

File No. 110235

Committee Item No. 1

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND  
NEIGHBORHOOD SERVICES

Date 3/14/11

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form (for hearings)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER

(Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Form 126</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Gail Johnson

Date 3/10/11

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.



1 [Accept and Expend Grant - Medicare Improvements for Patients and Providers Act -  
2 \$143,128]

3 **Resolution authorizing the Department of Aging and Adult Services to accept and**  
4 **expend a grant in the amount of \$143,128 from the Centers for Medicare and Medicaid**  
5 **Services and the Administration on Aging, passed through the California Department**  
6 **on Aging, to assist in expanding Medicare beneficiary enrollment and outreach**  
7 **activities aimed at preventing disease and promoting health.**  
8

9 WHEREAS, the Medicare Improvements for Patients and Providers Act (MIPPA) of  
10 2008 provided funding to expand Medicare beneficiary enrollments in the Prescription Drug  
11 Benefit Low Income Subsidy Program (LIS), the Medicare Savings Program (MSP) and  
12 enrollment efforts for Medicare Part D for which the Department of Aging and Adult Services  
13 has been involved with since fiscal year 2009/10; and

14 WHEREAS, the Department of Aging and Adult Services has recently been informed of  
15 the extension and expansion of the existing MIPPA grant; and

16 WHEREAS, this new MIPPA 2 grant includes funding for community based agencies to  
17 assist with informing individuals of the new wellness and preventative health care services  
18 now covered by Medicare; and

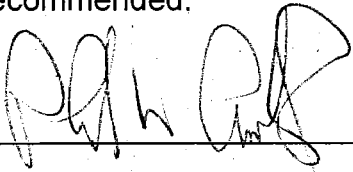
19 WHEREAS, the Department is proposing to continue working with two community  
20 based organizations with the extension and expansion of the MIPPA 2 grant; and

21 WHEREAS, the Department proposes to maximize use of available grant funds on  
22 program expenditures by not including indirect costs in the grant budget; now, therefore, be

23 **RESOLVED, That the Board of Supervisors waives inclusion of indirect costs in the**  
24 **grant budget; and be it**  
25

1 FURTHER RESOLVED, That the Board of Supervisors approves this accept and  
2 expend on behalf of the Department of Aging and Adult Services.

3  
4 Recommended:

5   
6 \_\_\_\_\_

7 Department Head

8 Approved:   
9 \_\_\_\_\_

10 Mayor

11 Approved:   
12 \_\_\_\_\_

13 Controller

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** E. Anne Hinton, Executive Director, Department of Aging and Adult Services

**DATE:** February 11, 2011

**SUBJECT:** Accept and Expend Resolution for Subject Grant

**GRANT TITLE:** Medicare Improvements for Patients and Providers Act (MIPPA) - 2

---

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed grant resolution; original signed by Department, Mayor, Controller
- ☒ Grant information form, including disability checklist
- ☒ Grant budget
- ☐ Grant application
- ☒ Grant award letter from funding agency
- ☒ Other (Explain): State Program Memo

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Martha Peterson

Phone: 557-5105

Interoffice Mail Address: Human Services Agency, Worker D340, 170 Otis Street  
– 8<sup>th</sup> Floor

Certified copy required Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Affordable Care Act – Medicare Improvements for Patients and Providers Act (2MIPPA) Grant

2. Department: Human Services Agency – Department of Aging and Adult Services

3. Contact Person: Martha Peterson Telephone: 557-5105

4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$143,128

6a. Matching Funds Required: \$ 0

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: Centers for Medicare and Medicaid Services and the Administration on Aging

b. Grant Pass-Through Agency (if applicable): California Department of Aging

8. Proposed Grant Project Summary: The 2MIPPA Grant is designed to assist in expanding Medicare beneficiary enrollment in the Prescription Drug Benefit Low Income Subsidy (LIS) Program, the Medicare Savings Program (MSP), enrollment efforts for Medicare Part D and outreach activities aimed at preventing disease and promoting wellness.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 1/1/2011

End-Date: 6/30/2012

10a. Amount budgeted for contractual services: \$143,128

b. Will contractual services be put out to bid? No

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements?

d. Is this likely to be a one-time or ongoing request for contracting out?

11a. Does the budget include indirect costs? ☐ Yes ☒ No

b1. If yes, how much? \$

b2. How was the amount calculated?

c. If no, why are indirect costs not included?

