

**NEW YORK STATE OFFICE FOR THE AGING**

2 Empire State Plaza, Albany, NY 12223-1251

Kathy Hochul, Governor

An Equal Opportunity Employer

Greg Olsen, Acting Director

<b>PROGRAM INSTRUCTION</b>	<b>23-PI-12</b>
	<b>Supersedes</b>
	<b>Expiration Date</b>

**DATE:** October 24, 2023

**TO:** Area Agency on Aging (AAA) Directors  
NY Connects Coordinators  
Health Insurance Information Assistance and Counseling Program  
Coordinators

**SUBJECT: Medicare Improvements for Patients and Providers Act Grant  
Funding and Activities**

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**ACTION REQUESTED:** AAAs must complete the Medicare Improvements for Patients and Providers Act (MIPPA) Signature Page (Attachment A), Budget (Attachment B), and if applicable, Contractor Budget (Attachment C) for the September 1, 2023 - August 31, 2024 program year and send them electronically to the New York State Office for the Aging (NYSOFA) at [MIPPA@aging.ny.gov](mailto:MIPPA@aging.ny.gov). If the AAA is unable to send these documents electronically, they may be sent to NYSOFA via U.S. Postal Service.

**BACKGROUND:** Since 2008, MIPPA funding has helped more than one-million low-income Medicare beneficiaries learn about programs that can make their health care and prescription drug costs more affordable. The Administration for Community Living (ACL) coordinates outreach between grantees who receive MIPPA funding, the Centers for Medicare and Medicaid Services, and the Aging Network to ensure local service providers have access to any materials and resources needed to assist Medicare beneficiaries, their families, and caregivers.

**PURPOSE:** The purpose of this Program Instruction (PI) is to ensure that local AAAs, HIIICAP, and NY Connects programs are utilizing MIPPA funding to provide outreach

and assistance to eligible Medicare beneficiaries, especially those who are low-income with limited resources, residents of rural areas, members of American Indian, Alaskan Native, and Native Hawaiian communities, individuals with disabilities under the age of 65, and individuals who speak English as a second language. This funding is also used to educate eligible Medicare beneficiaries and assist them with enrollment into Medicare programs such as the Medicare Low-Income Subsidy (LIS) Program, the Medicare Savings Program (MSP), Medicare Prescription Drug Coverage (Part D) and Medicare Preventive Services.

ACL administers MIPPA grant funding in three Priority Areas:

#### Priority Area 1

- Grants to state agencies that administer the State Health Insurance Program (SHIP), referred to as HIICAP in New York State, to provide outreach to eligible Medicare beneficiaries regarding their preventive, wellness, and limited income benefits; application assistance to individuals who may be eligible for LIS or MSPs; and outreach activities aimed at preventing diseases and promoting wellness.

#### Priority Area 2

- Grants to state agencies for AAA programs to provide enhanced outreach to eligible Medicare beneficiaries regarding their preventive, wellness, and limited income benefits; application assistance to individuals who may be eligible for LIS or MSPs; and outreach activities aimed at preventing disease and promoting wellness.

#### Priority Area 3

- Grants to state agencies that are established Aging and Disability Resource Centers (ADRC), referred to as NY Connects in New York State, to provide outreach regarding Medicare Part D benefits related to LIS and MSPs, and conduct outreach activities aimed at preventing disease and promoting wellness. Only AAAs that administered NY Connects prior to September 30, 2014, are eligible to apply for this portion of the MIPPA funding for this grant period.

**USE OF MIPPA FUNDS:** MIPPA funding under this application must be used as described in this PI and in accordance with the MIPPA Standard Assurances (Attachments D,E) and the goals, key tasks and outcomes identified in the MIPPA Workplan (Attachment F). MIPPA funding for the 2023-2024 program year **may not** be used for any of the following:

- Regular planned activities that are required under the HIICAP and NY Connects programs.
- To match any other federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under federal, state, and/or civil rights laws (e.g., vocational

rehabilitation or education services). Legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are the 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 (e.g., staff salaries).
- To purchase data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.
- To purchase promotional items and memorabilia, including gifts and souvenirs.
- To provide food, snacks, or refreshments at outreach events or any other public event.

**BUDGET DIRECTION:** The amount of MIPPA funds allocated to each county is detailed in the MIPPA Allocation Schedule (Attachment G).

**BUDGET DIRECTION ON PERSONNEL:**

**Staff working in multiple Priority Areas:** If the same staff person is assigned to multiple priority areas, you must describe the staff person's duties, roles, contributions specific to **each** funding stream in the narrative justification on the supporting budget schedule. These duties must be above and beyond those already supported with other existing funding. For example, if you are charging a NY Connects Coordinator to the HIICAP budget, you must describe how that person is contributing to allowable HIICAP MIPPA activities (e.g., providing education and training on Medicare preventive and wellness services). Similarly, if you are charging a HIICAP Coordinator to the NY Connects budget, you must describe how that person is supporting allowable NY Connects MIPPA activities (e.g., providing education and training to NY Connects staff on LIS/MSP).

**Support/contributions from staff other than program coordinators:** If you are charging administrative, technical, or other appropriate staff to support MIPPA activities (in any of the priority areas), you must describe the staff person's role(s) specific to the goals, objectives, and key tasks of this grant. For example, if you are charging a portion of a staff person's salary for administrative support, you must describe the duties related to MIPPA activities, (e.g., providing MIPPA data entry into the SHIP Tracking and Reporting System (STARS), assembling mass mailings for MIPPA outreach targets, scheduling MIPPA meetings with HIICAP and NY Connects staff, etc.).

