

## Chapter Two

### COUNSELOR SKILLS\QUALIFICATIONS

1. The natural aging process presents physical barriers to seniors that deter them from accessing benefits that could help them manage their limited social security dollars to their advantage. These physical barriers can be sensory problems due to loss of vision, or hearing and speech problems possibly caused by stroke or other illness.
2. **The role of the counselor and volunteer is to pave a smooth transition** through these barriers utilizing good communication skills. While providing privacy and maintaining confidentiality, these skills will promote independence for your client as well as encouraging your client to make personal choices.
3. Communication with clients must be based on an attitude of honest caring and concern. Not only is communication viable with the spoken word but with the tone of your voice, facial expressions, and body language.
4. A good beginning with a client is to introduce yourself and explain your purpose. Address your client formally, using Mr., Ms., Mrs., or Dr., unless you are requested to address them by another name. Being patient is a quality that requires honing and cultivation in an effort to establish a sense of trust and to promote friendly relationships with clients. Time is your best ally for harvesting the essentials for case resolution. The handout titled "General Communication Skills" is at the end of this chapter.
5. When speaking to clients, select appropriate words and language that will be familiar. Avoid slang, jargon and words with more than one meaning. Speak clearly and directly without mumbling and face the client to avoid talking off into space. Make frequent eye contact as you talk.
6. Be selective, think about the message you want to send before you speak. Arrange major points to be made in a logical order and keep the message brief and concise.
7. This can be accomplished by positioning yourself in a comfortable position, facing the client. Try to sit at eye level and close enough to give your full attention.
8. **Our high tech, automated society is also a communications barrier for the elderly.** Seniors frequently complain of their inability to contact a "live" person when they try to resolve problems independently. A call to Social Security is in itself a challenge with its automated options, endless recordings, and being put on hold to wait for an available representative.
9. This impersonal system often leaves seniors confused and dissatisfied with the responses to their inquiries. Seniors sometimes respond by refusing to participate or interact with the system, becoming isolated. This isolation creates feelings of incompetence and an inability to independently address their issues. Staff and Volunteer Benefits Counselors can allay the

concerns of the client and the difficulties of navigating our modern society. Good communication skills are essential to gain the client's confidence and dispense professional counseling services.

10. Typically, a senior is not conditioned to making phone calls for information and often not self-assured enough to confidently ask the appropriate questions. Always treat the client with dignity and respect. The counselor must learn to gage a client's mental and emotional state and talk to the client in a manner that conveys encouragement and support to resolve the need. A client may sob with despair, may become angry or dejected. A counselor needs to communicate with a client in a manner that helps the client regain control and the will to tackle the obstacle.

**11. Your most valuable tool to a senior will be your listening skills.** These skills seem simple enough but many of us have developed some poor habits. What is verbalized in communication is only one side of the coin. The other side is listening. This is one of the most neglected communication skills. Concentration will play a role in developing and refining your skill and will enhance abilities to understand your client's needs. Good communication depends upon cooperation between the communicator and the receiver.

12. It is important to listen carefully as words often cover up what the client is not ready to divulge. As a counselor, a client may spend a great deal of time telling you everything but exclude what is really important. Sometimes this is a means to test your listening skills and often the client may be testing your sincerity to provide help. In the resources of this chapter, a list titled "Poor Listening Habits Theory Sheet" revisits these important points.

13. Failure to pay attention is another bad habit that must be eliminated. We allow ourselves to be distracted or we are thinking about something else, daydreaming. We may deliberately try to appear to be listening, using our pseudo-listening skills and missing important information. Sometimes we listen but do not hear. This leads to missing the meaning of the facts presented. Interrupting is the rudest habit of all and very agitating to a client.

14. A good listener places their full attention with the speaker, really listening and not pretending to listen. Maintain eye contact to show interest. Appropriate questions such as "Then what happened" encourage the client to impart more information.

15. Allow the client to express anger but remain non-judgmental, and never interrupt or change the subject. Try to be understanding and don't take the behavior personally. Respect each client as an individual with his/her own behavior pattern. The client has a right to voice concerns and have complaints resolved. Give social reinforcement of desirable behavior by providing praise and smiles and physical reinforcement, such as pats or simple touching.

