachment B:	<input checked="" type="checkbox"/>	Attachment B: Individual Contractor Allocation - HICAP Reimbursement (Ins. Fund); HICAP Funds and HICAP Federal Base/SHIP Funds
Attachment C:	<input checked="" type="checkbox"/>	Attachment C: Contract Budget Program/Activity - HICAP Reimbursement (Ins. Fund); HICAP Funds and HICAP Federal Base/SHIP Funds

Insurance Copies:

Attach a copy Certificate of Insurance

Expiration Dates

<input checked="" type="checkbox"/>	Workers Compensation	2-1-13
<input checked="" type="checkbox"/>	*Commerce General Liability	11-16-12
<input checked="" type="checkbox"/>	*Vehicle Liability	11-16-12
<input checked="" type="checkbox"/>	General Insurance	11-16-12
<input type="checkbox"/>	Professional Liability	if applicable 11-16-12

* Requires additionally insured letter

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:

Maricela Cardenas (951) 241-8723 x 224

Monthly Reports/Name/Phone Number

Pamela George (951) 241-8723 x 246

Reimbursements/Name/Phone Number

Pgeorge@inlandagency.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.

Pamela George 5-22-12

SIGNATURE/DATE
(DIRECTOR OR DESIGNEE)

**FOUR
SIGNATURE
PAGES**

JUL 31 2012 3.34

Amendment Number:

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

Riverside County Agency Name
Office on Aging

Contractor Name
Inland Counties Health System Agency (HICAP)

2. The term of this Agreement is: July 1, 2012 through September 30, 2012

3. Maximum amount of this Agreement: \$106,716.00
One Hundred Six Thousand Seven Hundred Sixteen

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

- Attachment A Scope of Work - HICAP Reimbursement Ins. Fund - HICAP Funds
 HICAP Federal Base SHIP Funds
- Attachment B Individual Contractor Allocations - HICAP Reimbursement Ins. Fund - HICAP Funds
 HICAP Federal Base SHIP Funds
- Attachment C Contract Budget Program/Activity - HICAP Reimbursement Ins. Fund - HICAP Funds
 HICAP Federal Base SHIP Funds
- Exhibit A
- Exhibit B
- Exhibit D
- Exhibit E

The Office on Aging obligations stated in the attached Exhibits shall be obligations of the Contractor under this Agreement.

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

Contractor		County of Riverside	
Contractor Name: INLAND COUNTIES HEALTH SYSTEM AGENCY (HICAP)		Agency Name:	
BY (Authorized Signature) <i>Pamela George</i>	Date Signed <u>6-28-12</u>	BY (Authorized Signature) <i>John Tavaglione</i>	Date Signed <u>7/31/12</u>
Printed Name And Title of Person Signing <u>Pamela George, Executive Director</u>		Printed Name And Title of Person Signing <u>JOHN TAVAGLIONE, CHAIRMAN, BOARD OF SUPERVISORS</u>	
Address 1737 Atlanta, Suite H5 Riverside, CA 92507		Address	

ATTEST:
 KECIA HARPER-HEM, Clerk
 By *[Signature]*
 DEPUTY

FORM APPROVED COUNTY COUNSEL
 BY: *[Signature]* 7/19/12
 MARSHA L. VICTOR DATE
 JUL 31 2012 3:24

**ATTACHMENT A
SCOPE OF WORK**

**HICAP – REIMBURSEMENT
(INS FUND)**

**ATTACHMENT A-1
SCOPE OF WORK**

**HICAP – REIMBURSEMENT
(INS FUNDS)**

ATTACHMENT A

SCOPE OF WORK FY 2012 – 2013

INLAND COUNTIES HEALTH SYSTEMS AGENCY (INLAND AGENCY) HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM HICAP REIMBURSEMENT (Ins Fund)

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.

HICAP has been the program of Inland Agency for over 24 year; we have a long and successful history of providing services to seniors and other Medicare beneficiaries. HICAP is a consumer oriented insurance counseling and education program, which helps Medicare beneficiaries' access and navigate the Medicare program by providing free and individual information. HICAP reaches and serves a vast array of Medicare consumers, each with a different set of equally important needs. Our clients include seniors age 65 and older, people with permanent disabilities under the age of 65, Medicare and Medi-cal eligible, beneficiaries with mental illness/disabilities, caregivers, case managers from other state agencies, community-based partners and limited English beneficiaries. Over the years, Inland Agency has effectively provided HICAP series through a team of trained and state certified and volunteer counselors in a relaxed, informal and comprehensible manner to counseling sites throughout the county. The key to our success has been our long-established relationships with senior centers, health care providers, volunteer counselors, community and other individuals and organizations that are essential to making this program effective across a huge geographical area with diverse communities.

Inland Agency HICAP is providing both face-to-face and telephone counseling and advocacy and advocacy services at 19 locations throughout Riverside County. Our volunteers are long-term, committed, and loyal. Their average time with the program is 12 years. HICAP volunteers are not typical "volunteers". Due to the complexities of the services HICAP provides and the constant changes in Medicare, our staff and volunteer counselors receive 36 hours of initial training and 40 hours of update training throughout the year. Three of our staff members and three of our counselors are Registered Long Term Care counselors.

- 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.

We have been successful in reaching our target populations this past year. HICAP has counseled throughout Riverside County, providing educational workshops and offering continued assistance to the disabled community. Inland Agency encourages its HICAP staff to participate in service networking in Riverside and outlying communities informing other agencies and individuals about the services we provide to Medicare beneficiaries and the public.

The key to our ability to leverage resources and extend services beyond current funding is our extensive network of partnership with other agencies and organizations. Our volunteer counselors assist in outreach, community education, publicity, data entry, and clerical work depending on their preference, experience and availability.

Our focus on the underserved communities has been met with success. We have provided counseling and outreach as far as Blythe and the Colorado River Senior Center to the east and Aguanga and Anza to the south. We have worked with many community partners including Social Security to extend our reach in these areas.

Press releases are sent to local publications and Public Service Announcements (PSA's) are distributed to appropriate radio stations in the area. Every community education presentation is opened with an overview of HICAP's services. Our brochure emphasizes Medicare Counseling and Community Education. It includes our objectives and phone numbers. The brochure and a packet of pertinent information are handed out to each attendee at all presentations.

HICAP Staff and volunteers participate in health fairs and outreach events throughout the county, which has increased program visibility. All materials are reviewed and kept up to date; ensuring Medicare beneficiaries receive the most accurate information available.

Level of services can be best described by the community education and partnerships that HICAP has built over the years to promote our services and letting the community know that our services are at no cost to them. The HICAP staff and volunteers conducting such events are trained, and state certified community educators. The topics range from general information to more technical subjects depending on the request of the host agency or organization. Printed material distributed to the audience differs according to the topic, the depth of the presentation and the perceived interest of the audience level of. A question and answer period is held after each presentation. This year we partner with several community centers, mobile homes and assisted living facilities to provide educational information.

Our volunteer counselors are the backbone of the program providing the Medicare beneficiaries with objective information to help them make informed health care decisions. HICAP counselors are trained to identify the problems and give clear precise information to the clients. The state requires 24-hours of classroom training, however, we provide 32 hours that includes classroom training and counseling training that gives the counselor the technical information (i.e., original Medicare, Medicare Advantage, supplemental and long term care insurance) used in counseling session. We also have

our newly trained counselors shadow our veteran counselors during their counseling session. This method has proven to be successful.

Counseling techniques are developed during the eight or more hours of shadowing an experienced counselor. The Volunteer Coordinator provides bi-monthly meeting of three hour sessions of classroom time with updates on changes and new developments in Medicare and related health issues expand on the state required 12 hours annually for all counselors.

We have a memorandum of understanding with Inland Counties Legal Services to provide us with assistance on legal issues and appeals. We pride ourselves on being able to intervene in most cases on an immediate basis on behalf of the client, forestalling the need for many higher levels of appeals. Preparing an appeal for presentation requires research on the circumstances involved and the relevant regulations, as well as preparing statements that are concise, accurate and pertinent.

Inland Agency consistently manages HICAP services in a cost-efficient manner. The Board of Directors and the Executive Director of Inland Agency are integrally involved in overseeing the management of the agency program. Every board member is encouraged to "team up" with one of the programs and get actively involved. The board meets with Program Managers each year at the spring Mini-retreat to conduct long-range planning. Each fall, the board considers, revises and approves the goals for next year as well as the projected budgets for each program and for the agency as a whole. The Executive Director provides financial statements in each board packet and the Board Treasure discusses them at the board meeting, answering questions from other members. This collaborative "check and balances" approach ensures the most cost-effective management of all agency programs including HICAP.

The use of volunteer counselors to deliver one-on-one counseling is very cost effective. The counselors volunteer their services with the exception of mileage. In addition, the use of senior centers, churches, hospitals and community centers, at no cost to the program, makes the cost of counseling very low. Each counseling site allows the use of telephone for local or toll-free calls and the use of the copy machine.

The effectiveness of the program is enhanced by the age of the counselor; they are peers of the clients they see. Having a number of counselors throughout the county eliminates the need for the beneficiaries to travel to get information and assistance. Using local counselors at local accessible sites translates into greater credibility for the program. Home visits are provided for house bound clients when necessary.

Under the direction of Inland Agency, the HICAP Program satisfies the service requirements outlined in the RFP by providing complete, accurate, updated and unbiased information to as many Medicare beneficiaries, their families, and persons approaching Medicare eligibility as possible. We offer assistance to people who seek help with problems related to Medicare, health care and/or supplemental insurance or health plans. Through the use of local sites within the county and trained volunteer's counselors offering this assistance and information, we provide confidential services, without charge, in an informal manner. Community education is provided throughout the county on topics relevant to Medicare, health insurance and the health care interest of Medicare beneficiaries, including their guaranteed rights. Inland Agency's understandings of the

specifications required for the HICAP program are proven in the 24 years of success in this partnership.

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 fiscal year 2010-2011 staff and volunteers have presented programs to more than 6,532 Medicare beneficiaries in Riverside County. Our community education sessions are done at the request of senior and disabled groups. Presentations have been made to support groups, senior centers, service organizations and retirement homes. A special focus has been made to contact faith-based groups. The user-friendly material on Medicare, Medicare Part D, Medicare HMOs, and government assistant programs is distributed at each presentation in a folder. HICAP receives many requests to participate in local health fairs. Staffed by volunteer counselors, these health fairs are a great resource for seniors.

Senior centers are a prime focus for HICAP. We offer presentations, articles for newsletters and flyers to inform the Medicare beneficiaries about our services. Our success at senior centers often reflects the interest by the center director in our program. If the director supports HICAP, we will have a very good response from the seniors.

HICAP has prepared an in-service workshop for many of the programs providing services for seniors and the disabled in Riverside County. Working in partnership with Social Security, the Department of Social Services, the C.A.R.E. Team, the Ombudsman Program and the Office on Aging, we have developed a strong network to provide better resources for the Medicare beneficiaries. We have met with local legislative leaders offering in-services to their staffs and constituents.

Volunteer counselors are updated at bi-monthly meetings, emails and printed data during the year as required. Outside speakers are invited to share specialized expertise with our counselors in many of the bi-monthly meetings. The volunteer coordinator keeps in touch with each volunteer on a monthly basis. The program has developed a centralized appointment system providing better service to our clients in need of our services.

Long-term care counseling is an extremely specialized area. We only use counselors who have been specially trained in the field of long-term care for this type of counseling. This training is only for experienced counselors who volunteer for the additional work. The long-term care training is in addition to the regular training offered to the counselors.

Because of limitations imposed by the state directives, CDA (California Department of Aging), no longer has sufficient staffing and/or funds to provide training to HICAP directly. CHA (California Health Advocates), has trained on an intermittent basis all local HICAPs on high priority topics.

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.

Inland Agency will be structured as follows: Inland Agency Executive Director, Program Manager, Finance Manager, Finance Assistant, Human Resources Manager, Regional Coordinator (2), Volunteer Coordinator, Education and Outreach Coordinator (3), Lead Project Specialist, Bilingual Project Specialist.

We provide program services throughout Riverside County in the following offices:

1) Main office is in the city of Riverside which houses the Executive Director, Program Manager, Finance Manager, Finance Assistant, Human Resources Manager, Regional Coordinator, Volunteer Coordinator, Education and Outreach Coordinator, Lead Project Specialist, Bilingual Project Specialist.

2) Palm Desert office houses one Education and Outreach Coordinator

3) Bishop office houses the Inyo/Mono Regional Coordinator

Supervisory lines of authority:

- The Executive Director of the Agency reports directly to Inland Agency Board of Trustees and oversees Finance Manager, Finance Assistant, Program Manager and Human Resources.
- The Program Manager reports directly to the Executive Director and oversees the Volunteer Coordinator, Regional Coordinator, Education and Outreach Coordinator, Lead Project Specialist, Bilingual Project Specialist.

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.

Executive Director: Manages the day-to-day operations including contract management, fiscal compliance, personnel, and program budget of Inland Agency. The Executive Director is responsible for collecting and reporting fiscal and program data to Office on Aging.

Finance Manager: Performs the accounting and financial operations of the agency, including general ledger, financial reporting, and audit and tax preparation. Develops the capacity of program managers in financial planning and oversight of their programs to achieve organizational strategies and priorities. Provides monthly accounting reports to the Executive Director.

Finance Assistant: Assist the Finance Manager by preparing monthly reports needed for billing, monitors and collects accounts receivable, makes agency deposits to bank. Maintains the vendor's files, both in Quickbooks and file cabinet.

Human Resources Manager: Ensures compliance with all applicable funding contract terms and conditions, state and federal laws. Manages employee's benefits, human resources files, Workers Compensation and Safety Plan. Processes employee's payroll.

Program Manager: Manages the day-to-day operations of HICAP. General oversight responsibilities will include the supervision of personnel and volunteers. Provides supervision and training per CDA guidelines.

Regional Coordinator/Analyst: Responsible for the development, implementation, and promotion for outreach and marketing in Riverside County in accordance with CDA guidelines. Coordinates reports from outreach staff and submits them to the HICAP Program Manager. Responsible for conducting outreach events, participating in health fairs and promoting the program through community networking. Develops partnership and MOU agreements in the community. This position is also responsible for meeting the assigned benchmarks measures, analyzing data, updating the CDA calendar and reporting monthly reports to the HICAP Program Manager.

Volunteer Coordinator: Responsible for conducting volunteer recruitment, supervision of volunteer activities and provide recommendations for additional volunteer training. Seeks out counseling sites, maintains relationships with the sites. The Volunteer Coordinator will also ensure that all volunteer related data is submitted to the program in a timely manner.

Inyo/Mono Regional Coordinator: Located in Bishop. Responsible for conducting and coordinating outreach and counseling throughout Inyo and Mono Counties. Prepares monthly performance data and benchmarks to the Program Manager.

Education and Outreach Coordinator: Responsible for coordinating and conducting outreach and community educational events to raise awareness of the HICAP program. Participates in health fairs and community networking. This position is responsible is also responsible for meeting assigned benchmarks.

Lead Project Specialist: Provides phone counseling and face-to-face counseling in the Riverside office, assist the HICAP staff with difficult calls, researches information to assist Medicare beneficiaries.

Bilingual Project Specialist: Provides telephone counseling and one-on-one counseling in Spanish and refers callers as appropriate. Work with the Volunteer Coordinator to schedule volunteer counselor's appointments.

Due to the scope of work, the HICAP Volunteer Counselor is a professional volunteer position. It is not suitable for most people because it requires a significant amount of training and a long-term commitment to the program. These trainings ensure program competency, retention, and overall quality assurance.

Volunteer counselors are assigned to a site close to their home to provide Medicare counseling. Volunteers are expected to work on cases to completion and to close them only when all aspects of the problem have been resolved. At times they may be asked to cover more than one site.

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.

Our relationship with community organizations and key agencies allows Inland Agency – HICAP to deliver the exceptional service that we have given for the past 24 years. We have an extensive network of both long term and continually forming relationships with senior centers, government agencies, community organizations, churches, assisted living

facilities and many others. These networks stretch across the length and breath of Riverside County geographic area. Inland Agency HICAP has always participated in as many senior service networks as possible. We depend on the service providers and clients who attend these forums to "spread the word" about the services HICAP provides, assist us in distributing printed material and invite us to speak at their meeting and provide articles for their newsletters.

Inland Agency HICAP collaborates with many community-based organizations. These include: NuVoices Club (serving clients who have undergone laryngectomies), Inland Empire Disability Collaboration, Blind Institute, Parkinson Support Group, Amputee Support Group, H.E.L.P. Alliance and Rolling Start. Through participating in monthly meetings, making presentations, and providing client referrals we are able to serve disabled beneficiaries. Inland Agency HICAP also outreaches to assisted living and mental illness facilities to coordinate interactive workshops and staff training.

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.

For the past 42 years, Inland Agency has worked in collaboration with other community-based organizations to improve the quality of life for diverse populations. All staff at the agency is encouraged to work together to maximize services available to our target groups. We are also encouraged to network and cooperate with other programs and services in the local communities we cover. In-service training is one example of cooperation that we provide to other community services. Because, of the knowledge we gain at all the networks we attend, we are able to keep current our awareness of who does what and, as a result, make cooperative referrals to those services when we recognize a need. Because we have been in the community for such a span of years, we are well known. We frequently write letters of support for other agencies grant proposals, thus enabling them to establish new programs.

Our experience with state regulatory agencies is fairly constant. We call the Department of Insurance hotline or the issuing companies for information about supplementary and long-term care policies. If we have a case of wrong doing on the part of the selling agency or issuing company, we contact an investigator at CDI, (California Department of Insurance), to ask advice on what to look for, and send off a solid case to them. We have a relationship with DHS (Department of Health Services) and Medi-Cal when we need technical assistance with cases on which we are working. Federal agencies are equally cooperative in assisting us with our endeavors. CMS, (Centers for Medicare and Medicaid Services), has provided us with statistics, training materials, PR bulletins and individuals technical information. We have also provided in-service training for local Social Security offices. As requested, we have collaborated with CMS to staff large community events/health fairs as well as with many community-based organizations at their events. Collaboration is the key to these relationships and lends a positive air to program implementation.

- 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.

Because of our success in taking early action to resolve issues at the lowest level of appeal, we have been able to retain a fairly informal referral procedure for clients/cases in need of legal assistance. When a client comes to us with a problem or situation that is far advanced – that is, it has gone beyond the first levels of appeal and is technically complex – we would certainly ask our legal service provider for technical assistance. In particular, if the client/family is unable to assist with the appeal and if the amount under consideration is large, we may decide to give the case to the attorney for direct representation. However, we often hear about situations before they are so far advanced. We prefer to take early action to get problems resolved at the lowest level of appeal, with or without technical assistance from the legal service provider. Clients often want to know what to do, how to appeal, to whom to appeal, etc., so that they can fight the denial themselves. Only in special cases, do we turn over a case for direct legal representation or seek technical assistance, depending on what is involved.

OUTREACH AND PUBLICITY

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

Inland Agency HICAP now has three full-time bilingual counselors— all are Certified Interpreters— to assist Spanish-speaking beneficiaries, which has resulted in an increase in Spanish-speaking clients served. Special software and staff expertise assist us in translating new releases, advertising and flyers into Spanish. We collaborate with the Desert Sierra Regional Contractors to develop contacts with the Asian Pacific Islanders and the African American population in seeking out senior clients, Medicare beneficiaries, and volunteers to serve that group. We also have an agreement from P.A.L.S. for Health that will supply interpreters in other languages, such as Hmong, as needed, at no charge.

We work with many faith-based organizations to develop outreach plans tailored to their congregations. This partnering approach allows us to bring our services to populations that might otherwise be difficult to reach due to cultural barriers. Getting clients to use our services depends largely on their trust in us, as we ask for such private and personal information. When a counselor says that all information is kept confidential, the beneficiary has to believe in that person's word. For that reason, we try very hard to recruit volunteers from diverse populations. If we are trying to open a counseling site in a new area, we work hard to find someone who lives there and who is respected by other residents. Sometimes we are successful, other times we are not, but we continue to make those recruitment efforts a top priority. The same principle applies to ethnic groups. Some people find it difficult to trust someone from a different background, and we are sensitive to that. We let people know at every community education presentation that we are in need of volunteers.

We are developing presentations and interactive workshops at low-income housing and assisted living facilities. Additionally, in partnering with existing community groups in low-income areas we can better serve beneficiaries with limited incomes.

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.

Market research is essential in determining what customers need. With the increase in the “Boomers” becoming Medicare-eligible, we are taking advantage of the Internet and social media in reaching this demographic. HICAP will continue to conduct advertising for the widest exposure, including posters, flyers, public service announcements, website links, and online calendars and schedules of events. Due to the extensive networking the outreach team engages in, we are able to provide educational information and counseling services almost anywhere seniors and other Medicare beneficiaries are to be found.

Such as:

- Community and private social centers
- Private city and county- sponsored housing
- Educational or recreation centers
- Privately or publicly funded in-home service providers
- Home-delivered meals services, both public and private
- Case managers and care providers training sessions
- Large and small public or private nursing facilities
- Religious institutions and their group meetings (and their publicity materials)
- Nonprofit social service providers (United Ways, food banks, homeless shelters, emergency services)
- We also partner with some Social Security offices to provide counseling.

We are particularly proud of the services we provide to associates and support groups for various disabling diseases and conditions. The trust we have developed with various communities throughout the region is based on HICAP services provided at formal, informal, and individual counseling session.

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

Inland Agency provides direct service to the Inyo/Mono area through our office located in Bishop, CA. Our office is staffed with a registered counselor who is also an expert in outreach and performs both outreach and counseling duties. The Program Manager oversees the Inyo/Mono office to receive all training, updates, supplies and program material needed.

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.

Because of our success in taking early action to resolve issues at the lowest level of appeal, we have been able to retain a fairly informal referral procedure for clients/cases in need of legal assistance. When a client comes to us with a problem or situation that is far advanced – that is, it has gone beyond the first levels of appeal and is technically complex – we would certainly ask our legal service provider for technical assistance. In particular, if the client/family is unable to assist with the appeal and if the amount under

consideration is large, we may decide to give the case to the attorney for direct representation. However, we often hear about situations before they are so far advanced. We prefer to take early action to get problems resolved at the lowest level of appeal, with or without technical assistance from the legal service provider. Clients often want to know what to do, how to appeal, to whom to appeal, etc., so that they can fight the denial themselves. Only in special cases, do we turn over a case for direct legal representation or seek technical assistance, depending on what is involved.

OUTREACH AND PUBLICITY

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

Our population in Inyo and Mono Counties is not as diverse as in Riverside County. The groups with the most need are Hispanic/Latinos, the extreme rural, in outlying areas, and low income.

We collaborate with Inyo Mono Advocates for Community Action, the Salvation Army, Inyo Mono Area Agency on Aging and county social workers in seeking out senior clients, Medicare beneficiaries, and volunteers to serve that group. This partnering approach allows us to bring our services to populations that might otherwise be difficult to reach due to cultural barriers. Inland Agency HICAP has always participated in as many senior service networks as possible. We depend on the service providers and clients who attend these forums to "spread the word" about the services HICAP provides, assist us in distributing printed material and invite us to speak at their meeting and provide articles for their newsletters.

Inland Agency HICAP also outreaches to assisted living and mental illness facilities to coordinate interactive workshops and staff training. Getting clients to use our services depends largely on their trust in us, as we ask for such private and personal information. When a counselor says that all information is kept confidential, the beneficiary has to believe in that person's word. For that reason, we try very hard to recruit volunteers from diverse populations. The same principle applies to ethnic groups. Some people find it difficult to trust someone from a different background, and we are sensitive to that. We let people know at every community education presentation that we are in need of volunteers.

