# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>SCOPE OF WORK</td>
<td>1</td>
</tr>
<tr>
<td>2.0</td>
<td>ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS</td>
<td>3</td>
</tr>
<tr>
<td>3.0</td>
<td>QUALITY CONTROL</td>
<td>4</td>
</tr>
<tr>
<td>4.0</td>
<td>QUALITY ASSURANCE PLAN</td>
<td>4</td>
</tr>
<tr>
<td>5.0</td>
<td>DEFINITIONS</td>
<td>5</td>
</tr>
<tr>
<td>6.0</td>
<td>RESPONSIBILITIES</td>
<td>5</td>
</tr>
<tr>
<td>7.0</td>
<td>HOURS/DAY OF WORK</td>
<td>18</td>
</tr>
<tr>
<td>8.0</td>
<td>WORK SCHEDULES</td>
<td>18</td>
</tr>
<tr>
<td>9.0</td>
<td>UNSCHEDULED WORK</td>
<td>19</td>
</tr>
<tr>
<td>10.0</td>
<td>SPECIFIC WORK REQUIREMENTS</td>
<td>19</td>
</tr>
<tr>
<td>11.0</td>
<td>PERFORMANCE REQUIREMENTS SUMMARY</td>
<td>35</td>
</tr>
<tr>
<td>12.0</td>
<td>GREEN INITIATIVES</td>
<td>36</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS

ATTACHMENTS

Attachment 1 (Performance Requirements Summary Chart)
Attachment 2 (County Recognized Holidays)
Attachment 3 (Community Focal Points)
1.0 SCOPE OF WORK

1.1 Health Insurance Counseling and Advocacy Program Overview

1.1.1 The Health Insurance Counseling and Advocacy Program (HICAP or Program) was established by the Older Americans Act (OAA), and the Mello-Granlund Older Californians Act (OCA), through Section 9541 of the California Welfare and Institutions Code (WIC), and is California’s name for its State Health Insurance and Assistance Program (SHIP), for the primary purposes of providing personalized counseling, community education and outreach events for Clients (as defined in Appendix A (Sample Subaward), Exhibit J (Definitions)). HICAP is part of a network of State Health Insurance and Assistance Programs (SHIP). SHIP is a Federal grant program created under Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508) that helps States enhance and support a network of local programs, Staff, and Volunteers that directly help Medicare Beneficiaries, their representative, or persons aged 60 and older who are close to obtaining Medicare eligibility, to understand how to use their Medicare benefits including Prescription Drug Plan coverage, Medicare Advantage plans, Medicare supplemental policies, Medicare Savings Programs, and long-term care insurance. HICAP also provides enhanced Medicare related Services for Clients under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. The Centers for Medicare and Medicaid (CMS) administers the SHIP grant programs nationally. HICAP also provides Financial Alignment (FA) Services as part of the larger Coordinated Care Initiative (CCI) authorized pursuant to SB 1008 (Chapter 33, Statutes of 2012) and SB 1036 (Chapter 45, Statutes of 2012).

1.1.2 HICAP is a volunteer supported program that provides community education and counseling assistance with Medicare and related health insurance issues. It also includes informal advocacy, legal services, enhanced outreach, and enrollment assistance. The primary activities of the HICAP are: 1) the provision of accurate and objective counseling, advocacy and assistance with Medicare, health insurance, managed care, long-term care, and related health coverage plans for Medicare beneficiaries, their representative, or persons aged 60 and older who are close to obtaining Medicare eligibility, 2) to educate the public about Medicare and health coverage issues, 3) the provision of enhanced outreach and reenrollment assistance for MIPPA Services, and the provision of FA Services.
1.1.3 MIPPA Services are designed to assist in expanding Medicare beneficiary enrollment in the Prescription Drug Benefit Low Income Subsidy (LIS) Program, the Medicare Savings Program (MSP), as well as assist in general rural outreach and enrollment efforts for Medicare Part D. The LIS Program offers financial assistance for prescription drugs to Medicare beneficiaries who have limited income and resources, by providing help with their monthly premium payments, yearly deductible, prescription coinsurance, and copayments. MSP provides access to prescription drug coverage from private prescription drug plans for elderly and disabled Medicare beneficiaries.

1.1.4 FA Services are designed to promote coordinated delivery of medical, behavioral health, long-term institutional and home-and-community-based services through a single organized system to older adults and people with disabilities who are dually eligible for both Medi-Cal and Medicare.

1.2 HICAP Statutes and Guidelines

1.2.1 This Statement of Work outlines the services (hereafter “Services”) required to operate the Program and provide Program Services to eligible Clients as mandated by the following:

1.2.1.1 Older Americans Act of 1965, as amended, (OAA) Title 42 United States Code (USC), Chapter 35, Programs for Older Americans, Sections 3001-3058

1.2.1.2 Code of Federal Regulations (CFR), Title 45, Chapter 13, Part 1321, Grants for State and Community Programs on Aging, Section 1321.1 – 1321.83

1.2.1.3 Omnibus Budget Reconciliation Act (OBRA) of 1990, (Public Law 101-508, Section 4360)

1.2.1.4 Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, (Public Law 110-275, Section 119)

1.2.1.5 California Welfare and Institutions Code (WIC) Division 8.5 Mello-Granlund Older Californians Act (OCA)

1.2.1.6 Social Security Act Section 1115A Section 3021 of the Patient Protection and Affordable Care Act (PPACA) (P.L. 111-148)

1.2.1.7 Coordinated Care Initiative (CCI), SB 1008 (Chapter 33, Statutes of 2012), SB 1036 (Chapter 45, Statutes of 2012) and California Welfare and Institutions (W&I) Code
§14182.17

1.2.1.8 HICAP Memoranda, Directives, and Guidelines issued by the CDA, Administration on Aging (AoA) and the Centers for Medicare and Medicaid (CMS)

1.2.1.9 HICAP Memoranda, Directives, and Guidelines issued by County

2.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

2.1 Services must be provided in Los Angeles County geographic areas, excluding the City of Los Angeles. Prior to modifying or terminating a site, or revising hours of Service provision, and before commencing such Services at any other location, Subrecipient shall obtain written consent from County. All changes must be made in accordance with Appendix A (Sample Subaward), Subparagraph 8.1 (Amendments) as applicable.

2.2 Subrecipient shall submit a written request to County’s Program Manager a minimum of thirty (30) days prior to the date that Subrecipient intends to relocate its office or site location(s). Subrecipient shall ensure that site locations are open to any eligible individuals, are located in areas where there are demonstrated needs or documented demands for Services, or where a needs assessment or survey has been conducted. County shall provide a written response within ten (10) business days of receipt of the notification of site relocations. Subrecipient shall not open a new site or close any existing site prior to receiving County’s written approval. In the event that relocation of Subrecipient’s office or site location(s) is due to an emergency (defined as a sudden, unexpected occurrence that poses a clear and imminent danger, requiring immediate action to prevent or mitigate the loss or impairment of life, health, property, or essential public services) that would prevent Subrecipient from submitting a written request to County’s Program Manager thirty (30) days in advance, Subrecipient shall request County’s approval immediately upon occurrence of such emergency.

