

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

417



FROM : Office on Aging

SUBMITTAL DATE:
October 9, 2012

SUBJECT: Amended FY 2012/2013 Agreement #1 HI-1213-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and Authorize Chair to execute amended Agreement #1 HI-1213-21 for FY 2012-2013 (July 1, 2012 to June 30, 2013) with the California Department of Aging (CDA).
2. Approve and direct the Auditor-Controller to increase Estimated Revenue and Appropriations by \$22,525 as outlined in Schedule A.
3. Return all 4 copies to the Office on Aging for further processing.

BACKGROUND: The 2012-2013 original agreement was approved by the Board of Supervisor on June 5, 2012 as agenda item 3.46. It is being amended to include One Time Only (OTO) budget adjustments received from the California Department of Aging.

Continued next page...

Edward F. Walsh

Edward F. Walsh, Director

| | | | | |
|-----------------------|-------------------------------|-----------|-------------------------|-------|
| FINANCIAL DATA | Current F.Y. Total Cost: | \$ 22,525 | In Current Year Budget: | No |
| | Current F.Y. Net County Cost: | \$ 0 | Budget Adjustment: | Yes |
| | Annual Net County Cost: | \$ 0 | For Fiscal Year: | 12/13 |

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

C.E.O. RECOMMENDATION:

APPROVE

BY: *Ivan M. Chand*

County Executive Office Signature

Ivan M. Chand 10/29/2012

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, 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: November 6, 2012
 xc: Office on Aging, Auditor, E.O.

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

3.48

ATTACHMENTS FILED
 Dep't Reporting to THE CLERK OF THE BOARD OF SUPERVISORS
 Per Exec. Ofc.:
 Policy Consent
 Policy

FORM APPROVED COUNTY COUNSEL
 BY: NEAL R. KIRNIS
 Departmental Concurrence
 CONCURRENTLY APPROVED
 BY: PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 10/23/12
 SAMUEL WONG

From: OFFICE ON AGING

Subject: FY 2012/2013 Agreement #1 HI-1213-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

The previous agreement was for the amount of \$459,094. This new amendment shows an increase of \$22,525 in OTO Federal SHIP Funds, the new amended total amount is \$481,619; therefore an adjustment to our Agency budget are needed as shown on Schedule "A".

Under the terms of this agreement with CDA, OTO funds must be expended by March 31, 2013. All other HICAP funds must be expended by June 30, 2013.

These funds can be used for the following purpose:

1. To increase one-on-one counseling services.
2. Increase outreach and education activities.
3. Maintain and expand quality assurance activities.
4. Augmenting HICAP staff and volunteer base on meet the needs of the increasing numbers of Medicare-eligible beneficiaries.
5. Outreach and counseling services to low-income, dual-eligible and hard-to-reach populations.
6. Training HICAP staff on accurate and thorough reporting of all HICAP activities.
7. Designing activities to enhance HICAP services to clients with limited English proficiency.

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

From: OFFICE ON AGING

Subject: FY 2012/2013 Agreement #1 HI-1213-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

OFFICE ON AGING
SCHEDULE A
FY 12/13

INCREASE ESTIMATED REVENUE

| | | |
|-------------------------|-------------------------|---------------|
| 21450-5300100000-767140 | Fed-Misc. Reimbursement | <u>22,525</u> |
| | Total | \$22,525 |

INCREASE APPROPRIATION

| | | |
|-------------------------|--------------------------------|---------------|
| 21450-5300100000-536200 | Contributions to Non-Co Agency | <u>22,525</u> |
| | Total | \$22,525 |

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 Pages

| | |
|---------------------------------------|------------------------------|
| AGREEMENT NUMBER HI-1213-21 | AMENDMENT NUMBER 1 |
| REGISTRATION NUMBER | |

1. This Agreement is entered into between the State Agency and Contractor named below:
 STATE AGENCY'S NAME
California Department of Aging
 CONTRACTOR'S NAME
COUNTY OF RIVERSIDE

2. The term of this Agreement is **July 1, 2012** through **June 30, 2013**

3. The maximum amount of this Agreement after this amendment is: **\$ 481,619.00**
Four hundred eighty-one thousand six hundred nineteen and 00/100 dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 This amendment increases the dollar amount available under this Agreement. The additional funds will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 7, is attached and incorporated, and replaces the original Exhibit B, Budget Detail and Payment Provisions, page 7.

