

COUNTY OF SAN MATEO
Departmental Correspondence

Date: **MAY 09 2001**
Hearing Date **MAY 22 2001**

TO Honorable Board of Supervisors
FROM Charlene A Silva, Director, Aging and Adult Services 
SUBJECT Amendment to Agreement with Self-Help for the Elderly

RECOMMENDATION

Adopt a resolution authorizing the President of the Board of Supervisors to execute an amendment to the agreement with Self-Help for the Elderly

Background

The Community-Based Services Program (CBSP) was established by the state in 1997 under legislation (AB2800) to bring together several programs that serve seniors and adults with disabilities. As a result, these programs are now coordinated, managed, and administered through the Area Agencies on Aging throughout the state. Programs funded through CBSP include Alzheimer's Day Care Resource Center (ADCRC), Health Insurance Counseling and Advocacy Program (HICAP), Linkages/Respite, Foster Grandparents, Senior Companions, and Respite Registry

On August 8, 2000, your board approved an agreement with the California Department of Aging (CDA) for 2000-01 for CBSP supportive services. On October 3, 2000, your board approved a resolution authorizing execution of agreements with various providers of Aging and Adult Services (AAS) for fiscal year 2000-2001 and authorizing the Director of Health Services to execute amendments and minor modifications to these agreements in amounts not to exceed \$25,000

CDA periodically allocates one-time-only and expansion funding generated by the state CBSP to be used to enhance and/or expand various supportive services for seniors and adults with disabilities. On April 24, 2001, your board approved Amendment 1 to the CDA agreement for additional revenues for services funded under CBSP

Discussion

HICAP provides counseling and community education regarding Medicare and long-term care insurance options and is one of the programs designated by CDA to receive one-time-only funds. AAS contracts with Self-Help for the Elderly to provide these services

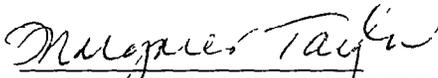
This amendment will provide an increase of \$33,305 in funding to the contract with Self-Help for the Elderly. Funds will be used to increase salaries, increase capacity for travel, training, and consultants, and rent expanded office space. The state plans to maintain this expanded funding level for HICAP in fiscal year 2001-2002.

This amendment has been approved by the Commission on Aging and County Counsel.

Term and Fiscal Impact

The term of the agreement remains the same, July 1, 2000 through June 30, 2001. The increase of \$33,305 will bring the total contracted amount available to Self-Help for the Elderly for HICAP for 2000-01 to \$136,668. Funding for this increase is provided by the state through CBSP and is included in the approved AAS 2000-2001 budget. Any ongoing expenditures will be reduced if funds are unavailable in future years. There is no impact on the county General Fund as a result of this amendment.

RECOMMENDED


HEALTH SERVICES AGENCY

RESOLUTION NO. _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION APPROVING AMENDMENT TO AGREEMENT WITH SELF-HELP
FOR THE ELDERLY FOR FISCAL YEAR 2000-2001

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, this Board has designated itself as the Area Agency on Aging of San Mateo County to carry out programs pursuant to the Older Americans Act, and

WHEREAS, it is necessary and desirable that the Area Agency on Aging administer the Community-Based Services Programs, and

WHEREAS, this Board has been presented with an Amendment to the Agreement with Self-Help for the Elderly to increase the funding under the Agreement and has examined and approved it as to both form and content and desires to enter into the Amendment to the Agreement

NOW, THEREFORE, IT IS RESOLVED that the Amendment to the Agreement with Self-Help for the Elderly is hereby approved, and the President of this Board of Supervisors is hereby authorized and directed to execute the aforesaid Amendment for and on behalf of the County of San Mateo, and the Clerk of the Board shall attest the President's signature thereto

AREA AGENCY ON AGING AMENDMENT TO THE AGREEMENT

THIS AMENDMENT TO THE AGREEMENT is hereby made and entered into this _____ day of _____, 2001, by and between the AREA AGENCY ON AGING OF THE COUNTY OF SAN MATEO and SELF HELP FOR THE ELDERLY

W I T N E S S E T H.

WHEREAS, both parties have agreed that a revision to Agreement No. 63990 is both necessary and vital to the successful accomplishment of said agreement; and

WHEREAS, the following change(s) shall be incorporated in this Agreement and be subject to all provisions of said Agreement as revised.

Changes in the total contracted amount are as follows:

<u>ORIGINAL AMOUNT</u>	<u>REVISED AMOUNT</u>	<u>INCREASE (DECREASE)</u>
\$103,363	\$136,668	\$33,305

Changes in Description of Service are attached as Exhibit A

NOW, THEREFORE, IT IS HEREBY AGREED by both parties that:

A This revision(s) is hereby incorporated and made a part of the original agreement and subject to all provisions therein.

