

**COUNTY OF MONTEREY****Alliance on Aging****AMENDMENT #3 to AGREEMENT #A-13594**

This Amendment is made and entered into by and between the County of Monterey, a political subdivision of the State of California, (hereinafter, "COUNTY"), and Alliance on Aging (hereinafter, "CONTRACTOR").

This Amendment modifies the amended agreement for services to Monterey County seniors between the parties executed on June 30, 2017 and amended on October 11, 2017 and January 17, 2018 (hereinafter, "Original Agreement ") by **decreasing the Federal Share of the HICAP Program and increasing the MIPPA Program for a net increase of \$15,001, effective April 1, 2018, increasing the contract total to \$448,365.** Therefore, the parties agree:

1. Section 1.0 GENERAL DESCRIPTION of the Original Agreement is amended to read as follows:

1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibits AAA, A-1, AA-2, AA-3, AA-4, AA-5, and AA-6** in conformity with the terms of this Agreement. The services are generally described as follows: Provide Outreach, Long Term Care Ombudsman, Health Insurance Counseling and Advocacy (HICAP), and Medi-Care Improvements for Patients & Providers (MIPPA) services to Monterey County seniors.

2. Section 2.0 PAYMENT PROVISIONS of the Original Agreement is amended to read as follows:

2.01 COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibits AAA, A-1, AA-2, AA-3, AA-4, AA-5, and AA-6**, subject to the limitations set forth in this Agreement. The total amount payable by COUNTY to CONTRACTOR under this agreement shall not exceed the sum of **\$448,365.00.**

3. Section 4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS of the Original Agreement is amended to read as follows:

4.01 The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

**Exhibit AAA Scope of Service/ Management Information System  
Data/Budget/Payment Provisions/Reporting Requirements**

A-1	Title III B, Outreach
AA-2	Title III B, Ombudsman
AA-3	Title VII A, Ombudsman
AA-4	Ombudsman Initiative
<b>AA-5</b>	<b>HICAP</b>
<b>AA-6</b>	<b>MIPPA</b>
Exhibit B	DSS Additional Provisions
Program Budgets	
C-1	Title III B, Outreach
CC-2	Title III B, Ombudsman
CC-3	Title VII A, Ombudsman
CC-4	Ombudsman Initiative
<b>CC-5</b>	<b>HICAP</b>
C-6	MIPPA (9-months)
<b>C-7</b>	<b>MIPPA (3-months)</b>
Exhibit D-1	Sample Invoice
Exhibit D-2	Sample Annual Closeout Summary
Exhibit D-3	Equipment Acquisition Report
Exhibit D-4	Sample Quarterly Narrative Report
Exhibit D-5	Equipment Purchase Guidelines
Exhibit E	HIPAA Certification
Exhibit F	Elder Abuse & Neglect Reporting Certification
Exhibit G	Lobbying Certification
Exhibit H	Audit Requirements

4. Sections 1.03 and 2.01 of Exhibit B of the Original Agreement are amended to read as follows:

**1.03 Allowable Costs:** Allowable costs shall be the CONTRACTOR's actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the budget, attached hereto as Exhibits C-1, CC-2, CC-3, CC-4, **CC-5**, C-6, and C-7. Only the costs listed in Exhibits C-1, CC-2, CC-3, CC-4, **CC-5**, C-6, and C-7 as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of 45 Code of Federal Regulations, Part 74, Sub-Part F and 48 Code of Federal Regulations (CFR), Chapter 1, Part 31.

**2.01 Outcome objectives and performance standards:** CONTRACTOR shall for the entire term of this Agreement provide the service outcomes set forth in Exhibits AAA, A-1, AA-2, AA-3, AA-4, **AA-5**, and **AA-6**. CONTRACTOR shall meet the contracted level of service and the specified performance standards described in Exhibits AAA, A-1, AA-2, AA-3, AA-4, **AA-5**, and **AA-6** unless prevented from doing so by circumstances beyond CONTRACTOR's control, including but not limited to, natural disasters, fire, theft, and shortages of necessary supplies or materials due to labor disputes.

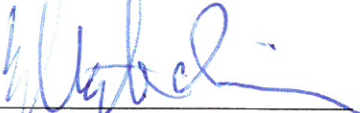
5. Exhibits AA, A-5, A-6, and C-5 of the Original Agreement are rescinded, and replaced by Exhibits AAA, AA-5, AA-6, and CC-5, attached. Exhibit C-7 is incorporated.