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

Revisions to Exhibit A, ARTICLE II, Scope of Work, are attached.

WHEN DOCUMENT IS FULLY EXECUTED RETURN
CLERK'S COPY
 to Riverside County Clerk of the Board, Stop 1010
 Post Office Box 1147, Riverside, Ca 92502-1147
 Thank you.

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

All other terms and conditions shall remain the same.

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

| | | |
|---|---|--|
| CONTRACTOR | | CALIFORNIA Department of General Services Use Only <input checked="" type="checkbox"/> Exempt per: Older Californians Act |
| CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) | | |
| COUNTY OF RIVERSIDE | | |
| BY (Authorized Signature) <u>[Signature]</u> | DATE SIGNED (Do not type) 11/6/12 | |
| PRINTED NAME AND TITLE OF PERSON SIGNING JOHN TAVAGLIONE CHAIRMAN, BOARD OF SUPERVISORS | | |
| ADDRESS 6296 RIVERCREST DRIVE, SUITE K RIVERSIDE CA 92507 | | |
| STATE OF CALIFORNIA | | |
| AGENCY NAME California Department of Aging | | |
| BY (Authorized Signature) <u>[Signature]</u> | DATE SIGNED (Do not type) | |
| PRINTED NAME AND TITLE OF PERSON SIGNING Dyanne Macias, Manager, Contracts and Business Services Section | | |
| ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834 | | |

FORM APPROVED COUNTY COUNSEL
 BY: NEAL R. KIRKIN'S DATE:

ARTICLE II, Scope of Work has been amended to read as follows:

~~The Contractor shall perform the following if operating as a direct HICAP program; for a HICAP contracted program the Contractor shall ensure that the subcontractor shall perform the following:~~ The Contractor, if providing HICAP directly or through a subcontract shall:

ARTICLE II Scope of Work, Section O has been amended to read as follows:

~~Provide direct HICAP Legal Services or contract with a provider to perform HICAP legal services. The Contractor or subcontractor shall adhere to the following conditions:~~ Ensure that if legal services are provided directly or through a subcontract, the following conditions are met.

State of California
 California Department of Aging
 CDA 303 (New 12/05)

Agreement #: HI-1213-21
 Date: 07/01/12
 Amendment #: 1
 Date: 09/24/12

Exhibit B - Budget Detail, Payment Provisions, and Closeout
HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
Budget Display
Fiscal Year 2012/13
County of Riverside

| | PROGRAM BASELINE | ONE-TIME ONLY | TOTAL | NET CHANGE |
|---------------------------|---------------------|------------------|----------------|---------------|
| HICAP Funds | | | | |
| Reimbursements (Ins Fund) | 203,994 | - | 203,994 | - |
| State HICAP Fund | 101,970 | - | 101,970 | - |
| Federal SHIP Funds | 153,130 | 22,525 | 175,655 | 22,525 |
| TOTAL HICAP Funds | 459,094 | 22,525 | 481,619 | 22,525 |

The maximum allowable funding available from the allocations above for Administration is:

| | |
|---------------------------|--------|
| Reimbursements (Ins Fund) | 13,974 |
| State HICAP Fund | 6,982 |
| Federal SHIP | 15,313 |

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

| CFDA# | Project Title | Award # | Effective Date |
|--------|---|--------------------|----------------|
| 93.779 | State Health Insurance Assistance Program | 1N0CMS020196-20-00 | 4/1/2012 |
| 93.779 | State Health Insurance Assistance Program | 1N0CMS020196-21-00 | 4/1/2013 |

