Chapter 2

Counselor Skills/Qualifications

Scope of chapter.   This chapter sets forth the qualifications, skills, and abilities required for staff and volunteers working as Benefits Counselors I. The Benefits Counseling program, known as the Health Information Counseling and Advocacy Program (HICAP), is established as a basic program of the Area Agencies on Aging pursuant to funding received from the Texas Health and Human Services Commission. HICAP is funded by a State Health Insurance Assistance Program (SHIP) grant from the Administration for Community Living (ACL). In Texas, in addition to SHIP activities, the HICAP program carries out activities under the Medicare Improvements for Patients & Providers Act (MIPPA), and activities under Title III-B (Legal Assistance) of the Older Americans Act.

Chapter questions and answers. There are questions after some of the paragraph sections. An answer key is at the end of the chapter.

Overview of paragraphs.

- Paragraph 1 identifies the source of Medicare law regarding HICAP.
- Paragraph 2 identifies the allowable activities as defined by ACL for the SHIP (HICAP).
- Paragraph 3 discusses SHIP topics, MIPPA topics, and Legal Assistance topics.
- Paragraph 4 discusses Benefits Counselor Certification.
- Paragraph 5 relates to Service Definitions for Area Agencies on Aging.
- Paragraph 6 describes the SHIP Volunteer Risk and Program Management Policy Implementation Manual.
- Paragraph 7 discusses HICAP training topics.
- Paragraph 8 describes Chapters 3 through 7 of the HICAP Benefits Counseling Manual.
- Paragraph 9 discusses Other Training Requirements.
- Paragraph 10 discusses Outreach Activities.
- Paragraph 11 discusses Monitoring.
- Paragraph 12 addresses Quality Assurance.
- Paragraph 13 discusses Training to Serve Beneficiaries with Mental Illness.

- Paragraph 14 discusses the Customer Satisfaction Survey
- Paragraph 15 discusses Safeguarding of Personal Information of Clients.
- Paragraph 16 discusses availability of Texas Legal Services Center.

- Attachments -- <u>Appendices</u>

  - A – STARS Job Aid

  - B – Certification Forms

  - C – Service Definitions for Area Agencies on Aging

  - D – SHIP Volunteer Risk and Program Manual

  - E – Home Visit Considerations

  - F – Client Intake and Service Request Form

  - G – Client Rights and Responsibilities

  - H – Area Agency on Aging Client Information Release

  - I – Medical Abbreviations – Most Frequently Used

  - J – A-Z Medical Abbreviations – More Detailed List

  - K – Customer Satisfaction Survey

  - L – Chapter 2 Questions and Answers

1. <u>Source of Medicare Law for the SHIP (HICAP)</u>

    The Medicare law at 42 United States Code § 1395b-4 provides in part:

    > Health insurance information, counseling, and assistance grants

(a) Grants. The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall make grants to States, with approved State regulatory programs under section 1882 of the Social Security Act [*42 USCS § 1395ss*], that submit applications to the Secretary that meet the requirements of this section for the purpose of providing information, counseling, and assistance relating to the procurement of adequate and appropriate health insurance coverage to individuals who are eligible to receive benefits under title XVIII of the Social Security Act [*42 USCS §§ 1395* et seq.] (in this section referred to as "eligible individuals"). The Secretary shall prescribe regulations to establish a minimum level of funding for a grant issued under this section.

Thus, the individuals to be served by the SHIP are "individuals who are eligible to receive benefits under title XVIII of the Social Security Act" – which is to say, individuals eligible to receive Medicare benefits.

Question: (True or False): To receive SHIP services, an individual must be eligible to receive Medicare. _____ True _____ False

It should be noted that "an individual eligible to receive Medicare" includes persons on Medicare regardless of age. Certain individuals, such as those who have received 24 months of Social Security Disability Insurance Benefits (SSDI), those who have end-stage renal disease, and those who have Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's disease) and are receiving disability benefits from Social Security or the Railroad Retirement Board, can receive Medicare, even though they may be many years younger than age 65. Such individuals can be served by the Benefits Counseling program.

Question: (True or False): To receive Medicare, one must be at least 65 years of age; there is no basis on which a younger person can receive Medicare. _____True _____False

2.   Allowable SHIP Activities

Allowable SHIP activities include outreach, counseling and training regarding Medicare Part D (including Eligibility/Screening, Plan Comparison, Enrollment, Disenrollment, Plan Non-renewal, Low Income Subsidy/Extra Help Application Assistance); Medicare Parts A & B (including Application Assistance); Medicare Advantage (including Eligibility/Screening, Plan Comparison, Enrollment, Disenrollment); Medicare Appeals (non-court level); Medicare Supplement/Select (including Plan Non-Renewal, Eligibility/Screening, Plan Comparison); Medicaid (including Plan Non-renewal, Medicare Savings Program Screening, Medicare Savings Program Application, and Medicaid Screening). Outreach and enrollment services regarding the Low-Income Subsidy (LIS)/Extra Help and regarding the Medicare Savings Program can also be provided with funding under the Medicare Improvements for Patients and Providers Act (MIPPA), and thus they are not exclusively available as SHIP services. MIPPA services also include Outreach and Enrollment services regarding Medicare Preventive services. MIPPA services also include Medicaid Application Assistance, Medicaid Benefit Explanation, Medicaid Buy-in Coordination, Medicaid Eligibility/Screening, and Medicaid Application Submission. MIPPA services also include Medicare Savings Program Application Assistance and Recertification Assistance. MIPPA services include, in regard to LIS/Extra Help, the following: Application Assistance, Application Submission, Benefits Explanation, Eligibility/Screening, and Limited Income Newly Eligible Transition Program (LI NET); and the Best Available Evidence (BAE) policy of the Centers for Medicare and Medicaid (under which Part D sponsors must provide access to Part D drugs at the correct LIS cost-sharing level when presented with evidence of LIS eligibility, even if the sponsor's systems and CMS' systems do not yet reflect that eligibility).   Services regarding public benefits that are not listed as SHIP services are considered Legal Assistance under Title III B of the Older Americans Act; they cannot be provided as SHIP services. Other Legal Assistance (which thus are not allowable SHIP services) are services regarding Advance Directives, Defense of Guardianship, Housing, Foreclosure/Eviction, Long-term Care, Economic Security, Medicare Appeals, and Medicaid Appeals.

Question (True or False): Medicare Part D Plan Comparison is an allowable SHIP activity.

_____ True _____ False

Question (True or False): Defense of Guardianship is an allowable SHIP activity.

_____ True _____ False

3.   SHIP Topics, MIPPA Topics, and Legal Assistance Topics

SHIP topics are defined at pages 20 – 29 of the STARS Job Aid, which can be found at https://www.shiptacenter.org/application/files/9115/3909/9424/STARS_Beneficiary_Contact_Job_Aid_10.1.18.pdf. The STARS Job Aid is also Appendix A. MIPPA Topics are listed on page 15 of STARS Job Aid (Appendix A).

4.   Benefits Counselor Certification.
        a. Overview of Benefits Counselor I certification.

The Texas HICAP program from its inception required the certification of Benefits Counselors. To gain certification as Benefits Counselor I, individuals are required to participate in training, work under supervision, and to pass a test. Benefits Counselor Level I (SHIP Benefits Counseling) requires 25 hours of training, 20 hours of client counseling services under supervision, and passing a 100-question written test with a score of 70% or better. The Director of the Area Agency on Aging requests the Benefits Counselor I test from Texas Legal Services Center and proctors it. Texas Legal Services Center scores it. The Benefits Counselor must be supervised in Benefits Counseling by the Area Agency on Aging. Benefits Counselors report into the State Unit on Aging Programs Uniform Reporting System (SPURS) for Services. Thereafter, an Application Programming Interface (API) exports the information from SPURS to the SHIP Tracking and Reporting System (STARS).
b. Forms and Test for certification.
The forms for certification are in Appendix B. They are: Application for Certification; Verification of Certification; and Confidentiality Agreement for Receipt of CMS Unique ID. Once the Benefits Counselor I candidate has the necessary hours of training and supervised counseling, the Director can request that Texas Legal Services Center send a test for the

Benefits Counselor I candidate to take under proctoring. The candidate can complete the test open book over the course of one 8-hour day. "Open book" means having access to materials already studied. "Open book" does not mean accessing the Internet during the taking of the test or receiving help with substance of a question or answer from anyone other individual (reasonable accommodation upon request for reading or writing may occur). Once the test is completed, it is sent to Texas Legal Services Center for scoring. The minimum passing score on the Benefits Counselor I test is 70%.

c. <u>After the Test is passed</u>.

Texas Legal Services Center receives the test back and it is scored. If the score is passing (70% or better), the Director can send the forms in Appendix B to Texas Legal Services Center. If the application is for certification as a Benefits Counselor I, the forms should indicate that the required hours of supervised counseling are completed, and the required hours training are completed. Once the forms in Appendix B are received by Texas Legal Services Center and, assuming the test was passed, a certificate and badge are prepared for signature by the Texas Health and Human Services Commission. Once Texas Legal Services Center receives the signed certificate and badge from the Texas Health and Human Services Commission, the signed certificate and badge are sent to the Benefits Counselor's Director.

d. <u>If the Benefits Counselor is a volunteer who is employed by a service provider.</u>

If the Benefits Counselor is a volunteer employed by a service provider, the Benefits Counselor must sign a statement as follows: "I agree that the interest of my client is primary. If there are interests of my employer that conflict with that of my client, I will inform my client of the nature of the conflict and I will offer my client a referral to another resource for Benefits Counseling."

e. <u>If the Benefits Counselor has relocated to a Texas Area Agency on Aging from elsewhere</u>.

On occasion, an individual who has been certified as a Benefits Counselor by a SHIP in a different state relocates to Texas and works or volunteers for a Texas Area Agency on Aging. If the SHIP training and supervision in the other state was as extensive as that in Texas and if the individual takes and passes the 100-question test used in the Texas HICAP program, the individual can be certified as a Benefits Counselor in Texas. The forms in Appendix B must be submitted to complete the certification of such an individual.

f. Additional HICAP training can lead to additional certifications.

Additional certifications available to those who are Benefits Counselors I are:

i. Benefits Counselor Level II is based on a day of training on legal research, the appeals process and document preparation, in conjunction with a mock hearing during which the Benefits Counselor represents a mock client (who is usually a different Benefits Counselor). In the mock hearings, the roles of witness and advocate are usually played by Benefits Counselors, switching from one role to the other between iterations of the mock hearing.

ii. Long-Term Care Planning Certification requires that a Benefits Counselor be certified as a Level I or Level II counselor, and then participate in a minimum of one and a half days of training ending with a written examination that must be passed with a score of 70% or better.

iii. Advance Directive Preparer certification requires that a Benefits Counselor be certified as either a Level I or Level II Benefits Counselor, participate in a day of training, and pass a written test with a score of 70% or better.

g. With approval, trainings can be by webinar.

When approved by the Texas Health and Human Services Commission, any HICAP training offered by Texas Legal Services Center can be accomplished by webinar. The mock hearing for Benefits Counselor II certification, which includes the actual administrative law hearings surrounding benefits, is normally conducted by distance means (video or telephone).

Question: What one statement is true regarding Benefits Counselor I Certification? (Circle the correct answer).

A.   It requires 70 hours of training.
B.   It requires 70 hours of supervised counseling.
C.   It requires 25 hours of training.
D.   It requires passing a test of no more than 20 questions.

h. The Area Agency on Aging is required to give notice of termination.

It is the responsibility of the AAA to give notice of the termination of any counselors. Benefits Counselors are required to maintain certification. To maintain certification as a Benefits Counselor I, Benefits Counselors must attend at minimum 12 hours of training during each two-year period. AAAs should encourage both staff and volunteer Benefits Counselors to improve their skills. Recertification for Level I does not require taking another test but it does require the minimum of 12 additional hours of training during each two-year recertification period. To maintain certification (once achieved) for Benefits Counselor II, or Long-Term Care Planning, or Advance Directives Preparer, the Benefits Counselor must maintain certification as a Benefits Counselor I

Question: To maintain certification what is the minimum number of additional hours of training required during each two-year certification period? (Circle the correct answer)

<div align="center">

24   36   12   48

</div>

5.   Service Definitions for Area Agencies on Aging

Service Definitions for Area Agencies on Aging are Appendix C. They discuss SHIP on pages 14 – 15.

6.   <u>SHIP Volunteer Risk and Program Management Policy Implementation Manual</u>

Volunteers are very important to the HICAP program, be it for SHIP services, MIPPA services, Legal Assistance, or all three. Appendix D is the SHIP Volunteer Risk and Program Management Policy Implementation Manual. Volunteers who go through the same certification steps as staff can be certified for any of the HICAP certifications.

7.   HICAP (SHIP) Training Topics

Areas of knowledge necessary to the work of Benefits Counselors I are covered in Chapters 4 through 7 of the HICAP manual. Chapters 4 through 7 focus on SHIP topics. Because adults learn differently, and individuals have varying experience, it is important to note that the HICAP manual is but one source for training. The CMS Medicare Learning Network is another source of training, as is the SHIP TA Center. Each AAA has access to training suites which include modules with PowerPoint presentations, exercises, games, tutorials and DVDs to use in training and presenting to beneficiaries. The Medicare program also produces numerous publications on Medicare Parts A, B, C, D, and related topics. For actual case handling, the Medicare program maintains unparalleled substantive manuals and claims processing manuals, now online, that very often answer even the most detailed questions encountered in serving a Medicare beneficiary.

Question: (True or False) In regard to orientation and training for new counseling staff, the Medicare program itself has various training materials. _____True _____False

8.   Description of Chapters 3 through 7 of the HICAP Benefits Counselor Manual.

Following is a description of Chapters 3 through 7 of the HICAP Benefits Counselor Manual. Description of private insurance and public health programs are covered in Chapters 3, 4, 5, 6, ands 7 the Manual. These chapters are aimed at building a counselor's skills and subject knowledge regarding Medicare.

1)   Chapter 3 provides a Benefits Counselor tools to gather the information that will be essential to helping a client obtain services they need. Intake forms and sample narratives help counselors who may not have experience in interviewing. This chapter also sets expectations for how to report the activities performed.

2)   Chapter 4 addresses Medicare as a federal health program. It covers the health benefits available under Medicare Part A, Part B, and Part D known as the Medicare Prescription Drug Program. It also explains receiving benefits from the traditional Medicare health plan versus Medicare Advantage, Part C, private health plan options. It includes information on eligibility and enrollment.

3)   Chapter 5 introduces the fact that there are out of pocket costs associated with Medicare and identifies other insurance options to supplement Medicare. The chapter covers group insurance and Medicare Supplement policies. Also covered are rights and protections when someone loses health coverage through no fault of their own.

4)   Chapter 6 presents information about the public government health programs available to help pay Medicare costs for persons with limited income and resources. This chapter explains Medicaid, the Medicare Savings Programs and the Low-Income Subsidy for Medicare Part D.

5)   Chapter 7 explains fraud and abuse in the Medicare program and other insurance fraud that falls under the authority of the Texas Department of Insurance.

9.   Other training requirements. Benefits Counselors I are required to be proficient in problem solving beyond having a basic understanding of private and public programs. The expansion of Medicare health plans and the prescription drug plans, require specialized training to understand rules unique to each type of plan. Additionally, some problems presented by clients, may require special case work. An example of this includes using online Medicare plan comparison tools (including the plan finder) and reviewing a client's complaint to determine if there is a marketing violation or a right to a special enrollment. The Benefits Counselor I training of the Texas HICAP program includes a demonstration of the plan finder. As noted, CMS and the SHIP TA Center offer additional training.

Question (True or False): Benefits Counselors I are required to be proficient in problem solving.

_____ True _____ False

10. Outreach Activities

    a.   Local Benefits Counseling programs are encouraged to maintain an overall awareness of, and work with, other existing service agencies. These include agencies such as health departments, clinics, and organizations seeking to help beneficiaries access Medicare. Benefits Counseling programs should maintain a referral process to appropriate programs and offices. Partnering with mental health and disability services providers can be especially useful to many beneficiaries.

    b.   In a screening process, there are additional resources and agencies that benefits counselors may utilize to assist individuals in exploring eligibility for benefits. One thorough screening tool can be found by visiting Medicare.gov.

    c.   Counseling programs are encouraged to assure that adequate services are available to clients in the entire AAA service area. Providing training to other aging and health providers helps to maximize the resources of local programs.

    d.   Local Benefits Counseling programs should take advantage of resource materials and consumer publications aimed to inform and educate individuals about the benefits to which they are entitled. Benefits Counseling programs have access to ordering bulk brochures from CMS.

    e.   Home visits to beneficiaries who are not able to leave their homes are an important outreach tool in some instances. A list of considerations regarding home visit issues is at Appendix E.

    Question: In how much of an AAA's service area are adequate counseling programs encouraged to be available? (Circle the correct percentage)

            50%   75%   100%   90%

11. Monitoring. The Benefits Counseling program as a program of the AAA is subject to monitoring by HHSC. It is subject to ACL review, and performance reporting through the

SHIP Tracking and Reporting System (STARS), as well as quality assurance activities meant to evaluate the program.

12.   Quality Assurance for SHIPs.   Quality assurance activities are becoming of increasing importance in the SHIP program. Although states' Benefits Counseling programs are structured differently throughout the country and in U.S. territories, there are core SHIP services. For instance, all SHIP programs provide timely and accurate information. Additionally, programs must demonstrate a capacity to provide services to the areas they serve.

13.   Training to serve Beneficiaries with Mental Illness.   CMS provides training modules to promote outreach and assistance to beneficiaries with mental health conditions. The Medicare Learning Network has a module on mental services that are covered by Medicare.

14.   Customer Satisfaction Survey.   ACL has requested that SHIPs administer a phone bank survey designed to gather input from individuals who receive recent SHIP Medicare counseling Individuals who receive counseling during a set survey administration period should be informed that they may receive a call regarding the counseling services they received.   The purpose of the survey is to measure satisfaction with SHIP Medicare counseling services, to assess how customers value the services and information they receive, to identify opportunities for continuous improvement, and to comply with regulatory requirements regarding data collection and continuous improvement.

Question: What one answer describes a purpose of the "customer satisfaction survey" in the State Health Insurance Assistance Program (SHIP)? (Circle the letter of the correct answer).

A.   The customer satisfaction survey is meant to test a Benefits Counselors' familiarity with terms such as "SHIP" and "Benefits Counseling."

B.   The customer satisfaction survey is meant to measure satisfaction with SHIP Medicare counseling services.

C.   The customer satisfaction survey is meant to determine the favorite eateries of counselees.

D.   The customer satisfaction survey is meant to figure out what durable medical equipment is preferred by nursing homes.

15.   <u>Safeguarding of Personal Information of Clients.</u> HHSC and ACL mandate that Benefits Counseling programs safeguard personal client information and disclose, per federal and state rules, privacy measures to their clients. The following forms are samples of documents aimed at documenting compliance.

i.   Client intake form used to gather personal information needed to screen the applicant for services requested and other programs. See Appendix F - Client Intake and Service Request Form.

ii.   Client Agreement forms are used during intake and aimed at explaining Benefits Counseling services and use of personal information. See Appendix G – Client Rights and Responsibilities Form.

iii.   HIPAA compliant release form necessary to obtain information from Medicare contractors and Medicare health and prescription plans. See Appendix H– Area Agency on Aging Client Information Release form.

16.   <u>Availability of Texas Legal Services Center</u>.

Staff of Texas Legal Services Center are available to answer any questions about the HICAP Benefits Counselor certification process and to answer requests for training. Such questions and requests can be answered through 512-477-6000. Texas Legal Services Center provides legal assistance to Medicare Beneficiaries through the Legal Hotline for Texans. The number for client service from the Legal Hotline for Texans is 1-800-622-2520.

Appendix A

STARS Job Aid

Beneficiary Contacts

When viewing this job aid electronically, click within the Contents to advance to desired page.

Introduction

The SHIP Tracking and Reporting System (STARS) is the nationwide, web-based data system that facilitates reporting of SHIP activities. STARS allows all SHIP team members to enter SHIP activities into STARS. This job aid provides step-by-step instructions for entering beneficiary

contacts into STARS. It is meant to be used in conjunction with the STARS User Basics job aid, which explains how to log in, retrieve passwords, and more.

The beneficiary contact form is the most complex form in STARS, and it involves the largest amount of detailed guidance from the Administration for Community Living (ACL). See Appendix C for comprehensive definitions of terms and reporting guidance.

STARS Landing Page: https://stars.acl.gov

We recommend you bookmark the STARS landing page for your convenience. You must have user credentials to successfully log into STARS.
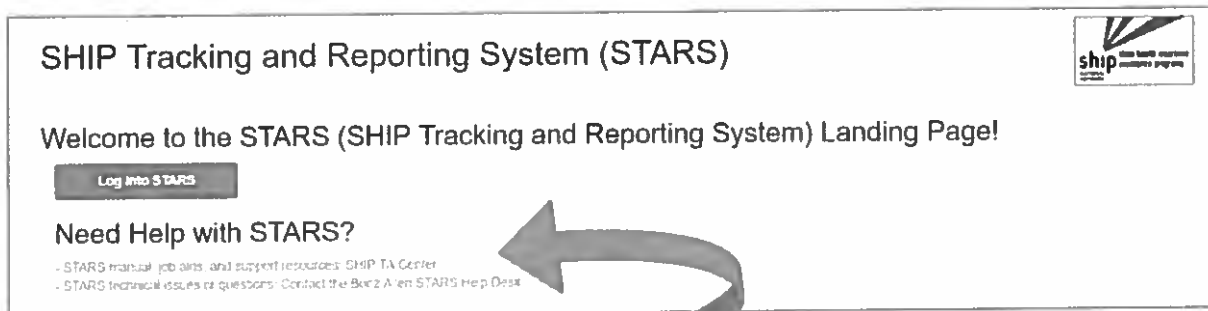
Find Other Training Materials

The STARS home page contains links to all available STARS job aids, recorded webinars, and, when it's available, the STARS manual, which will contain detailed program guidance from ACL (like the SHIP NPR manual).

Data Entry Steps

When entering data in STARS, you should move through the form by using the Tab key on your keyboard or by clicking through the fields using your mouse. If you press the Enter key, STARS will think you are trying to Save and will notify you of the yet-to-be completed fields. Also, STARS identifies fields where an entry is required (R) with a small red R. ⓡ

Tracking Inbox

Upon login, look for Tracking Inbox in the main menu. All data entry actions are contained within the Tracking Inbox.

1. Select Beneficiary Contact.

2. The term "NEW" will appear. Click on "NEW."
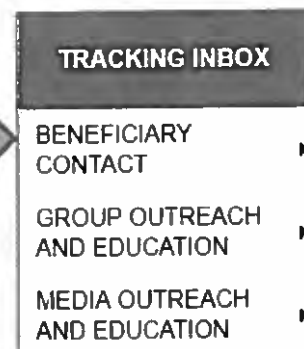
MIPPA and SMP

The first decision you must make is whether this contact is also related to your MIPPA work (if you are involved with the MIPPA program) and/or your SMP work (if you are involved with the SMP program). By default, STARS marks "No" for each of these choices. Click "Yes" if appropriate. Otherwise, do nothing.

MIPPA	○ Yes ◉ No ®
Send to SMP	○ Yes ◉ No

⭐ MIPPA Note:

STARS is also the MIPPA data reporting system. If you work with the MIPPA (Medicare Improvements for Patients and Providers Act) program, MIPPA qualifying *Topics Discussed* are listed in Appendix C.

SIRS Note:

SIRS is the data system used by Senior Medicare Patrol (SMP) programs. SIRS and STARS are connected. If you are a SIRS user, you will now enter data in STARS and then send it to SIRS, with the exception of complex interactions. Beneficiary contacts that become complex interactions are finalized in SIRS. If you work with the SMP program, see the STARS to SIRS tip sheet on the STARS Resources page or in the SMP Resource Library for more details.

STARS ⟩ SIRS

⭐ **Send to SMP:** When generating a new form, STARS will autofill the SIRS eFile ID of the logged in user, if applicable. Below is an example with an auto-filled SIRS eFile ID. If you are entering forms on behalf of another SMP team member, you should enter that person's valid SIRS eFile ID in this box to send the form to SIRS.

Send to SMP	• Yes No
SIRS eFile ID	1671

(!) Important:

- For the Beneficiary Contact Form, at least one SMP qualifying *Topics Discussed* must also be selected. SMP qualifying *Topics Discussed* are listed in Appendix C.
- If saved data must be corrected or updated later, it must be edited in <u>both</u> systems (unless edits are related strictly to finalizing a complex interaction, in which case you only need to edit in SIRS). STARS beneficiary contact form *updates* do not transfer from STARS to SIRS; only the *initial* saved record transfers.

Reference Number

STARS will assign a *STARS reference Number* and, if appropriate, a *SIRS Reference Number* <u>after you have saved</u> the beneficiary contact form. At this stage of data entry, these fields will be blank. Later, the

SIRS Reference Number
SHIP Reference Number

SHIP Reference Number will also be known as the SHIP Case Number on the Tracking Inbox.

Session Conducted By and Partner Organization Affiliation

Session Conducted By defaults to you. If you are entering a beneficiary contact made by another STARS team member, use the drop down list to select the appropriate team member.

Session Conducted By	SHIP QATestPaulson ▾ ⓡ

- Note: The saved form populates the tracking Inbox of the person listed for *Session Conducted By* and the person who conducted the data entry.

Partner Organization Affiliation (not pictured) will automatically appear based upon the associated team member profile.

Session Location Zip Code and County

There are three required fields dedicated to session location. These fields are used to capture the location where the counselor was located when the session was conducted. (The beneficiary's location is captured later in the form.)

When you enter a *Zip Code of Session Location*, the *County of Session Location* auto-populates. The *State of Session Location* auto-populates also. In the example below, 22193 was entered as the zip code for a sample user in the state of Virginia. That zip code correlates to Prince William County.

Zip Code of Session Location	22193	ⓡ
State of Session Location	Virginia	ⓡ
County of Session Location	Prince William - VA	ⓡ

Beneficiary Information

None of the beneficiary and representative contact information is required in STARS. Check with your supervisor about state and local SHIP program requirements for these fields.

Beneficiary First Name	
Beneficiary Last Name	
Beneficiary Phone Number	
Beneficiary Email	
Representative First Name	
Representative Last Name	
Representative Phone Number	
Representative Email	

Beneficiary Zip Code and County

Though you have already completed the session location fields using the zip code, the beneficiary residence may be in a different zip code. Beneficiary location fields behave in exactly the same way as the session location fields described earlier.

State of Beneficiary Residence	Virginia	▼ Ⓡ
Zip Code of Beneficiary Residence		Ⓡ
County of Beneficiary Residence		▼ Ⓡ

Contact Date and Method

These fields are all required. See definitions of terms in <u>Appendix C</u>.

- A date selector is provided to assist in entering the *Date of Contact (R)*. It looks like a small calendar. If you choose this data entry method, make sure you have selected the proper year. You can also manually enter the date of contact; however, if you choose this method, months and days must be entered using 2-digits (i.e. 01 for January, and so on).

Date of Contact	03/29/2018 📅 (mm/dd/yyyy) Ⓡ	
How Did Beneficiary Learn About SHIP		▼ Ⓡ
Method of Contact		▼ Ⓡ

- *How Did Beneficiary Learn About SHIP (R)*. These drop down options are provided.

