

Chapter 1

What is HICAP and the Importance of its Volunteer Network

Scope of chapter. This chapter addresses the legal authority for the Texas Benefits Counseling program known as the Health Information, Counseling and Advocacy Program, or HICAP. The attachments to this chapter include a Medicare law excerpt which currently is the main source of funding for the Benefits Counseling program. There is also a list of acronyms common to this program.

Overview of paragraphs

- Paragraphs 1 - 4 identify federal and state provisions related to the Benefits Counseling program known as HICAP and the scope of HICAP.
- Paragraph 5 describes the role of volunteers.
- Paragraph 6 – 7 discuss the role of Medicare as a source of referrals.
- Paragraph 8 discusses the role of the Council of Government as the umbrella agency for many Area Agencies on Aging.
- Paragraphs 9 – 10 discuss the current grant cycle and funding stream for HICAP.
- Paragraphs 11 – 13 review certain roles of the Area Agencies on Aging.
- Paragraphs 14 – 15 concern reporting and outreach.
- Paragraphs 16 – 17 describe certain resources available to HICAP, the Texas SHIP.
- Paragraph 18 discusses the Listserv maintained for HICAP.
- Paragraph 19 concerns building local partnerships.
- Paragraph 20 discusses reporting requirements for HICAP and Benefits Counselors.
- Attachments.
 - Appendix A: 42 United States Code §1395b-4 (part).
 - Appendix B: Acronyms.
 - Appendix C: Client Agreement.

- Appendix D: Volunteer Job Agreement.
- Appendix E: Changes in the Volunteer Profile.
- Appendix F: Volunteer Survey.
- Appendix G: Ways to Recognize Volunteers.
- Appendix H: Complaint Resolution Process.
- Appendix I: Chapter One Questions and Answers.

Chapter questions and answers. After some of the paragraphs there are questions relating to the materials covered in the paragraphs. An answer key is at the end of the chapter.

1. **Sources of Law.** The Benefits Counseling program is authorized under provisions of the Medicare law, at [42 U.S.C. §1395b-4](#). “U.S.C.” is the abbreviation for “United States Code.” That section of the Medicare law – [42 U.S.C. §1395b-4](#) -- authorizes national funding for a program of health insurance information, counseling and advocacy grants This program is often referred to as the “State Health Insurance Assistance Program” – the “SHIP.” The Administration for Community Living (ACL), which is part of the federal Department of Health and Human Services (DHHS), now administers the SHIP program. This section of law ([42 U.S.C. §1395b-4](#)) authorized the Secretary of DHHS to use funds drawn from the Medicare trust fund to make grants to States. To receive a grant, the State must submit to DHHS “a plan for a State-wide health insurance information, counseling, and assistance program.” [42 U.S.C. §1395b-4\(b\)](#). There is a SHIP program in every state.

Question: What do the letters DHHS stand for?

Answer: _____

Question: What do the letters SHIP stand for?

Answer: _____

2. The above-referenced section of the U.S. Code requires that the SHIP provide individuals eligible for Medicare with:

- information on obtaining benefits and filing claims for Medicare and Medicaid;
- policy comparison information for Medicare supplemental insurance policies and information that may assist individuals in filing claims under such policies;
- information regarding long-term care insurance; and
- information regarding other types of health insurance benefits that DHHS determines to be appropriate.

These areas are further detailed in Chapter 2, and in pages 20 – 29 of the [STARS Beneficiary Contacts Job Aid](#) which is Appendix A to Chapter 2 (“Topics Discussed”).

3. The Benefits Counseling program in Texas is a required component of an Area Agency on Aging System of Access and Assistance. This is provided for by [40 Texas Administrative Code \(TAC\) §83.3\(c\)\(2\)](#). There are 28 Area Agencies on Aging in Texas; together they serve all 254 counties in the State. The Area Agencies on Aging have contracts with the Texas Health and Human Services Commission (HHSC). HHSC heads up the health and human services agencies in Texas.

Question: How many Area Agencies on Aging are there in Texas?

Answer: _____

Question: What do the letters HHSC stand for?

