THIS MODIFICATION AGREEMENT ("Modification Agreement") dated this day of _________, 2018, between the City of New York acting through the Department of Social Services of the Human Resources Administration ("Department" or "HRA"), having an office located at 150 Greenwich Street, New York, NY 10007, the Department for the Aging ("DFTA") having an office located at 2 Lafayette Street, New York, New York 10007, and the Department of Health and Mental Hygiene ("DOHMH"), having an office located at Gotham Center, 42-09 28th Street, Queens, NY 11101 (collectively, the "Parties").

WITNESSETH:

WHEREAS, the New York State Department of Health ("SDOH") awarded funds to Public Health Solutions ("PHS") to provide outreach, education, and enrollment services for the disabled, aged and blind communities in New York through the Facilitated Enrollment for the Aged, Blind and Disabled Program (the "Program"); and

WHEREAS, PHS entered into subcontracting agreements with each party whereby the Parties agreed to provide services required by the Program; and

WHEREAS, the Parties entered into a Cooperative Agreement (the "Agreement") to support the Agreement and coordinate their respective roles in administering the Program; and

WHEREAS, the term of the Agreement was for one (1) year from April 1, 2015 through March 31, 2016, with five (5) automatic and consecutive one (1) year renewal periods; and

WHEREAS, the Parties now wish to modify the Agreement to update the scope of services and terms of payment for the period of April 1, 2018 through March 31, 2019; and

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties hereto have agreed and do hereby agree as follows:

1. Except as modified herein or modified previously, all of the covenants, terms and conditions of the Agreement shall remain unchanged, and are hereby ratified and confirmed as in full force and effect.

2. <u>MODIFICATION OF SCOPE OF SERVICES</u>

A. Article 2, Scope of Services, Section 1, is hereby modified to state the following:

1. DOHMH shall:

i. Place four (4) FTE experienced facilitated enrollers at high priority sites (i.e. DFTA sites, DOHMH Health Centers and other

- Community-Based partner sites) to assist clients who are age 65 and older, certified blind and/or disabled, with the application process for public health insurance.
- ii. Provide a Supervising Facilitated Enroller (0.6 FTE) to provide back-up and surge capacity at sites, technical assistance to FEs with non-routine application assistance issues, and assist with logistical issues.
- iii. Ensure that FEs are trained and certified in accordance with NYSDOH FE-ABD training guidelines, and are proficient in PHS' FE-ABD Electronic Application System for submitting application to HRA and tracking program data.
- iv. Assure timely access and effective in-person assistance to the target population by co-locating with DFTA sites, established DOHMH Health Center sites, and other Community-Based partner sites.
- v. Schedule home visits as needed in order to assist applicants with mobility issues.
- vi. Screen applicants and provide objective information on public health insurance options.
- vii. Help complete applications for health insurance and provide quality review prior to submission to HRA.
- viii. Provide services in accordance with a Site Schedule to be approved by PHS.
- ix. Report the number of people DOHMH submits and enrolls in the program as enrollment information is available in PHS' FE-ABD Electronic Application System (Bluemark MAPSng™) and for applications submitted through the NYSOH, provide NYSOH data to reflect the number of applications submitted, the number of outreach activities conducted at each DOHMH and partnered site, and the number of special events held at each DOHMH and partnered site, on the dates listed, and as further described, in Exhibit 2 of this Modification Agreement.

B. Article 2, Scope of Services, Section 2, is hereby modified to state the following:

2. DFTA shall:

- i. Identify and provide four (4) high priority DFTA senior center sites for effective outreach and enrollment of the target population,
- ii. Provide a dedicated space with desks and chairs for the FEs to assist with completing applications. DFTA shall ensure that the designated space has a waiting area as space will allow, lockable storage space including filing cabinets, and that have workstations that are private and equipped with adequate office supplies.

- iii. Provide referrals to the high priority senior centers at other surrounding senior centers, and, as feasible, allows DOHMH facilitated enrollers to provide enrollment assistance as these other centers and other proximate sites.
- iv. Coordinate with its senior centers and Naturally Occurring Retirement Communities Supportive Service Program to facilitate education. outreach and referral information to seniors and their families about facilitated enrollers.
- v. Provide services in accordance with a Site Schedule to be approved by PHS
- vi. Submit "FE ABD Expenditure Reports" and Intra-City invoices to HRA, as further described in Section 3 of this Modification Agreement, below.