We are developing presentations and interactive workshops at low-income housing and assisted living facilities. Additionally, in partnering with existing community groups in low-income areas we can better serve beneficiaries with limited incomes.

ATTACHMENT A
SCOPE OF WORK

HICAP FUNDS

**ATTACHMENT A-2
SCOPE OF WORK**

HICAP FUNDS

ATTACHMENT A

SCOPE OF WORK FY 2012 – 2013

INLAND COUNTIES HEALTH SYSTEMS AGENCY (INLAND AGENCY) HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP Funds)

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.

HICAP has been the program of Inland Agency for over 24 year; we have a long and successful history of providing services to seniors and other Medicare beneficiaries. HICAP is a consumer oriented insurance counseling and education program, which helps Medicare beneficiaries' access and navigate the Medicare program by providing free and individual information. HICAP reaches and serves a vast array of Medicare consumers, each with a different set of equally important needs. Our clients include seniors age 65 and older, people with permanent disabilities under the age of 65, Medicare and Medi-cal eligible, beneficiaries with mental illness/disabilities, caregivers, case managers from other state agencies, community-based partners and limited English beneficiaries. Over the years, Inland Agency has effectively provided HICAP series through a team of trained and state certified and volunteer counselors in a relaxed, informal and comprehensible manner to counseling sites throughout the county. The key to our success has been our long-established relationships with senior centers, health care providers, volunteer counselors, community and other individuals and organizations that are essential to making this program effective across a huge geographical area with diverse communities.

Inland Agency HICAP is providing both face-to-face and telephone counseling and advocacy and advocacy services at 19 locations throughout Riverside County. Our volunteers are long-term, committed, and loyal. Their average time with the program is 12 years. HICAP volunteers are not typical "volunteers". Due to the complexities of the services HICAP provides and the constant changes in Medicare, our staff and volunteer counselors receive 36 hours of initial training and 40 hours of update training throughout the year. Three of our staff members and three of our counselors are Registered Long Term Care counselors.

- 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.

We have been successful in reaching our target populations this past year. HICAP has counseled throughout Riverside County, providing educational workshops and offering continued assistance to the disabled community. Inland Agency encourages its HICAP staff to participate in service networking in Riverside and outlying communities informing other agencies and individuals about the services we provide to Medicare beneficiaries and the public.

The key to our ability to leverage resources and extend services beyond current funding is our extensive network of partnership with other agencies and organizations. Our volunteer counselors assist in outreach, community education, publicity, data entry, and clerical work depending on their preference, experience and availability.

Our focus on the underserved communities has been met with success. We have provided counseling and outreach as far as Blythe and the Colorado River Senior Center to the east and Aguanga and Anza to the south. We have worked with many community partners including Social Security to extend our reach in these areas.

Press releases are sent to local publications and Public Service Announcements (PSA's) are distributed to appropriate radio stations in the area. Every community education presentation is opened with an overview of HICAP's services. Our brochure emphasizes Medicare Counseling and Community Education. It includes our objectives and phone numbers. The brochure and a packet of pertinent information are handed out to each attendee at all presentations.

HICAP Staff and volunteers participate in health fairs and outreach events throughout the county, which has increased program visibility. All materials are reviewed and kept up to date; ensuring Medicare beneficiaries receive the most accurate information available.

Level of services can be best described by the community education and partnerships that HICAP has built over the years to promote our services and letting the community know that our services are at no cost to them. The HICAP staff and volunteers conducting such events are trained, and state certified community educators. The topics range from general information to more technical subjects depending on the request of the host agency or organization. Printed material distributed to the audience differs according to the topic, the depth of the presentation and the perceived interest of the audience level of. A question and answer period is held after each presentation. This year we partner with several community centers, mobile homes and assisted living facilities to provide educational information.

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our newly trained counselors shadow our veteran counselors during their counseling session. This method has proven to be successful.

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The use of volunteer counselors to deliver one-on-one counseling is very cost effective. The counselors volunteer their services with the exception of mileage. In addition, the use of senior centers, churches, hospitals and community centers, at no cost to the program, makes the cost of counseling very low. Each counseling site allows the use of telephone for local or toll-free calls and the use of the copy machine.

The effectiveness of the program is enhanced by the age of the counselor; they are peers of the clients they see. Having a number of counselors throughout the county eliminates the need for the beneficiaries to travel to get information and assistance. Using local counselors at local accessible sites translates into greater credibility for the program. Home visits are provided for house bound clients when necessary.

Under the direction of Inland Agency, the HICAP Program satisfies the service requirements outlined in the RFP by providing complete, accurate, updated and unbiased information to as many Medicare beneficiaries, their families, and persons approaching Medicare eligibility as possible. We offer assistance to people who seek help with problems related to Medicare, health care and/or supplemental insurance or health plans. Through the use of local sites within the county and trained volunteer's counselors offering this assistance and information, we provide confidential services, without charge, in an informal manner. Community education is provided throughout the county on topics relevant to Medicare, health insurance and the health care interest of Medicare beneficiaries, including their guaranteed rights. Inland Agency's understandings of the

specifications required for the HICAP program are proven in the 24 years of success in this partnership.

- 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 fiscal year 2010-2011 staff and volunteers have presented programs to more than 6,532 Medicare beneficiaries in Riverside County. Our community education sessions are done at the request of senior and disabled groups. Presentations have been made to support groups, senior centers, service organizations and retirement homes. A special focus has been made to contact faith-based groups. The user-friendly material on Medicare, Medicare Part D, Medicare HMOs, and government assistant programs is distributed at each presentation in a folder. HICAP receives many requests to participate in local health fairs. Staffed by volunteer counselors, these health fairs are a great resource for seniors.

Senior centers are a prime focus for HICAP. We offer presentations, articles for newsletters and flyers to inform the Medicare beneficiaries about our services. Our success at senior centers often reflects the interest by the center director in our program. If the director supports HICAP, we will have a very good response from the seniors.

HICAP has prepared an in-service workshop for many of the programs providing services for seniors and the disabled in Riverside County. Working in partnership with Social Security, the Department of Social Services, the C.A.R.E. Team, the Ombudsman Program and the Office on Aging, we have developed a strong network to provide better resources for the Medicare beneficiaries. We have met with local legislative leaders offering in-services to their staffs and constituents.

Volunteer counselors are updated at bi-monthly meetings, emails and printed data during the year as required. Outside speakers are invited to share specialized expertise with our counselors in many of the bi-monthly meetings. The volunteer coordinator keeps in touch with each volunteer on a monthly basis. The program has developed a centralized appointment system providing better service to our clients in need of our services.

Long-term care counseling is an extremely specialized area. We only use counselors who have been specially trained in the field of long-term care for this type of counseling. This training is only for experienced counselors who volunteer for the additional work. The long-term care training is in addition to the regular training offered to the counselors.

Because of limitations imposed by the state directives, CDA (California Department of Aging), no longer has sufficient staffing and/or funds to provide training to HICAP directly. CHA (California Health Advocates), has trained on an intermittent basis all local HICAPs on high priority topics.

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.

Inland Agency will be structured as follows: Inland Agency Executive Director, Program Manager, Finance Manager, Finance Assistant, Human Resources Manager, Regional Coordinator (2), Volunteer Coordinator, Education and Outreach Coordinator (3), Lead Project Specialist, Bilingual Project Specialist.

We provide program services throughout Riverside County in the following offices:

- 1) Main office is in the city of Riverside which houses the Executive Director, Program Manager, Finance Manager, Finance Assistant, Human Resources Manager, Regional Coordinator, Volunteer Coordinator, Education and Outreach Coordinator, Lead Project Specialist, Bilingual Project Specialist.
- 2) Palm Desert office houses one Education and Outreach Coordinator
- 3) Bishop office houses the Inyo/Mono Regional Coordinator

Supervisory lines of authority:

- The Executive Director of the Agency reports directly to Inland Agency Board of Trustees and oversees Finance Manager, Finance Assistant, Program Manager and Human Resources.
- The Program Manager reports directly to the Executive Director and oversees the Volunteer Coordinator, Regional Coordinator, Education and Outreach Coordinator, Lead Project Specialist, Bilingual Project Specialist.

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.

Executive Director: Manages the day-to-day operations including contract management, fiscal compliance, personnel, and program budget of Inland Agency. The Executive Director is responsible for collecting and reporting fiscal and program data to Office on Aging.

Finance Manager: Performs the accounting and financial operations of the agency, including general ledger, financial reporting, and audit and tax preparation. Develops the capacity of program managers in financial planning and oversight of their programs to achieve organizational strategies and priorities. Provides monthly accounting reports to the Executive Director.

Finance Assistant: Assist the Finance Manager by preparing monthly reports needed for billing, monitors and collects accounts receivable, makes agency deposits to bank. Maintains the vendor's files, both in Quickbooks and file cabinet.

Human Resources Manager: Ensures compliance with all applicable funding contract terms and conditions, state and federal laws. Manages employee's benefits, human resources files, Workers Compensation and Safety Plan. Processes employee's payroll.

Program Manager: Manages the day-to-day operations of HICAP. General oversight responsibilities will include the supervision of personnel and volunteers. Provides supervision and training per CDA guidelines.

Regional Coordinator/Analyst: Responsible for the development, implementation, and promotion for outreach and marketing in Riverside County in accordance with CDA guidelines. Coordinates reports from outreach staff and submits them to the HICAP Program Manager. Responsible for conducting outreach events, participating in health fairs and promoting the program through community networking. Develops partnership and MOU agreements in the community. This position is also responsible for meeting the assigned benchmarks measures, analyzing data, updating the CDA calendar and reporting monthly reports to the HICAP Program Manager.

Volunteer Coordinator: Responsible for conducting volunteer recruitment, supervision of volunteer activities and provide recommendations for additional volunteer training. Seeks out counseling sites, maintains relationships with the sites. The Volunteer Coordinator will also ensure that all volunteer related data is submitted to the program in a timely manner.

Inyo/Mono Regional Coordinator: Located in Bishop. Responsible for conducting and coordinating outreach and counseling throughout Inyo and Mono Counties. Prepares monthly performance data and benchmarks to the Program Manager.

Education and Outreach Coordinator: Responsible for coordinating and conducting outreach and community educational events to raise awareness of the HICAP program. Participates in health fairs and community networking. This position is responsible is also responsible for meeting assigned benchmarks.

Lead Project Specialist: Provides phone counseling and face-to-face counseling in the Riverside office, assist the HICAP staff with difficult calls, researches information to assist Medicare beneficiaries.

Bilingual Project Specialist: Provides telephone counseling and one-on-one counseling in Spanish and refers callers as appropriate. Work with the Volunteer Coordinator to schedule volunteer counselor's appointments.

Due to the scope of work, the HICAP Volunteer Counselor is a professional volunteer position. It is not suitable for most people because it requires a significant amount of training and a long-term commitment to the program. These trainings ensure program competency, retention, and overall quality assurance.

Volunteer counselors are assigned to a site close to their home to provide Medicare counseling. Volunteers are expected to work on cases to completion and to close them only when all aspects of the problem have been resolved. At times they may be asked to cover more than one site.

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.

Our relationship with community organizations and key agencies allows Inland Agency – HICAP to deliver the exceptional service that we have given for the past 24 years. We have an extensive network of both long term and continually forming relationships with senior centers, government agencies, community organizations, churches, assisted living

facilities and many others. These networks stretch across the length and breath of Riverside County geographic area. Inland Agency HICAP has always participated in as many senior service networks as possible. We depend on the service providers and clients who attend these forums to "spread the word" about the services HICAP provides, assist us in distributing printed material and invite us to speak at their meeting and provide articles for their newsletters.

Inland Agency HICAP collaborates with many community-based organizations. These include: NuVoices Club (serving clients who have undergone laryngectomies), Inland Empire Disability Collaboration, Blind Institute, Parkinson Support Group, Amputee Support Group, H.E.L.P. Alliance and Rolling Start. Through participating in monthly meetings, making presentations, and providing client referrals we are able to serve disabled beneficiaries. Inland Agency HICAP also outreaches to assisted living and mental illness facilities to coordinate interactive workshops and staff training.

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.

For the past 42 years, Inland Agency has worked in collaboration with other community-based organizations to improve the quality of life for diverse populations. All staff at the agency is encouraged to work together to maximize services available to our target groups. We are also encouraged to network and cooperate with other programs and services in the local communities we cover. In-service training is one example of cooperation that we provide to other community services. Because, of the knowledge we gain at all the networks we attend, we are able to keep current our awareness of who does what and, as a result, make cooperative referrals to those services when we recognize a need. Because we have been in the community for such a span of years, we are well known. We frequently write letters of support for other agencies grant proposals, thus enabling them to establish new programs.

Our experience with state regulatory agencies is fairly constant. We call the Department of Insurance hotline or the issuing companies for information about supplementary and long-term care policies. If we have a case of wrong doing on the part of the selling agency or issuing company, we contact an investigator at CDI, (California Department of Insurance), to ask advice on what to look for, and send off a solid case to them. We have a relationship with DHS (Department of Health Services) and Medi-Cal when we need technical assistance with cases on which we are working. Federal agencies are equally cooperative in assisting us with our endeavors. CMS, (Centers for Medicare and Medicaid Services), has provided us with statistics, training materials, PR bulletins and individuals technical information. We have also provided in-service training for local Social Security offices. As requested, we have collaborated with CMS to staff large community events/health fairs as well as with many community-based organizations at their events. Collaboration is the key to these relationships and lends a positive air to program implementation.

- 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.

Because of our success in taking early action to resolve issues at the lowest level of appeal, we have been able to retain a fairly informal referral procedure for clients/cases in need of legal assistance. When a client comes to us with a problem or situation that is far advanced – that is, it has gone beyond the first levels of appeal and is technically complex – we would certainly ask our legal service provider for technical assistance. In particular, if the client/family is unable to assist with the appeal and if the amount under consideration is large, we may decide to give the case to the attorney for direct representation. However, we often hear about situations before they are so far advanced. We prefer to take early action to get problems resolved at the lowest level of appeal, with or without technical assistance from the legal service provider. Clients often want to know what to do, how to appeal, to whom to appeal, etc., so that they can fight the denial themselves. Only in special cases, do we turn over a case for direct legal representation or seek technical assistance, depending on what is involved.

OUTREACH AND PUBLICITY

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

Inland Agency HICAP now has three full-time bilingual counselors— all are Certified Interpreters— to assist Spanish-speaking beneficiaries, which has resulted in an increase in Spanish-speaking clients served. Special software and staff expertise assist us in translating new releases, advertising and flyers into Spanish. We collaborate with the Desert Sierra Regional Contractors to develop contacts with the Asian Pacific Islanders and the African American population in seeking out senior clients, Medicare beneficiaries, and volunteers to serve that group. We also have an agreement from P.A.L.S. for Health that will supply interpreters in other languages, such as Hmong, as needed, at no charge.

We work with many faith-based organizations to develop outreach plans tailored to their congregations. This partnering approach allows us to bring our services to populations that might otherwise be difficult to reach due to cultural barriers. Getting clients to use our services depends largely on their trust in us, as we ask for such private and personal information. When a counselor says that all information is kept confidential, the beneficiary has to believe in that person's word. For that reason, we try very hard to recruit volunteers from diverse populations. If we are trying to open a counseling site in a new area, we work hard to find someone who lives there and who is respected by other residents. Sometimes we are successful, other times we are not, but we continue to make those recruitment efforts a top priority. The same principle applies to ethnic groups. Some people find it difficult to trust someone from a different background, and we are sensitive to that. We let people know at every community education presentation that we are in need of volunteers.

We are developing presentations and interactive workshops at low-income housing and assisted living facilities. Additionally, in partnering with existing community groups in low-income areas we can better serve beneficiaries with limited incomes.

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.

Market research is essential in determining what customers need. With the increase in the “Boomers” becoming Medicare-eligible, we are taking advantage of the Internet and social media in reaching this demographic. HICAP will continue to conduct advertising for the widest exposure, including posters, flyers, public service announcements, website links, and online calendars and schedules of events. Due to the extensive networking the outreach team engages in, we are able to provide educational information and counseling services almost anywhere seniors and other Medicare beneficiaries are to be found.

Such as:

- Community and private social centers
- Private city and county- sponsored housing
- Educational or recreation centers
- Privately or publicly funded in-home service providers
- Home-delivered meals services, both public and private
- Case managers and care providers training sessions
- Large and small public or private nursing facilities
- Religious institutions and their group meetings (and their publicity materials)
- Nonprofit social service providers (United Ways, food banks, homeless shelters, emergency services)
- We also partner with some Social Security offices to provide counseling.

We are particularly proud of the services we provide to associates and support groups for various disabling diseases and conditions. The trust we have developed with various communities throughout the region is based on HICAP services provided at formal, informal, and individual counseling session.

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

Inland Agency provides direct service to the Inyo/Mono area through our office located in Bishop, CA. Our office is staffed with a registered counselor who is also an expert in outreach and performs both outreach and counseling duties. The Program Manager oversees the Inyo/Mono office to receive all training, updates, supplies and program material needed.

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**ATTACHMENT A-3
SCOPE OF WORK**

HICAP FEDERAL BASE FUNDS

ATTACHMENT A
SCOPE OF WORK

HICAP FEDERAL BASE FUNDS

ATTACHMENT A

SCOPE OF WORK FY 2012 – 2013

INLAND COUNTIES HEALTH SYSTEMS AGENCY (INLAND AGENCY) HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP Federal Base Funds)

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.

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We have a memorandum of understanding with Inland Counties Legal Services to provide us with assistance on legal issues and appeals. We pride ourselves on being able to intervene in most cases on an immediate basis on behalf of the client, forestalling the need for many higher levels of appeals. Preparing an appeal for presentation requires research on the circumstances involved and the relevant regulations, as well as preparing statements that are concise, accurate and pertinent.

Inland Agency consistently manages HICAP services in a cost-efficient manner. The Board of Directors and the Executive Director of Inland Agency are integrally involved in overseeing the management of the agency program. Every board member is encouraged to "team up" with one of the programs and get actively involved. The board meets with Program Managers each year at the spring Mini-retreat to conduct long-range planning. Each fall, the board considers, revises and approves the goals for next year as well as the projected budgets for each program and for the agency as a whole. The Executive Director provides financial statements in each board packet and the Board Treasure discusses them at the board meeting, answering questions from other members. This collaborative "check and balances" approach ensures the most cost-effective management of all agency programs including HICAP.

The use of volunteer counselors to deliver one-on-one counseling is very cost effective. The counselors volunteer their services with the exception of mileage. In addition, the use of senior centers, churches, hospitals and community centers, at no cost to the program, makes the cost of counseling very low. Each counseling site allows the use of telephone for local or toll-free calls and the use of the copy machine.

The effectiveness of the program is enhanced by the age of the counselor; they are peers of the clients they see. Having a number of counselors throughout the county eliminates the need for the beneficiaries to travel to get information and assistance. Using local counselors at local accessible sites translates into greater credibility for the program. Home visits are provided for house bound clients when necessary.

Under the direction of Inland Agency, the HICAP Program satisfies the service requirements outlined in the RFP by providing complete, accurate, updated and unbiased information to as many Medicare beneficiaries, their families, and persons approaching Medicare eligibility as possible. We offer assistance to people who seek help with problems related to Medicare, health care and/or supplemental insurance or health plans. Through the use of local sites within the county and trained volunteer's counselors offering this assistance and information, we provide confidential services, without charge, in an informal manner. Community education is provided throughout the county on topics relevant to Medicare, health insurance and the health care interest of Medicare beneficiaries, including their guaranteed rights. Inland Agency's understandings of the

specifications required for the HICAP program are proven in the 24 years of success in this partnership.

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 fiscal year 2010-2011 staff and volunteers have presented programs to more than 6,532 Medicare beneficiaries in Riverside County. Our community education sessions are done at the request of senior and disabled groups. Presentations have been made to support groups, senior centers, service organizations and retirement homes. A special focus has been made to contact faith-based groups. The user-friendly material on Medicare, Medicare Part D, Medicare HMOs, and government assistant programs is distributed at each presentation in a folder. HICAP receives many requests to participate in local health fairs. Staffed by volunteer counselors, these health fairs are a great resource for seniors.

Senior centers are a prime focus for HICAP. We offer presentations, articles for newsletters and flyers to inform the Medicare beneficiaries about our services. Our success at senior centers often reflects the interest by the center director in our program. If the director supports HICAP, we will have a very good response from the seniors.

HICAP has prepared an in-service workshop for many of the programs providing services for seniors and the disabled in Riverside County. Working in partnership with Social Security, the Department of Social Services, the C.A.R.E. Team, the Ombudsman Program and the Office on Aging, we have developed a strong network to provide better resources for the Medicare beneficiaries. We have met with local legislative leaders offering in-services to their staffs and constituents.

Volunteer counselors are updated at bi-monthly meetings, emails and printed data during the year as required. Outside speakers are invited to share specialized expertise with our counselors in many of the bi-monthly meetings. The volunteer coordinator keeps in touch with each volunteer on a monthly basis. The program has developed a centralized appointment system providing better service to our clients in need of our services.

Long-term care counseling is an extremely specialized area. We only use counselors who have been specially trained in the field of long-term care for this type of counseling. This training is only for experienced counselors who volunteer for the additional work. The long-term care training is in addition to the regular training offered to the counselors.

Because of limitations imposed by the state directives, CDA (California Department of Aging), no longer has sufficient staffing and/or funds to provide training to HICAP directly. CHA (California Health Advocates), has trained on an intermittent basis all local HICAPs on high priority topics.

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.

Inland Agency will be structured as follows: Inland Agency Executive Director, Program Manager, Finance Manager, Finance Assistant, Human Resources Manager, Regional Coordinator (2), Volunteer Coordinator, Education and Outreach Coordinator (3), Lead Project Specialist, Bilingual Project Specialist.

We provide program services throughout Riverside County in the following offices:

- 1) Main office is in the city of Riverside which houses the Executive Director, Program Manager, Finance Manager, Finance Assistant, Human Resources Manager, Regional Coordinator, Volunteer Coordinator, Education and Outreach Coordinator, Lead Project Specialist, Bilingual Project Specialist.
- 2) Palm Desert office houses one Education and Outreach Coordinator
- 3) Bishop office houses the Inyo/Mono Regional Coordinator

Supervisory lines of authority:

- The Executive Director of the Agency reports directly to Inland Agency Board of Trustees and oversees Finance Manager, Finance Assistant, Program Manager and Human Resources.
- The Program Manager reports directly to the Executive Director and oversees the Volunteer Coordinator, Regional Coordinator, Education and Outreach Coordinator, Lead Project Specialist, Bilingual Project Specialist.

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.

Executive Director: Manages the day-to-day operations including contract management, fiscal compliance, personnel, and program budget of Inland Agency. The Executive Director is responsible for collecting and reporting fiscal and program data to Office on Aging.

Finance Manager: Performs the accounting and financial operations of the agency, including general ledger, financial reporting, and audit and tax preparation. Develops the capacity of program managers in financial planning and oversight of their programs to achieve organizational strategies and priorities. Provides monthly accounting reports to the Executive Director.

Finance Assistant: Assist the Finance Manager by preparing monthly reports needed for billing, monitors and collects accounts receivable, makes agency deposits to bank. Maintains the vendor's files, both in Quickbooks and file cabinet.