Answer: _____

True or False: It is optional whether an Area Agency on Aging will have a Benefits Counseling program as a component of an Area Agency on Aging System of Access and Assistance; it is not required.

True _____ (it is not required) False _____ (it is required)

4. The Benefits Counselors of the Area Agencies on Aging assist individuals to access a wide range of services. For example, they can assist a person to understand the benefits of Hospital Insurance. Hospital Insurance is provided by Medicare Part A. Doctors’ services are covered by Medicare Part B, and Benefits Counselors can assist clients in understanding the scope of Medicare Part B. Benefits Counselors can assist clients in understanding how Medicare Advantage (which is Medicare managed care) can provide the benefits of Part A and Part B. Medicare Advantage is Medicare Part C. Benefits Counselors can assist clients in navigating the “plan finder” in order to choose the Medicare Prescription Drug Program plan that appears best for the client. The Medicare prescription drug benefit is provided for by Part D of Medicare. The Benefits Counselors can assist an individual to prove eligibility for the Supplemental Security Income (SSI) program, while the matter is at the administrative (non-court) level. The Benefits Counselors, staff and volunteer, are a fundamental part of the SHIP in Texas. Please see Appendix A of Chapter 2 of this Manual for the “Topics Discussed” pages of the [STARS Beneficiary Contacts Job Aid](#) (Pages 20 – 29 of which are Appendix A to Chapter 2).

Questions:

What Part of Medicare is Hospital Insurance?

Answer: _____

What Part of Medicare is Medicare Advantage?

Answer: _____

What Part of Medicare is the Medicare Prescription Drug Program?

Answer: _____

What does SSI stand for?

Answer: _____

5. Role of Volunteers: HICAP is made successful through volunteer counselors who use specific information or assistance to counsel individuals. Volunteers are an essential component of HICAP. Dedicated and trained volunteers will help HICAP to provide the services seniors require. The training sessions for staff and volunteers provide an objective approach to specific problems with claims and insurance policy review. The program combines federal, state, and local resources to serve clients. The volunteer base is essential to secure potentially eligible individuals appropriate free services. The task of recruiting, screening, training and placement of volunteers is a major component of HICAP for staff counselors. See the Age Well Live Well site at <https://hhs.texas.gov/about-hhs/community-engagement/age-well-live-well> for volunteer development resources.

6. Medicare law is now the main source of funding for HICAP. This funding is provided through an annual federal grant from the DHHS. The SHIP programs in each state are structured differently but in most other states the SHIP resides in only one state agency. Medicare publications and the Medicare national hotline will frequently refer beneficiaries to the SHIP in their state.

7. Referrals from Medicare will be an opportunity for Benefits Counselors to assist older individuals in understanding their Medicare rights, exercising choice, benefiting from Medicare services and opportunities authorized by law and maintaining the rights of older persons, especially those with reduced capacity, and solving disputes. Assistance in applying for Medicare benefits and appropriate referrals are also a part of the counseling process.

8. The AAAs recognize HICAP as an important enhancement to their client services. Many (25) of these AAAs are under the umbrella of Councils of Government (COGs). One (Tarrant County) exists in the framework of a nonprofit group, the United Way. One is a part of city government (Harris County – under the City of Houston), and one is under a community council (Dallas).

9. Grant Cycle for **HICAP (SHIP) Funding**. The grant cycle begins April 1 and ends March 31 of the following year. Of course, DHHS' ability to make federal grants depends on Congress appropriating the funds for the SHIP.

Question:

The branch of the federal government which appropriates funds for federal grants for the SHIP is Congress. True _____ False _____

10. Grant funds are made available to support information, counseling and assistance activities for individuals eligible for Medicare. The current HICAP grant establishes four objectives summarizing Benefits Counseling services as one-on-one counseling; targeted outreach that supports ACL initiatives and partnerships; proficiency and capacity to assist beneficiaries to understand health plan options and enrollment assistance; and participation in ACL education and communication activities to update individuals about Medicare changes. Additionally, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) is the basis for the appropriations by Congress of funds for SHIPs to conduct outreach related to the Low-Income Subsidy/Extra Help (LIS) that works with Medicare Part D and for application assistance for LIS and the Medicare Savings Programs.

