

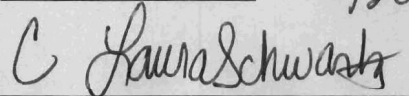
EL DORADO COUNTY BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL

Meeting of
December 5, 2006

AGENDA TITLE: California Department of Aging MSSP Contract No. MS-0607-35, Amendment 1

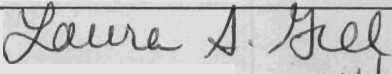
DEPARTMENT: Human Services (CS)
CONTACT: John Litwinovich
DATE: 11/17/2006 **PHONE:** 6163

DEPT SIGNOFF:


CAO USE ONLY: 11/20


DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

Human Services, Community Services Division, recommends adoption of a resolution authorizing the Chairman's signature on Amendment 1 to Contract MS-0607-35 with the California Department of Aging, increasing the maximum dollar amount by \$44,472 from \$276,903 to \$321,375 for the provision of the Multipurpose Senior Services Program (MSSP) for the period July 1, 2006 through June 30, 2007. The resolution further authorizes Area Agency on Aging Director Doug Nowka to continue to administer Contract MS-0607-35 and execute subsequent documents relating to the contract, including, contingent upon approval of County Counsel and Risk Management, amendments thereto that do not affect the dollar amount or term and required fiscal and programmatic reports.

CAO RECOMMENDATIONS: *Recommend approval*  11/21/06

Financial impact? Yes No

Funding Source: Gen Fund Other
Other: Federal and State Revenues

BUDGET SUMMARY:

Total Est. Cost	\$321,375.00
Funding	
Budgeted	\$321,375.00
New Funding	_____
Savings*	_____
Other	_____
Total Funding	\$321,375.00
Change in Net County Cost	\$0.00

CAO Office Use Only:

4/5's Vote Required Yes No
Change in Policy Yes No
New Personnel Yes No

CONCURRENCES:

Risk Management _____
County Counsel _____
Other _____

RECEIVED
BOARD OF SUPERVISORS
2006 NOV 21 PM 3:51

***Explain**

BOARD ACTIONS:

Vote: Unanimous _____ Or
Ayes:
Noes:
Abstentions:
Absent:

I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors

Date: _____

Attest: **Cindy Keck, Board of Supervisors Clerk**

By: _____



EL DORADO COUNTY
DEPARTMENT OF HUMAN SERVICES
John Litwinovich
Director

November 16, 2006

El Dorado County Board of Supervisors
330 Fair Lane
Placerville, California 95667

Members of the Board:

Title: California Department of Aging MSSP Contract No. MS-0607-35, Amendment 1

Recommendations:

Human Services, Community Services Division, recommends adoption of a resolution authorizing the Chairman's signature on Amendment 1 to Contract MS-0607-35 with the California Department of Aging, increasing the maximum dollar amount by \$44,472 from \$276,903 to \$321,375 for the provision of the Multipurpose Senior Services Program (MSSP) for the period July 1, 2006 through June 30, 2007. The resolution further authorizes Area Agency on Aging Director Doug Nowka to continue to administer Contract MS-0607-35 and execute subsequent documents relating to the contract, including, contingent upon approval of County Counsel and Risk Management, amendments thereto that do not affect the dollar amount or term and required fiscal and programmatic reports.

Reasons for Recommendations:

Contract MS-0607-35, as amended, provides up to \$321,375 in Federal and State funding to provide the Multipurpose Senior Services Program in El Dorado County during FY 2006/07. The additional expected revenues reflect State recognition of the need to mitigate rising costs of doing business and will enable the program to maintain services to their existing client caseload through 6/30/07. These services assist frail, vulnerable seniors to remain in their homes and independent to the extent possible. County Counsel and Risk Management have approved the Amendment. A copy of the document is on file with the Board Clerk.

Fiscal Impact:

Total Cost (or Savings)

The amount of Federal and State funds payable by the State to El Dorado County under this Contract is \$321,375. The \$44,472 in increased revenues was expected and is budgeted for FY 2006/07.


Net County Cost: No change.