16. Practice good listening skills. Pay attention and demonstrate this attention through good eye contact, natural gestures, and in a relaxed posture. Listen for the basic message, restate it and confirm with the client if that is indeed their message. Build on the message by paraphrasing and adding your understanding of what has been said. At the end of this chapter there is a handout that addresses "Considerate VS Inconsiderate Listening".

17. **A client's health can play a critical role in communication and often can make exchanges very difficult.** A client may be affected by aphasia, a total or partial loss of the power to use or understand words. This is often the result of a stroke or other brain damage. This situation will require a counselor to be very patient and to eliminate any distractions to gain the client's attention. Speaking slowly and about one subject at a time will be most helpful in communicating with the client. Be sensitive to the client's condition and maintain the interview with as much normalcy as possible. This subject is revisited in the handout titled "Communication with Aphasics" at the end of the chapter.

18. A hearing-impaired client can be a communication challenge. You should ask if the client wears a hearing aid and determine if the battery is working if difficulties persist. If that does not solve the problem, get as close to the client as possible and face the client directly. Keep your hands away from your face and never chew gum or smoke during a client interview. Never shout, as this distorts sound and turns words into noise. Reduce background noise and speak slowly and clearly. Use simple, short sentences to make communication easier to understand. Check frequently with the client to make sure you are being understood, and be patient in order to have a meaningful conversation. Review the handout titled "Communication with the Hearing Impaired" at the end of the chapter.

19. Do not mistake hearing loss for mental confusion or dementia. When communicating with the deaf, you may need to write messages or use devices with illustrations to facilitate communication. You may use the same strategy of simple, short sentences to converse on paper. See the handout titled "Communication with the Deaf" at the end of the chapter

20. Communication with a visually impaired client may begin with a simple knock that alerts the client to your presence. A verbal introduction and a statement of purpose can initiate the conversation. If you move a chair or any furniture in the room, be sure to place it in its original location when you leave. The client may be comfortable in having you touch their hand, as a means to determine if you are listening. To help the client feel at ease and confident, treat the visually impaired as a fully sighted individual. Use the words "see" and "look" normally. Explain what you are doing, such as taking notes.

21. Find out the extent of the impairment. Legal blindness is not necessarily total blindness. Be sure to tell the client when you are leaving. Important points about communicating with the visually impaired are on the same handout titled "Communication with the Visually Impaired" in the resource section of this chapter.

22. Clients with memory loss require a calm, reassuring and patient understanding. Speaking slowly and asking simple "yes" or "no" questions can encourage appropriate responses. Don't interrupt or appear impatient. Avoid questions that may increase confusion.

23. **Client confidentiality is a critical part of this exchange of information.** Confidentiality is often used interchangeably with "privacy", however these two words are conceptually different. Confidentiality is statutory (legal) in nature. Confidentiality acknowledges respect for

sensitivities of client case information and facilitates truthful and complete disclosure of information necessary to resolve a client issue. Confidential communication is a statement to someone, such as a doctor, lawyer or spouse, who cannot be compelled to divulge the information in court. Confidentiality is controlled by the person for or to whom an individual's privacy is relinquished, meaning a counselor. Privacy denotes a condition of isolation, seclusion from the view of or from contact with others and is not statutory in nature. All staff and volunteers are responsible for maintaining confidentiality of all information obtained from a client, family or trusted caregiver. Disclosure of sensitive client information can be done only when the client signs a written release for that purpose.

24. Release of client information without client consent is considered a "Breach of Confidentiality" and is grounds for dismissal. Confidentiality also applies to verbal exchanges. Client information should only be discussed with other agency staff persons to gather other viewpoints and suggestions that may help resolve the case.

25. The best counselors know their resources and know how to network to promote client confidence while providing counseling and advocacy services. Most importantly, always be honest with the client.

26. **How to conduct a client interview.** Your expert listening skills are the foundation of the one-to-one legal assistance of counseling and advocacy. Having honed these skills, you are ready to conduct a client interview. You will be knowledgeable of the aging process and the barriers that can be bridged to establish confidential and professional counseling. The interview may be in the office setting, at the client's home, or on the telephone. Other lines of communication include letters, e-mail and fax exchanges. All of these communication channels will require an intake of basic information necessary to establish a hard copy of a client case file.

27. Always try to provide an "icebreaker" to set the interview in motion and yet help put the client at ease. This may be something as simple as a comment about the weather. Often small talk serves as a tool to get acquainted and can facilitate discovery of the purpose of the client's query.