Human Resources Manager: Ensures compliance with all applicable funding contract terms and conditions, state and federal laws. Manages employee's benefits, human resources files, Workers Compensation and Safety Plan. Processes employee's payroll.

Program Manager: Manages the day-to-day operations of HICAP. General oversight responsibilities will include the supervision of personnel and volunteers. Provides supervision and training per CDA guidelines.

Regional Coordinator/Analyst: Responsible for the development, implementation, and promotion for outreach and marketing in Riverside County in accordance with CDA guidelines. Coordinates reports from outreach staff and submits them to the HICAP Program Manager. Responsible for conducting outreach events, participating in health fairs and promoting the program through community networking. Develops partnership and MOU agreements in the community. This position is also responsible for meeting the assigned benchmarks measures, analyzing data, updating the CDA calendar and reporting monthly reports to the HICAP Program Manager.

Volunteer Coordinator: Responsible for conducting volunteer recruitment, supervision of volunteer activities and provide recommendations for additional volunteer training. Seeks out counseling sites, maintains relationships with the sites. The Volunteer Coordinator will also ensure that all volunteer related data is submitted to the program in a timely manner.

Inyo/Mono Regional Coordinator: Located in Bishop. Responsible for conducting and coordinating outreach and counseling throughout Inyo and Mono Counties. Prepares monthly performance data and benchmarks to the Program Manager.

Education and Outreach Coordinator: Responsible for coordinating and conducting outreach and community educational events to raise awareness of the HICAP program. Participates in health fairs and community networking. This position is responsible is also responsible for meeting assigned benchmarks.

Lead Project Specialist: Provides phone counseling and face-to-face counseling in the Riverside office, assist the HICAP staff with difficult calls, researches information to assist Medicare beneficiaries.

Bilingual Project Specialist: Provides telephone counseling and one-on-one counseling in Spanish and refers callers as appropriate. Work with the Volunteer Coordinator to schedule volunteer counselor's appointments.

Due to the scope of work, the HICAP Volunteer Counselor is a professional volunteer position. It is not suitable for most people because it requires a significant amount of training and a long-term commitment to the program. These trainings ensure program competency, retention, and overall quality assurance.

Volunteer counselors are assigned to a site close to their home to provide Medicare counseling. Volunteers are expected to work on cases to completion and to close them only when all aspects of the problem have been resolved. At times they may be asked to cover more than one site.

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.

Our relationship with community organizations and key agencies allows Inland Agency – HICAP to deliver the exceptional service that we have given for the past 24 years. We have an extensive network of both long term and continually forming relationships with senior centers, government agencies, community organizations, churches, assisted living

facilities and many others. These networks stretch across the length and breath of Riverside County geographic area. Inland Agency HICAP has always participated in as many senior service networks as possible. We depend on the service providers and clients who attend these forums to "spread the word" about the services HICAP provides, assist us in distributing printed material and invite us to speak at their meeting and provide articles for their newsletters.

Inland Agency HICAP collaborates with many community-based organizations. These include: NuVoices Club (serving clients who have undergone laryngectomies), Inland Empire Disability Collaboration, Blind Institute, Parkinson Support Group, Amputee Support Group, H.E.L.P. Alliance and Rolling Start. Through participating in monthly meetings, making presentations, and providing client referrals we are able to serve disabled beneficiaries. Inland Agency HICAP also outreaches to assisted living and mental illness facilities to coordinate interactive workshops and staff training.

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.

For the past 42 years, Inland Agency has worked in collaboration with other community-based organizations to improve the quality of life for diverse populations. All staff at the agency is encouraged to work together to maximize services available to our target groups. We are also encouraged to network and cooperate with other programs and services in the local communities we cover. In-service training is one example of cooperation that we provide to other community services. Because, of the knowledge we gain at all the networks we attend, we are able to keep current our awareness of who does what and, as a result, make cooperative referrals to those services when we recognize a need. Because we have been in the community for such a span of years, we are well known. We frequently write letters of support for other agencies grant proposals, thus enabling them to establish new programs.

Our experience with state regulatory agencies is fairly constant. We call the Department of Insurance hotline or the issuing companies for information about supplementary and long-term care policies. If we have a case of wrong doing on the part of the selling agency or issuing company, we contact an investigator at CDI, (California Department of Insurance), to ask advice on what to look for, and send off a solid case to them. We have a relationship with DHS (Department of Health Services) and Medi-Cal when we need technical assistance with cases on which we are working. Federal agencies are equally cooperative in assisting us with our endeavors. CMS, (Centers for Medicare and Medicaid Services), has provided us with statistics, training materials, PR bulletins and individuals technical information. We have also provided in-service training for local Social Security offices. As requested, we have collaborated with CMS to staff large community events/health fairs as well as with many community-based organizations at their events. Collaboration is the key to these relationships and lends a positive air to program implementation.

- 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.

Because of our success in taking early action to resolve issues at the lowest level of appeal, we have been able to retain a fairly informal referral procedure for clients/cases in need of legal assistance. When a client comes to us with a problem or situation that is far advanced – that is, it has gone beyond the first levels of appeal and is technically complex – we would certainly ask our legal service provider for technical assistance. In particular, if the client/family is unable to assist with the appeal and if the amount under consideration is large, we may decide to give the case to the attorney for direct representation. However, we often hear about situations before they are so far advanced. We prefer to take early action to get problems resolved at the lowest level of appeal, with or without technical assistance from the legal service provider. Clients often want to know what to do, how to appeal, to whom to appeal, etc., so that they can fight the denial themselves. Only in special cases, do we turn over a case for direct legal representation or seek technical assistance, depending on what is involved.

OUTREACH AND PUBLICITY

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

Inland Agency HICAP now has three full-time bilingual counselors— all are Certified Interpreters— to assist Spanish-speaking beneficiaries, which has resulted in an increase in Spanish-speaking clients served. Special software and staff expertise assist us in translating new releases, advertising and flyers into Spanish. We collaborate with the Desert Sierra Regional Contractors to develop contacts with the Asian Pacific Islanders and the African American population in seeking out senior clients, Medicare beneficiaries, and volunteers to serve that group. We also have an agreement from P.A.L.S. for Health that will supply interpreters in other languages, such as Hmong, as needed, at no charge.

We work with many faith-based organizations to develop outreach plans tailored to their congregations. This partnering approach allows us to bring our services to populations that might otherwise be difficult to reach due to cultural barriers. Getting clients to use our services depends largely on their trust in us, as we ask for such private and personal information. When a counselor says that all information is kept confidential, the beneficiary has to believe in that person's word. For that reason, we try very hard to recruit volunteers from diverse populations. If we are trying to open a counseling site in a new area, we work hard to find someone who lives there and who is respected by other residents. Sometimes we are successful, other times we are not, but we continue to make those recruitment efforts a top priority. The same principle applies to ethnic groups. Some people find it difficult to trust someone from a different background, and we are sensitive to that. We let people know at every community education presentation that we are in need of volunteers.

We are developing presentations and interactive workshops at low-income housing and assisted living facilities. Additionally, in partnering with existing community groups in low-income areas we can better serve beneficiaries with limited incomes.

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.

Market research is essential in determining what customers need. With the increase in the “Boomers” becoming Medicare-eligible, we are taking advantage of the Internet and social media in reaching this demographic. HICAP will continue to conduct advertising for the widest exposure, including posters, flyers, public service announcements, website links, and online calendars and schedules of events. Due to the extensive networking the outreach team engages in, we are able to provide educational information and counseling services almost anywhere seniors and other Medicare beneficiaries are to be found.

Such as:

- Community and private social centers
- Private city and county- sponsored housing
- Educational or recreation centers
- Privately or publicly funded in-home service providers
- Home-delivered meals services, both public and private
- Case managers and care providers training sessions
- Large and small public or private nursing facilities
- Religious institutions and their group meetings (and their publicity materials)
- Nonprofit social service providers (United Ways, food banks, homeless shelters, emergency services)
- We also partner with some Social Security offices to provide counseling.

We are particularly proud of the services we provide to associates and support groups for various disabling diseases and conditions. The trust we have developed with various communities throughout the region is based on HICAP services provided at formal, informal, and individual counseling session.

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

Inland Agency provides direct service to the Inyo/Mono area through our office located in Bishop, CA. Our office is staffed with a registered counselor who is also an expert in outreach and performs both outreach and counseling duties. The Program Manager oversees the Inyo/Mono office to receive all training, updates, supplies and program material needed.

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.

Because of our success in taking early action to resolve issues at the lowest level of appeal, we have been able to retain a fairly informal referral procedure for clients/cases in need of legal assistance. When a client comes to us with a problem or situation that is far advanced – that is, it has gone beyond the first levels of appeal and is technically complex – we would certainly ask our legal service provider for technical assistance. In particular, if the client/family is unable to assist with the appeal and if the amount under

consideration is large, we may decide to give the case to the attorney for direct representation. However, we often hear about situations before they are so far advanced. We prefer to take early action to get problems resolved at the lowest level of appeal, with or without technical assistance from the legal service provider. Clients often want to know what to do, how to appeal, to whom to appeal, etc., so that they can fight the denial themselves. Only in special cases, do we turn over a case for direct legal representation or seek technical assistance, depending on what is involved.

OUTREACH AND PUBLICITY

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

Our population in Inyo and Mono Counties is not as diverse as in Riverside County. The groups with the most need are Hispanic/Latinos, the extreme rural, in outlying areas, and low income.

We collaborate with Inyo Mono Advocates for Community Action, the Salvation Army, Inyo Mono Area Agency on Aging and county social workers in seeking out senior clients, Medicare beneficiaries, and volunteers to serve that group. This partnering approach allows us to bring our services to populations that might otherwise be difficult to reach due to cultural barriers. Inland Agency HICAP has always participated in as many senior service networks as possible. We depend on the service providers and clients who attend these forums to "spread the word" about the services HICAP provides, assist us in distributing printed material and invite us to speak at their meeting and provide articles for their newsletters.

Inland Agency HICAP also outreaches to assisted living and mental illness facilities to coordinate interactive workshops and staff training. Getting clients to use our services depends largely on their trust in us, as we ask for such private and personal information. When a counselor says that all information is kept confidential, the beneficiary has to believe in that person's word. For that reason, we try very hard to recruit volunteers from diverse populations. The same principle applies to ethnic groups. Some people find it difficult to trust someone from a different background, and we are sensitive to that. We let people know at every community education presentation that we are in need of volunteers.

We are developing presentations and interactive workshops at low-income housing and assisted living facilities. Additionally, in partnering with existing community groups in low-income areas we can better serve beneficiaries with limited incomes.

**ATTACHMENT B
ALLOCATION**

ATTACHMENT B

**Contracts for Services Fiscal Year 2012/2013
Vendor #6818**

Provider	Funding Source Project/Grant	Program	Unit of Service	Unit Description	CFDA #	Number of Units	Unit Rate	Federal Funds	State Funds	Total Contract Amount
Inland Counties Health Systems Agency HICAP 1737 Allanta, Suite H5 Riverside, CA 92507	HICAP	HICAP	HICAP Medicare Modernization Act (MMA)		93.779	n/a	Expenses	\$0.00		
	HICAP	HICAP	HICAP Reimbursement (Ins. Fund)		93.779	n/a	Expenses	\$0.00	\$47,555.00	
	HICAP	HICAP	HICAP Funds		93.779	n/a	Expenses	\$0.00	\$23,771.00	
	HICAP	HICAP	HICAP Federal Base (SHIP Funds)		93.779	n/a	Expenses	\$35,390.00		
	HICAP	HICAP	HICAP Fed Base(SHIP Rural Fund)		93.779	n/a	Expenses	\$0.00		
								\$35,390.00	\$71,326.00	\$106,716.00

Revised 7/3/12

**ATTACHMENT C
BUDGET**

ATTACHMENT C

COUNTY OF RIVERSIDE
OFFICE ON AGING
CONTRACTOR BUDGET
FY 2012 - 2013

Contractor: INLAND COUNTIES HEALTH SYSTEMS AGENCY (HICAP)
Program and Service: HICAP Funds

Vendor # 6818

SECTION B - REPORT OF EXPENDITURES		1	2	3	4	5	6	7.00
BUDGET LINE ITEMS		*CONTRACT BUDGET	PROGRAM INCOME	IN-KIND MATCH	CASH MATCH	OOA EXPENDED THIS MO	OOA EXPENDED YTD	OOA BALANCE OF EXP.
PERSONNEL								
	Lead Project Specialist	\$35,276.80					0.00	\$ 35,276.80
	Project Specialist	\$24,960.00					0.00	\$ 24,960.00
	Executive Director	\$11,232.00					0.00	\$ 11,232.00
	Subtotal Personnel:	\$71,468.80	0.00	0.00	0.00	0.00	0.00	\$ 71,468.80
FRINGE BENEFITS		\$9,910.36						\$ 9,910.36
							0.00	
							0.00	
							0.00	
	Subtotal Fringe Benefits	\$9,910.36	0.00	0.00	0.00	0.00	0.00	\$ 9,910.36
TRAVEL								
		\$457.32					0.00	\$ 457.32
EQUIPMENT		\$457.32					0.00	\$ 457.32
SERVICE AND SUPPLIES (OTHER):								
	Accounting	\$0.00					0.00	\$ -
	Staff Training	\$800.00					0.00	\$ 800.00
	Contracts/Consultants	\$0.00					0.00	\$ -
	Telephone	\$3,333.33					0.00	\$ 3,333.33
	Postage	\$335.00					0.00	\$ 335.00
	Advertising	\$0.00					0.00	\$ -
	Rent	\$8,667.00					0.00	\$ 8,667.00
	Insurance	\$0.00					0.00	\$ -
	Utilities	\$112.19					0.00	\$ 112.19
	Repair	\$0.00					0.00	\$ -
	Copying/Printing	\$0.00					0.00	\$ -
	Other	\$0.00					0.00	\$ -
	Subtotal Service & Supplies (Other)	\$13,247.52	0.00	0.00	0.00	0.00	0.00	\$ 13,247.52
TOTAL COSTS		\$95,541.32	0.00	0.00	0.00	0.00	0.00	\$ 95,541.32
		95,084.00						

* "Contract Budget" column amounts are the total dollars (including Office on Aging Contract funds) projected in your budget for specified line items. (See Contract Budget Pages)

COUNTY OF RIVERSIDE
OFFICE ON AGING
CONTRACTOR BUDGET
FY 2012 - 2013

Contractor: INLAND COUNTIES HEALTH SYSTEMS AGENCY (HICAP)
Program and Service: HICAP Reimbursement (Ins Funds)

Vendor # 6818

SECTION B - REPORT OF EXPENDITURES							
BUDGET LINE ITEMS	1 *CONTRACT BUDGET	2 PROGRAM INCOME	3 IN-KIND MATCH	4 CASH MATCH	5 OOA EXPENDED THIS MO.	6 OOA EXPENDED YTD	7 OOA BALANCE OF EXP.
PERSONNEL							
Regional Coordinator/Analyst	49,920.00						\$ 49,920.00
Education and Outreach Coordinator	31,616.00						\$ 31,616.00
Education and Outreach Coordinator	19,760.00						\$ 19,760.00
Education and Outreach Coordinator	19,760.00						\$ 19,760.00
Human Resources Manager	6,065.28						\$ 6,065.28
Finance Manager	5,616.00						\$ 5,616.00
Finance Assistant	\$6,988.80						\$ 6,988.80
							\$ -
Subtotal Personnel:	\$139,726.08	0.00	0.00	0.00	0.00	0.00	\$ 139,726.08
FRINGE BENEFITS							
	\$20,999.47						\$ 20,999.47
							\$ -
							\$ -
Subtotal Fringe Benefits	\$20,999.47	0.00	0.00	0.00	0.00	0.00	\$ 20,999.47
TRAVEL							
	\$4,125.00						\$ 4,125.00
EQUIPMENT							
	\$0.00						\$0.00
SERVICE AND SUPPLIES (OTHER):							
Accounting	\$200.00						\$200.00
Staff Training	\$1,500.00						\$1,500.00
Contracts/Consultants	\$1,864.41						\$1,864.41
Telephone	\$3,333.34						\$3,333.34
Postage	\$347.80						\$347.80
Advertising	\$2,973.10						\$2,973.10
Rent	\$11,248.99						\$11,248.99
Insurance	\$334.00						\$334.00
Utilities	\$1,387.81						\$1,387.81
Repair	\$334.00						\$334.00
Copying/Printing	\$500.00						\$500.00
Other	\$1,342.00						\$1,342.00
Subtotal Service & Supplies (Other)	\$25,365.45	0.00	0.00	0.00	0.00	0.00	\$25,365.45
TOTAL COSTS	\$190,216.00	0.00	0.00	0.00	0.00	0.00	\$ 190,216.00

* "Contract Budget" column amounts are the total dollars (including Office on Aging Contract funds) projected in your budget for specified line items. (See Contract Budget Pages)

ATTACHMENT C

COUNTY OF RIVERSIDE
OFFICE ON AGING
CONTRACTOR BUDGET
FY 2012 - 2013

Contractor: INLAND COUNTIES HEALTH SYSTEMS AGENCY (HICAP)
Program and Service: HICAP Federal Base (SHIP Funds)

Vendor # 6818

SECTION B - REPORT OF EXPENDITURES	1	2	3	4	5	6	7
BUDGET LINE ITEMS	OOA *CONTRACT BUDGET	PROGRAM INCOME	IN-KIND MATCH	CASH MATCH	OOA EXPENDED THIS MO	OOA EXPENDED YTD	OOA BALANCE OF EXP.
PERSONNEL							
Program Manager	\$ 49,920.00					0.00	\$ 49,920.00
Volunteer Coordinator	\$ 17,680.00					0.00	\$ 17,680.00
Regional Coordinator	\$ 17,680.00					0.00	\$ 17,680.00
Subtotal Personnel:	\$ 85,280.00	0.00	0.00	0.00	0.00	0.00	\$ 85,280.00
FRINGE BENEFITS	\$ 11,624.38						\$ 11,624.38
						0.00	\$ -
						0.00	\$ -
						0.00	\$ -
Subtotal Fringe Benefits	\$ 11,624.38	0.00	0.00	0.00	0.00	0.00	\$ 11,624.38
TRAVEL	\$ 9,180.00						\$ 9,180.00
EQUIPMENT	\$ -					0.00	\$ -
SERVICE AND SUPPLIES (OTHER):							
Accounting	\$ 200.00					0.00	\$ 200.00
Staff Training	\$ 1,000.00					0.00	\$ 1,000.00
Contracts/Consultants	\$ 1,364.87					0.00	\$ 1,364.87
Telephone	\$ 3,333.33					0.00	\$ 3,333.33
Postage	\$ 700.00					0.00	\$ 700.00
Advertising	\$ 3,000.00					0.00	\$ 3,000.00
Rent	\$ 13,000.00					0.00	\$ 13,000.00
Insurance	\$ 666.00					0.00	\$ 666.00
Utilities	\$ 3,500.00					0.00	\$ 3,500.00
Repair	\$ 700.00					0.00	\$ 700.00
Copying/Printing	\$ 6,020.42					0.00	\$ 6,020.42
Other	\$ 1,995.00					0.00	\$ 1,995.00
Subtotal Service & Supplies (Other)	\$ 35,479.62	0.00	0.00	0.00	0.00	0.00	\$ 35,479.62
TOTAL COSTS	\$ 141,564.00	0.00	0.00	0.00	0.00	0.00	\$ 141,564.00

* "Contract Budget" column amounts are the total dollars (including Office on Aging Contract funds) projected in your budget for specified line items. (See Contract Budget Pages)

**CERTIFICATE OF
INSURANCE**

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).

PRODUCER Comprehensive Insurance Services 22342 Avenida Empresa Suite 250 RSM, CA 92688	CONTACT NAME: PHONE (A/C, No, Ext): (949) 709-8800 FAX (A/C, No): (949) 709-1668 E-MAIL ADDRESS:														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: NONPROFITS' INSURANCE ALLIANCE</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NONPROFITS' INSURANCE ALLIANCE		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED Inland Agency dba, Inland Counties Health Systems 1737 Atlanta Ave. Ste. H-5 Riverside, Ca 92507															

COVERAGES **CERTIFICATE NUMBER: GL/AUTO** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			2011-12804-NPO	11/16/2011	11/16/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 20,000
	<input checked="" type="checkbox"/> No exclusion for cross suits	X					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY			2011-12804-NPO	11/16/2011	11/16/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB			2011-12804-UMB	11/16/2011	11/16/2012	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	SOCIAL SERVICE			2011-12804-NPO	11/16/2011	11/16/2012	\$3,000,000 AGGREGATE	
	PROFESSIONAL LIABILITY						\$1,000,000 PER OCCURRENCE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED PER ATTACHED ENDORSEMENT #CG2026

CERTIFICATE HOLDER COUNTY OF RIVERSIDE OFFICE OF AGING 6296 RIVER CREST DR. STE. K RIVERSIDE, CA 92507	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Richard Eynon</i> Richard Eynon, CIC/JEREMY

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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

Name Of Additional Insured Person(s) Or Organization(s)

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.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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.



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-01-2012

GROUP: 000469
 POLICY NUMBER: 0501993-2011
 CERTIFICATE ID: 4
 CERTIFICATE EXPIRES: 02-01-2013
 02-01-2012/02-01-2013

COUNTY OF RIVERSIDE
 OFFICE OF AGING
 6296 RIVER CREST DR STE K
 RIVERSIDE CA 92507

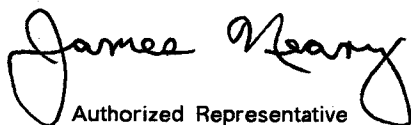
SJ

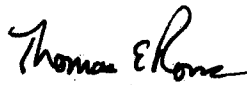
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


 Authorized Representative


 President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

INLAND COUNTIES HEALTH SYSTEMS DBA: INLAND
 AGENCY
 1737 ATLANTA AVE STE H5
 RIVERSIDE CA 92507

**BOARD RESOLUTION
STATEMENT AND
SIGNATURES**



Letter of Authorization to Enter Into Contracts

The Board of Trustees of Inland Counties Health Systems Agency authorizes Pamela George, Executive Director, to sign contracts, letters of agreement, memorandums of understanding and other documents on behalf of the corporation. This authorization is in effect from July 1, 2012 until rescinded by the Board of Trustees.