**Line-Item Contracts:** If HIICAP, AAA, or NY Connects is utilizing a line-item contractor to perform MIPPA grant deliverables at or above 25 percent of the respective Priority Area funding, then a Contractor Budget (Attachment C) will need to be completed as part of the AAA application.

**Other Support:** Please include all staff who are contributing to MIPPA activities including those whose salary is not charged to this funding in the HIICAP, AAA, or NY Connects budgets, as appropriate. Complete all sections of the personnel form

including the “% of time” and “amount chargeable to the program.” If not charging any portion of salary to the funding stream, enter a “0.”

**RESPONSE DUE DATE:** Please send PDF versions of the signed MIPPA Signature Page (Attachment A), completed Budget (Attachment B), if applicable, completed Contractor Budget (Attachment C) to the NYSFOA at [MIPPA@aging.ny.gov](mailto:MIPPA@aging.ny.gov) no later than November 10<sup>th</sup>, 2023.

If you are unable to submit these documents electronically, please send the signed MIPPA Signature Page, completed Budget and if applicable, completed Contractor Budget to NYSOFA via U.S. Postal Service to the following address:

New York State Office for the Aging  
Division of Policy, Planning, Program and Outcomes  
2 Empire State Plaza, 4th floor  
Albany, NY 12223

**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  |

Other: NY  
Connects

**CONTACT PERSON:**  
Theresa Munford

**TELEPHONE:**  
518-474-3645

**2023-2024**  
**Medicare Improvements for Patients and Providers Act (MIPPA) Application**  
**Signature Page**

**AAA Information**

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

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**State Health Insurance Assistance Program (SHIP) / Health Insurance Information  
Counseling and Assistance Program (HIICAP) Coordinator Information:**

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address (if different from AAA) Street \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Aging and Disability Resource Center (ADRC) / NY Connects Coordinator Information:**

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address (if different from AAA) Street \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Funding / Terms and Conditions**

MIPPA Funding 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 provisions as described in the approved application. The person authorized to enter into an Agreement with the New York State Office for the Aging must sign below.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please complete the application for MIPPA funding signature page, budget, and if applicable, contractor budget, and submit them electronically to [MIPPA@aging.ny.gov](mailto:MIPPA@aging.ny.gov). If unable to send these documents electronically, they may be mailed to NYSOFA via U.S. Postal Service. Refer to Program Instruction.

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

AAA: \_\_\_\_\_

23-PI-12

Program Period: 9/1/2023 - 8/31/2024

<b>Budget Category</b>		<b>Total Amount</b>	<b>SHIP Amount</b>	<b>AAA Amount</b>	<b>ADRC Amount</b>
1	Personnel	\$ -	\$ -	\$ -	\$ -
2	Fringe Benefits	\$ -	\$ -	\$ -	\$ -
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ -	\$ -	\$ -	\$ -
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ -	\$ -	\$ -	\$ -
8	Total Budget (Sum of Lines 1-7)	\$ -	\$ -	\$ -	\$ -
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	<b>Net Total Budget (Line 8 minus 9)</b>	\$ -	\$ -	\$ -	\$ -
11	<b>Federal Funds Requested</b>	\$ -	\$ -	\$ -	\$ -
12	<b>Local Funds (Line 10 minus 11)</b>	\$ -	\$ -	\$ -	\$ -

Note: The total budget amount on the Budget Summary must equal the total budget amount on the last page.

\* The inclusion of local funding provided in support of this program is optional.

**MIPPA  
AAA Supporting Budget Schedule**

AAA: \_\_\_\_\_

1. Personnel - AAA salaries are listed here.									
Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary*	Total Hours worked per week	Time Per Priority Area			Amount Charged to Priority Area			Narrative Justification: For each position, provide a brief summary of duties related to MIPPA: *If charging the NYConnects Coordinator to SHIP and/or AAA funding, please indicate what MIPPA responsibility the NYConnects Coordinator will perform for (or on behalf of) SHIP and/or AAA staff. *If charging the SHIP and/or AAA staff to NYConnects, please indicate what MIPPA responsibility the SHIP and/or AAA staff will perform for (or on behalf of) NY Connects staff. *Include specificity and relevance to MIPPA activities for all staff charged to this grant (i.e., administrative support, IT, managerial, etc.). *Include all staff contributing to MIPPA even if salary is paid with other funds.
			Priority Areas	Hours worked per priority area per week	% of Time	Priority 1 SHIP	Priority 2 AAA	Priority 3 ADRC	
1			1: SHIP						
			2: AAA						
			3: ADRC						
2			1: SHIP						
			2: AAA						
			3: ADRC						
3			1: SHIP						
			2: AAA						
			3: ADRC						
4			1: SHIP						
			2: AAA						
			3: ADRC						
5			1: SHIP						
			2: AAA						
			3: ADRC						
6			1: SHIP						
			2: AAA						
			3: ADRC						
7			1: SHIP						
			2: AAA						
			3: ADRC						
8			1: SHIP						
			2: AAA						
			3: ADRC						
<b>TOTAL Program Personnel:</b>						\$ -	\$ -	\$ -	\$ -

\*Note: If employee is paid a salary, then list the annual salary. If employee is not paid a salary, calculate an annual amount by multiplying the pay rate times the average number of total hours worked per week times 52 weeks.

