

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY


Contract Number
 20-874-A1

SAP Number
 N/A

Department of Aging and Adult Services

Department Contract Representative	<u>Patty Steven</u>
Telephone Number	<u>909.388.0212</u>
Contractor	<u>California Department of Aging</u>
Contractor Representative	<u>Nate Gillen, Manager</u>
Telephone Number	<u>916.419.7556</u>
Contract Term	<u>October 1, 2020 – August 31, 2021</u>
Original Contract Amount	<u>\$66,581</u>
Amendment Amount	<u>\$ 8,886</u>
Total Contract Amount	<u>\$75,467</u>
Cost Center	<u>5298001036</u>

Briefly describe the general nature of the contract:

Amendment No. 1 to Revenue Contract No. 20-874 (State Revenue Agreement No. MI-2021-20) with the California Department of Aging updating Exhibit A Scope of Work to complete activities that were uncompleted from the prior fiscal year, Exhibit B Budget Display and increasing the total contract amount by \$8,886 from \$66,581 to \$75,467 to provide Medicare Improvements for Patients and Providers Act services with no change to the contract period of October 1, 2020 through August 31, 2021.

FOR COUNTY USE ONLY

Approved as to Legal Form

DocuSigned by:

Jacqueline Carey-Wilson

Jacqueline Carey-Wilson, Deputy County Counsel

Date June 10, 2021

Reviewed for Contract Compliance

DocuSigned by:

Tanya Bratton

Tanya Bratton for Jennifer Mulhall Daudel, Contracts Manager

Date June 10, 2021

Reviewed/Approved by Department

DocuSigned by:

Glenda Jackson

Glenda Jackson for Sharon Novak, Director

Date June 10, 2021

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 7 PAGES

AGREEMENT NUMBER

MI-2021-20

AMENDMENT NUMBER

1

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

California Department of Aging

CONTRACTOR NAME

County of San Bernardino Aging & Adult Svcs

2. The term of this Agreement is:

START DATE

10/01/2020

THROUGH END DATE

08/31/2021

3. The maximum amount of this Agreement after this Amendment is:

\$ 75,467 Seventy-five thousand four hundred sixty-seven and 00/100 dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- A. This amendment increases the total amount of the Agreement by \$8,886. The new total of the Agreement shall not exceed \$75,467.
- B. Exhibit A (pages 2-7, 6 pages) is hereby replaced and attached hereto.
- C. The attached Budget Display Exhibit B, page 8, identified as Amendment 1, replaces the Original Exhibit B – Budget Display, Exhibit B, page 8. The Budget, Amendment 1, is hereby incorporated by reference and replaces the original referenced Budget.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of San Bernardino Aging & Adult Svcs

CONTRACTOR BUSINESS ADDRESS

784 E. Hospitality Lane

CITY

San Bernardino

STATE

CA

ZIP

92415-0009

PRINTED NAME OF PERSON SIGNING

Sharon Nevins

TITLE

Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

JUL 19 2021

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Department of Aging

CONTRACTING AGENCY ADDRESS

1300 National Drive, Suite 200

PRINTED NAME OF PERSON SIGNING

Nate Gillen

CITY

Sacramento

STATE

CA

ZIP

95834

TITLE

Chief, Business Management Branch

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

8/10/21

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

AG OP 80-111

ARTICLE I. PROGRAM DEFINITIONS

- A. **Aging and Disability Resource Connection (ADRC)** means a program that helps older adults and individuals with disabilities make informed decisions about their service and support options, and serves as a single point of entry to the long-term care system. Outside California these programs are called Aging and Disability Resource Centers. The terms are used interchangeably in this agreement. ADRCs were established through a collaborative effort of the U.S. Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services.
- B. **Eligible Service Population** means individuals defined as Medicare eligible beneficiaries likely to be qualified for Medicare Part D, the Low-Income Subsidy (LIS) Prescription Drug Program, and/or the Medicare Savings Programs (MSP).
- C. **Enhanced Outreach** means outreach activities that include, but are not limited to, disease prevention and promoting wellness and are above and beyond routine activities planned in response to other funding (e.g., Basic State Health Insurance Assistance Program [SHIP] funds or Older Americans Act [OAA] outreach funds).
- D. **Enrollment Assistance** means one-on-one assistance to beneficiaries completing and submitting LIS and MSP applications. Enhanced outreach alone does not meet the requirement for enrollment assistance.
- E. **Enrollment Assistance Centers** means locations equipped and designated for LIS and MSP enhanced outreach and enrollment assistance that have been publicly advertised and identified for these purposes.
- F. **Health Insurance Counseling and Advocacy Program (HICAP)** is a program designed to provide Medicare beneficiaries and those imminent of becoming eligible for Medicare with counseling and advocacy as to Medicare, private health insurance, and related health care coverage plans, on a statewide basis. [Welf. & Inst. Code §9541]
- G. **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.
- H. **Low-Income Subsidy (LIS)** means a federal program that provides financial assistance with Part D premiums and cost sharing for eligible low-income Medicare beneficiaries.
- I. **Medicare Improvements for Patients and Providers Act (MIPPA) of 2008** means legislation that amended Titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access.

