



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)

**MEMORANDUM**

**TO:** DISABILITY AND AGING SERVICES COMMISSION

**THROUGH:** KELLY DEARMAN, EXECUTIVE DIRECTOR

**FROM:** CINDY KAUFFMAN, DEPUTY DIRECTOR  
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

**DATE:** MAY 8, 2024

DS  
EE

**SUBJECT:** NEW GRANTS: **SELF-HELP FOR THE ELDERLY (NON-PROFIT)** FOR THE PROVISION OF HEALTH INSURANCE COUNSELING & ADVOCACY PROGRAM (HICAP) TO OLDER ADULTS & YOUNGER ADULTS WITH DISABILITIES, AND FOR MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) FOR HICAP

**GRANT TERM:** 7/1/2024 - 6/30/2028

<b>GRANT AMOUNT:</b>	<u>New</u>	<u>Contingency</u>	<u>Total</u>
	\$2,145,367	\$214,536	\$2,359,903

<b>ANNUAL AMOUNT:</b>	<u>FY24/25</u>	<u>FY 25/26</u>	<u>FY 26/27</u>	<u>FY 27/28</u>
	\$519,488	\$532,775	\$541,899	\$551,205



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

<b>Funding Source</b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
<b>FUNDING:</b>		\$1,305,669	\$839,698	\$214,536	\$2,359,903
<b>HICAP %:</b>		71%	29%		100%
<b>MIPPA %:</b>			100%		

The Department of Disability and Aging Services (DAS) requests authorization to enter into new grant agreements with Self-Help for the Elderly for the period of July 1, 2024 through June 30, 2028, in an amount of \$2,145,367 plus a 10% contingency for a total amount not to exceed \$2,359,903. The purpose of these grants is for the provision of the Health

Insurance Counseling and Advocacy Program (HICAP), a Medicare benefits counseling service, and for the provision of Health Insurance Counseling and Advocacy Program (HICAP) through Medicare Improvements for Patients and Providers Act (MIPPA).

Service	FY 24-25	FY 25-26	FY 26-27	FY 27-28	Total FY 24-28*	10% Contingency	Total Grant Amount FY 24-28
Health Insurance Counseling and Advocacy Program (HICAP)	\$442,889	\$456,176	\$465,300	\$474,606	\$1,838,971	\$183,897	\$2,022,868
Medicare Improvements for Patients and Providers Act (MIPPA)	\$76,599	\$76,599	\$76,599	\$76,599	\$306,396	\$30,639	\$337,035
<b>Total</b>	<b>\$519,488</b>	<b>\$532,775</b>	<b>\$541,899</b>	<b>\$551,205</b>	<b>\$2,145,367</b>	<b>\$214,536</b>	<b>\$2,359,903</b>

**\*The \$1,838,971 HICAP funding amount is 71% state and 29% federal funding as shown on Page 1. The \$306,396 MIPPA funding is 100% federal funding, and it is included in the \$839,698 amount listed under federal funding on Page 1.**

### **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 persons who have reached Medicare eligibility age or are imminently Medicare eligible.

DAS also receives funding through the MIPPA grant, which is specifically intended to provide assistance with Medicare beneficiary enrollment in the Prescription Drug Benefit Low-Income Subsidy program, the Medicare Savings program, and Medicare Part D. The grant also promotes an expansion in outreach activities related to preventing disease and promoting wellness. MIPPA program services will be administered by San Francisco's Health Insurance Counseling and Advocacy Program (HICAP). San Francisco's HICAP is operated via a contract with DAS/Office of Community Partnerships by Self-Help for the Elderly, a local community-based organization.

### **Services to be Provided**

#### **Health Insurance Counseling (HICAP):**

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 their coverage and consumer rights, assist with managed care issues and long-term care planning, and evaluate their 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.

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

HICAP grantee, Self-Help for the Elderly, has administered the MIPPA program as part of their larger HICAP since the inception of MIPPA. Through targeted outreach, networking with community-based organization and community partnership groups, and strong language

capacity within their staff and volunteer ranks, Self-Help for the Elderly has been very successful in meeting the MIPPA grant purposes. Self-Help for the Elderly intends to use these funds primarily for staffing costs.