2.3 Subrecipient shall include the identity of each designated community focal point as specified in OAA Section 102 (a)(21), 42 USC 3026(a)(3)(A)). Subrecipient shall identify or update the designated Community Focal Point site locations, as needed. A complete list of Community Focal Points is provided in Attachment 3 (Community Focal Points).

2.4 Specific Work Requirements as stated in Section 10.0 (Specific Work Requirements) and work hours shall not be modified or terminated throughout the entire Subaward term. Should an emergency arise, Subrecipient’s request for Service or work hour modifications will be reviewed by County on a case-by-case basis.
3.0 QUALITY CONTROL

3.1 Subrecipient shall establish and utilize a comprehensive Quality Control Plan to assure County a consistently high level of service throughout the term of the Subaward. The Quality Control Plan shall be submitted to County Compliance Manager for review every six (6) months or more frequently as imposed by County. The plan shall include, but may not be limited to the following:

3.1.1 Method of monitoring to ensure that Subaward requirements are being met;

3.1.2 A record of all inspections conducted by the Subrecipient, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to County upon request.

4.0 QUALITY ASSURANCE PLAN

4.1 County will evaluate the Subrecipient’s performance under the Subaward using the quality assurance procedures as defined in Appendix A (Sample Subaward), Subparagraph 8.15 (County’s Quality Assurance Plan).

4.2 Meetings

4.2.1 Subrecipient is required to attend scheduled quarterly meetings. Failure to attend will cause an assessment of fifty dollars ($50.00).

4.3 Subaward Discrepancy Report

4.3.1 Verbal notification of a Subaward discrepancy will be made to County’s Compliance Manager as soon as possible whenever a Subaward discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon in writing by County and Subrecipient.

4.3.2 County’s Compliance Manager will determine whether a formal Subaward Discrepancy Report shall be issued. Upon receipt of this document, Subrecipient is required to respond in writing to County’s Compliance Manager within five (5) business days, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Subaward Discrepancy Report shall be submitted to County’s Compliance Manager within five (5) business days.
4.4 County Observations

4.4.1 In addition to County’s contracting staff, other County personnel, State representatives, and Federal representatives may observe performance, activities, and review documents relevant to the Subaward at any time during normal business hours. However, these personnel may not unreasonably interfere with the Subrecipient’s performance.

5.0 DEFINITIONS

5.1 For a listing of definitions for this Program, refer to Appendix A (Sample Subaward), Exhibit P (Definitions).

6.0 RESPONSIBILITIES

6.1 County’s Personnel

6.1.1 County will administer the Subaward according to Appendix A (Sample Subaward), Paragraph 6.0 (Administration of Subaward – County). Specific duties will include:

6.1.1.1 Monitoring the Subrecipient’s performance in the daily operation of this Subaward.

6.1.1.2 Providing direction to the Subrecipient in areas relating to policy, information and procedural requirements.

6.1.1.3 Preparing Amendments in accordance with Appendix A (Sample Subaward), Subparagraph 8.1 (Amendments).

6.2 Intentionally Omitted

6.3 Subrecipient’s Project Manager

6.3.1 Minimum Requirements for Project Manager

6.3.1.1 Subrecipient shall provide a full-time (defined as working forty (40) hours each week, dedicating 100% of the individual’s time on the Program, and reported as such on the Budget(s) for this position) Project Manager or designated alternate. County must have access to Project Manager during all hours, 365 days per year. Subrecipient shall provide a telephone number where Project Manager may be reached on a twenty-four (24) hours per day basis.
Subrecipient shall immediately notify County of any significant change in the status of the Project Manager position. If for any reason the position should become vacant, Subrecipient shall immediately fill the position with a temporary replacement and shall fill the position with a permanent person within thirty (30) days.

Responsibilities of the Project Manager shall minimally include the following:

- **6.3.2.1** Project Manager will plan, organize, and direct all administrative and Program activities related to the Subaward. Project Manager will define the lines of authority and will develop the roles and parameters of responsibility for Program Staff consistent with established County requirements.

- **6.3.2.2** Project Manager/alternate shall have full authority to act for Subrecipient on all matters relating to the daily operation of the Subaward. Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

- **6.3.2.3** Project Manager will serve as the coordinator/liaison for all Services, ensuring that any communications related to the Subaward are conveyed to the appropriate personnel. Project Manager or his/her alternate shall oversee all the daily Subaward activities.

- **6.3.2.4** Project Manager shall act as a central point of contact with County.

**6.3.3 Minimum Required Education, Experience and Qualifications**

- **6.3.3.1** Project Manager must be licensed and in good standing with the California State Bar as an active member at all times during the term of the Subaward.

- **6.3.3.2** Project Manager must meet or exceed the State Bar of California’s continuing legal education requirements.

- **6.3.3.3** Project Manager must have a minimum five (5) years of experience with two (2) of those five (5) years in a supervisory role. Two (2) of those five (5) years of experience must also be in the field of healthcare.
6.4 **Subrecipient’s Personnel**

6.4.1 Subrecipient shall assign a sufficient number of Staff to perform the required Work. At least one Staff on site shall be authorized to act for Subrecipient in every detail and must speak and understand English.

6.4.2 Subrecipient shall be required to conduct a background check on its Staff as set forth in Appendix A (Sample Subaward), Subparagraph 7.5 (Background and Security Investigations). Subrecipient shall also be required to conduct a background check on any Volunteer that has direct contact with Client and has access to Client’s personal information and/or case file.

6.4.3 All HICAP Staff shall adhere to Appendix A (Sample Subaward), Subparagraph 7.5 (Background and Security Investigations).

6.4.4 Subrecipient shall not allow its HICAP Staff and Volunteers to perform the activities and responsibilities of the HICAP unless and until such Staff and Volunteers have received training and certification pursuant to Appendix A (Sample Subaward), Subparagraph 7.5 (Background and Security Investigations).

6.4.5 Unless approved in advance, no Staff under this Subaward, shall be paid wages or salary by Subrecipient either: (1) in excess of $30.00 per hour, or (2) more than $300.00 for any 24-hour period, out of funds payable to Subrecipient hereunder. Subrecipient may pay more than $30.00 per hour without Department approval, but shall not use Subaward funds for the excess compensation.

6.4.6 **Staff Attorney**

6.4.6.1 Subrecipient shall have a Staff Attorney that will provide legal assistance and representation to eligible Clients. Clients are entitled to receive the same quality of Services as would be provided in private consultation. The Staff Attorney must be trained in Medicare law, and be licensed by and in good standing with the California State Bar as an active member at all times during the performance of Work under the Subaward. Subrecipient and/or Subrecipient’s Staff Attorney must carry legal malpractice insurance.

