



Edwin M. Lee, Mayor

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director
Shireen McSpadden, Executive Director

MEMORANDUM

TO: AGING and ADULT SERVICES COMMISSION

THROUGH: SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JH*

DATE: FEBRUARY 15, 2017

SUBJECT: NEW GRANT: **SELF-HELP FOR THE ELDERLY** (NON-PROFIT)
FOR MEDICARE IMPROVEMENTS FOR PATIENTS AND
PROVIDERS ACT (MIPPA) FOR HEALTH INSURANCE
COUNSELING AND ADVOCAY PROGRAM (HICAP)

GRANT TERM: 9/30/16-9/29/17

GRANT AMOUNT:

<u>New</u>	<u>Contingency</u>	<u>Total</u>
\$46,304	\$4,630	\$50,934

ANNUAL AMOUNT:

<u>FY16/17</u>	<u>FY 17/18</u>
\$30,098	\$16,206

FUNDING SOURCE:

<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
		\$46,304	\$4,630	\$50,934

FUNDING: PERCENTAGE:

		100%		100%
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The Department of Aging and Adult Services (DAAS) requests authorization to enter into a new grant with Self-Help for the Elderly for the time period starting September 30, 2016 and ending on September 29, 2017, in the amount of \$46,304 plus a 10% contingency for a total amount not to exceed \$50,934. The purpose of the grant is to provide Health Insurance Counseling and Advocacy Program (HICAP) through Medicare Improvements for Patients and Providers Act (MIPPA).

Background

The MIPPA Grant was awarded to the State for a three year period – however, the funding is allocated in one year increments. DAAS has been informed of the additional \$46,304 allocation for San Francisco for September 30, 2016 through September 29, 2017. This funding specifically is intended to increase Medicare beneficiary enrollment in the Prescription Drug Benefit Low-Income Subsidy program, the Medicare Savings program, and Medicare Part D.

Services to be Provided

In coordination with the HICAP program, contractor Self-Help for the Elderly will assist in expanding Medicare beneficiary enrollment in the Prescription Drug Benefit Low-Income Subsidy (LIS) program, the Medicare Savings Program (MSP), and Medicare Part D.

MIPPA Program services will include:

- Developing a coordinated outreach plan with HICAP services such as conducting workshops, presentations, and enrollment events throughout San Francisco which highlight the LIS and MSP programs.
- Following CDA reporting and program guidelines.
- Creating press releases and advertisements to get media attention regarding MIPPA services.
- Recruiting program staff and volunteers with a consideration for diversification of language capacity; designing outreach materials and events to reach underserved monolingual consumers.

Selection

Grantee was selected through Request for Proposals (RFP) #635, which was competitively bid in February 2015.

Funding

The funding is 100% from California Department of Aging.

ATTACHMENTS

Appendix A – Services to be Provided

Appendix B - Budget – Calculation of Charges

**APPENDIX A – SERVICES TO BE PROVIDED BY GRANTEE
Self-Help for the Elderly**

Effective September 30, 2016 to September 29, 2017

**Medicare Improvements for Patients and Providers ACT (MIPPA) grant
For
Health Insurance Counseling and Advocacy Program (HICAP)**

I. Purpose:

Assist in expanding Medicare beneficiary enrollment in the Prescription Drug Benefit Low-Income Subsidy (LIS) program, the Medicare Savings Program (MSP), and Medicare Part D. Expand outreach activities related to preventing disease and promoting wellness.

