



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(revised 08/02/10)

Board Clerk Use Only

Meeting Date: 4/7/11
Agenda Item #: C.2
Est. Start Time: 9:30 am
Date Submitted: 3/24/11

**Agenda
Title:**

NOTICE OF INTENT: The Department of County Human Services, Aging and Disability Services Division is requesting approval to apply to the State of Oregon Senior Health Insurance Benefits Assistance (SHIBA) program for a Medicare Improvement for Patients and Providers Acts (MIPPA) grant of \$60,000 to conduct outreach.

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>Next Available</u>	Amount of Time Needed:	<u>NA</u>
Department:	<u>DCHS</u>	Division:	<u>ADSD</u>
Contact(s):	<u>Dana Lloyd</u>		
Phone:	<u>503-988-3691</u>	Ext.	<u>22377</u>
Presenter Name(s) & Title(s):	<u>I/O Address: 167/1/240</u>		
	<u>Consent</u>		

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) Aging and Disability Services Division (ADSD) is requesting approval with this Notice of Intent to apply for a grant from the State of Oregon Senior Health Insurance Benefits Assistance (SHIBA) Program for Medicare Improvement for Patients and Providers Act (MIPPA) for \$60,000 to conduct outreach. This request is retroactive due to short filing timelines.

**Notice of Intent APR
Submit to Board Clerk**

- 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

These funds have been made available to local SHIBA programs through a supplemental grant award to the State Health Insurance Program. MIPPA was amended in Section 3306 to provide additional funding through 2012.

ADSD is seeking \$60,000 over a two year period. These funds will be used for outreach to beneficiaries with limited incomes to help them understand and apply for benefits, and for outreach activities aimed at preventing disease and promoting wellness.

This action will impact program offer #25020 – Aging and Disability Services - Access and Early Intervention Services. The impact of the outreach portion of the grant is that we will provide more targeted outreach and enrollment of low income seniors eligible for assistance accessing non County programs and resources to pay for Medicare premiums and prescription assistance. These outreach venues will take place in neighborhood setting and staffed with the help of volunteers.

- 3. Explain the fiscal impact (current year and ongoing).**

The grant will provide a total of \$60,000 in revenue to ADSD for two years, and cover additional expenditures that may result in increased enrollment of eligible beneficiaries for the Low-Income Subsidy in Multnomah County area.

- 4. Explain any legal and/or policy issues involved.**

There are no legal and/or policy issues associated with applying for this grant.

- 5. Explain any citizen and/or other government participation that has or will take place.**

N/A

ATTACHMENT A

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**
State of Oregon SHIBA Program
- **Specify grant (matching, reporting and other) requirements and goals.**
No matching is required. Funding will be used to expand capacity.
- **Explain grant funding detail – is this a one time only or long term commitment?**
Yes. This is a one-time only supplemental grant.
- **What are the estimated filing timelines?**
March 30, 2011
- **If a grant, what period does the grant cover?**
April 2011 through August 2012
- **When the grant expires, what are funding plans?**
There are no plans to cover funding when grant expires.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Center for Medicare & Medicaid Services limits use of funds solely to direct outreach activities. No indirect costs are allowed.

ATTACHMENT B

Required Signatures

Elected Official or
Department/
Agency Director:

Dana C. Lloyd for Kathy Jinkle

Date:

3/23/11

Budget Analyst:

Patrick Heath

Date: 3/24/2011

Patrick Heath