28. The required TDOA case documents for an intake and the narrative are included in the resources of the Reporting Chapter of this textbook. The resources section of this chapter include general guidelines for documentation in the narrative section of the client file.

29. The counselor should introduce herself and take the time to explain what the HICAP program does and does not do, emphasizing confidentiality of all client information. Present the client with a business card to help the client recall your name, agency and phone number or write the information down on paper for the client. Stress that all information gathered from the interview will be confidential and cannot be released to others without written consent from the client. This preliminary activity sets the professional tone of the interview and is the first stage of opening communications of the interview process.

30. The purpose of the interview is to gather useful information, establish a line of communication and develop a working relationship with the client, while providing helpful information. Strive to establish a setting that is professional, comfortable, provides privacy and is noise free.

31. Explain the necessity of taking notes. It is not essential to put everything said into the notes, only relevant facts, dates and sequence of events. Include a specific record of anything told to the client and a plan of proposed action for the case and a proposed timetable.

32. The second stage of the interview is the telling of the client's "story". Prompting of the story narrative of events may require well-crafted interview questions. There are four categories of questions that may be used and each has advantages and disadvantages.

33. Open-ended questions allow the greatest latitude as to subject matter and details. They are well suited to establishing a comfortable setting at the outset of the interview. These types of questions communicate your interest and allow the client to relate those things that the client is initially most comfortable discussing. They do not interfere with natural memory and therefore enhance recollection.

34. Yes-or-no and limited focus questions direct attention to information *you* identify as significant. Yes-or-no questions offer two possible answers and limited focus questions restrict the scope of the answer sought, but give the client more options. These narrow questions elicit details that are needed in order to devise possible solutions to the client's problem and can jog the client's memory about matters that would not have been considered otherwise. Too many narrow questions may leave the client feeling like the whole story was not told or that the questions were about issues that are private and none of your business.

35. The fourth question category, is leading questions. These suggest the answer and simply permit checking the accuracy of the information rather than producing additional facts.

36. Successful use of questioning encourages memory recall and disclosure of all information about the case. This second phase of the interview should provide client benefits that encourage independence, enhance self-esteem and encourage assertiveness. Respectful and empathetic treatment nurtures the independence and sense of self-esteem necessary to decision making. Encouraging the client to be assertive and to perceive assertiveness as non-threatening, facilitates both communication and willingness to follow through with a case. The client is always the decision-maker of the case.

37. The third phase of the interview is the summarizing and restating of the problem and events leading to the problem. Paraphrasing is a key tool to checking accuracy of communication and allows finding out if the message that was heard is what the speaker intended. It also allows the client to hear thoughts voiced in another way, which often helps the thoughts make more sense.

38. Use paraphrasing when you think the client is not sure whether or not you understand what is being stated or understand the client's meaning. If your paraphrasing is appropriate, the client

will respond with “that’s right”, “yes” or “that’s it”. A client is more willing to share information when the interviewer shows genuine interest and true understanding.

39. The fourth and final stage of the interview is the closure. Your interview will have one of three results: solution of the problem, development of plans for future action, or referral to a more appropriate resource. The closing should include a summary of important matters agreed upon, such as a plan of action and a timetable to accomplish the goal. A review of the options presented to the client. Determine if the plan of action is the correct choice. You may require a written consent form to act on your client’s behalf. At the close of the interview, always explain what your next steps will be and when you expect to take them.

40. **Identifying underlying causes of client need.** The task of a Benefits Counselor can often lead to a sub-layer of our culture; that of abuse, neglect and exploitation. The Texas Department of Protective and Regulatory Services (TDPRS) defines these human conditions as:

41. Abuse: “(A) the negligent or willful infliction of injury, unreasonable confinement, intimidation or cruel punishment of an elderly or disabled person with resulting physical or emotional harm or pain, (B) sexual abuse, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 21.08, Penal Code (indecent exposure) or Chapter 22, Penal Code (assault offenses), committed by the person’s caregiver, family member; or other individual who has an ongoing relationship with the person.”

42. Exploitation: “the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit or gain without the informed consent of the elderly or disabled person.”

43. Neglect: “the failure to provide for one’s self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caregiver to provide such goods and services.”