☐ Not allowed by granting agency

☒ To maximize use of grant funds on direct services

☐ Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? Administrative costs

12. Any other significant grant requirements or comments:

**\*\*Disability Access Checklist\*\***

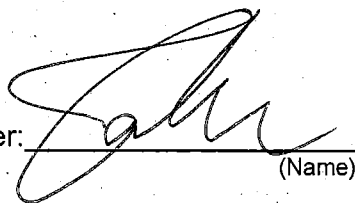
13. This Grant is intended for activities at (check all that apply):

<input checked="" type="checkbox"/> Existing Site(s)	<input checked="" type="checkbox"/> Existing Structure(s)	<input checked="" type="checkbox"/> Existing Program(s) or Service(s)
<input type="checkbox"/> Rehabilitated Site(s)	<input type="checkbox"/> Rehabilitated Structure(s)	<input type="checkbox"/> New Program(s) or Service(s)
<input type="checkbox"/> New Site(s)	<input type="checkbox"/> New Structure(s)	

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

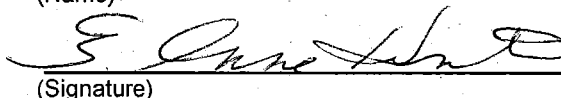
Departmental or Mayor's Office of Disability Reviewer:

  
(Name)

Date Reviewed: 2/11/2011

Department Approval:

E. Anne Ninton Ex. Director  
(Name) (Title)

  
(Signature)

## MIPPA 2 Grant

### Expenditure Budget

Subfund	Character	Subobject	Index Code	Grant Code	Grant Detail	Program	FY 10 Indirect Costs	FY 11-12 Direct Costs
2S SCP GNC	038	03801	45ASMIPPA2	AGMIP2	11AA	Medicare Improvements for Patients and Providers Act Grant Phase 2	\$ 13,535	\$ 13,535
2S SCP GNC	038	03801	45ASMIPPA2	AGMIP2	11CM	Medicare Improvements for Patients and Providers Act Grant Phase 3	\$ 57,362	\$ 58,696

### Revenue Budget

Subfund	Character	Revenue Subobject	Index Code	Grant Code		Program	FY 11 Revenue	FY 11-12 Revenue
2S SCP GNC	400	44931	45ASMIPPA2	AGMIP2	12AA	Medicare Improvements for Patients and Providers Act Grant Phase 2	\$ 13,535	\$ 13,535
2S SCP GNC	400	44931	45ASMIPPA2	AGMIP2	12CM	Medicare Improvements for Patients and Providers Act Grant Phase 3	\$ 57,362	\$ 58,696



## DEPARTMENT OF AGING

1300 NATIONAL DRIVE, SUITE 200

SACRAMENTO, CA 95834-1992

Internet Home Page: [www.aging.ca.gov](http://www.aging.ca.gov)

TDD Only 1-800-735-2929

FAX Only (916) 928-2267

Main Office (916) 419-7500

AH → D4/CCA

Joseph Hinton  
orig filed

November 10, 2010

## INTENT TO AWARD GRANT NOTICE

**Grant Numbers:** 10AACAMAAA (AAA), 10AACAMADR (ADRC), IX0CMS330755-01-00 (SHIP)

Anne Hinton

Executive Director

San Francisco Department of Aging and Adult Services

1650 Mission Street, 5th Floor

San Francisco, CA 94103

Dear Ms. <sup>Anne</sup>Hinton:

On September 29, 2010, the California Department of Aging (CDA) was awarded an Affordable Care Act - Medicare Improvements for Patients and Providers Act (2MIPPA) grant. The San Francisco Department of Aging and Adult Services was an identified sub-recipient in our grant application. Because CDA must obtain state budget authority before disbursing these funds, contracts are projected to be mailed to participating organizations during December 2010. The term of the grant is from the date of the contract through September 29, 2012.

There are three separate grant awards: for the AAAs, the SHIPs (HICAPs) and the ADRCs (where applicable). The grant award will be evenly distributed over both grant years. Your estimated total MIPPA Grant allocations are as follows:

AAA:	\$27,070
HICAP:	\$23,398
ADRC:	\$92,660

The MIPPA Grant Award terms and conditions require that grant participants attain specific target goals for the number of submitted Medicare Low-Income Subsidy (LIS) and Medicare Savings Plan (MSP) applications. The new Grant also requires outreach to make beneficiaries aware of the expanded Medicare wellness and disease prevention benefits. Due to the complexity of the grant requirements, CDA encourages you to consider allocating (or sub-contracting) these funds to your local HICAP, since it has the most experience providing services to Medicare beneficiaries.

We appreciate your involvement and collaboration in meeting the goals of this 2MIPPA Grant, which will carry on the tradition of the first MIPPA Grant, providing extra help for low-income Medicare beneficiaries in paying for their prescription medication costs.

