



~~FOURTH~~FIFTH AMENDMENT

CONTRACT No. 20-27-0044

BETWEEN THE COUNTY OF ORANGE

AND

COUNCIL ON AGING – SOUTHERN CALIFORNIA, INC.

FOR THE PROVISION OF HEALTH INSURANCE COUNSELING ADVOCACY PROGRAM (HICAP), FINANCIAL ALIGNMENT (FA), AND MEDICAL IMPROVEMENT FOR PATIENTS AND PROVIDERS ACT (MIPPA) SERVICES

CFDA#	FAIN#	PROGRAM/SERVICE TITLE	FUNDING AGENCY
93.071	2020-1801CAMISH, 1801CAMIAA, 1801CAMIDR, 2021-2001CAMISH-00, 2001CAMIAA-00, and 2001CAMIDR-00 <u>Pending</u>	Medicare Enrollment Assistance Program and State Health Insurance Assistance Program (SHIP)	U.S. Department of Health and Human Services (USDHHS) and Administration for Community Living.
93.324	2020-90SAPG0094-01-00 2021-90SAPG0094-01-00 <u>Pending</u>	State Health Insurance Assistance Program (SHIP)	USDHHS and Administration for Community Living
93.626	2020-CMS-1J1-19-001 2021-CMS-1J1-19-001 <u>Pending</u>	Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models, Medicare Enrollment Assistance Program and State Health Insurance Assistance Program (SHIP)	USDHHS, Administration for Community Living and Centers for Medicare and Medicaid Services.

This Amendment to Contract No. 20-27-0044, hereinafter referred to as “~~Fourth~~Fifth Amendment” is made and entered into upon execution of all necessary signatures between the County of Orange, a political subdivision of the State of California, hereinafter referred to as “County” and Council on Aging – Southern California, Inc., a California non-profit organization, DUNS #053284159, with a place of business at 2 Executive Circle, Suite 175, Irvine, CA 92614-6773, hereinafter referred to as “Subrecipient,” with County and Subrecipient sometimes referred to as “Party,” or collectively as “Parties.”

RECITALS

WHEREAS, County and Subrecipient entered into Contract No. 20-27-0044, hereinafter referred to as “original Contract,” for the provision of HICAP/FA/MIPPA Program Services, commencing July 1, 2020 through June 30, 2021 in the amount not to exceed \$549,056; and

WHEREAS, on July 31, 2020, the County executed the First Amendment to the original Contract to decrease the Contract by the monetary amount of \$26,159, for a new maximum obligation of \$522,897, and replaced Attachment A, Scope of Services, with Attachment A-1; and replaced Attachment B, Payment/Compensation, with Attachment B-1; and replaced Attachment C, Budget Schedule(s), with Attachment C-1; and replaced Attachment D, Staffing Plan, with Attachment D-1; and replaced Attachment F, Federal Award Identification with Attachment F-1; and

WHEREAS, on September 29, 2020, the County executed the Second Amendment to the original Contract to increase the Contract by the monetary amount of \$116,856, for a new maximum obligation of \$639,753, and replaced Attachment A-1, Scope of Services, with Attachment A-2; and replaced Attachment B-1, Payment/Compensation, with Attachment B-2; and replaced Attachment C-1, Budget Schedule(s), with Attachment C-2; and replaced Attachment D-1, Staffing Plan, with Attachment D-2; and replaced Attachment F-1, Federal Award Identification with Attachment F-2; and replaced Attachment G, MIPPA Work Plan with Attachment G-1; and added Attachment H, MIPPA Work Plan October 2020 – June 2021; and

WHEREAS, on November 18, 2020, the County executed the Third Amendment to increase the Contract by the monetary amount of \$35,011, for a new maximum obligation of \$674,764, and replaced Attachment A-2, Scope of Services, with Attachment A-3; and replaced Attachment B-2, Payment/Compensation, with Attachment B-3; and replaced Attachment C-2, Budget Schedule(s), with Attachment C-3; and replaced Attachment D-2, Staffing Plan, with Attachment D-3; and replaced Attachment E, Performance Standards with Attachment E-1; and replaced Attachment F-2, Federal Award Identification with Attachment F-3; and