  CMS Outreach
  Congressional Office
  Friend or Relative
  Health/Drug Plan
  Partner Agency
  Previous Contact
  SHIP Mailings
  SHIP Media
  SHIP Presentation
  SHIP TA Center
  SSA
  State Medicaid Agency
  State SHIP Website
  1-800 Medicare
  Other
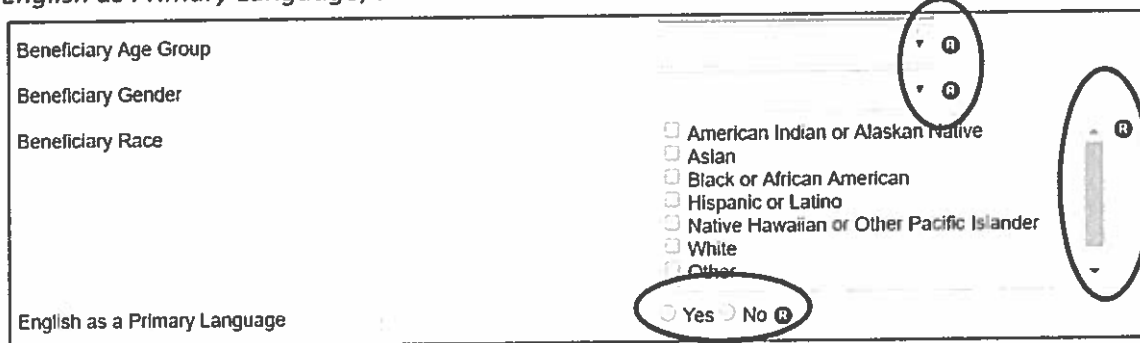 Not Collected

- *Method of Contact (R)*. These drop down options are provided.

  Email
  Face to Face at Beneficiary Home or Facility
  Face to Face at Counseling Location or Event Site
  Phone Call
  Postal Mail/Fax
  Web Based

Demographics

All of the demographic questions require an answer. Click the arrows to open drop down boxes for *Age Group* and *Gender*. Use the scroll bar to see all of the options for *Race*. For *English as Primary Language*, select Yes or No.
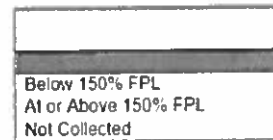
Financial Information

Answers to the financial information questions in STARS are all required. On-screen income guidelines are provided for FPL (federal poverty limit) and LIS (Low-Income Subsidy).

- *Beneficiary Monthly Income* drop down options:

- *Beneficiary Assets* drop down options:

- *Receiving or Applying for Social Security Disability or Medicare Disability.* (Not pictured.) Answer Yes or No. You should only select "Yes" if the b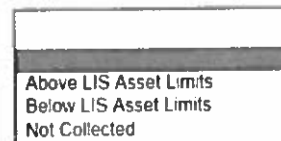eneficiary is under the age of 65 and also receiving or applying for Social Security Disability or Medicare Disability. Medicare beneficiaries with End-Stage Renal Disease count. If your answer is not consistent with the age of the beneficiary in this contact, a prompt will appear and you will need to correct your entry.

> Beneficiary Age Group must be 64 or younger to apply for this option

Topics Discussed

At least one topic must be chosen as the topic discussed. At least one answer must be selected from at least one of the drop down lists provided. For the list associated with each topic, use the scroll bar to see all options (circled in green on the next page). Topics and their list options are depicted on the next page; however, you must go to the STARS system to see the options in their entirety. To effectively use the "Send to SMP" functionality, at least one SMP-qualifying topic must be selected.

⭐⭐ For definitions of the *Topics Discussed* terms, including lists of SMP and MIPPA qualifying topics, see Appendix C.

- *Original Medicare (Parts A and B)*

  - Appeals/Grievances
  - Benefit Explanation
  - Claims/Billing
  - Coordination of Benefits
  - Eligibility
  - Enrollment/Disenrollment
  - Fraud and Abuse

- *Medigap and Medicare Select*

  - Benefit Explanation
  - Claims/Billing
  - Eligibility/Screening
  - Fraud and Abuse
  - Marketing/Sales Complaints & Issues

- *Medicare Advantage (MA and MAPD)*

  - Appeals/Grievances
  - Benefit Explanation
  - Claims/Billing
  - Disenrollment
  - Eligibility/Screening
  - Enrollment
  - Fraud and Abuse
  - Marketing/Sales Complaints & Issues

- *Medicare Part D; Part D Low Income Subsidy (LIS/Extra Help); Other Prescription Insurance Assistance; Medicaid; Other Insurance; Additional Topics:*

Medicare Part D	Appeals/Grievances Benefit Explanation Claims/Billing Disenrollment Eligibility/Screening Enrollment Fraud and Abuse Marketing/Sales Complaints & Issues
Part D Low Income Subsidy (LIS/Extra Help)	Appeals/Grievances Application Assistance Application Submission Benefit Explanation Claims/Billing Eligibility/Screening
Other Prescription Assistance	Manufacturer Programs Military Drug Benefits State Pharmaceutical Assistance Programs Union/Employer Plan Other
Medicaid	Application Submission Benefit Explanation Claims/Billing Eligibility/Screening Fraud and Abuse Medicaid Application Assistance Medicare Buy-in Coordination Medicaid Managed Care
Other Insurance	Active Employer Health Benefits COBRA Indian Health Services Long Term Care (LTC) Insurance LTC Partnership Other Health Insurance Retiree Employer Health Benefits Tricare For Life Health Benefits Tricare Health Benefits VA Veterans Health Benefits
Additional Topic Details	Ambulance Dental/Vision/Hearing DMEPOS Duals Demonstration Home Health Care Hospice Hospital New Medicare Card New to Medicare

Time Spent

Time spent can be entered in hours and/or minutes. Your entries in each field must be whole numbers. The time spent entered in the hours and minutes fields automatically calculates into total minutes in the required time spent field. In the example below, the beneficiary contact was 1 ½ hours, entered at 1 hour and 30 minutes in their respective fields. STARS calculated the time spent as 90 minutes. See Appendix C for definitions of Time Spent.
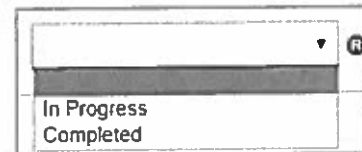
Time Spent in Hours	1
Time Spent in Minutes	30
Total Time Spent (minutes)	90 ⊘

⭐ **Note to users of STARS and SIRS (for SMPs):** Though STARS sends data to SIRS, the time spent cannot be divided between the SHIP and SMP content of the beneficiary contact. Enter the entire time spent in a given beneficiary contact into STARS. ACL accepts that the entire time spent on an interaction will be counted in both STARS and SIRS.

Status

Status is a required field. There are only two answer options – In Progress or Completed. This refers to whether your casework is in progress or completed, not your data entry.

▼ ⊘
In Progress
Completed

Special Use Fields

The Special Use Fields are not required in STARS. Only two are designated: *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost*. Talk with your supervisor about how the Special Use fields are being used in STARS for your SHIP program.

Special Use Fields	
Original PDP/MA-PD Cost	
New PDP/MA-PD Cost	
Field 3	
Field 4	
Field 5	

Notes and Uploaded Files

It is not required by STARS that you enter notes or upload files. Talk with your supervisor about whether and how the *Notes* and *Attach Files* fields are being used in your SHIP program. Uploading files into STARS works similarly to attaching a file to an email. Click *Browse* to select the file of choice from your computer. In the example below, a file has been uploaded in the first "Attach File" field. The path and file name appear in black.

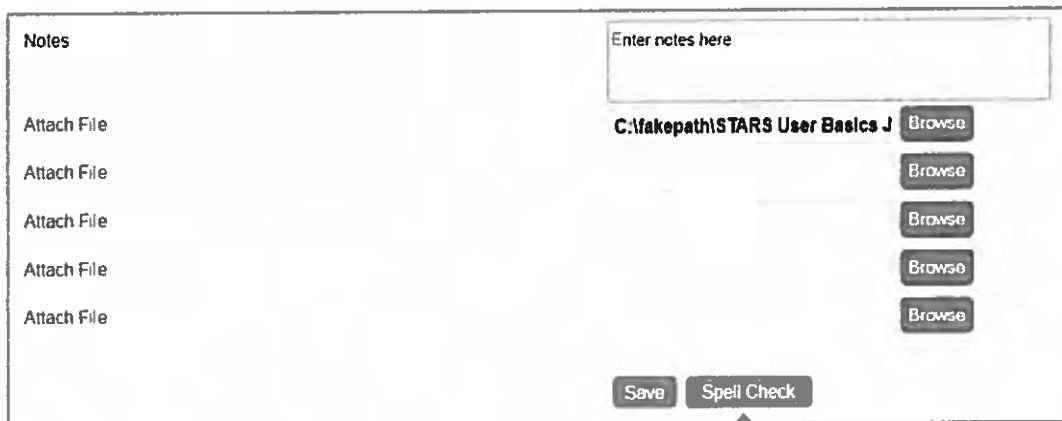| Notes	Enter notes here
Attach File	C:\fakepath\STARS User Basics J [Browse]
Attach File	[Browse]
Attach File	[Browse]
Attach File	[Browse]
Attach File	[Browse]
	[Save] [Spell Check]

STARS offers a Spell Check feature for use with the open-ended data fields. Click Spell Check and follow the on-line prompts. It works just like a typical spell checker in other software programs you are likely to be familiar with.

Save Your Work

When you press the blue Save button, either your beneficiary contact will be successfully saved, or you will be prompted to complete any required fields that you neglected.

[Save]

Required Fields Prompts: Here is a list of the prompts that will appear for the required fields, if you neglect to provide answers for any of them:

Tracking Inbox » New Beneficiary Contact »

- Zip Code of Session Location is business required
- County of Session Location is business required
- Zip Code of Beneficiary Residence is business required
- County of Beneficiary Residence is business required
- How Did Beneficiary Learn About SHIP is business required
- Method of Contact is business required
- Beneficiary Age Group is business required
- Beneficiary Gender is business required
- Beneficiary Race is business required
- English as a Primary Language is business required
- Beneficiary Monthly Income is business required
- Beneficiary Assets is business required
- Receiving or Applying for Social Security Disability or Medicare Disability is business required
- Total Time Spent (minutes) is business required
- Status is business required

Successful Save: A prompt indicating a successfully save contact <u>briefly</u> appears on your screen.

> Saving SHIP Beneficiary Contact...

Even if you were looking down or away when the above prompt briefly appeared, you can know that your contact successfully saved if you see your contact on the screen with an absence of business required prompts. Upon successful completion, STARS provides the option to **Print Full Data PDF**. This will appear in the upper right corner.

> 🖶 Printer Friendly Format
> Print Full Data PDF

Also, the *SHIP Beneficiary Additional Sessions* tab – a "child object" to the main *Beneficiary Contact* form – only appears after the record has been saved.

> HOME   TRACKING INBOX   SEARCH   REPORTI
> Tracking Inbox » Beneficiary Contact •
> Beneficiary Contact   SHIP Beneficiary Additional Sessions

- Click Tracking Inbox to see a list of your beneficiary contacts, including the one you just finished entering and also contacts entered by others with your name selected as *Session Conducted By*.
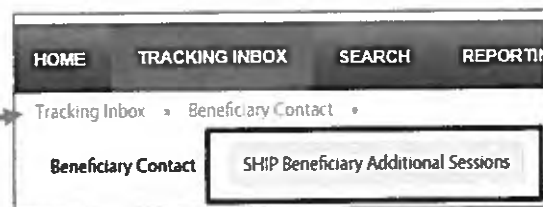
Beneficiary Additional Sessions (BAS)

You can enter additional contacts for the same beneficiary by finding that beneficiary in the tracking inbox (circled in green) and selecting the benefiary by clicking anywhere in their row. In this example, we will click Sample B.

Tracking Inbox »

| 📥 Beneficiary Contact | 📥 Group Outreach and Education | 📥 Media Outreach and Education |

➕New ⏮ ◀ Page 1 of 1 ▶ ⏭ Display 50 per page ⟳Refresh

Beneficiary First Name ▾	Beneficiary Last Name	Date of Contact	SHIP Case Number	Coun
SampleA	Beneficiary	03/29/2018	VA-18-84	Princ
SampleB	Beneficiary	03/27/2018	VA-18-85	Princ
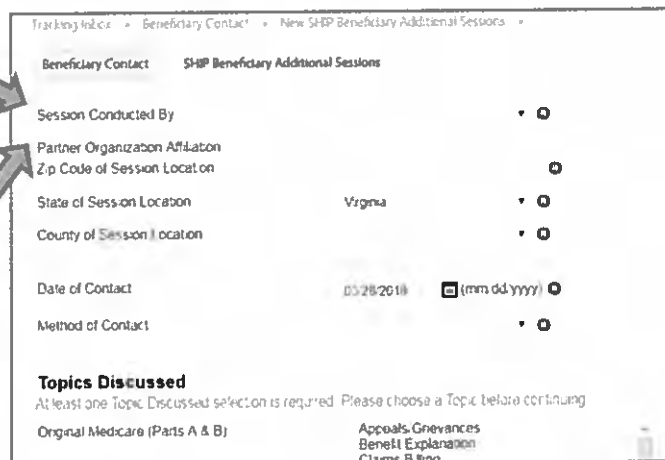
Their record will appear. Hover your mouse over the *SHIP Beneficiary Additional Sessions* tab (circled in green). You will see the option *New SHIP Beneficiary Additional Sessions*. Click on it.

Tracking Inbox • Beneficiary Contact

Beneficiary Contact   SHIP Beneficiary Additional Sessions

SHIP Beneficiary Additional Sessions

New SHIP Beneficiary Additional Sessions

A form auto-populated with the beneficiary's contact information will appear. Complete the beneficiary contact fields according to the steps provided earlier in this job aid.

Reminder: *Session Conducted By*: From the drop down list, select who the session was conducted by (you or another team member, if applicable).

Partner Organization Affiliation will auto-populate accordingly.

Tracking Inbox • Beneficiary Contact • New SHIP Beneficiary Additional Sessions •

Beneficiary Contact   SHIP Beneficiary Additional Sessions

Session Conducted By		• O
Partner Organization Affiliation		
Zip Code of Session Location		O
State of Session Location	Virginia	• O
County of Session Location		• O
Date of Contact	03/28/2018 ▣ (mm dd yyyy) O
Method of Contact		• O

Topics Discussed
At least one Topic Discussed selection is required. Please choose a Topic before continuing.
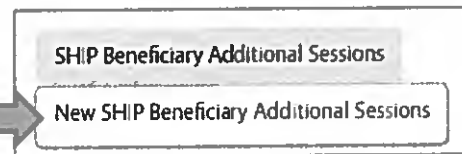
Original Medicare (Parts A & B)   Appeals/Grievances
Benefit Explanation
Claims Billing

Updating or Editing Previous Contacts

Beneficiary contacts can be updated and edited following the instructions provided in this job aid. All actions begin with the Tracking Inbox.

For guidance about when to edit a previous contact versus when to enter a SHIP Beneficiary Additional Session, refer to the guidance in Appendix C and also the STARS FAQs job aid on the STARS Resources page (under "Need Help With STARS?").

Log into STARS

Need Help with STARS?

- STARS manual job aids, and support resources. SHIP TA Center
- STARS technical issues or questions. Contact the Booz Allen STARS Help Desk

⭐ **Reminder to SIRS Users:** STARS beneficiary contact form *updates* do not transfer from STARS to SIRS; only the *initial* saved record transfers. If saved data must be corrected or updated later, it must be edited in both systems (unless edits are related strictly to finalizing a complex interaction, in which case you only need to edit in SIRS).

Appendix A: Technical Assistance

Where you should go for individual technical assistance will vary, depending upon your issue or need. Here is a decision-making guide.

- **Your SHIP program leaders:** Data reporting processes vary by SHIP. For questions about how STARS is being managed by the SHIP in your area, contact your supervisor or leadership for your SHIP program.

- **Booz Allen Hamilton (a.k.a. "Booz Allen"):** For technical assistance, such as for difficulties with usernames and passwords, contact the Booz Allen STARS help desk at boozallenstarshelpdesk@bah.com or 703-377-4424.

- **SHIP National Technical Assistance Center (SHIP TA Center):** The SHIP TA Center provides webinar training, technical assistance, and written job aids on STARS.

    - Links to SHIP TA Center and ACL STARS resources are available to all STARS users on the STARS landing page

    - For questions about these steps or other STARS support resources, contact the SHIP TA Center, stars@shiptacenter.org or 877-839-2675.

- **SIRS (SMP Information and Reporting System) Support:**

    - *Help using SIRS:* SMP National Resource Center; Sara Lauer, SMP Resource Center; SIRS@smpresource.org; 319-874-6859

    - *SIRS technical issues and password reset assistance:* Booz Allen Hamilton Help Desk; 703-377-4411 or BoozAllenSIRSHelpDesk@bah.com

- **Reminder: For online information about STARS:** Follow the links under "Need Help with STARS?" on the STARS landing page.
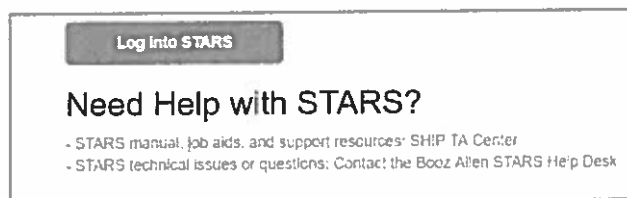

Log into STARS

Need Help with STARS?
- STARS manual, job aids, and support resources: SHIP TA Center
- STARS technical issues or questions: Contact the Booz Allen STARS Help Desk

Appendix B: User Roles At-a-Glance Reference

STARS User Roles Overview

Role Name	Enter own efforts & edit those forms	Edit forms about those entered by others	Enter forms about others' efforts and edit those forms	View forms and edit those entered by others	Edit forms entered by and about others	Enter & edit team members	View other team members	Use Search Tool	Generate Perf. Measures and Resource Reports	Unique IDs: create & manage/generate report	Unique IDs: view numbers	Delete data
STARS Submitter ***	yes	*yes	no	no	no	no	no	no	no	no	no	no
Team Member ***	yes	*yes	*yes	no	no	no	*yes	no	no	no	no	no
Site Staff	yes	*yes	*yes	*yes	no	*yes	*yes	*yes	no	no	*yes	no
Site Manager	yes	*yes	*yes	*yes	**yes	*yes	*yes	*yes	*yes	no	*yes	no
Sub-State Staff	yes	*yes	*yes	*yes	no	*yes	*yes	*yes	no	no	*yes	no
Sub-State Manager	yes	*yes	*yes	*yes	**yes	*yes	*yes	*yes	*yes	no	*yes	no
State Staff	yes	yes	yes	yes	**yes	yes	yes	yes	no	yes	yes	no
SHIP Assistant Director	yes	yes	yes	yes	**yes	yes	yes	yes	yes	yes	yes	yes
SHIP Director	yes	yes	yes	yes	**yes	yes	yes	yes	yes	yes	yes	yes

KEY:

* At *and below* their level on the hierarchy
** Roles *lower* than their own (*and* at and below their level on the hierarchy)
*** Can be aligned with *any* organization at *any* level of the hierarchy

Note: If there is no asterisk, then no other hierarchy-related conditions apply

Appendix C: Definitions from ACL
Beneficiary Contact Form (BCF) Definitions

⭐ MIPPA Qualifying Topics Discussed

The Medicare Improvements for Patients and Providers Act (MIPPA) Contact radio button defaults a 'no' response. Select the 'yes' radio button if the SHIP team member conducts MIPPA work and the beneficiary contact included one or more of the Topics Discussed listed in the table below:

Qualifying MIPPA Topics Discussed	
Part D Low Income Subsidy (LIS/Extra Help)	**Medicaid**
Application Assistance	Application Submission
Application Submission	Benefit Explanation
Benefit Explanation	Eligibility/Screening
Eligibility/Screening	Medicaid Application Assistance
	MSP Application Assistance
	Recertification

⭐ SMP Qualifying Topics Discussed

The *Send to SMP* radio button defaults a 'no' answer. To send a form to SMP database, known as the SMP Information and Reporting System (SIRS), requires the all following:
1. Select the 'yes' radio button associated with *Send to SMP*.
2. The SHIP properly trained and state certified SHIP Team Member listed in the *Session Conducted By* field is a trained SMP team member with a valid SIRS efile ID.
3. The valid SIRS efile ID appears in the corresponding text box. *Note: When conducting data entry on behalf of another team member, be sure to enter the other team members eFile ID and select their name in the Session Conducted By dropdown.*
4. The beneficiary contact form includes one or more of the **SMP Qualifying Topics Discussed** listed in the tables below:

Original Medicare (Parts A & B)	Medigap and Medicare Select	Medicare Advantage (MA and MA-PD)	Medicare Part D
Appeals/Grievances	Claims/Billing	Appeals/Grievances	Appeals/Grievances
Claims/Billing	Marketing/Sales Complaints	Claims/Billing	Claims/Billing
Enrollment/Disenrollment	Fraud and Abuse	Disenrollment	Disenrollment
Fraud and Abuse		Enrollment	Enrollment
QIO/Quality of Care		Fraud and Abuse	Fraud and Abuse
		Marketing/Sales Complaints	Marketing/Sales Complaints
		QIO/Quality of Care	

SMP Qualifying *Topics Discussed* are continued on the next page.

⭐ SMP Qualifying *Topics Discussed*, continued.

Medicare Low Income Subsidy (LIS/Extra Help)	Medicaid	Additional Topics Discussed	Additional Topics Discussed
Appeals/Grievances	Claims/Billing	Ambulance	Hospice
Claims/Billing	Fraud and Abuse	Dental/Vision/Hearing	Hospital
		DMEPOS	New Medicare Card
		Duals Demonstration	Preventive Benefits
		Home Health Care	Skilled Nursing Facility

Counseling Information

Field	Definition
Session Conducted By	Auto-populates with the name of the user logged into STARS. Use the dropdown arrow to select the appropriate team member when entering contacts on another's behalf.
Partner Organization Affiliation	Auto-populates after the form has been saved based on the *Organization Affiliation* assigned in the profile of the team member listed in the *Session Conducted By* dropdown box.
Zip Code of Session Location	Enter the five-digit zip code of the properly trained and state certified SHIP Team Member's physical location at the time the counseling session occurs. *NOTE: If the event location zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the event occurred, as a proxy entry, for the real zip code.*
State of Session Location	Auto-populates based on the state assigned in the profile of the team member listed in the *Session Conducted By* dropdown box.
County of Session Location	Auto-populates based on the *Zip Code of Session Location.*

Beneficiary Information

Field	Definition
Beneficiary First and Last Name	Enter as appropriate. If counseling more than one person per session (e.g. a couple or family members), be sure to complete a form for each individual for the same issue(s) or separate issues. *NOTE: The SHIP Beneficiary Satisfaction Survey project involves a contractor calling the SHIP service recipient to obtain feedback. A beneficiary name is needed for survey completion. Though this field is not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.*

Beneficiary Phone Number	Enter the phone number starting with the area code as appropriate. Enter numbers only as the field is automatically formatted. *NOTE: The SHIP Beneficiary Satisfaction Survey project involves a contractor calling the SHIP service recipient to obtain feedback. A beneficiary phone number is needed for survey completion. Though this field is not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.*
Beneficiary Email	Enter as appropriate.
Representative First and Last Name	Enter as appropriate the name of the individual helping (or representing) the beneficiary (e.g. spouse, relative, friend, staff/volunteer of another agency).
Representative Phone Number	Enter as appropriate the phone number of the individual helping (or representing) the beneficiary (e.g. spouse, relative, friend, staff/volunteer of another agency).
Representative Email	Enter as appropriate.
State of Beneficiary Residence	Auto-populates based on the team member listed in the *Session Conducted By* dropdown box. *NOTE: Be sure to select state from dropdown menu if the beneficiary or representative lives in different state than the state where the SHIP team member counsels.*
Zip Code of Beneficiary Residence	Enter the zip code where the beneficiary or their representative lives. *NOTE: If the beneficiary's specific zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the client resides, as a proxy entry, for the real zip code.*
County of Beneficiary Residence	Auto-populates based on the *Zip Code of Beneficiary Residence*. *NOTE: Zip codes may cross county lines and include more than one county, and therefore the default zip code which auto-populates may not be correct. Be sure to ask the beneficiary or their representative for their specific zip code.*

Contact Details

Field	Definition
Date of Contact	Enter the date of the counseling session in the MM/DD/YYYY format or click the calendar and use the date picker. *When to update a BCF: All contact and work by the same team member on behalf of a beneficiary or representative on one day must be reported on the same*

	form. To report additional time (e.g. another phone call, research time, etc.) for the same day, edit the existing form in STARS and save it. Do not submit multiple forms for the same team member on behalf of the same beneficiary or representative on one day. When to add a new BCF: If two or more team members work with the beneficiary or their representative on the same day, then each team member should submit a separate BCF.

How did Beneficiary Learn About SHIP

Field	Definition
CMS Outreach	Select this option if a CMS sponsored source such as a web site, publication, mailing, regional office, etc., provided the referral. Examples include, but not limited to, Medicare.gov, Medicare & You, and other CMS Publications. NOTE: **Do not** include 1-800-Medicare referrals. There is a separate listing for 1-800-Medicare near the bottom of the dropdown menu.
Congressional Office	Select this option if a Congressional Office representative provided the referral.
Friend or Relative	Select this option if a friend or relative provided the referral.
Health/Drug Plan	Select this option if a Medicare health or drug plan's representative, materials, website, or informational session provided the referral.
Partner Agency	Select this option if one of SHIP's partner agencies such as a disability organization, a senior organization, an advocacy organization, etc. provided the referral.
Previous Contact	Select this option if the beneficiary sought SHIP services in the past.
SHIP Mailings	Select this option if publicity that SHIP generated (distributed by mail, brochures left in community locations, or another agency (e.g., a SHIP brochure enclosed with a mailing from the Alzheimer's Association)) the referral.
SHIP Media	Select this option if a public service announcement (PSA), radio, newspaper, or other media SHIP conducted provided the referral.
SHIP Presentation	Select this option if the beneficiary learned about SHIP at a presentation or health fair sponsored by SHIP or another organization.
SHIP TA Center	Select this option if the SHIP Technical Assistance (TA) Center representative, website, or materials of the SHIP TA Center provided the referral.
SSA	Select this option if a Social Security Administration (SSA) representative, website, or materials provided the referral.
State Medicaid Agency	Select this option if a representative of the State Medicaid Agency (such as a casework, eligibility specialist, etc.) provided the referral.

State SHIP Website	Select this option if the website of the state SHIP or a local SHIP agency within the state provided the referral.
1-800-Medicare	Select this option if a representative of 1-800-Medicare provided the referral.
Other	Select this option *only* if the referral response cannot fit into one of the previous categories.
Not Collected	Select this option if the beneficiary refuses, is unsure, does not know, or if this question was not asked.

Method of Contact

Field	Definition
Email	Select this option if the contact occurs by email.
Face to Face at Beneficiary Home or Facility	Select this option if the contact occurs at the beneficiary's (or their representative's) home or facility.
Face to Face at Counseling Location or Event Site	Select this option if the contact occurs in a location other than the beneficiary's (or their representative's) home or facility.
Phone Call	Select this option if the contact occurs by phone.
Postal Mail/Fax	Select this option if the contact occurs by postal mail/fax.
Web Based	Select this option if the contact occurs by web including examples like Skype, web conference (ex. WebEx, ReadyTalk, GoTo Meeting), or other methods of web communication (ex. web chat).

Beneficiary Demographics

Select the appropriate demographic information as reported by the beneficiary (or representative). ACL requests these details to document service provision to all populations and to identify when services need to be adjusted. However, if the beneficiary refuses to answer or if the question was not asked, record a response of *Not Collected*.