44. These types of cases are to be reported to Texas Department of Protective and Regulatory Services. The toll-free telephone number is 1-800-252-5400. Benefits Counselors are more likely to encounter cases of exploitation and self-neglect than those relating to physical abuse.

45. Cases involving neglect or self-neglect put these at-risk and vulnerable adults in danger of starvation, dehydration, over-or-under-medication, unsanitary living conditions, lack of heat and proper ventilation, running water, electricity, lack of medical care and personal hygiene.

46. Misuse of an elderly or disabled person’s Social Security or Supplemental Security Income (SSI) checks, abusing a joint checking account, and taking property and other resources are examples of exploitation.

47. Documentation of the conditions that establish the necessity of reporting to TDPRS, is critical. TDPRS will want to know the name, address, age and phone number of the victim. Due

to the volume of calls to the 800 number, you may be on hold for several minutes. Law enforcement intervention is necessary in some cases. Detail will be important in helping TPRS determine the level of emergency status to be assigned to the case.

48. Financial abuse may be indicated when the elderly or disabled person reports personal belongs, papers, and credit cards missing. There may be numerous unpaid bills, frequent checks made out to “cash”, unusual activity in the bank account, and signatures on checks or legal documents that do not resemble the elder’s signature.

49. In these circumstances, the Benefits Counselor may be the only person to discover this crime and good communication skills are imperative to helping TDPRS take action.

VIDEO: AARP video “Right and Wrong Way to Conduct an Interview”  
TDPRS video “Adult Protective Services”

VIDEO: TDPRS ADULT PROTECTIVE SERVICES

50. **Legal awareness and educational events.** The first half of this chapter dealt with client communication in a legal assistance situation. This part of the chapter deals with communicating through legal awareness or educational events and outreach to an audience. Exploration of the sensory channels of hearing, seeing and touching, as vehicles for receiving and giving information, substantiates that some clients communicate very well, despite a deficiency of one or more of these communications channels.

51. As a speaker for a presentation, the first concern is the ability of the audience to hear what is being said. AARP’s “Guidelines for Accurate Communications” reports that approximately half of Americans over the age of 50 have significant hearing impairment. A decline in hearing usually starts at about age 25 and includes loss of both volume and pitch. Most hearing-impaired persons experience loss in the ability to hear high-pitched sounds. These individuals cannot tolerate loud sounds or voices, hear male voices more easily than female voices, and have difficulty hearing in the presence of background noises. These hearing-impaired persons hear and understand good diction best with clear tones being in the lower ranges and spoken at a normal rate.

52. To accommodate these persons, ask if anyone would like to move closer to the front. Then lower the tone of your voice and speak clearly and at a normal pace. Rephrase your comments rather than repeating them to make sure the audience understands. Avoid asking questions while moving about or looking around and do not cover your mouth while speaking. Always repeat questions and responses from a member of the audience back to the audience. Don’t automatically speak loudly to older people, assuming all are hard of hearing. A fact sheet of do’s and don’ts for training the older audience is included in the resource section of this chapter.

53. Visual aids are excellent enhancements of a presentation, so make sure the room has adequate lighting and avoid glare. Adults typically experience a general decline in vision at

about age 45. In natural aging, the pupil shrinks, reducing the amount of light reaching the retina. The aging process also decreases the ability to adapt to glare, adapt to light and dark, reduces color discrimination, and affects the perception of close and distant vision acuity.

54. To increase the readability of your materials, avoid using shiny papers or metallic inks, ornate faces or Italics, and increase the font size to a size 14 to create a more readable style of typeface.

55. Schedule the presentation for a time and place convenient to the adult learner. The best hours are usually between 10 AM and 3 PM to eliminate rush hour traffic. Lecture in 10 to 15 minute sessions, breaking up the presentation with time for questions. Provide visual aids such as fact sheets that summarize major points.

56. The audience tends to be more comfortable and receptive to information when they are in familiar surroundings. This may be a nutrition site or the auditorium of a local hospital or college. Frequently, local newspapers, radio and TV stations offer free or affordable advertising for community events. Religious leaders are another resource within the community to help identify space and recruiting audiences for outreach activities.

57. Businesses often welcome opportunities to donate money, services or products and in return are provided advertising that helps promote awareness of community educational efforts and partnerships with counselors.