Action to be Taken Following Approval:

Board Clerk to:

- Provide Department with three (2) certified resolutions and six (6) copies of Contract MS-0607-35, Amendment 1 signed by the Chairman.

Sincerely,

by 

John Litwinovich
Director of Human Services

11-6-06

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Human Svcs (CS)
Dept. Contact: Virginia Burns
Phone #: 530-621-6153
Department Head
Signature: *John Latorre*

CONTRACTOR:

Name: CA Dept. of Aging
Address: 1300 National Dr, Ste. 300
Sacramento, CA 95834
Phone: 916-419-7157

CONTRACTING DEPARTMENT: Human Services (CS)

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: with original contract

2006 NOV - 6 PM 2:57
EL DORADO COUNTY COUNSEL
Hand Relieved

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 11-13-06 By: *Calpin*
Approved: Disapproved: Date: _____ By: _____

DATE	ATTORNEY	DEPT./INDEX NO.	EX.
<u>11/07/06</u>	<u>Ed. Knapp</u>	<u>53/000</u>	<u>1</u>

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 11/14/06 By: *F. Costello*
Approved: Disapproved: Date: _____ By: _____

NOV 14 2006

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____



370-04

RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, this Board has designated itself as the Area Agency on Aging of El Dorado County; and

WHEREAS, it is necessary and desirable that the Area Agency on Aging provide a Multipurpose Senior Services Program, and

WHEREAS, Amendment 1 to Contract Number MS-0607-35 has been presented to this Board for its consideration and acceptance whereby the County of El Dorado shall use the additional funding for Multipurpose Senior Services Program services, and

WHEREAS, this Board has examined and approved said Agreement as to both form and content and desires to enter into the Agreement, and

WHEREAS, the Chairman of the Board can act on behalf of the County of El Dorado and will sign all necessary documents required to complete the contract,

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of El Dorado hereby authorizes the Chairman of the Board to execute Amendment 1 to Contract MS-0607-35 with the California Department Aging, and further authorizes Doug Nowka, Director of the El Dorado County Area Agency on Aging, to continue to execute further documents relating to Contract MS-0607-35, including, contingent upon approval by County Counsel and Risk Management, amendments thereto that do not affect the dollar amount or term, and to sign subsequent required fiscal and programmatic reports, and to perform any and all administrative and other responsibilities in relationship to said Agreement.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the _____ day of _____, 2006, by the following vote of said Board

Attest:
Cindy Keck
Clerk of the Board of Supervisors

Ayes:
Noes:
Absent:

By: _____
Deputy Clerk

Chairman, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

Attest: CINDY KECK, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____

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

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER	AMENDMENT NUMBER
MS-0607-35	1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:
STATE AGENCY'S NAME
California Department of Aging
CONTRACTOR'S NAME
El Dorado County Department of Human Services
- The term of this Agreement is July 1, 2006 through June 30, 2007
- The maximum amount of this Agreement is \$321,375.00
 Agreement after this amendment is: Three hundred twenty one thousand, three hundred seventy five dollars
- 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 total dollar amount of this contract.

This increase is needed to mitigate rising costs of doing business.

Exhibit B, pages 6 and 7, are hereby deleted.

Exhibit B, amendment 1, pages 6 and 7, are attached and incorporated into this Agreement.

Exhibit E is hereby deleted.

Exhibit E, Amendment 1, is attached and is incorporated into this agreement.

The amended budget, and Exhibit E are effective July 1, 2006.

All other terms and conditions shall remain the same.

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



CONTRACTOR		CALIFORNIA Department of General Services Use Only
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small>		
<u>El Dorado County Department of Human Services</u>		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
		
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
<u>James R. Sweeney, Chairman, Board of Supervisors</u>		
<small>ADDRESS</small>		
<u>937 Spring St., Placerville, CA 95667</u>		
STATE OF CALIFORNIA		<input type="checkbox"/> Exempt per:
<small>AGENCY NAME</small>		
<u>California Department of Aging</u>		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
		
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
<u>Rachel de la Cruz, Manager, Contracts and Business Services Section</u>		
<small>ADDRESS</small>		
<u>1300 National Drive, Suite 200, Sacramento, California 95834</u>		