If there is any conflict or inconsistency between the provisions of the AGREEMENT, or this AMENDMENT, the provisions of this AMENDMENT shall govern. A copy of this AMENDMENT shall be attached to the original AGREEMENT, as it may have been previously amended.

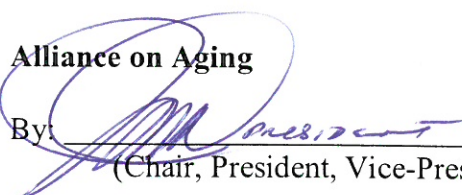
Except as provided herein, all remaining terms, conditions, provisions, entitlements and obligations of the original AGREEMENT shall remain unchanged and unaffected by this AMENDMENT and shall continue in full force and effect.

IN WITNESS HEREOF, the parties hereby execute this amendment as follows:


**COUNTY OF MONTEREY:**

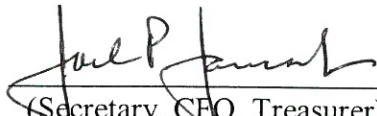
By:   
Elliott Robinson  
Director, DSS  
Date: 5/8/18

**CONTRACTOR:**

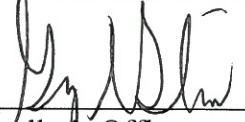
**Alliance on Aging**  
By:   
(Chair, President, Vice-President)  
James A. Coulter  
(Print Name & Title)  
Date: 4-11-18

**Approved as to Form:**

  
Deputy County Counsel  
Date: 4-30-18

By:   
(Secretary, CFO, Treasurer)  
JOEL P. JANCSEIL  
(Print Name and Title)  
Date: 4/12/18

**Approved as to Fiscal Provisions:**

  
Auditor-Controller's Office  
Date: 5-4-18

## SCOPE OF SERVICES/PAYMENT PROVISIONS

**ALLIANCE ON AGING**  
**JULY 1, 2017 to JUNE 30, 2018**

**I. CONTACT INFORMATION**

Contact Person: Teresa Sullivan, Executive Director  
(831) 758-4011

Disaster Preparedness Coordinator: Tamara McKee, Director of Operations  
(831) 758-4011

County Contract Manager: Kathleen Murray-Phillips, Management Analyst  
Area Agency on Aging  
Department of Social Services  
1000 South Main Street Suite 301  
Salinas, CA 93901  
(831) 796-3530 Fax: (831) 755-8477  
[murrayphillipsk@co.monterey.ca.us](mailto:murrayphillipsk@co.monterey.ca.us)

**II. OFFICES**

Salinas: 247 Main Street, Salinas CA 93901  
Monterey: 280 Dickman Avenue, Monterey CA 93940

Days and Hours of Service:  
Monday to Friday, 9 a.m. to 5 p.m. Closed from noon to 1 p.m.

**III. COMPLIANCE REQUIREMENTS**

This Agreement is supported with State and Federal funds and requires compliance with all regulations under the following laws:

1. Clean Air Act, as amended. [42 USC 7401]
2. Clean Water Act, as amended. [33 USC 1251]
3. Federal Water Pollution Control Act, as amended. [33 USC 1251, et seq.]
4. Environmental Protection Agency Regulations. [40 CFR, 29] [Executive Order 11738]
5. Public Contract Code Section 10295.3
6. Occupational Safety and Health Administration applicable regulations [OSHA Act].

In addition, there are local requirements of the Monterey County Area Agency on Aging (AAA) for all service providers outlined in the AAA Service Providers' Handbook. Electronic version available upon request.

**IV. SERVICES TO BE PROVIDED BY CONTRACTOR**

CONTRACTOR shall provide the services outlined in Exhibits AAA, A-1, AA-2, AA-3, AA-4, AA-5 and AA-6, attached.

## **V. TARGETING POLICY**

Recognizing that resources are limited and not all the needs of older residents can be met through Older Americans' Act funding, CONTRACTOR is required to ensure best efforts and attempts are demonstrated for reaching older adults in greatest social and economic need.

The Older Americans Act, Amendments of 2006 defines the term *Greatest Economic Need* as the need resulting from an income level at or below the poverty line. The term *Greatest Social Need* means the need caused by:

- Physical and mental disabilities
- Language barriers
- Isolation caused by cultural, racial or ethnic status
- Social or geographic isolation

Particular attention is required to serve older individuals that are:

- Low-income minorities
- Native Americans
- Residents in rural areas
- Limited English-speakers
- At risk for institutionalization
- Older adults with disabilities
- Older adults with Alzheimer's disease or related dementias
- Lesbian, Gay, Bisexual and Transgender (LGBT) older adults

## **VI. GETCARE LICENSES**

COUNTY will pay for two (2) GetCare licenses each month. Any additional licenses shall be the financial responsibility of CONTRACTOR. To obtain additional licenses, contact Alana Hawkins at RTZ, (510) 986-6700 x511, or via e-mail at Alana@GetCare.com. Licenses will be issued to individuals. When there is a change in staff, CONTRACTOR must notify the COUNTY in writing within 15 days.