58. Most health and insurance information is written at the 10<sup>th</sup> grade level or above, a level that may not be appropriate for the older learner. A 1992 National Adult Literacy Survey disclosed that 40 to 44 million Americans have inadequate reading and math skills. Another 50 million have marginal literacy skills. Low literacy increases with age. The Prudential's Center for Health Care Research noted that 16% of persons between the ages of 65-69 exhibited inadequate literacy. For persons aged 85 and older, 58% exhibited inadequate literacy and one third of the enrollees in the Prudential's Medicare HMO, had inadequate functional literacy.

59. Misreading medication dosage instructions and appointment slips indicates low literacy. Marginal literacy is indicated when a person experiences difficulty understanding prescription instructions and adequate literacy is indicated by an ability to handle most health care tasks.

60. Often clients do not know the name of their medication, its purpose, and the dosage prescribed. Over-medicating and under-medicating can create communication barriers. The primary reason for lack of understanding may be that information was written in a technical or complicated language or was otherwise unclear. A study conducted by Louisiana State University disclosed that 22% of patients could not understand "take this medicine every 6 hours." Twenty-seven percent could not understand "take this medicine on an empty stomach." Twenty one percent could not understand upper GI (gastrointestinal test) instructions written at a fourth grade level and 46% could not read a Medicaid rights form written at the tenth grade level. Be sure that your brochures are written at a level that everyone can understand.

61. Always prepare, edit, and tailor presentations in a manner that matches the audience. Define unfamiliar medical terms, provide examples when possible and explain acronyms. Keep the information at an appropriate literacy level.

62. **Cultural diversity refers to differences** in race, ethnicity, language, nationality, religion and other beliefs and practices among groups within a community, organization, or nation. The term “culture” refers to the patterns and conditions that bind people together as an identifiable group. Culture is shared with those of similar experiences.

63. Race and ethnicity are part of this mosaic, but there are other groups that add to diversity. Examples are the deaf community, working mothers, vegetarians, and the homeless, just to name a few. Other components of cultural diversity are country of origin, native language, socio-economic status, education level and mental and physical abilities. Heritage, age, gender, sexual orientation are other characteristics that result in differing perspective, decision making process or learning style.

64. Ethnic diversity is rapidly increasing in America. The primary minority groups of African American, Hispanic/Latin, American Indian and Asian are part of this rapid increase of diversity. These vulnerable groups experience disparities in health care, creating a disproportionate impact of death rates and preventable chronic disease conditions.

65. In these cross-culture situations, communication that reflects an understanding of the uniqueness of different health-related beliefs, attitudes and practices can enhance and improve counseling service delivery. Culture shapes how people experience their world, interpret their environment, choose their lifestyles, work, play and reside in their community. Communication is the cornerstone of effective counseling and advocacy services.

66. The “melting pot” ideology assumed everyone would become “Americanized,” thinking, acting, speaking and in many ways looking “American.” A shift in society has begun celebrating differences and viewing the country more as a “salad bowl” of different individuals. We are not all red, white, and blue, but many hues with many languages, lifestyles, cultures, and preferences.

67. Whenever possible, know about your audience beforehand. To prepare for training, advising or counseling culturally diverse audiences or individuals, it is important to know as much about their nuances as possible. This will help to avoid unintentionally offending someone and assist in preparing appropriate subject matter.

68. Avoid making assumptions about educational and literacy levels of anyone based on appearance and socio-economic status. Keep in mind that for many ethnic communities; religion plays a major role in lifestyles and decision-making. Never demean or downplay religious beliefs and avoid assuming another person’s religious beliefs based on race, appearance or name.

69. Sometimes one word will have different meanings in different communities, or even different meanings within a geographic community. For example, the word “bad” has one meaning for teenagers and another meaning for parents. Frequently acronyms have multiple

meanings and therefore should be made clear. Translating a word or phrase from one language to another can confuse.

70. A picture is worth a thousand words. Graphics can assist in imparting a message to a target audience. When possible, use graphics that represent or include representation from your target audience. People generally feel more comfortable if they can relate what they are being told to people like themselves. Always be prepared to explain or give examples of your subject matter. The resource section of this chapter includes a fact sheet that lists some of the qualities of effective presenters and qualities that hinder learning.