6.4.6.2 Subrecipient and/or Subrecipient’s Staff Attorney must meets and exceeds the State Bar of California’s continuing legal education requirements. In addition to the above
requirements, the Staff Attorney must demonstrate the following:

6.4.6.2.1 Ability to communicate effectively with Clients, family members, service providers, and co-workers;

6.4.6.2.2 Ability to treat Clients, family members, service providers, and co-workers with respect and dignity;

6.4.6.2.3 Knowledge of the aging process; and

6.4.6.2.4 Knowledge of community legal assistance and representation to eligible Clients.

6.4.7 **Supervising Attorney**

6.4.7.1 Subrecipient shall have a Supervising Attorney trained and experienced in Medicare law, and be licensed by, and in good standing with the California State Bar as an active member at all times during the performance of Work under the Subaward. Subrecipient and/or Supervising Attorney must carry legal malpractice insurance. In addition to Staff Attorney requirements listed above in Section 6.4.6, the Supervising Attorney must also demonstrate the following:

6.4.7.1.1 Experience in supervision and the provision of Legal Services to eligible Clients; and

6.4.7.1.2 Capability of documenting the performance of Legal Services in accordance with the requirements outlined in the HICAP Performance Reporting Manual, including the completion and submission of a completed HICAP Legal Performance Report to the HICAP Program Manager.

6.4.8 **HICAP Counselors**

6.4.8.1 Subrecipient shall have HICAP Counselors on Staff. HICAP Counselors, who are under the supervision of the HICAP Program Manager (or qualified designee), must be
trained and registered with the CDA in accordance with the applicable laws, regulations, as well as provisions of the HICAP Program Manual, the HICAP Counselor’s Handbook, the AAA, and MIPPA. HICAP Counselors must also meet the following requirements:

6.4.8.1.1 Prior to commencing duties, the HICAP Counselors must have completed Subrecipient’s established HICAP Counselor’s training, as required by the CDA (outlined in the HICAP Counselor’s Handbook and the HICAP Training Manual) which is approved by the CDA. Said training shall be a minimum of 24 classroom hours and shall include, but not be limited to, the following subjects: Medicare, life and disability insurance, managed care, retirement benefits and principles of Long-Term Care (LTC) planning, counseling skills and any other subject or subjects determined by the CDA and the AAA to be necessary to the provision of counseling services.

6.4.8.1.2 Complete an internship of not less than 10 hours with an experienced Subrecipient’s HICAP Counselor and has been determined by HICAP Program Manager to be capable of discharging the responsibilities of a HICAP Counselor.

6.4.8.1.3 Demonstrate effective verbal and written communication and analytical skills.

6.4.8.1.4 HICAP Counselors must complete a minimum of 12 training hours per year, provided by Subrecipient’s Program Manager, and provide 40 hours of counseling to the HICAP within each 24-month period in order to maintain their “registered” status with the State.
6.4.8.1.5 HICAP Counselors must attend any additional applicable training as required by the CDA and AAA.

6.4.8.1.6 Have an interest and commitment to provide Services to older individuals;

6.4.8.1.7 Have the ability to make a commitment of time to serve as a HICAP Counselor to advocate on behalf of Clients;

6.4.8.1.8 Have the ability to clearly document details and information on forms and to summarize case scenarios;

6.4.8.1.9 Have the ability to be objective and unbiased; and

6.4.8.1.10 Demonstrate the ability to provide counseling and information that will assist Clients in making informed choices, and refrain from making recommendations to Clients.

6.4.8.1.11 Attend regular meetings conducted by Subrecipient and/or by County to provide current training and to disseminate information.

6.4.9 Long-Term Care (LTC) Counselors

6.4.9.1 Subrecipient shall have Long-Term Care Counselors that have the approval from the CDA to analyze policies and provide information obtained from the policy analysis to their Clients. In addition, the LTC Counselors must meet the following requirements and qualifications:

6.4.9.1.1 Must be a Subrecipient trained and CDA registered HICAP Counselor, and have provided HICAP Counseling Services for at least 12 months.

6.4.9.1.2 The LTC Counselors must have completed the minimum LTC In-Service Training
requirements outlined in the HICAP Counselor’s Handbook.

6.4.9.1.3 Demonstrate overall competence and willingness to take on the additional training requirements and responsibilities necessary to become an LTC Counselor.

6.4.9.1.4 The LTC Counselors must have successfully completed a minimum 12 hours of advanced LTC training established by the Subrecipient (and approved by the CDA), and pass a CDA approved final examination.

6.4.10 HICAP Community Educators

6.4.10.1 Subrecipient shall have HICAP Community Educators that provide comprehensive Community Education Services. The HICAP Community Educators must be Subrecipient trained, and CDA registered. HICAP Community Educators must meet the following requirements and qualifications:

6.4.10.1.1 The HICAP Community Educators must be Subrecipient trained and CDA registered HICAP Counselors, with a minimum 12 months’ experience with the HICAP Program.

6.4.10.1.2 The HICAP Community Educators shall be capable of providing effective public presentations as demonstrated by any of the following: Formal specialized training in public speaking; Membership in speaking organizations such as Toastmasters; Prior work experience that included speaking to large groups; Performing mock presentations at in-service HICAP meetings or other meetings.

6.4.10.1.3 The individuals shall have completed a four (4) hours internship for Community Educators as outlined in the HICAP Counselor’s Handbook.
The internship must, at a minimum, include the following components: Attendance and observation of at least two (2) public presentations conducted by an experienced Community Educator; and provide at least 1 public presentation that is observed by an experienced Community Educator.

6.4.11 **Long-Term Care (LTC) Community Educators**

6.4.11.1 Subrecipient shall have Long-Term Care (LTC) Community Educators qualified to provide comprehensive Community Education Services pertaining to long-term care and long-term care insurance options. In addition, the LTC Community Educators must meet the following requirements and qualifications:

6.4.11.1.1 LTC Community Educators shall be CDA registered LTC Counselors, who have a minimum 12 months' experience with the Program.

6.4.11.1.2 LTC Community Educators must complete and pass the CDA approved long-term care status training. The training specifications include, but are not limited to, State of California sanctioned advanced training on the subjects of long-term care, long-term care insurance (analysis), California partnership Long-Term Care, and CalPERS Long-Term Care Plan.

6.4.11.1.3 LTC Community Educators must be capable of providing effective public presentations, as demonstrated by any of the following: Formal specialized training in public speaking, Membership in speaking organizations such as Toastmasters; Prior work experience that included speaking to large groups; Performing mock presentations at in-service HICAP meetings or other meetings.
6.4.11.1.4 The LTC Community Educators must have completed a four (4) hours internship for LTC Community Educators (as outlined in the HICAP Counselor’s Handbook). The internship must, at a minimum, include the following components: Attendance and observation of at least two (2) public presentations conducted by an experienced Community Educator; and provide at least one (1) public presentation that is observed by an experienced Community Educator.

6.4.12 Other Program Staff

6.4.12.1 Responsibilities: Program Staff shall adhere to the policies and provisions of Los Angeles County, State and Federal HICAP requirements.

6.4.12.2 Qualifications:

6.4.12.2.1 Subrecipient shall retain Staff who is qualified and sufficient in number to deliver Services adequately. This shall include both paid Staff and Volunteers that Project Director deems necessary to conduct HICAP operations.