Becky Foreman

President, Inland Counties Health Systems Agency Board of Trustees

ORGANIZATIONAL CHART

Inland Agency HICAP Organizational Chart PSA 16 & 21

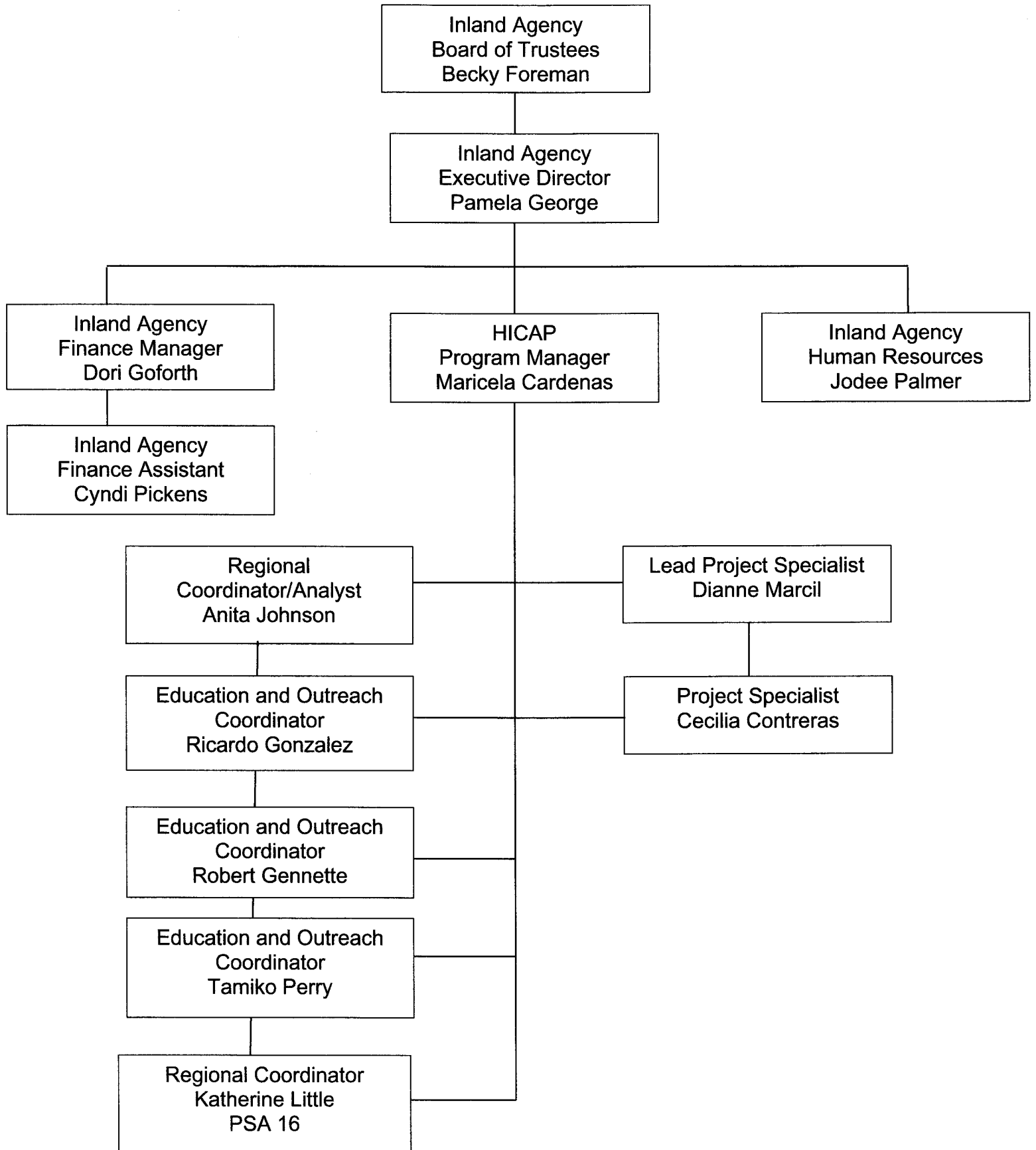


EXHIBIT A

ARTICLE I. DEFINITIONS

A. DEFINITIONS SPECIFIC TO TITLE III AND TITLE VII PROGRAMS

1. **Program Requirements** means Title III program requirements found in the Older Americans Act (OAA 42 USC Section 3001-3058), Code of Federal Regulations (45 CFR XIII, 1321); Title 22, California Code of Regulations (CCR), Section 7000 et seq., and Department Program Memoranda.
2. **Title III B (Supportive Services)** means a variety of services including, but not limited to: personal care, homemaker, chore, adult day care/adult day health, case management, assisted transportation, transportation, legal assistance, information and assistance, outreach, and long-term care ombudsman advocacy, as defined in the National Aging Programs Information Systems (NAPIS) categories and National Ombudsman Reporting System (NORS).
3. **Program Development** means activities that either establish a new service or expand or integrate existing services.
4. **Coordination** means activities that involve the active participation of the Area Agency on Aging (AAA) staff to include liaison with non-OAA funded agencies and organizations for the purpose of avoiding duplication, improving services, resolving problems related to service delivery, and addressing the service needs of the eligible service population.
5. **Priority Services** means those services associated with access to services (transportation, outreach, information and assistance, and case management); in-home services including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, and legal assistance.
6. **Title III C-1 (Congregate Nutrition Services)** means nutrition services for older individuals in a congregate setting. Services include meals, nutrition and health promotion education, health promotion programs, nutrition risk screening, and opportunities for socialization. Each meal shall provide one-third (1/3) of the Dietary Reference Intakes (DRI) and comply with the current Dietary Guidelines for Americans, 2005.
7. **Title III C-2 (Home Delivered Nutrition Services)** means nutrition services provided to homebound older individuals including meals, nutrition and health promotion education, and nutrition risk screening. Each meal shall provide one-third (1/3) of the Dietary Reference Intakes (DRI) and comply with the current Dietary Guidelines for Americans, 2005.

ARTICLE I. DEFINITIONS (Continued)

8. **Nutrition Services Incentive Program (NSIP)** is the name for the United States Department of Agriculture (USDA) cash allotment or commodity program. The purpose of the program is to provide incentives to encourage and reward effective performance by AAAs in the efficient delivery of nutritious meals to older individuals.

9. **Title III D (Disease Prevention and Health Promotion Services)** means a variety of activities to maintain or improve the physical, mental, and nutritional health of older persons, to include the following specific activities: disease prevention, health promotion education, nutrition education, nutrition counseling, nutrition risk screening services, medication management, home security, equipment, family support, community education/advocacy, information, outreach, physical fitness, therapy, and comprehensive assessment.

Medication Management means “medication screening and education to prevent incorrect medication and adverse drug reactions” and is a required service with a separate funding allocation.

10. **Program Income** means revenue generated by the Contractor or subcontractor from contract-supported activities. Program income is:
 - a. Voluntary contributions received from a participant or responsible party as a result of services.
 - b. Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under this Agreement.
 - c. Royalties received on patents and copyrights from contract-supported activities.
 - d. Proceeds from sale of items fabricated under a contract agreement.

11. **One-Time-Only** include the following:
 - a. Titles III and VII federal funds allocated to the Office on Aging in a state fiscal year that are not expended or encumbered for services and administration provided by June 30 of that fiscal year as reported to CDA in the Financial Closeout Report (CDA 180). (Title 22 CCR 7314).
 - b. Title III and VII federal funds recovered from the Office on Aging as a result of a fiscal audit determination and resolution by the Department.

AREA PLAN

- c. Supplemental Title III and Title VII program funds allocated by the Administration on Aging to the Department as a result of the federal re-allotment process.
 - 12. **Indirect Costs** means costs incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objective specifically benefited, without effort disproportionate to the results achieved.
 - 13. **Eligible Service Population** for Title III (except for Title III E) means individuals 60 years of age or older, with emphasis on those in economic and social need with particular attention to low income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. [OAA, Section 305 (a)(2)(E)] [Title 22, CCR, Sections 7125, 7127, 7130, and 7135].
- B. DEFINITIONS SPECIFIC TO TITLE III E—FAMILY CAREGIVER SUPPORT PROGRAM (FCSP)

- 1. **Program Requirements** means requirements found in the Older Americans Act (OAA), Title III, Part E, Sections 371 through 374.
- 2. **Eligible Service Population** for Title III E means:
 - a. A Family Caregiver
 - b. A Grandparent or Older Individual Who is a Relative Caregiver
- 3. **A Family Caregiver** is defined in Title III, Part A, Sections 302(3) of the OAA as an adult family member or another individual who is an informal provider of in-home and community care to an older individual or to an individual (of any age) with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. "Family Caregiver" is used interchangeably with "informal caregiver". "Informal" means that the care is not provided as part of a public or private formal service program.

A Family Caregiver provides care without pay. FCSP funds cannot be used to pay the Family Caregiver a stipend or salary for providing care. FCSP funds may be used to pay another family member or friend to provide respite care or supplemental services to the Family Caregiver.

The broader term "Caregiver" as defined in Title I, Section 102(18)(B) of the OAA is not applicable to Title III of the OAA since it also means an individual who—voluntarily or because of compensation—has responsibility for the care of an older individual and is providing this care on behalf of the Family Caregiver or on behalf of a public or private agency or organization.

4. **A Grandparent or Older Individual Who is a Relative Caregiver** is defined as a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older, and who meets the following additional criteria in Title III, Part E, Section 372 (3) of the OAA.
 - a. Lives with a child (but is not the older adult parent of the child or individual of any age with a disability);
 - b. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - c. Has legal relationship with child, as such legal custody or guardianship, or is raising the child informally.

5. **An Older Individual Receiving Care (Care Receiver)** is defined as one who is 60 years of age or older, or an individual (of any age) with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction [Title III, Part, A Section 302(3); Title I, Section 102(22)]. Family Caregivers cannot receive FCSP-funded respite and supplemental services specified in paragraph 7 of this section unless the Care Receiver meets the more restrictive eligibility criteria specified in Title III, Part E, Section 373 (c) (1) (B) of the OAA and the definition of "frail" in OAA Section 102 (26), which requires that the Care Receiver is unable to perform at least two activities of daily living (ADLs) [i.e., human assistance is needed for eating, toileting, continence, transferring in/out of bed or chair, bathing, dressing] or requires substantial supervision due to a cognitive or other mental impairment.

6. **A Child (who receives care from a Grandparent or Older Individual who is a Relative Caregiver)** is defined in Title III, Part E, Section 372(a)(1) of the OAA as an individual who is not more than 18 years of age or is an individual (of any age) with a disability.

7. **Individual with Severe Disabilities** is defined in Title I, Section 102(48) of the OAA as a person with a severe, chronic disability attributable to mental or physical impairment, that is likely to continue indefinitely and results in substantial limitation in 3 or more of the following areas of major life activity:
 - a. Self-care,
 - b. Receptive and expressive language,
 - c. Learning,
 - d. Mobility,

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- e. Self-direction,
- f. Capacity for Independent Living,
- g. Economic self-sufficiency,
- h. Cognitive functioning, and
- i. Emotional adjustment.

8. **Title III E (Family Caregiver Support Program)** is defined in Title III, Part E, Section 373(b) as support services that include (1) information to caregivers, potential caregivers, and those who may assist caregivers about available services; (2) assistance to caregivers in gaining access to the services; (3) individual counseling, organization of support groups, and caregiver training (individual or group) to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles; (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and (5) supplemental services, on a limited basis, to complement the care provided by caregivers. In accordance with Title III, Part E, Section 373(e) (1), the Department has established for the five support service categories additional service standards that must be met. These standards are documented in the FCSP Service Matrix, which the Department publishes periodically, as necessary.

The following apply to the Respite service category above:

- a. "Respite Care" is the provision of temporary, substitute supports or living arrangements for care receivers and may be provided (1) in the home (and include the provision of personal, homemaker, and chore services to the care receiver), (2) by attendance of the care receiver at day care or other non-residential day center or program (including recreational outings for children), and (3) by attendance of the care receiver in a facility for an overnight stay on an occasional or emergency basis (such as a nursing home for older adults or summer camp for grandchildren).
- b. "Temporarily" means a brief period of relief or rest from a caregivers responsibilities during a limited time period, and could be provided on the following basis:
 - (1) Intermittent—Time off a few hours once a week for a limited time to give the caregiver a planned or unscheduled break;
 - (2) Occasional—Time off for the caregiver to attend a special event;
 - (3) Emergency—Extended break to address an intervening circumstance, such as caregiver emotional stress or hospitalization and recovery.

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c. Title III E funds cannot be used to support the following activities:

- (1) To pay the costs for a family caregiver to attend a camp, spa, resort, or restaurant;
- (2) To temporarily relieve workers from formally paid services (e.g., In-Home Supportive Services or services required to be provided in a licensed facility such as a Residential Care Facility for the Elderly);
- (3) To supplement the service unit cost of “a participant day” at an adult day care program.

d. Title III E Supplemental Funds cannot be used to support the following activities:

- (1) Assisting a care receiver, unless there is an identified caregiver need that is met through assistance to the care receiver;
- (2) Providing ongoing assistance to a care receiver living alone;
- (3) Same level of service provided to all caregivers, rather than assistance based on caregiver level of need and priority; and
- (4) One-time, end-of-the-year assistance without an identified individual caregiver need.

C. DEFINITIONS SPECIFIC TO TITLE VII-A (ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES)

1. **State Long-Term Care Ombudsman Program** means the CDA program recognized by the State Legislature and in compliance with the Older Americans Act and the Older Californians Act. The legislative intent of this program is to use volunteers and volunteer programs to effectively assist older individuals residing in long-term care facilities in the assertion of their civil and human rights. [OAA 712(a)(1)(B); WIC 9700, 9701(f)].
2. **Office of the Long-Term Care Ombudsman** means the office established and operated by CDA to carry out the State Long-Term Care Ombudsman Program, both directly and by contract with the Office on Aging. As a program of CDA, the Office is responsible for activities that promote the development, coordination, and utilization of Ombudsman services. The Office establishes and maintains effective communication with programs that provide legal services for the

elderly and advocacy services of similar nature that receive funding or official designation from the state. The Office analyzes data, monitors government actions, and provides recommendations pertaining to long-term care facilities and services. The Office periodically updates training

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procedures for Local Ombudsman Programs and provides them with administrative and technical assistance. [OAA 712(a)(1)(A), 712(a)(3) (C&F), 712(h); WIC 9710, 9716, 9717].

3. **State Ombudsman** means the individual who serves as the full-time head of the Office of the Long-Term Care Ombudsman. The State Ombudsman is appointed by the CDA director and reports directly to this director. With the participation of the Office on Aging, the State Ombudsman develops policies and procedures for the State Ombudsman Program, including the Office on Aging responsibilities for the provision of Ombudsman services in their Planning and Service Area (PSA 21) – including their resolution of concerns with respect to Local Ombudsman Program activity. [OAA 712(a) (2&3), 712(a)(5)(D)(ii), 712(e); WIC 9711].
4. **Local Ombudsman Program** means either a program of the Office on Aging or its subcontractor that is selected to carry out the duties of the State Long-Term Care Ombudsman Program with respect to the planning or service area. The selection is in accordance with policies and procedures established by the State Ombudsman and meet the State Ombudsman's criteria for designation and concurrence. [OAA 711(3), 712(a)(5)(D); WIC 9701(a)].
5. **Local Ombudsman Coordinator** means the individual selected by the governing board or executive director responsible for the Local Ombudsman Program to represent the Local Ombudsman Program and manage the day-to-day operations, including implementation of federal and State requirements. The Local Ombudsman Coordinator is required to be a State Certified Ombudsman Representative, complete State training for new Coordinators, and participate in State Ombudsman sponsored meetings at least twice each year. The selection is in accordance with policies and procedures established by the State Ombudsman and meet the State Ombudsman's criteria for designation and concurrence. [OAA 712(a)(5)(A), 712(h)(5); 9701(e), 9719].
6. **State Certified Ombudsman Representative** means the volunteer or employee of the Local Ombudsman Program who is individually certified in accordance with policies and procedures established by the State Ombudsman to serve as representative of the State Long-Term Care Ombudsman Program. Prior to acceptance by the State Ombudsman for certification, the individual is required to complete a minimum of 36 hours of training in accordance with policies and procedures established by the State Ombudsman. [OAA 711(5), 712(a)(5)(A), 712(h)(5); WIC 9719].
7. **Volunteer Recruitment** means those activities associated with engaging and retaining the services of volunteers to serve as a State Certified Ombudsman Representative. [OAA Section 712(a)(5)(B)(vii)]

8. **Eligible Service Population** means older individuals, 60 years of age or older, who are residents of long-term care facilities (i.e. nursing, skilled nursing, distinct part facilities, residential care facilities for the elderly, and other adult care homes similar to these facilities) regardless of their socio-economic status or area of residence. [OAA Sections 102(35), 321(a)(10), WIC 9701(b)]. The Local Ombudsman Program may serve residents under 60 years of age if:

- a. A majority of the residents of the facility where the younger person resides are over age 60, and
- b. Such service does not weaken or decrease service to older individuals covered by the Older Americans Act [Policy of the Office of Elder Rights Projection, Administration on Aging; July 15, 1996].

D. DEFINITIONS SPECIFIC TO TITLE VII-B (ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES – PROGRAMS FOR PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION)

1. **Elder Abuse Prevention Programs** means activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation) (42 U.S.C. 3058i, OAA Section 721), including:

- a. Providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;
- b. Providing for public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals;
- c. Ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protective service program, State and local law enforcement systems, and courts of competent jurisdiction;
- d. Promoting the development of information and data systems, including elder abuse reporting systems, to quantify the extent of elder abuse, neglect, and exploitation in the Planning and Service Area.
- e. Conducting analyses of local Adult Protective Services and Long-Term Care Ombudsman information concerning elder abuse, neglect, and exploitation and identifying unmet service, enforcement, or intervention needs;

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- f. Conducting training for individuals, including caregivers described in part E of Title III, professionals, and paraprofessionals, in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy;
- g. Providing technical assistance to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of the victims;
- h. Conducting special and on-going training, for individuals involved in serving victims of elder abuse, neglect, and exploitation, on the topics of self-determination, individual rights, State and federal requirements concerning confidentiality, and other topics determined by the Department to be appropriate.

ARTICLE II. SCOPE OF WORK

- A. The Office on Aging shall perform the following for Title III, Title VII, and/or Community-Based Services Programs (CBSP) Programs:
 - 1. Implement the statutory provisions of the Title III and Title VII Programs (OAA, Section 306) in accordance with State and federal laws and regulations. ~~The Office on Aging shall make every effort to meet the goals and objectives stipulated in the four-year Area Plan and annual updates of the Area Plan's Goals, Objectives, and Service Unit Plan, herein incorporated into this Agreement by reference.~~ Performance shall not be unilaterally reduced or otherwise changed without prior consultation with, and written approval of, the Department.
 - 2. Establish and maintain an organization that shall have the ultimate accountability for funds received from the Department and for the effective and efficient implementation of the activities as described in the Area Plan and all pertinent State and federal laws and regulations including data reporting requirements.
 - 3. ~~Meet the adequate proportion requirements for priority services as required under the OAA, Section 306(a)(2); and CCR, Section 7312.~~
 - 4. ~~Maintain staff time records and documentation to identify the allocation of Program Development or Coordination activities to determine the amount of Program Development or Coordination expenditures. Records and documentation shall:~~

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- ~~a. Include a written description for each Program Development or Coordination activity in the staff time records that is of sufficient detail to define the event or type of activity, and~~
 - ~~b. Be traceable back to the Program Development or Coordination objectives as approved in the Area Plan.~~
5. ~~The written record/documentation supporting expenditures of Program Development or Coordination activities must be kept on file by the Contractor for three years or until any audit is resolved, whichever is longer.~~
6. Meet the requirements under the OAA, Section 301(a)(1) to secure and maintain maximum independence and dignity in a home environment for the eligible service population capable of self-care with appropriate supportive and nutrition services.
7. Remove individual and social barriers to economic and personal independence for the eligible service population to the extent possible as required under OAA, Section 301(a)(2)(B).
8. Provide a continuum of care for the vulnerable eligible service population as required under OAA, Section 301(a)(2)(C).
9. Secure the opportunity for the eligible service population to receive managed in-home and CBSP long-term care services as required under OAA, Section 301(a)(2)(D).
10. ~~Maintain or improve Community-Based Services Program (CBSP) services to meet the physical and mental health of older persons, as required under the OAA, Section 361(a) through funding that includes Title III D Disease Prevention and Health Promotion.~~
11. Conduct and/or promote activities for the prevention and treatment of elder abuse, neglect, and exploitation, as required under the OAA, Section 721.
12. If federal and/or State funds for meal programs increase, the number of Title III C-1 and C-2 meals served shall be maintained or increased. This contract shall promote and maintain high standards of food safety and sanitation as required by the California Retail Food Code (CalCode).
13. The Office on Aging shall enter into contracts with subcontractors which require them to provide services pursuant to Title 22 CCR, Sections 7352 through 7364, and ensure all applicable provisions required within this Agreement are included in the subcontract(s).

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14. Review, approve, and monitor subcontractor budgets and expenditures and any subsequent amendments and revisions to budgets. The Office on Aging shall, to the extent feasible, ensure that all budgeted funds are expended by the end of each fiscal year.
15. Annually conduct onsite program and fiscal monitoring; evaluate, and document subcontractor performance. [45 CFR Part 1321.11]
16. Provide support and technical assistance to subcontractors and respond in writing to all written requests for direction, guidance, and interpretation of instructions to include client and service data.
17. Distribute and maintain up-to-date Department requirements so that all responsible persons have ready access to standards, policies, and procedures.
18. Provide program information and assistance to the public.
19. ~~Maintain a four-year Area Plan, with annual updates, as specified in Title 22 CCR, Sections 7300 through 7320. The Area Plan and annual updates are due by May 1 of each year and the year end report is due by November 1 of each year. The annual update and year-end report shall be effective during the same term as this Agreement.~~
20. ~~Maintain a program data collection and reporting system as specified in Exhibit E.~~
21. ~~Limit expenditures for Title III E Supplemental Services to twenty (20) percent of the total Federal and Matching Non-Federal share FCSP allocation, as directed per guidance from Administration on Aging.~~
22. ~~Obtain prior approval of the Department for any units of service to be funded under the Title III E Supplemental Services "Other" Category, in accordance with Department policy.~~
23. ~~Expend not more than ten (10) percent of the total federal and matching non-federal share to provide support services to grandparents and older individuals who are relative caregivers of a child who is not more than 18 years of age in accordance with OAA Section 373(g)(2)(C).~~
24. ~~Contract Title III case management services only to a public or non-profit agency, as required by the United States Code 42 Section 3026 (a)(8)(C).~~
25. ~~Offer to each older individual seeking Title III case management services a list of agencies that provide similar services within the jurisdiction of the~~

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~~Office on Aging as specified in subsection (i), (ii), and (iii), of the United States Code 42 Section 3026 (a)(8)(C).~~

- B. The Office on Aging shall ensure that the Local Ombudsman Program, in accordance with policies and procedures established by the State Ombudsman, will:
1. Provide services to protect the health, safety, welfare and rights of residents. [OAA 712(a)(5)(i); 9701(a)].
 2. Ensure residents in the service area of the Local Ombudsman Program have regular, timely access to State Certified Ombudsman Representatives and timely responses to complaints and requests for assistance. [OAA 712(a)(5)(B)(ii)].
 3. Identify, investigate, and seek to resolve complaints made by or on behalf of residents that relate to their rights and well-being as residents. Complaint investigations shall be done in an objective manner to ascertain the pertinent facts. Findings shall be reported to the complainant. If a complaint is not investigated; the complainant shall be notified in writing the decision not to investigate and the reasons for the decision. [OAA 712(a)(5)(B)(iii); WIC 9701(a), 9720].
 4. Witness advance health care directives and property transfers of more than \$100 for residents of skilled nursing facilities. [HSC 1289, PC 4675, PC 4700 et seq.].
 5. Collect and submit data in accordance with the statewide uniform reporting system established by the State Ombudsman and the reporting provisions specified in Exhibit E of this contract. [OAA 712(c)].
 6. Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect the rights and well-being of residents. [OAA 712(a)(5)(B)(iv)].
 7. Review, comment, and facilitate the ability of the public to comment on laws, regulations, policies, actions, and legislative bills that pertain to the rights and well-being of residents. [OAA 712(a)(5)(B)(v)].
 8. Support the development of resident and family councils. [OAA 712(a)(5)(B)(vi)].
 9. Carry out other activities that the State Ombudsman determines to be appropriate, including periodic updating of a plan for maintaining an ongoing presence in long-term care facilities, and participation in special initiatives to recruit volunteers to serve as State Certified Ombudsman Representatives. [OAA 712(a)(5)(B)(vii)].