71. This chapter provides many resources for reading and discerning medical documents. Medical documents will be available to you only after a client has signed a release that allows access to the information. This information remains confidential and is used for appeals and hearing purposes. The resources “A to Z Abbreviations” and “Medical Abbreviations” list the numerous acronyms and “short hand” abbreviations for many medical terms. “Medical Symbols” acquaints you with short cuts used to describe patient’s status. These symbols are used in home health documents, ambulance run sheets and other medical documents.

72. The Case-manager of the AAA generally has some knowledge of medical terms and so does the AAA’s many contracted home health agencies. Calling a Registered Nurse affiliated with one of the home health agencies could help in determining unfamiliar terms and abbreviations.

73. The “Standard For Practice,” in the Texas Department on Aging’s administrative rule, 40 TAC, 260.9(3), relating to job qualifications duties and functions for paid staff counselors, requires counselors to carry out these functions:

1. Attend initial and ongoing training programs.
2. Become knowledgeable in the areas of Medicare, Medicaid, other private insurance, Social Security, SSI, disability, including appeals processes for: Medicare, Medicaid, SSI, food stamps, as well as the following: utility assistance, pension, money management and available community services.
3. Provide--directly to older person’s information--advice, counseling, document assistance and appeals representation on the matters listed in paragraph two.
4. Appropriately refer matters relating to probate, guardianships, protective services, powers of attorney, or any other matter requiring legal intervention.
5. Refer persons needing other community services to the appropriate sources.
6. Conduct presentations on benefit issues.
7. Develop and implement effective outreach methods.

8. Track and log individual cases and service activity, and coordinate the management of monthly data input in the AIM program.
9. Maintain confidential case records.
10. Coordinate local counseling sites, presentations, training, and back up to other counselors in the region.
11. Coordinate volunteers and their training and assignments (working with the Area Agency on Aging's Vista Volunteer, if applicable).

For Internet information regarding recruiting and retention, visit the web site: [www.volunteertoday.com/recrui.html](http://www.volunteertoday.com/recrui.html)

For nuts and bolts of volunteer management visit: [www.casenet.org/nuts/volunteer\\_management/fire.htm](http://www.casenet.org/nuts/volunteer_management/fire.htm) - this site offers an outline for a volunteer handbook and the scope of volunteer's policies.

The web site [www.cybervpm.com/index.htm](http://www.cybervpm.com/index.htm) provides ideas for volunteer recognition.

12. Build effective collaborations and referral links with local legal providers and other related private, federal, state or local agencies.
13. Coordinate related administrative and programs activities with Information and Assistance, Ombudsman, and if applicable, Case Management programs.

**74. All volunteers are required to attend training.** Volunteers are not required to become certified, although they must still meet the initial criteria regarding their relationship to the AAA and complete at least the first three steps of the certification requirements. Volunteers may pursue level I or II, if desired. All other potential counselors, both paid staff located with providers as well as volunteers, may seek the certification level of their choice. To become a certified HICAP Benefits Counselor, one must first be one of the following:

- An employee of the local Area Agency on Aging (AAA)
- A volunteer for the local AAA
- Employed by a provider of services for the local AAA
- A volunteer for a provider of services that serves the AAA

**The applicant also must be committed to protecting the confidentiality of those he or she helps and to submitting the monthly reports required by the program. In addition, applicants should not have a conflict of interest. For example, working for an agency that sells insurance policies while counseling persons on their insurance coverage is a conflict of interest.**

75. For first time applicants, your AAA should verify and maintain the following materials on file: 1) your application, 2) documentation of training, counseling practice, and 3) your self-assessment. For level II counselors, the file will include your appeals hearing experience. For re-certification applicants, the AAA will verify and maintain on file documentation about required additional training.

76. The AAA should then complete the *Area Agency Verification of Application* form in the resource section of this chapter. Be sure to indicate on the *Verification* form whether the applicant is seeking certification as a level I or II counselor and whether the applicant is seeking first-time certification or re-certification. Submit *only this form* to:

**Norma Plascencia Almanza, HICAP coordinator**  
**Public Education (III-IA)**  
**Texas Department of Insurance**  
**P.O. Box 149091**  
**Austin, TX 78714-9091**  
**Phone: 512-322-4340**  
**Fax: 512-305-7463**

77. After review and approval of each application, HICAP will issue a certificate acknowledging the applicant either a certified Benefits Counselor I or II. Badges, with expiration date of certification, are also issued to qualifying applicants.