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.									
<b>Fringe Benefit Rate %:</b>						\$ -	\$ -	\$ -	\$ -
<b>TOTAL Fringe Benefits:</b>						\$ -	\$ -	\$ -	\$ -

**MIPPA**  
**AAA Supporting Budget Schedule**

AAA: \_\_\_\_\_

**3. Equipment:**  
 •List all equipment items whether purchased or leased.  
 •Provide a detailed description for all equipment with a unit cost of \$1,000 or more.  
 •Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section.

Item and Description	Quantity	Unit Purchase Price	Percent Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
<b>TOTAL Equipment:</b>				<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**4. Travel:**  
 •List travel costs.  
 •Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.).  
 •Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).  
 •In the "Reasons for Travel" section please mention the priority area(s) involved.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Mileage: _____ miles@ _____				
Parking & Tolls				
Public Transportation:				
Rental Vehicles (specify destination): _____				
Other Travel Costs (Specify): _____				

Reasons for Travel:

	<b>TOTAL Travel:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**5. Maintenance & Operations:**  
 •In the space provided, detail each expense.  
 •For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
Equipment Maintenance and Repair:																
Postage:																
Printing & Photocopying:																
Rent:																
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 15%;">Monthly Rent</td> <td style="width: 15%;">% Charge to Program</td> <td style="width: 15%;">No. of Months</td> </tr> <tr> <td>Costs: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Location: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Owner: _____</td> <td> </td> <td> </td> </tr> </table>	Monthly Rent	% Charge to Program	No. of Months	Costs: _____			Location: _____			Owner: _____						
Monthly Rent	% Charge to Program	No. of Months														
Costs: _____																
Location: _____																
Owner: _____																
Supplies:																
Telephone:																
Utilities:																
Miscellaneous Equipment (List Items):																

<b>TOTAL M&amp;O:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**MEDICARE IMPROVEMENTS FOR  
PATIENTS AND PROVIDERS PROGRAM (MIPPA)  
Contractor Budget**

Contractor: \_\_\_\_\_  
 Program Period: 9/1/2023 - 8/31/2024

23-PI-12

<b>Budget Category</b>		<b>Total Amount</b>	<b>SHIP Amount</b>	<b>AAA Amount</b>	<b>ADRC Amount</b>
1	Personnel	\$ -	\$ -	\$ -	\$ -
2	Fringe Benefits	\$ -	\$ -	\$ -	\$ -
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ -	\$ -	\$ -	\$ -
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ -	\$ -	\$ -	\$ -
8	Total Budget (Sum of Lines 1-7)	\$ -	\$ -	\$ -	\$ -

**MIPPA  
Contractor Supporting Budget Schedule**

Contractor: \_\_\_\_\_

1. Personnel - Salaries are listed here.									
Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary*	Total Hours worked per week	Time Per Priority Area			Amount Charged to Priority Area			Narrative Justification: For each position, provide a brief summary of duties related to MIPPA: *If charging the NYConnects Coordinator to SHIP and/or AAA funding, please indicate what MIPPA responsibility the NYConnects Coordinator will perform for (or on behalf of) SHIP and/or AAA staff. *If charging the SHIP and/or AAA staff to NYConnects, please indicate what MIPPA responsibility the SHIP and/or AAA staff will perform for (or on behalf of) NY Connects staff. *Include specificity and relevance to MIPPA activities for all staff charged to this grant (i.e., administrative support, IT, managerial, etc.). *Include all staff contributing to MIPPA even if salary is paid with other funds.
			Priority Areas	Hours worked per priority area per week	% of Time	Priority 1 SHIP	Priority 2 AAA	Priority 3 ADRC	
1			1: SHIP						
			2: AAA						
			3: ADRC						
2			1: SHIP						
			2: AAA						
			3: ADRC						
3			1: SHIP						
			2: AAA						
			3: ADRC						
4			1: SHIP						
			2: AAA						
			3: ADRC						
5			1: SHIP						
			2: AAA						
			3: ADRC						
6			1: SHIP						
			2: AAA						
			3: ADRC						
7			1: SHIP						
			2: AAA						
			3: ADRC						
8			1: SHIP						
			2: AAA						
			3: ADRC						
<b>TOTAL Program Personnel:</b>						\$ -	\$ -	\$ -	\$ -

\*Note: If employee is paid a salary, then list the annual salary. If employee is not paid a salary, calculate an annual amount by multiplying the pay rate times the average number of total hours worked per week times 52 weeks.

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.									
<b>Fringe Benefit Rate %:</b>						\$ -	\$ -	\$ -	\$ -

**MIPPA**  
**Contractor Supporting Budget Schedule**

Contractor: \_\_\_\_\_

**3. Equipment:**  
 •List all equipment items whether purchased or leased.  
 •Provide a detailed description for all equipment with a unit cost of \$1,000 or more.  
 •Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section.