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10. Have the option to provide additional services, if they do not weaken or decrease required Ombudsman responsibilities and duties, including the following services:
 - a. Provide public information and technical support pertaining to long-term care services, including inspection reports, statements of deficiency, and plans of correction for long-term care facilities within the service area. [WIC 9726.1(a)].
 - b. Promote visitation programs and other community involvement in long-term care facilities within the service area. [WIC 9726.1(b&d)].
 - c. Establish (in addition to support) resident, family and friends' councils. [WIC 9726.1(c)].
 - d. Present community education and training programs to long-term care facility staff, human service workers, and the general public about long-term care and residents' rights. [WIC 9726.1(e)].
 - e. Refer to the appropriate governmental agency the complaints and concerns of other residents in long-term care facilities that are not eligible to receive the services of the State Long-Term Care Ombudsman Program. [WIC 9720].
- C. The Office on Aging shall ensure that the Local Ombudsman Program, in accordance with policies and procedures established by the State Ombudsman, will:
1. Use Federal Citation Penalties Account to provide an increase in the number of certified volunteer Ombudsman staff and volunteers that provide services to residents living in Skilled Nursing Facilities (SNF) and Distinct Part SNFs in acute care hospitals. These programs provide staff and resources to recruit, hire, train, and manage additional volunteer certified Ombudsman volunteers. Allowable expenditures include: increased staffing, office space, equipment and furniture for new staff, increased utilities usage, additional funding for volunteer mileage, training, volunteer recognition activities, and materials and space to conduct community awareness activities.
 2. Ensure that before the funds referred to in paragraph 1 are requested from the Department, the Long-Term Care Ombudsman Program(s) shall submit an annual plan to the Department that includes:

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- a. Estimated number of volunteers to be certified during the State fiscal year who will perform Ombudsman activities primarily in SNFs and Distinct Part SNFs in acute care hospitals.
 - b. Number of staff to be hired or number and percentage of additional Full-time Equivalents (FTEs) dedicated to volunteer recruitment activities during the State fiscal year.
 - c. Anticipated time period during which staff will be hired.
 - d. Number and type of community awareness activities for the purpose of recruiting volunteers (e.g., speaking engagements, attending senior fairs, health fairs, etc.) during the State fiscal year.
3. The Office on Aging shall review and approve claims for federal Citation Penalties Account funds.
 4. The Office on Aging shall submit monthly fiscal documents to CDA, as determined by the Department, for federal Citation Penalties Account funds.
- D. The Office on Aging shall perform the following for the Community Based Services Programs (CBSP).

~~If the Office on Aging chooses to use CBSP funds for any of the following purposes, the contractor shall agree to the following provisions:~~

- ~~1. Linkages Program~~
 - ~~a. Operate, as a direct or contracted service, a state funded Linkages Program that meets the program standards set forth in the Linkages Program Manual, revised June 2000, and in any other subsequent program memos, provider bulletins, or similar instructions issued during the term of this Agreement.~~
 - ~~b. Additional Provisions~~
 - ~~i. **Eligible Service Population** means: the frail elderly and disabled adult age 18 and older without regard to financial eligibility; live in a geographic area of a state funded case management (Linkages) program; the ability to be maintained in the community with case management; be willing to participate in the program; and be at risk of being placed in an institution.~~
 - ~~ii. Have the option to participate in Targeted Case Management (TCM) administered by the Department of~~

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~~Health Services (DHS). Contractor must comply with Title 42 USC, Section 1396 et seq., 42 Code of Federal Regulations (CFR) Part 400 et seq., and 45 CFR Part 95, California Welfare and Institutions (W&I) Code, Division 9, Part 3, Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 142000), and Title 22 California Code of Regulations (CCR), Division 3 (commencing with Section 50000), all as periodically amended; State-issued policy directives; and with the federal Office of Management and Budget (OMB) Circular A-87, as periodically amended for the operation of TCM.~~

- ~~iii. Have the ability to seek parking penalties, fines, or forfeiture funds collected at the county level pursuant to provisions contained in Section 1465.5 of the Penal Code and Section 42001.13 of the Vehicle Code for violation of Section 22507.9 of the Vehicle Code.~~
- ~~iv. The active targeted monthly caseload shall be at least 100 clients per Linkages site or a ratio of 50:1 for each full time equivalent case manager. A caseload variance of +/- 20 percent (20%) based on the 50:1 ratio is allowed, but the active caseload shall not fall below an 80 percent (80%) client minimum.~~
- ~~v. Maintain a program data collection and reporting system as specified in Exhibit E.~~

~~2. Senior Companion Program~~

- ~~a. Operate, as a direct or contracted service, a Senior Companion (SC) Program with an approved Corporation for National and Community Service (CNCS) provider to implement the statutory provisions of the Domestic and Volunteer Service Act of 1973, as Amended (Title 42 U.S. code, Chapter 26), 45 Code of Federal Regulations (CFR) Parts 1207 and 2551, and in accordance with the 2000 SC Program Operations Handbook as issued by the CNCS (www.seniorcorps.org).~~
- ~~b. Additional Provisions~~
 - ~~i. **Eligible Service Population** means: low income volunteers aged 60 years and older, with an income that falls below the federal eligibility guidelines.~~
 - ~~ii. Provide a tax exempt stipend, a flexible work schedule of 15 to 40 hours per week, [45 CFR 25551.51] and other benefits~~

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~~that enable eligible volunteers to participate without incurring personal costs to themselves.~~

- ~~iii. Use a base funding for a Volunteer Service Year (VSY) calculated at a cost per VSY of \$4,675. [CNCS 2006 Programming for National Significance (PNS) Guidance]~~
- ~~iv. No minimum limitation on how the State allocation can be applied in the Volunteer Expense category.~~
- ~~v. If CNCS already has an approved federal SCP provider within the jurisdiction of the Contractor, that federal provider must be given an opportunity to accept the State-funded SC Program through a sole source contract.~~
- ~~vi. If the approved federal SC Program provider waives its interest in a State-funded SC Program, the Contractor must secure the approval of the CNCS to procure through the competitive bid process prior to issuing any Request for Proposal (RFP).~~
- ~~vii. Any RFP must be approved by the CNCS prior to release.~~
- ~~viii. Maintain a program data collection and reporting system as specified in Exhibit E.~~
- ~~ix. Conduct and document National Service Criminal History Checks on SC volunteers as well as grant-funded employees, who serve persons age 60 and older or individuals with disabilities. [Corporation for National and Community Service 45 CFR Part 2551 Subpart B.]~~

~~3. Brown Bag Program~~

- ~~a. Operate, as a direct or contracted service, a state funded Brown Bag Program that meets the program standards set forth in the Brown Bag Manual, revised June, 1999, and in any other subsequent program memos, provider bulletins, or similar instructions issued during the term of this Agreement.~~

~~b. Additional Provisions~~

- ~~i. **Eligible Service Population** means: individuals 60 years of age or older with an income no higher than that of the annual basic benefit level provided under the State Supplementary Payment (SSP) Program for a blind recipient [California Welfare and Institutions Code, Division 8.5, Chapter 7.5,~~

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~~Section 9543(b)]. If it is determined that a surplus of foodstuffs exists, the program may also provide these services to persons 60 years of age or older with an income that does not exceed 125 percent of the maximum SSP income level. [Section 9543(c)].~~

- ~~ii. No minimum dollar amount or specified numbers of contractors are required.~~
- ~~iii. Maintain a program data collection and reporting system as specified in Exhibit E.~~

~~4. Respite Purchase of Service (RPOS)~~

~~a. Operate, as a direct or contracted service, a state funded Respite Purchase of Service (RPOS) program that meets the program standards set forth in the Respite Purchase of Service Manual, revised June 2000, and in any other subsequent program memos, provider bulletins, or similar instructions issued during the term of this Agreement.~~

~~b. Additional Provisions~~

- ~~i. **Eligible Service Population** means: caregivers of frail elderly adults or adults with functional impairments.~~
- ~~ii. Contracts for RPOS are not tied to the Linkages Program and can be contracted as a separate service.~~
- ~~iii. Maintain a program data collection and reporting system as specified in Exhibit E.~~

~~5. Alzheimer's Day Care Resource Center (ADCRC)~~

~~a. Operate, as a direct or contracted service, a state funded ADCRC for the purpose of developing an enhanced program infrastructure that enables a day care provider to provide services successfully to persons with moderate to severe Alzheimer's disease or related dementia as well as support to their families and caregivers as set forth in the Alzheimer's Day Care Resource Center Policy and Procedure Manual, revised July 2000, and in any other subsequent program memos, provider bulletins, or similar instructions issued during the term of this Agreement.~~

~~b. Additional Provisions~~

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- ~~i. Eligible Service Population means: an individual age 18 and older with Alzheimer's disease, or other dementia-related disorders, particularly in the moderate to severe stages, whose care needs and behavioral problems may make it difficult to participate in existing care programs.~~
- ~~ii. Have the ability to use additional funding sources, including but not limited to, participant fees or share of cost.~~
- ~~iii. Conduct pre-award and physical plant, safety inspections, and relocation visits.~~
- ~~iv. The total amount of funds from all sources (CBSP, Program Income, Matching Contributions, and Non-Matching Contributions) that will be used to operate the ADCRC program, must at a minimum total \$80,000.~~
- ~~v. Use of any funds in support of an ADCRC requires each contracted entity to comply with all ADCRC program requirements.~~
- ~~vi. Multiple subcontractors are allowable and satellite sites operated by a subcontractor are no longer tied to a baseline funding allocation.~~
- ~~vii. Subcontractor must have a mechanism in place to ensure that changes in licensing status are reported to the Contractor within 30 days.~~
- ~~viii. Maintain a program data collection and reporting system as specified in Exhibit E.~~
- ~~ix. Ensure that the subcontractor has a current Adult Day Health Care or Adult Day Care license. (W&I 9542(e))~~

~~E. The Office on Aging shall perform the following bilingual and linguistic program services for all programs:~~

~~1. Needs Assessment~~

- ~~a. The Office on Aging shall conduct a cultural and linguistic group needs assessment of the eligible client population in the service area to assess the language needs of the population and determine what reasonable steps are necessary to ensure meaningful access to services and activities to eligible individuals. (Title 22 CCR Section 98310, 98314)~~

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~~The group needs assessment shall take into account the following four factors:~~

- ~~1. Number or proportion of limited English speaking (LEP) persons eligible to be served or likely to be encountered by the program.~~
- ~~2. Frequency with which LEP individuals come in contact with the program.~~
- ~~3. Nature and importance of the services provided to people's lives.~~
- ~~4. Resources available to the Contractor.~~

~~This group needs assessment will serve as the basis for The Office on Aging determination of "reasonable steps" and provide documentary evidence of compliance with Government Code section 11135 et seq. and sections 98000-98382 of Title 22 of the California Code of Regulations.~~

- ~~b. The Office on Aging shall prepare and make available a report of the findings of the group needs assessment that summarizes the items listed below:~~
 - ~~1. Methodologies used.~~
 - ~~2. Findings regarding linguistic and cultural needs of non-English or LEP groups.~~
 - ~~3. Services proposed to address the needs identified and a timeline for implementation. (Title 22 CCR Section 98310)~~
- ~~e. The Office on Aging shall maintain a record of the group needs assessment on file at their location at all times during the term of this Agreement. (Title 22 CCR Section 98310, 98313)~~

~~2. Provision of Services~~

- ~~a. The Office on Aging shall take reasonable steps, based upon the group needs assessment identified in subdivision 1 of this section, to ensure that "alternative communication services" are available to non-English speaking or LEP beneficiaries of services under this Agreement. (Title 22 CCR Section 98211)~~
- ~~b. "Alternative communication services" include, but are not limited to, the provision of services and programs by means of the following:~~
 - ~~1. Interpreters or bilingual providers and provider staff.~~
 - ~~2. Contracts with interpreter services.~~

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- ~~3. Use of telephone interpreter lines.~~
 - ~~4. Sharing of language assistance materials and services with other providers.~~
 - ~~5. Translated written information materials, including but not limited to, enrollment information and descriptions of available services and programs.~~
 - ~~6. Referral to culturally and linguistically appropriate community service programs.~~
- ~~c. Based upon the findings of the group needs assessment, The Office on Aging shall ensure that reasonable alternative communication services are available to meet the linguistic needs of identified eligible client population groups at key points of contact. Key points of contact include, but are not limited to, telephone contacts, office visits and in-home visits. (Title 22 CCR Section 98211)~~
 - ~~d. The Office on Aging shall self-certify to compliance with the requirements of this section and shall maintain the self-certification record on file at their office at all times during the term of this Agreement. (Title 22 CCR Section 98310)~~
 - ~~e. The Office on Aging shall notify its employees of clients' rights regarding language access and obligation to ensure access to alternative communication services where determined appropriate based upon the needs assessment conducted by The Office on Aging. (Title 22 CCR Section 98324)~~
 - ~~f. Noncompliance with this section may result in suspension or termination of funds and/or termination of this Agreement. (Title 22 CCR Section 98370)~~
- ~~3. Compliance Monitoring~~
 - ~~a. The Office on Aging shall develop and implement policies and procedures for assessing and monitoring the performance of individuals and entities that provide alternative communication services to non-English and LEP clients. (Title 22 CCR Section 98310)~~
 - ~~b. The Office on Aging shall monitor, evaluate, and take effective action to address any needed improvement in the delivery of culturally and linguistically appropriate services. (Title 22 CCR Section 98310)~~
 - ~~c. The Office on Aging shall permit timely access to all records of compliance with this section. Failure to provide access to such records may result in appropriate sanctions. (Title 22 CCR Section 98314)~~

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~~4. Notice to Eligible Beneficiaries of Contracted Services~~

- ~~a. The Office on Aging shall designate an employee to whom initial complaints or inquiries regarding national origin can be directed. (Title 22 CCR Section 98325)~~
- ~~b. The Office on Aging shall make available to ultimate beneficiaries of contracted services and programs information regarding the Department's procedure for filing a complaint and other information regarding the provisions of Government Code section 11135 et seq. (Title 22 CCR Section 98326)~~
- ~~c. The Office on Aging shall notify the Department immediately of a complaint alleging discrimination based upon a violation of State or federal law. (Title 22 CCR Sections 98211, 98310, 98340)~~

EXHIBIT B

ARTICLE I. FUNDS

A. Expenditure of Funds

1. The Contractor shall expend all funds received hereunder in accordance with this Agreement.
2. Funds made available for Ombudsman expansion of volunteer recruitment activities in the Budget Act shall be used by the contractor to expand the Long-Term Care Ombudsman Program and shall not be used for activities of any other programs.
3. Any reimbursement for authorized travel and per diem shall be at rates not to exceed those amounts paid by the County of Riverside in accordance with the Internal Revenue Service (IRS) standard mileage rate for private vehicles and will be effective concurrently with IRS' periodic establishment of such rates. This is not to be construed as limiting the Contractor from paying any differences in costs, from funds other than those provided by the County. No travel outside the State of California shall be reimbursed unless prior written authorization is obtained from the Riverside County Office on Aging.
4. The County reserves the right to refuse payment to the Contractor or disallow costs for any expenditure, as determined by the County to be: out of compliance with this Agreement, unrelated or inappropriate to contract activities, when adequate supporting documentation is not presented, or where prior approval was required but was either not requested or not granted.

B. Accountability for Funds

1. The Contractor shall maintain accounting records for funds received under the terms and conditions of this Agreement. These records shall be separate from those for any other funds administered by the Contractor, and shall be maintained in accordance with Generally Accepted Accounting Principles and Procedures.
2. All expenditures pertaining in whole or in part to this Contract shall be supported by appropriate documentation and be clearly identified and readily accessible to the County for a minimum period of five (5) years after completion of an audit and resolution thereof.

C. Unexpended Funds

Upon termination, cancellation, or expiration of this Agreement, or dissolution of the entity, the Contractor shall return to the County immediately upon written demand, any funds provided under this Agreement, which are not payable for goods or services delivered prior to the termination, cancellation, or expiration

of this Agreement, or the dissolution of the entity.

ARTICLE I. FUNDS (Continued)

D. Availability of Funds

1. It is understood between the parties that this Agreement may have been written before ascertaining the availability of appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays that would occur if this Agreement were executed after that determination was made.
2. This Agreement is valid and enforceable only if sufficient funds are made available to the County by the State or the United States Government Budget Acts of the appropriate fiscal years for the purpose of these programs. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this Agreement in any manner.

3. Limitation of County Liability

Payment for performance by the Contractor shall be dependent upon the availability of future appropriations by the Legislature or Congress for the purposes of this contract. No legal liability on the part of the county for any payment may arise under this contract until funds are made available and until the Contractor has received an executed contract.

4. Funding Reduction(s)

- a. If funding for any State fiscal year is reduced or deleted by the State Legislature, or Congress, for the purposes of this program, the County shall have the option to either:
 - Terminate the Contractor pursuant to Exhibit D, Article XII, A.
 - Offer a contract amendment to the Contractor to reflect the reduced funding for this contract.
- b. In the event that County elects to offer an amendment, it shall be mutually understood by both parties that (1) the County reserves the right to determine which contracts, if any, under this program shall be reduced and (2) some contracts may be reduced by a greater amount than others, and (3) that the County shall determine at its sole discretion the amount that any or all of the contracts shall be reduced for the fiscal year.

5. Funding Adjustment(s)
 - a. Contractor understands that County's budget for these services for all contractors is limited, and County wishes to provide services to the maximum number of recipients. County therefore reserves the option to increase or shift funds of up to 10% of the annual agreement total between contractors. County shall first verify that such funds are currently available prior to processing an amendment to increase or decrease contractor's funding.

E. Interest Earned

1. If, as a result of advanced funds, the project earns interest on funds awarded by the County, that interest shall be identified as income to the program and used for program expenditures, with full documentation on file for all programs.
2. For Title III and VII programs:
 - a. Contractors shall maintain advances of federal funds in interest bearing accounts, unless (1), (2), or (3) apply.
 - (1) The Contractor receives less than \$120,000 in federal awards per year.
 - (2) The best reasonably available interest bearing account would not be expected to earn interest in excess of \$250 per year on federal cash balances.
 - (3) The depository would require an average or minimum balance so high that it would not be feasible within the expected federal and non-federal cash resources.
 - b. Interest earned in excess of \$250 on federal advances deposited in interest bearing accounts shall be remitted annually to the Department.

F. Program Income

1. Program Income must be reported and expended under the same terms and conditions as the program funds from which it is generated.
2. Program Income must be used to pay for current allowable costs of the program in the same fiscal year that the income was earned (except as noted in 4).
3. For Title III B, III C, III D, III E, VII Ombudsman, and VII Elder Abuse Prevention programs, Program Income must be spent before contract

funds (except as noted in 4) and may reduce the total amount of contract funds payable to the contractor.

4. If Program Income is deferred for use it must be used by the last day of the federal fiscal year and reported when used.
5. Program Income may not be used to meet the matching requirements of this Agreement.
6. Program Income must be used to expand services.
7. ~~ADCRC client fees may be retained and expended without regard to fiscal year, provided that the income is shown as restricted funds in the accounting records and financial statements of the contractor, and used for costs of the ADCRC.~~

G. One-Time-Only Funds

1. Title III, VII & III E federal Program One-Time-Only funds shall be used for one-time-only purposes and cannot be used to increase baseline needs. One-Time-Only funds can be used for the following purposes:
 - a. The purchase of equipment which enhances the delivery of services to the eligible service population.
 - b. Home and community-based projects which assist families and/or caregivers to maintain eligible service population in a home environment, as approved by the Department.
 - c. Innovative pilot projects as approved by the Department.
2. NSIP One-Time-Only funds shall be used to purchase food used in the Elderly Nutrition Program.
3. Title IIIB, IIIC-1, IIIC-2, and IIIE federal Administration One-Time-Only funds shall be used for one-time-only purposes and cannot be used to increase baseline administrative needs.

H. Matching Contributions

1. Matching means the value of third-party in-kind contributions and that portion of program and administrative costs funded (cash or in-kind) by the contractor, subcontractor, or other local resources.
2. Third party in-kind contributions are property or services provided which benefit a contract-supported project or program and which are contributed by non-federal third parties without charge to the contractor or subcontractor.

Budget Detail, Payment Provisions, and Closeout – Exhibit B – Rev. 5/2012

3. Third party in-kind contributions count towards satisfying a matching requirement only where the payments would be otherwise allowable costs if the party receiving the contributions were to pay for the costs.
4. Third party in-kind contributions must be necessary for the proper and efficient accomplishment of program activities.
5. Costs incurred by the Contractor or subcontractor must be verifiable from the records of the Contractor and subcontractor.
6. Costs must be allowable as outlined in Office of Management and Budget (OMB) circulars and may be cash or in-kind contributions.
7. Other local resources include cash donations (not including program income) and cash generated from fundraising activities.
8. Non-Matching Contributions are local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g., Title V, Title XX, overmatch, etc.).
9. The valuation of in-kind contributions should be based on:
 - a. Current market value or rates for tangible goods or space
 - b. Local labor market rates (available through the Employment Development Department) for volunteers. However the rates for volunteers may not exceed the rates for regular contractor employees performing like or similar duties.
10. Costs incurred by the contractor or subcontractor must be verifiable from the records of the contractor and subcontractor.
11. Costs must be allowable as outlined in Office of Management and Budget (OMB) circulars and may be cash or in-kind contributions.
12. Other local resources include cash donations (not including program income) and cash generated from fundraising activities.
9. Non-Matching Contributions are local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions (e.g., Title V, Title XX, overmatch, etc.).

ARTICLE II. BUDGET AND BUDGET REVISION

- A. The Contractor shall be compensated for expenses only as itemized in the approved contract budget (~~Exhibit C~~) and shall not be entitled for payment of these expenses until the budget is reviewed and approved by the County.

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- B. The Contractor shall comply with those provisions and restrictions regarding revisions to the approved Budget.
- C. The final date to submit budget revisions is March 1 of the contract period unless otherwise specified by the County.
- D. Matching Requirements
 - 1. The required program matching contributions for Title III B, III C is 10 percent.
 - 2. The required program matching contributions for Title III E is 25 percent.
 - 3. Minimum matching requirements are calculated on net costs, which are total costs less program income, non-matching contributions, and County funds.
 - 4. Program matching contributions for Title IIIB, IIIC, & IIID can be pooled to meet the minimum requirement of 10 percent.
 - 5. Matching contributions generated in excess of the minimum required are considered overmatch.
 - 6. Program overmatch from Title IIIB, IIIC, or IIID cannot be used to meet the program match requirement for Title IIIE.
 - ~~7. The required program matching contributions for Alzheimer's Day Care Resource Center program is 25 percent.~~
 - ~~8. The required program matching contributions for Brown Bag program is 25 percent cash and 25 percent in-kind.~~
- E. Indirect Costs
 - 1. The maximum reimbursement amount allowable for indirect costs is 8% of Contractor's direct costs, excluding in-kind contributions and nonexpendable equipment.
 - 2. Indirect costs exceeding the 8% maximum may be budgeted as in-kind and used to meet the minimum matching requirements.