11. Role of the Area Agency on Aging. Each AAA is responsible for maintaining a benefits counseling component with the AAA. For purposes of the HICAP grant, a lead counselor should be designated. The AAA is responsible for recruiting, screening, training, and placing volunteers throughout their assigned service area. Certified staff counselors and volunteers complete the same training course. Benefits Counselor training and oversight of volunteers can be completed in-house, at the sponsoring agency, as long as this in-house training is in coordination with the HICAP partnership. Volunteers may take calls and practice resolving problems with the guidance of staff counselor oversight. Benefits Counselors can supervise the volunteer's quality of work, record-keeping practices, ability to identify specific "profiles of need" issues and observe communication skills and interaction with clients.

12. The AAA is responsible for maintaining training files for staff and volunteers and filing certification and re-certification documents. This is a requirement of HHSC. This subject is covered in more detail in the certification program requirements in Chapter 2 of this manual.

13. Building Capability and Capacity in Benefits Counseling. The AAA is responsible for assurance that the Benefits Counseling program is available to individuals residing in all of their service area.

14. The HICAP program is designed to function through staff benefits counselors and volunteer benefits counselors to provide older individuals and Medicare enrollees and pre-enrollees of any age with free, competent, and confidential counseling. Chapter Three of this manual discusses SHIP reporting. Again, these numbers become part of the national summary of how this state serves its seniors and persons on Medicare.

15. Increasingly, DHHS requires that SHIPs act as an integral partner on education and outreach campaigns. Performance guidelines expect not only promotion/outreach but measurable assistance to individuals. An example of this is the campaign on the Low Income Subsidy to Medicare Part D enrollees.

16. Key HICAP Resources - SHIPs are viewed as primary partners in efforts to assist beneficiaries. Following are SHIP information and training resources.

A. The National Medicare Training Program hosts monthly audio conference calls and produces multimedia training aids, tool kits and partner publications. Their website is on the ACL versus public Medicare website. Outreach and Education information is located at <https://www.cms.gov/home/outreacheducation.asp>. The National Medicare Training Program website is at <https://cmsnationaltrainingprogram.cms.gov/>.

B. The SHIP Resource Center is a contracted entity that supports the state SHIPs, serving as a depository for SHIP-related communications from ACL. The [SHIP Resource Center](#) also issues a regular newsletter and offers a secure website at <https://www.shiptacenter.org/>.

C. The SHIP Directors Conference has trained and supported state SHIP directors and state-level partners.

D. The CMS Regional SHIP Liaisons regularly communicate with SHIP Directors in their region. Texas is served by the Region VI CMS office in Dallas. The regional office has hosted annual Train-the-Trainer seminars each summer. This office also handles Medicare Advantage and Medicare Prescription Drug complaints after the client and/or their representative has exhausted the complaint process through the plans.

E. Other resources available to SHIP partners for use with beneficiaries include the following:

- The *Medicare & You* handbook which is issued yearly.
- The Medicare website www.medicare.gov, which includes plan comparison information for both Medicare Advantage plans and Medicare Prescription Drug plans.
- The toll-free, 1-800-MEDICARE (1-800-633-4227) call center.

17. Other SHIP Resources: At the national level there are other partners that work in conjunction with CMS. Among them are the National Council on Aging via My Medicare Matters at the Web site <https://www.mymedicarematters.org/>, and the Medicare Rights Center at <http://www.medicarerights.org/>.

18. Texasadvocates@yahoogroups.com is a listserv that allows Benefits Counselors to post questions or information of interest to the HICAP network. To register a Benefits Counselor to receive Texas Advocates notices, the AAA Director needs to send an e-mail to bbower@tlsc.org or mdeutsch@tlsc.org, requesting that the referenced counselor be allowed to join Texas Advocates. The listserv is used to issue timely information and notices to benefits counselors.

19. Building Local Partnerships. HICAP components at the state level are resources for building partnerships with federal, state, and community groups and organizations. Your partnerships can build capacity for services. A way to build capacity is to reach potentially eligible individuals through organizations such health providers as they are likely serving the target population HICAP needs to reach.