## **VII. AUDIT PROVISIONS**

CONTRACTOR is required to provide an audit as per the terms in Exhibit H. Additionally, CONTRACTOR shall ensure that State-Funded expenditures are displayed along with the related federal expenditures in the Single Audit report "Schedule of Expenditures of Federal Awards" (SEFA) under the appropriate Catalog of Federal Domestic Assistance (CFDA) number as referenced in Exhibits AAA, A-1, AA-2, AA-3, AA-4, AA-5 and AA-6.

For expenditures that do not have CFDA numbers, the CONTRACTOR shall ensure that the State-funded expenditures are identified in the SEFA by the appropriate program name, identifying grant/contract number, and as passed-through the County of Monterey.

## **VIII. EQUIPMENT**

CONTRACTOR must receive prior approval from COUNTY in writing for equipment purchases over \$500.

Competitive quotations shall be solicited for Equipment purchases. Prices may be obtained from competitive bids, catalogs, price lists, letter, telephone quotation, agreements, multi-user contact or verbally. The names of the businesses submitting quotations, date and amount of each quotation shall be recorded and maintained. The CONTRACTOR will select the quote that is most advantageous to the CONTRACTOR AND COUNTY. The action and results must be documented.

Equipment purchases over \$500 must follow the Purchasing Guidelines thresholds below:

- 1) Less than \$3,000 – One quote minimum is required.
- 2) More than \$3,000 but less than \$15,000 – A minimum of two quotes is required.
- 3) Greater than \$15,000 but less than \$50,000 – Three quotes are required.

**IX. INVOICE/PAYMENT PROVISIONS (Excludes MIPPA Program)**

Claims for Payment will be submitted electronically through the GetCare system.

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Exhibits AAA, A-1, AA-2, AA-3, AA-4, AA-5 and AA-6, Section I, Services to be Provided, and Section II, Performance Reporting.

Ten percent (10%) of the maximum amount of grant funds may be drawn down per month. Amounts greater than 10% may be approved by the County Contract Manager.

COUNTY shall pay CONTRACTOR in accordance with Article 6, Payment Conditions of this Agreement. Claims for payment shall be submitted in the form set forth in Exhibit D-1, Sample Invoice, by the 10th day of the month for services rendered in the previous month, with the final invoice due no later than June 10, 2018. CONTRACTOR acknowledges that all funding under this Agreement will be exhausted by May 31, 2018; however services will continue through June 30, 2018 with other program funding and will be recorded as Cash Match.

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2018.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2018 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. Equipment purchase guidelines are outlined in Exhibit D-5.

**IX. PAYMENT SUMMARY**

<i>Funding Type</i>	<i>FY 2017-18 TOTALS</i>	<i>7/1/17– 9/30/17 Maximum Amounts</i>
Title III B, Outreach	\$74,871	\$20,419
Title III B, Ombudsman	\$32,296	\$8,680
Title VII A, Ombudsman	\$28,133	\$6,923
Ombudsman PHLC	\$3,975	\$994
Ombudsman SHF	\$18,171	\$2,373
Ombudsman SNF	\$18,882	\$4,721
<i>SUB-TOTAL</i>	\$176,328	\$44,110

The maximum amount payable by COUNTY to CONTRACTOR for Outreach and all Ombudsman Services for the period July 1, 2017 through September 30, 2017 shall not exceed forty-four thousand, one hundred and ten dollars (\$44,110). Unused funds will roll-over to the remaining contract period beginning October 1, 2017.

The total amount payable by COUNTY to CONTRACTOR for the period July 1, 2017 to June 30, 2018 shall not exceed one hundred seventy-six thousand, three hundred and twenty-eight dollars (\$176,328).

<i>Funding Type</i>	<i>7/1/17 – 3/31/18 Amounts</i>	<i>4/1/18 – 6/30/18 Amounts</i>	<i>FY 2017-18 TOTALS</i>
HICAP Reimbursements	\$81,647	\$30,941	\$112,588
State HICAP Fund	\$40,831	\$15,469	\$56,300
Federal SHIP Funds	\$58,414	\$19,938	\$78,352
<i>SUB-TOTAL</i>	\$180,892	\$66,348	\$247,240

The maximum amount payable by COUNTY to CONTRACTOR for Health Insurance Counseling and Advocacy (HICAP) Services for the period July 1, 2017 through March 31, 2018 shall not exceed **one hundred eighty thousand, eight hundred and ninety-two dollars (\$180,892)**.