Item and Description	Quantity	Unit Purchase Price	Percent Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
<b>TOTAL Equipment:</b>				<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**4. Travel:**  
 •List travel costs.  
 •Outline reason for travel and indicate the number of staff traveling. (e.g., staff to training, field interviews, advisory group meeting, etc.).  
 •Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).  
 •In the "Reasons for Travel" section please mention the priority area(s) involved.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Mileage: _____ miles@ _____				
Parking & Tolls				
Public Transportation:				
Rental Vehicles (specify destination): _____				
Other Travel Costs (Specify): _____				

Reasons for Travel:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL Travel: \$ - \$ - \$ - \$ -**

**5. Maintenance & Operations:**  
 •In the space provided, detail each expense.  
 •For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
Equipment Maintenance and Repair:																
Postage:																
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Monthly Rent	% Charge to Program	No. of Months														
Costs: _____																
Location: _____																
Owner: _____																
Supplies:																
Telephone:																
Utilities:																
Miscellaneous Equipment (List Items):																
<b>TOTAL M&amp;O: \$ - \$ - \$ - \$ -</b>																

**MIPPA**  
**Contractor Supporting Budget Schedule**

Contractor: \_\_\_\_\_

**6. Other Expenses: List specific item and cost.**

Description	Total Cost	% Chargeable to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
<b>TOTAL Other Expenses:</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**7. Contracts/Consultants:**

For Unit Cost Contracts/Consultants: Please include contractor/consultant name and a brief description of service, as well as "Unit Rate," "Number of Units," "Amount Charged to SHIP," "Amount Charged to AAA," "Amount Charged to ADRC," as appropriate. The "Amount Charged to Program" will auto populate. Note: There is no required supplemental budget, regardless of funding levels.

For Line Item Contractors: When completing the section, please include contractor/consultant name and a brief description of service, as well as "Amount Charged to SHIP," "Amount Charged to AAA," "Amount Charged to ADRC," as appropriate. The "Amount Charged to Program" will auto populate. Note: If, for any Line Item Contractor/Consultant, the "Amount Charged to Program" is 25 percent or more of your total grant amount, a supporting Contractor Line Item Budget is needed.

Contractor/Consultant and description of service (List them individually)	Unit Rate	# of Units (Consultant)	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
<b>Total Number of Contracts:</b>			<b>TOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**8. Total Budget: (numbers 1-7)**

			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**MIPPA - STANDARD ASSURANCES**  
**Program Year: September 1, 2023 – August 31, 2024**

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.
2. 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.
3. The AAA agrees to fulfill the monthly reporting requirements as specified by NYSOFA for all MIPPA client contacts, assistance with LIS/MSP applications, and targeted outreach events via the National SHIP (State Health Insurance Assistance Program) reporting system.
4. The AAA agrees to fulfill semi-annual narrative reporting requirements as specified by NYSOFA.
5. 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.
6. 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.
7. 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.
8. 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).
9. 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.
10. The AAA agrees that funds may not be used:
  - To cover any direct service costs (with the exception of costs that support the goals/objectives/key tasks of this grant – i.e., outreach to Medicare beneficiaries eligible to

apply for the Medicare Part D LIS/MSP; provision of Part D counseling to benefit Medicare beneficiaries in rural areas; and promotion of available Medicare preventive and wellness services).

- To cover regular planned activities that are required under the HIICAP and NY Connects programs.
- To match any other federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under federal, state, and/or civil rights laws (e.g., vocational rehabilitation or education services). 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 (e.g., staff salaries).
- To purchase data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.
- To purchase promotional items and memorabilia, including gifts and souvenirs.
- To provide food, snacks, or refreshments at outreach events or any other public events.

11. 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.
12. The Grantee understands that this Agreement is federally funded through an award issued by the Administration on Community Living (ACL) and that the grant award includes federal terms and conditions. The ACL Standard Terms and Reporting Requirements, as included in each of three federal MIPPA grant awards, are included in their entirety in Attachment E to this Grant Agreement. The Grantee understands that it is a subrecipient of the federal funds and agrees to comply with these federal terms and requirements as applicable, and with all applicable federal laws, regulations, and issuances. Such terms and conditions are applicable to the Grantee's contractors.

## **Attachment E Federal Assurances**

The area agency, as grantee, must comply with all applicable state and federal laws and regulations, the conditions included as part of the Four-Year Plan submitted to the New York State Office for the Aging and the following requirements which govern the manner in which it shall use grant funds and provide services under this grant Agreement:

### **FFY 2023 Standard Administrative Terms for ACL Mandatory/Formula Awards**

#### **1. Prohibition on certain telecommunications and video surveillance services or equipment**

Effective August 13, 2020, HHS issued new provisions to loan, grant or cooperative agreement awards (does not apply to non-competing continuation awards):

As described in CFR 200.216, (a) recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- (1) Procure or obtain,
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
  - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or



controlled by, or otherwise, connected to the government of a covered foreign country.

## **2. Salary Limitation**

The General Provisions in the Consolidated Appropriations Act, 2023 (Public Law 117-328), signed into law on December 29, 2022, includes provisions for a salary rate limitation. The law limits the salary amount that may be awarded and charged to ACL grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an ACL grant or cooperative agreement. Note that these or other salary limitations will apply in FY 2023, as required by law.

## **3. Gun Control (Section 210)**

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

## **4. Restriction on Distribution of Sterile Needles (Section 526)**

" Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."

## **5. Anti-Lobbying (Section 503)**

- a. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any state or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government itself.
- b. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or

Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policy-making and administrative processes within the executive branch of that government.

