

Legislation Text

File #: TMP-4287, Version: 1

# **REQUEST FOR LEGISLATIVE ACTION**

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

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

5/5/2023
Patrick Dillon
Aging
Contract Administrator
518 447 7733
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

Acceptance

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:\$33,637.00Scope of Services:Provide comprehensive health insurance and Medicare education and<br/>counseling to older adults 60 years and older residing in Albany County.

Bond Res. No.:Click or taDate of Adoption:Click or ta

Click or tap here to enter text. 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.

File #:	TMP-4287,	Version:	1
---------	-----------	----------	---

Is there a Fiscal Impact:	Yes 🛛 No 🗆
Anticipated in Current Budget:	Yes ⊠ No □
County Budget Accounts:	
Revenue Account and Line:	A6772 03411
Revenue Amount:	\$33,637.00
Appropriation Account and Line:	A6772 44046
Appropriation Amount:	\$33,637.00
Source of Funding - (Percentages)	
Federal:	100%
State:	Click or tap here to enter text.
County:	Click or tap here to enter text.
Local:	Click or tap here to enter text.
Term	
Term: (Start and end date)	4/1/2023 - 3/31/2024
Length of Contract:	12 Months
Impact on Pending Litigation	Yes □ No ⊠
lf yes, explain:	Click or tap here to enter text.
Previous requests for Identical or Simila	ar Action:
Resolution/Law Number:	284
Date of Adoption:	8/8/2022

## **Justification**: (state briefly why legislative action is requested)

To accept the Health Insurance Information Counseling and Assistance Program (HIICAP) grant from the 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.