

Legislation Text

File #: TMP-5219, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to amend and accept grant funding for the Health Insurance Information Counseling and Assistance Program (HIICAP)

Date:	2/27/24
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

- □ Adopting of Local Law
- □ Amendment of Prior Legislation
- □ Approval/Adoption of Plan/Procedure
- □ Bond Approval
- Budget Amendment
- □ Contract Authorization
- □ Countywide Services
- □ Environmental Impact/SEQR
- □ Home Rule Request
- □ Property Conveyance
- □ Other: (state if not listed)

Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- □ Equipment
- □ Fringe
- □ Personnel

□ Personnel Non-Individual

□ Revenue

Increase Account/Line No.:Click or tap here to enter text.Source of Funds:Click or tap here to enter text.Title Change:Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- □ Purchase (Equipment/Supplies)
- □ Lease (Equipment/Supplies)
- □ Requirements
- □ Professional Services
- □ Education/Training

□ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- □ Settlement of a Claim
- □ Release of Liability
- □ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): New York State Office for Aging Two Empire State Plaza Albany, New York 12223-1251

Additional Parties (Names/addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee:\$543.00Scope of Services:Provide comprehensive health insurance and Medicare education and
counseling to older adults 60 years and older residing in Albany County.

Bond Res. No.:Click or tap here to enter text.Date of Adoption:Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:	Yes 🗆 No 🛛
If Mandated Cite Authority:	Click or tap here to enter text.

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Is there a Fiscal Impact:	Yes ⊠ No □	
Anticipated in Current Budget:	Yes □ No ⊠	
County Budget Accounts:		
Revenue Account and Line:	A6772 04779	
Revenue Amount:	\$543.00	
Appropriation Account and Line:	A6772 44046	
Appropriation Amount:	\$543.00	
Source of Funding - (Percentages)	4000/	
Federal:	100% Click or top here to opter toy!	
State:	Click or tap here to enter text.	
County: Local:	Click or tap here to enter text. Click or tap here to enter text.	
Local.	Click of tap here to enter text.	
Original Awarding Agency / Fu	nder:	
Click or tap here to enter text.		
New York State Pass-Through Agency (if applicable):		
Click or tap here to ente	r text.	
Term		
Term: (Start and end date)	4/1/22 - 3/31/23	
Length of Contract:	12 Months	
Impact on Pending Litigation	Yes 🗆 No 🖾	
If yes, explain:	Click or tap here to enter text.	
Previous requests for Identical or Sim	ilar Action:	
Resolution/Law Number:	284	
Date of Adoption:	8/8/22	
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Justification: (state briefly why legislative action is requested)

To accept the additional funding for Health Insurance Information Counseling and Assistance Program (HIICAP) from New York State Office for Aging. This grant funding provides assistance and guidance in understanding the benefits available under Health Insurance Plans for older adults 60 years and older and their caregivers residing in Albany County. HIICAP services also include health insurance counseling and information on individual needs on Medicare, EPIC plans, Medicare Supplement coverage and Long Term Care insurance and planning.

New York State Office For Aging has advised that there is a change in funding for HIICAP Services from \$33,637.00 to \$34,160.00 with no County funding.

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