

**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

<b>PROGRAM INSTRUCTION</b>	<b>Number 15-PI-11</b>
	<b>Supersedes</b>
	<b>Expiration Date</b>

**DATE:** July 22, 2015

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

**SUBJECT: Fully Integrated Dual Advantage (FIDA) Options Counseling Demonstration Grant Application for State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Funding for Nassau County, Suffolk County, New York City, and Westchester County.**

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**PURPOSE:** The purpose of this funding is to support local HIICAPs and NY Connects in their efforts to assist individuals who are dually eligible for Medicare-Medicaid with options to enroll and participate in the FIDA Demonstration.

**ACTION REQUESTED:** AAAs must complete the attached application for FIDA Options Counseling funding and submit it to the New York State Office for the Aging (NYSOFA). This funding will cover the program period of December 22, 2014-December 21, 2017. Annual budget updates are required from AAAs and may reflect a change in allocation as a result of annual federal funding levels awarded to NYSOFA. Only AAAs located in Nassau County, Suffolk County, New York City, and Westchester County are eligible to apply for the FIDA Options Counseling Demonstration Grant funding.

**RESPONSE DUE DATE:** Applications and original signed cover page must be sent to NYSOFA by Friday, August 21, 2015. Electronically submit the application, which includes a copy of the Grant Application Cover Page, Standard Assurances, Program Workplan and a completed Budget Schedule to:

[Celeste.Farhart@aging.ny.gov](mailto:Celeste.Farhart@aging.ny.gov).

If unable to electronically submit the signed Signature Page in PDF, mail one (1) signed original cover page via US Postal Service to:

Celeste Farhart  
Division of Policy, Planning, Programs and Outcomes  
NY State Office for the Aging  
2 Empire State Plaza, 4<sup>th</sup> floor  
Albany, NY 12223

**BACKGROUND:** The Centers for Medicaid and Medicare Services (CMS) is implementing the FIDA demonstration project. The New York State Department of Health (DOH) entered into a three-way contract agreement with CMS and health plans to participate in this initiative that involves enrolling certain dual eligible individuals into fully-integrated managed care products.

### Highlights of the FIDA Demonstration

- FIDA participants will not have to pay plan premiums, co-pays, or deductibles.
- FIDA will provide patient-centered service planning through an interdisciplinary team (IDT) approach. The FIDA member can choose family members, doctors, nurses or personal attendants to join his or her IDT to help make care decisions and access services.
- FIDA offers an expanded package of covered items and services which includes traditional Medicaid and Medicare benefits as well as behavioral health, home and community based waiver services and community and facility long term services and supports. Providing fully integrated care will improve health outcomes for dual eligible individuals.
- In addition to having an integrated package of covered items and services, FIDA will offer an integrated appeals process whereby the most consumer-favorable elements of the Medicare and Medicaid grievance and appeals systems are incorporated into a consolidated, integrated grievance and appeals system for FIDA Participants.

- Participants will also have access to the services provided by the State Ombudsman which will provide direct assistance to individuals and their families in navigating their coverage, and in understanding and exercising their rights and responsibilities.

In order to assure individuals are counseled about the full array of their healthcare coverage options, DOH and NYSOFA secured a FIDA Options Counseling grant that will provide training and funding to local HIICAP and NY Connects programs. HIICAP and NY Connects programs have established themselves as trusted resources responsible for providing fair, impartial, complete, and accurate information and assistance. Therefore, they have been determined to be the appropriate locally based entities to educate and counsel individuals about FIDA, as well as, link individuals to the Enrollment Broker and/or the Ombudsman for further assistance. These funds will enable local HIICAP and NY Connects programs to build upon their infrastructure and knowledge base in order to meet the demands associated with the FIDA demonstration.