English as a Primary Language	Select the "yes" radio button if the beneficiary or their representative's primary language is English. If English is not the primary language, select the "no" radio button.
Beneficiary Income	Select the appropriate income level above or below 150% of the Federal Poverty Level (FPL) of monthly household income. If the beneficiary refuses or if the question was not asked, record a response of Not Collected.

NOTE: 150% of FPL is the federal government income limit (maximum) for Extra Help eligibility |
| Beneficiary Assets | Select the appropriate asset level above or below LIS assets limits (maximum) for Extra Help eligibility. If the beneficiary refuses or if the question was not asked, record a response of *Not Collected*. |

Receiving or Applying for Social Security Disability or Medicare Disability	Select the "yes" radio button if the beneficiary is: 1. Under age 65 <u>and</u> 2. Applying for Medicare or Social Security benefits due to disability <u>or</u> 3. Receiving Medicare or Social Security benefits due to disability (including End-stage Renal Disease (ESRD), Amyotrophic Lateral Sclerosis (ALS), or other disability determination) *NOTE: STARS will not allow a 'yes' response if the beneficiary age range is something other than under age 65.*

Topics Discussed

Listed below are descriptions of most of the SHIP-related topics discussed during a counseling session. Team members should select the boxes for <u>all</u> topics that apply. If, for example, a team member discusses eligibility for Medicare Advantage and provides an explanation of benefits, then both boxes should be selected.

Original Medicare Parts A & B

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an Original Medicare appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Original Medicare coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with an Original Medicare claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Coordination of Benefits (COB)	Check this box to indicate assisting with an Original Medicare COB including primary and secondary payer rules, assisting with calling, gathering, or submitting documentation to the COB contractor, or sorting paperwork.
Eligibility	Check this box to indicate discussion of Original Medicare eligibility criteria including answering eligibility questions or screening for eligibility.
Enrollment/Disenrollment	Check this box to indicate assisting with Original Medicare enrollment or disenrollment. *NOTE: Enrollment may occur online, with a paper application, or other means such as help from Social Security representatives.*

| Fraud and Abuse | Check this box to indicate assisting with Original Medicare fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP). |
| QIO/Quality of Care | Check this box to indicate discussion of Original Medicare Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns). |

Medigap and Medicare Select

Field	Definition
Benefit Explanation	Check this box to indicate discussion of Medigap or Medicare Select supplemental coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with a Medigap or Medicare Select claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medigap or Medicare Select eligibility criteria including screening for eligibility and answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medigap or Medicare Select fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP, Insurance Department/Bureau).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Medigap or Medicare Select complaint. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. NOTE: Such complaints can be filed with the SMP or Insurance Department/Bureau with Medigap regulatory authority.
Plan Non-Renewal	Check this box to indicate assisting with Medigap or Medicare Select plan termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Medigap or Medicare Select plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.

Medicare Advantage (MA and MA-PD)

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an MA or MA-PD appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of MA or MA-PD coverage (what is pays for or does not pay for) such as coverage areas, networks, benefits, costs, etc.
Claims/Billing	Check this box to indicate assisting with an MA or MA-PD claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with MA or MA-PD disenrollment (e.g. enrolling in a different plan to replace the current MA/MA-PD). *NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).*
Eligibility/Screening	Check this box to indicate discussion of MA or MA-PD eligibility criteria including screening for eligibility or answering eligibility questions.
Enrollment	Check this box to indicate assisting with MA or MA-PD enrollment. *NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.*
Fraud and Abuse	Check this box to indicate assisting with MA or MA-PD fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a MA or MA-PD complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. *NOTE: Such complaints can be filed with the SMP, Insurance Department/Bureau with Medigap regulatory authority.*

Plan Non-Renewal	Check this box to indicate assisting with MA or MA-PD termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with MA or MA-PD plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.
QIO/Quality of Care	Check this box to indicate discussion of MA or MA-PD Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medicare Part D

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Part D coverage (what it pays for or does not pay for) such as coverage areas, formulary, quantity limits, and step therapy.
Claims/Billing	Check this box to indicate assisting with a Part D claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with Part D disenrollment (e.g. enrolling in a different plan to replace the current Part D plan). *NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).*

Eligibility/Screening	Check this box to indicate discussion of Part D eligibility criteria including screening for eligibility or answering eligibility questions.
Enrollment	Check this box to indicate assisting with Part D enrollment. *NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.*
Fraud and Abuse	Check this box to indicate assisting with Part D fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Part D complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc.
Plan Non-Renewal	Check this box to indicate assisting with Part D termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Part D plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.

Part D Low Income Subsidy (LIS/Extra Help)

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D LIS/Extra Help appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Application Assistance	Check this box to indicate Part D LIS/Extra Help application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Application Submission	Check this box to indicate submitting a Part D LIS/Extra Help application, either paper or electronically via SSA's website.
Benefit Explanation	Check this box to indicate discussion of Part D LIS/Extra Help program in making prescriptions more affordable, importance of the formulary, allowing a Continuous Special Enrollment Period (SEP), etc.
Claims/Billing	Check this box to indicate assisting with a Part D LIS/Extra Help claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.

Eligibility/Screening	Check this box to indicate discussion of Part D LIS/Extra Help eligibility criteria including screening for eligibility or answering eligibility questions.
LI NET/BAE	Check this box to indicate assisting with the Limited-income Newly Eligible Transition (LI NET) program or Best Available Evidence (BAE) policy. NOTE: Assistance could include but not limited to providing information to a pharmacy about LI NET or BAE for immediate, point-of-sale Part D coverage.

Other Prescription Assistance

Field	Definition
Manufacturer Programs	Check this box to indicate assisting with questions related to prescription drug assistance under manufacturer programs (e.g. Prescription Assistance Programs (PAPs)). This includes assistance with answering questions related to eligibility, screening and applying for benefits, claims/billing and appeals/grievances.
Military Drug Benefits	Check this box to indicate assisting with questions related to prescription drug coverage under military benefits (e.g. Tricare). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
State Pharmaceutical Assistance Programs	Check this box to indicate assisting with questions related to prescription drug coverage under State Pharmacy Assistance Programs (SPAPs). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Union/Employer Plan	Check this box to indicate assisting with questions related to prescription drug coverage under Union/Employer plans. This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Other	Check this box to indicate assisting with all other prescription assistance programs/plans (e.g. local sources of assistance such as American Red Cross, Salvation Army, churches, non-profit organizations that assist beneficiaries with obtaining medications related to specific diseases, such as cancer drugs).

Medicaid

Field	Definition
Application Submission	Check this box to indicate submitting a Medicaid and/or a Medicare Savings Program (MSP) application.
Benefit Explanation	Check this box to indicate discussion of Medicaid or Medicare Savings Program (MSP) coverage. This could include discussion of Medicare cost sharing, long term services and supports (LTSS), long-term care (LTC), etc.
Claims/Billing	Check this box to indicate assisting with a Medicaid or Medicare Savings Program (MSP) claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medicaid or Medicare Savings Program (MSP) eligibility criteria including screening for eligibility or answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medicaid or Medicare Savings Program (MSP) fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Medicaid Application Assistance	Check this box to indicate Medicaid application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Medicare Buy-in Coordination	Check this box to indicate helping a beneficiary with Medicare buy-in. This can include conditional Medicare enrollment, troubleshooting premium withholdings, or in any way to help coordinate benefits for the beneficiary.
Medicaid Managed Care	Check this box to indicate Medicaid Managed Care assistance. Examples include finding network providers, benefits explanation, discussing notices, reviewing enrollment options, etc.
MSP Application Assistance	Check this box to indicate Medicare Savings Programs (MSP) application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Recertification	Check this box to indicate Medicaid or Medicare Savings Program (MSP) assistance with or submission of verification documents required for recertification.
Other	Check this box to indicate assisting with Medicaid topics not listed above.

Other Insurance

Field	Definition
Active Employer Health Benefits	Check this box to indicate assistance with employer health benefits (insurance/coverage) based on current or active employment (e.g. questions about keeping employer coverage vs. joining Medicare, coordination of benefits, etc.).
COBRA	Check this box to indicate assistance with COBRA, which may include eligibility explanation/screening, benefit explanation, applying for benefits, claims/billing, appeals/grievances, fraud and abuse, and quality of care.
Indian Health Services	Check this box to indicate explaining Indian Health Service coverage, which may include eligibility explanation/screening, benefit explanation, claims/billing, appeals/grievances, fraud and abuse, quality of care, and coordination with Medicare.
Long Term Care (LTC) Insurance	Check this box to indicate explaining LTC insurance, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
LTC Partnership	Check this box to indicate explaining LTC insurance partnership policies, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
Other Health Insurance	Check this box to indicate explaining Other insurance not listed in this section. Topics may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
Retiree Employer Health Benefits	Check this box to indicate assistance with retiree health benefits (insurance/coverage) based on previous employment (e.g. coordination of benefits, comparing coverage with other Medicare products like Medicare Advantage, etc.).
Tricare For Life Health Benefits	Check this box to indicate explaining Tricare For Life Health Benefits for retired military enrolled in Medicare. Topics may include eligibility/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, and claims/billing.
Tricare Health Benefits	Check this box to indicate explaining Tricare Health Benefits not yet eligible for Medicare. Topics may include eligibility/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, and claims/billing.

VA/Veterans Health Benefits	Check this box to indicate explaining VA/Veterans Health Benefits. Topics may include eligibility/screening, benefit explanation, coordination of benefits, and claims/billing.
Other	Check this box to indicate assisting with insurance topics not listed above (e.g. workers compensation, Marketplace, auto insurance, etc. in coordination with Medicare).

Additional Topic Details

Field	Definition
Ambulance	Check this box to indicate assistance with Medicare coverage of ambulance benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Dental/Vision/Hearing	Check this box to indicate assistance with dental/vision/hearing benefits.
DMEPOS	Check this box to indicate assistance with Medicare coverage of Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) benefit. Topics may include eligibility/screening, benefit explanation, finding a provider, fraud and abuse, and appeals or claims/billing.
Duals Demonstration	Check this box to indicate the SHIP receives additional grant dollars to assist beneficiaries enrolled in both Medicare and Medicaid known as Duals Demonstrations Programs. NOTE: SHIPs participating in Duals Demonstration Grant Programs from CMS must use this topic to track and report for grant purposes.
Home Health Care	Check this box to indicate assistance with Medicare coverage of home health benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Hospice	Check this box to indicate assistance with Medicare coverage of hospice benefit. Topics may include eligibility/screening, benefit explanation, locating a provider, fraud and abuse, and appeals or claims/billing.
Hospital	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, observation vs. admittance, ratings comparisons, fraud and abuse, and appeals or claims/billing.
New Medicare Card	Check this box to indicate assistance with New Medicare Cards.
New to Medicare	Check this box to indicate assistance to a beneficiary just joining Medicare, known as New to Medicare.

Preventive Benefits	Check this box to indicate assistance with Medicare coverage of preventive benefits coverage. Topics may include eligibility/screening, benefit explanation, cost-sharing requirements, fraud and abuse, and appeals or claims/billing.
Skilled Nursing Facility	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Other	Check this box to indicate assistance with Medicare coverage not listed in other topics of this section.

Time Spent

The Time Spent per contact represents the total hours and minutes spent counseling the beneficiary or representative *plus* time spent working directly on their behalf for the contact. Examples of time spent working directly on behalf of the beneficiary or representative include time spent:

- Researching
- Referring
- Advocating (calling agencies on the beneficiary's behalf)
- Trying to reach the beneficiary/representative
- Waiting to meet with the beneficiary/representative
- Preparing materials to send to the beneficiary/representative
- Completing paperwork/forms to report the contact
  Travel time to beneficiary/representative

REPORTING TIME SPENT WHEN THERE ARE MULTIPLE SESSIONS ON <u>THE SAME DAY</u>

<u>If the same counselor conducts the sessions</u>: When multiple sessions with the same beneficiary or representative occur on the same day, compile all of the information into one Beneficiary Contact Form. Add all of the time spent that day and enter the total amount of time spent with that beneficiary or representative into the time spent field.

<u>If different counselors conduct the sessions</u>: When multiple sessions with the same beneficiary or representative occur on the same day with different counselors, each counselor enters a Beneficiary Contact Form for their *own* contact/s and enters their *own* time spent.

Appendix B

Certification Forms

Appendix B – Application for Certification

THE TEXAS HEALTH INFORMATION, COUNSELING AND ADVOCACY PROGRAM

APPLICATION FOR CERTIFICATION

NAME: _____

ADDRESS: _____

_____

_____

_____

PHONE NO.: _____

AREA AGENCY: _____

I request approval to become *certified re-certified* (circle one) as a <u>Benefits Counselor I, Benefits Counselor II</u> or Long Term Care Certification (circle one) for the Texas Health Information, Counseling and Advocacy Program (HICAP). I agree to abide by the rules, policies and procedures governing this program, including reporting requirements, as set forth by the Texas Health and Human Services Commission. I agree to accept supervision and direction from the area agency and its staff benefits counselor. I agree to perform my duties in a consistent and faithful manner and to maintain the need and rights of older people as a priority for my efforts.

I understand the need to maintain confidentiality of any and all personal information I receive in the course of my duties as benefits counselor.

I agree to notify the staff benefits counselor and area agency of any conflicts of interest that exist or may develop during the course of my duties.

I understand that I may be re-certified by showing evidence of my commitment to the required continued training and by mutual consent of the area agency. I further understand that this agreement may be terminated by either party by written notification.

_____   _____

DATE   **BENEFITS COUNSELOR APPLICANT SIGNATURE**

HICAP VERIFICATION OF CERTIFICATION

I. The Area Agency on Aging of _____ verifies the application of

_____ (*name of applicant*) **for:**

_____**Benefits Counselor not certified** _____(**check, if certification incomplete**)

_____**Benefits Counselor I** _____ (**check, if for re-certification**)

_____**Benefits Counselor II** _____ (**check, if for re-certification**)

_____**Long Term Care Planning Certification**

II. The area agency further verifies that the applicant has successfully completed and has adequate documentation, on the following:

_____**Certification pending**

_____ **25 hours required training, topics covered**

_____ **20 hours counseling, with oversight**

_____ **at least a minimum passing score on the self-assessment**

For Benefits Counselors II:

_____ **5 additional hours administrative appeals training, topics covered**

_____ **served as advocate in at least one mock or real administrative appeals hearing**

III. The applicant is seeking re-certification and has completed:

_____ **12 additional hours of training on public/private benefits and related legal issues**

IV. The applicant is (check one):

_____ **an employee of the area agency**

_____ **a volunteer of the area agency**

The area agency further verifies that the applicant does not present a conflict of interest with the HICAP program.

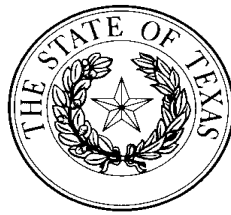_____   _____

DIRECTOR, AREA AGENCY ON AGING   DATE

Appendix C

Service Definitions for Area Agencies on Aging

Service Definitions
for
Area Agencies on Aging

Texas Health and Human Services Commission

Fiscal Year 2019

This document includes services which may be provided through an Area Agency on Aging (AAA). Because resources vary across the state, not every service will be available from every AAA in Texas.

TERMINOLOGY

Caregiver: *Refer to attached chart for eligibility requirements for caregivers. For NAPIS, any caregiver supplemental service requires unduplicated persons and units of service. Older relative caregivers is reported separately in NAPIS and also requires unduplicated persons and units of service*

Contract *A legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward (see Sub award).*

Contractor *An entity that receives a contract as defined in Contract.*

Delegated Purchase: *A non-competitive purchase of goods or services, also known as a "spot" purchase. A contract or purchase agreement is not required, but the AAA must comply with its organization's fiscal policy and procedures for delegated purchases.*

Direct Service: *A service funded by HHSC which is supported or provided by an AAA without an intervening agency, instrumentality or other influence.*

Estimated Audience: *Estimated number of eligible persons potentially reached through activities directed to audiences using mass media, such as publications, public service announcements, conducting media campaigns and caregiver symposiums.*

Estimated Persons Count: *Estimated number of eligible persons in an activity provided at a group event or other similar activity. Documentation supporting audience participation may include an activity log, sign-in sheet or event summary designed by the AAA. Documentation must include an agenda/title of event, date of event and brief description.*

Non-Direct Service: *A service funded by HHSC which is provided by a AAA through a subrecipient, purchased through a contractor, or delegated purchase.*

Recipient *An entity, usually but not limited to non-Federal entities, that receives a Federal award directly from a Federal awarding agency to carry out an activity under a Federal program. The term recipient does not include subrecipients.*

Reimbursement Methodology by AAA: *Description of the method of the AAA's reimbursement to subrecipients/contractors.*

Subaward *An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.*

Subrecipient *A non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.*

Unduplicated Persons Count: *An actual count of eligible individuals who are receiving or have received services. When initially served each new individual is counted one time, by service, in each fiscal year. A full client intake and other appropriate documents are required.*

Unit of Service: *Description of the quantity adopted as a standard of measurement; may include limitations or descriptors of the unit of service.*

SERVICES

AREA AGENCY ADMINISTRATION

Includes such responsibilities as being the focal point for aging services, providing advocacy and outreach for older individuals in their service area, developing and implementing an area plan based on the Older Americans Act (OAA), procurement of OAA services funded with federal and state funds, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

Unit of Service:	None.
Direct Service Waiver Required:	Waiver not available.

ALLOWABLE FUNDS: **Title III-B**
Title III-C1
Title III-C2
Title III-E
State General Revenue

CARE COORDINATION

Ongoing process to assess the needs of an older individual and effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified needs as mutually defined by the older individual, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s).

Unit of Service:	One Hour. A unit is defined as the time, which is spent by staff, or qualified designee, engaged in working for an eligible person. A unit does not include travel time, staff training, program publicity, or direct services other than care coordination.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Fixed Unit Rate, plus other expenses, or Fixed Unit Rate

NAPIS: **"Case Management"**
Unduplicated – Client Intake required
Units – 1 Hour of service
OAA: **ADL/IADL Consumer Needs Evaluation required**
except Service Authorization
QPR: **Units**
Unduplicated persons count
LBB: **Key Performance Measure – number of persons & cost/person**
ALLOWABLE FUNDS: **Title III-B**
Disaster Relief as approved by HHSC
State General Revenue

CAREGIVER EDUCATION and TRAINING

Counseling to caregivers to assist in decision-making and problem-solving related to the caregiver role. Includes providing counseling to individuals and support groups; and caregiver training for individual caregivers and families.

Unit of Service:	One Session per Participant. A session is counted as a contact for each individual attending a focus group, support group or training session and for each one-on-one counseling session with an eligible caregiver.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Cost Reimbursement or Fixed Unit Rate per Session.
NAPIS:	**"Counseling" and includes Support Groups/Training**
	Unduplicated – Client Intake required
	Units – 1 Session per participant
	Relationship to care recipient
QPR:	**Units**
	Unduplicated Persons Count
ALLOWABLE FUNDS:	**Title III-E**
	Title III-E ORC (formerly GOECSC)
	Title VII – EAP
	Disaster Relief as approved by HHSC
	State General Revenue

CAREGIVER INFORMATION SERVICES

The dissemination of accurate, timely and relevant information for informal caregivers, older relative caregivers caring for children 18 years of age and under; and the public through publications, large group presentations, seminars, health fairs and mass media. Developing a resource library and other informational resources for use in the dissemination of caregiver information is a component of this service.

Unit of Service:	One activity. Count only one activity for each event. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Fixed Unit Rate, plus expenses, or Cost Reimbursement
NAPIS:	**"Information Services"**
	Estimated Audience
	Units – One Activity
QPR:	**Units**
	Estimated Audience

CAREGIVER RESPITE CARE – IN_HOME

Temporary relief for caregivers including an array of services provided to dependent older individuals who need supervision. Services are provided in the older individual's home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the consumer needs evaluation (CNE).

- Due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service: One Hour.
Direct Service Waiver Required: Waiver not available.
Method of Service Provision: This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA: Fixed Unit Rate per Hour.

NAPIS: **"Respite Care"**
Unduplicated – Client Intake required
Units – 1 Hour of service
Relationship to care recipient
OAA: **ADL/IADL Consumer Needs Evaluation required**
QPR: **Units**
Unduplicated Persons Count
ALLOWABLE FUNDS: **Title III-E**
Title III-E ORC (formerly GOECSC)
Title VII – EAP
Disaster Relief as approved by HHSC
State General Revenue

CAREGIVER RESPITE CARE – INSTITUTIONAL

Temporary relief for caregivers including an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who are in need of supervision. Services are offered on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Where appropriate, services may include meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation (CNE), and/or

- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service:	One Hour.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Hour.

NAPIS: **"Respite Care"**
Unduplicated – Client Intake required
Units – 1 Hour of service
Relationship to care recipient
OAA: **ADL/IADL Consumer Needs Evaluation Required**
QPR: **Units**
Unduplicated Persons Count
ALLOWABLE FUNDS: **Title III-E**
Title III-E ORC (formerly GOECSC)
Title VII – EAP
Disaster Relief as approved by HHSC
State General Revenue

CAREGIVER RESPITE CARE – NON-RESIDENTIAL

Temporary relief for caregivers provided by supervised care at senior centers or other non-residential program locations that are not licensed as adult day care facilities. Activities include lunch and supervised recreational and/or social activities for dependent older individuals who require supervision. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief.

The Care Recipient:
- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation (CNE), and/or
- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service:	One Hour. A unit is defined as one hour of non-residential respite service provided in a facility.
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Hour.

NAPIS: **"Respite Care"**
Unduplicated – Client Intake required
Units – 1 Hour of service
Relationship to care recipient
OAA: **ADL/IADL Consumer Needs Evaluation required**

ALLOWABLE FUNDS: **Title III-E**
                                           Title III-E ORC (formerly GOECSC)
                                           Title VII – EAP
                                           Disaster Relief as approved by HHSC
                                           State General Revenue

CAREGIVER RESPITE CARE- VOUCHER

A service provided through the consumer directed services option whereby an individual provider is chosen by the caregiver. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief. Temporary relief for caregivers by providing:

- In-Home – Services are provided in the older individual's home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.
- Institutional – Temporary relief for caregivers includes an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who are in need of supervision. Services may include, where appropriate, meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.
- Supervised care at senior centers or other non-residential program locations that are not licensed as adult day care facilities. Activities include lunch and supervised recreational and/or social activities for dependent older individuals who require supervision.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation, and/or
- Due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service: One Hour. A unit is defined as one hour of in-home, institutional or non-residential respite service provided.

Direct Service Waiver Required: Waiver not available.
Method of Service Provision: This service may only be authorized by a care coordinator on behalf of an eligible individual.

Reimbursement Methodology by AAA: Cost Reimbursement.

NAPIS: **"Respite Care"**
                                           Unduplicated – Client Intake required
                                           Units – 1 Hour of Service
OAA: **ADL/IADL Consumer Needs Evaluation required**
QPR: **Units**
                                           Unduplicated Persons Count
ALLOWABLE FUNDS: **Title III-E**
                                           Title III-E ORC (formerly GOECSC)
                                           Title VII-EAP
                                           Disaster Relief as approved by HHSC
                                           State General Revenue

CAREGIVER SUPPORT COORDINATION

Ongoing process to assess the needs of a caregiver and care recipient, effectively plan, arrange, and coordinate and follow-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient, and the access and assistance staff.

Unit of Service: One Hour. A unit is defined as the time, which is spent by the caregiver specialist, or qualified designee, engaged in working for an eligible caregiver. A unit does not include travel time, staff training, program publicity or direct services other than caregiver support coordination ***and***

Unit of Service: One Contact. A unit is defined as providing an eligible caregiver with information or linking the caregiver to the services and resources available through a one-on-one contact via face-to-face contact, email contact, written/fax contact or telephone contact. Activities such as records maintenance is not counted as a contact. For Title III-E funds expended for this service, the number of "contacts" must be reported in SAMS.

Direct Service Waiver Required: No.

Method of Service Provision: This service may be provided directly or by a subrecipient of the AAA.

Reimbursement Methodology by AAA: Fixed Unit Rate, plus other expenses or
Fixed Unit Rate.

NAPIS: **"Access Assistance"**
Estimated Unduplicated Caregivers
Relationship to Care Recipient
Units – 1 contact

QPR: **Units**
Unduplicated Persons Count – Client Intake required

ALLOWABLE FUNDS: **Title III-E**
Title III-E ORC (formerly GOECSC)
Disaster Relief as approved by HHSC
State General Revenue

CHORE MAINTENANCE

Performing household chores an older individual is not able to handle on his own, such as heavy cleaning (e.g., scrubbing floors, washing walls and windows [inside and outside]), moving heavy furniture, and maintenance such as yard/sidewalk maintenance.

Unit of Service: One Hour.

Direct Service Waiver Required: Waiver not available.

Method of Service Provision: This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor, or through a delegated purchase.

Reimbursement Methodology by AAA: Variable Unit Rate per Hour.

NAPIS:	**"Chore"**
	Unduplicated – Client Intake required
	Units – 1 Hour of service
OAA:	**ADL/IADL Consumer Needs Evaluation required**
QPR:	**Units**
	Unduplicated Persons Count
ALLOWABLE FUNDS:	**Title III-B**
	Title III-E
	Title III-E ORC (formerly GOECSC)
	Title VII – EAP
	Disaster Relief as approved by HHSC
	State General Revenue

CONGREGATE MEAL

A hot or other appropriate meal served to an eligible older individual which meets 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and which is served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older individuals. There are two types of congregate meals:

- Standard meal - A regular meal from the standard menu that is served to the majority or all of the participants.

- Therapeutic meal or liquid supplement - A special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietitian (e.g., diabetic diet, renal diet, pureed diet, tube feeding). "Liquid supplement" meals are included in the allowable category of therapeutic meals, such as diabetic, renal or heart safe meals. The AoA defines "liquid supplement" meals as those meals provided through a feeding tube to meet the needs of a specific individual. These meals require a doctor's prescription and close monitoring. Dietary supplements, such as vitamins or Ensure, can be authorized by a doctor, dietitian/nutritionist or the need may be identified through the nutritional risk assessment. These items do not require a prescription, nor do they necessarily require oversight. As items such as these are not considered meals (stand-alone), they must be purchased under Health Maintenance. If a AAA is providing these services through Health Maintenance as a result of a doctor's prescription, some monitoring should be conducted, whether through a home health nurse or follow-up nutritional risk and functional assessment (CNE). The circumstance would dictate the follow-up.

Unit of Service:	One Meal.
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Meal served.
NAPIS:	**"Congregate Meal'**
	Unduplicated – Client Intake required
	Requires number of unduplicated at high nutritional risk;
	Nutrition Risk required
	Units – 1 Meal

QPR:	**Units**
	Unduplicated Persons Count
LBB:	**Key Performance Measure – Number of Units & Cost per Unit**
ALLOWABLE FUNDS:	**Title III-C1**
	Disaster Relief as approved by HHSC
	State General Revenue
	NSIP [NOTE: NSIP to be used for the purchase of food only. No units should be applied to NSIP funding.**]**

DATA MANAGEMENT

Activities directly related to data entry and reporting for non-direct services. Included are activities directly related to direct purchase of service, service authorization and document verification to support the provision, tracking and reporting of Congregate Meals, Home Delivered Meals and Transportation services. Also included is the validation of complete and accurate data in the HHS statewide system and report preparation by AAA Staff in support of the annual State Program Report (SPR) and the quarterly performance report.

Unit of Service:	None.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.
ALLOWABLE FUNDS:	**Title III-B**
	Title III-C1
	Title III-C2
	Title III-E
	State General Revenue

DAY ACTIVITY AND HEALTH SERVICES

Services provided in a congregate, non-residential setting to dependent older individuals who need supervision but do not require institutionalization. These services may include any combination of social or recreational activities, health maintenance, transportation, meals, and other supportive services.