The maximum amount payable by COUNTY to CONTRACTOR for HICAP Services for the period April 1, 2018 through June 30, 2018 shall not exceed **sixty-six thousand, three hundred and forty-eight dollars (\$66,348)**.

<i>Funding Type</i>	<i>7/1/17 – 9/29/17 Amounts (Ex. C6)</i>	<i>4/1/18– 6/30/18 Amounts (Ex. C7)</i>	<i>FY 2017-18 TOTALS</i>
AAA MIPPA	\$1,390	\$3,745	\$5,135
HICAP MIPPA	\$4,895	\$14,767	\$19,662
<i>SUB-TOTAL</i>	\$6,285	\$18,512	\$24,797

The maximum amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **July 1, 2017 through September 29, 2017 shall not exceed six thousand two hundred eighty five dollars (\$6,285).**

**The maximum amount payable by COUNTY to CONTACTOR for MIPPA Services for the period of April 1, 2018 through June 30, 2018 shall not exceed eighteen thousand five hundred twelve dollars (\$18,512).**

<b>GRAND TOTAL:</b>	<b>\$448,365</b>
---------------------	------------------

The total amount payable by COUNTY to CONTRACTOR for all services under this Agreement for the period July 1, 2017 through June 30, 2018 shall not exceed **four hundred forty-eight thousand, three hundred sixty-five dollars (\$448,365).**

This Agreement is funded by the California Department of Aging (CDA) Agreements #AP-1718-32, #HI-1718-32 and #MI-1718-32. The terms and conditions of these CDA Agreements are incorporated herein by reference, and on file with County's Department of Social Services. Upon request, County will provide an electronic copy of the Agreements to CONTRACTOR.

*(remainder of this page intentionally left blank)*



**HICAP FUND  
REIMBURSEMENTS (INS FUND), STATE HICAP FUND,  
FEDERAL SHIP FUNDS (CFDA #93.779)  
SCOPE OF SERVICES**

**I. SERVICES TO BE PROVIDED**

CONTRACTOR shall provide health insurance counseling and advocacy services to (a) Medicare Beneficiaries, including Medicare Beneficiaries by virtue of a disability, and those persons imminent of Medicare eligibility and, (b) the public at large for Health Insurance Counseling and Advocacy Program (HICAP) community education services. Services shall be provided throughout the County of Monterey. CONTRACTOR must be in compliance with all Program Memoranda issued by the California Department of Aging.

1. Estimated Number of finalized intakes for each Public Service Area (PSA); Clients Counseled: 1,821  
 Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.
2. Estimated Number of Public and Media Events: 126  
 Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.
3. Estimated Number of Contacts for all Clients Counseled: 2,779  
 Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.
4. Estimated Number of Persons Reached at Public and Media Events: 2,787  
 Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements and printed outreach materials.
5. Estimated Number of Contacts with Beneficiaries with Medicare Status Due to a Disability: 309  
 Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.). Results are duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.
6. Estimated Unduplicated Number of Low Income Beneficiaries: 1,569  
 Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

7. Estimated Number of Enrollment and Enrollment Assistance Contacts: 2,242  
Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.
8. Estimated Part D Enrollment and Enrollment Assistance Contacts: 1,387  
Note: This is a subset of all enrollment assistance in #7. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.
9. Estimated Number of Counselor FTE hours: 1,420

Benchmark of Services Provided:

CONTRACTOR shall provide Twenty-five percent (25%) of services specified in Services 1 through 8 as reported in the CONTRACTOR'S quarterly report. There will be some fluctuation by quarter in the services specified in Services 1 through 8 as driven by customer demand. It is anticipated that by June 30<sup>th</sup>, 2018 100% of specified services will have been provided.

## II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the CDA Statewide HICAP Automated Reporting System (SHARP) System by the 10th day of the month following the month of service.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2017, January 10, 2018, April 10, 2018 and July 10, 2018. CONTRACTOR shall attach a copy of CDA SHARP data reports to the quarterly narrative. The Narrative Report shall be in the form of Exhibit D-4.

COUNTY has an expectation that a certain number of services are delivered within each reporting period. The benchmark is determined by dividing the service units into the number of months within the contract term (quarterly if it is a quarterly function). The COUNTY has expectations that CONTRACTOR will deliver the contracted service units within 20% of the benchmark.