20. Reporting is a significant program requirement for counselors. Interest has grown relative to how all parts of the information infrastructure perform in the effort to serve the population targeted by HICAP. As a result, there is new government-wide emphasis on results and outcomes in all areas. This has brought about increased focus on accountability, including reporting of activity and performance assessments to determine the impact of these service programs. SHIP uses the SHIP Tracking and Reporting System (STARS) as a tool to measure outcomes of the grant partnerships with all states.

Question:

The SHIP Tracking and Reporting System (STARS) is a tool to measure outcomes of the grant partnerships with all states.

True _____ False _____

Appendix A

Statutory Authority

42 USCS § 1395b-4

§1395b-4. 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 1395ss of this title, 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 this subchapter (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.

(b) Grant applications

(1) In submitting an application under this section, a State may consolidate and coordinate an application that consists of parts prepared by more than one agency or department of such State.

(2) As part of an application for a grant under this section, a State shall submit a plan for a State-wide health insurance information, counseling, and assistance program. Such program shall—

(A) establish or improve upon a health insurance information, counseling, and assistance program that provides counseling and assistance to eligible individuals in need of health insurance information, including—

(i) information that may assist individuals in obtaining benefits and filing claims under this subchapter and subchapter XIX of this chapter;

(ii) policy comparison information for medicare supplemental policies (as described in section 1395ss(g)(1) of this title) and information that may assist individuals in filing claims under such medicare supplemental policies;

(iii) information regarding long-term care insurance; and

(iv) information regarding other types of health insurance benefits that the Secretary determines to be appropriate;

(B) in conjunction with the health insurance information, counseling, and assistance program described in subparagraph (A), establish a system of referral to appropriate Federal or State departments or agencies for assistance with problems related to health insurance coverage (including legal problems), as determined by the Secretary;

(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 described in subparagraph (A);

(E) provide for the collection and dissemination of timely and accurate health care information to staff members;

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

(G) provide for the coordination of the exchange of health insurance information between the staff of departments and agencies of the State government and the staff of the health insurance information, counseling, and assistance program;

(H) make recommendations concerning consumer issues and complaints related to the provision of health care to agencies and departments of the State government and the Federal Government responsible for providing or regulating health insurance;

(I) establish an outreach program to provide the health insurance information and counseling described in subparagraph (A) and the referrals described in subparagraph (B) to eligible individuals; and

(J) demonstrate, to the satisfaction of the Secretary, an ability to provide the counseling and assistance required under this section.

(c) Special grants

(1) A State that is conducting a health insurance information, counseling, and assistance program that is substantially similar to a program described in subsection (b)(2) shall, as a requirement for eligibility for a grant under this section, demonstrate, to the satisfaction of the Secretary, that such State shall maintain the activities of such program at least at the level that such activities were conducted immediately preceding the date of the issuance of any grant during the period of time covered by such grant under this section.

(2) If the Secretary determines that the existing health insurance information, counseling, and assistance program is substantially similar to a program described in subsection (b)(2), the Secretary may waive some or all of the requirements described in such subsection and issue a grant to the State for the purpose of increasing the number of services offered by the health insurance information, counseling, and assistance program, experimenting with new methods of outreach in conducting such program, or expanding such program to geographic areas of the State not previously served by the program.

(d) Criteria for issuing grants

In issuing a grant under this section, the Secretary shall consider—

(1) the commitment of the State to carrying out the health insurance information, counseling, and assistance program described in subsection (b)(2), including the level of cooperation demonstrated—

(A) by the office of the chief insurance regulator of the State, or the equivalent State entity;

(B) other officials of the State responsible for overseeing insurance plans issued by nonprofit hospital and medical service associations; and

(C) departments and agencies of such State responsible for—

(i) administering funds under subchapter XIX of this chapter, and

(ii) administering funds appropriated under the Older Americans Act [42 U.S.C. 3001 et seq.];

(2) the population of eligible individuals in such State as a percentage of the population of such State; and

(3) in order to ensure the needs of rural areas in such State, the relative costs and special problems associated with addressing the special problems of providing health care information, counseling, and assistance eligible ¹ individuals residing in rural areas of such State.