Unit of Service:	A half-day (½). Three hours but less than six hours of service provided by the facility shall constitute one unit of service. Six hours or more of service shall constitute two units of service. Time spent for transportation to and from day care, if provided by the facility, is included in calculating the amount of service provided. Less than three hours of service at any one time is not considered to be a unit of service.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a service coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Half-day.
NAPIS:	**"Adult Day Care / Health"**
	Unduplicated – Client Intake required
	Units - 1 Hour of service
OAA:	**ADL/IADL Consumer Needs Evaluation required**

QPR:	Units – A Half-Day
	Unduplicated Persons Count
ALLOWABLE FUNDS:	Title III-B
	Title VII-EAP
	Disaster Relief as approved by HHSC
	State General Revenue

EMERGENCY RESPONSE

Services for homebound, frail older individuals provided to establish an automatic monitoring system which links to emergency medical services when the individual's life or safety is in jeopardy. ERS services include the installation of the individual monitoring unit, key lockbox, training associated with the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to an emergency call by a medical professional, para-professional or volunteer, and follow-up with the older individual.

Unit of Service:	One Month of ERS Service. Report one unit for each month of service if an older individual received services at any time during the month. If an installation fee is charged, a separate unit rate may be established for this charge.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate and Other Expenses.

QPR:	Units
	Unduplicated Persons Count – Client Intake required
ALLOWABLE FUNDS:	Title III-B
	Title III-E
	Title VII – EAP
	Disaster Relief as approved by HHSC
	State General Revenue

EVIDENCE-BASED INTERVENTION

Providing an intervention to an older individual based upon the principles of Evidence-Based Intervention (EBI) programming.

Definition of Evidence-Based Programs (as of October 1, 2016)
1. *Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and*
2. *Proven effective with older adult population, using Experimental or Quasi-Experimental Design; and*
3. *Research results published in peer-review journal; and*
4. *Fully translated in one or more community site(s); and*
5. *Includes developed dissemination products that are available to the public.*

Activities and expenditures directly related to an evidence-based intervention program:
- Procurement of training services or mandatory materials needed to implement specific EBI groups/sessions/classes,
- Training of AAA staff or volunteers to effectively implement specific EBI groups/sessions/classes,
- Publicity related to events to promote specific EBI groups/sessions/classes,
- AAA staff time, travel, and materials needed to conduct specific EBI groups/sessions/classes,

- Procurement or printing/copying of materials mandatory to implement specific EBI groups/sessions/classes, and
- Other expenses which are required to ensure and maintain the fidelity of EBI programs. **Fidelity** is defined as the commitment by the organization to fully implement the program with integrity to its original design and how the delivery of an intervention faithfully follows the outline and content of the program as specified in the program materials (per NCOA website's "Offering Evidence-Based Programs").

AAAs may use:
- Title III funds;
- funding from other community resources;
- grants from other federal, state, or community organizations/foundations; and/or
- any combination of Title III funds, grants or other community resources.

AAAs are encouraged to collaborate with community agencies and organizations to provide these programs. This can include providing financial resources, technical assistance, participant referrals, and training to staff and partners; locating facilities; organizing schedules for the classes/events; and conducting classes/events.

Unit of Service:	One Contact. Record one contact each time an older individual participates in an activity that is a component of an Evidence-Based Intervention program. *See EBI Job Aide for specific data recording requirements.*
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit rate per Contact or Cost Reimbursement.

QPR: **Units**
Unduplicated Persons Count – Client Intake required

ALLOWABLE FUNDS: **Title III-B**
Title III-D [NOTE: Title III-D funds may only be expended under this service for the activities and expenditures directly related to specific approved programs. Additionally, caregivers under age 60 may not receive evidence-based services using Title III-D funds]
Title III-E [NOTE: An Area Agency on Aging may choose to provide services to caregivers under age 60 using Title III-E funds if eligibility requirements are met]
Title III-E ORC (formerly GOECSC)
State General Revenue

HEALTH MAINTENANCE

Services that include one or more of the following activities:
- Medical treatment by a health professional
- Health education and counseling services for individuals or groups about lifestyles and daily activities. Activities may include, but are not limited to:
  - Art and dance –movement therapy
  - Programs in prevention or reduction of the effects of chronic disabling conditions
  - Alcohol and substance abuse

- Smoking cessation
- Weight loss and control
- Stress management

- Home health services including, but not limited to, nursing, physical therapy, speech or occupational therapy
- Provision of medications, nutritional supplements, glasses, dentures, hearing aids or other devices necessary to promote or maintain the health and/or safety of the older individual. Note: this also includes the provision of dosage alert systems and the purchase of software, technical support, and materials that connects eligible older individuals to free or reduced cost prescription medication services.

Unit of Service:	One Contact. Record one contact each time an older individual receives a health service as described above.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor, or through a delegated purchase.
Reimbursement Methodology by AAA:	Variable Rate.

QPR: **Units**
Unduplicated Persons Count – Client Intake required
ALLOWABLE FUNDS: **Title III-B**
Title III-E
Title III-E ORC (formerly GOECSC)
Title VII-EAP
Disaster Relief as approved by HHSC
State General Revenue

HEALTH SCREENING/MONITORING

Activities identified as Health Screening/Monitoring are intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community for appropriate follow-up care. Services may be provided in senior centers, nutrition sites, health fairs, other community settings or in an individual's home. Health Screening/Monitoring activities may include, but are not limited to, the following:
- Blood pressure
- Hearing
- Vision
- Dental
- Podiatry
- Nutritional status
- Blood tests
- Urinalysis
- Home injury control safety
- Depression
- Oral Health
- Mental and Behavioral Health
- Falls Prevention

Unit of Service:	One Contact. Record one contact each time an older individual receives a separate health screening or monitoring service.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA, authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor, or through a delegated purchase.
Reimbursement Methodology by AAA:	Variable Unit Rate.
QPR:	**Units**
	Estimated Persons Count
ALLOWABLE FUNDS:	**Title III-B**
	Disaster Relief as approved by HHSC
	State General Revenue

HICAP ASSISTANCE

Counseling or representation by a non-lawyer such as a certified Benefits Counselor, where permitted by law, to Medicare beneficiaries, family members, caregivers or others working on behalf of an individual. Assistance includes all contacts for the purpose of relaying of Medicare and SHIP-related information between a counselor and an individual. SHIP Assistance activities include the following:

- Advice/Counseling - a recommendation involving Medicare benefits and related topics made to an eligible individual regarding a course of conduct, or how to proceed in a matter, given either on a brief or one-time basis, or on an ongoing basis. May be given by telephone or in person.

- Document Preparation – one-on-one assistance given to a Medicare beneficiary or their representative which helps in the preparation of documents related to Medicare and SHIP-related public entitlements, or health/long term care insurance.

- Representation - advocacy on behalf of an eligible individual in protesting or complaining about a procedure, or seeking special considerations by appealing an administrative decision related to Medicare benefits.

Unit of Service:	One Contact. When the AAA receives Administration for Community Living (ACL) HICAP funds, Contacts must be reported through the Individual Client Contact (ICC) form for allowable ACL services. Record one Contact per person per day. Record Contacts only when the individual is a Medicare beneficiary; *or* a new to Medicare enrollee; *or* a Dual Eligible Medicare beneficiary; *or* a beneficiary who is disabled as determined by SSA criteria; *or* an individual assisting a Medicare beneficiary <u>and</u> the individual receives assistance related to a Medicare and/or SHIP topic. *The ICC form also requires reporting of total time spent with an individual per day.*

<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly, by a subrecipient of the AAA, or authorized by a certified benefits counselor on behalf of an eligible individual for purchase through a contractor. Client contacts may be conducted over the telephone, in person (on site), in person (at home), via postal mail, e-mail, fax, or web-based one-on-one chat sessions (where technology permits) or video based real time interactions with clients over the web. *Note: Postal mail, email or fax to be selected when this is the <u>only</u> means of contact with the beneficiary.*

QPR: **Expenditures**
LBB: **Non-Key Performance Measure**
ALLOWABLE FUNDS: **HICAP (SHIP Basic)**

HICAP OUTREACH

The dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to Medicare beneficiaries and other target audiences about Medicare, public entitlements when related to low-income assistance for healthcare affordability, health/long-term care insurance, individual beneficiary rights, and planning/protection options. Education and outreach initiatives that include the dissemination of information through mass media may be budgeted. Units generated under these activities must be reported using the Public and Media Events (PAM) form. If a PAM event results in a benefits counselor providing HICAP Assistance to an individual an ICC must also be completed.

<u>Unit of Service:</u>	One Contact is one outreach activity with the estimated number of attendees recorded. *The PAM form also requires reporting of total time spent on the event.*
<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly or by a subrecipient of the AAA.
<u>Reimbursement Methodology by AAA:</u>	Cost Reimbursement.

QPR: **Expenditures**
ALLOWABLE FUNDS: **HICAP (SHIP Basic)**

HOME DELIVERED MEALS

Hot, cold, frozen, dried, canned, fresh, or supplemental food (with a satisfactory storage life) which provides a minimum of 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity, help the recipient sustain independent living in a safe and healthful environment. There are two types of home delivered meals:

- Standard meal - A regular meal from the standard menu that is served to the majority or all of the participants.
- Therapeutic meal or liquid supplement - A special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietitian (e.g., diabetic diet, renal diet, pureed diet, tube feeding). "Liquid supplement" meals are included in the allowable category of

therapeutic meals, such as diabetic, renal or heart safe meals. The AoA defines "liquid supplement" meals as those meals provided through a feeding tube, to meet the needs of a specific individual. These meals require a doctor's prescription and close monitoring. Dietary supplements, such as vitamins or Ensure, can be authorized by a doctor, dietitian/nutritionist or the need may be identified through the nutritional risk assessment. These items do not require a prescription, nor do they necessarily require oversight. As items such as these are not considered meals (stand-alone), they must be purchased under Health Maintenance. If a AAA is providing these services through Health Maintenance as a result of a doctor's prescription, some monitoring should be conducted, whether
through a home health nurse or follow-up nutritional risk and functional assessment (Consumer Needs Evaluation). The circumstance would dictate the follow-up.

Unit of Service:	One Meal.
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Meal Served.

NAPIS:	**"Home-Delivered Meal"**
	Requires number of unduplicated at high nutritional risk;
	Nutrition Risk Assessment required
	Unduplicated – Client Intake required
	Units – 1 Meal
OAA:	**ADL/IADL Consumer Needs Evaluation required with score 20 or greater, regardless of age**
QPR:	**Units**
	Unduplicated Persons Count
LBB:	**Key Performance Measure – Number of Units & Cost per Unit**
ALLOWABLE FUNDS:	**Title III-C2**
	Title III-E
	Disaster Relief as approved by HHSC
	State General Revenue
	NSIP [NOTE: NSIP to be used for the purchase of food only. No units should be applied to NSIP funding.]

HOMEMAKER

A service provided by trained and supervised homemakers involving the performance of housekeeping and home management, meal preparation, or escort tasks and shopping assistance provided to older individuals who require assistance with these activities in their place of residence. The objective is to help the recipient sustain independent living in a safe and healthful home environment.

Unit of Service:	One Hour.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Hour.

NAPIS:	**"Homemaker"**
	Unduplicated – Client Intake required
	Units – 1 Hour
OAA:	**ADL/IADL Consumer Needs Evaluation required**
QPR:	**Units**
	Unduplicated Persons Count
LBB:	**Key Performance Measure – Number of Persons & Cost/Person**
ALLOWABLE FUNDS:	**Title III-B**
	Title VII-EAP
	Disaster Relief as approved by HHSC
	State General Revenue

HOMEMAKER - VOUCHER

A service provided through the consumer directed services option whereby an individual provider is chosen by the older individual. Service activities include the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance, provided to individuals who require assistance with these activities in their place of residence. The objective is to help the older individual sustain independent living in a safe and healthful home environment.

Unit of Service:	One Hour.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual.
Reimbursement Methodology by AAA:	Cost Reimbursement.

NAPIS:	**"Homemaker"**
	Unduplicated – Client Intake required
	Units – 1 Hour
OAA:	**ADL/IADL Consumer Needs Evaluation required**
QPR:	**Units**
	Unduplicated Persons Count
ALLOWABLE FUNDS:	**Title III-B**
	Title VII-EAP
	Disaster Relief as approved by HHSC
	State General Revenue

INCOME SUPPORT

Assistance in the form of a payment to a third party provider for services or goods that support the basic needs of the individual, on behalf of an older individual or their caregiver.

Unit of Service:	One Contact. The definition of the contact is a single payment to a provider on behalf of the older individual or their caregiver.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual or through a delegated purchase.
Reimbursement Methodology by AAA:	Variable Rate.

QPR:	**Units**
	Unduplicated Persons Count – Client Intake required
ALLOWABLE FUNDS:	**Title III-B**
	Title III-E
	Title III-E ORC (formerly GOECSC)
	Disaster Relief as approved by HHSC
	Housing Bond
	State General Revenue

INFORMATION, REFERRAL AND ASSISTANCE

Consists of activities such as assessing the needs of the inquirer, evaluating appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, when necessary, actively participating in linking the inquirer to needed services, and following up on referrals to ensure the service was provided.

Unit of Service:	One Contact. Count one contact for every communication with or on the behalf of an eligible individual, regardless of the type of contact (initial, follow-up, accessing services) _**and**_
Estimated Persons Count:	Count only the initial inquiry during a reporting month from an older individual, caregiver or a person calling on behalf of an older individual or caregiver.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Fixed Unit Rate or Cost Reimbursement

NAPIS:	**"Information and Assistance"**
	Units – 1 Contact
	If funded by Title III-E, must have "Estimated Unduplicated Caregivers"
	If funded by Title III-E ORC must have "Estimated Undup. Older Relative Caregivers"
QPR:	**Units**
	Estimated Persons Count (Initial Inquiry)
ALLOWABLE FUNDS:	**Title III-B**
	Title III-E
	Title III-E ORC (formerly GOECSC)
	Title VII-EAP
	Disaster Relief as approved by HHSC
	State General Revenue

INSTRUCTION AND TRAINING

Provide experience or knowledge to individuals or professionals working with older individuals to acquire skills in a formal, informal, or in individual or group settings.

Unit of Service:	One Contact. Each participant in a training session receives a service; therefore, each participant is counted as one contact.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA:	Cost Reimbursement.

LEGAL ASSISTANCE – 60 years and older

Advice or representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney, or counseling or representation by a non-lawyer such as a certified Benefits Counselor, where permitted by law, to older individuals, or their caregiver with economic and social needs. Legal assistance activities include the following:

- Advice/Counseling - a recommendation made to an older individual regarding a course of conduct, or how to proceed in a matter, given either on a brief or one-time basis, or on an ongoing basis. May be given by telephone or in person.
- Document Preparation - personal assistance given to an older individual which helps the preparation of necessary documents relating to public entitlements, health care/long term care, individual rights, planning/protection options, and housing and consumer needs.
- Representation - advocacy on behalf of an older individual in protesting or complaining about a procedure, or seeking special considerations by appealing an administrative decision, or representation by an attorney of an older individual or class of older individuals in either the state or federal court systems.

Services identified as "Legal Assistance Services" are: Benefits Counseling, Money Management, Representative Payee, and Guardianship.

Unit of Service:	One Hour. Record units (hours) of service for *all* individuals who are 60 or older in the consumer's case narrative, regardless of funding source (a unit does not include travel time, staff training, program publicity, or direct services other than legal assistance)
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly, by a subrecipient of the AAA, or authorized by a certified benefits counselor on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Hour.

LEGAL AWARENESS

The dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to older individuals about public entitlements, health/long-term care services, individual rights, planning/protection options, and housing and consumer needs. While education and outreach initiatives that include the dissemination of information through mass media may be budgeted as associated costs under legal awareness, the activities may not be reported as units of service for Older Americans Act reporting.

Unit of Service:	One Contact. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.

QPR:	**Units**
	Estimated Persons Count
ALLOWABLE FUNDS:	**Title III-B**
	Title VII-EAP
	Disaster Relief as approved by HHSC
	State General Revenue

MENTAL HEALTH SERVICES

Analysis by a mental health professional to determine a need for mental health service(s) (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual. Mental health services shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support may include education, prevention, screening, referral and/or intervention.

Unit of Service:	One Contact.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Variable.

QPR:	**Units**
	Unduplicated Persons Count – Client Intake required
ALLOWABLE FUNDS:	**Title III-B**
	Title III-E
	Title III-E ORC (formerly GOECSC)
	Disaster Relief as approved by HHSC
	State General Revenue

MIPPA OUTREACH & ASSISTANCE

The dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to current or prospective Medicare beneficiaries and their caregivers specifically regarding

Medicare Savings Programs (MSP), Low-Income Subsidy (LIS) and/or Medicare Preventive Benefits. Contacts generated under these activities must be reported using an Individual Client Contact (ICC) form or the Public and Media Events (PAM) form. An ICC is entered when an individual receives application assistance and the completed application is submitted in the same contact.

Unit of Service:	One Contact. This is provided to one individual through MSP and/or LIS applications assistance and submission of the application(s), resulting in an ICC or to a group through general education and awareness, resulting in a PAM. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.

QPR: **Expenditures**
ALLOWABLE FUNDS: **MIPPA Priority 2 (AAA)**

NUTRITION CONSULTATION

Providing information or services related to nutrition by a licensed dietician or other qualified person to a AAA or nutrition provider. Such services do not include the AAA responsibilities for monitoring.

Unit of Service:	None.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	Service must be provided to the AAA or AAA service provider.
Reimbursement Methodology by AAA:	Cost Reimbursement.

ALLOWABLE FUNDS: **Title III-C1**
                                                            Title III-C2
                                                            State General Revenue

NUTRITION COUNSELING

Providing individualized advice or guidance about options and methods for improving nutritional status, and performed by a registered dietitian (NAPIS) to older individuals at nutritional risk due to health or nutritional history, dietary intake, medications, or chronic illness.

Unit of Service:	One Session per Participant. A session is counted for each individual attending a nutrition counseling session which may be conducted in a group or one-on-one.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Session.

NAPIS:	"Nutrition Counseling"
	Requires number of unduplicated at high nutritional risk;
	Nutrition Risk Assessment required
	Unduplicated – Client Intake required
	Units – 1 Session per participant
QPR:	Units
	Unduplicated Persons Count
ALLOWABLE FUNDS:	Title III-C1
	Title III-C2
	State General Revenue

NUTRITION EDUCATION

The provision of information to older individuals to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Unit of Service:	One Session per participant. A session is counted for each individual attending a nutrition education session which may be conducted in a group or one-on-one.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Session.

NAPIS:	"Nutrition Education"
	Units – 1 Session per participant
QPR:	Units
	Estimated Persons Count
ALLOWABLE FUNDS:	Title III-C1
	Title III-C2
	State General Revenue

OMBUDSMAN

Services to protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of, residents. Further detail is provided in the Older Americans Act, Section 712.

Unit of Service:	None.
Direct Service Waiver Required:	No.
Method of Service Provision:	This service may be provided directly or by subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.

LBB:	Key Performance Measure – Number of active Certified Ombudsman

PARTICIPANT ASSESSMENT – ACCESS & ASSISTANCE

Activities directly related to the initial assessment and required reassessment of program participants for supportive services provided directly by a AAA.

Unit of Service:	One Contact. One complete assessment or one complete re-assessment is one contact.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator or caregiver support coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate, plus Other Expenses or Fixed Unit Rate per Contact

QPR: **Units**
                        Unduplicated Persons Count – Client Intake required

PARTICIPANT ASSESSMENT – NUTRITION SERVICES

Activities directly related to the initial assessment and required reassessment of program participants for congregate and home-delivered meals.

Unit of Service:	One Contact. One complete assessment or one complete re-assessment is one contact.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Contact

QPR: **Units**
                        Unduplicated Persons Count – Client Intake required

ALLOWABLE FUNDS:	Title III-C1
	Title III-C2
	Title III-E (Home Delivered Meals only)
	Disaster Relief as approved by HHSC
	State General Revenue

PERSONAL ASSISTANCE

Assisting an older individual having difficulty in performing a minimum of two activities of daily living identified in the assessment process, with tasks an individual would typically perform if they were able. This covers assistance in all activities of daily living.

Unit of Service:	One Hour. Does not include travel time, unless it is directly related to the older individual's care plan.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
Reimbursement Methodology by AAA:	Fixed Unit Rate per Hour.

NAPIS:	"Personal Care"
	Unduplicated – Client Intake required
	Units – 1 Hour
OAA:	ADL/IADL Consumer Needs Evaluation required
QPR:	Units
	Unduplicated Persons Count
LBB:	Non-Key Performance Measure
ALLOWABLE FUNDS:	Title III-B
	Title VII-EAP
	Disaster Relief as approved by HHSC
	State General Revenue

PHYSICAL FITNESS

Physical activities that sustain and/or improve physical and mental health. This may include exercise to increase endurance (e.g., cardiovascular and muscular), strength, flexibility, balance, and/or coordination/agility.

Unit of Service:	One Contact. Each participant in a physical fitness session receives a service; therefore, each participant is counted as one contact.
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.

QPR:	Units
	Estimated Persons Count
ALLOWABLE FUNDS:	Title III-B
	Title III-E
	Title III-E ORC (formerly GOECSC)
	State General Revenue

RECREATION

Activities, such as sports, performing arts, games, and crafts, where an older individual participates as a spectator or performer, and which are facilitated by a provider.

Unit of Service:	One Contact. Each participant in a recreation activity receives a service; therefore, each participant is counted as one contact.
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.

QPR: **Units**
Estimated Persons Count
ALLOWABLE FUNDS: **Title III-B**
Title III-E
Title III-E ORC (formerly GOECSC)
State General Revenue

RESIDENTIAL REPAIR

Services consist of repairs or modifications of dwellings occupied by older individuals that are essential for the health and safety of the occupant(s).

Unit of Service:	One unduplicated dwelling unit occupied by older individuals and may include all the services committed to repairing/modifying one unit in one program year, not to exceed a total of $5,000. Note: Caregivers may serve more than one care recipient, resulting in more units of service than the number of unduplicated persons.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. *Exception*: Appliances **_only_** may be purchased via delegated purchase, with a threshold of $3,000. Any purchase over this amount requires written approval.
Reimbursement Methodology by AAA:	Variable Rate.

QPR: **Units**
Unduplicated Persons Count – Client Intake required
LBB: **Non-Key Performance Measure**
ALLOWABLE FUNDS: **Title III-B**
Title III-E
Title III-E ORC (formerly GOECSC)
Title VII-EAP
Disaster Relief as approved by HHSC
Housing Bond
State General Revenue

SENIOR CENTER OPERATIONS

The operation of community facilities where older individuals meet together to pursue mutual interests, receive services and/or take part in activities which will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

Unit of Service: None.
Direct Service Waiver Required: Waiver not available.
Method of Service Provision   This service may be provided by a subrecipient of the AAA.
Reimbursement Methodology by AAA: Cost Reimbursement.

ALLOWABLE FUNDS: **Title III-B**
                                          Disaster Relief as approved by HHSC
                                          State General Revenue

SPECIAL INITIATIVE

Awarded activities or services enabling the area agencies on aging (AAA) to enhance capacity and/or identify partnerships, and/or identify target populations, and/or identify needed services for older individuals and their informal caregivers.

Note: This service definition is for use by AAA only when instructed by HHSC (AAA Section).

Unit of Service: N/A

Direct Service Waiver Required: Waiver not available.

Method of Service Provision: This service may be provided directly or by a subrecipient of the AAA, only as instructed in the individual award document.
Reimbursement Methodology by AAA: Cost Reimbursement.

NAPIS: **N/A; supportive service**
QPR: **No Units; No Unduplicated Persons Count**
ALLOWABLE FUNDS: **As identified in notification of funds available**

TELEPHONE REASSURANCE

Telephoning an older individual providing regular contact and companionship or initiating necessary actions in the event the older individual cannot be reached by telephone.

Unit of Service: One Contact.
Direct Service Waiver Required: Yes.
Method of Service Provision: This service may be provided by a subrecipient of the AAA.
Reimbursement Methodology by AAA: Cost Reimbursement.

QPR: **Units**
                                          Unduplicated Persons Count – Client Intake required
ALLOWABLE FUNDS: **Title III-B**
                                          Title III-E
                                          Title III-E ORC (formerly GOECSC)
                                          Title VII-EAP
                                          Disaster Relief as approved by HHSC
                                          State General Revenue

TRANSPORTATION

Taking an older individual from one location to another but does not include any other activity. There are two types of transportation services:

- Demand/Response - transportation designed to carry older individuals from specific origin to specific destination upon request. Older individuals request the transportation service in advance of their need, usually twenty-four to forty-eight hours prior to the trip.
- Fixed Route - transportation service that operates in a predetermined route that has permanent transit stops, which are clearly marked with route numbers and departure schedules. The fixed-route does not vary and the provider strives to reach each transit stop at the scheduled time. The older individual does not reserve a ride as in a demand-response system; the individual simply goes to the designated location and at the designated time to gain access to the transit system.

Unit of Service:	One, One-way Trip
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.
Reimbursement Methodology by AAA:	Fixed Unit Rate per One-Way Trip.

NAPIS:	**"Transportation"**
	Units – One, One-way Trip
QPR:	**Units**
	Unduplicated Persons Count – Client Intake required
LBB:	**Key Performance Measure – Number of Units**
	Limited to Transportation Demand/Response Only
ALLOWABLE FUNDS:	**Title III-B**
	Title III-E
	Title III-E ORC (formerly GOECSC)
	Disaster Relief as approved by HHSC
	State General Revenue

TRANSPORTATION - VOUCHER

A service providing consumer choice whereby an eligible consumer selects an individual or commercial private or non-profit transportation provider. The rate and transportation schedule are negotiated by the eligible consumer with the provider. Service activity includes taking an eligible consumer from one location to another, but does not include any other activity.

Unit of Service:	One, One-way Trip.
Direct Service Waiver Required:	Waiver not available.
Method of Service Provision:	This service may only be authorized by a care coordinator on behalf of an eligible individual.
Reimbursement Methodology by AAA:	Cost Reimbursement.

NAPIS:	**"Self-Directed Care"**
	Units – One, One-way Trip

VISITING

Meeting with an older individual to provide regular contact and companionship and should the older individual not respond, to initiate appropriate action.

Unit of Service:	One Contact
Direct Service Waiver Required:	Yes.
Method of Service Provision:	This service may be provided by a subrecipient of the AAA.
Reimbursement Methodology by AAA:	Cost Reimbursement.

QPR: **Units**
           Unduplicated Persons Count – Client Intake required

ALLOWABLE FUNDS: **Title III-B**
           Title III-E
           Title III-E ORC (formerly GOECSC)
           Title VII-EAP
           Disaster Relief as approved by HHSC
           State General Revenue

Caregiver Eligibility per OAA as Amended 2016

If Caregiver is:	and Recipient is:			With:	Are they eligible?
	Age 0 - 18	Age19 - 59	60 +		
Age 18+			X	No special needs (for Respite Services - must have a deficit of 2 activities of daily living.) Priority - Greatest social need and economic need w/attention to low-income older individuals	Yes
Age 18+		X		No special needs	No
Age 18+	X	X	X	Individuals w/ Alzheimer's disease & related disorders w/ neurological & organic brain dysfunction	Yes
Age 55 + (Older Relative Caregiver)	X	X (w/disability)		Lives with, is the informal provider of in-home and community care to, and is the primary caregiver for a child or an individual with a disability. 1. In the case of a caregiver for a child— is the grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child <u>and</u> is primary caregiver because biological or adoptive parents are unable or unwilling <u>and</u> has legal custody or guardianship or is raising informally. 2. In the case of a caregiver for an individual with a disability- is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability. Priority- Recipient age 19-59 w/ severe disabilities	Yes
Age 60+	X	X		No special needs	No

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HEALTH PROMOTION and DISEASE PREVENTION

In accordance with reporting requirements for Title III and VII, Health Promotion and Disease Prevention services include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. See AAA-PI 309 and definition of each service for further details.