- c. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

## **6. Trafficking Victims Protection Act**

ACL awards are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104(g)).

### **A. Provisions applicable to a recipient that is a private entity.**

1. You as the recipient, your employees, sub-recipients under this award, and sub-recipients' employees may not —
  - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
  - ii. Procure a commercial sex act during the period of time that the award is in effect; or
  - iii. Use forced labor in the performance of the award or subawards under the award.
2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a sub-recipient that is a private entity –
  - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
  - ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either —
    - a. Associated with performance under this award; or
    - b. Imputed to you or the sub-recipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Government wide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

**B. Provision applicable to a recipient other than a private entity. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a sub-recipient that is a private entity —**

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either —
  - i. Associated with performance under this award; or
  - ii. Imputed to the sub-recipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to 4 Agencies on Government wide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 2 CFR part 376.

**C. Provisions applicable to any recipient.**

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph of this award term.
2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
  - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
  - ii. Is in addition to all other remedies for noncompliance that are available to us under this award
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity

**D. Definitions. For purposes of this award term:**

1. “Employee” means either: i. An individual employed by you or a sub-recipient who is engaged in the performance of the project or program under this award; or ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements
2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services,

through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery

3. "Private entity":

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

a. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b)

b. A for-profit organization

4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

## 7. Security and Privacy

Should the collection of information require the use of an information technology system (2 CFR 200.58), the grant recipient and subrecipient(s) will be expected to adhere to the NIST Cybersecurity Framework to help ensure the security of any system used or developed by the grant recipient or subrecipient(s). In particular, if the data to be collected includes Personally Identifiable Information (PII, 2 CFR 200.79) or Protected PII (2 CFR 200.82), the grant recipient and subrecipient(s) must apply the appropriate security controls required to protect the privacy and security of the collected PII and/or Protected PII.

## 8. Whistleblower Protections

As a recipient of ACL award, you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. § 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

## 9. DOMA: Implementation of Same-Sex Spouses/Marriages

Obergefell v. Hodges, 576 U.S. 644 (2015) – Pursuant to the Supreme Court's 2015 decision in Obergefell v. Hodges, which held that States may not deny same-sex couples the right to marry, all recipients are expected to recognize same-sex marriage, including one of the 50 states, the District of Columbia, a U.S. territory, or in a foreign country given that marriage is also recognized by a U.S. jurisdiction. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," family," "household member" or similar references to familial relationships to reflect inclusion of same-sex spouse and marriages.

Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

## 10. Stevens Amendment

In accordance with the Stevens Amendment, all HHS grant and cooperative agreement recipients are required to acknowledge federal funding when publicly communicating projects or programs funded through HHS federal financial assistance. You must use the following language when issuing statements, press releases, requests for proposals, bid solicitations, and other ACL supported publications and forums describing projects or programs funded in whole or in part with ACL funding.

- **HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:**

"This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

- **The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:**

"This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

## 11. Antidiscrimination

This project must be administered in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civilrights/providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/forindividuals/nondiscrimination/index.html>.

- Reasonable steps must be taken to ensure that the project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for->

individuals/special-topics/limitedenglish-proficiency/fact-sheet-guidance/index.html and <https://www.lep.gov>.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscienceprotections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

## **2023 ACL Standard Reporting Requirements**

There are standard reporting guidelines for grantees that receive funds from ACL. The guidelines below provide general instructions, unless otherwise noted in the Notice of Award (NoA) for each program. Find the instructions in the [Current Guidelines for Preparing Performance Reports for Grants \(PDF, 332KB\)](#). Please note: Reporting requirements may vary depending on the grant. Please consult the Notice of Award for the grant to ensure compliance.

### **1. FFATA and FSRS Reporting**

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System located at <http://www.FSRS.gov> for all sub-awards and sub-contracts issued for \$30,000 or more as well as executive total compensation for both recipient and subaward organizations. The Award term is located at 2 CFR part 170, Appendix A: [https://www.ecfr.gov/cgi-bin/text/idx?SID=4edce6c3622672ed3a317ebce66ff4cc&mc=true&node=ap2.1.170\\_1330.a&rgn=div9](https://www.ecfr.gov/cgi-bin/text/idx?SID=4edce6c3622672ed3a317ebce66ff4cc&mc=true&node=ap2.1.170_1330.a&rgn=div9)

### **2. Program Progress Reporting**

Program Progress Reports are due semi-annually (within 30 days following each six month period), effective with the start date of the award. This report must be submitted as a “note” using an authorized GrantSolutions account.

### **3. Financial Reporting**

Grantees are required to submit an annual financial report (SF 425), which is due 30 days following the reporting period. 1. Annual Reporting – This report is cumulative. The first report reflects the initial 12 month period. The report is due 30 days after the conclusion of each 12 month period. For example, awards issued on 9/1, the report period ends on 8/31

the following year and is due on 9/30. For each subsequent report, the end date and due date should be extended by one year. You must reconcile your cash accounts with your expenditures for the reporting period and submit a cumulative report each year. A final report (cumulative of the entire grant period) is due 120 days after the expiration date of the project period. The FFR report must be submitted in the Payment Management System (PMS)

#### **4. Data Collection**

Grantees must collect data on their Falls Prevention programs and participants using Office of Management and Budget (OMB) approved data collection instruments (available here: <https://ncoa.org/article/data-collection-tools-for-falls-prevention-programs>) and enter this data into the ACL National Falls Prevention Database online data system within 30 days of program completion.

