



London Breed, Mayor

Department of Human Services  
 Department of Disability and Aging Services  
 Office of Early Care and Education

Trent Rhorer, Executive Director

**MEMORANDUM**

TO: DISABILITY AND AGING SERVICES COMMISSION

THROUGH: SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR  
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS [initials]

DATE: FEBRUARY 5, 2020

SUBJECT: **GRANT MODIFICATION: SELF-HELP FOR THE ELDERLY FOR THE PROVISION OF HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) TO OLDER ADULTS AND YOUNGER ADULTS WITH DISABILITIES**

GRANT TERM:	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
	7/1/19- 6/30/20	2/1/20- 6/30/20	7/1/19- 6/30/20		7/1/16- 6/30/20
GRANT AMOUNT:	\$379,996	\$62,103	\$442,099	\$44,209	\$486,308
ANNUAL AMOUNT:	<u>FY 19/20</u>				
	\$442,099				
FUNDING SOURCE	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
MODIFICATION FUNDING:	\$62,103			\$6,210	\$68,313
PERCENTAGE:	100%				100%

The Department of Disability and Aging Services (DAS) requests authorization to modify the existing grant agreement with Self-Help for the Elderly for the time period of February 1, 2020 through June 30, 2020, in the additional amount of \$62,103 plus a 10% contingency for a total amount not to exceed of \$486,308. The purpose of this grant modification is for the provision of the Health Insurance Counseling and Advocacy Program (HICAP), a Medicare benefits counseling service.

**Background**

DAS receives funding from the California Department of Aging to administer a Health Insurance Counseling and Advocacy Program (HICAP) in San Francisco. HICAP is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans and health plans. This service is beneficial to people that have reached Medicare eligibility age or are imminently Medicare eligible.

**Services to be Provided**

The Health Insurance Counseling and Advocacy Program (HICAP) assists individuals and families with Medicare problems and other health insurance concerns. Trained and registered volunteer counselors provide objective information on Medicare (Parts A, B, C and D), Medicare supplement insurance (“MediGap”), managed care, long-term care planning and health insurance. The HICAP also leads community education events and participates in networking and other outreach efforts to best raise awareness among consumers of Medicare benefits and HICAP services.

HICAP will help an individual file Medicare or other related health insurance claims, understand his or her coverage and consumer rights, assist with managed care issues and long-term care planning, and evaluate his or her insurance or health care needs.

HICAP is required to meet strict federal performance benchmarks related to the number of clients served; counselors recruited, trained and registered; number of active counselors available to assist clients; number of media and outreach events, etc.

HICAP serves current Medicare beneficiaries and those planning for future health and long-term care needs. HICAP counseling is confidential, free of charge, and all efforts are made to maintain appropriate language capability (e.g, Cantonese, Mandarin, Spanish, Tagalog).

**Grant Modification**

Funding is being provided through the City’s Dignity Fund on a one-time-only basis for the current fiscal year.

Funds will be used to purchase and format 18 laptops to be issued and used by each HICAP counselor. The HICAP, by CDA program guideline, is a ‘paper free’ program in order to help protect client information. This means all information collected during counseling sessions is contemporaneously recorded into a secure database system supported by the California Department of Aging. This has created a challenge for the HICAP, as staff must ensure that counselors have computer access for each counseling session. (There are approximately 2,000 counseling sessions per year.)

Beyond the costs of the laptops, funds in this modification will be used to cover facility occupancy, office supply, and indirect costs, all of which are coming in above budget.

**Performance**

Grantee received program monitoring in January 2019 and fiscal monitoring in March 2019. Grantee was determined to be compliant with findings resolved.

**Selection**

Grantee was selected through Request for Proposals (RFP) 839, which was competitively bid on February 2019.

**Funding**

The funding is 100% County General Funds.

**Attachments**

Appendix A1- Services to be Provided by Grantee – Self Help for the Elderly

Appendix B1 – Calculation of Charges - Self Help for the Elderly

**APPENDIX A1 – SCOPE OF SERVICES**

**SELF HELP FOR THE ELDERLY**

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) and  
MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) GRANT  
FOR**

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)**

**July 1, 2019 - June 30, 2020  
Modification February 5, 2020**

**I. Purpose**

The purpose of this grant is to provide community education, counseling, and advocacy services to Medicare beneficiaries, their representatives, and those who will soon be eligible for Medicare.

**II. Definitions**

ACL	Administration for Community Living; an agency of the larger Federal Department of Health and Human Services; provides funding and regulation for SHIP / HICAP programs
CARBON	Contracts Administration, Reporting and Billing On Line System
CDA	California Department of Aging; a State of California agency which regulates HICAP program function
City	City and County of San Francisco
DAS	Department of Disability and Aging Services
Disability	A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL) and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment.

Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or others.
Grantee	Self-Help for the Elderly (SHE)
HICAP	Health Insurance Counseling and Advocacy Program; a program designed to provide Medicare beneficiaries and those imminent of becoming eligible for Medicare with counseling and advocacy about Medicare, private health insurance, and related health care coverage plans for the purpose of preserving service integrity on a Statewide basis. [Welf. & Inst. Code § 9541]
MIPPA	Medicare Improvements for Patients and Providers Act. Grant funding used to target services to low-income populations, with a goal of increasing applications for Medicare Savings Programs including QMB, SLMB, and Part D prescription drug subsidies.
HSA	Human Services Agency of the City and County of San Francisco
Low-income	Having income at or below 150% of the Federal Poverty Level as defined by the Federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
Older Adult	Person who is 60 years or older, used interchangeably with senior
OCP	Office of Community Partnerships (formerly known as Office on the Aging / OOA)

Senior		Person who is 60 years or older, used interchangeably with older adult
SHIP		State Health Insurance Assistance Program; term used at the federal level to describe the network of State level Medicare Counseling programs (like HICAP)
SOGI		Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve ( <i>Chapter 104, Sections 104.1 through 104.9.</i> )

### III. Target Population

Services must target those older adults and adults with disabilities (aged 18-59) who are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need. In particular:

1. Low-income
2. Limited English Proficiency
3. Minority
4. Frail
5. Member of LGBTQ+ Community

### IV. Eligibility for HICAP Services

Medicare beneficiaries, including Medicare beneficiaries by virtue of a disability, and those persons imminent of Medicare eligibility [Welf. & Inst. Code § 9541(a), (c)(2)], and the public at large who are eligible to receive HICAP community education services, including long-term care planning and long-term care insurance counseling services. [Welf. & Inst. Code § 9541(c)(1), (c)(2), (c)(4)-(6)]

### V. Location and Time of Services

Grantee offices are located at 601 Jackson Street in San Francisco. Offices are open Monday through Friday during regular business hours. Grantee will also staff HICAP counseling sites at Community Centers, local Government offices, and other shared spaces throughout San Francisco. Locations and times for counseling sites will be determined and publicized by Grantee.

### VI. Description of Services

Grantee will operate San Francisco Health Insurance Counseling and Advocacy Program. HICAP will provide counseling, information and advocacy assistance about Medicare, supplemental health insurance, managed care or related health insurance plan issues and

long-term care insurance. Services will be provided directly to individuals and through larger community education activities.

While paid staff may deliver HICAP services, Grantee is expected to recruit, train, and register a cohort of volunteer counselors to better deliver HICAP services to the large and diverse eligible population in San Francisco. Volunteer recruitment is important to the development of a diverse, culturally competent, and linguistically capable HICAP.

In addition, HICAP program will:

- Develop and implement HICAP outreach strategies and campaigns to promote awareness of HICAP services.
- Target additional outreach to underserved and hard-to-reach populations to raise awareness and utilization of HICAP services by these populations.
- Collaborate with information and assistance programs, services for the older adults, and other community based organizations to ensure awareness among other organizations serving the target population and to ensure an effective referral system for potential HICAP clients.
- Administer Medicare Improvements for Patients and Providers Act (“MIPPA”) program by including MIPPA services within HICAP function.
- Comply with all program requirements and regulations as determined by California Department of Aging and Administration for Community Living

Current HICAP requirement and regulations established by the California Department of Aging and the Administration for Community Living can be found online here: [https://www.aging.ca.gov/Contracts\\_Download\\_Page/#HealthInsuranceCounseling&AdvocacyProgram\(HI\)](https://www.aging.ca.gov/Contracts_Download_Page/#HealthInsuranceCounseling&AdvocacyProgram(HI)). Note: these requirements may change on an annual basis.

Current MIPPA requirement and regulations established by the California Department of Aging and the Administration for Community Living can be found online here: [https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/Contracts\\_Download\\_Page/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Contracts_Download_Page/) Note: these requirements too may change on an annual basis.

## VII. Grantee Responsibilities / Units of Service and Definitions

During the term of the grant, the Grantee will provide services in all of the following categories, as established and defined by ACL and CDA. Service categories are listed and described as follows:

- A. **Clients Counseled:** Number of finalized intakes for all clients/beneficiaries that received counseling services.

