

**NEW YORK STATE OFFICE FOR THE AGING**

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

An Equal Opportunity Employer

Corinda Crossdale, Director

**PROGRAM INSTRUCTION**

**Number 15-PI-04**

**Supersedes 13-PI-27**

**Expiration Date NA**

**DATE:** April 01, 2015

**TO:** Area Agency on Aging (AAA) Directors

**SUBJECT: Medicare Improvements for Patients and Providers Act (MIPPA)  
Application for AAA/State Health Insurance Assistance Program  
(SHIP)/Aging and Disability Resource Center (ADRC) Funding**

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**ACTION REQUESTED:** AAAs must complete the attached application for MIPPA funding and submit it to the New York State Office for the Aging. This funding will cover the program period of September 30, 2014 – September 29, 2017. Annual budget updates will be required from AAAs and may reflect a change in allocation as a result of annual federal funding levels awarded to NYSOFA. Only AAAs that have a participating NY Connects Program in their county are eligible to apply for the ADRC portion of the MIPPA funding.

**RESPONSE DUE DATE:** Applications and original signed cover page must be sent to NYSOFA by April 24, 2015.

**Mail one (1) signed original cover page** via US Postal Service to:

Celeste Farhart  
Division of Policy, Planning, Program, and Outcomes  
New York State Office for the Aging  
Two Empire State Plaza, 4<sup>th</sup> Floor  
Albany, NY 12223-1251

**Electronically submit the application**, which includes a copy of the Grant Application

Cover Page (Attachment 1), Standard Assurances (Attachment 2), Program Workplan (Attachment 3) and a completed Budget Schedule (Attachment 4) to: [Celeste.Farhart@aging.ny.gov](mailto:Celeste.Farhart@aging.ny.gov).

**PURPOSE:** The purpose of this funding is to support local AAAs/HIICAPs/NY Connects in their efforts to educate and assist eligible Medicare beneficiaries with enrollment into the Medicare Low-Income Subsidy (LIS) Program and the Medicare Savings Program (MSP); provide counseling and assistance on accessing the Medicare Prescription Drug Coverage Part D especially for those beneficiaries who are low-income, underserved, and/or residing in rural areas; and to promote the availability of Medicare preventive and wellness services.

**BACKGROUND:** The Medicare Improvements for Patients and Providers Act (MIPPA) was enacted in 2008 and provided initial funding to states, territories, and the District of Columbia to support targeted LIS/MSP enrollment for Medicare beneficiaries who were eligible for the benefits but not yet enrolled. The MIPPA funding was also used to provide education and outreach directed at raising beneficiary awareness and understanding of Part D and available preventive and wellness benefits. After 2008, continued funding for states was authorized by the Affordable Care Act in March 2010 (Section 3306), the American Taxpayer Relief Act of 2012, and most recently in the Protecting Access to Medicare Act of 2014. The MIPPA Program is administered by the Administration for Community Living.

Under the 2014 MIPPA grant, the AAAs, the local HIICAPs (New York State's designated SHIP Programs), and local NY Connects Programs (New York's federally recognized ADRCs), will be expected to continue their coordinated efforts to inform and assist Medicare beneficiaries with the aforementioned available Federal and State benefits and to ensure that their county/designated catchment area achieves all goals, objectives, deliverables, measurable outcomes, and targets set forth in the 2014-15 MIPPA Work Plan (Attachment 3) and Annual Minimum Targets Table (Attachment 5).

**USE OF MIPPA FUNDS:** The amount of MIPPA funds allocated to each county is detailed in Attachment 6. NYSOFA has combined the allocations for AAAs and HIICAPs, but has kept the funding for NY Connects separate and distinct since there are some counties that currently do not participate in NY Connects. MIPPA funds must be used for LIS and MSP outreach and assistance efforts directed toward Medicare beneficiaries with limited incomes, for outreach and assistance relating to Medicare Part D for beneficiaries in rural areas, and for activities related to the promotion and distribution of information on Medicare preventive and wellness services. Specifically, MIPPA funding under this application must be used to fund the following:

- MIPPA activities to reach those potentially eligible for LIS or MSP programs must be above and beyond those regular activities that are planned using HIICAP's

base grant funding provided for the program this year. This would include special efforts to reach culturally diverse populations and individuals with limited English proficiency.