C. Article 2, Scope of Services, Section 3, is hereby modified to state the following:

3. HRA shall:

- i. Appoint a Consumer Assistance Coordinator to work with HRA's Medicaid program and grantees in the New York City region along with their subcontracted entities and enrollment staff to facilitate an efficient and effective process for the delivery and processing of applications submitted to HRA.
- ii. Convent with participants and other City Agencies that serve the target population to develop and deliver improved enrollment services and outreach activities.
- iii. Build effective referral pathways through 311 and other New York City agencies, including HRA's Medicaid Office.
- iv. Hire a part-time Outreach Coordinator to facilitate planned activities at enrollment sites and consult with the FEs and the Consumer Assistance Coordinator to develop the best strategy and approach for the target communities. The Outreach Coordinator will: help plan, schedule, promote and implement outreach activities and special events as needed and will co-lead informational training sessions at the sites; further expand the reach of the program into the community through targeted outreach to potential beneficiaries served by Community- and Faith-Based Organizations; participate in partner meetings, outreach workgroup meetings and calls to troubleshoot and discuss project progress and; contribute to the preparation of reports.
- v. Identify additional enrollment opportunities at other City venues and train agency staff members who interface with the target population to develop integrated referral networks.

- vi. Provide technical assistance and convene meetings to facilitate quality improvement activities and identify processes and methods for improving the FE-ABD program.
- vii. Receive funds from PHS and distribute them to DFTA and DOHMH in accordance with the Budget, subject to PHS approval.
- viii. Develop promotional materials to be approved by PHS.

3. MODIFICATION OF TERMS OF PAYMENT

- A. Article 3, Terms of Payment is hereby modified to add the following:
 - F. The total amount not-to-exceed for the period of April 1, 2018 through March 31, 2019 is \$501,265.00, subject to the availability of funding, which shall be allocated as delineated in the Budget attached hereto as Exhibit 1 and incorporated by reference. In no event shall the total amount under this agreement exceed \$501,265.00 for the Year Four Budget Period ("BP4"). In no event shall the individual amount for each budget line under this agreement exceed its allocated budget for the Year Four Budget Period ("BP4"). The total amount not to exceed for each renewal period shall be subject to the amount budgeted for each Budget Period by PHS.
 - G. DFTAs shall submit "FE ABD Expenditure Report" with accompanying IntraCity invoice to diopa@dss.nvc.gov with a CC to perevral@dss.nvc.gov expensing for active sites during each service period at \$1,250.00 per site per quarter. Invoice submission deadlines are detailed in the attached Exhibit 3.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties have duly executed this Modification Agreement on the date first above written.

CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
HUMAN RESOURCES ADMINISTRATION
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CITY OF NEW YORK
DEPARTMENT FOR THE AGING
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Name STEVEN FOO
GENERAL COUNSEL
Name
Title GENERAL COUNSEL
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Title GENERAL COUNSEL
Title GENERAL COUNSEL Date 6-7-2018
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGEINE
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Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGEINE By 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGEINE By Name Assunta S. Rozza
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGEINE By Name Assunta S. Rozza
Title GENERAL COUNSEL Date 6-7-2018 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGEINE By Name Assunta S. Rozza
Title GENERAL COUNSEL Date 6-7-20/8 CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGEINE By Name Assunta 5. Rozza

Z- Modification HRA DOHMH DFTA Facilitated Enrollment 05/12/17 STATE OF NEW YORK) : ss: COUNTY OF NEW YORK) before me personally came to me known and known to me to be of the HUMAN RESOURCES ADMINISTRATION/DEPARTMENT OF SOCIAL SERVICES of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same for the purpose therein mentioned. SHARON JAMES-LEONCE Commissioner of Deeds City of New York No. 2-13026 Certificate Filed in New York County Commission Expires May 01, 204 STATE OF COUNTY OF On this 🗲 day of 20 18 before me personally came to me known, who, being by me duly sworn, did depose and say that she/he resides at that she/he is the DET FOR THE AGING , the corporation described in and which executed the above instrument; and that she/he signed her/his name thereto by order of the board of directors of said corporation.

NOTARY PUBLIC

STATE OF)	
COUNTY OF Queuns)	
On this 24 day of May 2016, before me personally came Assurfa Rossa	; , to me known, who,
being by me duly sworn, did depose and say that she/hé resides at 42-09 2674 EKRUT LEC NY 11101	
Debuty CIMPILSY OF	, the corporation
described in and which executed the above instrument; and that she by order of the board of directors of said corporation.	
FRANK LANE Notary Public, State of New York No. 01LA5014224 Qualified in Queens County Commission Expires November 03, 2017	PUBLIC