ARTICLE III. RATE FOR SERVICE

- A. The rate for providing services under Title III & VII, and CBSP programs should reflect less than the actual cost for providing the service to clients. The additional costs should be covered by cash match and/or in-kind contributions depending on the match criteria for service (see Exhibit B, Article II).

ARTICLE IV. PAYMENT

A. Title III & VII

The Contractor shall prepare and submit a monthly expenditure report and a request for funds by the 5th working day of each month to the OoA-Based Team, in electronic format, ~~a Title III E Monthly Financial Status Report/Request for Funds (CDA 268)~~, unless otherwise specified by the County.

B. Financial Management Systems

The Contractor shall meet the following standards for its financial management systems, as stipulated in 45 CFR 92.20:

1. Financial Reporting
2. Accounting Records
3. Internal Control
4. Budgetary Control
5. Allowable Costs
6. Source Documentation
7. Cash Management

C. The County may require financial reports more frequently than indicated above or with more detail (or both), upon written notice to the Contractor, until such time as the County determines that the financial management standards are met.

D. Payment shall be made upon receipt of a request for reimbursement in accordance with approved contract budget and shall be received from recipient by the Fifth Working Day of the Month *with the exception: of the Year End Billing Notice* which should be as directed in writing by the Office on Aging. Such payments shall be made based on a Unit Rate established by County.

Any change in budget or unit rate shall entail a Contract amendment but shall not result in reimbursement in excess of the original contract amount ~~as set forth in Exhibit C.~~

E. The services contracted are to be provided and reported on over the complete period of the contract. However, funds provided for under this Contract can be earned in less than the full Contract period.

ARTICLE V. CLOSEOUT

A. The Financial Closeout Report shall be submitted annually to the OoA-Based Team, within forty (40) calendar days following the end of the fiscal year, or within thirty (30) days following termination prior to the end of the contract period, unless otherwise specified by the County.

B. Financial statements showing total program revenue and total program costs shall be submitted according to OoA's closeout requirements which will include

Budget Detail, Payment Provisions, and Closeout – Exhibit B – Rev. 5/2012

specifically identified costs including Program Income, Cash Match, In-Kind Match and the funding received under this Agreement. The County reserves the right to disallow costs pursuant to Article I, A, 4.

- C. Federal funds will be reduced proportionately to maintain the required matching ratios if a contractor fails to report sufficient match.

EXHIBIT D

Special Terms and Conditions – Exhibit D – Rev. 5/2012
AREA PLAN

ARTICLE I. DEFINITIONS AND RESOLUTIONS OF LANGUAGE CONFLICTS

- A. The term "Agreement" or "Contract" shall mean the Standard Agreement (~~Std. 213~~), exhibits A, B, ~~C~~, D, and E, and an approved Area Plan Budget, which is hereby incorporated by reference, amendments, and any other documents incorporated by reference, unless otherwise provided for in this Article.
- B. In the event of any inconsistency between the articles, attachments, or provisions which constitute this contract, the following order of precedence shall apply:
1. Standard Agreement (~~STD-213~~), etc., and any amendments thereto;
 2. Scope of work, Exhibit A;
 3. Special terms and conditions Exhibit D;
 4. ~~General terms and conditions, Exhibit C;~~
 5. Budget Detail and Payment Provisions, Exhibit B and Additional Provisions, Exhibit E, and
 6. Any other documents incorporated herein by reference.
- C. The Contractor shall comply with all applicable program memos and other guidance issued by the Department. In the event of conflict between the program memos and/or other Department guidance and the provisions in this Agreement, the provisions in this Agreement shall prevail.
- D. "State" and "Department," mean the State of California and the California Department of Aging (CDA) interchangeably.
- E. "Contractor" means the Office on Aging to which funds are awarded under this Agreement and which is accountable to the State and/or federal government for use of these funds and which is responsible for executing the provisions for services of this Agreement.
- F. "Subcontractor" or "vendor" means the legal entity that receives funds from the Contractor to provide direct services identified in this Agreement. Subcontract and/or vendor agreement means a subcontract and/or vendor agreement supported by funds from this Agreement.
- G. "Reimbursable item" also means "allowable cost" and "compensable item."
- H. "CFR" means Code of Federal Regulations. "CCR" means California Code of Regulations. "GC" means Government Code. "W & I" means Welfare and Institutions Code. "USC" means United States Code. "PCC" means the Public Contract Code.

Special Terms and Conditions – Exhibit D – Rev. 5/2012
AREA PLAN

ARTICLE II. ASSURANCES

A. Law, Policy and Procedure, Licenses, and Certificates

The Office on Aging agrees to administer this Agreement and require any subcontractors to administer their subcontracts in accordance with this Agreement, and with all applicable local, State, and federal laws and regulations including, but not limited to, discrimination, wages and hours of employment, occupational safety, and to fire, safety, health, and sanitation regulations, directives, guidelines, and/or manuals related to this Agreement and resolve all issues using good administrative practices and sound judgment. The Office on Aging and its subcontractors shall keep in effect all licenses, permits, notices, and certificates that are required by law.

B. The Office on Aging shall require language in all subcontracts to require all subcontractors to comply with all applicable State and federal laws.

C. Nondiscrimination

The Office on Aging shall comply with all federal statutes relating to nondiscrimination. These include those statutes and laws contained in the Contractor Certification Clauses (CCC1005) which is hereby incorporated by reference. In addition, Office on Aging shall comply with the following:

1. Equal Access to Federally-Funded Benefits, Programs and Activities (Title VI of the Civil Rights Act of 1964.)

The Office on Aging shall ensure compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d; 45 C.F.R. Part 80), which prohibits recipients of federal financial assistance from discriminating against persons based on race, color, religion, or national origin.

2. Equal Access to State-Funded Benefits, Programs and Activities

The Office on Aging shall, unless exempted, ensure compliance with the requirements of Government Code sections 11135-11139.5, and Section 98000 et seq. of Title 22 of the California Code of Regulations, which prohibit recipients of state financial assistance from discriminating against persons based on race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability. (22 CCR 98323) (Chapter 182, Stats. 2006)

3. The Office on Aging assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. Sections 12101 et seq.).

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AREA PLAN

ARTICLE II. ASSURANCES (Continued)

4. The Office on Aging agrees to include these requirements in all contracts it enters into with subcontractors to provide services pursuant to this Agreement.

D. Standards of Work

The Office on Aging agrees that the performance of work and services pursuant to the requirements of this Agreement shall conform to accepted professional standards.

E. Conflict of Interest

1. The Office on Aging shall prevent employees, consultants, or members of governing bodies from using their positions for purposes including, but not limited to, the selection of subcontractors, that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as family, business, or other ties. In the event that the State determines that a conflict of interest exists, funds may be disallowed by the State and such conflict may constitute grounds for termination of the Agreement.
2. This provision shall not be construed to prohibit employment of persons with whom the office on Aging's officers, agents, or employees have family, business, or other ties, so long as the employment of such persons does not result in a conflict of interest (real or apparent) or increased costs over those associated with the employment of any other equally qualified applicant, and such persons have successfully competed for employment with the other applicants on a merit basis.

F. Covenant Against Contingent Fees

1. The Office on Aging warrants that no person or selling agency has been employed or retained to solicit this Agreement. There has been no agreement to make commission payments in order to obtain this Agreement.
2. For breach or violation of this warranty, the State shall have the right to terminate this Agreement without liability or at its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingency fee.

G. Payroll Taxes and Deductions

The Office on Aging shall promptly forward payroll taxes, insurances, and contributions, including State Disability Insurance, Unemployment Insurance, Old

Special Terms and Conditions – Exhibit D – Rev. 5/2012
AREA PLAN

ARTICLE II. ASSURANCES (Continued)

Age Survivors Disability Insurance, and federal and State income taxes withheld, to designated governmental agencies.

H. Facility Construction or Repair (This section only applies to Title III.)

1. When applicable for purposes of construction or repair of facilities, the Office on Aging shall comply with the provisions contained in the following and shall include such provisions in any applicable agreements with subcontractors:
 - a. Copeland “Anti-Kickback” Act (18 USC 874, 40 USC 276c) (29 CFR, Part 3).
 - b. Davis-Bacon Act (40 USC 276a to 276a-7) (29 CFR, Part 5).
 - c. Contract Work Hours and Safety Standards Act (40 USC 327-333) (29 CFR, Part 5, 6, 7, 8).
 - d. Executive Order 11246 of September 14, 1965, entitled “Equal Employment Opportunity” as amended by Executive Order 11375 of October 13, 1967, as supplemented in Department of Labor Regulations (41 CFR, Part 60).
2. The Office on Aging shall not use payments for construction, renovation, alteration, improvement, or repair of privately-owned property which would enhance the owner’s value of such property to the benefit of the owner except where permitted by law and by the Department.
3. When funding is provided for construction and nonconstruction activities, the Office on Aging or subcontractor must obtain prior written approval from the State before making any fund or budget transfers between construction and nonconstruction.

I. Contracts in Excess of \$100,000

If all funding provided herein exceeds \$100,000, the Office on Aging shall comply with all applicable orders or requirements issued under the following laws:

1. Clean Air Act, as amended (42 USC 1857).
2. Clean Water Act, as amended (33 USC 1368).
3. Federal Water Pollution Control Act, as amended (33 USC 1251, et seq.).

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AREA PLAN

ARTICLE II. ASSURANCES (Continued)

4. Environmental Protection Agency Regulations (40 CFR, Part 15 and Executive Order 11738).
5. Public Contract Code Section 10295.3.

J. Debarment, Suspension, and Other Responsibility Matters

1. The Office on Aging certifies to the best of its knowledge and belief, that it and its subcontractors:
 - a. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - b. Have not within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction or contract under a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this Agreement had one or more public transactions (federal, State, or local) terminated for cause or default.
 - e. The Office on Aging shall report immediately to the Department in writing any incidents of alleged fraud and/or abuse by either Contractor or Contractor's subcontractor. Contractor shall maintain any records, documents, or other evidence of fraud and abuse until otherwise notified by the Department.
2. The Office on Aging agrees to timely execute any and all amendments to this Agreement or other required documentation relating to their subcontractors debarment/suspension status.

ARTICLE II. ASSURANCES (Continued)

K. Agreement Authorization

1. If a public entity, the Office on Aging shall submit to the Department a copy of the resolution, order, or motion referencing this Agreement number authorizing execution of this Agreement. If a private nonprofit entity, the Office on Aging shall submit to the Department an authorization by the board of directors to execute this Agreement, referencing this Agreement number.
2. Documentation in the form of a resolution by the Governing Board of the Area Agency on Aging is required for the original and each subsequent amendment to this Agreement. This requirement may also be met by a single resolution from the Governing Board of the Contractor authorizing the Office on Aging, Aging Director or designee to execute the original and all subsequent amendments to this Agreement.

L. Contractor's Staff

1. The Office on Aging shall maintain adequate staff to meet the obligations under this Agreement.
2. This staff shall be available to the State for training and meetings which the State may find necessary from time to time.

M. Corporate Status

1. The Office on Aging shall be a public or private nonprofit entity or Joint Powers Agreement (JPA). If a private nonprofit corporation or JPA, the Office on Aging shall be in good standing with the Secretary of State of California and shall maintain that status throughout the term of the Agreement.
2. The Office on Aging shall ensure that any subcontractors providing services under this Agreement shall be of sound financial status. Any private, subcontracting corporation or JPA shall be in good standing with the Secretary of State of California and shall maintain that status throughout the term of the Agreement.
3. Failure to maintain good standing by the contracting corporation or JPA shall result in suspension or termination of this Agreement with the Department until satisfactory status is restored. Failure to maintain good standing by a subcontracting corporation or JPA shall result in suspension or termination of the subcontract by the Office by Aging until satisfactory status is restored.

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AREA PLAN**

ARTICLE II. ASSURANCES (Continued)

N. Lobbying Certification

The Office on Aging, by signing this Agreement, hereby certifies to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the Office on Aging, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The Office on Aging shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subgrants, and contracts under grants, loans, and cooperative agreements which exceed \$100,000) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. This certification is a prerequisite for making or entering into this transaction imposed by 31 USC 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

ARTICLE III. AGREEMENT

A copy of this Agreement is on file and available for inspection at the California Department of Aging, 1300 National Drive, Suite 200, Sacramento, California 95834.

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ARTICLE IV. COMMENCEMENT OF WORK

Should the Office on Aging or subcontractor begin work in advance of receiving notice that this Agreement is approved, that work may be considered as having been performed at risk as a mere volunteer and may not be reimbursed or compensated.

ARTICLE V. SUBCONTRACTS OR VENDOR AGREEMENTS

- A. The Office on Aging shall satisfy, settle, and resolve all administrative, programmatic, and fiscal aspects of the program(s), including issues that arise out of any subcontracts and/or vendor agreements, and shall not delegate or contract these responsibilities to any other entity. This includes, but is not limited to, disputes, claims, protests of award, or other matters of a contractual nature.
- B. In the event any subcontractor is utilized by the Office on Aging for any portion of this Agreement, the Office on Aging shall retain the prime responsibility for all the terms and conditions set forth, including but not limited to, the responsibility for preserving the State's copyrights and rights in data in accordance with Article XIX, of this exhibit, for handling property in accordance with Article VII of this exhibit, and ensuring the keeping of, access to, availability, and retention of records of subcontractors in accordance with Article VI of this exhibit.
- C. Funds for this Agreement shall not be obligated in subcontracts and/or vendor agreements for services beyond the ending date of this Agreement, unless all funding under this Agreement is appropriated without regard for fiscal year, and the Department has agreed in writing to permit the specific expenditure for a specified period of time.
- D. ~~The Office on Aging shall have no authority to contract for, or on behalf of, or incur obligations on behalf of the State.~~
- E. Copies of subcontracts, vendor agreements, Memorandums and/or Letters of Understanding shall be on file with the Office on Aging and shall be made available for review at the request of the Department.
- F. The Office on Aging shall monitor the insurance requirements of its subcontractors and/or vendors in accordance with Article XI, Section E of this exhibit.
- G. The Office on Aging shall require language in all subcontractor and/or vendor agreements to indemnify, defend, and save harmless the Office on Aging, its officers, agents, and employees from any and all claims and losses accruing to or resulting from any subcontractors, vendors, suppliers, laborers, and any other person, firm, or corporation furnishing or supplying work services, materials, or supplies in connection with any activities performed for which funds from this Agreement were used and from any and all claims and losses accruing or

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AREA PLAN

ARTICLE V. SUBCONTRACTS AND/OR VENDOR AGREEMENTS (Continued)

resulting to any person, firm, or corporation who may be injured or damaged by the subcontractor and/or vendor in the performance of this Agreement.

- H. The Office on Aging shall ensure that the subcontractor and/or vendor will complete all reporting and expenditure documents requested by the Department. These reporting and expenditure documents shall be sent to the Office on Aging in a timely manner and at intervals as determined by the Department.
- I. Prior to the awarding of a subcontract to any for-profit entity, the Office on Aging shall submit the following to the Department for review and approval (per CCR, Title 22, Division 1.8, Section 7362):
 - 1. The RFP or IFB.
 - 2. All bid proposals received.
 - 3. The proposal or bid evaluation documentation, along with the Office on Aging's rationale for awarding the subcontract to a for-profit entity.

Where a program may be subcontracted to a for-profit organization, the Office on Aging should include in its contract with the for-profit entity a requirement for performance of a program specific audit of the subcontracted program by an independent audit firm.

- J. The Office on Aging shall require the subcontractor to maintain adequate staff to meet the subcontractor's Agreement with the Office on Aging. This staff shall be available to the State for training and meetings which the State may find necessary from time to time.
- K. If a private nonprofit corporation, the subcontractor shall be in good standing with the Secretary of State of California and shall maintain that status throughout the term of the Agreement.
- L. The Office on Aging shall refer to the guidance in OMB Circular A-133 Section 210 in making a determination of whether a subcontractor and/or vendor relationship exists. If a vendor relationship exists then the Office on Aging shall follow the Procurement requirements in the applicable OMB Circular and record the vendor expenditures on Page 1 of the closeout under consultant or equipment costs if the Office on Aging purchased services or property respectively.

ARTICLE VI. RECORDS

- A. The Office on Aging shall maintain complete records (which shall include, but not be limited to, accounting records, contracts, agreements, reconciliation of the "Financial Closeout Report" to the audited financial statements, a summary worksheet of results from the audit resolutions performed for all subcontractors

ARTICLE VI. RECORDS (Continued)

with supporting documentation, letters of agreement, insurance documentation in accordance with this Article, Memorandums and/or Letters of Understanding, patient or client records, and electronic files) of its activities and expenditures hereunder in a form satisfactory to the State and shall make all records pertaining to this Agreement available for inspection and audit by the State or its duly authorized agents, at any time during normal business hours. All such records must be maintained and made available by the Office on Aging; (a) until an audit has occurred and an audit resolution has been issued or unless otherwise authorized in writing by the Department's Audit Branch, (b) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by Sections B, and C of this Article, and (c) for such longer period as the Department deems necessary.

- B. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for the same periods as specified in Section A above. The Office on Aging shall ensure that any resource directories and all client records remain the property of the Department upon termination of this Agreement, and are returned to the Department or transferred to another Contractor as instructed by the Department.
- C. In the event of any litigation, claim, negotiation, audit exception, or other action involving the records, all records relative to such action shall be maintained and made available until every action has been cleared to the satisfaction of the State and so stated in writing to the Office on Aging.
- D. Adequate source documentation of each transaction shall be maintained relative to the allowability of expenditures reimbursed by the State under this Agreement. If the allowability of expenditures cannot be determined because records or documentation of the Office on Aging or are nonexistent or inadequate according to Generally Accepted Accounting Principles and Procedures, the expenditures will be questioned in the audit and may be disallowed by the State during the audit resolution process.
- E. After the authorized period has expired, confidential records shall be shredded and disposed of in a manner that will maintain confidentiality.

ARTICLE VII. PROPERTY

- A. Unless otherwise provided for in this Article, property refers to all assets, capitalized or noncapitalized, used in operation of this Agreement.
 - 1. Property includes land, buildings, improvements, machinery, vehicles, furniture, tools, and intangibles, etc .
 - 2. Property does not include consumable office supplies such as paper, pencils, typing ribbons, file folders, etc.

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ARTICLE VII. PROPERTY (Continued)

- B. Property meeting all of the following criteria are subject to the capitalization requirements. Such property must:
1. Have a normal useful life of at least 1 year;
 2. Have a unit acquisition cost of at least \$5000 (e.g., four identical assets which cost \$3000 each, for a \$12,000 total would not meet this capitalization requirement); and
 3. Be used to conduct business under this Agreement.
- C. Noncapitalized property are those items which do not meet all three requirements in this Article, Section B above.
- D. Additions, improvements, and betterments to assets meeting all of the conditions in Section B above must be capitalized. Additions typically involve physical extensions of existing units. Improvements and betterments typically do not increase the physical size of the asset. Instead, improvements and betterments enhance the condition of an asset (e.g., extend life, increase service capacity, and lower operating costs). Examples of assets that might be improved and bettered include roads, bridges, curbs and gutters, tunnels, parking lots, streets and sidewalks, drainage, and lighting systems.
- E. Intangibles are property which lack physical substance but give valuable rights to the owner and can be capitalized or noncapitalized. Examples of intangible property include patents, copyrights, leases, and computer software. By contrast, hardware consists of tangible equipment (e.g., computer printer, terminal, etc.).
- Costs include all amounts incurred to acquire and to ready the intangible asset for its intended use. Typical intangible property costs include the purchase price, legal fees, and other costs incurred to obtain title to the asset.
- F. The Office on Aging shall record the following information when property is acquired:
1. Date acquired;
 2. Property description (include model number);
 3. Property identification number
 4. Serial number
 5. Cost or other basis of valuation;

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AREA PLAN

ARTICLE VII. PROPERTY (Continued)

6. Fund source; and

7. Rate of depreciation (or depreciation schedule), if applicable.

The Office on Aging shall keep track of property purchased with Contract funds, whether capitalized or not. The Office on Aging shall maintain and submit to the Department annually with the Closeout, a current inventory of property furnished or purchased by either the Office on Aging or the subcontractor with funds awarded under the terms of this Agreement or any predecessor agreement for the same purpose. The Office on Aging shall use the Report of Project Property Furnished/Purchased with Agreement Funds (CDA 32), unless otherwise directed by the Department.

- G. Prior to disposal of any property purchased by the Office on Aging or the subcontractor with funds from this Agreement, the Office on Aging must obtain approval from the Department regardless of the acquisition value. Disposition, which includes sale, trade-in, discarding, or transfer to another agency may not occur until approval is received from the Department. The Office on Aging shall use the Request to Dispose of Property (CDA 248) to dispose of property.
- H. The Office on Aging shall immediately investigate and within five (5) days fully document the loss, destruction, or theft of such property.
- I. The State reserves title to all State-purchased or financed property not fully consumed in the performance of this Agreement, unless otherwise required by federal law or regulations or as otherwise agreed by the parties.
- J. The Office on Aging shall exercise due care in the use, maintenance, protection, and preservation of such property during the period of the project, and shall assume responsibility for replacement or repair of such property during the period of the project, until the Office on Aging has complied with all written instructions from the Department regarding the final disposition of the property.
- K. In the event of the Office on Aging's dissolution or upon termination of this Agreement, the Office on Aging shall provide a final property inventory to the State. The State reserves the right to require the Office on Aging to transfer such property to another entity, or to the State.
- L. To exercise the above right, no later than 120 days after termination of the Agreement or notification of the Office on Aging's dissolution the State will issue specific written disposition instructions to the Office on Aging.
- M. The Office on Aging shall use the property for the purpose for which it was intended under the Agreement. When no longer needed for that use, the Contractor shall use it, if needed, and with written approval of the State for other purposes in this order:

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AREA PLAN

ARTICLE VII. PROPERTY (Continued)

1. Another Department program providing the same or similar service; or
 2. Another Department-funded program.
- N. The Office on Aging may share use of the property and equipment or allow use by other programs, upon written approval of the Department. As a condition of the approval, the Department may require reimbursement under this Agreement for its use.
- O. The Office on Aging or subcontractor shall not use equipment or supplies acquired under this Agreement with federal and/or State monies for personal gain or to usurp the competitive advantage of a privately-owned business entity.
- P. If purchase of equipment is a reimbursable item, the equipment to be purchased will be specified in the budget.
- Q. The Office on Aging shall include the provisions contained in this Article in all its subcontracts awarded under this Agreement.

ARTICLE VIII. ACCESS

The Office on Aging shall provide access to the federal or State agency, Bureau of State Audits, the Controller General of the United States, or any of their duly authorized federal or State representatives to any books, documents, papers, records, and electronic files of the Office on Aging or subcontractor which are directly pertinent to this specific Agreement for the purpose of audit, examination, excerpts, and transcriptions. The Office on Aging shall include this requirement in its subcontracts.

ARTICLE IX. MONITORING, ASSESSMENT, AND EVALUATION

- A. Authorized State representatives shall have the right to monitor, assess, and evaluate the Office on Aging's performance pursuant to this Agreement. Said monitoring, assessment, and evaluation may include, but is not limited to, audits, inspections of project premises, inspection of food preparation sites, and interviews of project staff and participants.
- B. The Office on Aging shall cooperate with the State in the monitoring, assessment, and evaluation processes, which include making any Administrative program and fiscal staff available during any scheduled process.