#### **5. SF-425 (FFR) Reports**

Federal Financial Reports (SF-425) must be submitted semi-annually. The SF-425 shall be submitted using the HHS Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. The semi-annual Federal Financial Report covers the following period:

- September 1, 2022 through February 28, 2023 – due March 31, 2023;
- March 1, 2023 through August 31, 2023 – due September 30, 2023;
- September 1, 2023 through February 29, 2024 – due March 31, 2024.

A final Federal Financial Report will be due at the end of the grant period within 120 days after the project period end date of August 31, 2024, or by December 31, 2024. This final report will replace the last semi-annual report and must cover the entire life of the grant.

The period for liquidation of the obligations is through November 30, 2024.

#### **6. MIPPA Reporting Requirements**

This award is issued with a 2-year project period from 9/1/2022 to 8/31/2024. The award amount issued with this Notice of Award is for the first 12-month budget period from 9/1/2022 to 8/31/2023.

Programmatic data must be submitted via the SHIP Tracking and Referral System (STARS) monthly. Grantees must report data for all MIPPA program activities including any outreach conducted to the public as well as one-on-one assistance provided to beneficiaries, their families, and/or caregivers. All monthly data shall be submitted by the end of the month following the close of the reporting period. For example, all data from the month of October would be due November 30th. The recipient shall comply with data integrity guidelines and perform data validation to ensure the accuracy of their data on a quarterly basis.

Programmatic data will be used to track progress against the MIPPA Performance Measures (PM):

- PM1: Overall MIPPA Contacts - Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% FPL in the state
- PM2: Overall Persons Reached through Outreach - Total number of people reached as reported on group outreach and education forms
- PM3: MIPPA Target Populations - Total number of beneficiary contact forms by target beneficiary groups (Under 65, Rural, Native American, English as a Secondary Language)
- PM4: Contacts with Applications Submitted - Percentage of forms with applications submitted compared to overall MIPPA contacts reported in PM1

Narrative progress reports must be submitted semi-annually. This report must be submitted using an authorized GrantSolutions account. The semi-annual narrative progress report covers the following period:

- September 1, 2022 through February 28, 2023 – due March 31, 2023
- March 1, 2023 through August 31, 2023 – due September 30, 2023
- September 1, 2023 through February 29, 2024 – due March 31, 2024

A final narrative report will be due at the end of the grant period. This final report will replace the last semi-annual narrative and must cover the entire life of the grant. The final narrative report is due 90 days after the end of the award by November 30, 2024.

## **7. Additional Terms**

At any phase of the project period, the recipient shall deliver to the Administration for Community Living (ACL) upon request, any materials, systems or other items developed, refined, or enhanced under the grant award. The recipient agrees that ACL shall have royalty-free, non-exclusive, and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal Government purposes.

On all public information materials funded solely or in part by MIPPA funds, the recipient shall use one of the following express acknowledgments:

1. This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.
2. This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as



part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

The recipient shall participate, as appropriate, in ACL's MIPPA Evaluation Project.

The recipient shall work with assigned ACL project officer to address any project concerns, if applicable, identified in the application review process.

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**END**

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**Medicare Improvements for Patients and Providers Act (MIPPA) Work Plan  
September 1, 2023 – August 31, 2024  
23-PI-12**

The Performance Measures (PM):

- PM 1: Overall MIPPA Contacts
- PM2: Overall persons reached through outreach
- PM3: MIPPA target populations
- PM4: Contacts with applications submitted

All PMs are addressed through the goals, key tasks, outcomes, and deliverables contained within this Work Plan.

**Priority Area 1** – the State Health Insurance Program (SHIP), referred to as the Health Insurance Information Counseling and Assistance Program (HIICAP) in New York State, will provide outreach to eligible Medicare beneficiaries regarding their preventive, wellness, and limited income benefits; application assistance to individuals who may be eligible for LIS or MSPs; and outreach activities aimed at preventing diseases and promoting wellness.

**Priority Area 2** – AAAs will provide enhanced outreach to eligible Medicare beneficiaries regarding their preventive, wellness, and limited income benefits; application assistance to individuals who may be eligible for LIS or MSPs; and outreach activities aimed at preventing disease and promoting wellness.

**Priority Area 3** - Aging and Disability Resource Centers (ADRC), referred to as NY Connects in New York State, will provide outreach regarding Medicare Part D benefits related to LIS and MSPs, and conduct outreach activities aimed at preventing disease and promoting wellness.

**Goal:** Priority Area 1 (HIICAP) and Priority Area 2 (AAA) will provide one-on-one application assistance efforts for Medicare beneficiaries with limited incomes who may be eligible for LIS or MSP, above and beyond regular planned activities in Priority Areas 1 (HIICAP) and Priority Area 2 (AAA). In collaboration, Priority Area 3 (NY Connects) will participate in this performance measure as coordinated in their local process. All three priority areas will coordinate with eligible Medicare beneficiaries, especially those who are low-income with limited resources, residents of rural areas, members of American Indian, Alaskan Native, and Native Hawaiian communities, individuals with disabilities under the age of 65, and speakers of English as a secondary language.