**Documentation relating to the requirements of training and certification for this program is subject to review for compliance during an Area Agency on Aging's annual monitoring conducted by the Texas Department on Aging.**

78. The following five steps must be accomplished to achieve certification as a **Benefits Counselor I**.

1. Complete 25 hours of training on specific topics.
  - 1 Hour – Overview of HICAP
  - 1 Hour – Counselor Skills/Qualifications

- 1 Hour – Outreach Techniques
- 1 Hour – Reporting
- 1 Hour – Other Community Resources
- 4 Hours – Medicare A & B/ Medicare + Choice/ HMOs
- 1 Hour - Medicare Supplemental Insurance
- 1 Hour – Medicare Related Issues (ESRD, retirement insurance, etc.)
- 1 Hour – Long Term Care and Other Health Insurance
- 1 Hour - Insurance and Consumer Fraud
- 3 Hours – SSI & Medicaid
- 2 Hours – Nursing Home Medicaid
- 3 Hours – TDHS Programs ( QMB, SLMB, QI-1 & 2)
- 3 Hours – Surrogate Issues
- 1 Hour – Appeals/Administrative Law

25 Training hours for Level I certification

2. Practice actual counseling for a total of 20 hours.
3. Complete the self-assessment instrument at the end of this chapter. The instrument is 100 questions and is in the resource section of this chapter.
4. Complete the application for certification at the end of this chapter.
5. Submit the application, self-assessment instrument, and documentation of training and practice to the AAA.

79. To achieve certification as a **Benefits Counselor II**, the applicant must complete the following additional steps:

6. Complete an additional five hours of training in administrative appeals. Up to three of these hours may be substituted by documentation that shows the applicant has represented at least one client in a formal review or reconsideration process, primarily by telephone, mail, or a combination of both.
7. Participate in at least one mock or real appeals hearing, before an administrative hearing officer or administrative law judge. NOTE: If the hearing is a mock setting, the applicant must be the *sole* advocate acting on behalf of the client. If the hearing is an actual one, the applicant may act as a co-advocate with another Benefits Counselor, lawyer, or other representative.
8. Attend two trainings per year sponsored by HICAP (which may be used to accomplish any portion of the 30 required hours of training).

80. All paid benefits counselors *must* become certified as either a Benefits Counselor I or II, and if they are staff of the AAA, it is preferable that they become a Benefits Counselor II. All

benefits counselors must become certified, either as a I or II *within the first year of employment* with the AAA.

81. A person with prior experience in public and private benefits, or who has already been serving as a staff or volunteer benefits counselor for an AAA or one of its providers, may apply for certification without completing all of the required steps. However, he or she must file documentation with the AAA that clearly describes the experience and how it will substitute for a particular step or steps of the certification process.

82. Counseling practice and oversight requires 20 hours of practice counseling. This step may occur over as long a period as needed but must have all been completed within the previous 18 months of the date the applicant applies for certification.

83. The AAA must determine and document how oversight will be provided to the applicant counselor during the 20-hour practice period. Oversight methods include, but are not limited to:

- A certified paid counselor who oversees other staff or volunteer applicants
- A local attorney or legal assistant who oversees staff or volunteer applicants

84. The AAA may also determine the *type* of oversight. Types of oversight include, but are not limited to:

- Observation of the applicant conducting an actual counseling session by another staff counselor, local attorney, or legal assistant.
- Regular or periodic case consultations or reviews with another staff counselor, local attorney, or legal assistant.

85. Oversight can occur regularly or periodically throughout the 20 hours of practice or for any portion of the practice. The AAA must determine the frequency of oversight for each applicant. Use of the practice, internship, or regular duties of the Ombudsman program may be substituted for some of the required 20 practice hours if the hours are relevant to assisting persons with their public benefits.

86. The self-assessment may be taken over as long a period as needed but must have been completed with the minimum passing score within the previous 18 months of the date of the application. The assessment tool may be taken individually or in a group, and applicants may use open-book materials for reference. The AAA will have an answer key available and can either score the self-assessment for the applicant or assist the applicant in the scoring. Answer sheets are available through the Texas Department of Insurance.

87. The Benefits Counseling II requirement to represent a client before an administrative appeals hearing, either real or mock, is in addition to the requirement for the additional training on the topic. Persons who serve as the advocate in the HICAP-sponsored, state-level training and mock appeals demonstrations may count that experience toward the requirement. An appeals hearing

should have at least three actors involved: an administrative law judge or hearing officer; a client; and the applicant acting as the client's representative.