- AAAs, HIICAPs, and NY Connects programs should make use of zip code data provided by CMS and other mapping tools provided by NCOA to conduct targeted outreach efforts related to reaching beneficiaries most likely eligible, but not enrolled, into the LIS, MSP or State Prescription Assistance Program (EPIC).
- AAAs, HIICAPs, and NY Connects should expand partnerships with community-based agencies to reach Medicare beneficiaries who are not enrolled in the LIS or MSP programs. Moreover, they should consider specific activities to conduct outreach such as direct mail, public and media events, paid advertising and other methods to reach potential enrollees.
- AAAs should consider screening individuals who are recipients of the Home Energy Assistance Program, Expanded In Home Services for the Elderly (EISEP) Program, Home Delivered Meals, Chronic Disease Self-Management Education Programs, and Social Adult Day Services for MSP/LIS.
- Local programs funded as “rural” must ensure that MIPPA funds are used to enhance efforts to reach and assist people eligible for Part D in these identified rural areas of the state.
- AAAs, HIICAPs, and NY Connects programs must agree to designate a portion of the grant funding to conduct outreach activities aimed at preventing disease or chronic conditions and promoting wellness. At minimum, counties must agree to disseminate the “Senior Health Check Up” flyer to Medicare beneficiaries, which will be updated by NYSOFA.
- Local Long Term Care Councils must be engaged to help AAAs, NY Connects, and HIICAP Programs identify outreach opportunities and provide additional community resources that can provide LIS/MSP application assistance and educate individuals about Medicare preventive and wellness services.

**Prohibited Uses of MIPPA Funds:**

Funding for the MIPPA Grants for FY 2014-2017 **may not** be used for any of the following:

- To cover any direct service costs other than:
  - outreach to Medicare beneficiaries eligible to apply for the Medicare Part D Low Income Subsidy (LIS) program and the Medicare Savings Program (MSP);
  - provide Part D counseling to benefit Medicare beneficiaries in rural areas; and
  - promote the availability of Medicare preventive and wellness services.

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under federal or state law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To provide infrastructure for which federal matching funds are claimed.
- To supplant existing state, local, or private funding of infrastructure or services such as staff salaries, etc.
- To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.

Further, costs of promotional items and memorabilia, including models, gifts, and souvenirs are unallowable.

**PROGRAMS AFFECTED:**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Title III-B | <input type="checkbox"/> Title III-C-1     | <input type="checkbox"/> Title III-C-2 |
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E       | <input type="checkbox"/> CSE           |
| <input type="checkbox"/> WIN         | <input type="checkbox"/> Energy            |  |
| <input type="checkbox"/> EISEP       | <input type="checkbox"/> NSIP              | <input type="checkbox"/> Title V       |
|                                      | <input checked="" type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP         |

x Other: NY  
Connects

**CONTACT PERSON:** Brenda Lamere

**TELEPHONE:** 518-474-6085

**APPLICATION FOR MIPPA FUNDING**

**Program Period: September 30, 2014 to September 29, 2017**

**Funded under grants from the Centers for Medicare & Medicaid Services and Administration for  
Community Living**

**Instructions:** Please complete the following informational form and submit one (1) original signed copy  
to:

Celeste Farhart  
New York State Office for the Aging  
Two Empire State Plaza, 4<sup>th</sup> Floor, Albany, NY 12223-1251

Area Agency:

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Director:

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Address:

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HIICAP Coordinator:

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HIICAP Coordinator Phone Number:

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Email Address:

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Mailing address (if different from the AAA):

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NY Connects Coordinator:

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NY Connects Coordinator Phone Number:

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Email Address:

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Mailing address (if different from the AAA):

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Amount Requested:

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TERMS AND CONDITIONS: The undersigned agrees with respect to any funds received under this grant to comply with all applicable federal, state and local laws, Program Instructions, regulations and standards, and that the project will be administered in accordance with the programmatic and fiscal data descriptions provided in the approved application.

The person authorized to enter into Agreement with the New York State Office for the Aging should sign below.

Name:

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Title:

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Signature:

Date:

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**MIPPA - STANDARD ASSURANCES**  
**Program Year: September 30, 2014 to September 29, 2015**

The Area Agency on Aging (AAA), as grantee, understands that this Grant Agreement represents the completed grant application of the AAA, as approved by the New York State Office for the Aging (NYSOFA), and the AAA agrees to comply with New York State and Federal laws and regulations that are applicable to this Grant Agreement and to comply with the following requirements that govern the AAA's use of grant funds for the activities funded under this grant.

1. The AAA agrees that the Program Instruction and Budget, included in this Grant Agreement as approved by NYSOFA, are part of this Grant Agreement and shall not be modified without the written consent of NYSOFA.

The AAA shall furnish NYSOFA required supportive documentation for any such changes by utilizing the forms and procedures included in 05-PI-09 Modification Procedures for Grant Applications, dated June 15, 2005.