**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         |  |
| <input checked="" type="checkbox"/> NY Connects |  |  |

**CONTACT PERSON:** Michael Gunn

**TELEPHONE:** 518- 474-6139

**APPLICATION FOR FIDA FUNDING**  
**Program Period: December 22, 2014-December 21, 2017**

**Instructions:** Please complete the following informational form and submit one (1) signed copy to:  
Celeste Farhart at [Celeste.Farhart@aging.ny.gov](mailto:Celeste.Farhart@aging.ny.gov)

Or

Mail 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: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

HIICAP Coordinator: \_\_\_\_\_

HIICAP Coordinator Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address (if different from the AAA): \_\_\_\_\_

\_\_\_\_\_

NY Connects Coordinator: \_\_\_\_\_

NY Connects Coordinator Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address (if different from the AAA): \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_

**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: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FIDA - STANDARD ASSURANCES**

**Program Year:** December 22, 2014- December 21, 2017

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 monthly reporting requirements as specified by NYSOFA on all FIDA client contacts 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:
    - ✓ public education to Medicare-Medicaid beneficiaries eligible to apply for FIDA;
    - ✓ provide FIDA counseling to benefit Medicare-Medicaid beneficiaries; and
    - ✓ coordinate linkages to enrollment broker and FIDA Ombudsman.

- match any other Federal funds,
- provide services, equipment, or supports that are the legal responsibility of another party,
- provide infrastructure for which federal matching funds are claimed,
- supplant existing state, local, or private funding of infrastructure or services such as staff salaries,
- be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to this grant, and
- 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.

# SHIP/ADRC OPTIONS COUNSELING GRANT

## FIDA WORKPLAN 2014-2017

<b>Goal 1: HIICAP and NY Connects Staff are able to effectively and efficiently assist Medicare-Medicaid Duals with options to enroll and participate in the Fully Integrated Duals Advantage Program (FIDA).</b>		
<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation/Measurable Outcomes</b>
HIICAP programs understand their roles and responsibilities	a. Local HIICAP programs will review FIDA Standard Assurances to understand the responsibility of HIICAP's role regarding FIDA.	Confirm receipt and review of FIDA Standard Assurances.
Local HIICAP and NY Connects partners have a sufficient number of counselors available.	b. Local HIICAP Counselors and Volunteers and NY Connects staff are identified to assure staffing level capacity is sufficient to meet the needs of FIDA eligible consumers.	HIICAP Counselors and Volunteers and NY Connects Staff are identified to receive training and knowledge to participate in this project.
HIICAP and NY Connects staff receive training and information to assist dual eligible participants.	c. Local HIICAP and NY Connects partners will receive training from the NYS Department of Health on FIDA eligibility and enrollment, disenrollment, IDT and Care Management Systems, Integrated Grievance and Appeals Process in order to provide information and counseling.	All necessary HIICAP and NY Connects staff have received training and participate in ongoing training as required.
	d. Local HIICAP and NY Connects will participate in regular and annual training on FIDA to ensure accuracy of information and counseling provided, and will incorporate programmatic changes and updates in their counseling.	
	e. Local HIICAP and NY Connects will review and utilize information, materials and tools provided by NYS Department of Health to assist beneficiaries in understanding FIDA.	All necessary HIICAP and NY Connects staff confirm receipt of written information, materials and other tools on FIDA.

**SHIP/ADRC OPTIONS COUNSELING GRANT**

**FIDA WORKPLAN 2014-2017**

<b>Goal 1: HIICAP and NY Connects Staff are able to effectively and efficiently assist Medicare-Medicaid Duals with options to enroll and participate in the Fully Integrated Duals Advantage Program (FIDA).</b>		
<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation/Measurable Outcomes</b>
<p>HIICAP and NY Connects are providing information and assistance in a culturally competent manner.</p>	<p>f. HIICAP and NY Connects staff have developed policies and trained staff to ensure they have the competency to reach those of varying functional and cognitive abilities as well as cultural backgrounds, and limited English proficiency.</p>	<p>Provide NYSOFA copies of policies and training provided to local staff related to reaching these various populations.</p>