88. A mock demonstration hearing may involve any case in which the client has appropriately requested a hearing to appeal denial of a benefit or service. The applicant must act as the sole advocate or representative for the client in the mock case. Mock demonstrations may be set up using any one of the following methods:

- A lawyer, legal assistant or an experienced counselor acts as the judge for the applicant who uses only the original facts (not the parties' arguments) of a real case in which the lawyer, legal assistant, or counselor originally participated as the advocate.
- An administrative law judge or hearing officer agrees to allow the applicant to "practice" before him or her, and the applicant uses the original facts of a real case or a hypothetical case.
- Applicants take turns acting as the advocate for several cases before real judges or hearing officers in hearings before a group (as in the state-level demonstrations).

89. The applicant must provide the AAA with documentation or evidence that he or she has accomplished, or has sufficient experience in all the required steps. Examples of documentation include agendas of trainings with evidence that the applicant attended (sign-in sheet, signature of presenter or instructor, travel papers, etc); timesheets; client logs; materials used at presentations; case reports or case files that indicate counseling sessions or appeals processes with individual clients.

90. Persons applying for certification for the first time may use any training and practice of the required training topics that were acquired during the previous 18 months from the date of application. The required training topics are:

1. Medicare A & B/Medicare + Choice/HMOs
2. Medicare Supplements
3. Medicare Related Issues (ESRD, retirement insurance, etc.).
4. Long Term Care and Other Health Insurance
5. Insurance and Consumer Fraud
6. SSI & Medicaid
7. Nursing Home Medicaid

8. Special DHS Programs (QMB, SLMB, QI-1, QI-2)

9. Surrogate Issues

10. Appeals/Administrative Law

91. In addition to these core subjects, training will include:

11. Overview of HICAP

12. Counselor Skills/Communication

13. Outreach Techniques/Community Resources

14. Reporting

92. Both Benefits Counselors I and II must apply for re-certification every other year. To remain certified and to receive re-certification, the applicant must document completion of:

- 12 additional training hours *each year* after initial certification on any topic relating to public or private benefits.

93. The following sources may be used in any combination to obtain training in the required topic areas:

- training sponsored by the Texas Department of Insurance (TDI), the Texas Department on Aging (TDOA), and the Texas Legal Services Center (TLSC) – referred to as “HICAP sponsored training” or “state-level training”.
- Training conducted by the AAA and participating local agencies
- Training or in-services sponsored by any benefits-related or legal services agency, such as the Department of Human Services, the Health Care Finance Administration (HCFA), Social Security Office, or legal aid offices
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- Training sponsored by either the local or state Ombudsman Program

94. “HICAP sponsored training” or “state level training” may be held in Austin or elsewhere around the state and may be co-sponsored by local AAAs. A training is “HICAP sponsored” if a reasonable amount of the agenda content is conducted or coordinated by staff or representatives of TDI, TDOA or TLSC. The agendas of such training will have an indication on it that it is a HICAP sponsored event.

**Remember:** Benefits Counselors II must attend two of the HICAP sponsored trainings per year, in addition to acquiring the required number of training hours. These two HICAP sponsored trainings may be used as a source for achieving some or most of the required training, thereby accomplishing both requirements simultaneously. However, even if an applicant acquires all of the training from other sources, he or she must still attend two of the HICAP sponsored trainings per year. Volunteers and others who wish to be certified as Benefits Counselor I, may also use the HICAP sponsored trainings as their main source of training, but are not required to do so, and do not have to attend two per year.

95. Whichever source of training the applicant uses to achieve certification, it must meet the training content outlined in this chapter, to be counted. Additionally, all training combined must have occurred within 18 months of the date of application for certification.

96. The AAA and the counselor may decide together which topics to pursue for this additional training. Suggested topics are veteran's benefits, utility assistance, housing programs, indigent health care, other Medicaid programs, living trusts, and other related legal topics. Repeating topics from the initial training curriculum as a "refresher course" is also acceptable.

97. Counselors who do not apply for re-certification will automatically be removed from the state level roster of certified counselors. If a counselor becomes inactive for any reason during the certification period, both the individual counselor and the AAA must notify the Texas Department of Insurance, in a timely manner, of the counselor's inactive status.

Chapter Test