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ARTICLE X. AUDITS

- A. The Office on Aging and or subcontractors that expend \$500,000 or more in Federal Awards shall arrange for an audit to be performed as required by the Single Audit Act of 1984, Public Law 98-502, Single Audit Act Amendments of 1996, Public Law 104-156, and Office of Management and Budget (OMB) Circular A-133, and a copy submitted to the:

California Department of Aging
Attention: Audit Branch
1300 National Drive, Suite 200
Sacramento, California 95834

The copy shall be submitted within the earlier of 30 days after receipt of the auditor's report or nine months after the end of the audit period, unless a longer period is agreed to in advance by the cognizant or oversight agency.

The contractor shall ensure that State-Funded expenditures are displayed discretely along with the related federal expenditures in the single audit report's "Schedule of Expenditures of Federal Awards" (SEFA) under the appropriate Catalog of Federal Domestic Assistance (CFDA) number as referenced in Section B of this Article.

For State contracts that do not have CFDA numbers, the Office on Aging shall ensure that the State-funded expenditures are discretely identified in the SEFA by the appropriate program name, identifying grant/contract number, and as passed-through the California Department of Aging.

- B. This section B applies only to Title III/VII.

The following closely related programs identified by CFDA number are to be considered as an "Other Cluster" for purposes of determining major programs whether a program specific audit may be elected. The Contractor shall identify the CFDA titles and numbers to the independent auditor conducting the organization's single audit along with each of its subrecipients.

93.041	Special Programs for the Aging-Title VII, Chapter 3- Programs for Prevention of Elder Abuse, Neglect, and Exploitation (Title VII-B)
93.042	Special Programs for the Aging-Title VII, Chapter 2- Long Term Care Ombudsman services for Older Individuals (Title VII-A)
93.043	Special Programs for the Aging-Title III, Part D- Disease Prevention and Health Promotion Services (Title III-D)

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ARTICLE X. AUDITS (Continued)

93.044	Special Programs for the Aging-Title III, Part B – Grants for Supportive Services and Senior Centers (Title III-B)
93.045	Special Programs for the Aging-Title III, Part C – Nutrition Services (Title III-C)
93.052	National Family Caregiver Support-Title III, Part E
93.053	Nutrition Services Incentive Program (NSIP)

Cluster of programs means a grouping of closely-related programs that share common compliance requirements. The types of clusters of programs are research and development (R&D), student financial aid (SFA), and other clusters. "Other Clusters" are as defined by the OMB in the Compliance Supplement or as designated by a State for federal awards the State provides to its subrecipients that meet the definition of cluster of programs. When designating an "other cluster," a State shall identify the federal awards included in the cluster and advise the subrecipients of compliance requirements applicable to the cluster, consistent with §400 (d) (1) and §.400 (d) (2), respectively. A cluster of programs shall be considered as one program for determining major programs, as described in §.520, and, with the exception of R&D as described in §.200(c), whether a program-specific audit may be elected. (Federal Office of Management and Budget, (OMB) Circular, A-133, Audits of States, Local Governments, and Non-Profit Organizations).

- C. The Office on Aging shall perform a reconciliation of the "Financial Closeout Report" to the audited financial statements. The reconciliation shall be maintained and made available for Department review.

The Office on Aging shall have the responsibility for resolving its contracts with subcontractors to determine whether funds provided under this Agreement are expended in accordance with applicable laws, regulations, and provisions of contracts or agreements.

Contract resolution includes:

1. Ensuring that a subcontractor expending \$500,000 or more in Federal Awards during the subcontractor's fiscal year has met the audit requirements of OMB Circular A-133 as summarized in D;
2. Issuing a management decision on audit findings within six months after receipt of the subcontractor's single audit report and ensuring that the subcontractor takes appropriate and timely corrective action;

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ARTICLE X. AUDITS (Continued)

3. Reconciling expenditures reported to the Department to the amounts identified in the single audit or other type of audit, if the subcontractor was not subject to the single audit requirements. For a subcontractor who was not required to obtain a single audit and who did not obtain another type of audit, the reconciliation of expenditures reported to the Department must be accomplished through the performance of alternative procedures (e.g., expense verification reviews/fiscal monitoring assessments);
 4. When alternative procedures are used, the Office on Aging shall perform financial management system testing per existing federal requirements (45 CFR, Subpart C, Part 92.20 and 45 CFR, Part 74.21) which state in part that financial reporting must be accurate, current, and complete; and, accounting records must adequately identify the source and application of funds and must be supported by source documentation. The Office on Aging shall document system and expense testing to show an acceptable level of reliability, including a review of actual source documents; and
 5. Determining whether the results of the reconciliations performed necessitate adjustment of the Office on Aging's own records.
- D. The Office on Aging shall ensure that the subcontractor single audit reports meet OMB Circular A-133 requirements:
1. Performed timely – not less frequently than annually and a report submitted timely. The audit is required to be submitted within 30 days after receipt of the auditor's report or nine months after the end of the audit period, whichever occurs first.
 2. Properly procured – use procurement standards provided for in OMB Circular A-133 and provide maximum opportunities to small and minority audit firms.
 3. Performed in accordance with Generally Accepted Government Auditing Standards – shall be performed by an independent auditor and be organization-wide.
 4. All inclusive – includes an opinion (or disclaimer of opinion) of the financial statements; a report on internal control related to the financial statements and major programs; an opinion (or disclaimer of opinion) on compliance with laws, regulations, and the provisions of contracts or grant agreements; and the schedule of findings and questioned costs.
 5. Performed in accordance with provisions applicable to this program as identified in OMB Circular A-133 Compliance Supplement.

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ARTICLE X. AUDITS (Continued)

- E. Requirements identified in D of this Article shall be included in contracts/agreements with the subcontractor. Further, the subcontractor shall be required to include in its contract with the independent auditor that the auditor will comply with all applicable audit requirements/standards, the Department shall have access to all audit reports and supporting work papers, and the Department has the option to perform additional work, as needed.
- F. The Office on Aging shall prepare a summary worksheet of results from the contract resolutions performed of all subcontractors. The summary worksheet shall include, but not limited to, contract amount; amount resolved; variances; whether an audit was relied upon or the Office on Aging performed an independent expense verification review (alternative procedures) of the subcontractor in making a determination; whether audit findings were issued; and, if applicable, issuance date of the management letter; and any communication or follow-up performed to resolve the findings.
- G. Unless prohibited by law, the cost of audits completed in accordance with provisions of the Single Audit Act Amendments of 1996, are allowable charges to Federal Awards. The cost may be considered a direct cost or an allocated indirect cost, as determined in accordance with the provisions of applicable OMB cost principle circulars.
- H. The Office on Aging may not charge to Federal Awards the cost of any audit under the Single Audit Act Amendments of 1996 not conducted in accordance with the Act. The Office on Aging may not charge to Federal Awards the cost of auditing a non-federal entity which has Federal Awards expended of less than \$500,000 per year, and is thereby exempted under OMB Circular A-133, Subsection __200(d). However, this does not prohibit the Office on Aging from charging Federal Awards for the cost of conducting a limited-scope audit to monitor its subcontractor to address compliance requirements provided the subcontractor is not required to obtain a single audit. These costs must be charged as an Administrative expense of the Office on Aging.
- I. The Office on Aging shall cooperate with and participate in any further audits which may be required by the State.

ARTICLE XI. INSURANCE

- A. Prior to commencement of any work under this Agreement, the Office on Aging shall provide for the term of this Agreement, the following insurance:
 - 1. General liability of not less than \$1,000,000 per occurrence for bodily injury and property damage combined. Higher limits may be required by the Department in cases of higher than usual risks.

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ARTICLE XI. INSURANCE (Continued)

2. Automobile liability including non-owned auto liability, of not less than \$1,000,000 for volunteers and paid employees providing services supported by this Agreement.
 3. If applicable, contractors and subcontractors shall comply with the Public Utilities Commission (PUC) General Order No. 115-F which requires higher levels of insurance for charter-party carriers of passengers and is based on seating capacity as follows:
 - \$750,000 if seating capacity is under 8
 - \$1,500,000 if seating capacity is 8 – 15
 - \$5,000,000 if seating capacity is over 15unless otherwise amended by future regulation.
 4. Professional liability of not less than \$1,000,000 as it appropriately relates to the services rendered. Coverage shall include medical malpractice and/or errors and omissions.
- B. The insurance will be obtained from an insurance company acceptable to the Department of General Services, Office of Risk and Insurance Management, or be provided through partial or total self-insurance acceptable to the Department of General Services.
- C. Evidence of insurance shall be in a form and content acceptable to the Department of General Services, Office of Risk and Insurance Management. Insurance obtained through commercial carriers shall meet the following requirements:
1. The Certificate of Insurance shall provide that the insurer will not cancel the insured's coverage without thirty (30) days prior written notice to the State, or ten (10) days written notice if the reason for cancellation is for non-payment of insurance premium.
 2. The Certificate of Insurance shall provide the statement: "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." Professional liability coverage is exempt from this requirement.
 3. The Department shall be named the certificate holder and the address must be listed on the certificate.

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ARTICLE XI. INSURANCE (Continued)

- D. The insurance provided herein shall be in effect at all times during the term of this Agreement. In the event the insurance coverage expires during the term of this Agreement, the Office on Aging agrees to provide the Department, at least thirty(30) days prior to the expiration date, a new certificate of insurance evidencing insurance coverage as provided herein for a period not less than the remaining agreement term or for a period not less than one (1) year. In the event the Office on Aging fails to keep in effect at all times said insurance coverage, the Department may, in addition to any other remedies it may have, terminate this Agreement.
- E. The Office on Aging shall require its subcontractors or vendors under this Agreement, other than units of local government which are similarly self-insured, to maintain adequate insurance coverage for general liability, worker's compensation liabilities, and if appropriate, auto liability including non-owned auto and professional liability, and further, the Office on Aging shall require its subcontractors and vendors to hold the Office on Aging harmless. The subcontractor's Certificate of Insurance shall also name the Office on Aging, not the State, as the certificate holder and additional insured. The Office on Aging shall maintain certificates of insurance for all its subcontractors.
- F. A copy of each appropriate Certificate of Insurance referencing this Agreement Number, or letter of self-insurance, shall be submitted to the Department with this Agreement.
- G. The Office on Aging shall be insured against liability for Worker's Compensation or undertake self-insurance in accordance with the provisions of the Labor Code and the Office on Aging affirms to comply with such provisions before commencing the performance of the work of this Agreement (Labor Code Section 3700).
- H. The entity providing Ombudsman services must be insured or self-insured for professional liability covering all Ombudsman activities including, but not limited to, investigation of patient complaints.

ARTICLE XII. TERMINATION

- A. Termination for Convenience
The State or the Office on Aging may terminate performance of work under this Agreement for its convenience in whole or, from time to time, in part, if the State determines that a termination is in the State's interest. Either party to this Agreement shall terminate by delivering to the other party a Notice of Termination specifying the extent of termination and the effective date thereof. Such termination shall be effective ninety (90) days from the delivery of the Notice of Termination or at another effective date as agreed to by both parties. The parties agree that, as to the terminated portion of the Agreement, the

ARTICLE XII. TERMINATION (Continued)

Agreement shall be deemed to remain in effect until such time as the termination settlement, if any, is concluded and the Agreement shall not be void. The party terminating the Agreement shall submit to the other party a Transition Plan as specified in Article IV, A. of Exhibit E.

B. Termination for Default

The State may by written notice of default to the Office on Aging, terminate this Agreement, in whole or in part, as a consequence of any of the following events:

1. A violation of the law or failure to comply with any condition of this Agreement.
2. Inadequate performance or failure to make progress so as to endanger performance of this Agreement.
3. Failure to comply with reporting requirements.
4. Evidence that the Office on Aging is in an unsatisfactory financial condition as determined by an audit of the Department or evidence of a financial condition that endangers performance of this Agreement and/or the loss of other funding sources.
5. Delinquency in payment of taxes or payment of costs for performance of this Agreement in the ordinary course of business.
6. Appointment of a trustee, receiver, or liquidator for all or a substantial part of the Office on Aging's property, or institution of bankruptcy, reorganization or the arrangement of liquidation proceedings by or against the Office on Aging.
7. Service of any writ of attachment, levy of execution, or commencement of garnishment proceedings against the Office on Aging's assets or income.
8. The commission of an act of bankruptcy.
9. Finding of debarment or suspension, Article II K.
10. The Office on Aging's organizational structure has materially changed.

- C. Such termination of this Agreement, shall take effect immediately in the case of threat to life, health, or safety of the public or, in all other cases, upon thirty (30) days subsequent to written notice to the Office on Aging. The notice shall describe the action being taken, the reason for such action and, any conditions of the termination, including the date of termination. Said notice shall also inform the

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ARTICLE XII. TERMINATION (Continued)

The Office on Aging of its right to appeal such decision to the State and of the procedure for doing so.

- D. In the event of a termination notice, the Department will present written notice to the Office on Aging of any condition, such as, but not limited to, transfer of clients, care of clients, return of unspent funds, and disposition of property, which must be met prior to termination.
- E. The Office on Aging shall, at least ninety (90) days prior to the end of this contract period, give written notice to the State if it intends not to provide one or more Area Plan programs included in this Agreement during the subsequent contract period. The purpose of this requirement is to provide sufficient planning and transition time during the course of this contract period to ensure continuity of services to clients.
- F. The Department may determine that the office on Aging may be considered a “high risk” agency as described in 45 CFR, 92.12 for local governments and 45 CFR, 74.14 for non-profit organizations. If such a determination is made, the Office on Aging may be subject to special conditions or restrictions.

ARTICLE XIII. REMEDIES

The Office on Aging agrees that any remedy provided in this Agreement is in addition to and not in derogation of any other legal or equitable remedy available to the Department as a result of breach of this Agreement by the office on Aging, whether such breach occurs before or after completion of the project.

ARTICLE XIV. DISSOLUTION OF ENTITY

The Office on Aging shall notify the Department immediately of any intention to discontinue existence of the entity or to bring an action for dissolution.

ARTICLE XV. REVISIONS OR MODIFICATIONS

- A. No amendment or variation of the terms of this Agreement shall be valid unless made in writing, and approved as required. No oral understanding or agreement not incorporated in this Agreement is binding on any of the parties.
- B. The State reserves the right to revise, waive, or modify the Agreement to reflect any restrictions, limitations, or conditions enacted by Congress or the Legislature or as directed by the Executive Branch of State Government.

ARTICLE XVI. NOTICES

- A. Any notice to be given hereunder by either party to the other may be effected

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ARTICLE XVI. NOTICES (Continued)

by personal delivery in writing or by registered or certified mail, overnight mail, postage prepaid, return receipt requested, or overnight mail, provided the Office on Aging retains receipt, and shall be communicated as of actual receipt.

- B. Any notice given to the CDA for the Office on Aging's change of legal name, main address, or name of Director shall be addressed to the Director of the Department on the contractor's letterhead.
- C. All other notices with the exception of those identified in Article VII. B. shall be addressed to the California Department of Aging, AAA Based Teams, 1300 National Drive, Suite 200, Sacramento, California 95834. Notices mailed to the Office on Aging shall be to the address indicated on the coversheet of this Agreement.
- D. Either party may change its address by written notice to the other party in accordance with this Article.

ARTICLE XVII. DEPARTMENT CONTACT

- A. The name of the Department's contact to request revisions, waivers, or modifications affecting this Agreement, will be provided by the State to the Office on Aging upon full execution of this Agreement.
- B. The Office on Aging submit the name of its Agency Contract Representative (ACR), for this Agreement by submitting an Agency Contract Representative form to the CDA's Contracts and Business Services Section. This form requires the ACR's address, phone number, e-mail address, and FAX number to be included on this form. For any change in this information, the Office on Aging shall submit an amended Agency Contract Representative form to the same address. This form may be requested from the Contracts and Business Services Section.

ARTICLE XVIII. Information Integrity and Security (Formerly Confidentiality)

A. Information Assets

The office on Aging shall have in place operational policies, procedures, and practices to protect State information assets, i.e., public, confidential, sensitive and/or personal information as specified in State Administrative Manual, Section 4841.2., GC Section 11019, Department of Finance (DOF) Management Memo 06-12, and DOF Budget Letter 06-34)

Information assets include (but are not limited to):

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- Information collected and/or accessed in the administration of the State programs and services.
- Information stored in any media form, paper or electronic.

B. Encryption on Portable Computing Devices

The office on Aging is required to encrypt (or use an equally effective measure), any data collected under this Agreement that is confidential, sensitive, and/or personal including data stored on portable computing devices (including but not limited to, laptops, personal digital assistants, and notebook computers) and/or portable electronic storage media (including but not limited to, discs and thumb/flash drives, portable hard drives).

C. Disclosure

1. The Office on Aging shall ensure that personal, sensitive and confidential information is protected from inappropriate or unauthorized access or disclosure in accordance with applicable laws, regulations and State policies. The requirement to protect information shall remain in force until superseded by laws, regulations or policies.
2. The Office on Aging shall protect from unauthorized disclosure names and other identifying information, concerning persons receiving services pursuant to this Agreement, except for statistical information not identifying any participant.
3. "Identifying information" shall include, but not be limited to, name, identifying number, social security number, state driver's license or state identification number, financial account numbers, symbol or other identifying characteristic assigned to the individual, such as finger or voice print or a photograph.
4. The Office on Aging shall not use such identifying information for any purpose other than carrying out the Office on Aging's obligations under this Agreement.
5. The Office on Aging shall not, except as otherwise specifically authorized or required by this Agreement or court order, disclose any identifying information obtained under the terms of this Agreement to anyone other than CDA without prior written authorization from CDA. The Office on Aging may be authorized, in writing, by a participant to disclose identifying information specific to the authorizing participant.
6. The Office on Aging may allow a participant to authorize the release of information to specific entities, but shall not request or encourage any participant to give a blanket authorization or sign a blank release, nor shall the Office on Aging accept such blanket authorization from any participant.

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ARTICLE XVIII. Information Integrity and Security (Continued)

D. Training/Education

1. The Office on Aging must provide ongoing education and training, at least annually, to all employees and subcontractors who handle personal, sensitive or confidential information. The Office on Aging employees, subcontractors, and volunteers must complete the required Security Awareness Training module located at www.aging.ca.gov within 30 days of the start date of the Contract/Agreement or within 30 days of the start date of any new employee, subcontractor or volunteer. The Office on Aging must maintain certificates of completion on file and provide them to CDA upon request. Training may be provided on an individual basis or in groups. A sign-in sheet is acceptable documentation for group training in lieu of individual certificates. If internet access is not available, a hardcopy of the training module may be provided to employees and/or volunteers for their completion.
2. The Office on Aging may substitute CDA's Security Awareness Training program with its own Security Training provided such training meets or exceeds CDA's training requirement. Contractors/Vendors shall maintain documentation of training and education provided to their staff, volunteers, and/or subcontractors.
3. All employees and volunteers who handle personal, sensitive or confidential information relating to CDA's programs must participate in Security Awareness Training.

E. Health Insurance Portability and Accountability Act (HIPAA)

The Office on Aging agrees to comply with the privacy and security requirements of the HIPAA to the extent applicable and to take all reasonable efforts to implement HIPAA requirements. The Office on Aging will make reasonable efforts to ensure that subcontractors comply with the privacy and security requirements of HIPAA.

F. Contractor Confidentiality Statement

The Office on Aging shall sign and return a Contractor/Vendor Confidentiality Statement CDA 1024 form with this Agreement. This is to ensure that Contractor/Vendors are aware of, and agree to comply with, their obligations to protect CDA information assets from unauthorized access and disclosure.

G. Security Incident Reporting

A security incident occurs when CDA information assets are accessed,, modified, destroyed, or disclosed without proper authorization, or are lost, or stolen. The

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ARTICLE XVIII. Information Integrity and Security (Continued)

The Office on Aging must report all security incidents to the appropriate CDA Program Manager immediately upon detection. A Security Incident Report form (CDA 1025) must be submitted to the CDA Information Security Officer within five (5) business days of the date the incident was detected.

H. Notification of Security Breach to Data Subjects

1. Notice must be given by the Office on Aging or subcontractor to any data subject whose personal information could have been breached.
2. Notice must be given in the most expedient time possible and without unreasonable delay except when notification would impede a criminal investigation, or when necessary measures to restore system integrity are required.
3. Notice may be provided in writing, electronically, or by substitute notice in accordance with State law, regulation, or policy.

I. Software Maintenance

The Office on Aging shall apply security patches and upgrades and keep virus software up-to-date on all systems on which State data may be used.

J. Provisions of this Article

The provisions contained in this Article shall be included in all contracts of both the contractor and its subcontractors.

ARTICLE XIX. COPYRIGHTS AND RIGHTS IN DATA

A. Copyrights

1. If any material funded by this Agreement is subject to copyright, the State reserves the right to copyright such material and the Contractor agrees not to copyright such material, except as set forth in subdivisions (b) and (c) of this section.
2. The Office on Aging may request permission to copyright material by writing to the Director of the Department. The Director shall consent to or give the reason for denial to the Office on Aging in writing within sixty (60) days of receipt of the request. If the material is copyrighted with the consent of the Department, the State reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, prepare derivative works, publish, distribute and use such materials, in whole or in part, and to authorize others to do so, provided written credit is given the author.

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ARTICLE XIX. COPYRIGHTS AND RIGHTS IN DATA (Continued)

3. The Office on Aging certifies that it has appropriate systems and controls in place to ensure that State funds will not be used in the performance of this contract for the acquisition, operation, or maintenance of computer software in violation of copyright laws.

B. Rights in Data

1. The Office on Aging shall not publish or transfer any materials, as defined in item 2 below, produced or resulting from activities supported by this Agreement without the express written consent of the Director of the Department. That consent shall be given or the reasons for denial shall be given and any conditions under which it is given or denied within thirty (30) days after the written request is received by the Department. The Department may request a copy of the material for review prior to approval of the request. This subsection is not intended to prohibit contractors from sharing identifying client information authorized by the participant or summary program information which is not client-specific.
2. As used in this Agreement, the term “subject data” means writings, sound recordings, pictorial reproductions, drawings, designs or graphic representations, procedural manuals, forms, diagrams, workflow charts, equipment descriptions, data files and data processing or computer programs, and works of any similar nature (whether or not copyrighted or copyrightable) which are first produced or developed under this Agreement. The term does not include financial reports, cost analyses, and similar information incidental to contract administration, or the exchange of that information between Area Agencies on Aging to facilitate uniformity of contract and program administration on a statewide basis.
3. Subject only to the provisions of Article XVIII and Article XIX of this Exhibit, the State may use, duplicate, or disclose in any manner, and have or permit others to do so subject to State and federal law all subject data delivered under this Agreement.
4. Materials published or transferred by Office on Aging shall: (a) state “The materials or product were a result of a project funded by a contract with the California Department of Aging”; (b) give the name of the entity, the address, and telephone number at which the supporting data is available; and (c) include a statement that “The conclusions and opinions expressed may not be those of the California Department of Aging and that the publication may not be based upon or inclusive of all raw data.”

