

ARTICLE I. PROGRAM DEFINITIONS

- A. **Aging and Disability Resource Connection (ADRC)** means a program that helps older adults and individuals with disabilities make informed decisions about their service and support options, and serves as a single point of entry to the long-term care system. Outside California these programs are called Aging and Disability Resource Centers. The terms are used interchangeably in this agreement. ADRCs were established through a collaborative effort of the U.S. Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services.
- B. **Eligible Service Population** means individuals defined as Medicare eligible beneficiaries likely to be qualified for Medicare Part D, the Low-Income Subsidy (LIS) Prescription Drug Program, and/or the Medicare Savings Programs (MSP).
- C. **Enhanced Outreach** means outreach activities that include, but are not limited to, disease prevention and promoting wellness and are above and beyond routine activities planned in response to other funding (e.g., Basic State Health Insurance Assistance Program [SHIP] funds or Older Americans Act [OAA] outreach funds).
- D. **Enrollment Assistance** means one-on-one assistance to beneficiaries completing and submitting LIS and MSP applications. Enhanced outreach alone does not meet the requirement for enrollment assistance.
- E. **Enrollment Assistance Centers** means locations equipped and designated for LIS and MSP enhanced outreach and enrollment assistance that have been publicly advertised and identified for these purposes.
- F. **Health Insurance Counseling and Advocacy Program (HICAP)** is a program designed to provide Medicare beneficiaries and those imminent of becoming eligible for Medicare with counseling and advocacy as to Medicare, private health insurance, and related health care coverage plans, on a statewide basis. [Welf. & Inst. Code §9541]
- G. **Indirect Costs** means costs incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objective specifically benefited without effort disproportionate to the results achieved.
- H. **Low-Income Subsidy (LIS)** means a federal program that provides financial assistance with Part D premiums and cost sharing for eligible low-income Medicare beneficiaries.
- I. **Medicare Improvements for Patients and Providers Act (MIPPA) of 2008** means legislation that amended Titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access.

ARTICLE I. PROGRAM DEFINITIONS (Continued)

- J. **Medicare Prescription Drug Improvement and Modernization Act of 2003** (also known as the “Medicare Modernization Act” or “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.
- K. **Medicare Savings Programs (MSP)** means three programs that serve Medicare beneficiaries who do not qualify for full Medi-Cal: Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualified Individuals. Beneficiaries enrolled in one of these Medicare Savings Programs automatically receive LIS.
- L. **Program Income** means revenue generated by the Contractor or subcontractor from contract-supported activities. Program income is:
- a. Voluntary contributions received from a participant or responsible party as a result of the service(s).
  - b. Income from usage or rental fees of real or personal property acquired with funds provided under this Agreement.
  - c. Royalties received on patents and copyrights from contract-supported activities.
  - d. Proceeds from the sale of items fabricated under a contract agreement.
- M. **Rural** means all territory, population and housing units not classified as urban. The rural classification cuts across other hierarchies and can be in metropolitan or non-metropolitan areas.
- N. **State Health Insurance Assistance Program (SHIP)** means a national program supported by the federal ACL that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. In California, SHIP is the same program as the Health Insurance Counseling and Advocacy Program (HICAP). This term may be used interchangeably with HICAP.
- O. **Urban** means all territory, population, and housing units in urban areas, which include urbanized areas and urban clusters. An urban area generally consists of a large central place and adjacent densely settled census blocks that together have a total population of at least 2,500 for urban clusters, or at least 50,000 for urbanized areas. Urban classification cuts across other hierarchies and can be in metropolitan or non-metropolitan areas.

ARTICLE I. PROGRAM DEFINITIONS (Continued)

- P. General Definitions can be found in Exhibit D, Article I.

ARTICLE II. SCOPE OF WORK

A. Program Provisions

1. The Scope of Work shall be performed by the Contractor and/or its subcontractors, which may include, but not be limited to, the HICAP and the ADRC (where applicable).
2. All MIPPA contract and subcontract activities must be over and above those related activities provided through other funding sources (e.g., OAA funding and the basic federal SHIP/ State HICAP funds), and they must support attainment of performance objectives specified by the California Department of Aging (CDA) (available on the CDA website).