ARTICLE I. PROGRAM DEFINITIONS (Continued)

- J. **Medicare Prescription Drug Improvement and Modernization Act of 2003** (also known as the “Medicare Modernization Act” or “MMA”) means legislation that imposed the most sweeping changes to the Medicare program since its inception, including the addition of a prescription drug benefit through a new Medicare Part D.
- K. **Medicare Savings Programs (MSP)** means three programs that serve Medicare beneficiaries who do not qualify for full Medi-Cal: Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualified Individuals. Beneficiaries enrolled in one of these Medicare Savings Programs automatically receive LIS.
- L. **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 the service(s).
 - b. Income from usage or rental fees of real or personal property acquired with funds provided under this Agreement.
 - c. Royalties received on patents and copyrights from contract-supported activities.
 - d. Proceeds from the sale of items fabricated under a contract agreement.
- M. **Rural** means all territory, population and housing units not classified as urban. The rural classification cuts across other hierarchies and can be in metropolitan or non-metropolitan areas.
- N. **State Health Insurance Assistance Program (SHIP)** means a national program supported by the federal ACL that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. In California, SHIP is the same program as the Health Insurance Counseling and Advocacy Program (HICAP). This term may be used interchangeably with HICAP.
- O. **Urban** means all territory, population, and housing units in urban areas, which include urbanized areas and urban clusters. An urban area generally consists of a large central place and adjacent densely settled census blocks that together have a total population of at least 2,500 for urban clusters, or at least 50,000 for urbanized areas. Urban classification cuts across other hierarchies and can be in metropolitan or non-metropolitan areas.

ARTICLE I. PROGRAM DEFINITIONS (Continued)

- P. General Definitions can be found in Exhibit D, Article I.

ARTICLE II. SCOPE OF WORK

A. Program Provisions

1. The Scope of Work shall be performed by the Contractor and/or its subcontractors, which may include, but not be limited to, the HICAP and the ADRC (where applicable).
2. All MIPPA contract and subcontract activities must be over and above those related activities provided through other funding sources (e.g., OAA funding and the basic federal SHIP/ State HICAP funds), and they must support attainment of performance objectives specified by the California Department of Aging (CDA) (available on the CDA website).

B. Contractor Responsibilities

The Contractor, directly or through coordination and collaboration with subcontractors, local aging network resources, and community partners shall:

1. Provide enhanced outreach, education, and enrollment assistance to eligible Medicare beneficiaries regarding LIS, MSP, and Medicare preventive services.
2. Develop, update, and implement the CDA approved local MIPPA work plan, which is hereby incorporated by reference. The work plan delineates how the Contractor, HICAP, and ADRC (where applicable) will coordinate their efforts and resources to achieve the performance objectives identified by CDA.
 - a. The MIPPA work plan must be submitted to and approved by CDA before payments can be made to the Contractor.
 - b. Updates to the MIPPA work plan will be required if substantial changes are proposed by the Contractor during the contract period.
3. Prepare and submit MIPPA-related budget(s) and budget reports as specified by CDA. In addition, the Contractor shall review, approve, and monitor all MIPPA-related budgets, expenditures and revisions of subcontractors including, but not limited to, HICAP(s) and ADRC(s) (where applicable).
4. Monitor, on an ongoing basis, all use of MIPPA funds through reporting, site visits, regular contact, or other means to provide reasonable assurance that the MIPPA funds are administered in compliance with

ARTICLE II. SCOPE OF WORK (Continued)

laws, regulations, and the provisions of contracts, and that performance goals are achieved [2 CFR Section 200.328]. Program and fiscal monitoring shall be performed during the term of this Agreement.

5. Evaluate each subcontractor's risk of noncompliance with federal statutes, regulations, and the terms and conditions of this Agreement for purposes of determining the appropriate subcontractor monitoring as required under 2 CFR Section 200.331(b), which may include consideration of such factors as:
 - a. Prior experience with the same or similar subcontracts;
 - b. Results of previous audits including whether or not the Subcontractor receives a Single Audit in accordance with 2 CFR Part 200, Subpart F—Audit Requirements, and the extent to which the same or similar subcontract has been audited as a major program;
 - c. Whether the Subcontractor has new personnel or new or substantially changed systems; and
 - d. The extent and results of federal awarding agency monitoring (e.g., if the Subcontractor also receives federal awards directly from a federal awarding agency).
6. Consider imposing specific conditions as described in 2 CFR Section 200.207 upon a subcontractor with a history of failure to comply with general or specific terms and conditions of a federal award or failure to meet expected performance goals of the Contract.
7. Monitor the activities of the Subcontractor as necessary to ensure that funding from this Agreement is used solely for authorized purposes in compliance with federal statutes, regulations, and the terms and conditions of this Agreement; and that performance objectives are achieved.
8. The Contractor, while monitoring the Subcontractor, must:
 - a. Review required financial and programmatic reports.
[2 CFR Section 200.302]
 - b. Follow-up and ensure that the Subcontractor takes timely and appropriate action on all deficiencies pertaining to funds awarded under this Agreement detected through audits, on-site reviews, and other means.