(e) Annual State report

A State that receives a grant under this section shall, not later than 180 days after receiving such grant, and annually thereafter during the period of the grant, issue a report to the Secretary that includes information concerning—

- (1) the number of individuals served by the health insurance information, counseling and assistance program of such State;
- (2) an estimate of the amount of funds saved by the State, and by eligible individuals in the State, in the implementation of such program; and
- (3) the problems that eligible individuals in such State encounter in procuring adequate and appropriate health care coverage.

(f) Report to Congress

Beginning with 1992, and annually thereafter, the Secretary shall issue a report to the Committee on Finance of the Senate, the Special Committee on Aging of the Senate, the Committee on Ways and Means of the House of Representatives, and the Committee on Energy and Commerce of the House of Representatives that—

- (1) summarizes the allocation of funds authorized for grants under this section and the expenditure of such funds;
- (2) outlines the problems that eligible individuals encounter in procuring adequate and appropriate health care coverage;
- (3) makes recommendations that the Secretary determines to be appropriate to address the problems described in paragraph (3); ² and
- (4) in the case of the report issued 2 years after November 5, 1990, evaluates the effectiveness of counseling programs established under this program, and makes recommendations regarding continued authorization of funds for these purposes.

(g) Authorization of appropriations for grants

There are authorized to be appropriated, in equal parts from the Federal Hospital Insurance Trust Fund and from the Federal Supplementary Medical Insurance Trust Fund, \$10,000,000 for each of fiscal years 1991, 1992, 1993, 1994, 1995, and 1996, to fund the grant programs described in this section.

(Pub. L. 101–508, title IV, §4360, Nov. 5, 1990, 104 Stat. 1388–138; Pub. L. 103–432, title I, §171(i), Oct. 31, 1994, 108 Stat. 4450; Pub. L. 103–437, §15(b), Nov. 2, 1994, 108 Stat. 4591; Pub. L. 105–362, title VI, §602(b)(2), Nov. 10, 1998, 112 Stat. 3286.)

REFERENCES IN TEXT

The Older Americans Act, referred to in subsec. (d)(1)(C)(ii), probably means the Older Americans Act of 1965, which is Pub. L. 89–73, July 14, 1965, 79 Stat. 218, as amended, and is classified generally to chapter 35 (§3001 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 3001 of this title and Tables.

CODIFICATION

Section was enacted as part of the Omnibus Budget Reconciliation Act of 1990, and not as part of the Social Security Act which comprises this chapter.

AMENDMENTS

1998—Subsec. (f). Pub. L. 105–362 substituted "Beginning with 1992" for "Not later than 180 days after November 5, 1990".

1994—Subsec. (b)(2)(A)(ii). Pub. L. 103–432, §171(i)(1), inserted closing parenthesis after "of this title".

Subsec. (b)(2)(D). Pub. L. 103–432, §171(i)(2), substituted "counseling" for "services" before "described in subparagraph (A)".

Subsec. (b)(2)(I). Pub. L. 103–432, §171(i)(3), substituted "referrals" for "assistance".

Subsec. (c)(1). Pub. L. 103–432, §171(i)(4), struck out "and that such activities will continue to be maintained at such level" after "covered by such grant under this section".

Subsec. (d)(3). Pub. L. 103–432, §171(i)(5), substituted "eligible individuals residing in rural areas" for "to the rural areas".

Subsec. (e). Pub. L. 103–432, §171(i)(6)(A), (B), in introductory provisions, substituted "this section" for "subsection (c) or (d) of this section" and "and annually thereafter during the period of the grant, issue a report" for "and annually thereafter, issue an annual report".

Subsec. (e)(1). Pub. L. 103–432, §171(i)(6)(C), struck out "State-wide" before "health insurance information".

Subsec. (f). Pub. L. 103–437, §15(b)(1), in introductory provisions, substituted "and the Committee on Energy and Commerce" for "the Committee on Energy and Commerce of the House of Representatives, and the Select Committee on Aging".