# SHIP/ADRC OPTIONS COUNSELING GRANT

## FIDA WORKPLAN 2014-2017

<b>Goal 2: Provide information and counseling on the Fully-Integrated Duals Advantage Plan (FIDA) capitated program to Medicare-Medicaid beneficiaries located in demonstration project area of Nassau, Suffolk, Westchester and New York City areas of New York State.</b>		
<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation/Measurable Outcomes</b>
<p>Local HIICAP and NY Connects partners empower consumers to make informed choices about selecting plans that best meet their health and LTSS needs.</p>	<p>a. Local HIICAP and NY Connects staff will provide information and counseling about:</p> <ul style="list-style-type: none"> <li>• FIDA,</li> <li>• FIDA eligibility, enrollment process,</li> <li>• how FIDA differs from other programs,</li> <li>• passive enrollment and opt-out process,</li> <li>• covered services,</li> <li>• how to use FIDA once enrolled,</li> <li>• the availability of the Participant Ombudsman,</li> <li>• the IDT and Case Management structure,</li> <li>• how to choose a plan.</li> </ul>	<p>Enter into SHIPTalk the complete data needed to identify the number of eligible consumers who received counseling on FIDA and submit monthly to NYSOFA.</p>
	<p>b. FIDA consumers are provided enough information and assistance from local HIICAP and NY Connects partners to enable them to make informed choices about whether to enroll in FIDA and once enrolled, remain enrolled in FIDA.</p>	
	<p>c. NY Connects will add question(s) to local consumer satisfaction surveys to assess whether the provision of information and assistance has increased potential FIDA participants' ability to make informed plan choices.</p>	<p>Copy of updated consumer satisfaction survey reflecting addition of FIDA question(s)</p>

## SHIP/ADRC OPTIONS COUNSELING GRANT

### FIDA WORKPLAN 2014-2017

<b>Goal 3: Local HIICAP and NY Connects partners receive ongoing communications and support from FIDA program and have working relationship with enrollment broker.</b>		
<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation/Measurable Outcomes</b>
Local HIICAP and NY Connects partners receive technical assistance and refer consumers and their families to other resources as needed.	a. FIDA eligible consumers are appropriately referred to other resources, as needed.	Enter into SHIPTalk the complete data needed to identify referrals made and submit monthly to NYSOFA.
	b. HIICAP and NY Connects partners will seek information and assistance from the SHIP/ADRC FIDA Consultant when encountering problems or refer individuals directly to the Enrollment Broker, Maximus.	
	c. HIICAP and NY Connects staff will participate in monthly FIDA teleconferences to receive relevant updates, ask questions and discuss challenges and successes.	Participation verified by NYSOFA

# SHIP/ADRC OPTIONS COUNSELING GRANT

## FIDA WORKPLAN 2014-2017

<b>Goal 4: Raise awareness of Medicare-Medicaid Eligible beneficiaries in the project demonstration areas of the FIDA program.</b>		
<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation/Measurable Outcomes</b>
To raise awareness of the FIDA program with Medicare-Medicaid Dual eligible individuals.	a. HIICAP and NY Connects will include FIDA information during their outreach strategies (e.g. home visits, working with the local Long Term Care Councils, etc.) to target potential FIDA eligible duals residing in the project demonstration areas, as well as culturally diverse individuals and those with limited English proficiency.	<p>Be registered with SHIP National Performance Reporting System to report necessary FIDA data through SHIPTalk website. Enter the necessary FIDA client and event information within SHIPTalk on a monthly basis based on written instructions to be provided.</p> <p>If partner wishes not to participate with SHIPTalk, the partner must submit monthly client contact and outreach information to NYSOFA in a format prescribed by NYSOFA.</p>
	b. HIICAP and NY Connects will identify the number of outreach events where FIDA information is shared with dual eligible individuals.	<p>NY Connects and other local partners should enter into SHIPTalk all relevant data needed to identify outreach events and submit monthly. If NY Connects or other local partners do not have access to SHIPTalk, complete data will be submitted to HIICAP monthly on reporting forms that are provided by NYSOFA.</p>

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
Combined 3 Year Budget Summary**

<b>BUDGET CATEGORY</b>	<b>HIICAP BUDGET</b>	<b>NY CONNECTS 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

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Component  
Supporting Budget Schedule - Year 1**

<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. 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 (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:       \$ _____ List below - e.g., communications, printing, supplies, etc.				
Total				0.00