2. The AAA agrees to fulfill the quarterly reporting requirements as specified by NYSOFA on all MIPPA client contacts, assistance with LIS/MSP applications, and targeted outreach events via the National SHIP (State Health Insurance Assistance Program) reporting system at <http://shipnpr.shiptalk.org>
3. The AAA agrees that the Grant Agreement may not be assigned by the AAA or its right, title or interest therein assigned, transferred, conveyed, or disposed of without the prior consent, in writing, of NYSOFA.
4. The AAA agrees to submit Form AC3253-S CLAIM FOR PAYMENT for reimbursement of expenses incurred in the conduct of this Grant Agreement on a monthly basis and no later than at the end of each quarter.
5. The AAA will submit to NYSOFA the final voucher for expenses incurred in the conduct of this Grant Agreement as soon as possible and no later than sixty (60) days after the ending date of the grant period.
6. The AAA agrees that state vouchers submitted for reimbursement of expenses incurred in the conduct of this Grant Agreement will not include any expenses which have been, or will be, reimbursed from other sources (e.g., other state or federal funds).
7. The AAA agrees to use the funds obtained under this Grant Agreement only for items of expense that are applicable to the activities set out in its Program Instruction and Budget. Allowable items of expense shall be reasonable, allocable and necessary to carry out the activities described in the Grant Agreement.
8. The AAA agrees that funds may not be used to:
  - cover any direct service costs other than:
    - ✓ outreach to Medicare beneficiaries eligible to apply for the Medicare Part D Low Income Subsidy (LIS) program and the Medicare Savings Program (MSP);
    - ✓ provide Part D counseling to benefit Medicare beneficiaries in rural areas; and
    - ✓ promote the availability of Medicare preventative and wellness services.

## Attachment 2

- to match any other Federal funds,
  - to provide services, equipment, or supports that are the legal responsibility of another party,
  - to provide infrastructure for which federal matching funds are claimed,
  - to supplant existing state, local, or private funding of infrastructure or services such as staff salaries,
  - to be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to this grant, and
  - to purchase promotional items and memorabilia, including models, gifts and souvenirs.
9. If the Grantee fails to comply with the terms and conditions of this Grant Agreement and/or with any laws, rules, regulations, policies or procedures affecting this Grant Agreement NYSOFA may terminate the Grant Agreement immediately, upon written notice of termination to the Grantee.

Attachment 3  
MIPPA 2014-17 Work Plan

| <b>Goal 1: Raise Medicare beneficiary awareness and enroll more Medicare beneficiaries in the LIS and/or MSP benefit, particularly in the underserved zip codes identified by CMS and in the rural areas of New York State.</b> |  |  |
|---|--|--|
| <b>Objective</b>  | <b>Key Tasks</b>   | <b>Documentation/Measurable Outcomes</b>   |
| 1. To assist individuals with the application and enrollment processes for MSP and LIS.   | a. The AAA, ADRC and HIICAP will coordinate local processes and protocols to ensure that the minimum number of LIS/MSP applications is achieved as per the Annual Minimum Targets Table on Attachment 4.   | Quarterly client contact data is collected and submitted.  |
|   | b. As applicable, the AAA, ADRC and HIICAP will screen all Home Energy Assistance Program (HEAP), Expanded In Home Services for the Elderly Program (EISEP), Social Adult Day Services (SADS), and Home Delivered Meals clients for MSPs and LIS.  |  |
|   | c. The AAA, ADRC and HIICAP will target outreach and assistance activity through use and application of the CMS Mapping Tool to identify areas where significant populations of LIS eligible beneficiaries reside.   | Quarterly qualitative narrative is compiled from relevant local partners participating in MIPPA, summarized and submitted.                     |
| 2. To raise Medicare beneficiary awareness of the LIS and MSP.  | a. The AAA will administer outreach events on LIS and MSP and ensure minimum number of events is reached as per Annual Minimum Targets Table on Attachment 4.  | Quarterly outreach and enrollment event data is collected and submitted.   |
|   | b. The AAA will administer enrollment events on LIS and MSP and ensure minimum number of events is reached as per Annual Minimum Targets Table on Attachment 4.  |  |
|   | c. The AAA will develop innovative outreach strategies (e.g. public service announcements, home visits, working with the local Long Term Care Councils, etc.) to target potential LIS/MSP eligible residing in rural/underserved areas as well as culturally diverse individuals and those with limited English proficiency. | Quarterly qualitative narrative is compiled from relevant local partners participating in MIPPA (e.g., NY Connects), summarized and submitted. |