EXHIBIT E

AREA PLAN

ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS

- A. General Assurances. The Office on Aging shall assure that the following conditions are met:
1. Services are provided only to the defined Eligible Service Population.
 2. If the Office on Aging makes any award of funds to a public or private nonprofit agency, for the following purposes: (1) acquiring, altering, leasing, or renovating a facility, including a mobile facility, for use as a multipurpose senior center or (2) constructing a facility, including a mobile facility, for use as a multipurpose senior center, the Office on Aging shall adhere to the program requirements and to 45 CFR Part 74, "Procurement Standards," procurement by contractors and subcontractors for nonprofit organizations, and 45 CFR Part 92.36, procurement for State and local governments, as applicable.
 3. The Office on Aging shall comply with the standards and guidelines for procurement of supplies, equipment, construction, and services as provided in 45 CFR, Part 92.36, "Procurement Standards."
 4. The Office on Aging assures that when an existing facility has been altered (with funds made available by this Agreement) and is used as a multipurpose senior center, the period of time in which such facility shall be used as a center is as follows:
 - a. Not less than three (3) years from the date the Agreement terminates where the amount of the Agreement, including the non-federal share, does not exceed \$30,000.
 - b. If the Agreement amount exceeds \$30,000, the fixed period of time shall be not less than three (3) years from the date of Agreement plus one (1) year for each additional \$10,000, or part thereof, to a maximum of \$75,000.
 - c. For Agreement amounts which exceed \$75,000, the fixed period of time shall be no less than ten (10) years.
 5. Any multipurpose senior center constructed with funds made available by this Agreement shall be used for that purpose for at least twenty (20) years after completion of that construction.
 6. Any facility to be used as a senior center and acquired with funds made available by this Agreement shall be used for that purpose for at least ten (10) years from the date of acquisition.

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ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (Continued)

7. Any agency awarded Title III funds for senior center acquisition or construction has a completed and notarized Notice of Assurances to the State of California of the Use of Property and the United States' Right of Recapture (CDA 214) recorded with the county recorder. The Office on Aging shall periodically validate continuing use of such facility as a senior center during the recapture period.
8. Department funds will be made available only for the support of activities specified in an approved and current Area Plan that is in compliance with State and federal laws and regulations.
9. In providing Family Caregiver Support Program (FCSP) services to a family caregiver, or a grandparent or older individual who is a relative caregiver, priority shall be given for services under OAA, Section 373(c)(2) to:
 - a. Family Caregivers who provide care for older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 - b. Grandparents or other older relatives who provide care for children with severe disabilities;
 - c. Family Caregivers and Grandparents or relative caregivers who are older individuals 60 years of age or older [as defined in Title I, Section 102(40)] with greatest social need, with greatest economic need, and with particular attention to low-income individuals; and
 - d. Family Caregivers and Grandparents or relative caregivers who are older individuals 60 years of age or older [as defined in Title I Section 102(40)] who provide care for individuals with severe disabilities, including children with severe disabilities.
10. The Office on Aging and/or subcontractor shall make use of trained volunteers to expand the provision of FCSP activities in accordance with Title III, Part E, Section 373(d) of the OAA and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants in community service settings (and programs).
11. An individual's receipt of services under the In-Home Supportive Services Program shall not be the sole cause for denial of any services provided by the Office on Aging or its contractors.

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ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (Continued)

12. Funds made available under this Agreement shall supplement, and not supplant, any federal, State, or local funds expended by a State or unit of general purpose local government to provide Title III (excluding III E), Title VII, or Community-Based Services Programs.
13. Funds made available under Title III E shall supplement and not supplant other services that may directly or indirectly support unpaid caregiving, such as Medicaid waiver programs (e.g., MSSP, etc.) or other caregiver services such as those provided through Department of Social Services Kinship Support Service Programs, California Community Colleges Foster and Kinship Care Education Programs, Department of Developmental Services Regional Centers, Department of Mental Health Caregiver Resource Centers, Linkages, Alzheimer's Day Care Resource Centers, Respite Purchase of Service, and other Title III funded providers.
14. Means tests shall not be used by any Office on Aging for any Title III or Title VII services.
15. Services shall not be denied to any Title III or Title VII client that does not contribute toward the cost of the services received.
16. Methods used to solicit voluntary contributions for Title III and Title VII services shall be non-coercive.
17. Donation letters sent to clients for Title III and Title VII services shall stipulate that contributions are voluntary and not required to receive service.
18. Cost Sharing shall not be implemented for any Title III and Title VII service until so notified by the Department.
19. The Office on Aging shall comply with the OAA Section 306(a)(17), which requires an AAA to include in its Area Plan information on how it will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments, and any other institutions that have responsibility for disaster relief service delivery.
20. ~~The Office on Aging, at a minimum, shall identify and make contact with their local Office of Emergency Services (OES) to define their respective roles and responsibilities. This contact shall include a discussion of the types of clients served by the Office on Aging and how their needs will be addressed by OES in the community.~~

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ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (Continued)

21. ~~The Office on Aging shall furnish annually or whenever a change occurs, the name of its Disaster Coordinator to the Department's Disaster Coordinator.~~

22. ~~The Office on Aging shall assure that its Information and Assistance staff have written procedures in place and are trained at least annually on how to handle emergencies. As specified in Title 22, Division 1.8, Chapter 4, Article 2, Section 7547, the training shall consist of:~~

a. ~~Familiarity with telephone numbers of fire, police, and ambulance services for the geographic area served by the provider. These telephone numbers shall be posted near the telephone for easy access when an emergency arises.~~

b. ~~Techniques to obtain vital information from older individuals and persons with disabilities who require emergency assistance.~~

c. ~~Making written emergency procedure instructions available to all staff who have contact with older individuals or persons with disabilities.~~

24. Proof of age or citizenship shall not be required as a condition of receiving services.

B. Assurances Specific to the Ombudsman Program:

The Office on Aging shall assure the following:

1. Representatives of the Local Ombudsman Program and members of their immediate family shall be free of conflicts of interest and not stand to gain financially through the following:

a. Remuneration (in cash or in kind) received directly or indirectly under a compensation arrangement with a long-term care facility. [OAA Section 712(f)]

b. An action or potential action brought on behalf of individuals the Program serves. [OAA Section 712(a)(5)(C)(ii)].

2. Representatives of the Local Ombudsman Program shall have access to long-term care facility residents and their medical and social records, with documentation of consent in accordance to section (3)(a), between the hours of 7:00 a.m. and 10:00 p.m. seven days a week [OAA 712(b)(1); WIC 9722 and 9724; CCR 8020(a)]. Authorization is required by the State

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ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (Continued)

Ombudsman for entry outside of these hours and for access to resident records when a legal guardian refuses to give permission and there is reason to believe the guardian is not acting in the best interests of the resident [OAA 712(b)(1)(B)(ii); WIC 9724(c and d); CCR 8020(b)].

3. Representatives of the Local Ombudsman Program shall not carry out the responsibilities of the Program until the State Ombudsman accepts them for certification [OAA 712(h)(5)(B)].
4. Complaint information collected and maintained by the Local Ombudsman Program, including the identity of the complainant or resident, shall only be disclosed [OAA 712(d); WIC 9725]:
 - a. At the discretion of the Local Ombudsman Program [OAA 712(d)(2)(A); and
 - b. With documentation of one of the following:
 - i. Written consent of the complainant or resident, or his or her legal representative as appointed by the court [OAA 712(d)(2)(B)(i)];
 - ii. Oral consent of the complainant or resident, documented by the State Certified Ombudsman Representative at the same time it is granted by the consenter [OAA 712(d)(2)(B)(ii)]; or
 - iii. Disclosure is ordered by the court [OAA 712(d)(2)(B)(iii)].
5. The Local Ombudsman Program shall enter into a Memorandum of Understanding (MOU) with the Legal Services Provider (LSP) which will address conflict of interest, provision of legal advice, procedures for referral, and other technical assistance. The LSP may assist the State in providing legal representation to the Program when an Ombudsman Representative has been subpoenaed or in a suit or other legal action threatened or brought against the performance of the official duties of the Ombudsman Representative [OAA 712(h)(7); WIC 9717(c); Statewide Standards for Legal Assistance in California].
6. Each Local Ombudsman Program shall maintain a separate budget. The Local Ombudsman Coordinator shall be responsible for managing the day-to-day operation of the Program, develop or participate in budget preparation, and be informed of budget allocations by the Office on Aging specific to the Ombudsman Program.

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ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (Continued)

7. Representatives of the Local Ombudsman Program shall conduct interviews/investigations in a confidential manner and the Program shall have office space and telecommunications that protect the confidentiality of all complaint-related communications and records. [OAA 705(a)(6)(C), WIC 9725, WIC 25633(b)(2)(B)].
8. Each Local Ombudsman Program shall have information systems sufficient to run State-approved database systems and to receive and send confidential e-mail messages to and from the Department. [OAA 712(C); WIC 9716].

C. Assurances Specific to Legal Services Providers (LSPs) in accordance with OAA 731.

The Office on Aging shall assure that the following conditions are met:

1. LSPs will coordinate with state-designated providers of Long-Term Care Ombudsman services by developing and executing a memorandum of understanding which will address conflict of interest, provision of legal advice, procedures for referral and other technical assistance.
2. LSPs may provide direct legal assistance to residents of the long-term care facilities where the clients are otherwise eligible and services are appropriate.
3. Where both legal and ombudsman services are provided by the same agency, providers must develop and follow policies and procedures to protect the integrity, resources, and confidentiality of both programs.
4. LSPs may assist the state in providing legal representation to the ombudsman program when an ombudsman or the program is named as a party or witness, in a subpoena, civil suit or other legal action challenging the performance of the official duties of the ombudsman.
5. LSPs are to coordinate with the local Legal Services Corporation (LSC) program, if the provider is not an LSC-funded program.
6. LSPs are to coordinate with the network of other service providers, including but not limited to, other LSPs, LTC ombudsman, HICAP, senior information and assistance, Adult Protective Services, law enforcement, case management services and focal points.

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ARTICLE I. ASSURANCES SPECIFIC TO TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (Continued)

7. LSPs are to coordinate legal assistance activities with the statewide Hotline and private Bar, including groups within the private Bar furnishing services to older individuals on a pro bono or reduced fee basis.
8. LSPs are to use the Uniform Reporting System developed by the Department in December 2007 to collect data on legal services provided.
9. Waiver of this section of the contract may be obtained from the Department pursuant to Exhibit D, Article XV., of this Agreement entitled, "Revisions, Waivers, or Modifications."

ARTICLE II. REPORTING PROVISIONS

A. The Office on Aging shall submit program performance reports for Title III services, Family Caregiver Support Program (Title III E), ~~Alzheimer's Day Care Resource Centers, Respite Purchase of Service, Linkages Program, and Senior Companion Program,~~ in accordance with Department requirements [W&I Code 9102 (a)(5)], to the ~~CDA Data AAA-Based Team~~, by the 5th working day of each month.

- ~~1. The Office on Aging shall submit electronic reports via e-mail to the following address: datateam.program@aging.ca.gov.~~
- ~~2. The Office on Aging shall submit paper reports by one method, either:
 - a. Via E-mail to: datateam.paper@aging.ca.gov.~~

OR

- ~~b. Via US Postal mail to address: California Department of Aging, Data Team, 1300 National Drive, Suite 200, Sacramento, CA 95834.~~

B. The Office on Aging shall assure that all data submitted is timely, complete, accurate, and verifiable using the Contractor approved reporting procedures.

- ~~1. The Office on Aging shall submit data for funded programs only. Do not send null reports (reports with all zeros because the program is not funded).~~

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ARTICLE II. REPORTING PROVISIONS (Continued)

~~2. Quarterly service unit reports shall be submitted as follows:~~

	Reporting Period	Due Date
Quarter 1	Jul-Sep	October 31
Quarter 2	Oct-Dec	January 31
Quarter 3	Jan-Mar	April 30
Quarter 4	Apr-Jun	July 31

~~3. Annual performance/service unit reports shall be submitted as follows:~~

	Reporting Period	Due Date
Annual	Jul-Jun	August 30

4. For late reports, the Office on Aging shall submit a written explanation to the Data Team by the 15th of the following month. This written explanation shall include the reasons for the delay and the date the report will be submitted.

C. The Office on Aging shall have written reporting procedures specific to each program which include:

1. Collection and reporting of program data for the Office on Aging and subcontractor;
2. Ensuring accuracy of data from the Office on Aging and subcontractor intake/assessment process through reporting to the Data Team;
3. Verification of the Office on Aging and subcontractor data prior to submission to the Data Team;
4. Correction procedures for the Office on Aging and subcontractor;
5. Methodology for collecting and reporting estimated unduplicated client counts for each non-registered service.

D. The Office on Aging shall train and orient staff and subcontractor's staff regarding program data collection and reporting requirements. The Office on Aging shall have MIS cross-trained staff in the event of planned or unplanned prolonged absences to ensure timely and accurate submission of data. [45 CFR 321.55(b)]

E. The Office on Aging shall verify the accuracy of the data submitted to the Department for inclusion in the reports to the State Executive Branch, Legislative

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ARTICLE II. REPORTING PROVISIONS (Continued)

Branch, and

F. The federal government.

- ~~1. The Office on Aging shall review and respond to the (1) **NAPIS SPR/S-Verify Logic Error Report**, (2) **CBSP Logic Error Report**, and (3) **SPR/CBSP Questionable Data Error Report** in accordance with Department requirements.~~
 - ~~a. The Office on Aging shall submit electronic data corrections for the errors identified in the Logic Error report.~~
 - ~~b. The Office on Aging shall correct and/or explain the Questionable Data Errors.~~
 - ~~c. The Office on Aging shall return the Logic and Questionable Data Error Reports to the Department verifying corrections made via e-mail or US Postal service. Submission shall be by one method only, either e-mail or U.S. Postal service.~~
 - ~~d. The Logic and Questionable Data Error Reports are due no later than October 31.~~
- ~~2. The Office on Aging shall verify all quarterly and annual SPR/CBSP data for accuracy in accordance with Department requirements.~~
 - ~~a. The Office on Aging shall complete and initial the **SPR/CBSP verification** forms.~~
 - ~~b. The Office on Aging Director shall review and approve the verification forms by signing and dating the bottom of both forms.~~
 - ~~c. The Office on Aging shall complete the SPR/CBSP Verification forms for data corrections submitted as a result of the initial verification process. The Director shall review and approve corrections by the same process described in 2. (b) above.~~
 - ~~d. The Office on Aging shall return the SPR/CBSP verification forms to the Department via e-mail or U.S. Postal Service. Submission shall be by one method only, either e-mail or U.S. Postal Service.~~
 - ~~e. The SPR/CBSP verification forms are due no later than November 30.~~

~~ARTICLE II. REPORTING PROVISIONS (Continued)~~

~~G. Reporting Provisions Specific to Title III B, III C, III D:~~

- ~~1. The Office on Aging must submit program data reports electronically to the Data Team, according to the frequency listed:
 - ~~a. Service Units (SPR 101) = quarterly,~~
 - ~~b. Detailed and Summary Client Profile (SPR 102A and 102B) = annually,~~
 - ~~c. Provider Profile (SPR 103) = annually,~~
 - ~~d. Staffing Profile (SPR 104) = annually,~~
 - ~~e. Unduplicated Client Count (SPR 105) = annually, and~~
 - ~~f. Focal Point (SPR 106) = annually.~~~~
- ~~2. The Office on Aging shall combine NSIP meal counts with the monthly expenditures reported on the SPR 107 and submit to the AAA-Based Team 30 days after the end of each month of service.~~

~~H. Reporting Requirements specific to Title III E:~~

- ~~1. The Office on Aging must submit program data reports to the Data Team, according to the frequency listed:
 - ~~a. FCSP Quarterly Service Report (CDA 272) = quarterly~~
 - ~~b. FCSP Annual Profile Report (CDA 273) = annually~~~~

~~I. Reporting requirements specific to Community Based Services Programs (CBSP):~~

- ~~1. Linkages Program The Office on Aging must submit electronic program data reports to the Data Team, according to the frequency listed:
 - ~~a. Service Units Data File (LNK) 101 = quarterly.~~
 - ~~b. Detailed Client Profile Data File (LNK) 102A = annually.~~~~
- ~~2. Senior Companion Program The Office on Aging must submit electronic program data reports to the Data Team, according to the frequency listed:~~

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ARTICLE II. REPORTING PROVISIONS (Continued)

- a. ~~Service Units Data File (SCC) 101 = quarterly.~~
- b. ~~Summary Client Profile Data File (SCC) 102B = annually.~~
- 3. ~~Brown Bag Program—The Office on Aging must submit program data reports to the Data Team, according to the frequency listed:

Brown Bag Activity Reports (CDA 5) = quarterly.~~
- 4. ~~Respite Purchase of Service (RPOS)—The Office on Aging must submit program data reports to the Data Team, according to the frequency listed:

Service Summary Report (CDA 261) = quarterly.~~
- 5. ~~Alzheimer's Day Care Resource Center (ADCRC) Program—The Office on Aging must submit electronic program data reports to the Data Team, according to the frequency listed:

a. ~~Service Units Data File (ALZ) 101 = quarterly~~

b. ~~Summary Client Profile Data File (ALZ) 102B = annually~~~~

J. Reporting Provisions Specific to the Ombudsman Program:

The Office on Aging shall take the following actions, or shall require its subcontractor, the Local Ombudsman Program, to:

- 1. Enter data into the Internet-based National Ombudsman Reporting System (NORS) utilizing the Aging Network.com portal as required. NORS data entry must be timely, complete, accurate, and verifiable.
- 2. The Office on Aging shall take the following actions, or shall require its subcontractor, the Local Ombudsman Program, to ensure:
 - a. Data entry for quarterly NORS reports must be completed no later than one month following the end of the reporting quarter, i.e., October 31, January 31, April 30, and July 31, with copies of the aggregate data sent to the corresponding AAA.
 - b. Annual AoA reports shall be due to CDA and the Office on Aging by August 30.
 - c. Complete information on the Aging Network.com portal on an ongoing basis and submit an email notification to the OSLTCO that

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data entry is complete by the quarterly/annual deadline.

- d. For any reports 30 days or more in arrears of the due date, the local Ombudsman program, shall immediately provide a written explanation to the OSLTCO and the Office on Aging. This written explanation shall include the reasons for the delay and the date the report will be submitted, the date being contingent on agreement of that date by the OSLTCO.

ARTICLE III. APPEAL PROCESS

- A. Office on Aging may appeal an adverse determination as defined in Title 22 CCR, Section 7702 using the appeal process established by the Department in Title 22 CCR, Sections 7700 through 7710. Such appeal shall be filed within thirty (30) days of the Department's notice of adverse determination.
- B. Subcontractors of the Office on Aging may appeal the final adverse determination relating to Title III and VII programs using the appeal process established in Title 22 CCR, Sections 7700 through 7710.
- C. Any dispute regarding an existing direct service contract or the procurement of the direct service contract shall be resolved locally, consistent with W & I Code Section 9535(k), and as specified in the procurement documents and contracts of the Contractor. Direct service contracts include all Community-Based Services Programs as defined in W & I Code Section 9540-9547.
- D. Appeal costs or costs associated with any court review are not reimbursable.

ARTICLE IV. TRANSITION PLAN

- A. The Office on Aging shall submit a transition plan to the State within 15 days of delivery of a written Notice of Termination (Pursuant to Article XII, Exhibit D of this Agreement) of a program funded either by Title III and Title VII or a Community-Based Services Programs funded by the Older Californians Act. The transition plan must be approved by the State and shall at a minimum include the following:
 - 1. Description of how clients will be notified about the change in their service provider.
 - 2. A plan to communicate with other organizations that can assist in locating alternative services.
 - 3. A plan to inform community referral sources of the pending termination of the service and what alternatives, if any, exist for future referrals.
 - 4. A plan to evaluate clients in order to assure appropriate placement.

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ARTICLE IV. TRANSITION PLAN (Continued)

5. A plan to transfer any confidential medical and client records to a new contractor.
 6. A plan to dispose of confidential records in accordance with applicable laws and regulations.
 7. A plan for adequate staff to provide continued care through the term of the contract.
 8. A full inventory and plan to dispose or, transfer, or return to the State all equipment purchased during the entire operation of the contract.
 9. Additional information as necessary to effect a safe transition of clients to other community service providers.
- B. Office on Aging shall implement the transition plan as approved by the State. The State will monitor the Contractor's progress in carrying out all elements of the transition plan.
- C. If the Office on Aging fails to provide and implement a transition plan as required by paragraphs A and B of Article XII of Exhibit D of this Agreement, the Office on Aging will implement a transition plan submitted by CDA to the Office on Aging following the Notice of Termination.

ARTICLE V. OBLIGATIONS UPON TERMINATION SPECIFIC TO THE OMBUDSMAN PROGRAM

A. Transition of Local Ombudsman Services

The Office on Aging shall assure that a subsequent Local Ombudsman Program is available to carry out the federal and State mandates and responsibilities without any break in the provision of Ombudsman services. The Office on Aging shall notify the OSLTCO in writing in response to the following:

1. Within three working days of either The Office on Aging or subcontractor written notice of intent to terminate responsibility for Local Ombudsman services, and
2. Within one working day of any change in Local Ombudsman Program phone services as a result of a transition of responsibilities [OAA 712(a)(5)(i), 712(a)(5)(B)(ii); WIC 9726].

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ARTICLE V. OBLIGATIONS UPON TERMINATION SPECIFIC TO THE OMBUDSMAN PROGRAM (Continued)

B. Transition Plan

1. The Office on Aging shall submit a Transition Plan (TP) within 15 days from delivery of the following:
 - a. Written notice to the Office on Aging of the subcontractor's intent to terminate Ombudsman services;
 - b. Written notice to the subcontractor of the Office on Aging's intent to terminate the subcontract for Ombudsman services; or
 - c. Written notice to the Office on Aging of the State Termination of the Contract, in whole or, from time to time, in part related to the provision of Ombudsman services.

2. The Office on Aging shall identify in the TP which option it has chosen to ensure that there will be no break in continued services, based on the following:
 - a. Continue the mandated Ombudsman provisions as a direct service of the Office on Aging, utilizing experienced State Certified Ombudsman Representatives and a Local Program Coordinator selected by the
 - b. The Office on Aging and designated by the State Ombudsman to represent the Local Ombudsman Program.
 - c. Continue the mandated Ombudsman provisions as a subcontracted service with a subsequent provider selected in response to a Request for Proposals requiring the utilization of experienced State Certified Ombudsman Representatives, and designated by the State Ombudsman to carry out Ombudsman duties with respect to the planning or service area.

3. The TP shall at a minimum include the following:
 - a. A plan for providing an adequate level of State Certified Ombudsman Representatives and for maintaining continuity of services during the transition to a subsequent Local Ombudsman Program.
 - b. A plan for notifying all the impacted facilities and community referral sources of the change in the parties providing Local Ombudsman Program services.

ARTICLE V. OBLIGATIONS UPON TERMINATION SPECIFIC TO THE OMBUDSMAN PROGRAM (Continued)

- c. A plan to ensure the delivery to the subsequent Local Ombudsman Program of a full inventory of updated confidential client records, public facility records, and records documenting Ombudsman certification and training.
 - d. A plan for ensuring the destruction of confidential Local Ombudsman Program records that will not be transferred to the subsequent Local Ombudsman Program.
 - e. A description of how the subsequent Local Ombudsman Program will be assisted in assessing the status of all active clients records at the point of transfer to ensure timely continuation of Ombudsman services.
 - f. A description of how residents and their families will be notified about the changes in their Ombudsman services provider.
- C. The Office on Aging shall implement the transition plan as approved by the OSLTCO. The OSLTCO will monitor the Office on Aging's progress in carrying out all elements of the TP.
- D. If the Office on Aging fails to provide and implement the TP as required above, the Office on Aging agrees to implement a TP submitted by the OSLTCO to the Contractor. This TP may utilize State Certified Ombudsman Representatives from either the terminating subcontractor or from a neighboring Local Ombudsman Program.