SERVICE	ALLOWABLE ACTIVITIES	UNIT OF SERVICE	QPR	ALLOWABLE FUNDS
Evidence-Based Intervention	*Definition of Evidence-Based Programs (as of October 1, 2016)* *Programs:* • Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and • Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and • Research results published in peer-review journal; and • Fully translated in one or more community site(s); and • Includes developed dissemination products that are available to the public.	One Contact. Record one contact each time an older individual participates in an activity that is a component of an Evidence-Based Intervention program.	-Units - Unduplicated Persons Count – Client Intake required	[NOTE: Title III-D funds may only be expended under this service] Title III-B Title III-D Title III-E Title III-E ORC *(formerly GOECSC)* State General Revenue

Health Maintenance	Services that include one or more of the following activities:
	- Medical treatment by a health professional
	- Health education and counseling services for individuals or groups about lifestyles and daily activities. Activities may include, but are not limited to:
	  • Art and dance –movement therapy
	  • Programs in prevention or reduction of the effects of chronic disabling conditions
	  • Alcohol and substance abuse
	  • Smoking cessation
	  • Weight loss and control
	  • Stress management
	- Home health services including, but not limited to, nursing, physical therapy, speech or occupational therapy
	- Provision of medications, nutritional supplements, glasses, dentures, hearing aids or other devices necessary to promote or maintain the health and/or safety of the older individual. Note: this also includes the provision of dosage alert systems and the purchase of software, technical support, and materials that connects eligible older
		One Contact. Record one contact each time an older individual receives a health service as described above.	-Units
			-Unduplicated Persons Count – Client Intake required
				Title III-B
				Title III-E
				Title III-E ORC *(formerly GOECSC)*
				Title VII-EAP
				Disaster Relief as approved by HHSC
				State General Revenue

	individuals to free or reduced cost prescription medication services.			
Health Screening/Monitoring	Activities are intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community for appropriate follow-up care. Services may be provided in senior centers, nutrition sites, health fairs, other community settings or in an individual's home. Health Screening/Monitoring activities may include, but are not limited to, the following: • Blood pressure • Hearing • Vision • Dental • Podiatry • Nutritional status • Blood tests • Urinalysis • Home injury control safety • Depression • Oral Health • Mental and Behavioral Health • Falls Prevention	One Contact. Record one contact each time an older individual receives a separate health screening or monitoring service.	**-Units** **-Estimated Persons Count**	**Title III-B** **Disaster Relief as approved by HHSC** **State General Revenue**
Mental Health Services	Analysis by a mental health professional to determine a need for mental health service(s) (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual. Mental health services shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support may include education, prevention, screening, referral and/or intervention.	One Contact.	**Units** **Unduplicated Persons Count – Client Intake required**	**Title III-B** **Title III-E** **Title III-E ORC** (*formerly GOECSC)* **Disaster Relief as approved by HHSC** **State General Revenue**
Physical Fitness	Physical activities that sustain and/or improve physical and mental health. This may include exercise to increase endurance (e.g., cardiovascular and muscular), strength, flexibility, balance, and/or coordination/agility.	One Contact. Each participant in a physical fitness session receives a service; therefore, each participant is counted as one contact.	**-Units** **-Estimated Persons Count**	**Title III-B** **Title III-E** **Title III-E ORC** (*formerly GOECSC)* **State General Revenue**
Recreation	Activities, such as sports, performing arts, games, and crafts, where an older individual participates as a spectator or performer, and which are facilitated by a provider.	One Contact. Each participant in a recreation activity receives a service; therefore, each participant is counted as one contact.	**-Units** **-Estimated Persons Count**	**Title III-B** **Title III-E** **Title III-E ORC** (*formerly GOECSC)* **State General Revenue**

Appendix D

**SHIP Volunteer Risk and Program Management
Policy Implementation Manual**
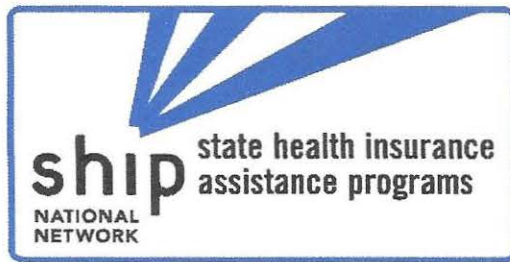
SHIP Volunteer Risk and Program Management

Policy Implementation Manual

State Health Insurance Assistance Program

National Technical Assistance Center

Policy Implementation Manual

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Chapter 3: Gaining Internal Approval and Support

Chapter 4: Working with Your Partners

Chapter 5: Communicating with Volunteers

Purpose

This manual will assist State Health Insurance Assistance Programs (SHIPs) in implementing the U.S. Administration for Community Living (ACL) SHIP Volunteer Risk and Program Management (VRPM) policies. It provides an overview of the entire process through which a SHIP can:

- Evaluate current operations in comparison to the required policies

- Develop a plan for working with the leadership and staff of your own organizational structure in planning for the new requirements

- Work with those partner organizations – referred to as "volunteer host organizations" (VHOs) – whose role with your program involves managing, training, and/or supervising SHIP volunteer work

- Begin the process of involving volunteers in moving to the new system of volunteer management

Also provided are strategies for helping you explain to a range of audiences the overall rationale for these policies, including:

1. Decision-makers within your own organization
2. SHIP staff
3. Partners who serve as VHOs for SHIP volunteers
4. SHIP volunteers

Each of these constituencies will need to be involved in implementing the new policies and in building a safe and effective system for involving volunteers in the future. This manual outlines key steps in working productively with each of these constituencies.

The suggestions in this manual represent proven techniques for effectively managing change within an organization and productively implementing new policies and systems for involving volunteers.

This manual does not outline the specific rationale behind individual policies or procedures for implementing individual VRPM policies. You will find that kind of information within ACL's policy document. The SHIP National Technical Assistance Center (SHIP TA Center) also provides suggested procedures for certain policies, such as the policies about addressing complaints. The suggestions offered in this manual are, of

necessity, general in nature. You will need to adapt them to your own situation and, in particular, to how you work with volunteer host (partner) organizations. Nonetheless, the suggestions in this manual represent proven techniques for effectively managing change within an organization and productively implementing new policies and systems for involving volunteers.

Additional Policy Implementation Resources

The most important resource is ACL's Volunteer Risk and Program Management Policies (VRPM) document, disseminated to the SHIP director listserv by ACL and also housed in the password-protected SHIP Resource Library at www.shiptacenter.org.

Many other VRPM resources and tools are already available to SHIPs. In 2015, the SHIP TA Center produced and distributed a *SHIP Volunteer Program Management Manual* outlining best practices that, if followed, address the majority of the VRPM policies (particularly those in Section 3 of the policies). The Center has also produced dozens of sample volunteer program management procedures and templates, such as complaint procedures and forms. New resources will continue to be developed and will appear in the SHIP Resource Library. This manual will be accompanied by an electronic VRPM policy implementation kit, available in the SHIP Resource Library. Refer to this kit for a readiness assessment form, sample PowerPoint presentations, resource lists, and other materials to assist with the initial policy implementation process.

Acknowledgments

If you have questions, contact the SHIP National Technical Assistance Center:

Phone: 877-839-2675

Email: info@shiptacenter.org

Website: www.shiptacenter.org

Address: Northeast Iowa Area Agency on Aging

2101 Kimball Ave, Ste. 320

P.O. Box 388

Waterloo, Iowa, 50704-0388

Chapter 1: Context for SHIP VRPM Policies

VRPM Background

The Volunteer Risk and Program Management (VRPM) initiative began in 2009 within the Senior Medicare Patrol (SMP) network under the U.S. Administration on Aging (AoA). Based on an analysis of the risks associated with volunteer utilization in SMPs, a set of policies and supportive resources was developed. The goal behind this effort was to bring SMPs up to current best practices in volunteer engagement and to make them both safer and more competitive with other volunteer programs.

The VRPM development effort was directed by a Steering Committee that included AoA staff, SMP Resource Center staff, SMP directors, and outside consultants. Implementation by SMPs began in 2013 and is now complete. Revision of the VRPM policies to include the SHIP network began in the fall of 2015. A Revision Task Group composed of representatives from ACL, the SHIP TA Center, the SMP Resource Center, SHIP and SMP directors, and SHIP and SMP Center consultants reviewed the policy revisions at various stages in the revision process. The goal was to take another look at the policies approximately five years after initial SMP implementation, retaining the crucial aspects and addressing SHIP volunteer utilization patterns and procedures. The revised VRPM policies are being applied to both SMPs and SHIPs, creating a single set of requirements across both programs.

As a result of the 2016 revisions, some policies were combined, some were dropped, and two new policies were created.

Revisions to the content of the original set of policies are essentially minor, so combined SHIP/SMP programs will have very little work in updating to the new system. As a result of the 2016 revisions, some policies were combined, some were dropped, and two new policies were created. One new policy is "Volunteers aging in place" and the other is "Use of social media by volunteers." For combined SHIP/SMP programs, an outline of the differences between the previous set of policies and the current set of policies is available in the SHIP Resource Library at www.shiptacenter.org.

SHIP Background

The State Health Insurance Assistance Program (SHIP) was created under Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508). It is also known as Title 42 of the United States Code, section 1395b-4: Health Insurance Information, Counseling and Assistance Grants. You may even hear it referred to as the "SHIP Statute." This section of the law authorized the Secretary of Health & Human Services (HHS) to make

grants to states to establish and maintain health insurance advisory service programs for Medicare beneficiaries. Grant funds were made available to support information, counseling, and assistance activities relating to Medicare, Medicaid, and other related health insurance options such as: Medicare supplement insurance, long-term care insurance, managed care options, and other health insurance benefit information.

References to Volunteers in the Law

The law makes it clear that volunteer engagement in the SHIP mission was part of the original vision. Excerpted here are the specific references directing SHIP involvement of volunteers:

- "(C) provide for a sufficient number of staff positions (including volunteer positions) necessary to provide the services of the health insurance information, counseling, and assistance program;..."

- "(D) provide assurances that staff members (including volunteer staff members) of the health insurance information, counseling, and assistance program have no conflict of interest in providing the counseling;..."

- "(F) provide for training programs for staff members (including volunteer staff members);..."

Fundamental to both the SHIP Statute and the VRPM policies is the recognition that volunteers are essential to the SHIP program.

The volunteer risk and program management (VRPM) policies expand upon the essence of what is outlined in the code. For example, where item C above addresses having a "sufficient number of positions," we can look to the VRPM policies about recruitment and retention. Where item D addresses conflict of interest, we can look to the VRPM policies about screening. Where item F addresses training, we can look to the VRPM policies about role design, orientation, and training. Fundamental to both the SHIP Statute and the VRPM policies is the recognition that volunteers are essential to the SHIP program.

Changes in SHIP National Position

In January 2014, authorized in the Consolidated Appropriations Act of 2014, the SHIP program was transferred from the Centers for Medicare & Medicaid Services (CMS) to the U.S. Administration for Community Living (ACL). ACL explains in its orientation manual for SHIP directors that HHS leadership saw this transfer as reflecting the existing formal and informal collaborations between the SHIP programs and the networks that ACL serves.

The SHIP program was placed under ACL's Center for Integrated Programs, Office of Healthcare Information and Counseling. This office also oversees the SMP program and the Medicare Improvements for Patients and Providers (MIPPA) program.

After an extensive program evaluation process and drawing upon the SHIP Statute, ACL developed a national SHIP mission and vision in 2016. They were accompanied by several strategic goals, objectives, and initiatives. ACL outlined the details in an April 2016 webinar titled, "SHIP Program Evaluation: New SHIP Mission, Vision, and Strategic Objectives."

National SHIP Mission

"Our mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits."

Vision

"We are the known and trusted community resource for Medicare information."

Strategic Goals, objectives, and initiatives that relate to VRPM

The national SHIP evaluation identified goals, objectives, and initiatives to accompany the new mission and vision. They all fall under four overarching themes: 1) Service Excellence, 2) Capacity Building, 3) Operational Excellence, and 4) Innovation. Within these four themes, there are five goals and ten objectives.

The VRPM initiative falls within the Capacity Building theme, with its goal to recruit, train, and retain a diverse, sufficient, and effective workforce at all levels. Within this goal, there are three objectives: enhance team member management, increase knowledge of program expectations at all levels, and increase the content knowledge of SHIP counselors.

The April 2016 webinar "SHIP Program Evaluation: New SHIP Mission, Vision, and Strategic Objectives" was recorded, and the recording and handouts are archived in the library at www.shiptacenter.org.

Volunteer Engagement by SHIPs Nationally

ACL's adoption of a formal SHIP mission, vision, goals, and objectives reflects the identity built by the SHIPs nationally since the program's inception. SHIP is a national, visible, and respected partner in the effort to provide Medicare beneficiaries with reliable and unbiased information regarding health insurance options. The national SHIP program is founded on a trained, committed, and trustworthy volunteer workforce upon which the

program relies to disseminate information to beneficiaries. Because of the labor-intensive, in-person nature of SHIP work and the high demand for SHIP services, volunteers have helped paid staff meet beneficiary needs since the inception of the program. At the writing of this manual, SHIPs nationally maintain a network of more than 3,300 local SHIP offices and over 15,000 counselors, 57 percent of which are highly trained volunteers.

VRPM Becomes a Requirement

In September 2016, ACL issued a three-year SHIP Funding Opportunity Announcement (FOA), which takes effect on April 1, 2017, for funded programs. It contains a new SHIP Cooperative Agreement. Item 10 in this agreement requires SHIPs to implement the Volunteer Risk and Program Management (VRPM) policies and procedures statewide. Elsewhere in the announcement, ACL provides a timeline for implementation, stating, "The

VRPM project provides a framework that allows each individual SHIP project to have the flexibility and responsibility to develop their own volunteer risk and program management policies and procedures. Note: All SHIP grantees will be given at least a year to implement these policies." Here is what the policy implementation timeline looks like, with dates:

- June 2016: ACL formally announced the VRPM initiative to SHIP directors as part of their SHIP Program Evaluation webinar series.
- September 2016: ACL published the VRPM Policies Advance Release document for SHIPs and SMPs.
- April 1, 2017: VRPM policies become a requirement for SHIP programs for the first time.
- April 1, 2017, to March 31, 2018: SHIPs to work toward implementation of VRPM policies, with support from ACL and the SHIP TA Center.
- April 1, 2018: VRPM policies due for national implementation.

Most SHIPs Already Have a VRPM Foundation

The 2015 and 2016 SHIP needs assessments conducted by the SHIP TA Center showed that most SHIPs already have formalized volunteer management systems in place. Because of that, the VRPM policies will likely represent the need to simply fill in some gaps in existing policies and procedures.

SHIP directors were asked in 2015 if their programs have written policies for counselors or volunteers. Seventy-three percent (73 percent) reported having some sort of written policies, with signed agreements being the most common policy or

The data points out that many SHIPs have already done much of the work required by the VRPM policies but not necessarily all of the work.

document. Seventy-four percent (74 percent) stated their written policies apply to all counselors, whether unpaid or paid. Sixty-two percent (62 percent) said their policies also extend to local partner volunteers.

The 2015 needs assessment results also showed that many SHIP volunteer programs already contain many key elements addressed by the VRPM policies, such as formal screening processes. A majority of programs reported using applications (93 percent), interviews (81 percent), criminal records checks (68 percent), reference checks (66 percent), or trial periods (38 percent).

In the 2016 SHIP needs assessment, 43 of the 50 SHIP respondents reported having a person or persons designated to manage their volunteer program. In the VRPM policies, this position is called the coordinator of volunteers, and it is a crucial component of the VRPM system. The 2016 needs assessment also explored whether or not SHIPs co-located with SMPs had already implemented the VRPM policies. Just over 50 percent of the SHIPs are co-located with the SMP program. Of those SHIPs co-located with SMP, 12 reported having implemented all of the policies and six reported having implemented some of the policies.

The data points out that many SHIPs have already done much of the work required by the VRPM policies but not necessarily all of

the work. The VRPM Readiness Assessment (explained in depth in Chapter 2) will be the key tool for determining where gaps remain between your current system and the new system outlined by the policies.

Overall Rationale for the VRPM Initiative

So why are we doing this? That is the primary question this manual aims to answer. It is also a question you will need to answer for the groups that will be affected by VRPM: leadership at your agency, partners who host SHIP volunteers, staff, and your volunteers. Answering this question is essential to gaining "buy-in" from the people whose cooperation you will need to effectively implement new or revised policies.

This statement from the ACL introduction to the SHIP/SMP policies is a good starting point in explaining the rationale behind the VRPM initiative:

"The Senior Medicare Patrol (SMP) and State Health Insurance Assistance (SHIP) programs rely on volunteers to serve the Medicare beneficiaries within their states and territories. Without sound volunteer policies, there are inherent risks to the SMPs and SHIPs in recruiting and using these volunteers … [the] volunteer policies are designed to establish and organize the structure and operation of volunteer programs within the SMP/SHIP." ACL goes on to say, "The purpose of these volunteer policies is to enhance the quality, effectiveness, and safety of SMP/SHIP services through the provision of guidance and direction to SMP/SHIP staff and volunteers."

It also important to emphasize to your constituencies that though volunteers donate their time, they cannot accurately and safely serve often-vulnerable beneficiaries without training, support, and monitoring. Given Medicare's complexities and the reality of volunteer turnover, SHIPs must dedicate year-round resources to recruiting volunteers and managing their volunteer programs. Having the formal structure of VRPM provides support and outlines the infrastructure for this ongoing effort.

The Changing National Environment for Volunteer Involvement

Much of this newly formalized system for involving volunteers is based on the changing environment for volunteer involvement. These changes include:

- Greater risks associated with volunteering and greater standards of accountability
- Higher risk of theft and misuse of personal identity and financial data
- More responsible roles being assumed by volunteers

- Changes in the demographics of the volunteer population

- Increasing demands on the time allotted for volunteering

- Increasingly more sophisticated volunteer program practices competing for the same pool of volunteers sought by SHIP

While SHIPs have a firm foundation for involving volunteers, staying current with these national trends is a must for any program that involves volunteers. Additionally, SHIP programs face greater challenges in volunteer involvement than do many other volunteer programs. These challenges include:

- Greater potential liability due to the age of SHIP beneficiaries

- Greater potential liability due to SHIP access to beneficiary personal information and the associated risk of abuse of that trust

- Complexity of the SHIP volunteer counselor role, including the high knowledge requirements of meeting certification standards, the possibility of unintentional mistakes, and the need for delicacy in working with beneficiaries who want simple and easy answers

- Difficulty in recruiting volunteers willing to donate the time required to assimilate the information necessary to perform counseling

- The need to retain experienced volunteers to avoid the high costs of recruiting and training replacements

- Rising expectations by volunteers (particularly baby boomers) who demand a system that recognizes their talents, respects their time, and provides an efficient and supportive supervisory environment

Getting Buy-In: Explain the Benefits of VRPM

Policies and procedures provide structure for sound management. They improve program quality and client service, ensure continuity over time, and promote equity and standardization. Policies are an extremely important risk management tool because they define expectations and rules and act as guides to action and decision-making. They are indispensable in the modern volunteer program.

Not having official written policies about all aspects of volunteer management does not mean that you do not have policies. You may have unspoken, informal "policies" that you

use regularly to make and implement decisions about how you manage volunteers. As a result, you may have a system that:

- Was developed around past crises and problems, without much thought for future application

- Focuses on only part of clarifying responsibility and actions, not on the complete requirements of a situation

- May contradict other ad hoc procedures utilized in working with volunteers

- Is applied inconsistently in different parts of the volunteer management infrastructure and by supervisors in various volunteer work settings

- Lacks continuity over time with changes in staff and volunteers

All of these lead to a less-than-optimal system for involving volunteers and a much riskier system for avoiding liability. Together, ACL's VRPM policies represent a state-of-the-art infrastructure and support system. Their implementation puts the SHIP program at the forefront of volunteer management among both nonprofit and government programs. These policies will help to ensure that the management system underlying volunteer involvement in SHIPs will be commensurate with the important work done by SHIP volunteers.

Like with all significant changes, this initiative will be demanding. Remembering and communicating the benefits of the changes balances the effects of those demands and assists you in getting buy-in from your constituents. Below is a list of messages that you can share with anyone who needs to understand and adopt new policies:

These policies help ensure that the management system underlying volunteer involvement in SHIPs is commensurate with the important work done by SHIP volunteers.

1. **These policies are based on the well-tested best practices** of many other volunteer programs across America and beyond. Policies promote highly effective engagement of volunteers, which allows SHIPs to provide a wider and safer set of services to SHIP program beneficiaries.

2. **These policies are comprehensive and will ensure that SHIP services are safer for beneficiaries and volunteers.** They also ensure the safety of the SHIP program and SHIP partners by reducing volunteer-related liability exposure.

3. **We will have the infrastructure to better assure that what we offer – both directly**

and through our partner organizations – is of high quality. Consistency, improvements, and growth in the provision of valuable assistance are all fostered by the infrastructure these policies outline.

4. **The VRPM initiative builds a unified national profile while still allowing SHIP programs to customize policies to local conditions.** With increased publicity, all SHIP programs rely, in a sense, on the effective operation of other SHIP programs; one highly publicized failure in management could easily damage the reputation of all programs. The policies are written in such a way that SHIPs can determine the best state and local methods for responding to most of the policy requirements.

> *One highly publicized failure in management could easily damage the reputation of all SHIP programs.*

5. **The VRPM policies establish and communicate the national SHIP standard of care for volunteer-based services.** In this regard, there is safety in numbers. Creating a set of national standards clarifies where the bar is set, thereby limiting liability for those programs that are in compliance with national standards. That protects the reputation and public profile of the entire network.

6. **VRPM provides an infrastructure for managing volunteers that is responsive to changing conditions and demands.** Such responsiveness guarantees greater program success.

Later chapters in this manual address how you can customize the overall policy rationale when seeking buy-in from specific groups affected by VRPM.

Tips for the Change Process

A successful change process is inclusive. The actions outlined below include and respect everyone who will be affected by the VRPM initiative: agency leaders, staff, partners, and volunteers.

- Be clear, definite, and open. Explain the reasons for change. People must understand the "why" of the change in order to let go of the past.

- Avoid a sense of failure. The old system is not being "rejected," just modified and updated. Always honor the results and people of the old system.

- Acknowledge that the VRPM policies may require extra time and effort. Model a positive and upbeat focus on how the outcomes of the change will be worth the effort.

- Help people to see how changes in requirements will contribute to the core values of safer and more effective services to beneficiaries.

- Inform people about the transition process and what impact the change will have for them.

- Communicate what *is* and is *not* changing and why.

- There is no such thing as "over communicating" during a change process. Give as much information as possible. Repeat as often as needed. Don't wait for people to ask, since some of them won't. Unless you communicate continuously, confused staff and partners may fail to follow through. Confused volunteers may begin to disengage from their roles.

- Tell the truth. If you are asked a question you don't know the answer to, it's okay to say "I don't know but I'll find out and get back to you."

- Expect and accept emotional reactions. Support people in expressing themselves. Don't be surprised if you hear people highly valuing past behavior or systems they previously had criticized.

- Having key people who understand, accept, and can help explain the changes to their peers is a valuable approach to preventing or addressing resistance.

- Listen at least as much as you talk.

Chapter 2: Conducting a Readiness Assessment

The Nature of the Policies

Some people are surprised by the number of policies in the VRPM system. Generally speaking, more complex programs require more detailed policies. SHIP is an example of a complex volunteer program.

As you begin your review of the policies, you will notice that they are divided into four sections according to topic. Additionally, the policies speak to different audiences. This will affect your implementation because some policies govern the behavior of constituents – leadership, partners, staff – while other policies govern the behavior of volunteers.

Some policies govern the behavior of constituents – leadership, partners, staff – while other policies govern the behavior of volunteers.

Summary of the VRPM Policy Topics

The VRPM policies cover the following topics. As a reminder, most policies contain policy-specific rationale. Some also contain suggested procedures and definitions.

- **Introduction from ACL** (explains the overall purpose of the policies and ACL expectations)

- **Section One: Introductory volunteer engagement policies** (scope of policies, compliance, volunteer role classifications, etc.)

- **Section Two: Risk management and health and safety** (risk assessment, insurance, safe work environment, workplace violence, home visits, etc.)

- **Section Three: Volunteer program management** (infrastructure, role design, recruitment, screening, placement, orientation and training, performance management, volunteer behavior, retention and recognition, volunteer/paid-staff relationships, etc.)

- **Section Four: Information technology** (internet protocols, privacy, reporting, social media use, etc.)

- **Key definitions** (positions of trust, volunteer, volunteer host organization, etc.)

Volunteer Program Management Policies

One type of policy pertains to how the volunteer program is managed. The function of

this type is to outline the internal workings of the volunteer management system and create a coherent and consistent set of rules that is applied to each situation. It governs actions to be undertaken by the coordinator of volunteers and others who oversee the work of volunteers. Policies in this category address:

- Screening
- Interviewing
- Orientation and training
- Volunteer role design
- Risk management
- Record keeping
- Data protection and information management

Volunteer Policies

Another type of policy generally pertains to the actions and decisions of volunteers as they perform their roles. This includes policies related to:

- Confidentiality and conflicts of interest
- Treatment of beneficiaries and co-workers
- Fulfillment of organizational duties, such as completing time sheets
- Performance standards and corrective action

These kinds of policies are appreciated by volunteers because they detail both expectations and anticipated support. Policies also demonstrate to today's increasingly sophisticated volunteers that they are engaged with an equally sophisticated and well-run volunteer program.

Adapting to Local Conditions

The development of high-level standards and protocols always creates tension between the need for a national, uniform approach and the legitimate need to be responsive to unique local conditions. Many of the national policies are written to allow for customization at the state and local levels, including by partners who manage any aspect of SHIP volunteers.

Here is a list of unique conditions that affect the local and state customization of the national policies:

- Budgeting and staffing capacity
- Organizational structure
- Existing policies and procedures
- Nature of relationships with partner organizations
- Scope of the volunteer program in both size and area of coverage
- Type of roles performed by volunteers
- Local and state regulations
- Unique local risks and conditions

About the Readiness Assessment

The first step in implementing the new policies is to assess your current practices and systems for working with volunteers. The intent of this assessment is to compare what you are currently doing with the requirements of the new policies and to identify:

- What you already have in place
- What you have that may need some modification
- Where you need to add a policy or procedure
- Where you have possible conflicts between a new policy and what you have in place
- Where you need to research state and local regulations
- Where the policies will affect your relationships and agreements with partners who serve as volunteer host organizations (VHOs)
- What impact the policies will have on your budget and staffing levels

Assessment Process

To be successful, this process requires involving staff in a policy-by-policy examination of the VRPM policies and your current volunteer management practices. The SHIP TA Center provides a readiness assessment form to guide you and document your decisions.

One way to undertake this review is to have your coordinator of volunteers perform a preliminary reading and assessment of your situation. He or she can then present findings to other staff with an opportunity to give input. It is critical to have input from as many staff as possible because they may know of their own or partners' practices that may not be widely known or practiced by others. This is particularly true in cases where you do not have an existing system of common policies for working with all SHIP volunteers.