6.4.12.2.2 Program Staff shall be capable of establishing effective communication with Clients and their family.

6.5 Identification Badges

6.5.1 Subrecipient Staff assigned to County facilities shall wear an appropriate uniform at all times. Uniform is to consist of a shirt with the company name on it. Uniform pants are optional. All uniforms, as required and approved by the Director or his designee, will be provided by and at Subrecipient’s expense.

6.5.2 Subrecipient shall ensure their Staff are appropriately identified as set forth in Appendix A (Sample Subaward), Subparagraph 7.4 (Subrecipient’s Staff Identification).
6.6 **Materials and Equipment**

6.6.1 The purchase of all materials/equipment to provide the needed Services is the responsibility of the Subrecipient. Subrecipient shall adhere to the requirements for purchasing, inventorying, and disposing of material and equipment obtained under the Subaward as outlined herein and in Appendix A (Sample Subaward), Exhibit S (Purchase, Inventory and Disposal Requirements for Fixed Assets, Non-Fixed Assets and Supplies). Subrecipient must obtain County approval in writing prior to the purchase of any equipment or vehicles purchased with Subaward Sums as described in Exhibit S (Purchase, Inventory and Disposal Requirements for Fixed Assets, Non-Fixed Assets and Supplies). Subrecipient must use materials and equipment that are safe for the environment and safe for use by the Staff.

6.6.2 All fixed and non-fixed assets shall be assigned to a manager or supervisor at the location where the assets are stored.

6.6.3 Subrecipient shall contact County’s Program Manager regarding the appropriate procedure to follow before disposing of equipment or vehicles purchased with Subaward Sums. Subrecipient must obtain County approval prior to the disposal of any equipment or vehicles purchased with Subaward Sums.

6.7 **Training**

6.7.1 Subrecipient shall provide training programs for all new Staff and continue in-service training for all existing Staff. Training shall include, but is not limited to, the provision of an orientation to all new Staff. Subrecipient shall ensure that Staff, both existing and new, are properly trained in all areas related to providing HICAP Services.

6.7.2 All Staff shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All Staff must wear safety and protective gear according to Occupational Health and Safety Administration (OSHA) standards.

6.7.3 Subrecipient shall implement an annual internal Staff training plan. The written training plan shall be maintained on file by Subrecipient, and shall identify who is to be trained, who will conduct the training, training content, and dates scheduled.

6.7.4 Subrecipient shall maintain written documentation of all training including: agendas, topics, training materials, training evaluations, and attendance records/sign-in sheets, which include both the
name and signature of attendees. Subrecipient shall make training records available for inspection by County upon request.

6.7.5 Subrecipient’s Project Manager shall ensure that all appropriate Staff attend all training sessions as required by County, held at a County facility, at another site, or online (i.e., WebEx) as determined by County for Subrecipient’s benefit. Further, Subrecipient shall ensure that, at a minimum, Subrecipient’s designated Employee represents Subrecipient at each training session. At Subrecipient’s own expense, Subrecipient may elect to attend educational training opportunities outside of Los Angeles County that Subrecipient reasonably deems to be beneficial for the delivery of Client Services, as well as other trainings designated by County.

6.7.6 Subrecipient shall attend all mandatory trainings scheduled by County or authorized designee. Mandatory trainings may be held at a County facility, at another site, or online. Subrecipient shall be given three (3) to five (5) days advance notice of all scheduled trainings with County. Subrecipient may also be required to attend emergency trainings without the above stated advance notice when necessary.

6.7.7 Subrecipient shall complete a sign-in sheet for face-to-face (in-person) trainings. County will document attendance for online trainings.

6.7.8 Training sessions conducted by Subrecipient shall be evaluated by those receiving the training.

6.7.9 Subrecipient’s failure to attend all mandatory trainings (in-person or online) shall be considered non-compliance with the Subaward, and may result in further action pursuant to Appendix A (Sample Subaward), Subparagraph 9.13 (Probation and Suspension), Appendix A (Sample Subaward), Subparagraph 9.18 (Remedies for Non-Compliance), this Statement of Work, Attachment 1 (Performance Requirements Summary Chart), and any other applicable remedies.

6.7.10 Security Awareness Training

6.7.10.1 Subrecipient shall ensure that Staff who handle confidential, sensitive, or personal identifying information relating to HICAP complete the Security Awareness Training module, which is available online at www.aging.ca.gov, within thirty (30) days of the start date of the Subaward or within thirty (30) days of the start date
of any new Staff who work under the Subaward.

6.7.10.2 Subrecipient shall maintain certificates of completion for the Security Awareness Training on file and shall provide them upon request by County or State representatives.

6.8 **Subrecipient’s Office**

6.8.1 Subrecipient shall maintain an office in Los Angeles County with a telephone in the company’s name where Subrecipient conducts business. The office shall be staffed during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, by at least one (1) Staff who can respond to inquiries and complaints which may be received about the Subrecipient’s performance under the Subaward. When the office is closed, an answering service shall be provided to receive calls. The Subrecipient shall answer calls received by the answering service within forty-eight (48) of receipt of the call.

6.9 **Collaborations**

6.9.1 Subrecipient must collaborate with other Los Angeles County Area Agency on Aging (AAA) funded Subrecipients and community organizations in order to ensure comprehensive and coordinated service delivery and to prevent duplication of HICAP Services.

6.10 **Multicultural and Multilingual Capabilities of Subrecipient Staff**

6.10.1 Subrecipient must be committed and sensitive to the delivery of HICAP Services that are culturally and linguistically appropriate. To that end, Subrecipient must seek to hire qualified Staff who are multilingual and/or multicultural in order to better reflect the communities served.

6.10.2 Subrecipient and its Staff, including Volunteers, are expected to develop cultural competency and cross-cultural clinical practice skills. Subrecipient must also develop effective linkages with various ethnic, health and social service agencies for the benefit of Clients to reflect the ethnic and cultural needs of the community being served.

6.10.3 To the extent feasible, Subrecipient shall provide Services in the primary/native language of Client or in areas where a significant number of Clients do not speak English as their primary language. Subrecipient shall make efforts to employ individuals and recruit Volunteers who are bilingual or who are fluent in the dominant languages of the community. Subrecipient shall not require any Client to provide his/her own interpreter.
6.11 Client Eligibility Criteria

6.11.1 Client eligibility is determined in accordance with the HICAP Program Manual of the CDA, the MIPPA Act of 2008, the Centers for Medicare and Medicaid (CMS), Cal MediConnect, and all regulations promulgated by the CDA and County. The criteria are based on the current requirements and guidelines referenced in the HICAP Program Manual of the CDS, the MIPPA Act of 2008, California and federal law, County policies, and any modifications thereto.