B. Contractor Responsibilities

The Contractor, directly or through coordination and collaboration with subcontractors, local aging network resources, and community partners shall:

1. Provide enhanced outreach, education, and enrollment assistance to eligible Medicare beneficiaries regarding LIS, MSP, and Medicare preventive services.
2. Develop, update, and implement the CDA approved local MIPPA work plan, which is hereby incorporated by reference. The work plan delineates how the Contractor, HICAP, and ADRC (where applicable) will coordinate their efforts and resources to achieve the performance objectives identified by CDA.
  - a. The MIPPA work plan must be submitted to and approved by CDA before payments can be made to the Contractor.
  - b. Updates to the MIPPA work plan will be required if substantial changes are proposed by the Contractor during the contract period.
3. Prepare and submit MIPPA-related budget(s) and budget reports as specified by CDA. In addition, the Contractor shall review, approve, and monitor all MIPPA-related budgets, expenditures and revisions of subcontractors including, but not limited to, HICAP(s) and ADRC(s) (where applicable).
4. Monitor, on an ongoing basis, all use of MIPPA funds through reporting, site visits, regular contact, or other means to provide reasonable assurance that the MIPPA funds are administered in compliance with

ARTICLE II. SCOPE OF WORK (Continued)

laws, regulations, and the provisions of contracts, and that performance goals are achieved [2 CFR Section 200.328]. Program and fiscal monitoring shall be performed during the term of this Agreement.

5. Evaluate each subcontractor's risk of noncompliance with federal statutes, regulations, and the terms and conditions of this Agreement for purposes of determining the appropriate subcontractor monitoring as required under 2 CFR Section 200.331(b), which may include consideration of such factors as:
  - a. Prior experience with the same or similar subcontracts;
  - b. Results of previous audits including whether or not the Subcontractor receives a Single Audit in accordance with 2 CFR Part 200, Subpart F—Audit Requirements, and the extent to which the same or similar subcontract has been audited as a major program;
  - c. Whether the Subcontractor has new personnel or new or substantially changed systems; and
  - d. The extent and results of federal awarding agency monitoring (e.g., if the Subcontractor also receives federal awards directly from a federal awarding agency).
6. Consider imposing specific conditions as described in 2 CFR Section 200.207 upon a subcontractor with a history of failure to comply with general or specific terms and conditions of a federal award or failure to meet expected performance goals of the Contract.
7. Monitor the activities of the Subcontractor as necessary to ensure that funding from this Agreement is used solely for authorized purposes in compliance with federal statutes, regulations, and the terms and conditions of this Agreement; and that performance objectives are achieved.
8. The Contractor, while monitoring the Subcontractor, must:
  - a. Review required financial and programmatic reports.  
[2 CFR Section 200.302]
  - b. Follow-up and ensure that the Subcontractor takes timely and appropriate action on all deficiencies pertaining to funds awarded under this Agreement detected through audits, on-site reviews, and other means.

ARTICLE II. SCOPE OF WORK (Continued)

- c. Issue a management decision for audit findings pertaining to the funds awarded under this Agreement as required by 2 CFR Section 200.521.
9. Provide support and technical assistance to subcontractors and respond in writing to all written requests for direction, guidance, and interpretation of instructions.
10. Maintain and distribute up-to-date CDA requirements so that all responsible persons have ready access to standards, policies, and procedures.
11. Prepare and submit the Budget to the CDA Fiscal Team. This Budget is hereby incorporated by reference into this Agreement.

C. Performance Measures

CDA has established aggregate measures to be achieved by each Contractor for each Planning and Service Area it serves. The Contractor shall attain the established measures through collaboration with its respective HICAP, ADRC (where applicable), and other appropriate subcontractor(s).

MIPPA related activities that will determine whether Contractor met the established measures include:

1. The number of one-on-one beneficiary contacts that involve discussion or assistance with:
  - a. Low-Income Subsidy benefits and applications,
  - b. Medicare Savings Program benefits and applications, and
  - c. Medicaid benefits for dual eligibles.
2. The number of events conducted that involve:
  - a. Target outreach to beneficiaries in rural areas,
  - b. Target outreach to low-income beneficiaries,
  - c. Education/Information on the Low-Income Subsidy, Medicare Savings Programs, and/or Medicaid benefits for dual eligibles, and/or
  - d. Education/information on Medicare Preventive benefits.

ARTICLE II. SCOPE OF WORK (Continued)

D. Other Provisions and Assumptions

1. Contractors, ADRCs, and HICAPs may subcontract enhanced outreach activities to other community-based organizations as necessary, in accordance with Exhibit D, Article V.
2. The Contractor, whether providing services directly or through a subcontract, shall ensure:
  - a. Services are provided to the Eligible Service Population as defined in Exhibit A, Article I., B.
  - b. As applicable, compliance with standards and guidelines for procurement of supplies, equipment, and services as provided in 2 CFR 200 Subpart D, Procurement Standards.
  - c. Compliance with all standards and regulations identified in Exhibit A, Article I., I and J.