WHEREAS, on March 9, 2021, the County ~~now desires to amend the original~~ executed the Fourth Amendment ~~Contract to and~~ increased the Contract by the monetary amount of \$26,562, for a new maximum obligation of \$701,326, and replaced Attachment A-3, Scope of Services, with Attachment A-4; and replaced Attachment B-3, Payment/Compensation, with Attachment B-4; and replaced Attachment C-3, Budget Schedule(s), with Attachment C-4; and replaced Attachment D-3, Staffing Plan, with Attachment D-4; and replaced Attachment F-3, Federal Award Identification with Attachment F-4; and

WHEREAS, the County now desires to renew the Contract for an additional one-year period effective July 1, 2021 through June 30, 2022; and revise Paragraph 2 of the Contract to reflect the new Contract term; and increase the Contract by the monetary amount of \$572,843 under FY 2021-22 for a total cumulative Contract amount of \$1,274,169; and replace Attachment B-4, Compensation/Payment, with Attachment B-5; and replace Attachment C-4, Budget, with Attachment C-5; and replace Attachment D-4, Staffing Plan with Attachment D-5; and replace Attachment E-1, Performance Standards, with Attachment E-2; and replace Attachment F-4, Federal Award Identification with Attachment F-5; and

NOW, THEREFORE, in consideration of the mutual obligations set forth herein, both Parties mutually agree to amend as follows:

1. The Contract Term, set forth in paragraph 2 of this Contract, is hereby renewed for the period of July 1, 2021 through June 30, 2022, unless otherwise terminated by the County under the terms of the Contract~~The Contract shall be amended to increase the monetary limit in the amount of \$26,562, for a new maximum obligation of \$701,326.~~

2. The Contract Maximum Obligation, set forth in Paragraph 5 of this Contract, is hereby increased during the renewal period by \$572,843 for a cumulative total amount of \$1,274,169~~Paragraph 46.G Audit Requirements of the Contract shall be amended to read as follows:~~

~~“46.G Audit~~

- ~~i. Any duly authorized representative of the federal or State government, which includes but is not limited to the State Auditor, CDA Staff, and any entity selected by State to perform inspections, shall have the right to monitor and audit Subrecipient and all subcontractors providing services under this Contract through on-site inspections, audits, and other applicable means the State determines necessary. In the event that CDA is informed of an audit by an outside federal or State government entity affecting the Subrecipient, CDA will provide timely notice to Subrecipient.~~
- ~~ii. Subrecipient shall make available all reasonable information necessary to substantiate that expenditures under this Contract are allowable and allocable, including, but not limited to books, documents, papers, and records. Subrecipient shall agree to make such information available to the federal government, the State, or any of their duly authorized representatives, including representatives of the entity selected by State to perform inspections, for examination, copying, or mechanical reproduction, on or off the premises of the appropriate entity upon a reasonable request.~~
- ~~iii. All contracts entered into by County and Subrecipient with audit firms for purposes of conducting independent audits under this Contract shall contain a clause permitting any duly authorized representative of the federal or State government access to the supporting documentation of said audit firm(s).~~
- ~~iv. The Subrecipient shall cooperate with and participate in any further audits which may be required by the State, including CDA fiscal and compliance audits.
CDA Fiscal and Compliance Audits:~~
- ~~v. The CDA Audits Branch shall perform fiscal and compliance audits of Subrecipients in accordance with Generally Accepted Government Auditing Standards (GAGAS) to ensure compliance with applicable laws, regulations, grants, and Contract requirements.~~
- ~~vi. The CDA fiscal and compliance audits may include, but not be limited to, a review of:
(a) financial closeouts (2 CFR 200.16 and 45 CFR 75.2); (b) internal controls (2 CFR 200.303 and 45 CFR 75.303); and (c) allocation of expenditures (2 CFR 200.4 and 45 CFR 75.2); (d) allowability of expenditures (2 CFR 200.403 and 45 CFR 75.403); and (e) equipment expenditures and approvals, if required (2 CFR 200.439 and 45 CFR 75.439).
Single Audit Reporting Requirements (2 CFR 200 Subpart F and 45 CFR 75 Subpart F):~~
- ~~vii. If Subrecipient expends more than \$750,000 in federal funds during the term of this Contract, Subrecipient shall arrange for an audit to be performed, within one hundred fifty (150) days of the end of Subrecipient’s fiscal year and in accordance with 2 CFR Part 200, Subpart F, “Audit Requirements of States, Local Governments, and Non-Profit Organizations,” which is incorporated herein by reference, as required by the~~