6.11.2 A person is eligible to be a Client, and receive HICAP Services if he/she meets one of the eligible Client criteria listed below:

6.11.2.1 Medicare Beneficiaries, including a Medicare Beneficiary’s representative; Medicare Beneficiaries who have limited income and resources (for the provision of MIPPA Services). A Medicare Beneficiary is a disabled person or person over the age of 65 enrolled in Medicare, under the rules of the Health Care Financing Administration;

6.11.2.1.1 Persons who are both Medicare and Medi-Cal Beneficiaries are eligible to receive Services based upon status as a Medicare Beneficiary; and

6.11.2.2 Those persons imminent of Medicare eligibility who are at least 60 years of age;

6.11.2.3 Individuals eligible for both public health insurance programs, Medicare and Medi-Cal (Dual Eligible Beneficiaries);

6.11.2.4 Eligible Service Population are dual eligible beneficiaries targeted for enrollment into a Cal MediConnect Health Plan; and

6.11.2.5 Community Education Services, Long Term Care Services, and Outreach Services are for all interested individuals regardless of age, or Medicare eligibility

6.12 Community Outreach

6.12.1 Subrecipient shall provide Community Outreach, which is defined as actively providing and disseminating Program information (e.g., long-term care and advocacy information) to the public on available Services for potential Clients. Subrecipient shall also market the
HICAP Services to all ethnic groups in each Supervisory District in which the Services are being provided by Subrecipient. All materials must be presented in a culturally sensitive manner by Subrecipient.

6.12.2 Subrecipient shall ensure that information and assistance on Services are provided to all populations including, but not limited to, homeless, veterans, and Lesbian-Gay-Bisexual-Transgender individuals.

7.0 HOURS/DAYS OF WORK

7.1 Subrecipient’s Staff shall be available to all Clients, potential Clients, and referral sources, as well as County representatives on a minimum five (5) days per week basis (Monday through Friday), eight (8) hours per day during the hours of 8:00 a.m. to 5:00 p.m. (not including County recognized holidays). A list of County recognized holidays is provided in Attachment 2 (County Recognized Holidays).

7.2 Subrecipient’s HICAP sites shall be closed on County recognized holidays. Prior approval must be obtained in writing if there is a deviation from the traditional Monday through Friday schedule of Services, days or times.

7.3 Subrecipient is to provide County advance written notice and request prior approval from County in writing for any site closure or disruption of Services for any non-County recognized holidays (i.e., vacations, city shut-downs or religious holidays). This notice is to state the date and reason for the closure and to provide an action plan to ensure that delivery of Services is not disrupted. An action plan must be approved by County prior to implementation.

7.4 Subrecipient’s Staff shall provide direct business telephone contact information to Clients, potential Clients, and County during Subrecipient’s hours of operation. Subrecipient shall also ensure that each office location has a telephone answering machine or voice mail system in place during off-business hours. Subrecipient’s Staff shall check and respond to all messages in a timely manner but not to exceed forty-eight (48) business hours within receipt of the call.

8.0 WORK SCHEDULES

8.1 Subrecipient shall submit for review and approval a Work schedule for each facility to County’s Program Manager within fourteen (14) days prior to starting Work. Said Work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames by day of the week, morning, and afternoon the tasks will be performed.
8.2 Subrecipient shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to County’s Program Manager for review and approval within fourteen (14) working days prior to scheduled time for Work.

8.3 County may request, at its sole discretion, a deviation of regular Work schedule to address site/task demands.

9.0 UNSCHEDULED WORK

9.1 County’s Program Manager or his/her designee may authorize the Subrecipient to perform unscheduled Work, including, but not limited to, repairs and replacements when the need for such Work arises out of extraordinary incidents such as vandalism, acts of God, and third party negligence; or to add to, modify or refurbish existing facilities.

9.2 Prior to performing any unscheduled Work, the Subrecipient shall prepare and submit a written description of the Work with an estimate of labor and materials. If the unscheduled Work exceeds the Subrecipient’s estimate, County’s Program Manager or his/her designee must approve the excess cost. In any case, no unscheduled Work shall commence without written authorization.

9.3 When a condition exists wherein there is imminent danger of injury to the public or damage to property, Subrecipient shall contact County’s Program Manager for approval before beginning the Work. A written estimate shall be sent within twenty-four (24) hours for approval. Subrecipient shall submit an invoice to County’s Program Manager within five (5) working days after completion of the Work.

9.4 All unscheduled Work shall commence on the established specified date. Subrecipient shall proceed diligently to complete said Work within the time allotted.

9.5 County reserves the right to perform unscheduled Work itself or assign the Work to another Subrecipient.

10.0 SPECIFIC WORK REQUIREMENTS

10.1 The specific Work requirements outlined herein establish the tasks and standards for the provision of HICAP Services under Appendix A (Sample Subaward). The task is defined as the service or benefit provided to the Client that meets the HICAP guidelines. Subrecipient shall fulfill all of the tasks outlined below and payment to Subrecipient shall be based upon meeting these requirements.
10.2 HICAP SERVICES

10.2.1 Subrecipient shall use HICAP funding to provide the tasks described in this Subsection 10.2.

10.2.2 Subrecipient shall ensure that individuals in the Eligible Service Population have access to information and counseling to empower them to make informed decisions about their Medicare and Medi-Cal benefit options. This information and counseling shall be unbiased, timely, accurate, and consumer-friendly. It shall include, but not be limited to, how and when the project will be implemented, appeal rights, and how to participate in the Program.

10.2.3 Subrecipient shall ensure the provision of enhanced outreach activities and materials to partners, beneficiary caregivers, providers, and other aging network programs (e.g., Information and Assistance, Aging and Disability Resource Centers (ADRC), County Medi-Cal offices, and not-for-profit agencies) regarding Cal MediConnect and the availability of HICAP options counseling for the Eligible Service Population and refer beneficiaries to other resources as needed.

10.2.4 Subrecipient shall use the Cal MediConnect Fund allocation (or designated funding source) in accordance with policies and procedures established by CDA and/or CMS to support HICAP activities, which include but are not limited to the tasks described in this Statement of Work.

10.2.5 Subrecipient shall ensure that the Eligible Service Population is provided with enhanced outreach activities, materials, and options counseling regarding Cal MediConnect and alternatives. Outreach materials and counseling activities should be health literate, culturally/linguistically appropriate, and specific to the needs of the Eligible Service Population regarding Cal MediConnect benefits and options.

10.2.6 Subrecipient shall provide Enhanced Outreach Services. Enhanced Outreach Services are outreach activities above and beyond routine activities planned in response to other funding (e.g., basic State Health Insurance Assistance Program (SHIP) Funds), tailored to the specific needs of dual eligible beneficiaries targeted for enrollment into a Cal MediConnect Health Plan.

10.2.7 Subrecipient shall provide Options Counseling Services. Options Counseling Services include the provision of local counseling and informational resources that enable dual eligible beneficiaries to make informed decisions about options they have for receiving their Medicare and Medi-Cal benefits.
10.2.8 Community Education

10.2.8.1 Subrecipient shall provide Community Education to the general public. For the purposes of HICAP, Community Education is defined as activities, events, and presentations that educate the public on the identified subject areas. This shall include:

10.2.8.1.1 The provision of information on Medicare; long-term care planning; private health and long-term care insurance, managed care, and related health care plans to Clients.