**Medicare Improvements for Providers and Patients Act (MIPPA):**

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 Low-Income Subsidy (LIS) and Medicare Savings Program (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.

**Location and Time of Services**

HICAP and MIPPA services will be provided at 601 Jackson St., San Francisco, CA 94133, during the hours of 9 a.m. to 5 p.m. Monday to Friday. In additions, services are offered at sixteen (16) outstations throughout San Francisco with pre-arranged scheduled appointments with HICAP/MIPPA volunteer counselors.

**Grantee Selection**

Self-Help for the Elderly was selected through Request for Proposals (RFP) 1100, which was competitively bid on December 27, 2023.

**Funding**

The funding source for HIPPA grant agreements is 29% Federal funding and 71% State funding. The funding source for MIPPA grant is 100% federal funding.

**ATTACHMENTS**

**Self Help for the Elderly-HICAP**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Self Help for the Elderly-HICAP MIPPA**

Appendix A1-Services to be Provided

Appendix B1- Program Budget

## APPENDIX A – SCOPE OF SERVICES

### SELF HELP FOR THE ELDERLY

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

**July 1, 2024 - June 30, 2028**

#### **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
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transferring, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone
CARBON	Contracts Administration, Reporting and Billing Online System
CDA	California Department of Aging; a State of California agency which regulates HICAP program function
City	City and County of San Francisco
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism
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
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. [Welfare & Institutions Code § 9541]
HSA	Human Services Agency of the City and County of San Francisco
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
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language
Low-income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program
OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
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)
Socially Isolated	Having few social relationships and few people to interact with regularly
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

This program is designed to serve all ethnicities and populations, with focused expertise to promote the unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English-speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

#### **IV. Eligibility for HICAP Services**

Medicare beneficiaries, including Medicare beneficiaries by virtue of a disability, and those eligible for Medicare [Welfare & Institutions 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. [Welfare & Institutions 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 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.
- Dependent upon California Department of Aging and DAS policymaking and funding availability, Grantee may be required to administer the Medicare Improvements for Patients and Providers (MIPPA) programs as an expansion or sub-program of larger HICAP.

- 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/Programs\\_and\\_Services/Medicare\\_Counseling/](https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/)

Note: these requirements 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 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 television 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):** Number 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):** Number 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

Grantee will meet benchmarks for performance in the above categories which are established on an annual basis by ACL and CDA.

### **FY24/25 Benchmarks:**

- **State Performance Measures**
  - Clients Counseled: 1,883
  - Public and Media (PAM) Events: 113



- **Federal Performance Measures**
  - Client Contacts (Interactive): 3,579
  - Public and Media Outreach: 2,875
  - Medicare Beneficiaries Under 65: 214
  - Hard to Reach: 1,226
  - Enrollment Contacts (Qualifying): 4,447

## **IX. Outcome Objectives**

The following Outcome Objectives will be used to measure the amount, range, and impact of services provided. Survey completion rate shall be 35% of the annual Clients Counseled State Performance Measure.

- Clients report that because of their HICAP counseling session they were able to maintain or increase Medicare or health insurance benefits available to them. Target 75%.
- Clients feel better able to make more informed decisions about their Medicare or health insurance benefits. Target 75%.
- Clients develop new knowledge of health services for which they are eligible. Target 50%.
- Clients rate their HICAP counselor's communication skills as good. Target 75%

## **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 and an Elder Abuse and Reporting training on an annual basis; Grantee will maintain evidence of staff completion of these trainings.
- 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 a California Department of Aging requirement, Grantor reserves the right to reduce funding available for this contract if actual costs are below funding levels initially budgeted for the delivery of services.
- J. Grantee will develop a Grievance Policy consistent with OCP 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:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
Catholic Charities-OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown San Francisco Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resources 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:

Erica Maybaum  
Program Support Analyst  
Office of Community Partnerships  
DAS  
P.O. Box 7988  
San Francisco, CA 94120-7988  
[melissa.mcgee@sfgov.org](mailto:melissa.mcgee@sfgov.org)

AND

Tahir Shaikh  
Contracts Manager  
Human Services Agency  
PO Box 7988  
San Francisco, CA 94120-7988  
[Tahir.Shaikh@sfgov.org](mailto:Tahir.Shaikh@sfgov.org)

