

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER HI-1415-08	AMENDMENT NUMBER 1
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 SAN MATEO, Aging and Adult Services
2. The term of this Agreement is April 1, 2014 through June 30, 2015
3. The maximum amount of this Agreement after this amendment is: \$ 407,657.00
Four hundred seven thousand six hundred fifty-seven and 00/100dollars
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 by \$ 20,240.00. The additional funds will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 6, is attached and replaces the original Exhibit B, Budget Detail, Payment Provisions and Closeouts, page 6.

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

Services shall be performed in PSA(s): 8.

Exhibit D, Article V, Section A is changed. "The Contractor's decision is final and the Subcontractor has no right of appeals to the California Department of Aging." is added.

Exhibit D, Article XII. Section D is changed. "Said notice shall also inform the Contractor of its right to appeal such decision to the Department and the procedure for doing so." is deleted.

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
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <u>COUNTY OF SAN MATEO, Aging and Adult Services</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Carole Groom, President, Board of Supervisors</u>		
ADDRESS <u>225 37th Ave, Room 140 San Mateo CA 94403-4324</u>		
STATE OF CALIFORNIA		<input checked="" type="checkbox"/> Exempt per: Older Californians Act
AGENCY NAME <u>California Department of Aging</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Glenn Wallace Manager, CBSS</u>		
ADDRESS <u>1300 National Drive, Suite 200, Sacramento, CA 95834</u>		

Exhibit B - Budget Detail, Payment Provisions, and Closeout

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
 Budget Display
 April 1, 2014 - June 30, 2015
 County of San Mateo, Aging and Adult Services

PROJECT	PROGRAM BASELINE	CUMULATIVE TRANSFERS	STATE FISCAL YEAR FUNDING ADJUSTMENT	ONE-TIME ONLY	TOTAL	NET CHANGE
STATE FISCAL YEAR 2013-2014						
HICAP Program Funds (April 1, 2014-June 30, 2014)						
Reimbursements (Ins Fund)	HIRL14-13	27,819	-		27,819	-
State HICAP Fund	HIHL14-13	13,903	-		13,903	-
Federal SHIP Funds	HIFL14-13	30,846	-	(4,999)	25,846	(4,999)
Total Program Funds		72,567	-	(4,999)	67,568	(4,999)
HICAP Administration Funds (April 1, 2014-June 30, 2014)						
Reimbursements (Ins Fund)	HRAL14-13	1,987	-		1,987	-
State HICAP Fund	HHAL14-13	993	-		993	-
Federal SHIP Funds	HFAL14-13	3,427	-		3,427	-
Total Administration Funds		6,407	-		6,407	-
STATE FISCAL YEAR 2013-14 (3 MONTHS) TOTAL		78,974		(4,999)	73,975	(4,999)
STATE FISCAL YEAR 2014-2015						
HICAP Program Funds (July 1, 2014-March 31, 2015)						
Reimbursements (Ins Fund)	HIRL14-14	83,456	-		83,456	-
State HICAP Fund	HIHL14-14	41,711	-		41,711	-
Federal SHIP Funds	HIFL13-14			17,586	17,586	17,586
Federal SHIP Funds	HIFL14-13			4,999	4,999	4,999
Federal SHIP Funds	HIFL14-14	87,504	-		89,893	2,389
Total Program Funds		212,671	-	4,999	237,645	24,974
HICAP Administration Funds (July 1, 2014-March 31, 2015)						
Reimbursements (Ins Fund)	HRAL14-14	5,960	-		5,960	-
State HICAP Fund	HHAL14-14	2,978	-		2,978	-
Federal SHIP Funds	HFAL14-13					
Federal SHIP Funds	HFAL14-14	9,723	-	265	9,988	265
Total Administration Funds		18,661	-	265	18,926	265
STATE FISCAL YEAR 2014-15 (9 MONTHS) TOTAL		231,332		4,999	256,571	25,239
HICAP Program Funds (April 1, 2015-June 30, 2015)						
Reimbursements (Ins Fund)	HIRL15-14	27,819	-		27,819	-
State HICAP Fund	HIHL15-14	13,903	-		13,903	-
Federal SHIP Funds	HIFL15-14	29,168	-		29,168	-
TOTAL HICAP Funds		70,890	-		70,890	-
HICAP Administration Funds (April 1, 2015-June 30, 2015)						
Reimbursements (Ins Fund)	HRAL15-14	1,987	-		1,987	-
State HICAP Fund	HHAL15-14	993	-		993	-
Federal SHIP Funds	HFAL15-14	3,241	-		3,241	-
Total Administration Funds		6,221	-		6,221	-
STATE FISCAL YEAR 2014-15 (3 MONTHS) TOTAL		77,111			77,111	
STATE FISCAL YEAR 2014-15 (12 MONTHS) TOTAL		308,443		(4,999)	333,682	25,239
GRAND TOTAL (APRIL 1, 2014-JUNE 30, 2015)						
Reimbursements (Ins Fund)		149,028			149,028	
State HICAP Fund		74,481			74,481	
Federal SHIP Funds		63,908		20,240	84,148	20,240
GRAND TOTAL (15 MONTHS) TOTAL		387,417		20,240	407,657	20,240

The minimum that must be expended for Mental Health Pharmaceutical Benefits Counseling/Outreach/Education for the following allocations:
 April 1, 2014-June 30, 2014 Federal SHIP 1,463
 July 1, 2014-March 31, 2015 Federal SHIP 6,123

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

CFDA#	Project Title	Award #	Effective Date
93.324	State Health Insurance Assistance Program	90SA0041-01-00	4/1/2014
93.324	State Health Insurance Assistance Program	To Be Announced	4/1/2015