10.2.8.1.2 The development and distribution of educational literature to the general public as a component of Community Education.

10.2.8.1.3 Educational literature may include information that has been developed by other entities, including, but is not limited to the CDA, the Centers for Medicare and Medicaid Services (CMS), and the California Health Advocates (CHA).

10.2.9 Long-Term Care Education

10.2.9.1 Subrecipient shall provide education on options and Services related to Long-Term Care. This includes the following requirements:

10.2.9.1.1 Subrecipient shall ensure that Long Term Care Education Services regarding available options/services related to Long-Term Care are provided to the general public, employers, Staff groups, senior organizations and other groups expressing interest in long-term care planning.

10.2.9.1.2 Subrecipient shall provide education to clients regarding long-term care planning, promotion of self-reliance and independence, and options for long-term care.

10.2.9.1.3 Subrecipient shall support community education activities that would provide for announcements on television and other media outlets describing the limited nature of
Medicare, the need for long-term care planning, the function of long-term care insurance, and the availability of counseling and educational literature on those subjects.

10.2.9.2 Counseling and Informal Advocacy

10.2.9.2.1 Subrecipient shall provide Counseling and Informal Advocacy Services to Clients in the six (6) Provider Program Categories identified in Subsection 10.2.9.2.4 of this Statement of Work as well as long-term care planning, private health insurance, and related health care coverage plans.

10.2.9.2.2 As part of Counseling and Informal Advocacy, Subrecipient shall perform an assessment of the Clients’ situation with respect to the seven (7) Client Needs Categories (Subsection 10.2.9.2.3) as they apply to and/or interact with each of the six (6) Provider Program Categories identified in Subsection 10.2.9.2.4 as well as long-term care planning, private health insurance, and related health care coverage plans.

10.2.9.2.3 The Client Needs Categories are:

10.2.9.2.3.1 Eligibility/Coverage
10.2.9.2.3.2 Billing/Claims
10.2.9.2.3.3 Abuse/Fraud
10.2.9.2.3.4 Appeals
10.2.9.2.3.5 Comparisons
10.2.9.2.3.6 Denial of Services
10.2.9.2.3.7 Retroactive Dis/Re-Enrollment

10.2.9.2.4 The Provider Program Categories are:

10.2.9.2.4.1 Managed Care (for HMO’s, PPO’s, etc.);
10.2.9.2.4.2 LTCI (Long-Term Care Insurance);

10.2.9.2.4.3 Med-Sup (Medicare Supplemental Insurance);

10.2.9.2.4.4 Medicare;

10.2.9.2.4.5 AMB/SLMB (Qualified Medicare Beneficiary or Special Low-Income Medicare Beneficiary Programs); and

10.2.9.2.4.6 MediCal (Medicaid)

10.2.9.2.5 Prior to providing Counseling Services, Subrecipient shall disclose, in writing, to recipients of Counseling Services, that the HICAP Counselors are Volunteers and are acting in good faith to provide information about health insurance policies and benefits, but that the information shall not be construed to be legal advice, and the Counselors are, generally, not liable unless their acts and omissions are grossly negligent or there is intentional misconduct on the part of the Counselor.

10.2.9.3 Legal Services

10.2.9.3.1 Subrecipient shall provide Legal Services including legal referral services or legal representation limited to Medicare, Medicare appeals, Medicare Part D issues, Medicare savings programs, low-income subsidy issues, Long-Term Care insurance, Medicare related managed care appeals, related health care coverage plans, and life and disability insurance problems. These Services are provided under this Program subject to the understanding that the legal representation and legal advocacy shall not include the filing of lawsuits against private insurers or managed health care plans.

10.2.9.3.2 Subrecipient shall establish and maintain a formal system of coordination and referral
from Counseling Services to Legal Services for any Clients referred for legal representation.

10.2.9.3.3 Subrecipient shall provide Legal Services to Clients through two methods: direct legal representation and/or referrals for legal representation.

10.2.9.3.4 Direct legal representation by a Staff Attorney may be provided by or under the direction of a Supervising Attorney. Under the Program, the legal representation may include, but is not be limited to:

10.2.9.3.4.1 Preparing Work related to Medicare appeals, with the Client’s formal consent.

10.2.9.3.4.2 Representing Clients at Medicare Administrative hearings.

10.2.9.3.4.3 Assisting or representing Clients in court proceedings on health insurance or Medicare issues (provided it is not a lawsuit against private insurers or Managed Health Care Plan).

10.2.9.3.4.4 Resolving insurance billing and claim disputes for Clients.

10.2.9.3.4.5 Conducting legal research for Clients in any of the areas included in this Subsection.

10.2.9.3.4.6 Resolving disputes with HMO’s or similar organizations on behalf of Clients.

10.2.9.3.4.7 Assisting in impact litigation that affects a class of Medicare beneficiaries; and Resolving billing collection problems as they relate to health insurance and health providers.
10.2.9.3.4.8 Referrals for legal representation are to be provided to Client upon request from Client.

10.2.9.4 Subrecipient shall not use funds received under this Subaward to provide legal assistance in a fee generating case (as defined in 45 CFR 1321.71) unless other adequate representation is unavailable (as defined in 45 CFR 1321.71) or there is an emergency requiring immediate legal action. Subrecipient shall establish procedures for the referral of fee generating cases.

10.2.10 HICAP Counselor Recruitment, Training, and Registration

10.2.10.1 Subrecipient shall conduct HICAP Counselor recruitment and training, as well as refer eligible Volunteers to the CDA for registration. This process includes, but is not limited to the following:

10.2.10.1.1 Subrecipient shall prepare and maintain written documentation of the Subrecipient’s plan for recruitment, training, coordination, and registration (with the CDA), of all HICAP Counselors, including a large contingent of volunteer counselors designed to expand Services as broadly as possible, in the service areas.

10.2.10.1.2 Subrecipient shall conduct a formal volunteer recognition activity, on an annual basis at minimum.

10.2.10.1.3 Expenses for volunteer recognition activity may not exceed $50 per volunteer, per year.

10.2.10.1.4 Volunteer recognition expenses include, but are not limited to: a complimentary meal at an annual recognition event, a certificate, plaque, pin, or other form of “award” given to a HICAP Counselor after a minimum one year of service.

10.2.10.1.5 All expenses incurred for volunteer recognition should be directed to the individual volunteer, not to a spouse, family member, or friend.
10.2.10.1.6 Volunteer recognition funds must not be used to purchase gifts. This prohibition does not affect the purchase of awards. Gifts are considered unallowable costs ("giveaways"), whereas awards are given in consideration of merit.

10.2.11 Telephone Access

10.2.11.1 Subrecipient shall be accessible to Clients by telephone.

10.2.11.2 Subrecipient shall have a dedicated toll-free County-wide hotline telephone number that is advertised and accessible to Clients during normal business hours, from 8:00 a.m. to 5:00 p.m., Monday thru Friday.