Sincerely,

  
Lora Connolly  
Chief Deputy Director

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> (Please print clearly.)	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

<b>Contractor Information</b> (Please print clearly.)
Name of contractor: <b>Self Help for the Elderly</b>
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. (1) Please see attached sheet (2) CEO – Anni Chung; CFO – Vicki Ho (interim CFO); there is no COO (3) None (4) None (5) None
Contractor address: 407 Sansome Street, San Francisco, CA 94111
Date that contract was approved: (By the SF Board of Supervisors)
Amount of contract: \$50,468
Describe the nature of the contract that was approved: Provide expansion to Medicare beneficiary enrollment in the in the Prescription Drug Benefit Low Income subsidy (LIS) Program, the Medicare Savings Program (MSP), enrollment efforts for Medicare Part D and outreach activities aimed at preventing disease and promoting wellness.
Comments: None.

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves: San Francisco Board of Supervisors  
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: ( 415 ) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

# 2010-2011 SELF-HELP FOR THE ELDERLY BOARD OF DIRECTORS

**Kairina Lee Bong, Esq.**  
1568 Jackson Street  
San Francisco, CA 94109  
Work: 415-438-7257  
Home: 415-931-5644  
Fax (w): 415-398-2438  
Cellular: 415-215-5644  
[kaboo23@gmail.com](mailto:kaboo23@gmail.com)

**Andy Bryant**  
3992 Mission Boulevard  
Hayward, CA 94544  
Work: 510-441-5596  
Cellular: 510-376-7938  
Fax: 510-429-1029  
[abryant@lifemarkgroup.com](mailto:abryant@lifemarkgroup.com)

**Frank Chiu**  
128 Southwood Drive  
San Francisco, CA 94103  
Home: 415-337-1263  
Cellular: 415-699-6838  
[frchui128@yahoo.com](mailto:frchui128@yahoo.com)

**Simon Chow**  
P.O. Box 1420  
Millbrae, CA 94030  
[cseinvestments@yahoo.com](mailto:cseinvestments@yahoo.com)

**Anni Chung**  
(President & CEO)  
Self-Help for the Elderly  
407 Sansome Street  
San Francisco, CA 94111  
Work: 415-982-9171  
Fax: 415-296-0313  
Cellular: 415-822-0331  
[anni@selfhelpelderly.org](mailto:anni@selfhelpelderly.org)

**Gladys Hu**  
5 - 17th Avenue  
San Francisco, CA 94121  
Home: 415-751-1372  
Fax: 415-751-1372

**Eva Jones**  
80 Oak Hallow Way  
Menlo Park, CA 94025  
Home: 650-854-5154  
Cellular: 650-353-6108  
Fax: 650-854-5154  
[laikit@sbeglobal.net](mailto:laikit@sbeglobal.net)

**Anthony Kan**  
153 Columbus Avenue  
San Francisco, CA 94133  
Work: 1-888-339-2888  
Cellular: 650-683-6209  
Fax: 415-765-9987  
[anthonyvkan@gmail.com](mailto:anthonyvkan@gmail.com)

**Janie L. Kaung**  
1333 Jones Street, #1407  
San Francisco, CA 94109  
(415) 673-4296  
[Janie.kaung@gmail.com](mailto:Janie.kaung@gmail.com)

**Rosalyn Koo**  
1 Baldwin Ave. #318  
San Mateo, CA 94401  
Home: 650-558-8151  
Fax: 650-558-8052  
[RozKoo@hotmail.com](mailto:RozKoo@hotmail.com)

**Gerald Lee (Treasurer)**  
2295 17th Avenue  
San Francisco, CA 94116  
Work: 415-252-4486  
Home: 415-564-9871  
Fax (w): 415-252-4531  
Pager: 415-201-6717  
Cellular: 415-269-6306  
[jerrylee@ups.com](mailto:jerrylee@ups.com)

**Jerry Lee, Esq.**  
456 Montgomery Street  
Suite 700  
San Francisco, CA 94104  
Work: 415-781-8251  
Fax: 415-434-3748  
[jleeattv@aol.com](mailto:jleeattv@aol.com)

**Billy Leung**  
2201 Walnut Ave, Suite 140  
Fremont, CA 94538  
Work: 510-789-2396  
[bleung@finsyces.com](mailto:bleung@finsyces.com)

**Dominic Li**  
555 Montgomery Street, #1205,  
San Francisco, CA 94111.  
Office: 415-315-2728  
[Dominic.Li@eastwestbank.com](mailto:Dominic.Li@eastwestbank.com)

**Joanne Lin**  
25 Brandon Court  
Hillsborough, CA 94010  
Cellular: 650-868-3300  
[jlin88@aol.com](mailto:jlin88@aol.com)