II. Definitions:

MIPPA	Medicare Improvements for Patients and Providers Act of 2008 means legislation which amended titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare Program; to improve beneficiary access to preventive and mental health services; to enhance low-income benefit programs; and to maintain access to care in rural areas, including pharmacy access.
LIS	Low Income Subsidy means financial assistance with Medicare Part D premiums and cost sharing for certain low income Medicare beneficiaries.
MSP	Medicare Savings Program –As of January 1, 2010, low income Medicare beneficiaries who do not qualify for Medi-Cal may be enrolled in one of three Medicare Savings Programs that will automatically provide these individuals with the LIS. The MSPs include the following: Qualified Medicare Beneficiaries (QMB); Specified Low Income Medicare Beneficiaries (SLMB); and Qualified Individuals (QI).
MMA and Medicare “Part D”	Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA)—means legislation that imposed the most sweeping changes to the Medicare program since its inception, including the addition of a prescription drug benefit through a new Medicare “Part D”.
HICAP	Health Insurance Counseling and Advocacy Program is California’s SHIP (State Health Insurance Assistance Program), which is a national program supported by the federal Centers for Medicare and Medicaid Services (CMS) that offers one-on-one counseling and assistance to people with Medicare and their families. The HICAP program provides free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and medical activities.
DAAS	Department of Aging and Adult Services

Grantee	Self-Help for the Elderly
HSA	Human Services Agency of City and County of San Francisco
OOA	Office on the Aging
Senior	Person who is 60 years of age or older
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
Frail	An older individual that is determined to be functionally impaired because the individual either: (a) Is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, 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 older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
Outstation	An ADRC Center office located at various sites in key neighborhoods

III. Target Population

Individuals 60 years of age or older or individuals between 18 and 59 years of age that are living with disabilities, and caregivers (paid and unpaid). According to the federal mandates of the Older Americans Act, services must target clients 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:

- Low-income
- Non or limited –English speaking
- Minority
- Frail
- Lesbian/Gay/Bisexual/Transgender

For this MIPPA Grant, the eligible service population means individuals defined as Medicare eligible beneficiaries likely to be qualified for the Medicare Part D LIS, MSP, and the Medicare Part D Prescription Drug Program.

IV. Location and Time of Services

The HICAP/MIPPA main office is located at 601 Jackson Street, 2nd Floor. The office is open from 9 a.m. to 5:00 p.m. M-F. Outreach and counseling services take place throughout the City.

V. Description of Services

- A. Attend the DAAS MIPPA Workgroup meetings and formalize partnerships with HICAP and DAAS Integrated Intake Unit.
- B. Develop a coordinated outreach plan with HICAP.
- C. Following CDA guidelines, report MIPPA data into SHARP/Peerplace database.
- D. Provide ongoing coordination and communication with MIPPA workgroup members in order to provide streamlined services to consumers, and recording of data.
- E. Together with HICAP, conduct workshops, presentations, and enrollment events throughout San Francisco.
- F. Attend health fairs and provide information at senior centers, community events, etc.
- G. Create press releases to get media attention regarding MIPPA services, to the extent possible.
- H. Workshops will be provided in English, Spanish, Chinese and Russian when possible.
- I. Work with HICAP to provide advertisements to reach every district of San Francisco.
- J. Provide outreach materials available in alternative format upon request.
- K. Reach underserved monolingual consumers.
- L. Conduct enrollment events throughout San Francisco.
- M. At least 35% of consumers complete an annual satisfaction survey.

VI. Service Objectives

- A. To enroll 148 consumers to Medicare Part D and the LIS/MSP program during the grant period.

VII. Outcome Objectives

- A. At least 75% of survey respondents will agree the MIPPA program services gave them adequate information to make an informed decision.
- B. At least 75% of survey respondents will agree that MIPPA program services provided adequate support in assisting with the application process.