EXHIBIT B
Budget Detail and Payment Provisions

SITE NAME : El Dorado County Department of Human Services			
Amendment 1	MS-0607-35		FY 06-07 Rev 1
LINE ITEM TITLE	FTE	LINE	BUDGET
CARE MANAGEMENT			
Position Title			
SCM	0.500	[1]	\$24,238
SWCM	1.000	[2]	\$41,680
NCM	0.810	[3]	\$51,707
		[4]	\$0
		[5]	\$0
		[6]	\$0
		[7]	\$0
		[8]	\$0
		[9]	\$0
		[10]	\$0
		[11]	\$0
		[12]	\$0
		[13]	\$0
		[14]	\$0
		[15]	\$0
		[16]	\$0
		[17]	\$0
		[18]	\$0
		[19]	\$0
		[20]	\$0
		[21]	\$0
		[22]	\$0
		[23]	\$0
		[24]	\$0
		[25]	\$0
Subtotal Care Management Salaries		[26]	\$117,625
Benefits		[27]	\$31,084
Salary Savings		[28]	\$0
TOTAL CARE MANAGEMENT		{29}	\$148,709
ADMINISTRATION/Care Management Support (CMS)			
Fiscal Officer Salary	0.050	[30]	\$3,912
Fiscal Officer Salary	0.010	[31]	\$672
Data Support Salaries	0.030	[32]	\$1,752
Clerical Support Salaries	0.325	[33]	\$35,773
Site Administrator	0.250	[34]	\$15,660
		[35]	\$0
Subtotal Administration/CMS Salaries		[36]	\$57,769
Administration Benefits		[37]	\$18,030
Salary Savings		[38]	\$0
Total Administration/CMS Salaries and Benefits		[39]	\$75,799
Office Supplies/Equipment		[40]	\$10,714
Library Purchases/Subscriptions		[41]	\$375
Equipment \$300 per Unit or More		[42]	\$0
Recruitment costs		[43]	\$0
Equipment Rental		[44]	\$0
Equipment Maintenance		[45]	\$0
Reproduction, Printing and Copy		[46]	\$200
Communications		[47]	\$1,167
Postage		[48]	\$336
Consultation/Professional Services		[49]	\$1,164
Insurance		[50]	\$246
Travel		[51]	\$2,070
Training without Associated Travel Costs		[52]	\$450
Facility, Rent and Operations		[53]	\$1,492
Indirect Costs (Indirect Costs/Base) 15% maximum		[54]	\$0
Base = Salaries and Benefits ([29] & [39])	224508.00	[55]	
Temporary Help		[56]	\$0
		[57]	\$0
		[58]	\$0
		[59]	\$0
TOTAL ADMINISTRATION/CMS		{60}	\$94,013
TOTAL WAIVED SERVICES		{61}	\$78,653
BUDGET TOTAL (LINES 29+60+61)		{63}	\$321,375

EXHIBIT E- Amendment1
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
1. CASH GRANT		
10	AGED	SSI/SSP Aid to the Aged – Cash assistance program administered by the Social Security Administration, pays a cash grant to needy persons age 65 or older.
20	BLIND	SSI/SSP Aid to the Blind – Cash assistance program administered by the Social Security Administration, pays a cash grant to needy blind persons of any age.
60	DISABLED	SSI/SSP Aid to the Disabled – Cash assistance program administered by the Social Security Administration, pays a cash grant to needy persons who meet the federal definition of disability.
2. PICKLE ELIGIBLES/20 PERCENT SOCIAL SECURITY DISREGARDS		
***16	AGED	Aid to the Aged-Pickle Eligibles – Persons age 65 or older who were eligible for and receiving SSI/SSP and Title II Benefits concurrently in any month since April, 1977, and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions of the <u>Lynch v. Rank</u> lawsuit.
***26	BLIND	Aid to the Blind-Pickle Eligibles – Persons who meet the federal criteria for blindness and are covered by the provision of the <u>Lynch v. Rank</u> lawsuit. See aid code 16 for definition of Pickle Eligibles.
***66	DISABLED	Aid to the Disabled-Pickle Eligibles – Persons who meet the federal definition of disability and are covered by the provision of the <u>Lynch v. Rank</u> lawsuit. See aid code 16 for definition of Pickle Eligibles.
***NOTE:		This also includes persons who were discontinued from cash grant status due to the 20 percent Social Security increase under Public Law 32-336. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with Section 50247, Title 22, CCR.