## **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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Name <b>SELF-HELP FOR THE ELDERLY</b>					Term 7/1/24 - 6/30/28
(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
If modification, Effective Date of Mod.          No. of Mod.					
<b>Program: HICAP</b>					
Budget Reference Page No.(s)					(Total)
Program Term	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/24 - 6/30/28
<b>DAS Expenditures</b>					
Salaries & Benefits	\$334,472	\$344,504	\$354,839	\$365,486	\$1,399,301
Operating Expenses	\$68,154	\$70,201	\$68,161	\$65,974	\$272,490
<b>Subtotal</b>	<b>\$402,626</b>	<b>\$414,705</b>	<b>\$423,000</b>	<b>\$431,460</b>	<b>\$1,671,791</b>
Indirect Percentage (%) - CDA 10%	10%	10%	10%	10%	10%
CDA Indirect Cost (Line 18 X Line 17)	\$40,263	\$41,471	\$42,300	\$43,146	\$167,180
Indirect Percentage (%) - GF					
Capital/Subcontractor Expenditures					
<b>Total DAS Expenditures</b>	<b>\$442,889</b>	<b>\$456,176</b>	<b>\$465,300</b>	<b>\$474,606</b>	<b>\$1,838,971</b>
<b>DAS Revenues</b>					
HICAP-CODB-Eligible	\$429,989	\$429,989	\$429,989	\$429,989	\$1,719,956
CODB FY 24/25	\$12,900	\$12,900	\$12,900	\$12,900	\$51,600
CODB FY 25/26		\$13,287	\$13,287	\$13,287	\$39,861
CODB FY 26/27			\$9,124	\$9,124	\$18,248
CODB FY 27/28				\$9,306	\$9,306
<b>Total DAS Revenue</b>	<b>\$442,889</b>	<b>\$456,176</b>	<b>\$465,300</b>	<b>\$474,606</b>	<b>\$1,838,971</b>
<b>Non DAS Revenues</b>					
In-Kind Match-Volunteers	\$36,503	\$36,503	\$36,503	\$36,503	\$146,012
<b>Total Non DAS Revenue</b>	<b>\$36,503</b>	<b>\$36,503</b>	<b>\$36,503</b>	<b>\$36,503</b>	<b>\$146,012</b>
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$479,392</b>	<b>\$492,679</b>	<b>\$501,803</b>	<b>\$511,109</b>	<b>\$1,984,983</b>
Full Time Equivalent (FTE)	6.00	6.00	6.00	6.00	24.00
Prepared by: Leny Nair					Date: 4/9/2024
HSA-CO Review Signature:					
<b>HSA #1</b>					

**Salaries & Benefits Detail**

(Total)

DAS Salaries & Benefits	Agency Totals		HSA Program		7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/24 - 6/30/28
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
Position Title									
Program Manager	\$68,140	100%	80%	0.80	\$54,512	\$56,147	\$57,832	\$59,567	\$228,058
Program Specialist	\$55,692	100%	80%	0.80	\$44,554	\$45,890	\$47,267	\$48,685	\$186,396
Volunteer Coordinator	\$53,040	100%	80%	0.80	\$42,432	\$43,705	\$45,016	\$46,367	\$177,520
Outreach Coordinator	\$48,880	100%	80%	0.80	\$39,104	\$40,277	\$41,485	\$42,730	\$163,596
Program Assistant (Cantonese)	\$52,000	100%	80%	0.80	\$41,600	\$42,848	\$44,133	\$45,457	\$174,038
Program Assistant	\$48,880	100%	80%	0.80	\$39,104	\$40,277	\$41,485	\$42,730	\$163,596
<b>Totals</b>	<b>\$326,632</b>	<b>6.00</b>	<b>480.00%</b>	<b>4.80</b>	<b>\$261,306</b>	<b>\$269,144</b>	<b>\$277,218</b>	<b>\$285,536</b>	<b>\$1,093,204</b>
Fringe Benefits Rate	28.00%								
Employee Fringe Benefits	\$91,457				\$73,166	\$75,360	\$77,621	\$79,950	\$306,097
<b>Total DAS Salaries and Benefits</b>	<b>\$418,089</b>				<b>\$334,472</b>	<b>\$344,504</b>	<b>\$354,839</b>	<b>\$365,486</b>	<b>\$1,399,301</b>