**Patricia Mar (Vice Chair)**  
7207 Broderick St.  
San Francisco, CA 94115  
Home: 415-922-4735  
Cell: 415-215-4735  
[patriciamar@sbeglobal.net](mailto:patriciamar@sbeglobal.net)

**Magdalen Mui**  
One Montgomery Tower  
170 Kearny St. 19th Floor  
San Francisco, CA 94108  
Work: 415-222-3300  
Cellular: 650-302-8268  
[muiimgd@wellsfargo.com](mailto:muiimgd@wellsfargo.com)

**William Schulte**  
849 Vista Drive  
Redwood City, CA 94062  
Home: 650-346-5361  
[wrschulte@sbeglobal.net](mailto:wrschulte@sbeglobal.net)

**Linda Wang (Secretary)**  
2479 Post Street  
San Francisco, CA 94115  
Home: 415-922-4380  
Fax (h): 415-885-3129  
Pager: 415-280-2357  
[lindawangster@gmail.com](mailto:lindawangster@gmail.com)

**May Wong**  
233 Sansome Street  
San Francisco, CA 94104  
Work: 415-338-0672  
Fax: 415-338-0741  
[maylwong@aol.com](mailto:maylwong@aol.com)

**Sebastian Wong (Chair)**  
5214F Diamond Heights Blvd.  
#525  
San Francisco, CA 94134  
Home: 415-282-2759  
Cellular: 415-812-8393  
[sabywong@earthlink.net](mailto:sabywong@earthlink.net)

**Susan Won**  
555 Laurel Avenue, #602  
San Mateo, CA 94401  
Home: 650-375-1991  
Fax (h): 650-375-8667  
[SusanL.Woo@aol.com](mailto:SusanL.Woo@aol.com)

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>		
Name of contractor: <b>EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO</b>		
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>(1) Please see attached page  (2) (i.) Kenneth J. Reggio – Executive Director  (ii.) Karen Gruneisen – Associate Director  (iii.) Melanie D. Johnson – Chief Financial Officer  (3) none  (4) none  (5) none</p>		
Contractor address: <b>165 8<sup>TH</sup> STREET, 3<sup>RD</sup> FLOOR, SAN FRANCISCO, CA 94103</b>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date that contract was approved: <i>(By the SF Board of Supervisors)</i></td> <td style="width: 50%;">Amount of contract: \$92,660</td> </tr> </table>	Date that contract was approved: <i>(By the SF Board of Supervisors)</i>	Amount of contract: \$92,660
Date that contract was approved: <i>(By the SF Board of Supervisors)</i>	Amount of contract: \$92,660	
Describe the nature of the contract that was approved: Provide expansion to Medicare beneficiary enrollment in the in the Prescription Drug Benefit Low Income subsidy (LIS) Program, the Medicare Savings Program (MSP), enrollment efforts for Medicare Part D and outreach activities aimed at preventing disease and promoting wellness.		
Comments: None.		

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves: San Francisco Board of Supervisors  
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: ( 415 ) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed

**EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO  
BOARD OF DIRECTORS**

The Rt. Rev. Marc Handley Andrus	Chair
Sedge Dienst	President
Michael Coholan	Vice-President/Secretary
Yvonne L. Tatsuno	Vice-President/Treasurer
Kenneth J. Reggio	
The Rev. Paul Anthony Burrows	
Ted Chambers	
Andrea Clay	
Todd Clayter	
David D. Cooke	
Cort Cortez	
Alan Fox	
Richard Gill	
William M. Harris	
Chris Hoberg	
Dr. Martin Jones	
Jenisel Jordan	
Fernan E. Lopez	
Alexander C. Senchak	
Richard Springwater	
The Rev. Margaret Trezevant	
Eric E. Wheatley	
Pablo Wong	



## DEPARTMENT OF AGING

1300 National Drive, Suite 200

Sacramento, CA 95834

Internet Home Page: [www.aging.ca.gov](http://www.aging.ca.gov)

TDD Only 1-800-735-2929

FAX Only (916) 928-2267

Telephone: (916) 419-7500



# PROGRAM MEMO

TO: Area Agency on Aging Directors	NO.: PM 10-28(P)
SUBJECT: Fiscal Year 2010-2011 & 2011-2012 "2" Medicare Improvements for Patients and Providers Act Contract	DATE ISSUED: December 20, 2010
REVISED	EXPIRES: June 30, 2012
REFERENCES: 2 MIPPA GRANT 2010-2011; 2011-2012 The Medicare Improvements for Patients and Providers Act of 2008	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input checked="" type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input checked="" type="checkbox"/> Other: MIPPA	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <u>Transmit "2 MIPPA"</u> <u>contracts for FYS 2010-2011 &amp; 2011-12</u>	
INQUIRIES SHOULD BE DIRECTED TO: <b>Your Assigned AAA-Based Team Fiscal Specialist</b>	

