

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

742



FROM: Office on Aging

SUBMITTAL DATE:
April 13, 2015

SUBJECT: FY2014/2015 Standard Agreement HI-1415-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP). [District - ALL] [Total Cost: \$51,031] [Source of Funds - 100% Federal].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and Authorize Chair to execute FY2014/15 Standard Agreement HI-1415-21, Amendment 1 (April 1, 2014 to June 30, 2015) with the California Department of Aging (CDA);
2. Approve and direct the Auditor-Controller to make budget adjustments as shown in Schedule A; and
3. Return four (4) copies of the agreement to Riverside County Office on Aging for further processing.

BACKGROUND:

Summary

This amended agreement and budget display provides the allocation of reconciled Federal One-Time-Only (OTO) Health Insurance Counseling and Advocacy Program (HICAP) funding.

(Continued on Page 2)

Michele Haddock
Michele Haddock
Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 51,031	\$ 0	\$ 51,031	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
SOURCE OF FUNDS: Federal 100%				Budget Adjustment: Yes	
				For Fiscal Year: 2014/2015	

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature

BY: *Lani Sioson*
LANI SIOSON

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: April 28, 2015
xc: Office on Aging, Auditor

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

Prev. Agn. Ref.: 6/17/2014: 3-43 | District: ALL | Agenda Number:

3-22

FORM APPROVED COUNTY COUNSEL
DATE: 4/14/15
BY: GREGORY P. PRIAMOS

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: Esteban Hernandez

Positions Added
Change Order
A-30
4/5 Vote

-Departmental Concurrence-

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: FY2014/2015 Standard Agreement HI-1415-21, Amendment 1 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP).
[District – ALL] [Total Cost: \$51,031] [Source of Funds – 100% Federal].

DATE: April 13, 2015

PAGE: Page 2 of 2

BACKGROUND:

Summary (continued)

The original agreement was approved and signed by the Board of Supervisors on June 17, 2014, Agenda Item 3-43; for the amount of \$634,279. This amendment shows an increase of \$51,031 in OTO Federal SHIP Funds, which results in a total amount of \$685,310. Therefore, an adjustment to our Department budget is needed, as shown in Schedule A.

Office on Aging will provide counseling and advocacy for Medicare beneficiaries and community education throughout the County, through a Sub-Contract with the Council on Aging Health Insurance Counseling and Advocacy Program (HICAP). HICAP is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans and health plans.

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

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

Impact on Citizens and Businesses

These funds are to be utilized in accordance with HICAP eligible service population, which means Medicare Beneficiaries, including Medicare Beneficiaries by virtue of a disability and those persons imminent of Medicare eligibility.

ATTACHMENTS:

A. BUDGET ADJUSTMENT

Attachment A

**Office on Aging
Schedule A
FY2014/2015**

Increase Office on Aging Estimated Revenue:

21450-5300100000-767140	Fed-Misc. Reimbursement	\$51,031
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Increase Office on Aging Appropriation:

21450-5300100000-536200	Contrib. to other Non-County Agency	\$50,599
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21450-5300100000-510040	Regular Salaries	\$ 432
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\$51,031

CALIFORNIA DEPARTMENT OF AGING

1300 National Drive, Suite 200
SACRAMENTO, CA 95834
Internet Home Page: www.aging.ca.gov
TDD Only 1-800-735-2929
FAX Only (916) 928-2500
(916) 419-7531



March 17, 2015

To: COUNTY OF RIVERSIDE

Enclosed are four Standard Agreements for Contract # HI-1415-21 Amendment 1. You must have current supporting documents in order for us to process this amendment.

As a reminder, we have listed below the expiration dates for your Insurance Certificate or letter of self-insurance and the DUNS expiration for this contract. If they are expired or will be prior to us receiving the signed amendment back, you will need to renew your insurance and send it with the amendment or update your DUNS # on the SAM.gov website.

- General Liability will expire on 7/1/2015
- Auto Liability will expire on 7/1/2015
- Professional Liability will expire on 10/1/2015
- DUNS # will expire on 11/10/2015.

- A new resolution is needed (True)
 A new resolution is NOT needed

Please sign and return all four copies of the Contract and any additional documents required to:

California Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834

If you have any questions, please contact me at (916) 419-7157 or at the email address listed below.
Thank you.

Don Fingado
Contract Analyst
California Department of Aging
Don.Fingad@aging.ca.gov



Do Your Part to Help California Save Energy
To learn more about saving energy, visit the CDA web site at www.aging.ca.gov

CALIFORNIA DEPARTMENT OF AGING

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



PROGRAM MEMO

CDA 1014 (Rev. 02/14)

TO: Area Agencies on Aging Directors		NO.: PM 15-05 (P)	
SUBJECT: HICAP Fiscal Year 2014-15 Health Insurance Counseling and Advocacy Program Contract Amendment #1		DATE ISSUED: March 25, 2015	
REVISED:		EXPIRES: June 30, 2015	
REFERENCES: Older Californians Act, Welfare and Institutions Code 9100, et seq.		SUPERSEDES: PM 14-06(P)	
PROGRAMS AFFECTED:	<input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> CBAS <input checked="" type="checkbox"/> HICAP		

Purpose This Program Memo (PM) transmits information regarding your Fiscal Year (FY) 2014-15 Health Insurance Counseling and Advocacy Program (HICAP) revised Budget Display and Contract Amendment #1 (STD. 213A).