HSA #2

**Operating Expense Detail**

(Total)

	<u>7/1/24 - 6/30/25</u>	<u>7/1/25 - 6/30/26</u>	<u>7/1/26 - 6/30/27</u>	<u>7/1/27 - 6/30/28</u>	<u>7/1/24 - 6/30/28</u>
<b>DAS Operating Expenses</b>					
<u>Expenditure Category</u>					
Rental of Property	\$36,542	\$36,542	\$36,542	\$36,542	\$146,168
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$9,250	\$9,250	\$9,250	\$9,250	\$37,000
Office Supplies, Postage	\$1,500	\$1,500	\$1,500	\$500	\$5,000
Building Maintenance Supplies and Repair	\$7,800	\$7,800	\$7,800	\$7,247	\$30,647
Printing and Reproduction	\$600	\$600	\$600		\$1,800
Insurance	\$3,300	\$3,300	\$3,300	\$3,300	\$13,200
Licenses and Fees					
Staff Training	\$800	\$800	\$800	\$800	\$3,200
Staff Travel	\$327	\$500	\$500	\$300	\$1,627
Rental of Equipment					
<u>Consultants/Subcontractors</u>					
Consultant A					
Consultant B					
Consultant C					
<u>Other</u>					
Vehicle Expenses	\$2,000	\$3,000	\$1,834	\$2,000	\$8,834
Outreach/Advertising		\$874			\$874
Membership Dues	\$4,035	\$4,035	\$4,035	\$4,035	\$16,140
Auto Insurance	\$2,000	\$2,000	\$2,000	\$2,000	\$8,000
<b>Total DAS Operating Expenses</b>	<b>\$68,154</b>	<b>\$70,201</b>	<b>\$68,161</b>	<b>\$65,974</b>	<b>\$272,490</b>

**HSA #3**

**APPENDIX A1 – SERVICES TO BE PROVIDED BY GRANTEE  
Self-Help for the Elderly**

**July 1, 2024 to June 30, 2028**

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

**I. Purpose:**

The purpose of this Grant is to 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. Grant funds will also be used to expand outreach activities related to preventing disease and promoting wellness.

**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
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
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.
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]
HSA	Human Services Agency of the City and County of San Francisco
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.
Low-Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.
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 Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Part D prescription drug subsidies.
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”.
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).
OCP	Office of Community Partnerships
Senior	Person who is 60 years or older
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
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**

Individuals 60 years of age or older or individuals between 18 and 59 years of age that are living with disabilities. 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. San Francisco focuses on these populations in addition to:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English-speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### **IV. Eligibility for Services**

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.

### **V. Location and Time of Services**

The HICAP/MIPPA main office is located at 601 Jackson Street, 2<sup>nd</sup> 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 and virtually dependent on CDC and SFDPH Health Directives and the comfort level of clients and staff.

### **VI. Description of Services**

Funds will be dedicated to services for outreach and engagement for enrollment in Low Income Subsidies (LIS) and the Medicare Savings Plan(MSP). The low-income subsidies are tied to Medicare Part D- the prescription drug benefit to help meet premiums and copays. The Medicare Savings Programs (MSP) are to help cover Medicare Part A and Part B premiums.

In addition, HICAP MIPPA program will:

- A. Attend the DAS MIPPA Workgroup meetings and formalize partnerships with HICAP and DAS 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. Survey can be conducted as part of HICAP Program

## **VII. Service Objectives**

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/> Note: these requirements too may change on an annual basis.

## **VIII. Outcome Objectives**

Grantee will administer and give the opportunity for all HICAP-MIPPA participants to fill out the client satisfaction survey. MIPPA specific questions are added to the HICAP survey.

- A. At least 75% of survey respondents will agree that 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.