B. All provisions of the original agreement including all references to audit and fiscal management requirements shall be binding on the parties hereto

C. This revision(s) shall become effective on March 1, 2001

IN WITNESS WHEREOF, the parties hereto have caused this revised agreement to be executed on the day and year first above written.

COUNTY OF SAN MATEO

SELF HELP FOR THE ELDERLY

By. _____
Michael D Nevin, President
Board of Supervisors, County of San Mateo

By.  _____

Date _____

Inni Chang
Name

Exec Director
Position or Title

Date: _____

ATTEST:

By _____
Clerk of Said Board

Date _____

AMENDED SECTIONS OF EXHIBIT A

SELF HELP FOR THE ELDERLY: 2000-01

DESCRIPTION OF SERVICES

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

Contractor agrees to provide fifty-five (55) Community Education Presentations to a minimum of one thousand nine hundred twenty-five (1,925) persons; one thousand six hundred fifty (1,650) hours of counseling and advocacy to a minimum of one thousand fifteen (1,015) persons.

The total reimbursement of Community Based Services Program (CBSP) funding for this program will be one hundred thirty six thousand six hundred sixty eight dollars (\$136,668)

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

Number of pages faxed _____

DATE: 7/10/2000
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163
FROM: Mary Robblee - 573-2667, FAX 573-2193, PONY - AAS 321
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Self Help for the Elderly

DO THEY TRAVEL?: No

PERCENT OF THE TIME: N/a

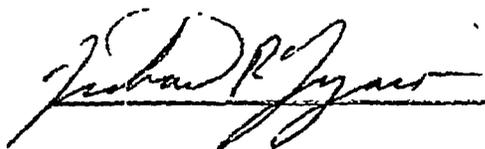
NUMBER OF EMPLOYEES: 8

DUTIES (SPECIFIC): Contractor provides congregate meals (2 sites), case management and blood pressure screening.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	1mil	X	_____	_____
Motor Vehicle Liability	1mil	X	_____	_____
Professional Liability	1mil	X	_____	_____
Worker's Compensation	Statutory	X	_____	_____

REMARKS/COMMENTS

SIGNATURE



MIKE MARZANO
 DATE
 JUL 25 2000
 SAFETY OFFICER

ACORD CERTIFICATE OF LIABILITY INSURANCE

FP ID KP
SELFH-1

DATE (MM/DD/YY)
12/08/00

PRODUCER
Tanner Insurance Brokers
4670 Willow Road, Suite 250
Pasadena CA 94588
Phone: 925-463-9672 Fax: 925-463-0192

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS AFFORDING COVERAGE

INSURED
Self Help for the Elderly
407 Sansome Street
San Francisco, CA 94111

INSURER A Lexington Insurance Company
INSURER B State Compensation Ins. Fund
INSURER C
INSURER D
INSURER E

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	6474803	07/01/00	07/01/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ Excluded
					PERSONAL & ADV INJURY \$ 3,000,000
					GENERAL AGGREGATE \$ 3,000,000
					PRODUCTS - COMP/OP AGG \$ 3,000,000
					GEN L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY	6474803	07/01/00	07/01/01	COMBINED SINGLE LIMIT (Ea acc dent) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per acc dent) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	160037400	10/31/00	10/31/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER
					E L EACH ACCIDENT \$ 1,000,000
					E L DISEASE - EA EMPLOYEE \$ 1,000,000
					E L DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER	6474802	07/01/00	07/01/01	Aggregate \$3,000,000
	Professional Liab Claims Made				Per Claim \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
San Mateo County Area Agency on Aging, their officers, agents and employees are recognized as additional insureds on the general liability but only as their interests may appear and only with respect to the operations of the named insured.

CERTIFICATE HOLDER	Y ADDITIONAL INSURED INSURER LETTER <u>A</u>	CANCELLATION
San Mateo County Area Agency On Aging Attn: Mary Robblee 255 West 37th Avenue San Mateo, CA 94403	SANMA-7	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES William A. Lenson

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

CONTRACT APPROVAL FORM

TO: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

FROM: Raymond Swope, County Counsel
Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT: Approval of Board Memo, Resolution and Amendment for
Amendment to Agreement with Self-Help for the Elderly

DATE SUBMITTED: April 5, 2001

CONTRACT PERIOD: July 1, 2000 to June 30, 2001

CONTRACT AMOUNT AND FUNDING SOURCE:

Agreement will be increased by \$33,305. Funds for the increase come from the California
Department of Aging.

COUNTY COUNSEL S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO
FORM THE AGREEMENT STIPULATED ABOVE

APPROVED BY: Raymond Swope III 5/3/01
DEPUTY COUNTY COUNSEL DATE