~~Single Audit Act of 1984, Public Law 98-502; the Single Audit Act Amendments of 1996, Public Law 104-156; and 2 CFR 200.501 to 200.521 and 45 CFR 75.501 to 75.521. Furthermore, County retains the authority to require Subrecipient to submit a similarly prepared audit at Subrecipient's expense even in instances when Subrecipient's expenditure is less than \$750,000. For a Subrecipient is not required to obtain a single audit and does not obtain another type of audit, the reconciliation of expenditures reported to CDA must be accomplished through performing alternative procedures (e.g., risk assessment [2 CFR 200.331 and 45 CFR 75.352], documented review of financial statements and documented expense verification, including match, etc.~~

- ~~viii. Subrecipient shall take the following actions in connection with such audit:~~
- ~~a. Ensure that appropriate corrective action is taken to correct instances of noncompliance with federal laws and regulations. Corrective action shall be taken within six months after County receives Subrecipient's audit report;~~
 - ~~b. Adjust its own records as necessitated by the audit;~~
 - ~~c. Permit independent auditors to have access to its records and financial statements as is necessary for County or Subrecipient to comply with 2 CFR Part 200, Subpart F;~~
 - ~~d. Submit two copies of its audit reports to County no later than 30 days after completion of the reports;~~
 - ~~e. Procure audit services in accordance with 2 CFR Part, 215.40 (OMB Circular A-110) procurement standards and provide maximum opportunity for small and minority audit firms;~~
 - ~~f. Include in Contract(s) with auditor(s) provisions that the auditor(s) will comply with all applicable audit requirements;~~
 - ~~g. Include in its Contract with independent auditors a clause permitting representatives of County or the State to have access to the work papers of the independent auditors;~~
 - ~~h. Provide to County, the Bureau of State Audits, and their designated representatives, the right to review and to copy all audit reports and any supporting documentation pertaining to the performance of this Contract, and the option to perform audits and/or additional work as needed;~~
 - ~~i. Cooperate with and participate in any further audits which may be required by County or the State;~~
 - ~~j. Ensure that its audit addresses all issues contained in any federal OMB Compliance Supplement that applies to its program;~~
 - ~~k. Ensure that the audit is performed in accordance with Generally Accepted Government Auditing Standards 2 CFR 200.514 and 45 CFR 75.514, is performed by an independent auditor, and is organization wide;~~
- ~~ix. Ensure that the audit is all inclusive, i.e., it 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; and the schedule of findings and questioned costs in accordance with 2 CFR 200.515 and 45 CFR 75.515; If total funds awarded under this Contract equal or exceed \$10,000, Subrecipient shall be subject to~~

~~examination and audit, including interviews of its staff, by the County and State of California for a period of three (3) years after final payment under this Contract.”~~

- ~~3. Attachment A-3, Scope of Services, shall be replaced with Attachment A-4.~~
- 4.3. Attachment B-34, Payment/Compensation, shall be replaced with Attachment B-45.
- 5.4. Attachment C-34, Budget Schedule(s), shall be replaced with Attachment C-45.
5. Attachment D-34, Staffing Plan, shall be replaced with Attachment D-45.
6. Attachment E-1, Performance Standards, shall be replaced with Attachment E-2.
7. Attachment F-34, Federal Award Identification, shall be replaced with Attachment F-45.

Except as otherwise expressly set forth herein, all terms and conditions contained in the original Contract, including any amendments/modifications, are hereby incorporated herein by this reference as if fully set forth herein and shall remain in full force and effect.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the Parties hereto have executed this ~~Fourth~~Fifth Amendment on the dates with their respective signatures:

*Council on Aging – Southern California, Inc.