Attachment 3  
MIPPA 2014-17 Work Plan

| <b>Objective</b>  | <b>Key Tasks</b>  | <b>Documentation/Measurable Outcomes</b>   |
|---|---|--|
| 2. To raise Medicare beneficiary awareness of the LIS and MSP<br><b>(continued)</b> | d. To better target Medicare beneficiaries who are eligible but not enrolled in LIS/MSP, identify and expand/enhance existing partnerships with nonprofit community-based agencies that provide program/services or outreach and engagement to low and moderate income multicultural communities. | Quarterly qualitative narrative is compiled from relevant local partners participating in MIPPA (e.g., NY Connects), summarized and submitted. |
|   | e. The AAA, ADRC and HIICAP will participate in monthly HIICAP teleconferences to receive relevant updates and share lessons learned/creative practices regarding LIS/MSP.  | Participation verified by NYSOFA.  |

Attachment 3  
MIPPA 2014-17 Work Plan

| <b>Goal 2: Educate Medicare beneficiaries across New York State on Medicare preventive and wellness benefits and the importance of these services.</b> |  |   |
|--|--|---|
| <b>Objective</b>   | <b>Key Tasks</b>   | <b>Documentation/Measurable Outcomes</b>            |
| 1. Increase awareness of preventive and wellness benefits to Medicare beneficiaries.   | a. The AAA, ADRC and HIICAP will utilize and disseminate the updated Senior Health Check Up Flyer that is distributed by NYSOFA via the HIICAP Update on a quarterly basis.  | Quarterly outreach data is collected and submitted. |
|  | b. The AAA, ADRC and HIICAP will administer and document outreach events on Medicare preventive and wellness benefits to Medicare beneficiaries and ensure that minimum number of events is reached as per the Annual Minimum Targets Table on Attachment 4. |   |
|  | c. The AAA, ADRC and HIICAP will participate in monthly HIICAP teleconferences to receive relevant updates and share lessons learned/creative practices regarding Medicare preventive and wellness benefits/services.  | Participation verified by NYSOFA.                   |

Attachment 3  
MIPPA 2014-17 Work Plan

| <b>Goal 3: Enroll Medicare beneficiaries across New York State in the Part D benefit, focusing on the rural areas of the State.</b> |  |   |
|---|--|---|
| <b>Objective</b>  | <b>Key Tasks</b>   | <b>Documentation/Measurable Outcomes</b>            |
| 1. Conduct outreach and enrollment events and develop local strategies to raise awareness of Part D.                                | a. The AAA, NY Connects and HIICAP will administer outreach events specifically on Part D and ensure that minimum number of events is reached as per Annual Minimum Targets Table on Attachment 4. | Quarterly outreach data is collected and submitted: |
|   | b. The AAA, NY Connects and HIICAP will participate in monthly HIICAP teleconferences to receive relevant updates and share lessons learned/creative practices regarding Medicare Part D.          | Participation verified by NYSOFA                    |

New York State Office for the Aging

Area Agency: \_\_\_\_\_

Program Period: 9/30/14 - 9/29/15

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
Combined Budget Summary**

| <b>BUDGET CATEGORY</b>           | <b>MIPPA<br/>(SHIP and AAA)<br/>BUDGET</b> | <b>MIPPA (ADRC)<br/>BUDGET</b> | <b>TOTAL</b> |
|----------------------------------|--|--------------------------------|--------------|
| 1. Personnel                     | \$ -                                       | \$ -                           | \$ -         |
| 2. Fringe Benefits               | \$ -                                       | \$ -                           | \$ -         |
| 3. Equipment                     | \$ -                                       | \$ -                           | \$ -         |
| 4. Travel                        | \$ -                                       | \$ -                           | \$ -         |
| 5. Maintenance & Operations      | \$ -                                       | \$ -                           | \$ -         |
| 6. Other Expenses                | \$ -                                       | \$ -                           | \$ -         |
| 7. Contracts                     | \$ -                                       | \$ -                           | \$ -         |
| 8. Total Budget (Lines 1 thru 7) | \$ -                                       | \$ -                           | \$ -         |
| 9. Program Income                |  |                                | 0            |
| 10. Federal Funds Requested      | \$ -                                       | \$ -                           | \$ -         |
| 11. Local Funds                  | \$ -                                       | \$ -                           | \$0          |