If CONTRACTOR falls below the required benchmark percentage for two (2) consecutive quarters, CONTRACTOR will provide a corrective action plan to the AAA describing the reason for the occurrence and a plan to meet the benchmark.

## III. MATCH REQUIREMENTS

HICAP does not require a local cash/in-kind match.

## IV. PAYMENT SUMMARY

The maximum amount payable by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2017 through March 31, 2018 shall not exceed **one hundred eighty thousand, eight hundred and ninety-two dollars (\$180,892)**.

The maximum amount payable by COUNTY to CONTRACTOR for HICAP Services for the period April 1, 2018 through June 30, 2018 shall not exceed **sixty-six thousand, three hundred and forty-eight dollars (\$66,348)**.

**HICAP MIPPA and AAA MIPPA  
MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT  
(CFDA #93.071)**

**FUNDING SOURCE: State Agreement MI-1617-32**

**I. SERVICES TO BE PROVIDED BY CONTRACTOR**

Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

“Affordable Care Act (ACA) MIPPA” funding is contingent on meeting a minimum percent of the individual PSA’s total performance benchmarks in FY 2017-18. CDA will evaluate achievement of performance benchmarks for the reporting period ending September 29, 2017.

Service:

Medicare Improvements for Patients and Providers Act

Unit of Service Definition & Measurement:

Completed and submitted Low Income Subsidy (LIS) applications and Medicare Savings Plan (MSP) applications.

Estimated Service Units to be delivered: 17

Benchmark of Service Units to be delivered:

by September 29<sup>th</sup> 17 Units (100%)

**II. PERFORMANCE REPORTING**

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2017. The Narrative Report shall be in the form set forth in **Exhibit D-4**.

CONTRACTOR shall submit monthly MIPPA reports to the California Department of Aging (CDA) and to the COUNTY. All data reports must be completed in the format required and provided by CDA and available on the CDA website: <http://www.aging.ca.gov/ProgramsProviders/AAA/MIPPA/>

COUNTY has an expectation that a certain number of services are delivered within each reporting period. The benchmark is determined by dividing the service units into the number of periods within the contract term. The COUNTY has expectations that CONTRACTOR will deliver the contracted service units within 20% of the benchmark.

**III. MATCH REQUIREMENTS**

MIPPA does not require a local cash/in-kind match.

**IV. INVOICE/PAYMENT PROVISIONS**

Claims for payment will be submitted electronically through the GetCare System.

COUNTY shall pay CONTRACTOR in accordance with Article 6, Payment Conditions of the Agreement. Claims for payment shall be submitted in the form set forth in **Exhibit D-1**, Sample Invoice, by the 10th day of the month for services entered in the previous month.

**Exhibit D-2**, Annual Closeout Summary, shall be submitted by contractor to County no later than July 10, 2018.

**Exhibit D-3**, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2018 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. Equipment purchase guidelines are outlined in **Exhibit D-5**.

**V. PAYMENT SUMMARY**

The maximum amount payable by COUNTY to CONTRACTOR for HICAP MIPPA and AAA MIPPA for the period July 1, 2017 through September 29, 2017 shall not exceed six thousand, two hundred eighty-five dollars (\$6,285).

The maximum amount payable by COUNTY to CONTRACTOR for HICAP MIPPA and AAA MIPPA for the period April 1, 2018 through June 30, 2018 shall not exceed eighteen thousand, five hundred and twelve dollars (\$18,512).

*(remainder of this page intentionally left blank)*

**MONTEREY COUNTY AREA AGENCY ON AGING  
PLANNING AND SERVICE AREA NO. 32**

**HICAP BUDGET**

**BUDGET PERIOD:** July 1, 2017 thru June 31, 2018

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main Street  
Salinas, CA 93901

Project Name: Health Insurance and Counseling Advocacy Program (HICAP)

**Funding Source and Catalog #**

State Funds	<input checked="" type="checkbox"/>	NA	HICAP Fund
State Funds	<input checked="" type="checkbox"/>	NA	Reimbursements (Ins Fund)
	<input checked="" type="checkbox"/>	93.779	Federal SHIP Funds

**Budget Version**

**Check one:**

Original	<input checked="" type="checkbox"/>	3/19/2019
Revision	<input type="checkbox"/>	