By: _____

By: _____

Name: _____
(Print)

Name: _____
(Print)

Title: _____

Title: _____

Dated: _____

Dated: _____

*For Subrecipients that are corporations, signature requirements are as follows: 1) One signature by the Chairman of the Board, the President or any Vice President; and 2) One signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or an Assistant Treasurer.

For Subrecipients that are not corporations, the person who has authority to bind the Subrecipient to a Contract, must sign on one of the lines above.

COUNTY OF ORANGE

A Political Subdivision of the State of California

By: _____
Dylan Wright, Director
OC Community Resources

Dated: _____

**APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL**

By: _____
DEPUTY COUNTY COUNSEL

Dated: _____

PAYMENT/COMPENSATION

1. COMPENSATION:

This is a cost reimbursement Contract between the County and the Subrecipient for up to: \$ ~~701,326,572,843~~ for 12-months (July 1, ~~2020-2021~~ – June 30, ~~2021-2022~~) as set forth in Attachment A-4 Scope of Services attached hereto and incorporated herein by reference. The Subrecipient agrees to accept the specified compensation as set forth in this Contract as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the Subrecipient of all its duties and obligations hereunder. The County shall have no obligation to pay any sum in excess of the total Contract amount specified unless authorized by an amendment in accordance with Paragraphs C and P of the County's General Terms and Conditions.

2. PAYMENT TERMS:

Invoices are to be submitted in arrears to the user agency/department. An invoice for the reimbursement of costs shall be submitted to the address specified below upon the completion of the services/activities and approval of the County Project Manager. Subrecipient shall reference Contract number on invoice. Payment will be net 30 days after receipt of an invoice in a format acceptable to the County of Orange and verified and approved by OC Community Services and subject to routine processing requirements of the County. The responsibility for providing an acceptable invoice rest with the Subrecipient.

Billing shall cover services not previously invoiced. The Subrecipient shall reimburse the County of Orange for any monies paid to the Subrecipient for services not provided or when services do not meet the Contract requirements.

Payments made by the County shall not preclude the right of the County from thereafter disputing any items or services involved or billed under this Contract and shall not be construed as acceptance of any part of the services. In the event cost is disputed and/or disallowed, the County will make partial payment to recoup disputed/disallowed monies in the following billing cycle. The Subrecipient will reimburse the County for disputed/disallowed monies identified after July 10th in one lump sum.

Program Invoice(s):

OC Community Resources
Attention: Accounts Payable
601 N. Ross St., 6th floor
Santa Ana, CA 92701

3. INVOICING INSTRUCTIONS:

The Subrecipient will provide an invoice on Subrecipient's letterhead for services rendered. Each invoice will have a number and will include the following information:

The Demand Letter/Invoice must include

- A. Subrecipient's name and address
- B. Subrecipient's remittance address (if different from 1 above)
- C. Subrecipient's Tax ID Number
- D. Name of County Agency Department
- E. County Contract Number
- F. Service date(s) – Month of Service
- G. Delivery Order (DO) / Subordinate Agreement Number
- H. Deliverables / Service description (in accordance with Attachment A)
- I. Subrecipient's Federal I. D. number
- J. Total

Further instructions regarding invoicing/reimbursements as set forth in Exhibit 5, OC Community Resources Contract Reimbursement Policy, are attached hereto and incorporated herein by reference.

4. MONTHLY OPERATING COSTS

Payments for monthly work completed shall be made as follows:

- A. Subrecipient shall timely transmit to County all data required pursuant to this Contract. Subrecipient also shall submit an invoice(s) and such other substantiating reports as County may require, all in a form satisfactory to Project Manager, by the tenth (10th) day of each month, showing the prior month's actual expenditures. If the 10th falls on a weekend or holiday, the invoice/data report is due the next business day. If Subrecipient receives funds pursuant to this Contract for more than one program or Service Area, each such program or Service Area shall be invoiced separately from all other programs or Service Areas, and separate substantiating reports shall be submitted for each program or Service Area, unless otherwise approved by Project Manager. County shall make monthly payments based on Subrecipient's data, invoice(s), and substantiating reports, unless otherwise approved by Project Manager.
- B. In cases where errors or Disallowed costs are identified by County, County will return invoice(s) for revision. Subrecipient must resubmit revised invoice(s) within five (5) business days of notification from County, excluding 12th month close-out invoice.