10.2.11.3 Subrecipient shall have an answering service or answering machine (voice mail) providing the opportunity for Clients to leave their name, a message, and return telephone number 24 hours, 7 days per week in the event a Client cannot receive personal assistance immediately.

10.2.11.4 Subrecipient shall return all Client calls/messages within 48 hours, excluding weekends and holidays.

10.2.11.5 Subrecipient shall have the capacity to assist multilingual Clients to ensure access to Services (e.g., linkage to AT&T Language Line Service).

10.2.12 Referral to the California Department of Insurance (CDI) and the California Department of Managed Health Care (DMHC)

10.2.12.1 Subrecipient shall establish a mechanism for referrals to the CDI and DMHC for the purpose of investigating suspected instances of misrepresentation in the advertising or sales or Services provided by Medicare, managed health care plan, and life and disability insurers and agents. The mechanism shall be established according to the requirements outlines in the HICAP Program Manual.

10.3 MIPPA SERVICES

10.3.1 Subrecipient shall use the MIPPA funding to provide the tasks described in this Subsection 10.3.
10.3.2 Outreach Services

10.3.2.1 Subrecipient shall provide Outreach Services (Outreach Services are Services designed to inform the general public about the availability and different types of MIPPA Services) to the general public on the LIS and MSP programs.

10.3.2.2 Subrecipient shall develop Outreach materials, and conduct enhanced Outreach activities for the general public.

10.3.2.3 Subrecipient shall collaborate with staff of the Social Security Administration district offices throughout Los Angeles County, to provide outreach efforts for the LIS Program and the MSP.

10.3.3 Education

10.3.3.1 Subrecipient shall provide Education Services to Los Angeles County Department of Public Social Services (DPSS) staff, and Subrecipient’s Staff and Volunteers, including education on the LIS Program and MSP, as well as on enhanced LIS Program and MSP Outreach Services.

10.3.3.2 Subrecipient shall provide education to DPSS Eligibility Workers about the LIS Program and the coordination of the LIS Program with the Medi-Cal Program.

10.3.3.3 Subrecipient shall provide training to Subrecipient’s Staff and Volunteers to assist with LIS Program and MSP Outreach Services.

10.3.4 Enrollments

10.3.4.1 Subrecipient shall complete LIS and MSP enrollments for eligible Clients for the purpose of providing MIPPA Services.

10.3.5 In-Service Training

10.3.5.1 Subrecipient shall develop and implement an internal Staff training policy, including the provision of an orientation to all new Staff (including Volunteers).

10.3.5.2 Subrecipient shall develop a training curriculum each year utilizing resources of the AAA, as available, and
calling upon experts within the aging network to develop and/or provide training.

10.3.5.3 Subrecipient’s Project Director shall ensure that a minimum of one Subrecipient Staff person represent Subrecipient at each training session established/provided by County for the benefit of the Client. Further, Subrecipient shall make every effort to ensure that all suitable Subrecipient Staff attends each training session established by County. County, at its discretion, may establish, provide, and/or require Subrecipient Staff attend mandatory training.

10.3.6 Staff and Volunteer Training

10.3.6.1 Subrecipient shall provide on-going MIPPA training and technical assistance to Subrecipient Staff and Volunteers.

10.3.6.2 Subrecipient shall ensure that all HICAP Staff and Volunteers are registered with the State, as HICAP Counselors, after completing all appropriate required training program(s) (required to obtain initial registration) and completing the annual continuing education hours (required to retain State registration).

10.4 Financial Alignment (FA) Services

10.4.1 Subrecipient shall ensure statutory requirements of HICAP [Welf. & Inst. Code §9541] are met. Services shall be provided in accordance with all applicable laws, regulations, this Subaward, the HICAP Program Manual, and any other subsequent California Department of Aging (CDA) Program Memos (PM), provider bulletins or similar instructions issued by County, federal or State agencies during the term of this Subaward.

10.4.2 Subrecipient shall ensure that the Eligible Service Population is provided with enhanced outreach activities materials, and options counseling regarding Cal MediConnect and alternatives. Outreach materials and counseling activities should be health literate, culturally/linguistically appropriate, and specific to the needs of the Eligible Service Population regarding Cal MediConnect benefits and options.

10.4.3 Subrecipient shall ensure that individuals in the Eligible Service Population have access to information and counseling to empower them to make informed decisions about Medicare and Medi-Cal benefit options. This information and counseling shall be unbiased,
timely, accurate, and consumer-friendly. It shall include, but not be limited to, all available health coverage options, implementation activities and timelines, appeal rights, and options for participating in the program.

10.4.4 Subrecipient shall use the FA funding to provide the tasks described in this Subsection 10.4.4. below:

10.4.4.1 Community Education

10.4.4.1.1 Subrecipient shall provide Community Education to the general public. For the purposes of HICAP, Community Education is defined as activities, events, and presentations that educate the public on the identified subject areas. This shall include:

10.4.4.1.2 The provision of information on Medicare; long-term care planning; private health and long-term care insurance, managed care, and related health care plans to Clients.

10.4.4.1.3 The development and distribution of educational literature to the general public as a component of Community Education.

10.4.4.1.4 Educational literature may include information that has been developed by other entities, including, but is not limited to the CDA, the Centers for Medicare and Medicaid Services (CMS), and the California Health Advocates (CHA).

10.4.4.2 Long-Term Care Education

10.4.4.2.1 Subrecipient shall provide education on options and Services related to Long-Term Care. This includes the following requirements:

10.4.4.2.1.1 Subrecipient shall ensure that Long Term Care Education Services regarding available options/services related to Long-Term Care are provided to the general public, employers, Staff groups, senior organizations and other groups
expressing interest in long-term care planning.

10.4.4.2.1.2 Subrecipient shall emphasize the importance of long-term care planning, promotion of self-reliance and independence, and options for long-term care.

10.4.4.2.1.3 Subrecipient shall support community education activities that would provide for announcements on television and other media outlets describing the limited nature of Medicare, the need for long-term care planning, the function of long-term care insurance, and the availability of counseling and educational literature on those subjects.

10.4.4.3 Counseling and Informal Advocacy

10.4.4.3.1 Subrecipient shall provide Counseling and Informal Advocacy Services to Clients in the six (6) Provider Program Categories identified in Subsection 10.4.4.3.4 of this Statement of Work as well as long-term care planning, private health insurance, and related health care coverage plans.