Exhibit 1

Exhibit 1 - FE ABD Program

Year Four Budget

New York State	Departme	nt of He	alt	h		
Facilitated Enrollment for the	Aged, Blin	d and D)isa	abled Program	<u></u>	
SUBCON	TRACTOR	ONLY				
	Budget Pro					
	8 - March 31					
April 1, Eq.	0 - 11/01/01/01	, 2010				
				•••		
Lead Agency Name: Public Health Solutions				·		
Contract Number: C-029904			Π		Γ.	
Subcontractor Name: HRA/ DOH/ DFTA						
PERSONALISERVICES		1 	1 3.550		. 1277	garan ayan karan karan
Title and Staff Name	FE # FTEs	Non-FE		Annual Salary		12 Month Budget
Consumer Assistance Coordinator - Lisbeth Pereyra		1.00	\$	66,950	\$	66,950
Senior Facilitated Enrollment Staff - Clara Rochez	0.40		\$	50,362	\$	18,000
Senior Facilitated Enrollment Staff - Marie Jean	0.20		\$	75,618		13,500
Senior Facilitated Enrollment Staff - Alejandra Tovar	0.40		\$	50,480		18,000
Senior Facilitated Enrollment Staff - Esther Ovalles	0.40		\$	50,480		18,000
Senior Facilitated Enrollment Staff - Nancy Mendez	0.40		-	50,362	\$	18,000
Senfor Facilitated Enrollment Staff - Marvelle Liburd	0.40		\$	54,389		20,000
Senior Facilitated Enrollment Staff - Natalya Kagno/Lobatenko	0.20		\$	50,480		8,000
Senior Facilitated Enrollment Staff - Paula Barbier	0,40		\$	50,480	[\$	18,000
Senior Facilitated Enrollment Staff - Kettly Moise	0,40		\$	50,480	s	18,000
Senior Facilitated Enrollment Staff - Shang Wen Lin	0,60		\$	50,362	\$	27,000
Senior Facilitated Enrollment Staff - Miledy Diaz	0.20		\$	50,362	\$	9,000
Senior Facilitated Enrollment Staff Supervisor - Suzanne Lewis	0,60		\$	75,679	\$	45,051
Outreach Coordinator - Shauna Patrick (new)		0.50	S	30,000	\$	30,000
Subtotal FTEs and Salaries	4.60	1.50	 		\$	327,501
Fringe Benefits (50.11%)	1 4.00	11.30	1		\$	149,078
SUBTOTAL PERSONAL SERVICES		•			\$	476,579
NON-PERSONAL SERVICES		,			t, X.,	
Travel	ed V for V = de-Me la le some s			Carabitan dipantianana	· ··	
Equipment	- F -	Ι	Г		·	
Space, Property, Rent (Contractual Services - 4 DFTA Sites)	-		┨		\$	20,000
Utilities (Supplies and Translation)	- 		ļ		<u>.</u>	4,686
Operating Expenses		L		 -	-ٽ	
Expense 1						
Expense 2				·		
Expense 3		•				
Expense 4						
Expense 5						
Expense 6						
Expense 7						
Total Operating Expenses						
Other			_		ــــــــــ	
Other 1					T	
Other 2						
Other 3					-	
Other 4						
Total Other						
			_			
SUBTOTAL NON-PERSONAL SERVICES	************				3	24,686
TOTAL SUBCONTRACTOR BUDGET					\$	501,265

Exhibit 2

Exhibit 2 - FE ABD Program

DOHMH Expenditure and Progress Reporting Deadlines for Year 4

Period covering:	Reports due to HRA by:
April 1 st – April 30 th	Thursday, May 10 th , 2018
May 1 st – May 31 st	Friday, June 8 th , 2018
June 1 st – June 30 th	Tuesday, July 10 th , 2018
July 1 st – July 31 st	Friday, August 10 th , 2018
August 1 st – August 31 st	Monday, September 10 th , 2018
September 1 st – September 30 th	Wednesday, October 10 th , 2018
October 1 st – October 31 st	Friday, November 9 th , 2018
November 1 st – November 30 th	Monday, December 10 th , 2018
December 1 st – December 31 st	Thursday, January 10 th , 2019
January 1 st – January 31 st	Friday, February 8 th , 2019
February 1 st – February 28 th	Friday, March 8 th , 2019
March 1 st – March 31 st	Wednesday, April 10 th , 2019

Please submit the following to diopa@dss.nyc.gov with a CC to pereyral@dss.nyc.gov:

- FE-ABD Expenditure Report with accompanying IntraCity invoice
- FE-ABD Monthly Staff Hours (with staff hourly pay rate)
- FE-ABD Monthly Progress Report
- Site List

If there is no expenditure or progress to report for a particular period, please send an email stating so by the deadline outlined above.

HRA OCHIA will submit the compiled reports to PHS by the 15th of each month.

Exhibit 3

Exhibit 3 - FE ABD Program

DFTA Quarterly Reporting Deadlines for YR 4 2018-2019

DFTA Senior Centers Service Period:	DFTA Invoice to HRA due by:
April, May, June	Tuesday, July 10 th , 2018
July, August, September	Wednesday, October 10 th , 2018
October, November, December	Thursday, January 10 th , 2019
January, February, March	Wednesday, April 10 th , 2019

Please submit "FE ABD Expenditure Report" with accompanying IntraCity invoice to diopa@dss.nyc.gov with a CC to pereyral@dss.nyc.gov expensing for active sites during the service period.

HRA OCHIA will submit the compiled reports to PHS by the 15th of each month.