- C. No payments will be made if any preceding months' data, reports, or invoices are outstanding, unless otherwise approved by the Administrator.
- D. No payments will be made for costs incurred by Subrecipient which are not "allowable costs" applicable to Subrecipient under 45 C.F.R. Part 92.22(b).
- E. Whenever Subrecipient is not in compliance with any provision of this Contract, Project Manager, may withhold payment until such time as Subrecipient comes into compliance.
- F. Total Monthly Costs may exceed one-twelfth of the Maximum Obligation of County. Upon receipt of sufficient written justification from the Subrecipient, as determined in the sole discretion of the Project Manager, or her designee, the Project Manager, has the discretion, in any given month, to pay over the monthly one-twelfth of the Maximum Obligation.

5. FULL COMPENSATION

Subrecipient agrees to accept the specified compensation as set forth in this Contract as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the Subrecipient of all its duties and obligations hereunder.

6. CLOSE-OUT DEADLINES

- A. The 12th month close-out invoice is due on the 10th of July without exceptions. In cases of returned invoices due to errors or Disallowed costs, Subrecipient must resubmit revised invoice(s) within two (2) business days of notification from County.
- B. Request for budget modifications and/or invoice revisions from the Subrecipient will be restricted to a minimum for June invoices and will only be allowed at the County's discretion.
- C. Subrecipient must submit June invoice estimates by the 10th of June. Estimates must be projected based on anticipated actual expenditure.

7. CONTRIBUTIONS

- A. Subrecipient shall provide every participant the opportunity to voluntarily contribute toward the cost of the services provided under this Contract. Subrecipient shall protect

the privacy of each such contributor with respect to his or her contribution. No Older Individual shall be denied a service because of unwillingness or inability to contribute towards the cost of said service.

- B. Subrecipient shall keep separate accounts of all contributions for services provided pursuant to this Contract. Subrecipient shall report such contributions monthly to County in the format required by County.
- C. Contributions for services provided pursuant to this Contract shall be added to the funds provided to Subrecipient by County pursuant to this Contract and shall be used for the purposes and in accordance with the terms of this Contract.

8. THIRD-PARTY REVENUE

Subrecipient shall make every reasonable effort to obtain all available reimbursement from third parties (e.g., insurers), for which persons served hereunder may be eligible. All such third-party reimbursements received by Subrecipient shall be reported to County in the format required by County. The amount of such third-party reimbursements shall be deducted from County's maximum obligation hereunder.

9. INTEREST EARNED

- A. If Subrecipient earns interest on funds received pursuant to this Contract, that interest shall be identified as income to the program(s) for which this Contract provides and shall be used and expended only for said program(s). Subrecipient shall maintain in its files full documentation of such interest earnings and expenditures.
- B. If Subrecipient is a nonprofit, it shall maintain any advances of funds or contributions received under this Contract in interest-bearing accounts, unless "a" or "b" below apply:
 - i. The best reasonably available interest-bearing account would not be expected to earn interest in excess of \$500 per year on the funds deposited pursuant to this Contract combined with other federal cash balances, if any, maintained by Subrecipient; or
 - ii. The depository would require an average or minimum balance so high that it would not be feasible within the expected cash resources Subrecipient expects to receive under this Contract.

BUDGET SCHEDULE

Health Insurance Counseling and Advocacy Program (HICAP), Medicare Improvements for Patients and Providers Act (MIPPA), and Financial Alignment (FA)

1. Subrecipient's Budget:

HICAP (July 1, ~~2020-2021~~ to June 30, ~~2021~~2022)

Cost Categories	Budgeted Costs
Personnel	\$341,164 <u>313,154</u>
Travel and Training	\$6,065 <u>4,033</u>
Equipment	\$14,200 <u>0</u>
Consultant/Professional Services	\$25,550 <u>30,270</u>
Other Costs	\$140,380 <u>181,913</u>
Indirect Costs	\$2,414 <u>0</u>
Total Budgeted Costs	\$529,773<u>529,370</u>

