



Lori A. Cox  
Agency Director

Thomas L. Berkley Square  
2000 San Pablo Avenue, Fourth Floor  
Oakland, California 94612  
510-271-9100 / Fax: 510-271-9108  
[ssadirector@acgov.org](mailto:ssadirector@acgov.org)  
<http://alamedasocialservices.org>

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October 24, 2012

Honorable Board of Supervisors  
Administration Building  
Oakland, CA 94612

Dear Board Members:

**SUBJECT:** FY 2012-2013 Health Insurance Counseling and Advocacy Program (HICAP) Agreement, Amendment 1 with the California Department of Aging, No. HI-1213-09, A1

**RECOMMENDATION:**

1. Approve the FY 2012-2013 Health Insurance Counseling and Advocacy Program (HICAP) Agreement, Amendment, No. HI-1213-09, A1 in the amount of \$406,878, (from \$391,610 to \$406,878, an increase of \$15,268), and authorize the President to sign seven (7) Grant Agreements (attached) on behalf of Alameda County, each with an original signature.
2. Approve a funding increase to the current service contract, Procurement Contract #8308, PO #10793, with Legal Assistance for Seniors, (Principal: Janet Van Deusen; Location: Oakland, CA), under CBO Master Contract #900189, increasing the current award from \$360,170 to \$375,438 (a funding increase of \$15,268) for continued HICAP services and delegate authority to the Social Services Agency (SSA) Director, or designee, to execute the amendment under the Master Contracting process.

**SUMMARY/DISCUSSION:**

This letter requests action by your Board to approve and execute the HICAP Agreement amendment issued by the California Department of Aging for FY 2012-2013. The HICAP Grant Agreement amendment allocates a total of \$406,878 to the Alameda County Area Agency on Aging (AAA). The AAA retains \$31,440 for administrative purposes. This letter also requests an authorization for an amendment to increase funding by \$15,268 for the current HICAP provider, Legal Assistance for Seniors (LAS).

**SELECTION CRITERIA/PROCESS:**

*The subcontractor, Legal Assistance for Seniors, receiving funds under this Grant Agreement was selected during the 2010-2014 RFP process administered by the Area Agency on Aging. All recommendations for funding were approved by your Board on June 29, 2010 (File No. 23606, Item 12). Contracts are renewable for three additional years, based on availability of funds and good performance.*

**FINANCING:**

Financing will come from the state and federal funds awarded to Alameda County by the California Department of Aging through these Grant Agreements for FY 2012-2013. There is no change to net County cost as a result of your approval of the Grant Agreement.

Sincerely,



Lori A. Cox  
Agency Director

Attachment: Seven (7) Health Insurance counseling and Advocacy Program Grant Agreements (HI-1213-09) for Board President's signature

- c: County Administrator
- County Counsel
- Auditor-Controller

## CALIFORNIA 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) 928-2500  
(916) 419-7531



September 25, 2012

To: COUNTY OF ALAMEDA

Enclosed are four Standard Agreements for Contract Number HI-1213-09, Amendment 1, in the amount of \$ 406,878.00 which increases the contract amount by \$ 15,268.00. Any additional documents that need to be submitted with this contract are checked below:

Insurance Certificate or letter of self-insurance for:  General Liability ()  
 Auto ()  
 Professional ()

Resolution (False)  No Resolution (False)

No Documents Required

Please sign and return all four copies of the Contract and any additional documents required to:

California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834

If you have any questions, please contact me at (916) 419-7157. Thank you.

Don Fingado  
Contract Analyst  
California Department of Aging



Do Your Part to Help California Save Energy  
To learn more about saving energy, visit the CDA web site at [www.aging.ca.gov](http://www.aging.ca.gov)

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 Pages

AGREEMENT NUMBER <b>HI-1213-09</b>	AMENDMENT NUMBER <b>1</b>
REGISTRATION NUMBER	

1. This Agreement is entered into between the State Agency and Contractor named below:  
 STATE AGENCY'S NAME  
**California Department of Aging**  
 CONTRACTOR'S NAME  
**COUNTY OF ALAMEDA**

2. The term of this Agreement is July 1, 2012 through June 30, 2013

3. The maximum amount of this Agreement after this amendment is: **\$ 406,878.00**  
Four hundred six thousand eight hundred seventy-eight and 00/100 dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:  
 This amendment increases the dollar amount available under this Agreement. The additional funds will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 7, is attached and incorporated, and replaces the original Exhibit B, Budget Detail and Payment Provisions, page 7.

The Budget, amendment 1, is hereby incorporated by reference and replaces the original Budget.

Revisions to Exhibit A, ARTICLE II, Scope of Work, are attached.

Approved as to Form

DONNA R. ZIEGLER, County Counsel

By *Celeste Jean*  
 Print Name Celeste Jean

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) COUNTY OF ALAMEDA		
BY (Authorized Signature) <u><i>[Signature]</i></u>	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 6955 FOOTHILL BLVD., SUITE 300 OAKLAND CA 94605		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME California Department of Aging		<input checked="" type="checkbox"/> Exempt per: Older Californians Act
BY (Authorized Signature) <u><i>[Signature]</i></u>	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Dyanne Macias, Manager, Contracts and Business Services Section		
ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834		

ARTICLE II, Scope of Work has been amended to read as follows:

~~The Contractor shall perform the following if operating as a direct HICAP program; for a HICAP contracted program the Contractor shall ensure that the subcontractor shall perform the following:~~ The Contractor, if providing HICAP directly or through a subcontract shall:

ARTICLE II Scope of Work, Section O has been amended to read as follows:

~~Provide direct HICAP Legal Services or contract with a provider to perform HICAP legal services. The Contractor or subcontractor shall adhere to the following conditions:~~ Ensure that if legal services are provided directly or through a subcontract, the following conditions are met.

**Exhibit B - Budget Detail, Payment Provisions, and Closeout**  
**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**  
**Budget Display**  
**Fiscal Year 2012/13**  
**County of Alameda**

	PROGRAM BASELINE	ONE-TIME ONLY	TOTAL	NET CHANGE
<b>HICAP Funds</b>				
Reimbursements (Ins Fund)	176,691	-	176,691	-
State HICAP Fund	88,320	-	88,320	-
Federal SHIP Funds	126,599	15,268	141,867	15,268
<b>TOTAL HICAP Funds</b>	<b>391,610</b>	<b>15,268</b>	<b>406,878</b>	<b>15,268</b>

The maximum allowable funding available from the allocations above for Administration is:

Reimbursements (Ins Fund)	12,523
State HICAP Fund	6,257
Federal SHIP	12,660

\*\*Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grants:

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	1N0CMS020196-20-00	4/1/2012
93.779	State Health Insurance Assistance Program	1N0CMS020196-21-00	4/1/2013