- B. **Public and Media (PAM) Events:** Includes education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events; excluding non-interactive events such as public service announcements, radio or tv appearances, and printed outreach.
- C. **Client Contacts (Interactive):** This includes all counseling via telephone, in-person, at home, in-person at site, and electronic contacts (email, fax, etc.).
- D. **Medicare Beneficiaries Under 65:** Number of Medicare beneficiaries under 65 receiving counseling services.
- E. **Hard to Reach (Total):** Percentage of clients receiving counseling services who are at or below 150% of Federal Poverty Level, reside in a ZIP code in a rural area, or primary language is not English.
- F. **Enrollment Contacts (Qualifying):** Percentage of clients receiving counseling services where one or more of the following enrollment topics are discussed: Medicare Part A/B, Medigap Supplemental Policies, Medicare Advantage, Medi-Cal, Part D Prescription Drug Coverage, Part D Plan Problems, Part D Low-Income Subsidy.

### VIII. Service Objectives

Benchmarks for performance in the above categories are established on an annual basis by ACL and CDA; they are posted at:

<https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

**Grantee will, on an annual basis, meet benchmark service delivery levels as established by ACL and CDA.**

### IX. Outcome Objectives

The following Outcome Objectives will be used to measure the amount, range, and impact of services provided:

- At least 85% of HICAP clients completing a survey will rate HICAP counselor's communication skills as good or very good.
- At least 85% of HICAP clients completing a survey will agree that as a result of their counseling session they are able to make a more informed decision about their Medicare benefits.
- At least 85% of HICAP clients completing a survey will agree that as a result of their counseling session they were able to maintain or increase Medicare or health insurance benefits available to them.



## **X. Reporting Requirements**

Grantee will provide various reports during the term of the grant agreement:

- A. Grantee shall input all required data into the Statewide HICAP Automated Reporting Program (SHARP) database. SHARP, operated by CDA, is designed to meet the HICAP case management needs and is the required database for collection and reporting of HICAP data for HICAPs and Area Agencies on Aging statewide.
- B. Grantee is also responsible for providing reports as scheduled and requested by the California Department of Aging, ensuring that copies are shared with Office of Community Partnerships program analyst.
- C. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31st.
- D. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS/OCP and Contracts Department staff.
- E. Grantee will provide an annual consumer satisfaction survey report to OCP by March 15<sup>th</sup> of the contract year. Satisfaction survey response rate goal is at least 35% of unduplicated consumers.
- F. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis; Grantee will maintain evidence of staff completion of this training.
- G. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10th.
- H. Grantee will assure that services delivered are consistent with professional standards for this service.
- I. Pursuant to California Department of Aging Requirement, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
- J. Grantee will develop a Grievance Policy consistent with Office on the Aging Program Memorandum #33 - Consumer Grievance Policy.
- K. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies "Focal Points" which are designed to help older adults connect to services throughout the City. These Focal Points are:

Designated Community Focal Points		
Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	5600 3rd St, San Francisco, 94124	415-647-5353
OMI Senior Center (CCCYO)	65 Beverly St, San Francisco, 94132	415-335-5558
Richmond Senior Center (GGSS)	6221 Geary Blvd, San Francisco, 94121	415-404-2938
30th Street Senior Center (On Lok)	225 30th St, San Francisco, 94131	415-550-2221
Openhouse	1800 Market St, San Francisco, 94102	415-347-8509
SF Senior Center (SFSC)	481 O'Farrell St, San Francisco, 94102	415-202-2983
Aquatic Park Senior Center (SFSC)	890 Beach St, San Francisco, 94109	415-202-2983
South Sunset Senior Center (SHE)	2601 40th Ave, San Francisco, 94116	415-566-2845
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center (SHE)	777 Stockton St, San Francisco, 94108	415-438-9804
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

L. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.

M. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAS.

N. For assistance with reporting requirements or submission of reports, please contact:

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 Director, Office of Community Partnerships  
 DAS  
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 San Francisco, CA 94120-7988  
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## XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include, but not be limited to, review of compliance specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance utilizing Statewide HICAP Automated Recording Program (SHARP), agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting, evidence that program staff have completed the California Department of Aging (CDA) Security

Awareness Training; program operation, which includes a review of a written policies and procedures manual of all OCP funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a Board of Director list and whether services are provided appropriately according to Sections V and VI.

- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current Board roster and selected Board minutes for compliance with the Sunshine Ordinance.

