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PROGRAM MEMO

CDA 1014 (Rev. 04/11)

TO: Area Agency on Aging Directors and Health Insurance Counseling and Advocacy Program Managers	NO.: PM 12-03(P)
SUBJECT: HICAP Guidance for Area Agencies on Aging on Area Plan Service Units for New Federal Performance Measures and Benchmarks	DATE ISSUED: March 7, 2012
REVISED	EXPIRES: June 30, 2012
REFERENCES: PM 11-01 (P) State Fiscal Year 2011-12 Area Plan Update to the 2009-12 Area Plan, Part II Service Unit Plans	SUPERSEDES: PM 11-09 (P)
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input checked="" type="checkbox"/> Other: HICAP	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Guidance on Federal Performance Measures Benchmarks and the Corresponding Area Plan Service Units	

Purpose The purpose of this Program Memo is to provide revised guidance for completing Section 10 of the Area Plan for the Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan (SUP).

Background California Department of Aging's (CDA) previous guidance required that each Area Agency on Aging (AAA) include CDA-established benchmark targets for the HICAP SUPs in the Area Plan for their Planning and Service Area (PSA).

Revised Guidance CDA will no longer provide benchmark targets for the HICAP SUPs in the Area Plan for federal performance measure SUPs 2.1 through 2.7.

Instead, CDA will provide the Center for Medicare and Medicaid Services' (CMS) minimum attainment numbers and exemplary benchmarks for AAAs to determine their own SUPs for performance measure 2.1 through 2.7.

Continued on next page

**Revised
Guidance,
Continued**

To ensure local HICAPs meet or exceed federal performance measure benchmarks 2.1 through 2.7, HICAP SUP goals for State Fiscal Year (SFY) 2012-13 must meet or exceed the CMS minimum attainments listed in Attachment A and must exceed the prior SFY's performance.

Performance grant funding is determined by demonstrating measurable and improved performance from the prior SFY. CDA encourages all AAAs to review their previous year's performance when establishing new benchmark targets.

Requirement

AAAs are required to use the benchmark targets established by CDA for performance measure SUPs 1.1 (Finalized Intakes) and 1.2 (Public and Media Events Presented) of the Area Plan for their PSA.

AAAs, in cooperation with the HICAPs, will now be required to establish their own benchmark targets for performance measure SUPs 2.1 through 2.7 of the Area Plan for their PSA.

Use the figures listed in Attachment A to develop the Area Plan SUPs.

Rationale

CMS evaluates each state according to established performance measures based on Medicare beneficiary population density per locality. The Medicare beneficiary population density is referred to as a Slice. CMS provides the figures for minimum attainments and exemplary benchmarks based on reporting from each Slice nationwide.

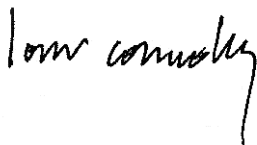
Demonstrating improved performance from the prior year and either meeting or exceeding performance measure minimum and exemplary attainments determines performance grant funding.

Inquiries

Please contact your assigned HICAP analyst.

Attachment

Attachment A: Center for Medicare and Medicaid Services - Slice Performance Measure Minimum Attainment and Exemplary Benchmarks by PSA for State Fiscal Year 2012-13



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