This Program Memo (PM) transmits your Medicare Improvements for Patients and Providers Act (MIPPA) contracts for State Fiscal Year (SFY) 2010-11 and 2011-12. The California Department of Aging (CDA) has received a two-year non-competitive grant from the federal government to assist in expanding Medicare beneficiary enrollment in the Prescription Drug Benefit Low Income Subsidy (LIS) Program, the Medicare Savings Program (MSP), rural outreach and enrollment efforts for Medicare Part D and outreach activities aimed at preventing disease and promoting wellness. This contract is identified as "2 MIPPA" to distinguish it from the first MIPPA contract which began in FY 2009-10 and ends on May 30, 2011. The term of the "2 MIPPA" contract is for the 18 month period of January 1, 2011 – June 30, 2012.

CDA will distribute the total "2 MIPPA" grant of \$2,191,463 as follows: \$922,016 to Area Agencies on Aging (AAA); \$555,956 to the six Aging and Disability Resource Centers (ADRC); \$687,144 to Health Insurance Counseling and Advocacy Programs (HICAP); and \$26,347 in support of state operations. CDA will allocate the first half of the distributed grant award (approximately \$1,096,000) for expenditure in SFY 2010-11, and the second half in SFY 2011-12. Planning and Service Areas (PSA) 5, 16, 17, 24 and 29 have chosen to redirect their MIPPA funds and will not receive a contract. Please refer to the attached Budget Display for your contract funds allocated for expenditure in SFY 2010-11 and SFY 2011-12.

CDA encourages you to consider allocating (or subcontracting) these funds to your local HICAP, since it has the most experience providing services to Medicare beneficiaries.

"2 MIPPA" funds not spent in SFY 2010-11 will be available for use in SFY 2011-12. AAAs should note that the second year of "2 MIPPA" funding is contingent on meeting a minimum of 30 percent of the individual PSA's total performance benchmarks. CDA will evaluate achievement of performance benchmarks in July of 2011 for the reporting period ending June 30, 2011. (All LIS and MSP applications submitted after October 1, 2010 will apply toward the "2 MIPPA" performance benchmarks.) CDA may withhold and reallocate funds for SFY 2011-12 if these benchmarks are not met. Funding extended for the second year will expire at the end of the contract term and will not be extended beyond that time. CDA will return any remaining funds to the federal government.

All AAAs will receive their share of AAA funds based on the Intrastate Funding Formula. Each AAA with a HICAP will get an allocation based on HICAP factors. The six AAAs with ADRCs will each get one sixth of the total ADRC allocation.

Of the funds allocated, a maximum of eight percent of HICAP MIPPA and AAA MIPPA funding may be used for administration of the Program. For the ADRC Program, a maximum of three percent may be used for administration. The comments section of the attached budget display illustrates the maximum dollar amount that may be used for administration.

#### FY 2010-11 Contract and Budget Display

Please note that this memo conveys the "2 MIPPA" contract. No Planning Estimates were issued in advance of these documents.

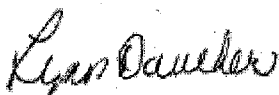
#### 2 MIPPA Budget Due Date

An electronic copy of your original "2 MIPPA" Budget (CDA 229 2M) for the SFY 2010-11 period is due to your assigned AAA-Based Team Fiscal Specialist **as soon as possible, but no later than 30 days from the date of this PM.**

#### 2 MIPPA Expenditures and Request for Funds

Funds from the first MIPPA contract must be expended before "2 MIPPA" funds may be requested. The "2 MIPPA" Monthly Report of Expenditures/Request for Funds (CDA 245 2M) will enable AAAs to request advance funds and report expenditures monthly. The CDA 245 2M will be due to your assigned AAA-Based Team Fiscal Specialist on the 30<sup>th</sup> of the month following the expenditure reporting period. Due to the contract beginning in January 2011, you may request advances up to one-sixth of the "2 MIPPA" SFY 2010-2011 funds in January, February, and March based on your analysis of cash needs.

You may download the CDA 229 2M and CDA 245 2M and instructions for their completion from the CDA website at <http://www.aging.ca.gov/aaa/fiscalFormDocument.asp>, under the "2 MIPPA" Documents header.



Lynn Daucher  
Director

Attachments (Contract package will be mailed to the Agency Contract Representative.)