

SENIOR ADVOCACY SERVICES

Amendment Number 3

to the Agreement to Provide

SERVICES RELATED TO THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP), THE MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA), THE OMBUDSMAN PROGRAM, AND ELDER ABUSE PREVENTION

Funding Amount: **\$984,115**

Term: **7/1/2024 to 6/30/2025**

Agreement Number: AA-SAS-S4S-2425

This Amendment Number 3 ("Amendment") is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "County"), and Senior Advocacy Services, a California non-profit Corporation (hereinafter "Contractor").

As provided by Article 13.7, Merger, the parties hereby evidence their intent and desire to amend the Agreement. The parties mutually desire to amend said Agreement to make the following changes:

1. Revise Article 2, Payment, to increase the Agreement amount by Twenty-One Thousand, Six Hundred Seventy-Seven Dollars (\$21,677), for a new total of Nine Hundred Eighty-Four Thousand, One Hundred Fifteen Dollars (\$984,115); and
2. Revise the following in Exhibit B: Fiscal Provisions/Budget:
 - a. Replace Section 10. Allocation Summary.
 - b. Replace line-item budget table 11.3. Ombudsman Special Deposit to increase by \$21,677 in Section 11. Budgets.

RECITALS

WHEREAS, County and Contractor entered into that certain Agreement, dated July 1, 2024, for services related to the Health Insurance Counseling and Advocacy Program (HICAP), the Medicare Improvements for patients and Providers Act (MIPPA), the Ombudsman program, and Elder Abuse Prevention; and

WHEREAS, County and Contractor desire to amend the Agreement to add additional One-Time-Only funding;

NOW, THEREFORE, the parties hereto are desirous of modifying the Agreement in accordance with the terms and conditions set forth herein and hereto agree as follows:

SPECIFIC PROVISIONS

2. Payment.

For all services and incidental costs required hereunder, Contractor shall be paid on a cost reimbursement basis in accordance with the budget set forth in "Exhibit B: Fiscal Provisions/Budget" (hereinafter "Exhibit B"), attached hereto and incorporated herein by this reference. Contractor shall be paid an amount not to exceed Nine Hundred Eighty-Four Thousand, One Hundred Fifteen Dollars (\$984,115), without the prior written approval of County. Expenses not expressly authorized by the Agreement shall not be reimbursed.

Unless otherwise noted in this agreement, payments shall be made within the normal course of county business after presentation of an invoice in a form approved by the County for services performed. Payments shall be made only upon the satisfactory completion of the services as determined by the County.

Exhibit B: Fiscal Provisions/Budget

10. Allocation Summary.

Program CFDA#	Area Agency on Aging (AAA) Funds							Total FY 24/25 Contract
	Federal	Federal Baseline Adjustment	One-Time- Only (OTO)	State	State HICAP Augmentation	HICAP Reimburse- ment	State Baseline Adjustment	
OMBUDSMAN								
General Fund IIIB (B1GL)	\$0	\$0	\$0	\$78,010	\$0	\$0	-\$405	\$77,605
General Fund IIIB - Augmentation (B1GL)	\$0	\$0	\$0	\$93,656	\$0	\$0	-\$1,369	\$92,287
Ombudsman Fedl Title IIIB	93.044	\$27,952	-\$146	\$336	\$0	\$0	\$0	\$28,142
Ombudsman Fedl VIIA	93.042	\$49,273	-\$256	\$1,256	\$0	\$0	\$0	\$50,273
OMBUDSMAN Subtotal	\$77,225	-\$402	\$1,592	\$171,666	\$0	\$0	-\$1,774	\$248,307
OMBUDSMAN SPECIAL DEPOSIT								
State Public Health L&C	\$0	\$0	\$75,427	\$7,204	\$0	\$0	-\$105	\$82,526
State Health Facilities Citations Penalties	\$0	\$0	\$26,465	\$14,698	\$0	\$0	-\$221	\$40,942
General Fund (SNFL)	\$0	\$0	\$0	\$34,220	\$0	\$0	-\$500	\$33,720
OMBUDSMAN SPECIAL DEPOSIT Subtotal	\$0	\$0	\$101,892	\$56,122	\$0	\$0	-\$826	\$157,188
Ombudsman Totals	\$77,225	-\$402	\$103,484	\$227,788	\$0	\$0	-\$2,600	\$405,495
HICAP(4/1/25-6/30/25)	93.324	\$30,944	\$0	\$81,760	\$0	\$0	\$0	\$112,704
HICAP (7/1/24 thru 3/31/25)	93.324	\$92,832	\$8,718	\$67,410	\$42,989	\$134,881	\$0	\$346,830
MIPPA (7/1/24 thru 8/31/24)	93.071	\$16,656	\$0	\$0	\$0	\$0	\$0	\$16,656
MIPPA (9/1/24 thru 6/30/25)	93.071	\$83,281	\$11,817	\$0	\$0	\$0	\$0	\$95,098
Elder Abuse Prevention VII	93.041	\$6,673	-\$133	\$792	\$0	\$0	\$0	\$7,332
CONTRACT TOTAL	\$307,611	\$20,000	\$104,276	\$376,958	\$42,989	\$134,881	-\$2,600	\$984,115