Amendment Content The California Department of Aging (CDA) is amending the statewide HICAP Contracts (HI-1415) to allocate and reallocate One-Time Only (OTO) federal State Health Insurance Assistance Program (SHIP) funds. The amendment consists of:

- \$185,778 carryover of federal SHIP grant funds reallocated from the March 31, 2014 closeouts; and
- \$89,000 in previously unallocated federal SHIP grant funds.

The result is a \$274,778 net increase to the statewide HICAP Contracts.

Budget Displays On the attached HICAP 2014-15 Amendment #1 Budget Displays, the column labeled "State Fiscal Year Funding Adjustment" identifies any unspent funds, per your June 30, 2014 closeouts. If your AAA has any of these funds, you will see them adjusted out of the top section of the Budget Display (State Fiscal Year 2013-2014) and into the bottom section (State Fiscal Year 2014-2015).

Carryover amounts from the prior contract period and the previously unallocated funds are displayed in a separate column labeled "One-Time Only."

**Expenditure
Details**

This contract amendment must be executed no later than June 30, 2015 to ensure the carryover funds have been obligated. Expenditures must be consistent with SHIP grant Terms and Conditions and the previously submitted line item budgets.

Funds identified in both of the above Budget Display columns must be expended by March 31, 2015. Please use the appropriate Project Codes to report your expenditures of these one-time funds.

- Five percent of the \$89,000 in previously unallocated federal SHIP grant funds allocated to the AAAs and HICAP providers must be used to support one-on-one pharmaceutical benefits (Part D) counseling to dual eligible beneficiaries with mental illness. This is a slight increase to the July 1, 2014 - March 31, 2015 minimum requirement identified on each AAA's Budget Display.

**Budget
Submission
Instructions
and Due Dates**

Each AAA must submit a revised HICAP Budget (CDA 229) incorporating the attached HICAP Budget Display Amendment #1 numbers to its CDA Fiscal Team Specialist as soon as possible, but no later than 30 days from the date of this PM.

The HICAP Budget (CDA 229) and instructions are located on CDA's website at: [http://www.aging.ca.gov/ProgramsProviders/AAA/Fiscal Form Documents/](http://www.aging.ca.gov/ProgramsProviders/AAA/Fiscal_Form_Documents/)

Inquiries

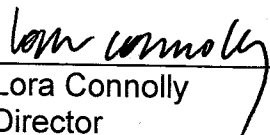
For program-related inquiries, contact your assigned CDA HICAP Specialist.

For fiscal inquiries, contact your assigned CDA Fiscal Team Specialist.

Attachments

HICAP 2014-15 Amendment #1 Budget Displays
[http://www.aging.ca.gov/ProgramsProviders/AAA/AAA Budget Displays/](http://www.aging.ca.gov/ProgramsProviders/AAA/AAA_Budget_Displays/)

Note: Your HICAP 2014-15 Amendment #1 Contract (STD. 213A) and HICAP 2014-15 Amendment #1 Budget Display will be mailed to your AAA's Contract Representative.



Lora Connolly
Director

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER HI-1415-21	AMENDMENT NUMBER 1
REGISTRATION NUMBER	

- 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
 WHEN DOCUMENT IS FULLY EXECUTED RETURN TO: **RIVERSIDE COUNTY CLERK'S COPY**
 to Riverside County Clerk of the Board, Stop 1010
 Post Office Box 1147, Riverside, Ca 92502-1147
 Thank you.
- The term of this Agreement is **April 1, 2014** through **June 30, 2015**
- The maximum amount of this Agreement after this amendment is: **\$ 685,310.00**
Six hundred eighty-five thousand three hundred ten and 00/100 dollars
- 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 by \$ 51,031.00. The additional funds will be used to enhance HICAP services.

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

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

Services shall be performed in PSA(s): 16, 21.

Exhibit D, Article V, Section A is changed. "The Contractor's decision is final and the Subcontractor has no right of appeals to the California Department of Aging." is added.

Exhibit D, Article XII. Section D is changed. "Said notice shall also inform the Contractor of its right to appeal such decision to the Department and the procedure for doing so." is deleted.

All other terms and conditions shall remain the same.