Matching Funds – No Match Required	Match Amount
Cash	\$0
In-Kind	\$0
Total Match	\$0

MIPPA (July 1, ~~2020-2021~~ to ~~September~~August ~~29~~31, ~~2020~~2021)

Cost Categories	Budgeted Costs
Personnel	\$16,151 <u>25,968</u>
Travel and Training	\$0
Equipment	\$0
Consultant/Professional Services	\$0
Other Costs	\$3,535 <u>0</u>
Indirect Costs	\$0
Total Budgeted Costs	\$19,686<u>25,968</u>

Matching Funds – No Match Required	Match Amount
Cash	\$0
In-Kind	\$0
Total Match	\$0

MIPPA (October 1, 2020 to June 30, 2021)

Cost Categories	Budgeted Costs
Personnel	\$77,581
Travel and Training	\$0
Equipment	\$0
Consultant/Professional Services	\$0
Other Costs	\$39,275
Indirect Costs	\$0
Total Budgeted Costs	\$116,856

Matching Funds— No Match Required	Match Amount
Cash	\$0
In-Kind	\$0
Total Match	\$0

Financial Alignment (~~November July 171, 2020-2021~~ to ~~June-October 3031, 2021~~)

Cost Categories	Budgeted Costs
Personnel	\$31,314 17,505
Travel and Training	\$0
Equipment	\$0
Consultant/Professional Services	\$0
Other Costs	\$3,697 0
Indirect Costs	\$0
Total Budgeted Costs	\$35,01117,505

Matching Funds – No Match Required	Match Amount
Cash	\$0
In-Kind	\$0
Total Match	\$0

- The above Cost Categories is an overview of the actual budget approved by the Office on Aging. Subrecipient shall be responsible for and maintain the approved *Budget Summary by Funding Source and Revenue Sources* spreadsheet that is provided to Subrecipient from Office on Aging. The *Budget Summary by Funding Source and Revenue Sources* spreadsheet shall be maintained and completed in accordance with the Office on Aging policies and processes. Any deviation from the Office on Aging approved budget, may and can delay acceptance of budgets and/or reimbursements.

STAFFING PLAN
Council on Aging - Southern California

**I. Health Insurance Counseling and Advocacy Program (HICAP) – July 1, ~~2020-2021~~
to June 30, ~~2021~~2022**

Title	FTE*
Program Manager	1.00
Community Education/Outreach Specialist	0.75
Volunteer Coordinator and Community Outreach	0.83
Latino Community Education/Outreach Coordinator	0.95
Latino Staff Counselor	0.00
Vietnamese Community Education/Outreach	0.20
Vietnamese Staff Counselor – MT	0.15
Vietnamese Staff Counselor – TP	0.00
Operations Coordinator – RL	1.00
Volunteer Training Specialist – AS	0.25
Outreach	0.00
Administrative Team	0.61
TOTAL:	5.74

**II. Medicare Improvements for Patients and Providers Act (MIPPA) – July 1, ~~2020~~
~~2021~~ to ~~September-August 2931, 2020~~2021**

Title	FTE*
Program Director	0.00
Program Manager	0.00
Community Education/Outreach Coordination	0.00
Community Education/Outreach Specialist	0.05
Latino Community Education/Outreach	0.05
Latino Staff Counselor	0.15
Volunteer Specialist	0.00
Vietnamese Community Education/Outreach	0.05
Vietnamese Staff Counselor	0.00
Vietnamese Staff Counselor	0.00
Operations Coordinator	0.00
Training Specialist	0.00
Administrative Team	0.03
TOTAL:	0.33

III. Medicare Improvements for Patients and Providers Act (MIPPA) – October 1, 2020 to June 30, 2021

Title	FTE*
Program Manager	0.00
Community Education/Outreach Specialist	0.14
Volunteer Coordinator/Community Outreach	0.04
Latino Community Education/Outreach	0.56
Latino Staff Counselor	0.00
Vietnamese Community Education/Outreach	0.04
Vietnamese Staff Counselor	0.15
Vietnamese Staff Counselor	0.18
Operations Coordinator	0.21
Volunteer Training Specialist	0.00
New Counselor – Spanish PT	0.15
New Outreach PT (March-June)	0.15
Administrative Team	0.23
TOTAL:	1.85