<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation – Measurable Outcomes</b>
1. Assist individuals with application and enrollment processes for MSP and LIS	a. The AAA, NY Connects, and HIICAP will participate in two comprehensive trainings and an online webinar on the MSPs and LIS budgeting.	Participation verified by the New York State Office for the Aging (NYSOFA)
	b. The AAA, NY Connects, and HIICAP will participate in scheduled statewide conference calls and webinars on LIS	Participation verified by NYSOFA

**Medicare Improvements for Patients and Providers Act (MIPPA) Work Plan  
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	eligibility, MSP application assistance, and other MIPPA related topics.	
	c. Appropriate staff from the AAA and HIICAP programs will participate in the in person and virtual HIICAP coordinator/counselor trainings.	Participation verified by NYSOFA
	d. The AAA, NY Connects, and HIICAP will coordinate local processes and protocols around the provision of LIS and MSP application assistance.	Contact data is collected and submitted
	e. If applicable, the AAA, NY Connects, and HIICAP will screen individuals in the following programs for MSPs and LIS: Home Energy Assistance Program, Expanded In home Services for the Elderly Program, Social Adult Day Services, and Home Delivered Meals.	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is submitted to NYSOFA in accordance with MIPPA reporting requirements.
2. Raise Medicare beneficiary awareness of the LIS and MSP in rural and hard to reach areas.	a. The AAA, NY Connects, and HIICAP will target outreach and assistance activities on LIS, MSP or State Assistance Prescription Program (EPIC) where significant populations of eligible beneficiaries reside by using zip code data provided by the Centers for Medicare and Medicaid Services and other mapping tools provided by the Administration for Community Living's technical assistance center.	Outreach and enrollment event data is collected and submitted.
	b. The AAA, NY Connects, and HIICAP will administer outreach events as appropriate on LIS and MSP.	Outreach and enrollment event data is collected and submitted.
	c. The AAA, NY Connects, and HIICAP will administer enrollment events as appropriate on LIS and MSP.	Outreach and enrollment event data is collected and submitted.
	d. The AAA, NY Connects, and HIICAP will develop cost effective strategies innovative outreach strategies (e.g., public service announcements, direct mail, paid advertising, home visits, working with Community- based organizations (CBOs) and the local Long-Term Care Councils, etc.) to target individuals who may be eligible for LIS and MSP and who reside in rural and underserved areas as well as culturally diverse individuals and those who speak English as a second language.	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is submitted to NYSOFA in accordance with MIPPA reporting requirements.
	e. The AAA, NY Connects, and HIICAP will participate in monthly HIICAP teleconferences to receive relevant updates	Participation verified by NYSOFA

**Medicare Improvements for Patients and Providers Act (MIPPA) Work Plan**  
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	and share lessons learned and creative practices regarding LIS and MSP.	
<p><b>Goal:</b> Priority Area 3 (NY Connects) will provide Medicare Part D outreach related to LIS and MSP application assistance, above and beyond regular planned activities. All three priority areas (HIICAP, AAA, and NY Connects) will provide enhanced outreach to Medicare beneficiaries regarding their preventive, wellness, and limited income benefits. All three priority areas will coordinate with members of American Indian, Alaskan Native, and Native Hawaiian communities, low-income individuals with limited resources, residents of rural areas, individuals with disabilities under the age of 65, and speakers of English as a secondary language.</p>		
<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, NY Connects, and HIICAP will utilize innovative approaches for outreach events that promote LIS and MSP application assistance, and if applicable, consistent with strategies that promote COVID-19 safety guidelines.	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is submitted to NYSOFA in accordance with MIPPA reporting requirements.
	b. The AAA, NY Connects, and HIICAP will utilize and disseminate the updated Medicare preventative services checklist CMS publication number 11420.	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is submitted to NYSOFA in accordance with MIPPA reporting requirements.
	c. The AAA, NY Connects, and HIICAP will administer and document outreach events on Medicare preventive and wellness benefits to Medicare beneficiaries.	Outreach data is collected and submitted.
	d. The AAA, NY Connects, and HIICAP will participate in monthly HIICAP teleconferences to receive relevant updates and share lessons learned and creative practices regarding Medicare preventive and wellness benefits/services.	Participation verified by NYSOFA.
	e. The AAA, NY Connects, and HIICAP will include the most up-to-date LIS and MSP eligibility guidelines within their Medicare seminars (e.g., Welcome to Medicare, Medicare 101, and including the Medicare Preventative Services flyer).	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is submitted to NYSOFA in accordance with MIPPA reporting requirements.
	f. The AAA, NY Connects, and HIICAP will encourage Medicare preventative benefits and services that are available and assist those without a health care provider in finding a participating provider using the Medicare.gov website.	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is