**Certification:**

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

*John A. Assaad* 3/19/2018  
Preparer's Signature / Date

**John A. Assaad** 831-655-4246  
Preparer's Name (Printed) and telephone number

*Teresa Sullivan* 3/19/2018  
Executive Director's Signature / Date

**Teresa Sullivan** 831-655-4240  
Executive Director's Name (Printed) and telephone number

**For Area Agency on Aging Use Only**

Reviewed for:	Date Budget Received: <u>3/19/18</u>
Completeness and Accuracy	Budget Approved by Fiscal Officer: <u><i>Veronica Renteria</i> 3/19/18</u>
Reviewed for Allowable Costs	Budget Approved by Program: <u><i>Kathleen A. G.</i> 4.17.18</u>
Indirect Cost limit 10%	Get-Care Updated by Vendor: <u><i>John A. Assaad</i></u>
No Required Match	Get-Care Verified by Fiscal Officer: _____
	Budget Template Last Updated: <u>5/1/17 By Veronica Renteria</u>

Agency Name: Alliance on Aging, Inc.  
 Project Name: Health Insurance and Counseling Advocacy Program (HICAP)

**SECTION A:**

BUDGET SUMMARY											
Categories of Expenses	HICAP Fund		Reimbursements (Ins Fund)		Federal SHIP FUND July-March		Federal SHIP FUND April-June		Total Budget		
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	
Personnel	\$	36,980	\$	69,841	\$	39,188	\$	13,636	\$	159,645	
Operating Expenses	\$	19,320	\$	42,747	\$	19,226	\$	6,302	\$	87,595	
<b>Total</b>	\$	56,300	\$	112,588	\$	58,414	\$	19,938	\$	247,240	
Source of Revenue	HICAP Fund		Reimbursements (Ins Fund)		Federal SHIP FUND July-March		Federal SHIP FUND April-June		Total Budget		
AAA Grant	\$	56,300	\$	112,588	\$	58,414	\$	19,938	\$	247,240	
Project Income											
Other Federal Funds											
Match											
Non-Match											
Other State Funds											
Match											
Non-Match											
County/City Funds											
Match											
Non-Match											
Private Grants											
Match											
Non-Match											
Net Fundraising											
Match	\$	-	\$	-	\$	-	\$	-	\$	-	
Non-Match	\$	-	\$	-	\$	-	\$	-	\$	-	
<b>TOTAL</b>	\$	56,300	\$	112,588	\$	58,414	\$	19,938	\$	247,240	

**Agency Name:** Alliance on Aging, Inc.  
**Project Name:** Health Insurance and Counseling Advocacy Program (HICAP)

**SECTION B:**

**SCHEDULE OF PERSONNEL COSTS**

No.	Paid Staff Positions	Annual Salary	% on Program			Federal SHIP FUND April-June	Program Cost
			HICAP Fund	Reimbursements (Ins Fund)	Federal SHIP FUND July-March		
1	HICAP Program Manager	\$ 58,240.00	20%	41%	23%	\$ 52,795.00	
1	HICAP Program Specialist	\$ 32,136.00	20%	41%	23%	\$ 29,565.00	
1	HICAP Program Assistant	\$ 32,136.00	20%	41%	23%	\$ 29,565.00	
1	AOA Programs Director	\$ 71,282.00	4%	5%	3%	\$ 8,910.00	
1	Finance Director	\$ 62,371.00	3%	4%	2%	\$ 6,237.00	
1	Accounting Assistant	\$ 41,600.00	3%	3%	2%	\$ 3,744.00	
1	Administrative Assistant	\$ 35,360.00	1%	2%	1%	\$ 1,591.00	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Total Salaries</b>		\$ 333,125.00	\$ 30,650.00	\$ 57,888.00	\$ 32,545.00	\$ 11,325.00	\$ 132,408.00
<b>Payroll Taxes</b>		\$ 2,345.00	\$ 2,345.00	\$ 4,428.00	\$ 2,490.00	\$ 866.00	\$ 10,129.00
<b>Employee Benefits</b>		\$ 3,985.00	\$ 3,985.00	\$ 7,525.00	\$ 4,153.00	\$ 1,445.00	\$ 17,108.00
<b>Total Paid Staff</b>		\$ 333,125.00	\$ 36,980.00	\$ 69,841.00	\$ 39,188.00	\$ 13,636.00	\$ 159,645.00
No.		Hourly Wage	% on Program			Federal SHIP FUND April-June	Program Cost
	In-Kind: Donated Services		HICAP Fund	Reimbursements (Ins Fund)	Federal SHIP FUND July-March		
<b>Total In-Kind Staff</b>							
	<b>Total Personnel Costs</b>	\$ 333,125	\$ 36,980	\$ 69,841	\$ 39,188	\$ 13,636	\$ 159,645.00