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
SHIP and AAA Components  
Supporting Budget Schedule**

|   |               |                              |                          |                              |
|---|---------------|------------------------------|--------------------------|------------------------------|
| <b>1. Personnel</b>   |               |                              |                          |                              |
| Name (if known) & Title   | Annual Salary | Amount Chargeable to Program |                          |                              |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Total:  |               |                              |                          | 0.00                         |
| <b>2. Fringe Benefits</b>   |               |                              |                          |                              |
| Composite Percentage: _____ %   |               |                              | Total:                   |                              |
| <b>3. Equipment: Equipment items having a unit cost of \$1000 or more must be described in detail.<br/>Other equipment items with a unit cost of less than \$1000 can be described in narrative form at the bottom of this section.</b> |               |                              |                          |                              |
| Item and Description<br>(Unit cost of \$1000 or more)   | Quantity      | Unit Purchase Price          | Annual Unit Rental price | Amount Chargeable to Program |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Briefly describe equipment items with a unit cost of less than \$1000.  |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Total   |               |                              |                          | 0.00                         |
| <b>4. Travel</b>  |               |                              |                          |                              |
| Travel costs - briefly describe:  |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Total   |               |                              |                          | 0.00                         |
| <b>5. Maintenance &amp; Operations:</b>   |               |                              |                          |                              |
| Rental costs: briefly describe:                      \$ _____   |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Other Maintenance & Operations Costs:                      \$ _____<br>List below - e.g., communications, printing, supplies, etc.  |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Total   |               |                              |                          |                              |

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
SHIP and AAA Components  
Supporting Budget Schedule**

| <b>6. Other Expenses</b> |            |                              |
|--------------------------|------------|------------------------------|
| Description              | Total Cost | Amount Chargeable to Program |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| Total:                   |            | 0.00                         |

**7. Contracts: List each contract and amount. A copy of each contract must be submitted to the State Office for the Aging before reimbursement will be made. If contract costs compose more than 25% of the total budget attach a Contractor Budget for each contractor.**

| Contractor                       | Service(s) to be Provided | NYSOFA Use Contract Rec'd. | Amount Chargeable to Program |
|----------------------------------|---------------------------|----------------------------|------------------------------|
|                                  |                           |                            |                              |
|                                  |                           |                            |                              |
|                                  |                           |                            |                              |
|                                  |                           |                            |                              |
|                                  |                           |                            |                              |
| Total Number of Contracts: _____ | Total                     |                            | 0.00                         |

| <b>11. Local Funds</b> |        |      |
|------------------------|--------|------|
| Source                 | Amount |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| Total                  |        | 0.00 |

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
ADRC Component  
Supporting Budget Schedule**

|   |          |                     |                          |                              |
|---|----------|---------------------|--------------------------|------------------------------|
| <b>1. Personnel</b>   |          |                     |                          |                              |
| Name (if known) & Title   |          | Annual Salary       |                          | Amount Chargeable to Program |
|   |          |                     |                          |                              |
|   |          |                     |                          |                              |
|   |          |                     |                          |                              |
| Total:  |          |                     |                          | 0.00                         |
| <b>2. Fringe Benefits</b>   |          |                     |                          |                              |
| Composite Percentage: _____ %   |          |                     | Total:                   |                              |
| <b>3. Equipment: Equipment items having a unit cost of \$1000 or more must be described in detail.<br/>Other equipment items with a unit cost of less than \$1000 can be described in narrative form at the bottom of this section.</b> |          |                     |                          |                              |
| Item and Description<br>(Unit cost of \$1000 or more)   | Quantity | Unit Purchase Price | Annual Unit Rental price | Amount Chargeable to Program |
|   |          |                     |                          |                              |
|   |          |                     |                          |                              |
|   |          |                     |                          |                              |
| Briefly describe equipment items with a unit cost of less than \$1000.  |          |                     |                          |                              |
|   |          |                     |                          |                              |
| Total:  |          |                     |                          | 0.00                         |
| <b>4. Travel</b>  |          |                     |                          |                              |
| Travel costs - briefly describe:  |          |                     |                          |                              |
|   |          |                     |                          |                              |
| Total:  |          |                     |                          |                              |
| <b>5. Maintenance &amp; Operations:</b>   |          |                     |                          |                              |
| Rental costs: briefly describe:                    \$ _____   |          |                     |                          |                              |
|   |          |                     |                          |                              |
| Other Maintenance & Operations Costs:        \$ _____<br>List below - e.g., communications, printing, supplies, etc.  |          |                     |                          |                              |
| Total:  |          |                     |                          | 0.00                         |