EXHIBIT E
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
-----------------	----------------	-------------------

3. IN-HOME SUPPORTIVE SERVICES

This section has been revised because codes 18, 28, 68 are no longer valid Medi-Cal codes due to the implementation July 1, 2005 of the IHSS Plus Waiver.

4. MEDICALLY NEEDY, NO SHARE OF COST

14	AGED-MN	Aid to the Aged-Medically Needy – Persons age 65 or older who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.
24	BLIND-MN	Aid to the Blind-Medically Needy – Persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.
64	DISABLED-MN	Aid to the Disabled-Medically Needy – Persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No Share of cost required of the beneficiaries.

EXHIBIT E- Amendment1
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
5. MEDICALLY NEEDED, SHARE OF COST		
***17	AGED-MN-SOC	Aid to the Aged-Medically Needed, Share of Cost – See Aid Code 14 for definition of AGED-MN. Share of cost is required of the beneficiaries.
***27	BLIND-MN-SOC	Aid to the Blind-Medically Needed, Share of Cost – See Aid Code 24 for definition of BLIND-MN. Share of cost is required of the beneficiaries.
***67	DISABLED-MN-SOC	Aid to the Disabled-Medically Needed, Share of Cost – See Aid Code 64 for definition of Disabled-MN. Share of cost is required of the beneficiaries.
***NOTE: As a result of the implementation of the IHSS Plus Waiver, the special program codes of 1F, 2F, and 6F that were paired with the 17, 27, and 67 aid codes are no longer valid Medi-Cal aid codes as of November 1, 2005. MSSP sites are only required to serve clients with the aid codes of 17, 27, or 67 who were active as of November 1, 2005.		
6. AGED AND DISABLED FEDERAL POVERTY LEVEL PROGRAM		
1H	AGED	Aged persons who, due to their income levels, would normally be included in the Medi-Cal Share of Cost population (Aid Code 17). Under this new program, those recipients with a Share of Cost of \$1 to \$326 will be given full scope, no Share of Cost Medi-Cal.
6H	DISABLED	Disabled persons who, due to their income levels, would normally be included in the Medi-Cal Share of Cost population (Aid Code 17). Under this new program, those recipients with a Share of Cost of \$1 to \$326 will be given full scope, no Share of Cost Medi-Cal.

EXHIBIT E- Amendment1
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
7. INSTITUTIONAL DEEMING		
1X	NO SOC	Multipurpose Senior Services Program Medi-Cal Qualified. Eligible due to application of spousal impoverishment rules.
1Y	SOC	Multipurpose Senior Services Program Medi-Cal Qualified. Eligible due to application of spousal impoverishment rules. Share of cost is required of the beneficiaries. These recipients are identified apart from the regular Medi-Cal SOC population by the Special Program Aid Code of 1F.
8. CONTINUED ELIGIBILITY - REDETERMINATION		
1E	AGED	Continued eligibility for the Aged - Former SSI beneficiaries who are aged until the county redetermines their eligibility.
2E	BLIND	Continued eligibility for the Blind - Former SSI beneficiaries who are blind until the county redetermines their eligibility.
6E	DISABLED	Continued eligibility for the Disabled - Discontinued SSI beneficiaries who are disabled until the county redetermines their eligibility.
9. CONTINUED ELIGIBILITY - REDETERMINATION		
1D	AGED	Continued eligibility for the Aged – Discontinued IHSS Residual beneficiaries who are aged until the county redetermines their eligibility.
2D	BLIND	Continued eligibility for the Blind - Discontinued IHSS Residual beneficiaries who are blind until the county redetermines their eligibility.
6D	DISABLED	Continued eligibility for the Disabled - Discontinued IHSS Residual beneficiaries who are disabled until the county redetermines their eligibility.