VIII. Reporting and Other Requirements

- A. The grantee is exempt from entering client data to the CAGetCare database.
- B. The grantee will enter into the Peer Place database administered by the California Department of Aging.
- C. Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system regarding the following:
 - 1. Number of unduplicated consumers served during the month.
 - 2. Number of units of service conducting enrollment events
 - 3. Number of units of service of attending health fairs, senior centers, etc. for MIPPA Outreach
 - 4. Number of units of services of one-to-one assistance provided during the month.
- D. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VI & VII- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year on an annual basis:

1. The percentage of participants surveyed indicated excellent or good in rating the quality of services they received.
 2. The percentage of participants surveyed that have indicated they have received the services and/or activities they needed from the agency.
- E. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system.
 - F. Grantee will provide an annual consumer satisfaction survey report to OOA by March 15 each grant year.
 - G. Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules. For specific compliance requirements, please refer to Appendices F & G to the Grant Agreement.
 - H. Grantee shall develop and deliver ad hoc reports as requested by HSA.
 - I. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports should be sent to the following addresses:

Michael Zaugg, Program Director
 DAAS, Office on the Aging
 P.O. Box 7988
 San Francisco, CA 94103
michael.zaugg@sfgov.org

Tahir Shaikh, Contracts Manager
 Human Services Agency
 PO Box 7988
 San Francisco, CA 94120
tahir.shaikh@sfgov.org

IX. Monitoring Activities

A. Program Monitoring: Program monitoring will include review of compliance to 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 including monthly service unit reports on CA-Getcare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program operation, which includes a review of a written policies and procedures manual of all OOA 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 VI and VII, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool, translation and social services are based on staff hours.

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	B	C	D	E
1	Appendix B, Page 1				
2	Document Date: 01/17/2017				
3	HUMAN SERVICES AGENCY BUDGET SUMMARY				
4					
5	Name		Term		
6	Self-Help for the Elderly		9/30/16-9/29/2017		
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program: HICAP MIPPA				
10	Budget Reference Page No.(s)				Total
11	Program Term		9/30/2016-9/29/2017		9/30/2016-9/29/2017
12	Expenditures				
13	Salaries & Benefits		\$41,343		\$41,343
14	Operating Expense		\$0		\$0
15	Subtotal		\$41,343		\$41,343
16	Indirect Percentage (%)		12%		12%
17	Indirect Cost (Line 16 X Line 15)		\$4,961		\$4,961
18	Capital Expenditure		\$0		\$0
19	Total Expenditures		\$46,304		\$46,304
20	HSA Revenues				
21	State Fund		\$46,304		\$46,304
22					
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES		\$46,304		\$46,304
30	Other Revenues				
31					
32			\$0		\$0
33			\$0		\$0
34					
35					
36	Total Revenues		\$46,304		\$46,304
37	Full Time Equivalent (FTE)		0.81		0.81
39	Prepared by: Leny & Winnie		Telephone No.: 415-677-7682		Date: 1/17/17
40	HSA-CO Review Signature: _____				
41	HSA #1				

Program Name: HICAP MIPPA
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail

10	11	9/30/2016-9/29/2017				9/30/2016-9/29/2017				
		Agency Totals		For HSA Program	For DHS Program	For DHS Program	For DHS Program	TOTAL		
		Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary		
	12	Program Manager	\$60,628	100%	15%	15%	\$9,094			\$9,094
	13	Program Specialist	\$41,977	100%	15%	15%	\$6,297			\$6,297
	14	Volunteer Coordinator	\$37,128	100%	15%	15%	\$5,569			\$5,569
	15	Outreach Coordinator	\$38,220	100%	12%	12%	\$4,586			\$4,586
	16	Program Assistant	\$39,945	100%	12%	12%	\$4,793			\$4,793
	17	Program Assistant (Cantonese)	\$35,992	94%	12%	12%	\$4,319			\$4,319
	18									
	19									
	20									
	21									
	22									
	23									
	24									
	25									
	26									
	27									
	28									
	29	TOTALS	\$253,890	5.94	0.81	0.81	\$34,659			\$34,659
	30									
	31	FRINGE BENEFIT RATE	19%							
	32	EMPLOYEE FRINGE BENEFITS	\$48,239				\$6,684			\$6,684
	33									
	34									
	35	TOTAL SALARIES & BENEFITS	\$302,129				\$41,343			\$41,343
	36	HSA #2								