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
ADRC Component  
Supporting Budget Schedule**

| <b>6. Other Expenses</b> |            |                              |
|--------------------------|------------|------------------------------|
| <u>Description</u>       | Total Cost | Amount Chargeable to Program |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| _____                    |            |                              |
| Total:                   |            | 0.00                         |

**7. Contracts: List each contract and amount. A copy of each contract must be submitted to the State Office for the Aging before reimbursement will be made. If contract costs compose more than 25% of the total budget attach a Contractor Budget for each contractor.**

| Contractor                             | Service(s) to be Provided | NYSOFA Use Contract Rec'd. | Amount Chargeable to Program |
|--|---------------------------|----------------------------|------------------------------|
|  |                           |                            |                              |
|  |                           |                            |                              |
|  |                           |                            |                              |
|  |                           |                            |                              |
|  |                           |                            |                              |
| Total Number of Contracts: _____ Total |                           |                            | 0.00                         |

| <b>11. Local Funds</b> |        |      |
|------------------------|--------|------|
| Source                 | Amount |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| _____                  | _____  |      |
| Total                  |        | 0.00 |

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
Contractor Budget**

| Budget Category   | Budget Amount |                              |                          |                              |
|---|---------------|------------------------------|--------------------------|------------------------------|
| 1. Personnel  | \$0           |                              |                          |                              |
| 2. Fringe Benefits  | 0             |                              |                          |                              |
| 3. Equipment  | 0             |                              |                          |                              |
| 4. Travel   | 0             |                              |                          |                              |
| 5. Maintenance and Operations   | 0             |                              |                          |                              |
| 6. Other Expenses   | 0             |                              |                          |                              |
| 7. Subcontractors and/or Consultants  | 0             |                              |                          |                              |
| <b>8. Total Budget (Sum of Lines 1-7)</b>   | <b>\$0</b>    |                              |                          |                              |
| <b>1. Personnel</b>   |               |                              |                          |                              |
| Name (if known) & Title   | Annual Salary | Amount Chargeable to Program |                          |                              |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Total:  |               | 0.00                         |                          |                              |
| <b>2. Fringe Benefits</b>   |               |                              |                          |                              |
| Composite Percentage: _____ %   |               | Total:                       |                          |                              |
| <b>3. Equipment: Equipment items having a unit cost of \$1000 or more must be described in detail.<br/>Other equipment items with a unit cost of less than \$1000 can be described in narrative form at the bottom of this section.</b> |               |                              |                          |                              |
| Item and Description<br>(Unit cost of \$1000 or more)   | Quantity      | Unit Purchase Price          | Annual Unit Rental price | Amount Chargeable to Program |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Briefly describe equipment items with a unit cost of less than \$1000.  |               |                              |                          |                              |
|   |               |                              |                          |                              |
| Total:  |               |                              |                          | 0.00                         |
| <b>4. Travel</b>  |               |                              |                          |                              |
| Briefly describe travel costs:  |               |                              |                          |                              |
| _____   |               |                              |                          |                              |
| _____   |               |                              |                          |                              |

Attachment 4

|       |      |
|-------|------|
| Total | 0.00 |
|-------|------|



Attachment 5  
Annual Minimum Targets  
MIPPA 2014-2015

| County        | LIS/MSP Applications |          | Outreach events   |                  |         |                         |          |
|---------------|----------------------|----------|-------------------|------------------|---------|-------------------------|----------|
|               |                      |          | Enrollment Events | Education Part D | LIS/MSP | Prevention and Wellness |          |
|               | 12,500               |          | 150               | 1000             | 1500    | 1500                    |          |
|               | NY Connects          | AAA/SHIP | AAA               | AAA              | AAA     | NY Connects             | AAA/SHIP |
| Albany        | 60                   | 175      | 2                 | 12               | 17      | 8                       | 15       |
| Allegany      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Broome        | 57                   | 125      | 2                 | 12               | 17      | 8                       | 15       |
| Cattaraugus   | 47                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Cayuga        | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Chautauqua    | 55                   | 100      | 2                 | 12               | 17      | 8                       | 15       |
| Chemung       | 45                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Chenango      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Clinton       | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Columbia      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Cortland      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Delaware      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Dutchess      | 58                   | 125      | 3                 | 12               | 17      | 8                       | 15       |
| Erie          | 168                  | 300      | 5                 | 35               | 51      | 20                      | 25       |
| Essex         | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Franklin      | 50                   | 100      | 2                 | 12               | 17      | 7                       | 15       |
| Fulton        | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Genesee       | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Greene        | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Herkimer      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Jefferson     | 45                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Lewis         | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Livingston    | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Madison       | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Monroe        | 156                  | 200      | 2                 | 25               | 33      | 15                      | 20       |
| Montgomery    | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Nassau        | 169                  | 255      | 3                 | 32               | 34      | 15                      | 25       |
| New York City | 0                    | 2500     | 30                | 243              | 435     | 0                       | 200      |
| Niagara       | 58                   | 125      | 2                 | 12               | 17      | 8                       | 15       |
| Oneida        | 60                   | 175      | 2                 | 12               | 17      | 8                       | 15       |
| Onondaga      | 148                  | 150      | 2                 | 14               | 19      | 10                      | 15       |
| Ontario       | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Orange        | 61                   | 125      | 2                 | 12               | 17      | 8                       | 15       |
| Orleans       | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |

| County          | LIS/MSP Applications |          | Outreach events   |                  |         |                         |          |
|-----------------|----------------------|----------|-------------------|------------------|---------|-------------------------|----------|
|                 |                      |          | Enrollment Events | Education Part D | LIS/MSP | Prevention and Wellness |          |
|                 | 12,500               |          | 150               | 1000             | 1500    | 1500                    |          |
|                 | NY Connects          | AAA/SHIP | AAA               | AAA              | AAA     | NY Connects             | AAA/SHIP |
| Oswego          | 0                    | 100      | 2                 | 12               | 17      | 0                       | 15       |
| Otsego          | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Putnam          | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Rensselaer      | 0                    | 100      | 2                 | 12               | 17      | 0                       | 15       |
| Rockland        | 0                    | 125      | 2                 | 12               | 17      | 0                       | 15       |
| Saratoga        | 56                   | 100      | 2                 | 12               | 17      | 8                       | 15       |
| Schenectady     | 55                   | 100      | 2                 | 12               | 17      | 8                       | 15       |
| Schoharie       | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Schuyler        | 43                   | 100      | 2                 | 12               | 17      | 5                       | 15       |
| Seneca          | 0                    | 100      | 2                 | 12               | 17      | 0                       | 15       |
| Seneca Nation   | 0                    | 50       | 1                 | 1                | 2       | 0                       | 5        |
| St. Lawrence    | 55                   | 100      | 2                 | 12               | 17      | 8                       | 15       |
| St.Regis Mohawk | 26                   | 50       | 1                 | 1                | 2       | 3                       | 5        |
| Steuben         | 45                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Suffolk         | 173                  | 250      | 2                 | 25               | 38      | 10                      | 20       |
| Sullivan        | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Tioga           | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Tompkins        | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Ulster          | 57                   | 100      | 2                 | 12               | 17      | 8                       | 15       |
| Warren/Hamilton | 83                   | 175      | 2                 | 12               | 17      | 13                      | 30       |
| Washington      | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Wayne           | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Westchester     | 161                  | 200      | 3                 | 24               | 36      | 18                      | 25       |
| Wyoming         | 43                   | 100      | 2                 | 12               | 17      | 6                       | 15       |
| Yates           | 43                   | 100      | 2                 | 12               | 17      | 5                       | 15       |
|                 | 15695                | 9305     |                   |                  |         | 1895                    | 1105     |
| TOTAL:          | 25000                |          | 300               | 2000             | 3000    | 3000                    |          |
| GOAL:           | 12500                |          | 150               | 1000             | 1500    | 1500                    |          |

**New York State Office for the Aging**  
**Medicare Improvements for Patients and Providers Act**  
**September 30, 2014 to September 29, 2015**