As a suggested time frame, it might be wise to hold a meeting to develop a picture of what currently exists in your own and your VHOs' volunteer program management practices and compare them to VRPM policy requirements. The more thoroughly you conduct this initial review, the better you can develop your plan of action for implementing the policies and the more thoroughly you can identify changes in operation and infrastructure that will be required.

> *The more thoroughly you conduct this initial review, the better you can develop your plan of action.*

Customizing the Policies

Many of the policies allow for and even require local customization. In most cases, you will determine the procedures you and your volunteer host organizations will be following to implement these policies.

Here is an overview of the ways in which you will customize the national policies:

1. **Policy addressing overarching customization issues.** This is Policy 2.1 - Risk assessment.

2. **Policies where you can determine your own minimums or maximums.** There are at least two policies where you can determine whether the requirement is a minimum threshold – one that must be met to a certain level – or a maximum ceiling, which is a level that cannot be exceeded. (For example, see policies 3.27 and 3.37.)

3. **Policies where you will need to write a local protocol outlining custom implementation.** There are approximately 20 policies in this category, and they address such issues as home visits, criminal records checks, and dismissal of volunteers. (See policies 2.7, 3.38, 3.77, and 3.78, though there are several others.)

4. **Policies where you may write additional specifics.** There are at least three policies in this category, including Policy 4.5 – Use of social media by volunteers.

There is a handout in the SHIP Resource Library titled, "VRPM Policies That Require Customization." It contains the comprehensive list of policies in the above categories and would be a helpful handout for your readiness assessment meetings.

Identifying Lead Staff

You will need to make decisions about who is responsible for certain tasks in your volunteer management structure. For example, one important early task is to determine who will be responsible for conducting the initial risk assessment and who will be responsible for monitoring and assessing risks related to your volunteer involvement system in the future.

The VRPM system generally assigns responsibilities to the person or persons in the role of coordinator of volunteers; however, some policies will need the involvement of others. For SHIP volunteers managed through partners (VHOs), you will need to discuss who in those organizations will coordinate and manage VRPM implementation and the extent to which SHIP staff will be involved (if at all).

If Partners Manage SHIP Volunteers

SHIPs have different practices in their work with their partners who manage volunteers. This applies both in terms of what volunteer management tasks partners perform and what types of agreements are utilized. Some SHIPs conduct certification and training at the state level but have agreements with partners for recruitment and day-to-day supervision. Other SHIPs subcontract with regional and local partners for all aspects of volunteer management. If you are a SHIP that relies heavily on VHOs for day-to-day management of volunteers, your readiness assessment will need to include research about their staffing patterns, current volunteer policies, volunteer management materials, and current involvement of volunteers.

Remember that the SHIP is responsible for ensuring that VHOs are in compliance with the VRPM policies as they manage SHIP volunteers. This may require updating your contracting procedures with your partners. Chapter 4 addresses working with these partners more in depth, particularly regarding getting buy-in from your partners.

Identifying Needed Infrastructure Changes

All policies are related to and must mesh with the infrastructure that is in place to manage the volunteer involvement system. Indeed, many policies define pieces of infrastructure you need to have in place to support volunteer involvement. As you read and think about the VRPM policies, consider the following elements of infrastructure that are the essential building blocks for success:

Staffing

What staffing is currently in place to implement policies? Might additional staff be needed? Do current staff members have the expertise to implement volunteer program management policies? Will staffing responsibilities need adjustment to allow time to implement and maintain the new policies and the systems and functions they prescribe?

Budget

Will your budget line items need adjustment to support compliance with the policies? Are there areas where budgetary change will be needed, such as in contracts with local partners?

Facilities

Are facilities available to accommodate the requirements of the policies, such as those that mandate a safe and appropriate worksite for each volunteer? Can reasonable accommodations be made for the needs of volunteers with disabilities?

Documentation

Is information about volunteers being safely collected and managed? If applicable, what must your VHOs do to assist in this effort so that accurate and current information is gathered and kept about each volunteer, including the roles and assigned work?

Orientation and Training

What process will be needed to ensure that each volunteer has completed orientation and initial training for the assigned role? What process will be used to ensure that volunteers have completed continuing education and recertification, if applicable, for their role? Who will gather and record this information? Where will it be recorded?

Protocols

Who will create the protocols and procedures to implement each policy, and how will SHIP and VHO staff be trained in these protocols? How will compliance be monitored?

Volunteer Roles

How does your range of volunteer roles align with the policies? What volunteer roles at your SHIP meet the definition of "positions of trust"? ACL's policies explain that a position of trust involves access to at least one of the following: 1) beneficiaries or other vulnerable people, such as family members, 2) personal or confidential information, or 3) money or other valuables. If volunteer roles are changed or expanded, will there be sufficient capacity to apply VRPM policies to the new configuration? How will volunteer involvement be tracked through their various roles? How will you ensure that all volunteers have been screened and trained appropriately, depending on the roles they are performing?

Communication

Who within your system will need to be involved in your policy implementation effort, and how can you best ensure that they receive timely and accurate information? Who will be the key liaison for each core constituency (e.g., SHIP management, SHIP staff, VHOs, volunteers) with whom you wish to communicate? What system will you need to both proactively communicate with each constituency and allow them to communicate back to you?

Oversight

Who will be responsible for overseeing the implementation of the policies at the various levels? Who will be providing information for the organizational leadership on progress and needed changes? Who will evaluate the process to identify and address future needs?

Researching State and Local Requirements

As you may already be aware, each state and some localities may have their own requirements for areas covered in the VRPM policies. They may be within your own agency, within the state overall, or only in some local jurisdictions. You have probably already encountered examples of these, but we suggest you consider examining areas such as:

- Labor standards
- Liability precedents
- Insurance regulations
- Volunteer screening requirements
- Information and privacy protections

Because SHIPs are primarily operated by state governments, rules about the privacy of client data already exist. All states also have some form of requirement for screening volunteers, if only for those working with certain types of beneficiaries. These are just some examples. If you have not already done so, you will need to determine the rules for your jurisdiction and organizational structure.

Chapter 3: Gaining Internal Approval and Support

Getting Leadership Buy-In

As you well know, having the support of senior managers and organizational leadership is essential to the well-being of any program. This support is especially helpful when you are engaging in any kind of significant change in operations. The topics addressed in this chapter are useful to consider when describing the possible impact of VRPM to your agency leadership. Getting leadership buy-in from the beginning will make for a much smoother VRPM implementation process overall.

The *Why*: Explaining the Policy Rationale

As discussed in Chapter 1, explaining the rationale is essentially answering the question "So why are we doing this?" One short answer is that VRPM is required; however, this explanation doesn't automatically get buy-in. For explaining the overall reasons for the VRPM initiative to leadership, see Chapter 1. Once people see that changes are a good idea, they are more likely to actively (and willingly) participate in the work required to make change happen.

Getting leadership buy-in from the beginning will make for a much smoother implementation process overall

Here are ways of phrasing the overall policy rationale that are likely to resonate well with management:

1. **The new policies are a proactive preparation for the future**, not a reaction to any specific difficulty or liability issue within any particular SHIP program. They suggest what SHIP needs to do to grow and prepare for the future.

2. **The new policies provide a safety net that protects not only beneficiaries and volunteers but also the SHIP organization.** The policies will help create a unified national system of volunteer program management that will ultimately benefit every SHIP program. After all, one highly publicized failure in volunteer management in one SHIP program could easily damage the reputation of all SHIP programs. SHIPs occasionally have to make the case to elected officials for continued or increased funding. A public relations black eye has the potential to damage the security of SHIP funding.

3. **Though this is a national system, the policies allow flexibility.** For example, required policies are often general enough to allow SHIPs to create state-specific implementation procedures. Suggested procedures are provided for most policies.

SHIPs that don't want to reinvent the wheel can use suggested procedures provided by ACL in the policies or in other resources provided by the SHIP TA Center.

4. **Having a solid volunteer support infrastructure significantly enhances volunteer recruitment and, importantly, volunteer retention.** Because of the nature of the SHIP counselor role in particular, significant resources are required to prepare counselors for their work. Enhancing volunteer retention saves SHIPs time and money.

5. **Not all policies are required.** Twenty percent are recommended rather than required.

6. **In the long run, the policies are likely to result in increased quality, quantity, and effectiveness of volunteer efforts** and the ability to provide services to more beneficiaries.

> *Having a solid volunteer support infrastructure significantly enhances volunteer recruitment and, importantly, volunteer retention.*

You are probably aware of what arguments are most likely to be effective with your agency leadership.

The *How*: Explaining Your Implementation Plan

How you are going to proceed is as important to agency leadership as *why*. As part of your grant application, you may have already developed a detailed plan that can help you explain your intended process to agency leadership.

A good implementation plan should contain the following elements:

- Description of the ultimate initiative goals to share with each key audience
- Timeline with benchmarks at specific intervals
- Outline of key stages in the implementation process and the steps that accompany each stage
- Identification of key staff and how they will be involved
- Identification of key outside constituencies and how they will be involved
- List of anticipated structural changes required
- List of anticipated resources needed for implementation, with timeframes
- Process for evaluating progress
- Timeline of key reports to top management

The more organized you look in your presentation to leadership, the more credible your plan will seem. This naturally increases the likelihood of receiving the support and resources you need.

Responding to Questions or Pushback

Leadership may raise concerns and issues. It is advisable to think in advance about what those might be. Common questions you might expect from leadership are listed below, along with suggested answers. (You can also refer to the *Tips for the Change Process* section of Chapter 1 for helpful ideas in addressing and preventing pushback.)

Q: What are the budgetary aspects of this initiative?

A: Many of the new policies can be conducted without significant costs, particularly since ACL's SHIP National Technical Assistance Center is providing such training and technical assistance as manuals, webinars, sample procedures, policy implementation templates, online counselor training, and an online counselor certification tool.

Implementing some of the new policies will cost money. For example, national criminal records checks are required to screen volunteers who are in positions of trust (such as counselors), and there are fees to conduct such checks. The policies also require SHIPs to have a person or persons in the role of coordinator of volunteers (CoV). If you are one of the many SHIP programs have already budgeted both for the costs of screening volunteers and for supporting a CoV, you will face relatively minor financial changes.

Q: What are the staffing implications?

A: The major staffing requirement within the new policies is the coordinator of volunteers (CoV) position. This only impacts SHIPs who do not already have a designated person or persons in this role. The requirement can be handled in a variety of ways. One is to assign one person to serve in the role for your entire program. Another is to have the role shared among several staff members, either based on geographic coverage or based upon aspects of the role (some responsible for training and others responsible for supervision, for example).

In the long run, having a designated program-wide CoV is recommended, even if you have other staff responsible for some local training or supervision.

Q: How will our partners react?

A: For many SHIP programs, some or all SHIP service is conducted through partner organizations. When these partners manage SHIP volunteers (making them "volunteer host organizations," to use VRPM policy language), the new policies apply to them equally. SHIP is responsible for ensuring VHO compliance with VRPM. Not applying the policies to VHOs would endanger the SHIP program and the state agency where it is housed because both are potentially liable for any wrongful actions of VHOs that work with SHIP volunteers. Chapter 4 expands further on working with partners who serve as VHOs to implement new policies.

Engaging SHIP Staff

SHIP staff already stressed by high workloads and high levels of responsibility may be resistant to change. VRPM represents the unknown and will, even under the best circumstances, create some confusion and uncertainty in the short term. Changes will be particularly resented if they seem imposed from the outside: People don't necessarily resist change as much as they resist "being changed." For this and other reasons, we strongly suggest involving all paid staff in a discussion of the new policies and their requirements, thereby utilizing staff knowledge of how your current system is working to determine the potential impact of the new system.

Volunteer programs are only successful with the full support of paid staff. As with agency leadership, getting staff buy-in from the beginning will make for a much smoother VRPM implementation process overall. Though staff will have no choice but to help

Volunteer programs are only successful with the full support of paid staff.

implement policies, engaging them in the entire process makes it more likely they will participate willingly rather than grudgingly. How staff feel and communicate about the changes will have a big impact on your volunteers and VHOs later. Considering staff morale up-front pays dividends later in terms of volunteer adoption and volunteer morale.

Address Fears

If you address common fears immediately, people will be more able to focus on the substance of the VRPM initiative. Here are three primary fears, based on experience implementing the VRPM initiative in the SMP network, and suggestions for addressing them:

"You are saying I've been doing it all wrong."

It is important to stress to staff that the new requirements are not a criticism of them or what they have already been doing. Use the policy rationale shared earlier in this chapter and also in Chapter 1 to educate them about the initiative. Explaining the positive and proactive reasons for enhancing SHIP volunteer engagement will prevent staff from taking new policies personally. You might remind them that the new policies are also designed to help staff work better with volunteers as well as protect the SHIP program, volunteers, and beneficiaries.

"All of our volunteers will quit!"

This is a common fear expressed by staff faced with new policies. Wide-ranging experience proves that organizations that enhance their volunteer support and management systems do not lose their volunteers en masse. In fact, they often report increased retention of current volunteers and increased ease in recruiting new ones. All studies indicate that volunteers appreciate good management. The increasingly sophisticated volunteer workforce of today is quick to recognize and avoid an organization that does not appear willing or capable of managing their work and time appropriately.

The SMP implementation of the VRPM policies resulted in no exodus of volunteers. Point out to staff the benefits of the VRPM initiative, particularly to SHIP volunteers. (See Chapters 1 and 5.)

"I will be kept in the dark."

Keep open communication with staff throughout the implementation process. Discuss proposed changes and their impact, places where difficulties are expected in applying the new policies and areas where existing demands upon staff need to be adjusted.

This openness will reduce staff fears of the unknown by keeping them fully informed about what is happening in their work life now and what they may expect in the future.

Support and Encourage

Below are key elements to supporting SHIP staff in the VRPM implementation process:

- **Provide examples of where the new policies will likely be of great assistance to staff who now work with volunteers.** For example, the policies on volunteer performance and behavior provide a comprehensive set of requirements that will enable staff to better avoid possible volunteer misconduct and more easily deal with instances of problem behavior that do occur.

- **Reassure them that every effort will be made to assist them in adapting to the new system.** Examples of this are including required changes in position descriptions, providing training and support, listening to their concerns, and accommodating their needs regarding policy implementation.

- **Provide recognition.** Acknowledge SHIP staff who aid in implementing the new system and who demonstrate enthusiasm and creativity in enhancing the capacity of the SHIP to effectively involve volunteers. Provide recognition both publicly and privately. Make it clear that you understand their important role in effectively engaging the valued SHIP volunteer workforce.

- **Be a role model.** SHIP directors and other SHIP leaders should be aware that their own behaviors, attitudes, and commitment toward the new policies will be noticed and emulated by staff.

Many of the next chapter's suggestions, which are primarily directed at partners, could also be easily applied to staff, depending upon the nature of any resistance that you encounter.

Chapter 4: Working with Your Partners

SHIP Partners as Volunteer Host Organizations (VHOs)

Partner organizations – particularly those that are volunteer host organizations (VHOs) – are a very significant part of many SHIP service delivery systems. A VHO is any third-party organization engaged in the recruitment and/or management of volunteers performing SHIP duties. Host organizations may be formally contracted to deliver SHIP services or may do so through informal partnership arrangements with the SHIP.

The primary SHIP volunteer role reported is that of SHIP counselor. Fifty-seven percent of the more than 15,000 counselors nationally are volunteers (using the VRPM policy definition of a volunteer). SHIP Needs Assessment data gathered by the SHIP TA Center in 2016 show that many SHIPs rely on partners for help managing their counselors. Of the 51 SHIPs responding, the following percent rely on partners for some or all of these management functions:

A Volunteer Host Organization (VHO) is any third-party organization engaged in the recruitment and/or management of volunteers performing SHIP duties. SHIP Needs Assessment data gathered by the SHIP TA Center in 2016 show that many SHIPs rely on partners for help managing their counselors.

- Counselor supervision: 66 percent

- Counselor training: 45 percent

- Counselor certification: 24 percent

If you are a SHIP that relies on partners as VHOs, how you work with them during the implementation of the new policies will be pivotal to your success. The advice provided in the previous chapter for engaging your agency leadership and staff will also apply to engaging the leadership and staff of your partner organizations. Additional considerations for implementing VRPM through your VHOs are the focus of this chapter.

Reviewing Your Current Partnerships

Before you begin your VRPM implementation process with VHOs, review what is currently being done by them to manage your SHIP volunteers.

Key questions are:

- Which SHIP partners are VHOs that engage volunteers in the performance of SHIP work?
    - How many SHIP volunteers do they involve?
    - How many of the volunteers for these VHOs engage in roles that are "positions of trust" and thus will be subject to increased screening, training, and oversight requirements?
- What do we know about these VHOs and their experience with volunteers?
    - Do they operate other volunteer programs besides SHIP?
    - If so, is one of those programs the Senior Medicare Patrol (SMP), which might have already implemented ACL's VRPM policies?
    - What staff do they have assigned to work with SHIP volunteers in particular?
- What is our process for engaging these partners?
    - Do we contract with them?
    - Do we have a memorandum of understanding that outlines what they will do for us?
    - What requirements or standards for working with volunteers do we currently require of them?
    - Are those requirements or standards in written form?
- Which VHOs are most proactive in working with volunteers and are thus likely to most support the new efforts?
- Which VHOs have always been resistant and are operating a volunteer program that is not likely to be in compliance with VRPM policies?

Initiating the VRPM Conversation

The most effective way to initiate VRPM implementation through your partners is to have face-to-face conversations. The method you choose may depend upon the number of individual partners you involve as VHOs to manage your SHIP volunteers.

1. Convene a meeting of all VHOs in a conference setting. This is an effective approach because it allows for a full two-way discussion and also engages the entire partner

network in discussing and working through how the polices can best be implemented.

2. Have individual discussions with each VHO. This also works, but it lacks the cross feedback you get from having multiple partners involved. It also makes it more difficult to build consensus for, and uniformity in, action.

The most effective technique is to engage VHOs both ways: in an initial group meeting followed by individual meetings and communications, as needed. VHOs have made a commitment to the SHIP and should have a voice in how the program can best operate. VHOs should be involved in initial VRPM assessment and planning, then throughout the entire process of implementing new policies. Communication and involvement while implementing VRPM should, in fact, become a normal course of business.

Use these conversations with VHOs to: 1) Ensure that VHO staff are educated about, have copies of, and are supportive of the new policies; 2) Work together to outline the implementation plan and timeline; 3) Develop an agreed-upon system for monitoring compliance; and 4) Address resistance and concerns as soon as they arise.

Explaining the Policy Rationale

It is crucial that VHOs understand why you will be imposing new requirements on them. Rationale that can help VHOs is provided in Chapter 1, Chapter 3, and within ACL's policy document. The following ways of framing the overall policy rationales are likely to resonate with your partners.

1. **The new policies are not a reaction to bad performance by volunteer host organizations**; instead, they recognize the realities of increased risk and liability in society at large, with corresponding risks faced by organizations that engage volunteers. The new policies not only protect the SHIP program but they also protect the VHO itself, as well as all volunteers and the people with whom they work.

2. **The new policies are a proactive preparation for the future**, not a reaction to any specific difficulty or liability issue within the SHIP network. They do not indicate specific weaknesses in the SHIP program; instead, they suggest what the program needs to do to grow and change for the future.

3. **These volunteer program policies represent a valuable product that they receive at no cost** and that can benefit all of the volunteer-based programs they may operate, not just SHIP.

4. **The policies will pay off in the long run**, because enhancing volunteer efforts enhances their ability to provide services to more beneficiaries.

Gaining Partner Governance Approval

Some partners serving as VHOs will need to work through the same process of gaining governance approval from their agency leadership as your state SHIP office. (See Chapter 3.) You can assist them by:

- Writing a letter to VHO leadership describing the changes and benefits

- Offering to meet personally with organizational leadership to discuss the changes

- Updating leadership on progress during the transition to the new system

- Recognizing VHOs that are exemplars in moving to the new system

Surveying VHO Practices and Systems

You will need to survey the current practices of your VHOs in the areas of volunteer engagement and volunteer program management. This will support your readiness assessment process. (See Chapter 2.) If you have many VHOs, an electronic or paper survey is likely to be the most efficient method. If you have only one or two VHOs, you may be able to gather this information during an in-person meeting or phone interview. Key questions include:

- What is their current staffing system for working with volunteers? What other duties do these staff members perform? What percentage of their time is allocated to general volunteer management and specifically to the management of SHIP volunteers?

- How many volunteers in programs other than SHIP do they involve? What percentage of their SHIP volunteers also volunteer for these other programs?

- What system is in place in the VHO to recruit, screen, place, train, supervise, and support volunteers? Do these rules apply to all volunteers within the VHO or are there different rules for volunteers working in different programs?

  o If possible, get copies of their volunteer policies, volunteer handbook, recruitment messages, and other examples of what they actually use in managing volunteers.

- How are these responsibilities divided among their staff?

- Are there other funding sources besides SHIP used to support their volunteers and, if so, what are they?

Initiating System Changes

The processes described earlier will prepare you for the next step, which is to initiate system changes to bring your VHOs into alignment with the SHIP VRPM initiative. You have likely discovered that some of your VHOs – those that already have sophisticated volunteer management systems – are not at all surprised by the new policies; they may, indeed, have policies of their own that are more stringent.

Perhaps you have found that other VHOs have less advanced systems for volunteer management or no recognizable formal system. These groups will obviously require greater effort to align their procedures with the new requirements. You may need to provide more assistance in training staff of these organizations.

Finally, you may have discovered that some VHOs are unwilling or unable to make the changes necessary to come into compliance with the VRPM policies. It is likely that these will be organizations with relatively weak (or nonexistent) volunteer program management systems. It is possible that the SHIP network is both safer and more effective without the involvement of partners who are not willing to make a commitment to working effectively with volunteers.

Adjustment of Current VHO Contracts and MOUs

Whether you have paid contracts with your partners serving as VHOs or some form of unpaid memorandums of understanding (MOUs), your agreements may need to be updated when it is time for renewal.

Key elements to include in your agreements with your VHOs are:

- The text for the policies that apply to your VHO and the SHIP volunteers that the VHO manages
- A clear understanding that the VHO agrees to the requirements of the new policies
- A listing of the actions that the VHO agrees to undertake in managing SHIP volunteers
- A process for tracking VHO progress in implementing the policies
- Assistance the SHIP will provide to the VHO in implementing the policies
- A reminder that implementing the policies is required of the state SHIP in its Cooperative Agreement with the Administration for Community Living (and the language in this Cooperative Agreement could be cited in contracts with VHOs)

Establishing and Monitoring Compliance

The most efficient method for monitoring compliance is having frequent contact with VHO personnel who work with SHIP volunteers. Designating field staff and assigning them a liaison role with specific VHOs is an excellent way to provide this ongoing engagement. Your staff will be better able both to assess VHO progress and provide needed technical assistance than would be possible through reliance on paper reports. During these conversations, go beyond asking VHO staff how they think they are doing – make sure that you get them to describe exactly *what* they are doing and *how* they are doing it so that you can better evaluate whether they are progressing sufficiently.

Responding to VHO Resistance

Here, we address some possible concerns you will face from partners and some suggestions for how to respond. Remember that in all cases you should treat resistance as well-intended and sincere, so respond to all remarks in a straightforward manner. Do not argue if you can avoid it; if you feel misunderstood, ask people to report what they thought you said and try to work toward a common understanding.

Treat resistance as well-intended and sincere. Do not argue. Work toward a common understanding.

Remember that some resistance will be a reflection of people's frustration, not a rejection of the truth. Let them vent, but do not back down. Remind them of the help and support they can expect to receive in their system's upgrade process. Rely on the policy rationale to help them evaluate the downsides to not adopting VRPM policy standards – greater risk and liability exposure, less effective management of volunteers, higher turnover of volunteers, and less effective service to beneficiaries.

VHOs may have similar concerns to those of your agency leadership and staff; these concerns were covered in the previous chapter. The advice provided for responding to leadership pushback and addressing staff fears also applies to VHOs.

Below are some key additional points to keep in mind for your VHOs:

"What will this cost?"

Exact additional costs will depend on what you are currently doing for your VHOs and what funding you provide for them. For example, conducting or paying for the cost of screening volunteers greatly reduces the financial impact on VHOs. Most of the new

policies have minimal financial impact, other than the staff time required to make adjustments or increase the amount of time spent working with volunteers to comply with policy expectations.

Two other key points you can make:

- The cost of implementing the new policies is more than offset by being better able to recruit, retain, and manage volunteers, thus allowing for improved services to beneficiaries. It takes less time and money to retain experienced and capable volunteers than it does to recruit, train, and supervise replacements.

- The cost of implementing the new policies is substantially less than would be the cost of a single lawsuit involving a VHO organization, to say nothing of the irreparable loss of reputation and public support.

"You can't tell us how to run our business!"

An answer to this comment could be, "We're not; we're telling you what you need to do to run *our* business." The SHIP program and its volunteers belong to the SHIP network, not to the VHO, and the SHIP is responsible, both legally and ethically, for ensuring that the program functions effectively and safely. The requirements in the new policies represent widely accepted good volunteer management practices – what rationale can be offered for doing a bad job in working with volunteers? This is no different from other federal requirements currently placed on partners, such as financial accountability and reporting.

It takes less time and money to retain experienced and capable volunteers than it does to recruit, train, and supervise replacements.

Chapter 5: Communicating with Volunteers

A Volunteer's Perspective

Volunteers are remarkably sensitive to changes in how they are managed as well as to changes in organizational structure and operation. In many cases, programs have volunteers whose "tenure" is longer than that of many paid staff and who believe very deeply in what they are doing.

To ensure that these volunteers continue, they should be treated as an important constituency whose support is essential to the success of the new effort. Thoughtfully crafted communication with them is critical. Experience indicates over and over that the support of change by existing volunteers is in large part dependent on how positively the change is portrayed and the thoughtfulness with which the change process is constructed.

It is also important to remember that the suggestions in this chapter apply both to volunteers directly managed by the main SHIP office and to volunteers who are managed by partners serving as VHOs. If you have both types of volunteers, expect your VHOs to follow the same guidelines as your state office when working with volunteers to implement the VRPM initiative. This is the only way to ensure *all* volunteers working on behalf of the SHIP understand their responsibilities under the new policies.

Messaging to Volunteers

You will need to notify all current volunteers of the new policies. Plan this notification process carefully. A face-to-face interaction in which the SHIP or VHO carefully explains the purpose of VRPM against a backdrop of rising industry standards in volunteer program management and increasing accountability being demanded by the courts and the public is likely to produce the greatest acceptance among volunteers.

Be certain to provide the rationale for the VRPM initiative when you announce the new requirements. A delay can create an opportunity for resentment to grow. Be honest about the expected impact. Point out that the policies are not only about protecting beneficiaries and the SHIP program, but they are also equally about protecting and supporting the SHIP volunteers.

Explaining the Policy Rationale

You can draw upon the overall policy rationale in Chapter 1 when communicating with volunteers. Here is a list of selected rationales that are likely to particularly resonate with your volunteers:

- The new policies are not a sign of specifically identified current problems but are instead a proactive system for protecting the SHIP, its volunteers, and beneficiaries.

- The new policies represent the creation of a state-of-the-art system of managing a volunteer program within SHIP, an approach that is consistent with the high-level roles undertaken by SHIP volunteers.

- The new policies are consistent with the approach taken by other volunteer organizations with which SHIP volunteers might also be engaged, such as the Senior Medicare Patrol (SMP).