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)**

**HIICAP Component**

**Supporting Budget Schedule - Year 1**

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

<b>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.</b>			
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



**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
 NY CONNECTS Component  
 Supporting Budget Schedule - Year 1**

<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

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Component  
Supporting Budget Schedule - Year 2**

<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. 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 (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:       \$ _____ List below - e.g., communications, printing, supplies, etc.				
Total:				0.00

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Component  
Supporting Budget Schedule - Year 2**

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

<b>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.</b>			
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



**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
 NY CONNECTS Component  
 Supporting Budget Schedule - Year 2**

<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

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Component  
Supporting Budget Schedule - Year 3**

<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. 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 (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:       \$ _____ List below - e.g., communications, printing, supplies, etc.				
Total				0.00

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Component  
Supporting Budget Schedule - Year 3**

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

<b>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.</b>			
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



**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
 NY CONNECTS Component  
 Supporting Budget Schedule - Year 3**

<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

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Contractor Budget (Year 1)**

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. 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 (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:				
_____				
_____				
Total:				0.00



**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Contractor Budget (Year 2)**

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. 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 (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:				
_____				
_____				
Total:		0.00		



**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
HIICAP Contractor Budget (Year 3)**

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. 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 (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:				
_____				
_____				
Total:		0.00		



**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
NY Connects Contractor Budget (Year 1)**

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. 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 (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:				
_____				
_____				
Total:		0.00		

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
 NY Connects Contractor Budget (Year 1)  
 Supporting Budget Schedule**

<b>5. Maintenance &amp; Operations:</b>	
Rental costs: Describe below: \$ _____ _____ _____	
Other Maintenance & Operations Costs \$ _____ Describe below - e.g., communications, printing, supplies, etc. _____	
Total	

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

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

Subcontractor	Service(s) to be Provided	NYSOFA Use Contract Rec'd.	Amount Chargeable to Program
Total Number of Subcontracts: _____			Total 0.00

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
NY Connects Contractor Budget (Year 2)**

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. 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 (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:				
_____				
_____				
Total:				0.00

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
 NY Connets Contractor Budget (Year 2)  
 Supporting Budget Schedule**

<b>5. Maintenance &amp; Operations:</b>	
Rental costs: Describe below: \$ _____ _____ _____ Other Maintenance & Operations Costs \$ _____ Describe below - e.g., communications, printing, supplies, etc. _____	
Total	0.00

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

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

Subcontractor	Service(s) to be Provided	NYSOFA Use Contract Rec'd.	Amount Chargeable to Program
Total Number of Subcontracts: _____		Total	0.00

**FULLY-INTEGRATED DUALS ADVANTAGE PROGRAM (FIDA)  
NY Connects Contractor Budget (Year 3)**

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. 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 (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:				
_____				
_____				
Total:				0.00



New York State Office for the Aging

**FULLY-INTEGRATED DUAL ADVANTAGE PROGRAM (FIDA)**

**Allocation Schedule**

**Program Period: December 22, 2014 - December 21, 2017**

<u>Area Agency</u>				-----Three Year Total Allocation-----		
	<u>HIICAP COMPONENT</u>	<u>NY CONNECTS COMPONENT</u>	<u>Total Annual Allocation</u>	<u>HIICAP COMPONENT</u>	<u>NY CONNECTS COMPONENT</u>	<u>Total Allocation</u>
Nassau	\$31,500	\$13,500	\$45,000	\$94,500	\$40,500	\$135,000
Suffolk	31,500	13,500	45,000	94,500	40,500	135,000
Westchester	31,500	13,500	45,000	94,500	40,500	135,000
NYC DFTA	140,000	60,000	200,000	420,000	180,000	600,000
<b>TOTAL</b>	<u><b>\$234,500</b></u>	<u><b>\$100,500</b></u>	<u><b>\$335,000</b></u>	<u><b>\$703,500</b></u>	<u><b>\$301,500</b></u>	<u><b>\$1,005,000</b></u>

Area Agencies must submit three individual annual budgets based on the allocation amounts listed above and one summary budget for the three year program period.