## **IX. Reporting and Other Requirements**

- A. The grantee is exempt from entering client data to the SF DAS GetCare database.
- B. The grantee will enter into the Peer Place database administered by the California Department of Aging.
- C. Monthly program and invoice reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system.
- 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.
- 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 program staff will complete the California Department of Aging (CDA) Security Awareness Training and an Elder Abuse and Reporting training on an annual basis; Grantee will maintain evidence of staff completion of these trainings.
- G. Grantee will provide an annual consumer satisfaction survey report DAS by March 15 each grant year. Satisfaction survey response rate target is at least 35% of clients for whom MIPPA program files a LIS or MSP application.
- H. 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.
- I. Grantee shall develop and deliver a bi-annual summary report of SOGI data collected as requested by DAS/HSA. The due dates for submitting the summary reports are January 10 (for July 1 – December 31 data) and July 10 (for January 1 – June 30 data).

- J. Grantee shall develop and deliver ad hoc reports as requested by HSA.
- K. 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:

Erica Maybaum, Program Support Analyst  
DAS, Office of Community Partnerships  
P.O. Box 7988  
San Francisco, CA 94103  
[Erica.Maybaum@sfgov.org](mailto:Erica.Maybaum@sfgov.org)

Tahir Shaikh, Contracts Manager  
Human Services Agency  
PO Box 7988  
San Francisco, CA 94120  
[Tahir.Shaikh@sfgov.org](mailto:Tahir.Shaikh@sfgov.org)

**X. 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 SF DAS 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 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 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Name <b>SELF-HELP FOR THE ELDERLY</b>					Term 7/1/24 - 6/30/28
(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
If modification, Effective Date of Mod.          No. of Mod.					
<b>Program: HICAP</b>					
Budget Reference Page No.(s)					(Total)
Program Term	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/24 - 6/30/28
<b>DAS Expenditures</b>					
Salaries & Benefits	\$69,635	\$69,635	\$69,635	\$69,635	\$278,540
Operating Expenses					
<b>Subtotal</b>	\$69,635	\$69,635	\$69,635	\$69,635	\$278,540
Indirect Percentage (%) - CDA 10%	10%	10%	10%	10%	10%
CDA Indirect Cost (Line 18 X Line 17)	\$6,964	\$6,964	\$6,964	\$6,964	\$27,856
Indirect Percentage (%) - GF					
Capital/Subcontractor Expenditures					
<b>Total DAS Expenditures</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$306,396</b>
<b>DAS Revenues</b>					
<b>Total DAS Revenue</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$306,396</b>
<b>Non DAS Revenues</b>					
<b>Total Non DAS Revenue</b>					
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$76,599</b>	<b>\$306,396</b>
Full Time Equivalent (FTE)	5.00	5.00	5.00	5.00	20.00
Prepared by: Leny Nair					Date: 4/9/2024
HSA-CO Review Signature:					
<b>HSA #1</b>					

**Salaries & Benefits Detail**

(Total)

DAS Salaries & Benefits	Agency Totals		HSA Program		7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/24 - 6/30/28
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
Program Manager	\$68,140	100%	20%	0.20	\$13,628	\$13,628	\$13,628	\$13,628	\$54,512
Program Specialist	\$54,600	100%	20%	0.20	\$10,920	\$10,920	\$10,920	\$10,920	\$43,680
Volunteer Coordinator	\$52,000	100%	20%	0.20	\$10,400	\$10,400	\$10,400	\$10,400	\$41,600
Outreach Coordinator	\$47,840	100%	20%	0.20	\$9,568	\$9,568	\$9,568	\$9,568	\$38,272
Program Assistant (Cantonese)	\$51,106	100%	19%	0.19	\$9,879	\$9,879	\$9,879	\$9,879	\$39,516
<b>Totals</b>	<b>\$273,686</b>	<b>5.00</b>	<b>99.33%</b>	<b>0.99</b>	<b>\$54,395</b>	<b>\$54,395</b>	<b>\$54,395</b>	<b>\$54,395</b>	<b>\$217,580</b>
Fringe Benefits Rate	28.00%								
Employee Fringe Benefits	\$76,632				\$15,240	\$15,240	\$15,240	\$15,240	\$60,960
<b>Total DAS Salaries and Benefits</b>	<b>\$350,318</b>				<b>\$69,635</b>	<b>\$69,635</b>	<b>\$69,635</b>	<b>\$69,635</b>	<b>\$278,540</b>
<b>HSA #2</b>									