- The new policies outline both the responsibilities of those who volunteer for SHIP and the responsibilities that the SHIP undertakes in working with its volunteers. Remind volunteers, "These policies help hold *us* accountable to *you*, honoring the important work you do for and with us to serve Medicare beneficiaries."

Point out that the policies are not only about protecting beneficiaries and the SHIP program. They are also equally about protecting and supporting the SHIP volunteers. Remind volunteers, "These policies help hold us accountable to you, honoring the important work you do for and with us to serve Medicare beneficiaries."

Addressing the Impact

The new policies will probably have some impact on all volunteers engaged with the SHIP. The impact will vary, based upon how the existing management system compares to the updated system under the VRPM initiative.

- While the new policies may require additional screening and training for some SHIP volunteers, this is justified because of the higher "positions of trust" held by such volunteers. Volunteers who are not in a position of trust role may actually be subject

to less screening and training than previously if the SHIP had applied standard screening and other requirements to all volunteers regardless of their role.

- Volunteers will still remain in control of what roles they wish to accept with the SHIP and whether or not they wish to remain as SHIP volunteers.

- Volunteers who work both with SHIP and SMP will now have a single, consistent set of requirements to work within.

Explaining the Benefits for Volunteers

Many of the new policies are designed to provide a protective system for volunteers. The policies require SHIPs and VHOs to:

- **Protect volunteer rights and needs**, such as by providing a safe work environment, adequate equipment, and freedom from harassment; the policies also have procedures for addressing volunteer grievances.

- **Provide a clear system for supporting volunteers**, such as by providing the necessary training to do their work, recognizing their contributions, and ensuring they have a dedicated supervisor whose role is to assist and support them in performing successfully.

- **Clearly outline expectations of volunteers**, eliminating any uncertainty that may have existed in the past and preventing future uncertainty.

Responding to Volunteer Resistance

Some individuals are highly resistant to change of any type, and volunteers are no exception to this rule. The dedication you value from your volunteers can engender ownership and investment in the program; that means that some volunteers may want to hold on to what is and has been. Do not be surprised if during the adoption of the new policies you encounter one or two volunteers who are both highly resistant and highly vocal regarding the new approach. Allow them to vent; explain again what you are doing and why.

Give them some time to adjust. Help them to understand that the rationale for change has to do with what is best for beneficiaries and the SHIP program as a whole. But do not hesitate to suggest that if they are not comfortable with the requirements of the new system it would be preferable for them to seek a different type of volunteer work.

When SMPs were implementing VRPM, this degree of resistance occasionally occurred, but more SMPs reported their volunteers being surprisingly welcoming to the new system. In fact, volunteer resistance was not as prevalent as resistance from staff who feared they would be unable to keep up with the work, or even worse, would lose volunteers. In reality, there was no exodus of SMP volunteers as a result of VRPM.

Individual volunteers may also be confused by the policies if they are not congruent with their other volunteering work. An example of this would be the SHIP policies that prohibit dealing with the financial issues of beneficiaries. If the SHIP volunteer is also volunteering for a money management program, this policy may seem strange to them because they are allowed to discuss finances in another volunteering context. The answer, of course, is that SHIP is a different program serving a different purpose. This is why volunteers in money management programs do not give advice on Medicare. Do not be surprised if some SHIP volunteers who are also involved with less sophisticated volunteer programs want to know more about the rationale for the new SHIP policies.

> *Give them some time to adjust. The earlier and more often you communicate with volunteers, the more comfortable they will feel.*

Resistance from a group of volunteers is likely to be tied to a failure in the communication plan. Addressing such resistance can often absorb much more time and generate a good deal more angst than spending more time constructing a good communication strategy from the outset. The earlier and more often you communicate with volunteers the more comfortable they will feel. They will feel a part of the change process instead of its victims.

Having key volunteers who understand, accept, and can help explain the new policies to other volunteers is another valuable approach to addressing resistance by some volunteers.

Conclusion

SHIP is a national, visible, and respected partner in the effort to provide Medicare beneficiaries with reliable and unbiased information regarding health insurance options. The national SHIP program is founded on a trained, committed, and trustworthy volunteer workforce upon which the program relies to disseminate information to beneficiaries.

Given Medicare's complexities and the reality of volunteer turnover, SHIPs must dedicate year-round resources to recruiting volunteers and managing their volunteer programs. Having the formal structure of VRPM provides support and outlines the infrastructure for this ongoing effort. It can be a positive, productive program that will professionalize the volunteer system and increase volunteer retention and recruitment.

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Appendix E

Home Visit Considerations

Home Visit Considerations

The question of whether a home visit should occur involves consideration of several factors. A home visit can sometimes be the most time-effective means of obtaining necessary information from the client or applicant, and of providing necessary information to clients and applicants. The following list is not all-inclusive, but rather it states some of the pertinent considerations. *No consideration, however, is more important than the health and safety of the client and the health and safety of AAA staff and volunteers. Any order that makes a home visit improper must be complied with.*

1. Has the client or the applicant for services requested a home visit or is it rather the AAA staff member or volunteer who believes a home visit is the most time-effective form of visit?
2. Does the client or applicant, or the staff member or volunteer, have a disability that makes a home visit more, or less, appropriate?
3. Will a home visit meet the need for confidentiality?
4. Why is an in-office conference with the client or applicant, or gathering of information by telephone or video-teleconference or written correspondence, including questionnaire, checklist, fax (if available), or email (if available) not as time-effective as a home visit?
5. What information or "clues" would a home visit allow to be obtained, that an in-office conference or other means of information gathering will not allow?
6. Is photocopying likely to be necessary and does the client or applicant have a photocopy machine in their home or is there one in a nearby office or business that can be used, so as to speedily return to the client or applicant the important papers, or is the amount of copying necessary small enough to be done by using the camera on a mobile phone or can the copying wait and be done in the office of the staff member or volunteer?
7. Does the client or applicant have a member of the household who cannot be left in the home without the client or applicant also being in the home?
8. Does the client or applicant have a member of the household or a family member or friend who can provide transportation for the client or applicant?
9. Is another means of transportation available for the client or applicant to come to the office?
10. Are there factors present in the location where the client or applicant stays that may require a home visit to involve more than one staff member or volunteer or that may rule out a home visit? Such factors to consider include, but are not limited to, dogs or other pets that may be dangerous, smoking, other occupants in the dwelling who have a criminal history or who have difficulty managing anger; whether an occupant of the dwelling has a communicable illness; and whether the dwelling is in good structural condition.
11. Does the staff member or volunteer have a communicable illness, which it would be best to not expose the client or applicant to?
12. Is the time-effectiveness of a home visit (which can sometimes be highly time-effective) outweighed by the loss of time in the office?

As mentioned, *no consideration, is more important than the health and safety of the client and the health and safety of AAA staff and volunteers. Any order that makes a home visit improper must be complied with.* Subject to those caveats, paragraphs 1 – 12 are merely some considerations. A home visit can be a very time-effective means of gathering information from clients and applicants, and of providing information to clients and applicants. The experience of clients and applicants that you serve, and your own AAA 's experience may give rise to other considerations, and may cause some of the above to be eclipsed in importance by other considerations.

Appendix F

Client Intake and Service Request Form

TEXAS
Health and Human Services

Client Intake and Service Request

Area Agency on Aging of _____

The information on this form is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Health and Human Services Commission. All information provided will be kept confidential and guarded against unofficial use. Information gathered through an intake or through an assessment may be shared to effectively plan, arrange and deliver services to meet an individual's needs.

☐ **Release of information has been clearly explained to the individual.**

Date	Individual's ID Number	Individual's Primary Language
Last Name	First Name	MI
Street Address/Apt No.	City	State	ZIP Code	County
Area Code and Telephone No.	Birth Date	Gender ☐ Male ☐ Female	

Ethnicity (Check One):

☐ (1) Hispanic or Latino

☐ (2) Not Hispanic or Latino

☐ (3) Ethnicity Not Reported

Race (Check all that apply):

☐ (1) White – Non Hispanic

☐ (2) White – Hispanic

☐ (3) American Indian/Alaska Native

☐ (4) Asian

☐ (5) Black or African American

☐ (6) Native Hawaiian or Pacific Islander

☐ (7) Persons Reporting Some Other Race

☐ (8) Race Not Reported

Marital Status (Check One):

☐ (1) Married

☐ (2) Widowed

☐ (3) Divorced

☐ (4) Separated

☐ (5) Never Married

☐ (6) Not Reported

Does individual live alone?   ☐ Yes   ☐ No

Total Number of Family Members in Household Including Individual: _____

Monthly Household Income: _____   ☐ Low Income ☐ Moderate Income ☐ High Income

Low Income Levels for: Single person family unit – $ 11,490; Two person family unit – $15,510; Add $4,020 for each additional person

Monthly Income from:	Individual	Spouse
Job		
Social Security		
Supplemental Security Income		
Veterans Affairs		
Other Sources		
Other Benefits (e.g., Supplemental Nutritional Assistance Program (SNAP))		

Emergency Contact Information

Contact Name	Relationship	Area Code and Telephone No.
Primary Care Physician	Area Code and Telephone No.	

Service(s) Requested

Are you enrolled in? ☐ Medicare Medicare No.: _____ ☐ Medicaid Medicaid No.: _____

Referred By

☐ Texas Department of Family and Protective Services (DFPS)   ☐ Home and Community Care Organization

☐ Texas Department of State Health Services (DSHS)   ☐ Family Member

☐ Other   ☐ Doctor   ☐ Hospital   ☐ Assisted Living Facility

_____   _____
Signature – AAA/Provider Staff Completing Intake   Date

To be completed by AAA/Provider Staff

Nutrition Services: If participant is "other Older Americans Act (OAA) or NSIP eligible participant under 60 year of age," check which of the following applies:
☐ (1) Spouse is eligible and participates at the nutrition site
☐ (2) Serves as volunteer at the nutrition site in accordance with OAA standards.
☐ (3) Disabled/resides in the housing facility and wants to participate in the congregate meal program provided at the site.
☐ (4) Disabled and lives with the person participating in the congregate meal program.

Appendix G

Client Rights and Responsibilities

TEXAS
Health and Human
Services

Client Rights and Responsibilities

Area Agency on Aging of _____

The Area Agency on Aging of_____welcomes you as a participant in programs for older individuals and family caregivers in our region. This program is mandated by the Older Americans Act of 1965, as amended, and provides access and assistance and other supportive services. The programs and services are administered by the Area Agency on Aging with funding provided through the Texas Health and Human Services Commission, client contributions and local funding.

Programs and services are designed for individuals 60 or older and/or their family members and other caregivers. Our goal is to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible through the provision of limited support services. Information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

Client rights and responsibilities:

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.

2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.

3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance, contact the Area Agency on Aging. Contact information is identified below:

Service Provider Information	Area Agency on Aging Information

4. You have the right to participate in the development of a care plan to address unmet needs. ☐ N/A

5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding. ☐ N/A

6. You have the right to make an independent choice of service providers from the list furnished by the Area Agency on Aging where multiple service providers are available and change service providers when desired. ☐ N/A

7. You have the right to be informed of any change in service(s). ☐ N/A

8. You have the right to make a voluntary, confidential contribution for services received through the Area Agency on Aging. Services will not be denied if an eligible participant is unable or chooses not to make a contribution. All contributions will be kept confidential and will be utilized to expand or enhance the service(s) for which they were provided.

9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when services will not be utilized. ☐ N/A

10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

_____   _____
Client Signature   Date

Appendix H

Area Agency on Aging Client Information Release

Area Agency on Aging of

Client Information Release

Client Name:	Client ID:

By signing this authorization, you are giving the Area Agency on Aging (AAA) _____ permission to release all or part of your information provided, which includes health information. Failure to provide this authorization will result in limited service by the AAA. This release includes access to a continuum of service(s) available through the AAA or its providers.

PARTS A, B & C TO BE COMPLETED BY CLIENT OR PERSONAL REPRESENTATIVE

I authorize the Area Agency on Aging to release my information to the following person or agency for the purpose(s) stated in Part A. My information will remain available to the person or agency indicated in accordance with the expiration event or date in Part B.

PART A – Release of Information

I understand that my information may contain protected health information. Release my information to the following person or agency: ☐ Any person or agency necessary to meet my service needs.

☐ Only the persons or entities identified:

Check one of the following: ☐ Release all of my information.   ☐ Release only the following information:

PART B – Purpose of Release

☐ General: To assist in assessing, arranging, and meeting individual service needs.

☐ Specific:

☐ Expiration: This authorization expires at point of reassessment, where applicable, or within three years of effective date.

PART C – Signature

(Client or Personal Representative)	(Date)

☐ Check if you are signing for the client and please describe your authority to act for the client on the following line:

Note: If the person requesting the release of information cannot sign his/her name, two witnesses to his/her mark (X) must sign below. Accept one witness signature in circumstances where it is not possible to obtain two witness signatures. Document the reason in the client file.

Witness:	Date:
Witness:	Date:

Notice to Client:
- ✓ Once the authorization to release your information is granted, the AAA is not responsible for any redisclosure of the information by the recipient.
- ✓ You can withdraw permission you have given the AAA to use or disclose health information that identifies you, unless the AAA has already taken action based on your permission. You must withdraw your permission in writing.

Agencia del Área para Adultos Mayores de
Divulgación de información del cliente

Nombre del cliente:	Identificación del cliente:

Al firmar esta autorización, usted da a la Agencia del Área para Adultos Mayores (AAA) _____ permiso para divulgar toda o parte de su información provista, que incluye información médica. Si no firma esta autorización, la AAA limitará los servicios que le ofrece. Esta autorización de divulgación da acceso a una gama de servicios disponibles por medio de la AAA o de sus proveedores.

EL CLIENTE O SU REPRESENTANTE PERSONAL DEBE LLENAR LAS PARTES A, B Y C

Yo autorizo a la Agencia del Área para Adultos Mayores para que divulgue mi información a las siguientes personas o departamentos con el propósito indicado en la <u>Parte A</u>. La información estará disponible para la persona o el departamento indicado hasta el evento o la fecha de vencimiento anotada en la <u>Parte B</u>.

PARTE A. Divulgación de información

Entiendo que la información puede contener información médica protegida. Divulguen mi información a la siguiente persona o departamento: ☐ Cualquier persona o departamento, si se tiene que hacer para satisfacer mis necesidades de servicios.

☐ Sólo a las personas o entidades identificadas:

Marque una de las siguientes opciones: ☐ Divulguen toda mi información. ☐ Divulguen sólo la siguiente información:

PARTE B. Propósito de la divulgación

☐ General: asistir en evaluación, hacer arreglos, y a satisfacer las necesidades personales de servicios.

☐ Específico:

Expiración: Esta autorización expira en el punto de la revaluación, donde esto se aplica, o tres años después de la fecha de vigencia.

PARTE C. Firmas

(Cliente o Representante personal)	(Fecha)

☐ Marque este cuadro si firmó en nombre del cliente y describa en el siguiente renglón qué autoridad tiene para actuar por el cliente:

Nota: si la persona que pide la divulgación de información no puede firmar su nombre, dos testigos de su marca (X) tienen que firmar a continuación. Acepte la firma de un solo testigo cuando no sea posible obtener la firma de dos testigos. Documente la razón en el archivo de cliente.

Testigo:	Fecha:
Testigo:	Fecha:

Aviso al cliente:
- ✓ Una vez que se conceda la autorización para divulgar su información, la AAA no se hace responsable de ninguna divulgación de la información de parte del destinatario.
- ✓ Usted puede retirar el permiso que le haya dado a la AAA para usar o divulgar información de salud que lo identifique a usted, a menos que la AAA ya haya tomado alguna acción de acuerdo con su permiso. Si quiere retirar el permiso, tiene que hacerlo por escrito.

Appendix I

Medical Abbreviations

Medical Abbreviations

<u>**MEDICAL ABBREVIATIONS – MOST FREQUENTLY USED**</u>

abd-abdomen	hs,H.S.-hour of sleep, bedtime	N+V-nausea and vomiting
a.c.-before meals	I&O-intake and output	NPO-nothing by
ad lib-as desired	IM-intramuscular	mouthqnoc-every night
a.m.-morning	lab-laboratory	q2h-every 2 hours
bid-twice daily	MN-mignight	q4h-every fours hours
BM-bowel movement	noc-night	qod-every other day
BP-blood pressure	O2-oxygen	r/o-rule out
BRP-bathroom privileges	O-oral	ROM-range of motion
c-with	O.D.-right eye	Rx-treatment
CA-cancer	O.S.-left eye	▢ -without
cant-continuous	O.U.-both eyes	ss-half
cap-capsule	os-mouth	spec-specimen
cath-catheter	oz-ounce	stat-immediately
cc,ml-cubic centimeter	p-after	ss-enema-soap suds enema
comp-compound	pc-after meals	sub q-subcutaneous(injection)
c/o-complains of	per-as by	supp-suppository
CVA-cerebrovascular accident	p.m.-afternoon/evening	T-one
CHF-congestive heart failure	po-by mouth	TT-two
EEG-electroencephelogram	prn-as needed	tab-tablet
EKG-electrocardiogram	p.t.-physical therapy	tid-3 times daily
En-enema	pt-patient	TPR-temperature, pulse, respiration
Fx-fracture	q-every	U.A.-urinalysis
Gr-grain	qd-every day	ung-oinment
(H)-hypodermic	qh-every hour	V.S.-vital signs
H2O-water	qid-4 times a day	w/c-wheelchair

Appendix J

A-Z Medical Abbreviations – More Detailed List

A-Z Medical Abbreviations – More Detailed List

A

aa	of each
AAROM	active assistive range of motion
ABD	abduction
Abd pad	surgical pad
ADD	adduction
ADL	activities of daily living
A-fib	atrial fibrillation
AK	above knee
AKA	above knee amputation
A.M.	before noon
AMB	ambulation
AMI	acute myocardial infarction
AMP	amputee/amputation
ANT	anterior
Ap.	Apically
Approx.	approximately
A.P.	apical pulse
A/P	anterior/posterior
A/P & Lat.	Anterior/posterior and lateral
AROM	Active Range of Motion
Art.	Arterial
ASA	aspirin, acetylsalicylic acid
ASHD	ateriosclerotic heart disease
aspir.	Aspiration
ax	axillary

B

BE	barium enema
bilat.	Bilateral
bili	bilirubin
BIW	twice a week

BK	below knee
BKA	below knee amputation
bld.	Blood
BLE	bilateral lower extremities
BPM	beats per minute
BS	bowel sounds
BSC	bedside commode
BSD	bedside drainage
BUE	bilateral upper extremities

C

C&S	culture and sensitivity
CAB	coronary artery bypass
CAD	coronary artery disease
cal.	Calorie
CAT	computerized axial tomography
C, Cl	cervical vertebrae
CBC	complete blood count
CNS	central nervous system
COPD	chronic obstructive pulmonary disease
COTA	certified occupational therapy assist.
CPT	chest physiotherapy
CSF	cerebrospinal fluid
CT (scan)	computerized tomography
CVD	cardiovascular accident
CXR, c-xray	chest x-ray

D

D/C	discharge
Dig.	Digoxin
DJD	degenerative joint disease
DM	Diabetes Mellitus
DNR	Do Not Resuscitate
DOE	dyspnea on exertion
DON	Director of Nurses
DVT	deep vein thrombus
DW	distilled water

DX	diagnosis

E

e.g.	example
ENT	ear, nose, throat
ESRD	end stage renal disease
Ext.	external
EXTEN.	Extension

F

F	fair (MMT grade) or female
F+	fair plus
F!	fair minus
FBS	fasting blood sugar
Fe	iron
Fld.	fluid
FLEX.	Flexion
FS	finger stick
F/U	follow-up
FUO	fever of unknown origin

G

G	Good (MMT grade)
G+	good plus
G!	good minus
GI	gastrointestinal
Gluc.	Glucose
GT	gait training
GTT	glucose tolerance test
gtt.	Drop
gtts.	Drops

H

H2O2	hydrogen peroxide
HA	headache
HEENT	head, eyes, ears, nose and throat

HEMI	**hemiplegia**
Hg.	**Mercury**
Hgb	**hemoglobin**
HHA	**home health aide/agency**
H&H	**hematocrit and hemoglobin**
H&P	**history and physical**
HTN	**hypertension**
HX	**history**

I

ICU	**intensive care unit**
IDDM	**insulin dependent diabetes mellitus**
I&D	**incision and drainage**
IP	**inpatient**
IPPB	**intermittent positive pressure breathing**

J

Jt.	**Joint**
JVD	**jugular vein distension**

K

K, K+	**potassium**
KUB	**kidney, ureter, bladder**
KVO	**keep vein open**

L

L	**left/liter**
LAT	**left anterior thigh**
LB	**lower back**
LE	**lower extremity**
LLB	**long leg brace**
LLE	**left lower extremity**
LLL	**left lower lung, lobe**
LLQ	**left lower quadrant-abdomen**
LML	**left middle lung, lobe**
loc	**laxative of choice**

LOC	level of consciousness/care
LPTA	licensed physical therapy assist.
LUL	left upper lung, lobe
LUE	left upper extremity
LUQ	left upper quadrant
Lytes	electrolytes

M

M	male
mcg.	Microgram
MI	myocardial infarction
MOD	moderate
MOM	milk of magnesia
MRI	magnetic resonance imaging
MRSA	methicillin resistent staph aureus
MSSW	medical social services worker

N

Na	sodium
NaCl	sodium chloride
N/C	nasal cannula
NS	normal saline
NIDDM	non-insulin dependent diabetes mellitus
NPH	neutral protein hagedorn (insulin)
NSAID	non-steriod anti-inflammatory drug
NTG	nitroglycerin
NWB	non weight bearing

O

O2 sat.	oxygen saturation
OBS	organic brain sydrome
OOB	out of bed
OP	outpatient
O&P	ova and parasites

P

P	poor/pulse
P+	poor plus
P!	poor minus
PCN	penicillin
PCO2	partial pressure of carbon monoxide
PARA	paraplegia
PERL	pupils equal and responsive to light
PERRLA	pupils equal, round, react to light and accommodate
pH	hydrogen ion concentration
PKU	phenylketonuria
PROM	passive range of motion
PVD	peripheral vascular disease
PX	prognosis

Q

q.n.s.	quantity not sufficient
qs	quantity sufficient
QS	quad sets
Quads	quadriceps

R

R, Rt	right
RA	rheumatoid arthritis
RAT	right anterior thigh
RBc	red blood count
RDA	recommended dietary allowance
RLE	right lower extremity
RLL	right lower lung, lobe
RLQ	right lower quadrant
RML	right middle lung, lobe
ROM	range of motion
RR	respiratory rate
RUE	right upper extremity
RUL	right upper lung, lobe
RUQ	right upper quadrant

S

SBA	stand by assistance
shld.	Shoulder
S/I	supervise and instruct
S/L	sublingual
SLR	straight leg raise
SOB	shortness of breath
SOC	start of care
SW	standard walker
SX	symptom

T

TENS	transcutaneous electric nerve stimulation
TIA	transient ischemic attack
Tinct.	Tincture
TIW	3 times a week
TKO	to keep open
T.O.	telephone order
TTWB	toe touch weight bearing

U

URI	upper respiratory infection
UTI	urinary tract infection

V

Vd	void
V.O.	verbal order
VS, V/s	vital signs
V-fib.	Ventricular fibrillation
V-tach	ventricular tachycardia

W

WBAT	weight bearing as tolerated
WBC	white blood count
WBS	weight bearing status

W/D	**warm and dry**
WFL	**within functional limitations**
WNL	**within normal limits**

X

X	**times**
XRT	**radiation therapy**

Appendix K

Customer Satisfaction Survey

ACL SHIP
Customer Satisfaction Survey

Detailed Survey Training

CG Strategy

Explore • Design • Navigate

Learning Objectives

The purpose of this session is to:

- ✓ Obtain a functional level of understanding about the SHIP Customer Satisfaction Survey

- ✓ Gain familiarity with the SHIP survey process

- ✓ Clarify SHIP survey collection requirements, roles, and responsibilities

- ✓ Discuss strategies to address data quality needs

- ✓ Identify methods for support and technical assistance

- The SHIP Survey has two administration periods:
  - Open Enrollment Period: Begins November 4, 2019.
    - Requires 38 completed surveys per State/Territory
  - Non-Open Enrollment Period: Begins March 2, 2020.
    - Requires 37 completed surveys per State/Territory

- What do States/Territories need to do in each administration period?
  - Ensure you enter **at least** 100 counseling records with a **first name**, **last name**, and **phone number**.