ARTICLE II. SCOPE OF WORK (Continued)

- c. Issue a management decision for audit findings pertaining to the funds awarded under this Agreement as required by 2 CFR Section 200.521.
- 9. Provide support and technical assistance to subcontractors and respond in writing to all written requests for direction, guidance, and interpretation of instructions.
- 10. Maintain and distribute up-to-date CDA requirements so that all responsible persons have ready access to standards, policies, and procedures.
- 11. Prepare and submit the Budget to the CDA Fiscal Team. This Budget is hereby incorporated by reference into this Agreement.
- 12. In accordance with the Contractor's updated MIPPA Work Plan, the Contractor shall use One-Time-Only (OTO) allocations to complete MIPPA activities that were uncompleted from the prior fiscal year. Enhanced MIPPA activities funded by OTO allocations may include the following:
 - a. Provide staff trainings regarding:
 - i. One-on-one phone counseling techniques [HICAP Only],
 - ii. Social media/web conferencing to provide enhanced outreach and education.
 - b. Work with partners to ensure information about Medicare prevention and wellness benefits is included in public presentations and events including but not limited to activities that were cancelled or rescheduled due to the COVID-19 public health emergency.
 - c. Complete enhanced outreach activities that were cancelled or delayed due to the COVID-19 public health emergency.
 - d. Educate rural partners regarding LIS, MSP, and Part D.
 - e. Distribute outreach and educational materials, including materials in languages other than English, in locations that will maximize the number of potential LIS/MSP-eligible individuals reached in rural areas.
 - f. Provide one-on-one telephone counseling and enrollment activities, including activities in languages other than English. [HICAP Only.]

ARTICLE II. SCOPE OF WORK (Continued)

C. Performance Measures

CDA has established aggregate measures to be achieved by each Contractor for each Planning and Service Area it serves. The Contractor shall attain the established measures through collaboration with its respective HICAP, ADRC (where applicable), and other appropriate subcontractor(s).

MIPPA related activities that will determine whether Contractor met the established measures include:

1. The number of one-on-one beneficiary contacts that involve discussion or assistance with:
 - a. Low-Income Subsidy benefits and applications,
 - b. Medicare Savings Program benefits and applications, and
 - c. Medicaid benefits for dual eligibles.
2. The number of events conducted that involve:
 - a. Target outreach to beneficiaries in rural areas,
 - b. Target outreach to low-income beneficiaries,
 - c. Education/Information on the Low-Income Subsidy, Medicare Savings Programs, and/or Medicaid benefits for dual eligibles, and/or
 - d. Education/information on Medicare Preventive benefits.

D. Other Provisions and Assumptions

1. Contractors, ADRCs, and HICAPs may subcontract enhanced outreach activities to other community-based organizations as necessary, in accordance with Exhibit D, Article V.
2. The Contractor, whether providing services directly or through a subcontract, shall ensure:
 - a. Services are provided to the Eligible Service Population as defined in Exhibit A, Article I., B.
 - b. As applicable, compliance with standards and guidelines for procurement of supplies, equipment, and services as provided in 2 CFR 200 Subpart D, Procurement Standards.
 - c. Compliance with all standards and regulations identified in Exhibit A, Article I., I and J.

Exhibit B - Budget Detail Payment Provisions and Closeout

Agreement #: MI-2021-20
Date: 10/1/2020
Amendment #: 1
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Medicare Improvements for Patients and Providers Act (MIPPA)
Budget Display
October 1, 2020 - August 31, 2021

County of San Bernardino Aging & Adult Svcs

Note a Administration costs not to exceed 10% of total allocation
Note b 2020 MIPPA funds must be fully expended by August 31, 2021 and reported in closeout no later than September 31, 2021.

MIPPA FUNDS	NOTES	PROJECT	PROGRAM BASELINE	BASELINE ADJUSTMENT	ONE-TIME ONLY	TOTAL	NET CHANGE
MIPPA: Priority Area 1 SHIPs	a,b	MLHP	41,872	0	1,303	43,175	1,303
MIPPA: Priority Area 2 AAAs	a,b	MLAA	24,709	0	7,583	32,292	7,583
MIPPA: Priority Area 3 ADCRs	a,b	MLAD	0	0	0	0	0
Total 2021 MIPPA Funds			66,581	0	8,886	75,467	8,886

Federal Funds for this contract are provided by using the following Administration for Community Living (ACL) grants:

PROJECT TITLE	CFDA #	PROJECT	AWARD #	EFFECTIVE DATE
MIPPA: Priority Area 1 SHIPs	93.071	MLHP	2001CAMISH-00	9/1/2020
MIPPA: Priority Area 2 AAAs	93.071	MLAA	2001CAMIAA-00	9/1/2020
MIPPA: Priority Area 3 ADCRs	93.071	MLAD	2001CAMIDR-00	9/1/2020