IV.III. Financial Alignment (FA) – November July 17, 2020-2021 to June October 30, 2021

Title	FTE*
Program Manager	0.00
Community Education/Outreach Specialist	0.00
Volunteer Coordinator/Community Outreach	0.00
Latino Community Education/Outreach	0.34
Latino Staff Counselor	0.00
Vietnamese Community Education/Outreach	0.21
Vietnamese Staff Counselor	0.05
Vietnamese Staff Counselor	0.00
Operations Coordinator	0.00
Volunteer Training Specialist	0.00
New Counselor – Spanish PT	0.05
New Outreach PT	0.05
Administrative Team	0.10
TOTAL:	0.80

*1.00 FTE = Full-Time Equivalent

The substitution or addition of other key individuals in any given category or classification shall be allowed only with prior written pre-approval of the County Project Manager.

The County may reserve the right to involve other personnel, as their services are required. The specific individuals will be assigned based on the need and time of the service/class required. Assignment of additional key personnel shall be subject to County approval pursuant to Paragraph 13 of the Contract.

|

|

AGENCY NAME: COUNCIL ON AGING - SOUTHERN CALIFORNIA				FISCAL YEAR: 2020 2021-20212022	
PROGRAM NAME(S): HICAP, MIPPA, Financial Alignment					
CONTRACT #: 20-27-0044				DATE:	
PROGRAM SERVICE		NUMBER OF ANNUAL SERVICE UNITS	UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
HICAP	6,992	# of Participants Counseled (Closed Intakes)		N/A	Participants Counseled: Number of finalized intakes for all participants/beneficiaries that received counseling services (aka contacts). Intakes must have at least one Medicare topic selected and dates entered on form are limited to one calendar month through finalization and review.
	325	# of Public and Media Events		N/A	Public and Media Events: Number of completed PAM forms for all events categorized as "Interactive." Interactive events include, but not limited to electronic/digital and/or tele-conferences, when attendance is monitored to justify true encounters. PAM forms must have at least one Medicare topic selected for Primary Focus, Target Beneficiary Group, and Intended Audience.
	19,247	# of Participant Contacts (Interactions)		N/A	All Participant Contacts: Number of total Counseling Services (aka contacts) from finalized Intakes, regardless of mode (i.e., telephone, in person site, in person home, email, fax, other). "General HICAP/SHIP" topics are no longer counted; therefore, Quick Calls are excluded, and all intakes must have at least one Medicare topic selected.
	13,739	# of Persons Reached at Public & Media Events (Interactive)		N/A	Public and Media Events Outreach: Number of total Estimated persons reached or received enrollment assistance at public events reported for COMPLETED PAM forms categorized as "Interactive"; documented by Attendance Logs at Exhibits, Fairs or Special Events; or Dedicated Enrollments of events where attendance is either tracked/monitored per direct application assistance; Interactive Presentations to Public in Person (including electronic/digital and/or tele-conferences, when attendance is monitored to justify true encounters); or where HICAP/SHIP and Medicare information was transferred to the public with participant opportunity to ask questions and get answers. "General HICAP/SHIP" topics are no longer counted; therefore, Quick Calls are excluded, and all intakes must have at least one Medicare topic selected.