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		submitted to NYSOFA in accordance with MIPPA reporting requirements.
	g. The AAA, NY Connects, and HIICAP will implement cost effective strategies for finding older adults, individuals with disabilities with greatest economic needs, individuals who speak English as a second language, and those residing in rural areas of the state.	Outreach data is collected and submitted.
	h. NY Connects will provide information on Medicare wellness and prevention benefits to Medicare beneficiaries through NY Connects Information and Assistance (I&A) calls and outreach activities.	Outreach and I&A data is collected and submitted.
	i. The AAA, NY Connects, and HIICAP will conduct outreach, application assistance and participate in training webinars about developing strategies, and information on best practices related to serving hard to reach populations including outreach when under public health limitations.	Qualitative narrative is compiled from local MIPPA partners (AAA/HIICAP/NY Connects) and is submitted to NYSOFA in accordance with MIPPA reporting requirements.
2. Conduct outreach and enrollment events and develop local strategies to raise awareness of Part D.	a. NY Connects will administer outreach events to raise awareness on Part D. Local programs funded as “rural” must ensure that MIPPA funds are used to enhance efforts and assist people eligible for Part D in these identified areas of the state.	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 and creative practices regarding Part D.	Participation verified by NYSOFA.
<b>Goal:</b> All three priority areas will track achievements in reaching performance goals and outcomes.		
<b>Objective</b>	<b>Key Tasks</b>	<b>Documentation – Measurable Outcomes</b>
1. Monitor progress on counseling and enrollments.	a. Prepare reports with the number of LIS, MSP, and Part D assistance sessions, as well as any other requested information through this grant.	Report reviews by NYSOFA.

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2. Accurately capture data on MIPPA related outreach activities.	a. Participation in ongoing technical assistance activities provided by NYSOFA relative to reporting activities associated with MIPPA related outreach.	Participation verified by NYSOFA.
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**New York State Office for the Aging**  
**Medicare Improvements for Patients and Providers Act**  
**Final Allocation Schedule - September 1, 2023 to August 31, 2024**

<u>COUNTY</u>	<u>SHIP<sup>(1)</sup></u>	<u>AAA<sup>(1)</sup></u>	<u>ADRC</u>	<u>Total Allocation</u>
ALBANY	\$ 11,578	\$10,115	\$4,311	\$26,004
ALLEGANY	6,981	6,100	3,003	16,084
BROOME	10,190	8,903	4,117	23,210
CATTARAUGUS	6,981	6,100	3,342	16,423
CAYUGA	6,981	6,100	3,100	16,181
CHAUTAUQUA	8,620	7,532	3,972	20,124
CHEMUNG	7,095	6,199	3,149	16,443
CHENANGO	6,981	6,100	3,052	16,133
CLINTON	6,981	6,100	3,100	16,181
COLUMBIA	6,981	6,100	3,052	16,133
CORTLAND	6,981	6,100	3,003	16,084
DELAWARE	6,981	6,100	3,052	16,133
DUTCHESS	10,314	9,010	4,166	23,490
ERIE	30,547	26,688	12,207	69,442
ESSEX	6,981	6,100	3,003	16,084
FRANKLIN	6,981	6,100	3,536	16,617
FULTON	6,981	6,100	3,052	16,133
GENESEE	6,981	6,100	3,052	16,133
GREENE	6,981	6,100	3,052	16,133
HERKIMER	6,981	6,100	3,052	16,133
JEFFERSON	7,075	6,182	3,149	16,406
LEWIS	6,981	6,100	2,955	16,036
LIVINGSTON	6,981	6,100	3,052	16,133
MADISON	6,981	6,100	3,052	16,133
MONROE	20,677	18,065	11,286	50,028
MONTGOMERY	6,981	6,100	3,052	16,133
NASSAU	30,167	26,356	12,304	68,827
NIAGARA	10,393	9,080	4,166	23,639
ONEIDA	11,282	9,857	4,214	25,353
ONONDAGA	15,321	13,385	10,705	39,411
ONTARIO	6,981	6,100	3,100	16,181
ORANGE	10,971	9,584	4,408	24,963
ORLEANS	6,981	6,100	3,003	16,084
OSWEGO	7,366	6,436	- <sup>(3)</sup>	13,802
OTSEGO	6,981	6,100	3,052	16,133
PUTNAM	6,981	6,100	3,100	16,181
RENSSELAER	8,097	7,075	- <sup>(3)</sup>	15,172
ROCKLAND	10,580	9,244	- <sup>(3)</sup>	19,824
ST. LAWRENCE	7,554	6,599	3,924	18,077
SARATOGA	8,467	7,398	4,021	19,886
SCHENECTADY	8,527	7,450	3,972	19,949
SCHOHARIE	6,981	6,100	3,003	16,084
SCHUYLER	6,981	6,100	2,955	16,036
SENECA	-	-	- <sup>(3)</sup>	-
STEUBEN	7,317	6,392	3,149	16,858
SUFFOLK	27,552	24,067	12,545	64,164
SULLIVAN	6,981	6,100	3,100	16,181
TIOGA	6,981	6,100	3,003	16,084
TOMPKINS	6,981	6,100	3,052	16,133
ULSTER	8,941	7,811	4,069	20,821
WARREN/HAMILTON	11,731	10,249	5,958	27,938
WASHINGTON	6,981	6,100	3,052	16,133
WAYNE	6,981	6,100	3,100	16,181
WESTCHESTER	21,601	18,872	11,674	52,147
WYOMING	6,981	6,100	3,003	16,084
YATES	6,981	6,100	2,955	16,036
NYC	241,269	210,767	- <sup>(3)</sup>	452,036
SENECA NATION	-	-	- <sup>(3)</sup>	-
ST. REGIS	3,491	3,050	1,695	8,236
<b>TOTAL</b>	<b>\$ 773,134</b>	<b>\$675,466</b>	<b>\$228,201</b>	<b>\$1,676,801</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 prior to September 30, 2014, therefore, there is no ADRC award.