Survey Overview
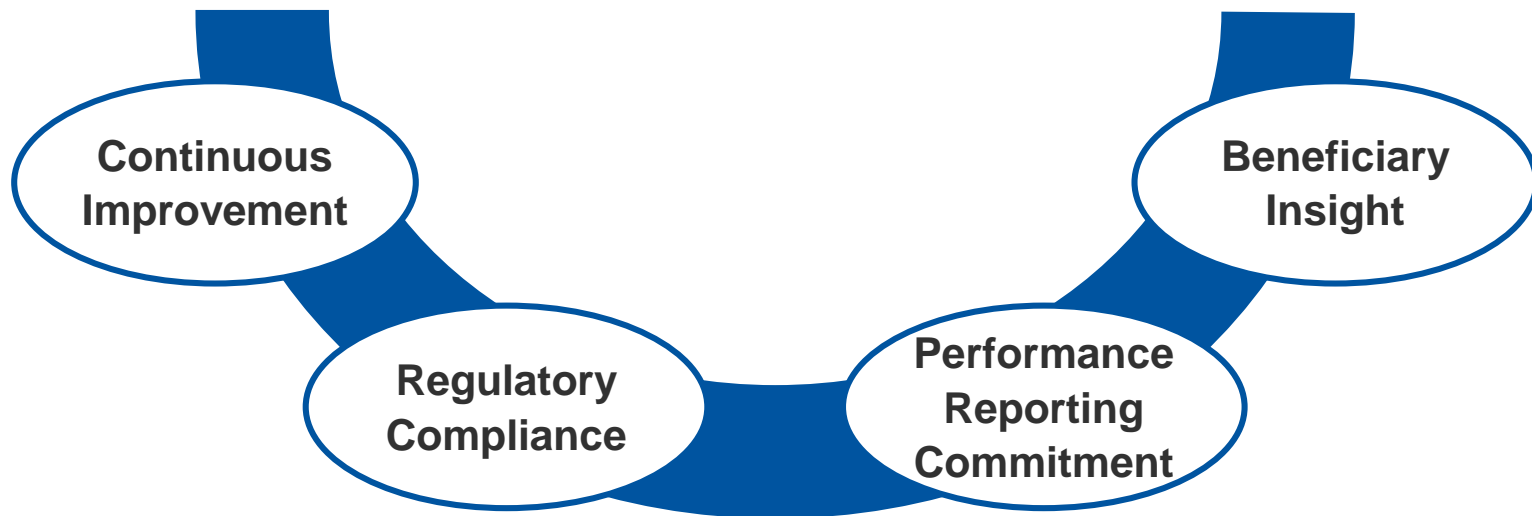
SHIP Survey Participation

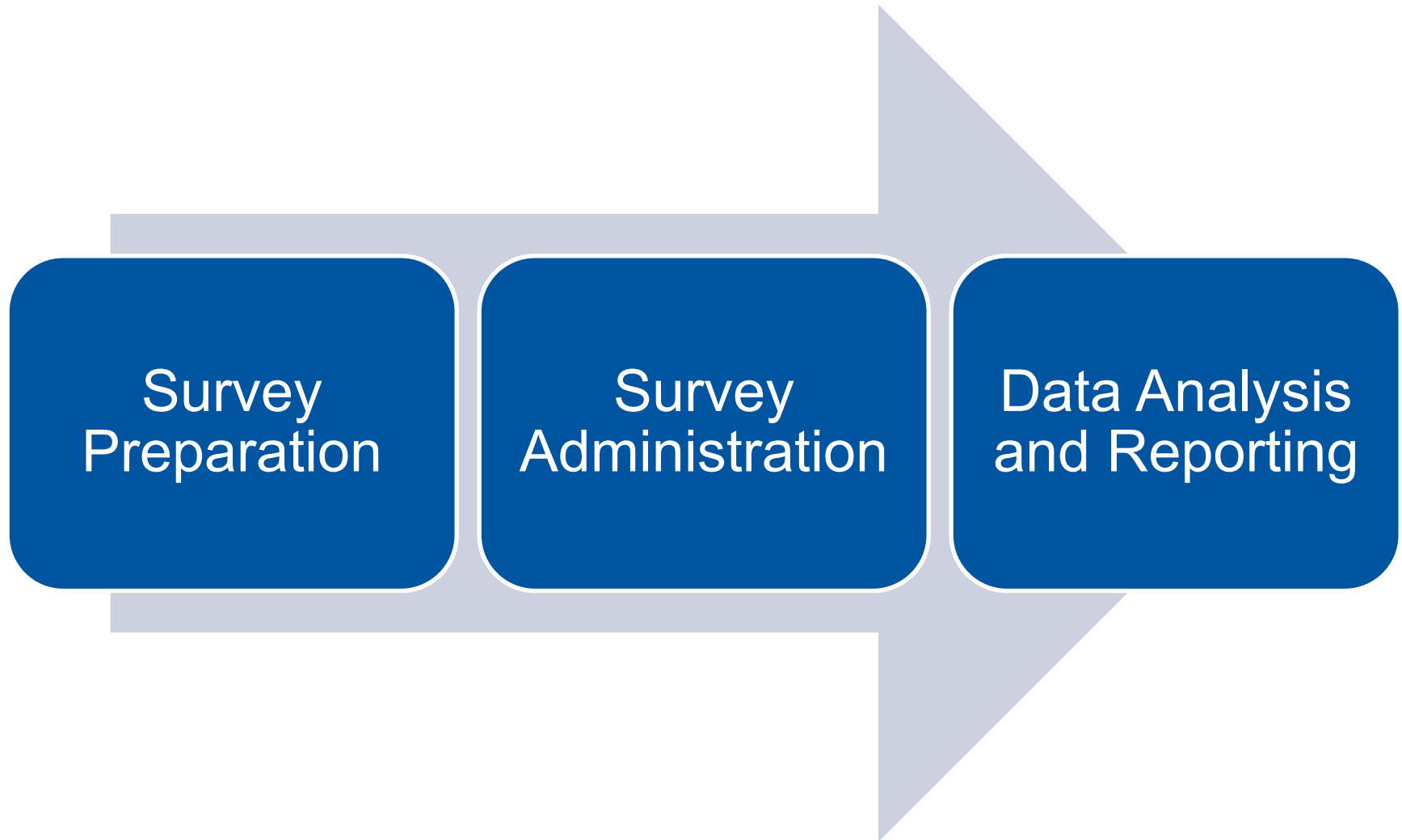|	
Survey Focus	• Counseling
Survey Participants	• Counselees
Survey Method	• Phone Bank
Key Features	• Anonymous responses • National Analysis • State/Territory Analysis • Pre-identified call number and caller ID • Number: (435) 558-2563

Responses	• 75 Responses
	    • ½ in the Open Enrollment Period (OEP)
	    • ½ in the Non-OEP

Survey Process

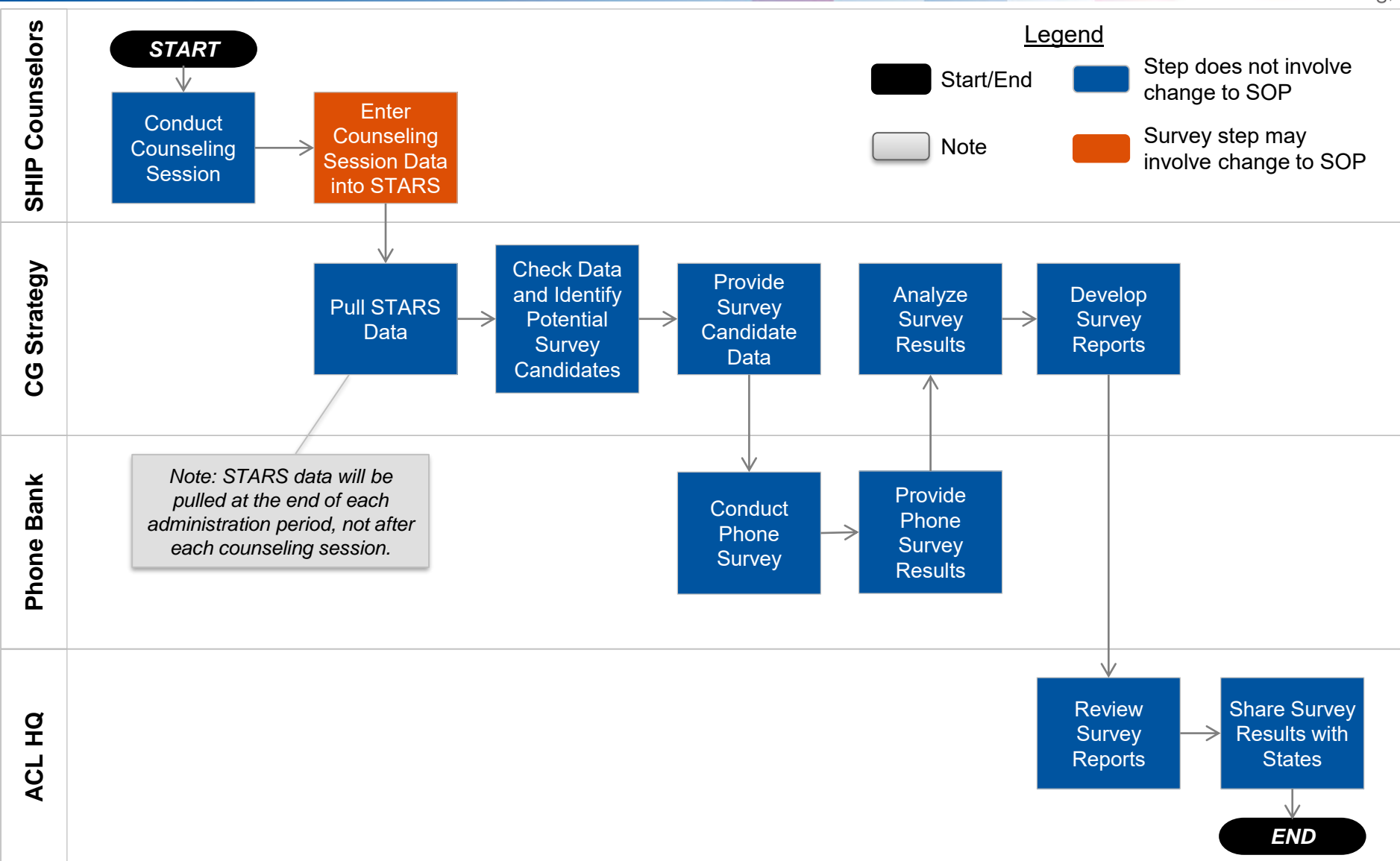**SHIP Survey Administration**

SHIP Survey Process Flow

SHIP Survey Criteria

As a phone survey, we can only survey people (1) who we can reach by phone and (2) who are interested in participating

Who will be surveyed?

- To be considered as a potential survey candidate, individuals will need to be:
  - ➤ A recent recipient of SHIP counseling services
  - ➤ Included in the STARS system, with a complete first name, last name, and valid phone number

- To participate in the survey, the candidate must:
  - ➤ Agree to take the survey
  - ➤ Be able to recall the general timeframe and topic of the counseling session

SHIP Survey Preparation

SHIP Survey Preparation

What is happening to prepare for the surveys?

1. SHIP and CG Strategy host webinar training sessions

2. CG Strategy provides ongoing support to answer questions and provide assistance
   - Contact CG Strategy at surveysupport@cgstrategy.com with additional questions or requests

3. ACL will identify specific survey periods:
   - States will have no less than four weeks of advanced notice for any period
   - OEP: November/December 2019
   - Non-OEP: March 2020

State Involvement

What do I need to know/do to prepare for the survey?

1. Understand the survey process

2. Communicate with staff and volunteers about the purpose and process of the survey

3. Share the sample script with counselors
   - At the end of each counseling session that occurs during a survey administration period, counselors should read a script.
   - The script delivers key information about the upcoming survey:
     - Phone Number: **(435) 558-2563**
     - OMB Control Number: **0985-0057**

4. Prepare to collect and enter key data requirements:
   - Client First name
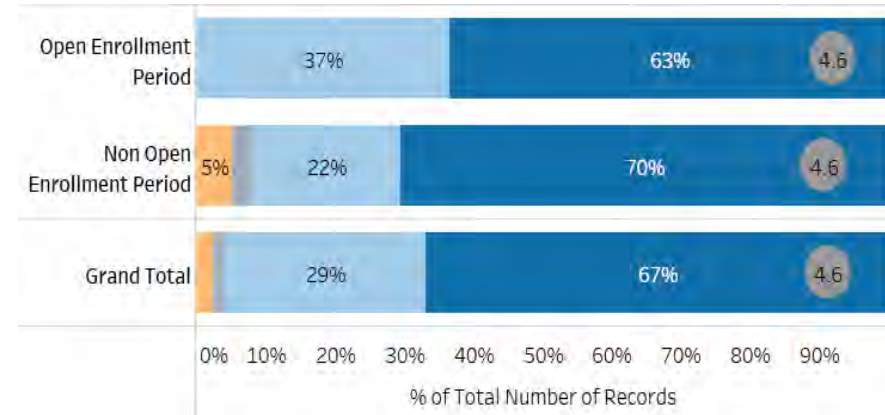   - Client Last name
   - Client Phone number

SHIP Survey Data Analysis and Reporting

Survey Outputs

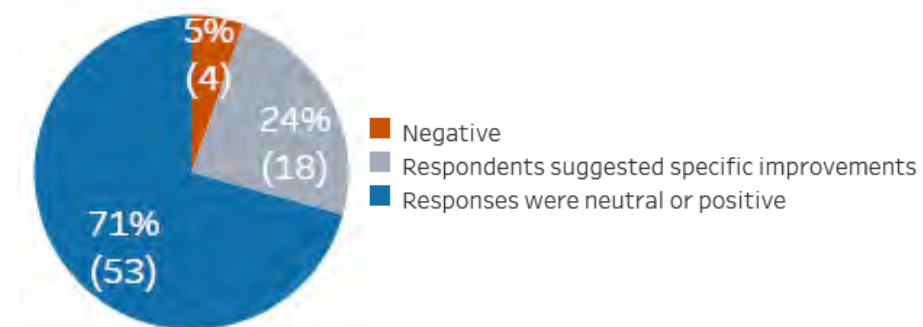## What is the final product of the survey?

- ## National Report
  - Only complete once all states have been surveyed (after 3 years)

- ## State Reports
  - Individual reports available for states surveyed

Sample Reports

Question 4: I was able to find and contact SHIP in a timely fashion.

Question 12: What could SHIP do to improve the service(s) they provided to you?

- Negative
- Respondents suggested specific improvements
- Responses were neutral or positive

Next Steps

Wrap-Up

Actions

1. Review survey resources
   - Identify and train relevant staff and volunteers internally

2. Ensure counseling records will be entered into STARS beginning on November 1, 2019.

Resources

1. All resources will be uploaded to the SHIP Resource Library at www.shiptacenter.org.
   - Tip: Search using keywords "survey training" and select the "exact match" box.
   - Resources include:
     – Survey Questions
     – Survey Job Aid

2. Contact CG Strategy with additional questions.
   - Send questions or requests to: surveysupport@cgstrategy.com

SHIP Resource Library Review

SHIP Customer Satisfaction Survey

OMB Control Number: 0985-0057

Hello, I am trying to reach {insert respondent's name}. Is {insert he/she} available?

Hi, {insert respondent's name}. My name is {insert phone-bank caller's name} and I am calling to ask some questions about your experience with the State Health Insurance Assistance Program, or SHIP. You may know this program as {insert SHIP/Agency name}.

1. **Our records indicate that you spoke with {insert Counselor's name}, a Counselor from {insert SHIP/Agency name}, in the last several weeks to discuss Medicare. Is this correct?**
   a) Yes *(go to #2)*
   b) No *(go to #1a)*

1a. **Do you recall any interaction with someone from {insert SHIP/Agency name}?**
   a) Yes *(go to #1b)*
   b) No *(end the survey)*

1b. **What was the main focus of your discussion?**
   a) *[open-ended] (read remainder of intro then go to #2)*

{insert SHIP/Agency name} would like to learn more about the level of customer service you received, and has asked my firm, CG Strategy, to administer this survey in order to keep your answers completely anonymous. We will not reveal your name or other personal identifying information.

This survey collection has been approved by the Office of Management and Budget (OMB) and will expire on August 31, 2020. The OMB Control Number for this survey is 0985-0057. If you would like to comment on this survey or confirm that this is a valid collection, please contact Katherine Glendening from the Survey Team at 202.795.7350..

2. **Would you like to participate in this survey?**
   a) Yes *(go to #3)*
   b) No *(end the survey)*

3. **Do you have any questions for me before we begin the survey?**
   a) *[open-ended] (read instruction to survey respondent then go to #4)*

[Instruction to survey respondent] **For many of the questions in this survey, I will ask you to respond to a statement. For each statement, you can answer Strongly Agree, Agree, Neither Agree Nor Disagree, Disagree, or Strongly Disagree. I will read these five choices after each question, but if you know your answer before I finish the list feel free to interrupt me and provide your answer.**

4. **"I was able to find and contact {insert SHIP/Agency name} in a timely fashion." Do you . . . ?**
   a) Strongly Agree *(go to #5)*
   b) Agree *(go to #5)*
   c) Neither Agree nor Disagree *(go to #5)*
   d) Disagree *(go to #5)*
   e) Strongly Disagree *(go to #5)*

5. **Were you able to…. . . ?**
    a) Speak to someone immediately *(go to #6)*
    b) Asked for contact information so someone could follow up with you later *(go to #5a)*

5a. **How long did it take someone from {insert SHIP/Agency name} to follow-up with you?**
    a) Same day *(go to #6)*
    b) Within one week *(go to #6)*
    c) Within two weeks *(go to #6)*
    d) Other (please specify _____) *(go to #6)*

6. **"The information provided to me was accurate." Do you . . . ?**
    a) Strongly Agree *(go to #7)*
    b) Agree *(go to #7)*
    c) Neither Agree nor Disagree *(go to #7)*
    d) Disagree *(go to #7)*
    e) Strongly Disagree *(go to #7)*

7. **"{insert SHIP/Agency name} provided me with useful information." Do you . . . ?**
    a) Strongly Agree *(go to #8)*
    b) Agree *(go to #8)*
    c) Neither Agree nor Disagree *(go to #8)*
    d) Disagree *(go to #7a)*
    e) Strongly Disagree *(go to #7a)*

7a. **Please complete the following statement: "The information I received was not useful because: . . ."**
    a) I didn't receive the information in time to use it *(go to #9)*
    b) I didn't trust the accuracy of the information I received *(go to #8)*
    c) I couldn't obtain answers to my questions *(go to #8)*
    d) Other (please specify_____) *(go to #8)*

8. **As a result of the information you received from counseling, did you take or do you plan to take action?**
    a) Yes *(go to #9)*
    b) No *(go to #9)*
    c) Don't know/Not sure *(go to #9)*

9. **"Overall, I was satisfied with my interaction with {insert SHIP/Agency name}." Do you . . . ?**
    a) Strongly Agree *(go to #10)*
    b) Agree *(go to #10)*
    c) Neither Agree nor Disagree *(go to #10)*
    d) Disagree *(go to #10)*

    e) Strongly Disagree *(go to #10)*

10. **"I would contact {insert SHIP/Agency name} again for assistance." Do you . . . ?**
    a) Strongly Agree *(go to #11)*
    b) Agree *(go to #11)*
    c) Neither Agree nor Disagree *(go to #11)*
    d) Disagree *(go to #11)*
    e) Strongly Disagree *(go to #11)*

11. **"I would recommend {insert SHIP/Agency name}'s service to others." Do you . . . ?**
    a) Strongly Agree *(go to #12)*
    b) Agree *(go to #12)*
    c) Neither Agree nor Disagree *(go to #12)*
    d) Disagree *(go to #12)*
    e) Strongly Disagree *(go to #12)*

[Instruction to survey respondent] **The next question is the final survey question. This question doesn't have an answer scale, so please provide any thoughts you may have.**

12. **What could {insert SHIP/Agency name} do to improve the service(s) they provided to you?**
    a) *[open-ended] (end survey)*

SHIP Customer Satisfaction Survey:

Handout to Individuals who received counseling

Thanks for visiting with us today. I hope the information I've provided has been helpful. My agency is currently conducting a customer satisfaction survey, so you might get a phone call in the next week or two asking about your satisfaction with the help you've received today. The number associated with this survey is (435) 558-2563.

If you're contacted, you'll only be asked about your experience with this counseling session and won't have to provide any sensitive personal information. The caller will also give you an "OMB Control Number" (0985-0057), which will let you know that it's a legitimate survey.

Thanks again for contacting us and please let us know if you need additional assistance.

SHIP
Customer Satisfaction Survey: Job Aid

Purpose and Scope of this Document

This document includes key information and process guidance about the State Health Insurance Assistance Program (SHIP) Customer Satisfaction Survey. The primary audience of this document includes SHIP Directors and SHIP counselors. The purpose of this document is to explain the survey process clearly, to prevent errors, to ensure consistency, and to identify survey roles and responsibilities.

Survey Overview

Survey Title

The title of this survey is the **State Health Insurance Assistance Program (SHIP) Customer Satisfaction Survey**.

Survey Purpose

This effort is part of the SHIP network's commitment to provide the best possible service to beneficiaries. The purpose of the survey is to measure satisfaction with SHIP Medicare counseling services, to assess how customers value the services and information they receive, to identify opportunities for continuous improvement, and to comply with regulatory requirements regarding data collection and continuous improvement.

Survey Format and Participants

The SHIP Customer Satisfaction Survey is a **phone bank survey** designed to gather input from **individuals who receive SHIP counseling**.

As a phone survey, we can only survey individuals (1) who we can reach by phone and (2) who are interested in participating. To be considered as a *potential survey candidate*, an individual must:
- ☐ Be a recent recipient of SHIP Medicare counseling services, and
- ☐ Have a corresponding record in the SHIP Tracking and Referral System (STARS) that includes a complete **first name**, **last name**, and **valid phone number.**

To participate in the survey, a *potential survey candidate* must:
- ☐ Answer the phone,
- ☐ Agree to take the survey, and
- ☐ Be able to recall the general timeframe and topic of the counseling session.

To facilitate higher response rates, a pre-identified phone number has been established for this survey. **The phone number for this survey is (435) 558-2563.** Please share this information with any individuals who receive counseling between November 1, 2019, and December 15, 2019 (see the Sample Script on Page 6).

SHIP
Customer Satisfaction Survey: Job Aid

State/Territory Participation

Each year, ACL will send individual notifications to the states/territories participating in that specific year of the survey. In each year of the survey, 18 SHIPs will participate, with each of the 54 states/territories participating in one of the three survey years.

Survey Timing

Clearance for the SHIP Customer Satisfaction Survey was received on August 31, 2017 from the Office of Management and Budget and does not expire until August 31, 2020. Administration of the survey began in the fall of 2017, which was Year 1 of the survey, and concluded in March of 2018. In Year 2 of the survey, survey administration will begin in late 2018 and conclude in early 2019. In Year 3 of the survey, survey administration will begin in late 2019 and conclude in early 2020. State/territory level results will be available after the conclusion of the survey administration periods. Final reporting and analysis at the national level will be available in 2020.

The SHIP Customer Satisfaction Survey will have **two administration periods in each of its three years**. For each year:

1. One survey administration period will occur during the annual Medicare Open Enrollment Period ("OEP survey period"), and
2. The other survey administration period will occur outside of OEP ("non-OEP survey period").

For Year 3, the OEP survey period will occur between November 1, 2019, and December 15, 2019.

Survey Response Target

The goal for each state/territory is to collect a total of 75 survey responses. About half of the survey responses (i.e., 38 responses) will be collected during the *OEP survey administration period*. The remaining half (i.e., 37 responses) will be collected during the *non-OEP survey administration period*.

Survey Roles and Responsibilities

The following table outlines the roles and responsibilities for the SHIP Customer Satisfaction Survey.

Role	Responsibilities
Administration for Community Living (ACL) Headquarters (HQ)	• Provide oversight over survey process • Maintain training materials • Communicate and escalate, as necessary, issues that arise during survey process • Review survey reports and share with states/territories
ACL Project Officers	• Serve as direct points-of-contact (POCs) for SHIP Directors

SHIP
Customer Satisfaction Survey: Job Aid

Role	Responsibilities
CG Strategy (CGS)	• Create phone bank survey instrument • Develop and present all survey training materials • Address questions regarding survey preparation and/or administration sent to CGS at SurveySupport@cgstrategy.com • Serve as primary POC for survey training, technical assistance, data collection, and analysis • Pull counseling session data using the SHIP Tracking and Referral System (STARS) to identify potential survey candidates • Provide list of potential survey candidates to phone bank • Track survey response rates and provide regular status updates on progress • Analyze and report on survey results
Information Alliance (phone bank)	• Contact potential survey respondents and conduct phone survey • Provide phone survey results to CGS
SHIP Counselors	• Understand when and how to notify counselees that they may be contacted to participate in the survey* • Conduct counseling sessions • Enter counseling session data into STARS** *Note: While counselors will perform a critical role in notifying potential participants about the survey, they are **not** expected to have knowledge of statistical procedures or specific knowledge of the SHIP Customer Satisfaction Survey beyond what is provided in this job aid. **Note: One exception to this is in the case where the standard process for your state/territory is that someone other than the Counselor enters counseling session data into STARS. For the purposes of this survey, it is not critical who enters the data into STARS, but it is critical that it *is entered into STARS* in a timely fashion.
SHIP Coordinators	• Prepare SHIP staff and volunteers for survey administration periods • Ensure necessary data is entered into STARS during the survey administration periods Note: This role only applies to SHIPs that use Coordinators or Coordinator-type roles. For states/territories that do not use Coordinators, the SHIP Director will assume the listed responsibilities.

SHIP
Customer Satisfaction Survey: Job Aid

Role	Responsibilities
SHIP Directors	• Prepare SHIP staff and volunteers for survey administration periods • Ensure necessary data is entered into STARS during the survey administration periods • Interact with CGS to manage response rates and coordinate counselor communication about the survey to SHIP customers / counselees

Key Points of Contact

State

For specific questions about your state or territory's survey, your first point of contact should be the Director of your state/territory's program. If there are questions that your Director cannot answer you should contact individuals associated with ACL or the contractor (CG Strategy) responsible for managing this survey project (see below).

ACL

For questions about the purpose or use of this survey, contact:

- Sara Vogler (Sara.Vogler@acl.hhs.gov)

Survey Support Contacts

For questions about the survey tool or detailed process questions, contact:

- CG Strategy (CGS): David Spak
    - Email: Surveysupport@cgstrategy.com
    - Phone: 703-527-7001

SHIP
Customer Satisfaction Survey: Job Aid

Survey Preparation

In order to prepare for administering the survey, SHIP Directors should identify key personnel to review survey materials, including training resources posted to the SHIP TA Center (https://www.shiptacenter.org/resource-library/).

In addition, SHIP Directors can contact contractor support staff from CG Strategy at any time. Questions or requests should be sent to SurveySupport@cgstrategy.com. A response will be sent within one business day of the original request.

Survey Administration Activities

For the SHIP Customer Satisfaction Survey, all administration periods include the same core activities:

1. SHIP counselors conduct counseling sessions and notify counselees that they may be contacted[1] to participate in a customer satisfaction survey.

2. SHIP counselors[2] **enter counseling session data (first name, last name, and phone number) into STARS no later than two business days after the date of the session.**

3. CGS pulls counseling session data from STARS, checks data for required elements, and sends a list of potential survey respondents to the phone bank.

4. Phone bank conducts phone survey and provides results to CGS.

5. CGS monitors survey response results and coordinates with states/territories until enough responses have been collected.

---

[1] Counselors should provide the phone number ((435) 558-2563) for this survey.
[2] Or other relevant staff/volunteers, in instances where counselors don't enter data into STARS.

SHIP
Customer Satisfaction Survey: Job Aid

Survey Administration Period Expectations

In order for this survey to be successful, there are several specific requirements SHIPs will be expected to adhere to <u>during a survey administration period</u>:

> ❖ **All counseling sessions are documented and entered into STARS no later than two business days after the session date.**
>
> ❖ **All counseling session records include counselee <u>first name</u>, <u>last name</u>, and <u>phone number</u>.**
>
> ❖ **Counselors notify counselees about the survey at the end of the counseling session, using the sample language provided in the orange box below as a guide.**

Survey Administration Period - Script for Counselors

For counseling sessions occurring during a survey administration period, counselors should read the following message at the end of each counseling session:

> Thanks for visiting with us today. I hope the information I've provided has been helpful. My agency is currently conducting a customer satisfaction survey, so you might get a phone call in the next week or two asking about your satisfaction with the help you've received today. The number associated with this survey is (435) 558-2563.
>
> If you're contacted, you'll only be asked about your experience with this counseling session and won't have to provide any sensitive personal information. The caller will also give you an "OMB Control Number" (0985-0057 – provide to counselees only if asked), which will let you know that it's a legitimate survey.
>
> Thanks again for contacting us and please let us know if you need additional assistance.

Appendix L

Chapter 2 Questions and Answers

Chapter 2 Questions and Answers

Question: (True or False): To receive SHIP services, an individual must be eligible to receive Medicare. ___X____ True _____ False

Question: (True or False): To receive Medicare, one must be at least 65 years of age; there is no basis on which a younger person can receive Medicare. _____True ____X___False

Question (True or False): Medicare Part D Plan Comparison is an allowable SHIP activity.

___X____ True _____ False

Question (True or False): Guardianship is an allowable SHIP activity.

_____ True ___X____ False

Question: What one statement is true regarding Benefits Counselor I Certification?

(Circle the correct answer).

A.   It requires 70 hours of training.

B.   It requires 70 hours of supervised counseling.

Ⓒ   It requires 25 hours of training.

D.   It requires passing a test of no more than 20 questions

Question: To maintain certification what is the minimum number of additional hours of training required during each two-year certification period? (Circle the correct answer)

24   36   ⑫   48

Question: (True or False) In regard to orientation and training for new counseling staff, the Medicare program itself has various training materials. ___X____True _____False

Question (True or False): Benefits Counselors I are required to be proficient in problem solving.

___X_____ True _____ False

Question: In how much of an AAA's service area are adequate counseling programs encouraged to be available? (Circle the correct percentage)

50%   75%   (100)%   90%

Question: What one answer describes a purpose of the "customer satisfaction survey" in the State Health Insurance Assistance Program (SHIP)? (Circle the letter of the correct answer).

A. The customer satisfaction survey is meant to test Benefits Counselors' familiarity with terms such as "SHIP" and "Benefits Counseling."

Ⓑ The customer satisfaction survey is meant to measure satisfaction with SHIP Medi-care counseling services.

C. The customer satisfaction survey is meant to determine the favorite eateries of counselees.

D. The customer satisfaction survey is meant to figure out what durable medical equipment is preferred by nursing homes.