ATTEST:
KECIA HARPER-IHEM, Clerk
 DEPUTY

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

CONTRACTOR		FORM APPROVED COUNTY CLERK BY: NEAL R. KIPNIS	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) COUNTY OF RIVERSIDE			
BY (Authorized Signature) <i>Marion Ashley</i>	DATE SIGNED (Do not type) 4/28/15		
PRINTED NAME AND TITLE OF PERSON SIGNING MARION ASHLEY CHAIRMAN, BOARD OF SUPERVISORS			
ADDRESS 6296 Rivercrest Drive, Suite K Riverside CA 92507-0738			
STATE OF CALIFORNIA			
AGENCY NAME California Department of Aging			
BY (Authorized Signature) <i>Glenn Wallace</i>	DATE SIGNED (Do not type)		
PRINTED NAME AND TITLE OF PERSON SIGNING Glenn Wallace Manager, CBSS			
ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834			

Exempt per: Older Californians Act

APR 28 2015 3-22

Exhibit B - Budget Detail, Payment Provisions, and Closeout

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
Budget Display
April 1, 2014 - June 30, 2015
County of Riverside

PROJECT	PROGRAM BASELINE	CUMULATIVE TRANSFERS	STATE FISCAL YEAR FUNDING ADJUSTMENT	ONE-TIME ONLY	TOTAL	NET CHANGE
STATE FISCAL YEAR 2013-2014						
HICAP Program Funds (April 1, 2014-June 30, 2014)						
Reimbursements (Ins Fund)	HIRL14-13	47,605	-		47,605	-
State HICAP Fund	HIHL14-13	23,797	-		23,797	-
Federal SHIP Funds	HIFL14-13	47,367	-		47,367	-
Total Program Funds		118,769	-		118,769	-
HICAP Administration Funds (April 1, 2014-June 30, 2014)						
Reimbursements (Ins Fund)	HRAL14-13	3,500	-		3,500	-
State HICAP Fund	HHAL14-13	1,749	-		1,749	-
Federal SHIP Funds	HFAL14-13	5,263	-	(1,865)	3,398	(1,865)
Total Administration Funds		10,512	-	(1,865)	8,647	(1,865)
STATE FISCAL YEAR 2013-14 (3 MONTHS) TOTAL		129,281		(1,865)	127,416	(1,865)
STATE FISCAL YEAR 2014-2015						
HICAP Program Funds (July 1, 2014-March 31, 2015)						
Reimbursements (Ins Fund)	HIRL14-14	142,816	-		142,816	-
State HICAP Fund	HIHL14-14	71,388	-		71,388	-
Federal SHIP Funds	HIFL13-14	-	-	46,714	46,714	46,714
Federal SHIP Funds	HIFL14-13	-	-	-	-	-
Federal SHIP Funds	HIFL14-14	133,917	-	-	-	-
Total Program Funds		348,121	-	50,599	398,720	50,599
HICAP Administration Funds (July 1, 2014-March 31, 2015)						
Reimbursements (Ins Fund)	HRAL14-14	10,499	-		10,499	-
State HICAP Fund	HHAL14-14	5,248	-		5,248	-
Federal SHIP Funds	HFAL14-13	-	-	1,865	1,865	1,865
Federal SHIP Funds	HFAL14-14	14,880	-	432	15,312	432
Total Administration Funds		30,627	-	1,865	32,924	2,297
STATE FISCAL YEAR 2014-15 (9 MONTHS) TOTAL		378,748		1,865	51,031	431,644
HICAP Program Funds (April 1, 2015-June 30, 2015)						
Reimbursements (Ins Fund)	HIRL15-14	47,605	-		47,605	-
State HICAP Fund	HIHL15-14	23,797	-		23,797	-
Federal SHIP Funds	HIFL15-14	44,639	-		44,639	-
TOTAL HICAP Funds		116,041	-		116,041	-
HICAP Administration Funds (April 1, 2015-June 30, 2015)						
Reimbursements (Ins Fund)	HRAL15-14	3,500	-		3,500	-
State HICAP Fund	HHAL15-14	1,749	-		1,749	-
Federal SHIP Funds	HFAL15-14	4,960	-		4,960	-
Total Administration Funds		10,209	-		10,209	-
STATE FISCAL YEAR 2014-15 (3 MONTHS) TOTAL		126,250			126,250	
STATE FISCAL YEAR 2014-15 (12 MONTHS) TOTAL		504,998		1,865	557,894	52,896
GRAND TOTAL (APRIL 1, 2014-JUNE 30, 2015)						
Reimbursements (Ins Fund)		255,525			255,525	
State HICAP Fund		127,728			127,728	
Federal SHIP Funds		251,026		51,031	302,057	51,031
GRAND TOTAL (15 MONTHS) TOTAL		634,279		51,031	685,310	51,031

The minimum that must be expended for Mental Health Pharmaceutical Benefits Counseling/Outreach/Education for the following allocations:
 April 1, 2014-June 30, 2014 Federal SHIP 2,539
 July 1, 2014-March 31, 2015 Federal SHIP 10,085

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

CFDA#	Project Title	Award #	Effective Date
93.324	State Health Insurance Assistance Program	90SA0041-01-00	4/1/2014
93.324	State Health Insurance Assistance Program	To Be Announced	4/1/2015