11. Budgets.

11.3. Ombudsman Special Deposit {includes OAA IIIB Supportive Services funds}

LINE ITEMS FOR PROGRAM COST CATEGORIES	AAA Funds			O-CAM Supportive Services	OCAM-M Nutrition	CalFresh Healthy Living	State Augmentati on	HICAP Reimburse- ment State	MATCH		NON-MATCH		PROGRAM INCOME	TOTAL
	Federal	State	NSIP						CASH	IN-KIND	CASH	IN-KIND		
PERSONNEL														
Salaries		133,179												133,179
Benefits		19,509									3,132			22,641
TOTAL PERSONNEL		\$152,688									\$3,132			\$155,820
TRAVEL & TRAINING														
Staff Travel		2,805												2,805
Staff Training		500												500
TOTAL TRAVEL & TRAINING		\$3,305												\$3,305
EQUIPMENT														
Expendable Equipment														
Non-expendable Equipment														
TOTAL EQUIPMENT														
CONSULTANTS														
OTHER COSTS:														
Rent/Bldg. Maintenance											2,220			2,220
Communications											300			300
Utilities											600			600
Office Supplies											210			210
Printing											527			527
Postage											75			75
Employee Screening/Testing														
Repairs & Maintenance											150			150
Outreach/Advertising											72			72
Outside Services		1,195									3,930			5,125
Insurance											800			800
Publications/Members											1,350			1,350
Other														
TOTAL OTHER COSTS		\$1,195									\$10,234			\$11,429
** INDIRECT COSTS														
TOTAL PROGRAM COSTS		\$157,188									\$13,366			\$170,554

Except as expressly modified in this Amendment, the terms and conditions of Agreement Number AA-SAS-S4S-2425 shall remain in full force.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be fully executed by their authorized representatives.

This Amendment shall be effective on and as of the date of the last signature.

CONTRACTOR
Senior Advocacy Services

COUNTY OF SONOMA

By: _____
Name: Crista Barnett Nelson
Title: Executive Director

Date: _____

By: _____
Name: Angela Struckmann
Title: Director, Human Services
Department

Date: _____

APPROVED AS TO SUBSTANCE FOR
COUNTY

By: _____
Name: Paul Dunaway
Title: Director, Adult & Aging Services
Division

[] EXEMPT FROM COUNTY COUNSEL
REVIEW

APPROVED AS TO FORM FOR COUNTY

By: _____
County Counsel

[] CERTIFICATES OF INSURANCE ON FILE
WITH COUNTY

[] INSURANCE REQUIREMENT CHANGES
APPROVED, WAIVED, OR EXEMPTED
BY RISK MANAGEMENT

By: _____