Costs reflected on this page must equal subtotal (Personnel Costs) shown on Page 2 (Section A), column "Total Budget"

Agency Name: Alliance on Aging, Inc.  
 Project Name: Health Insurance and Counseling Advocacy Program (HICAP)

**SECTION C:  
 OPERATING EXPENSES**

OPERATING EXPENSE	HICAP Fund		Reimbursements (Ins Fund)		Federal SHIP FUND July-March		Federal SHIP FUND April-June		Total Budget	
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement									\$ -	\$ -
Travel/Volunteer Travel	\$ 500		\$ 180		\$ 262		\$ 190		\$ 1,132	\$ -
Conf/Trainings/Meetings	\$ 400		\$ 1,200		\$ 382		\$ 300		\$ 2,282	\$ -
Occupancy	\$ 4,000		\$ 9,222		\$ 5,000		\$ 1,664		\$ 19,886	\$ -
Professional Fees: Acct/Legal									\$ -	\$ -
Equipment Purchase			\$ 5,171						\$ 5,171	\$ -
Equipment Rental/Maintenance	\$ 920		\$ 3,469		\$ 1,966		\$ 655		\$ 7,010	\$ -
Postage/ Shipping	\$ 421		\$ 500		\$ 300		\$ -		\$ 1,221	\$ -
Insurance (Excluding Veh. & Occ.)									\$ -	\$ -
Utilities/Communications	\$ 1,700		\$ 3,000		\$ 1,340		\$ 447		\$ 6,487	\$ -
Printing / Publications	\$ 500		\$ 340		\$ 527		\$ 175		\$ 1,542	\$ -
Public Relations /Advertising	\$ 3,181		\$ 6,500		\$ 2,988		\$ 800		\$ 13,469	\$ -
Sub/Membership Dues	\$ 380		\$ 800		\$ 381		\$ -		\$ 1,561	\$ -
Supplies	\$ 2,000		\$ 2,030		\$ 770		\$ 258		\$ 5,058	\$ -
Food/Food Service									\$ -	\$ -
Vehicle Operation	\$ 200		\$ 100		\$ -		\$ -		\$ 300	\$ -
Overhead: 10% limit of Grant Funding	\$ 5,118		\$ 10,235		\$ 5,310		\$ 1,813		\$ 22,476	\$ -
Awards/ Events									\$ -	\$ -
Client Support									\$ -	\$ -
Depreciation									\$ -	\$ -
Bank Service Fees									\$ -	\$ -
Subcontractor									\$ -	\$ -
Miscellaneous									\$ -	\$ -
<b>Total Operating Expenses</b>	<b>19,320</b>	<b>-</b>	<b>42,747</b>	<b>-</b>	<b>19,226</b>	<b>-</b>	<b>6,302</b>	<b>-</b>	<b>87,595</b>	<b>-</b>



# MONTEREY COUNTY AREA AGENCY ON AGING PLANNING AND SERVICE AREA NO. 32

## MIPPA BUDGET

**BUDGET PERIOD:** April 1, 2018 thru June 30, 2018

Name of Agency: ALLIANCE ON AGING

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Medicare Improvements for Patients and Providers Act (MIPPA)

### Funding Source and Catalog #

Check one:	Federal Funds	<input checked="" type="checkbox"/>	93.071 AAA MIPPA
	Federal Funds	<input checked="" type="checkbox"/>	93.071 HICAP MIPPA

### Budget Version

Check one:	Original	<input checked="" type="checkbox"/>	3/13/2018

**Certification:**

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

*John A. Assaad* 3/13/2018  
Preparer's Signature / Date

**John Assaad** 831-655-4246  
Preparer's Name (Printed) and telephone number

*Teresa Sullivan* 3/13/2018  
Executive Director's Signature / Date

**Teresa Sullivan** 831-655-4240  
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:

Reviewed for: completeness and accuracy  
No match requirement  
Reviewed for Allowable Costs  
10% Indirect Cost limit

Budget Template Last Updated:  
5/18/17 By Veronica Renteria

Budget Approved by Fiscal: *Veronica Renteria 3/15/18*  
Budget Approved by Program: *M. D. S. 4.17.18*  
Get Care Updated by Vendor: *John A. Assaad*  
Get Care Verified by Fiscal: \_\_\_\_\_

Agency Name: ALLIANCE ON AGING Medicare Improvements for Patients and Providers Act (MIPPA)

SECTION A:

BUDGET SUMMARY

Categories of Expenses	AAA MIPPA		HICAP MIPPA		Total Budget
	Cash	In-Kind	Cash	In-Kind	
Personnel	\$	1,975	\$	5,139	\$ 7,114
Operating Expenses	\$	1,770	\$	9,628	\$ 11,398
<b>Total</b>	\$	3,745	\$	14,767	\$ 18,512
Source of Revenue	AAA MIPPA		HICAP MIPPA		Total Budget
	Cash	In-Kind	Cash	In-Kind	
AAA Grant	\$	3,745	\$	14,767	\$ 18,512
Project Income					
Other Federal Funds					
<i>Matching</i>					
<i>Non-matching</i>					
Other State Funds					
<i>Matching</i>					
<i>Non-matching</i>					
County/City Funds					
<i>Matching</i>					
<i>Non-matching</i>					
Private Grants					
<i>Non-matching</i>					
Net Fundraising					
<i>Matching</i>	\$	-	\$	-	\$ -
<i>Non-matching</i>	\$	-	\$	-	\$ -
Totals by match	\$	-	\$	-	\$ -
<b>TOTAL</b>	\$	3,745	\$	14,767	\$ 18,512

\$ (0) \$ 0 \$ 0

**SECTION B:**

**ALLIANCE ON AGING  
Medicare Improvements for Patients and Providers Act (MIPPA)  
SCHEDULE OF PERSONNEL COSTS**

No.	Paid Staff Positions	Annual Salary	% on Program		Program Cost
			AAA MIPPA	HICAP MIPPA	
1	HICAP Program Assistant	\$50,336.00	3%	6%	\$ 4,592.00
1	MIPPA Outreach/Educator	\$41,600.00	1%	4%	\$ 2,016.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	<b>Total Salaries</b>	\$ 91,936.00	\$ 1,835.00	\$ 4,773.00	\$ 6,608.00
	Payroll Taxes	\$ 7,033.10	\$ 140.38	\$ 365.61	\$ 505.99
	Employee Benefits		\$ -	\$ -	\$ -
	<b>Total Paid Staff</b>	\$ 98,969.10	\$ 1,975.38	\$ 5,138.61	\$ 7,113.99
No.	In-Kind: Donated Services	Hourly Wage	% on Program		Program Cost
			AAA MIPPA	HICAP MIPPA	
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	<b>Total In-Kind Staff</b>	\$ -	\$ -	\$ -	\$ -
	<b>Total Personnel Costs</b>	\$ 98,969	\$ 1,975	\$ 5,139	\$ 7,114

Costs reflected on this page must equal subtotal (Personnel Costs) shown on Page 2 (Sec A), column "Total Budget"

SECTION C:

ALLIANCE ON AGING  
OPERATING EXPENSES / EQUIPMENT  
AND INDIRECT COSTS

OPERATING EXPENSE & EQUIPMENT	AAA MIPPA		HICAP MIPPA		Total Budget	
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement					\$ -	\$ -
*Travel/Volunteer Travel	\$ 100		\$ 286		\$ 386	\$ -
Conf/Trainings/Meetings			2,000		\$ 2,000	\$ -
Occupancy					\$ -	\$ -
Professional Fees: Acct/Legal					\$ -	\$ -
Equipment Purchase					\$ -	\$ -
Equipment Rental/Maint					\$ -	\$ -
Postage/ Shipping						
Insurance (Excluding Veh. & Occ.)					\$ -	\$ -
Utilities/Communications	\$ 122		500		\$ 622	\$ -
Printing / Publications	\$ 207		500		\$ 707	\$ -
Public Relations /Advertising	\$ 1,000		5,000		\$ 6,000	\$ -
Sub/Membership Dues					\$ -	\$ -
Supplies					\$ -	\$ -
Food/Food Service					\$ -	\$ -
Vehicle Operation					\$ -	\$ -
Overhead: 10% limit of Grant Funding	\$ 341		1,342		\$ 1,683	\$ -
Awards/ Events					\$ -	\$ -
Client Support					\$ -	\$ -
Depreciation					\$ -	\$ -
Bank Service Fees					\$ -	\$ -
Subcontractor					\$ -	\$ -
Miscellaneous					\$ -	\$ -
<b>Total Operating Expenses</b>	<b>1,770</b>	<b>-</b>	<b>9,628</b>	<b>-</b>	<b>11,398</b>	<b>-</b>

\*Eligible expenses shall be reimbursed per the County's Travel and Business Expense Reimbursement Policy available at:  
<http://www.co.monterey.ca.us/auditor/policies.htm> CONTRACTOR must provide a detailed breakdown of authorized expenses.