	1,379	# of Contacts with Medicare Clients Under 65		N/A	Medicare Beneficiaries Under 65: Number of all Counseling Services (aka contacts) from finalized Intakes, regardless of mode (i.e., telephone, in person site, in person home, email, fax, or other), where the beneficiary is 64 or younger and is receiving or applying for Social Security Disability or Medicare Disability (R/A-DIS). DOB and R/A-DIS fields are required to avoid record submission errors but measure no longer includes Quick Calls.
	10,249	# of Hard to Reach Contacts		N/A	Hard to Reach Contacts: Number of total sum for all Counseling Services (aka contacts) from finalized intakes, regardless of mode (i.e., telephone, in person site, in person home, e-mail) where Medicare beneficiaries are designated as “hard-to-reach” per the following categories: <ul style="list-style-type: none"> • <u>Contacts with Low Income Beneficiaries</u> • <u>English as a Second Language Contacts</u>
	3,686	# of Contacts with Low Income Beneficiaries		N/A	Contacts with Low-Income Beneficiaries: Contacts with beneficiaries whose Income Level indicates below 150% of the Federal Poverty Level.
	6,563	# of English as a Second Language Contacts		N/A	English as a Second Language Contacts: Contacts with clients whose primary language is not English.
	13,848	# of Qualifying Enrollment Contacts		N/A	Target Qualifying Enrollments: Number of total Counseling Services (aka contacts) from Intakes regardless of mode (i.e., telephone, in person site, in person home, e-mail, fax, other) with one or more of the following qualifying enrollment topics discussed: <ul style="list-style-type: none"> • Medicare A/B • Medigap/Supplement/SELECT • Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plan) • Medi-Cal • Part D Medicare Prescription Drug Coverage • Part D Plan Problems (Non-Compliance Services Unmet) • Part D Low Income Subsidy

1. Federal Award Identification

- A. **Subrecipient Name:** Council on Aging Southern California
- B. **Subrecipient's Unique Identifier (DUNS):** 053284159
- C. **Federal Award Identification Number (FAIN):** ~~90SAPG0094-01-00, 1801CAMISH, 1801CAMIAA, 1801CAMIDR, 2001CAMISH-00, 2001CAMIAA-00, 2001CAMIDR-00, and CMS-1J1-19-001~~
- D. **Federal Award Date:** ~~2020~~2021-2021~~2022~~
- E. **Subaward Period of Performance:** July 1, ~~2020~~2021 to June 30, ~~2021~~2022
- F. **Total Amount of Federal Funds Obligated by the Action:** ~~\$214,161~~342,438

CFDA	FAIN	Award Date	Formula Funds	Amount
93.324	90SAPG0094-01-00 <u>TBD</u>	2020 <u>2021</u>	HICAP	\$36,080.75 <u>85,344</u>
93.324	90SAPG0094-01-00 <u>TBD</u>	2021 <u>2022</u>	HICAP	\$134,804.25 <u>85,344</u>
93.626	CMS-1J1-19-001 <u>CMS-1J1-19-001</u>	2020 <u>2021</u>	Financial Alignment	\$8,752.75 <u>17,505</u>
93.626	CMS-1J1-19-001 <u>TBD</u>	2021 <u>2022</u>	Financial Alignment	\$26,258.25 <u>0.00</u>
93.071	1801CAMISH, 1801CAMIAA, and 1801CAMIDR <u>2001CAMISH-00, 2001CAMIAA-00, and 2001CAMIDR-00</u>	2020 <u>2021</u>	MIPPA	\$19,686 <u>25,968</u>
93.071	2001CAMISH-00, 2001CAMIAA-00, and 2001CAMIDR-00 <u>TBD</u>	2021 <u>2022</u>	MIPPA	\$116,856 <u>0.00</u>
TOTAL:				\$342,438 <u>214,161</u>

- G. **Total Amount of Federal Funds Obligated to the Subrecipient:** ~~\$214,161~~342,438
- H. **Total Amount of the Federal Award:** ~~\$214,161~~342,438
- I. **Federal Award Project Description:**

- For HICAP – State Health Insurance Assistance Program (SHIP)

- For Financial Alignment – Affordable Care Act (ACA) State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Model
 - For MIPPA – Medicare Enrollment Assistance Program
- J. **Federal Awarding Agency:** U.S. Department of Health and Human Services, Administration for Community Living, Centers for Medicare and Medicaid Services
- K. **Name of Pass Through Entity (PTE):** California Department of Aging and County of Orange Office on Aging
- L. **Contact Information for the Awarding Official:** Ericka Danczak, Director (714) 480-6465, ericka.danczak@occr.ocgov.com
- M. **CFDA Number and Name:** #93.324 State Health Insurance Assistance Program (SHIP); #93.626 Affordable Care Act (ACA), State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment; and #93.071 Medicare Enrollment Assistance Program
- N. **Whether Award is R&D:** No
- O. **Indirect Cost Rate for the Federal Award:** 10%