| <u>COUNTY</u> | <u>ADRC</u>             | <u>SHIP &amp; AAA<sup>(1)</sup></u> | <u>Total Allocation</u> |
|---------------|-------------------------|-------------------------------------|-------------------------|
| ALBANY        | \$3,974                 | \$8,810                             | \$12,784                |
| ALLEGANY      | 2,768                   | 7,441                               | 10,209                  |
| BROOME        | 3,795                   | 7,836                               | 11,631                  |
| CATTARAUGUS   | 3,081                   | 7,441                               | 10,522                  |
| CAYUGA        | 2,858                   | 7,441                               | 10,299                  |
| CHAUTAUQUA    | 3,661                   | 7,441                               | 11,102                  |
| CHEMUNG       | 2,902                   | 7,441                               | 10,343                  |
| CHENANGO      | 2,813                   | 7,441                               | 10,254                  |
| CLINTON       | 2,858                   | 7,441                               | 10,299                  |
| COLUMBIA      | 2,813                   | 7,441                               | 10,254                  |
| CORTLAND      | 2,768                   | 7,441                               | 10,209                  |
| DELAWARE      | 2,813                   | 7,441                               | 10,254                  |
| DUTCHESS      | 3,840                   | 7,923                               | 11,763                  |
| ERIE          | 11,252                  | 22,124                              | 33,376                  |
| ESSEX         | 2,768                   | 7,441                               | 10,209                  |
| FRANKLIN      | 3,260                   | 7,441                               | 10,701                  |
| FULTON        | 2,813                   | 7,441                               | 10,254                  |
| GENESEE       | 2,813                   | 7,441                               | 10,254                  |
| GREENE        | 2,813                   | 7,441                               | 10,254                  |
| HAMILTON      | 0 <sup>(2)</sup>        | 4,017                               | 4,017                   |
| HERKIMER      | 2,813                   | 7,441                               | 10,254                  |
| JEFFERSON     | 2,902                   | 7,441                               | 10,343                  |
| LEWIS         | 2,724                   | 7,441                               | 10,165                  |
| LIVINGSTON    | 2,813                   | 7,441                               | 10,254                  |
| MADISON       | 2,813                   | 7,441                               | 10,254                  |
| MONROE        | 10,404                  | 15,197                              | 25,601                  |
| MONTGOMERY    | 2,813                   | 7,441                               | 10,254                  |
| NASSAU        | 11,342                  | 21,174                              | 32,516                  |
| NIAGARA       | 3,840                   | 7,978                               | 11,818                  |
| ONEIDA        | 3,885                   | 8,602                               | 12,487                  |
| ONONDAGA      | 9,868                   | 11,437                              | 21,305                  |
| ONTARIO       | 2,858                   | 7,441                               | 10,299                  |
| ORANGE        | 4,063                   | 8,384                               | 12,447                  |
| ORLEANS       | 2,768                   | 7,441                               | 10,209                  |
| OSWEGO        | 0 <sup>(3)</sup>        | 7,441                               | 7,441                   |
| OTSEGO        | 2,813                   | 7,441                               | 10,254                  |
| PUTNAM        | 2,858                   | 7,441                               | 10,299                  |
| RENSSELAER    | 0 <sup>(3)</sup>        | 7,441                               | 7,441                   |
| ROCKLAND      | 0 <sup>(3)</sup>        | 8,110                               | 8,110                   |
| ST. LAWRENCE  | 3,617                   | 7,441                               | 11,058                  |
| SARATOGA      | 3,706                   | 7,441                               | 11,147                  |
| SCHENECTADY   | 3,661                   | 7,441                               | 11,102                  |
| SCHOHARIE     | 2,768                   | 7,441                               | 10,209                  |
| SCHUYLER      | 2,724                   | 7,441                               | 10,165                  |
| SENECA        | 0 <sup>(3)</sup>        | 7,441                               | 7,441                   |
| STEUBEN       | 2,902                   | 7,441                               | 10,343                  |
| SUFFOLK       | 11,569                  | 19,334                              | 30,903                  |
| SULLIVAN      | 2,858                   | 7,441                               | 10,299                  |
| TIOGA         | 2,768                   | 7,441                               | 10,209                  |
| TOMPKINS      | 2,813                   | 7,441                               | 10,254                  |
| ULSTER        | 3,751                   | 7,441                               | 11,192                  |
| WARREN        | 5,492                   | 7,441                               | 12,933                  |
| WASHINGTON    | 2,813                   | 7,441                               | 10,254                  |
| WAYNE         | 2,858                   | 7,441                               | 10,299                  |
| WESTCHESTER   | 10,761                  | 15,162                              | 25,923                  |
| WYOMING       | 2,768                   | 7,441                               | 10,209                  |
| YATES         | 2,724                   | 7,441                               | 10,165                  |
| NYC           | 0 <sup>(3)</sup>        | 169,368                             | 169,368                 |
| SENECA NATION | 0 <sup>(3)</sup>        | 3,720                               | 3,720                   |
| ST. REGIS     | 1,563                   | 3,720                               | 5,283                   |
| <b>TOTAL</b>  | <b><u>\$210,356</u></b> | <b><u>\$662,858</u></b>             | <b><u>\$873,214</u></b> |

## Footnotes:

(1) As in the previous MIPPA grant, all counties have been designated for rural outreach except: NYC; Westchester, Nassau and Suffolk Counties. One third of the funding is designated for Rural outreach counties only.

(2) The ADRC responsible for Hamilton and Warren Counties is a multi-county model and is administered through Warren County. Hamilton County's allocation is combined with Warren County and the sum is shown as awarded to Warren County.

(3) No functioning ADRC in this County, therefore, there is no ADRC award.