

33419

DATE: April 12, 2013

TO: Board of Acquisition & Contract

FROM: Mae Carpenter, Commissioner
Department of Senior Programs and Services

RE: Authority to enter into an Agreement with the State of New York, acting by and through the New York State Office for the Aging to accept a grant in the amount of \$54,529.00 under the Health Insurance Information, Counseling and Assistance Program, to be used for the program period April 1, 2013 through March 31, 2014

The County of Westchester (the "County"), acting by and through the Department of Senior Programs & Services (the "Department"), seeks authority from your Honorable Board to enter into an agreement (the "Agreement") with the State of New York, acting by and through the New York State Office for the Aging ("NYSOFA") to accept a grant in the sum of \$54,529.00 under the Health Insurance Information, Counseling and Assistance Program ("HIICAP") to pay for personnel, maintenance and operations costs associated with providing Medicare information to seniors, caregiver groups and professional case managers and social workers, who deal with these populations, for the program period April 1, 2013 through March 31, 2014.

The proposed Agreement will serve a public purpose by providing needed funding to educate and assist the elderly population within the County on Medicare and other important health insurance issues.

The goals and objectives of HIICAP are to provide Medicare information through outreach, education, empowerment, information, and advocacy to residents of Westchester County including individuals nearing or recently reaching 65 years of age, seniors aged 65 and up, the disabled, caregivers and the professional case managers and social workers who deal with these populations,

The goals and objectives of HIICAP are in the best interest of the County with respect to public health and environment because it allows us to help Medicare beneficiaries obtain needed medications that their Medicare part D plans may not be providing for a variety of reasons.

These goals and objectives will be tracked and monitored through review of responses to Department evaluation letters sent to individuals that have been counseled and through review of evaluation forms collected from attendees of group Medicare information sessions. An annual evaluation shall be conducted and monthly reports shall be submitted and reviewed to ensure goals are being met.

In the previous fiscal year, 2432 senior citizens and their caregivers contacted the Department on its' dedicated Medicare information line to receive Medicare counseling and assistance.

Because this Agreement is for the acceptance of grant funds, it does not constitute a procurement and, as such, is not subject to the Westchester County Procurement Policy.

I certify that my department, a) has copies of, or access to, all applicable laws, rules, regulations, grant applications, and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the "Grant Terms"), b) has reviewed the Grant Terms, c) is aware of and understands all of the Grant Terms, and d) can and will comply with all of the Grant Terms.

Accordingly, I most respectfully recommend adoption of the attached proposed resolution.

APPROVED BOARD OF ACQUISITION & CONTRACT - 05/09/2013 - JOMBY VIEIRA SECRETARY

RESOLUTION

UPON COMMUNICATION FROM THE COMMISSIONER OF THE WESTCHESTER COUNTY DEPARTMENT OF SENIOR PROGRAMS AND SERVICES:

RESOLVED, that the County of Westchester is hereby authorized to enter into an agreement with the New York State Office for the Aging to accept a grant in the sum of \$54,529.00 under the Health Insurance Information, Counseling and Assistance Program to pay for personnel, maintenance and operations costs associated with providing Medicare information and assistance to Westchester seniors, caregiver groups and professional case managers and social workers, who deal with these populations for the program period April 1, 2013 through March 31, 2014; and be it further

RESOLVED, that the County Executive or his duly authorized designee be, and hereby is, authorized to take such actions and execute such documents as may be necessary and appropriate to effectuate the purposes hereof.

This Agreement: \$54,529.00
 TOTAL: \$54,529.00
 Agreement #

| Account to be Charged/Credited | Fund | Dept | Major Program, Program & Phase Or Unit | Object/ Sub-Object | Trust Account | Dollars |
|--------------------------------|------|------|--|--------------------|---------------|-------------|
| | 263 | 85 | 945N | 9853 | T945 | \$40,628.00 |
| | 263 | 85 | 945N | 9854 | T945 | \$13,901.00 |

Budget Funding Year(s) 13/14 Start Date 4/1/13 End Date 3/31/14
 (must match resolution)

| | | |
|-------------------------|-------------|-----------------|
| Funding Source | Tax Dollars | <u>\$0</u> |
| | State Aid | <u>\$13,901</u> |
| \$54,529.00 | Federal Aid | <u>\$40,628</u> |
| (must match resolution) | Other | <u>\$0</u> |