10.4.4.3.2 As part of Counseling and Informal Advocacy, Subrecipient shall perform an assessment of the Clients’ situation with respect to the seven (7) Client Needs Categories (Subsection 10.4.4.3.3) as they apply to and/or interact with each of the six (6) Provider Program Categories identified in Subsection 10.4.4.3.4 as well as long-term care planning, private health insurance, and related health care coverage plans.
10.4.4.3.3 The Client Needs Categories are:

10.4.4.3.3.1 Eligibility/Coverage
10.4.4.3.3.2 Billing/Claims
10.4.4.3.3.3 Abuse/Fraud
10.4.4.3.3.4 Appeals
10.4.4.3.3.5 Comparisons
10.4.4.3.3.6 Denial of Services
10.4.4.3.3.7 Retroactive Dis/Re-Enrollment

10.4.4.3.4 The Provider Program Categories are:

10.4.4.3.4.1 Managed Care (for HMO’s, PPO’s, etc.);
10.4.4.3.4.2 LTCI (Long-Term Care Insurance);
10.4.4.3.4.3 Med-Sup (Medicare Supplemental Insurance);
10.4.4.3.4.4 Medicare;
10.4.4.3.4.5 AMB/SLMB (Qualified Medicare Beneficiary or Special Low-Income Medicare Beneficiary Programs); and
10.4.4.3.4.6 MediCal (Medicaid)

10.4.4.3.5 Prior to providing Counseling Services, Subrecipient shall disclose, in writing, to recipients of Counseling Services, that the HICAP Counselors are Volunteers and are acting in good faith to provide information about health insurance policies and benefits, but that the information shall not be construed to be legal advice, and the Counselors are, generally, not liable unless their acts and omissions are grossly negligent or there is intentional misconduct on the part of the Counselor.
10.4.4.4 Legal Services

10.4.4.4.1 Subrecipient shall provide Legal Services including legal referral Services or legal representation limited to Medicare, Medicare appeals, Medicare Part D issues, Medicare savings programs, low-income subsidy issues, Long-Term Care insurance, Medicare related managed care appeals, related health care coverage plans, and life and disability insurance problems. These Services are provided under this Program subject to the understanding that the legal representation and legal advocacy shall not include the filing of lawsuits against private insurers or managed health care plans.

10.4.4.4.2 Subrecipient shall establish and maintain a formal system of coordination and referral from Counseling Services to Legal Services for any Clients referred for legal representation.

10.4.4.4.3 Subrecipient shall provide Legal Services to Clients through two methods: direct legal representation and/or referrals for legal representation.

10.4.4.4.4 Direct legal representation by a Staff Attorney may be provided by or under the direction of a Supervising Attorney. Under the Program, the legal representation may include, but is not be limited to:

10.4.4.4.4.1 Preparing Work related to Medicare appeals, with the Client's formal consent.

10.4.4.4.4.2 Representing Clients at Medicare Administrative hearings.

10.4.4.4.4.3 Assisting or representing Clients in court proceedings on health insurance or Medicare issues (provided it is not a
lawsuit against private insurers or Managed Health Care Plan).

10.4.4.4.4 Resolving insurance billing and claim disputes for Clients.

10.4.4.4.5 Conducting legal research for Clients in any of the areas included in this Subsection.

10.4.4.4.6 Resolving disputes with HMO's or similar organizations on behalf of Clients.

10.4.4.4.7 Assisting in impact litigation that affects a class of Medicare beneficiaries; and Resolving billing collection problems as they relate to health insurance and health providers.

10.4.4.4.8 Referrals for legal representation are to be provided to Client upon request from Client.

10.4.4.5 Subrecipient shall not use funds received under this Subaward to provide legal assistance in a fee generating case (as defined in 45 CFR 1321.71) unless other adequate representation is unavailable (as defined in 45 CFR 1321.71) or there is an emergency requiring immediate legal action. Subrecipient shall establish procedures for the referral of fee generating cases.

10.4.5 HICAP Counselor Recruitment, Training, and Registration

10.4.5.1 Subrecipient shall conduct HICAP Counselor recruitment and training, as well as refer eligible Volunteers to the CDA for registration. This process includes, but is not limited to the following:

10.4.5.1.1 Subrecipient shall prepare and maintain written documentation of the Subrecipient’s plan for recruitment, training,
coordination, and registration (with the CDA), of all HICAP Counselors, including a large contingent of volunteer counselors designed to expand Services as broadly as possible, in the service areas.

10.4.4.5.1.2 Subrecipient shall conduct a formal volunteer recognition activity, on an annual basis at minimum.

10.4.4.5.1.3 Expenses for volunteer recognition activity may not exceed $50 per volunteer, per year.

10.4.4.5.1.4 Volunteer recognition expenses include, but are not limited to: a complimentary meal at an annual recognition event, a certificate, plaque, pin, or other form of "award" given to a HICAP Counselor after a minimum one year of service.

10.4.4.5.1.5 All expenses incurred for volunteer recognition should be directed to the individual volunteer, not to a spouse, family member, or friend.

10.4.4.5.1.6 Volunteer recognition funds must not be used to purchase gifts. This prohibition does not affect the purchase of awards. Gifts are considered unallowable costs ("giveaways"), whereas awards are given in consideration of merit.

10.4.4.6 Telephone Access

10.4.4.6.1 Subrecipient shall be accessible to Clients by telephone.
10.4.4.6.2 Subrecipient shall have a dedicated toll-free County-wide hotline telephone number that is advertised and accessible to Clients during normal business hours, from 8:00a.m. to 5:00 p.m., Monday thru Friday.

10.4.4.6.3 Subrecipient shall have an answering service or answering machine (voice mail) providing the opportunity for Clients to leave their name, a message, and return telephone number 24 hours, 7 days per week in the event a Client cannot receive personal assistance immediately.

10.4.4.6.4 Subrecipient shall return all Client calls/messages within 48 hours, excluding weekends and holidays.

10.4.4.6.5 Subrecipient shall have the capacity to assist multilingual Clients to ensure access to Services (e.g., linkage to AT&T Language Line Service).

10.4.4.7 Referral to the California Department of Insurance (CDI) and the California Department of Managed Health Care (DMHC)

10.4.4.7.1 Subrecipient shall establish a mechanism for referrals to the CDI and DMHC for the purpose of investigating suspected instances of misrepresentation in the advertising or sales or Services provided by Medicare, managed health care plan, and life and disability insurers and agents. The mechanism shall be established according to the requirements outlined in the HICAP Program Manual.

11.0 PERFORMANCE REQUIREMENTS SUMMARY

11.1 The Performance Requirements Summary (PRS) chart (Attachment 1) is a listing of performance outcomes that will be monitored by County during the term of this Subaward is an important monitoring tool for County. The PRS chart outlines performance outcomes, SOW reference, program standards, acceptable quality level, monitoring tool, and remedy for non-compliance.
11.2 All listings of Services used in the Performance Requirements Summary (PRS) are intended to be completely consistent with Appendix A (Sample Subaward) and this Statement of Work, and are not meant in any case to create, extend, revise, or expand any obligation of Subrecipient beyond that defined in the Subaward and the SOW. In any case of apparent inconsistency between Services as stated in the Subaward and the SOW and this PRS, the meaning apparent in Appendix A (Sample Subaward) and this Statement of Work will prevail. If any Service seems to be created in this PRS which is not clearly and forthrightly set forth in Appendix A (Sample Subaward) and this Statement of Work, that apparent service will be null and void and place no requirement on Subrecipient.

12.0 GREEN INITIATIVES

12.1 Subrecipient shall use reasonable efforts to initiate “green” practices for environmental and energy conservation benefits.

12.2 Subrecipient shall notify County’s Program Manager of Subrecipient’s new green initiatives prior to the Subaward commencement.