	A	D	E	F	G
1	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
2					
3					
4					
5	Appendix B1, Page 1 12/23/19				
6	Name				
7	SELF HELP FOR THE ELDERLY				
8	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>				
9	If modification, Effective Date of Mod. No. of Mod. 1				
10	Program: HICAP				
11	Budget Reference Page No.(s)	Budget	OTO	Total	
12	Program Term	7/1/19-6/30/20	2/1/20-6/30/20	7/1/19-6/30/20	
13	<b>Expenditures</b>				
14	Salaries & Benefits	\$294,025	\$839	\$294,864	
15	Operating Expenses	\$58,114	\$14,746	\$72,860	
16	<b>Subtotal</b>	<b>\$352,139</b>	<b>\$15,585</b>	<b>\$367,724</b>	
17	Indirect Percentage (%)	8%		15%	
18	Indirect Cost (Line 16 X Line 15)	\$27,857	\$27,302	\$55,159	
19	Capital/Subcontractor Expenditures		\$19,216	\$19,216	
20	<b>Total Expenditures</b>	<b>\$379,996</b>	<b>\$62,103</b>	<b>\$442,099</b>	
21	<b>HSA Revenues</b>				
22	General Fund/Federal/State	\$379,996	\$62,103	\$442,099	
23					
24					
25					
26					
27					
28					
29	<b>TOTAL HSA REVENUES</b>	<b>\$379,996</b>	<b>\$62,103</b>	<b>\$442,099</b>	
30	<b>Other Revenues</b>				
31					
32	In-Kind Match	\$35,277		\$35,277	
33					
34					
35					
36	<b>Total Revenues</b>	<b>\$415,273</b>	<b>\$62,103</b>	<b>\$477,376</b>	
37	Full Time Equivalent (FTE)				
39	Prepared by: Leny Nair				Date: 12/23/19
40	HSA-CO Review Signature:				
41	HSA #1				10/25/2016



	A	B	C	D	E	F	G	H
1	Appendix B1, Page 3							
2	12/23/19							
3								
4	Program: HICAP							
5	(Same as Line 9 on HSA #1)							
6								
7	<b>Operating Expense Detail</b>							
8								
9								
10								
11								
12	<u>Expenditure Category</u>		<u>TERM</u>			<u>OTO</u>		<u>TOTAL</u>
					<u>7/1/19-6/30/20</u>	<u>2/1/20-6/30/20</u>		<u>7/1/19-6/30/20</u>
13	Rental of Property				\$34,764	\$1,260		\$36,024
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$10,250	(\$1,000)		\$9,250
15	Office Supplies, Postage				\$300	\$1,000		\$1,300
16	Building Maintenance Supplies and Repair				\$3,672	\$3,500		\$7,172
17	Printing and Reproduction				\$1,100			\$1,100
18	Insurance (General & Auto)				\$2,000	\$600		\$2,600
19	Staff Training				\$800	\$800		\$1,600
20	Travel/Mileage					\$1,200		\$1,200
21	Auto Insurance				\$2,400	(\$400)		\$2,000
22	Vehicle Expenses				\$1,000	\$1,500		\$2,500
23								
24	<b>CONSULTANTS</b>							
25								\$0
26								
27								
28	<b>OTHER</b>							
29	Membership Dues & Fees				\$1,828	\$86		\$1,914
30	Database/Software					\$1,200		\$1,200
31	Outreach/Advertising					\$5,000		\$5,000
32								
33	<b>TOTAL OPERATING EXPENSE</b>				<b>\$58,114</b>	<b>\$14,746</b>		<b>\$72,860</b>
34								
35	<b>HSA #3</b>							<b>10/25/2016</b>

	A	B	C	D
1			Appendix B1, Page 4	
2			12/23/19	
3				
4	Program: HICAP			
5	(Same as Line 9 on HSA #1)			
6		<b>Program Expenditure Detail</b>		
7	<b>SUBCONTRACTORS</b>		7/1/19-6/30/20	7/1/19-6/30/20
8		<del>Subcontractor A</del>		\$0
9				\$0
10				\$0
11	<b>TOTAL SUBCONTRACTOR COST</b>		\$0	\$0
12				
13	<b>EQUIPMENT</b>		7/1/19-6/30/20	7/1/19-6/30/20
		<b>TERM</b>		
14	No.	ITEM/DESCRIPTION		
15	18	Laptops for Volunteers (Local Funds)	\$19,216	\$19,216
16				\$0
17				\$0
18	<b>TOTAL EQUIPMENT COST</b>		\$19,216	\$19,216
19				
20	<b>R E M O D E L I N G</b>			
21	Description:		7/1/19-6/30/20	7/1/19-6/30/20
22	Remodel A			\$0
23				\$0
24				\$0
25	<b>TOTAL REMODELING COST</b>		\$0	\$0
26				
27	<b>TOTAL CAPITAL/SUBCONTRACTOR EXPENDITURE</b>		\$19,216	\$19,216
28				
29	<b>HSA #4</b>			