Pub. L. 103–432, §171(i)(8)(B), and Pub. L. 103–437, §15(b)(2), made identical amendments, redesignating subsec. (f), relating to authorization of appropriations for grants, as (g).

Pub. L. 103–432, §171(i)(8)(A), in subsec. (f), relating to authorization of appropriations for grants, substituted "1993, 1994, 1995, and 1996" for "and 1993".

Subsec. (f)(2) to (5). Pub. L. 103–432, §171(i)(7), in subsec. (f), relating to report to Congress, redesignated pars. (3) to (5) as (2) to (4), respectively, and struck out former par. (2) which read as follows: "summarizes the scope and content of training conferences convened under this section;".

Subsec. (g). Pub. L. 103–432, §171(i)(8)(B), and Pub. L. 103–437, §15(b)(2), made identical amendments, redesignating subsec. (f), relating to authorization of appropriations for grants, as (g).

CHANGE OF NAME

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104–14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

EFFECTIVE DATE OF 1994 AMENDMENT

Amendment by Pub. L. 103–432 effective as if included in the enactment of Pub. L. 101–508, see section 171(l) of Pub. L. 103–432, set out as a note under section 1395ss of this title.

DEMONSTRATION TO IMPROVE CARE TO PREVIOUSLY UNINSURED

Pub. L. 110–275, title I, §186, July 15, 2008, 122 Stat. 2588, provided that:

"(a) Establishment.—Within one year after the date of the enactment of this Act [July 15, 2008], the Secretary (in this section referred to as the 'Secretary') shall establish a demonstration project to

determine the greatest needs and most effective methods of outreach to medicare beneficiaries who were previously uninsured.

"(b) Scope.—The demonstration shall be in no fewer than 10 sites, and shall include state health insurance assistance programs, community health centers, community-based organizations, community health workers, and other service providers under parts A, B, and C of title XVIII of the Social Security Act [42 U.S.C. 1395c et seq., 1395j et seq., 1395w–21 et seq.]. Grantees that are plans operating under part C shall document that enrollees who were previously uninsured receive the 'Welcome to Medicare' physical exam.

"(c) Duration.—The Secretary shall conduct the demonstration project for a period of 2 years.

"(d) Report and Evaluation.—The Secretary shall conduct an evaluation of the demonstration and not later than 1 year after the completion of the project shall submit to Congress a report including the following:

"(1) An analysis of the effectiveness of outreach activities targeting beneficiaries who were previously uninsured, such as revising outreach and enrollment materials (including the potential for use of video information), providing one-on-one counseling, working with community health workers, and amending the Medicare and You handbook.

"(2) The effect of such outreach on beneficiary access to care, utilization of services, efficiency and cost-effectiveness of health care delivery, patient satisfaction, and select health outcomes."

STATE REGULATORY PROGRAMS

For provisions relating to changes required to conform State regulatory programs to amendments by section 171 of Pub. L. 103–432, see section 171(m) of Pub. L. 103–432, set out as a note under section 1395ss of this title.

¹ So in original. Probably should be preceded by "to".

² So in original. Probably should be paragraph "(2)".

Appendix B

Acronyms

Note: There is a very thorough acronym search tool on the Web site of the Centers for Medicare and Medicaid Services, at <https://www.cms.gov/apps/acronyms/>.

AAA	Area Agency on Aging
ACA	Affordable Care Act of 2010 (also referred to as the Patient Protection and Affordable Care Act of 2010) (May also be abbreviated PPACA)
ACL	Administration for Community Living
ADL	Activities of Daily Living
ALF	Assisted Living Facility
ALJ	Administrative Law Judge
ALS	Amyotrophic Lateral Sclerosis (Lou Gehrig’s disease)
AoA	Administration on Aging
APS	Adult Protective Services
BBA	Balanced Budget Act
CAHPS	Consumer Assessment of Health Plans Study
CDC	Centers for Disease Control
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services (now a managed care system known as TRICARE)
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CHDR	Center for Health Dispute Resolution
CMS	Centers for Medicare and Medicaid Services
COBRA	Consolidated Omnibus Budget Reconciliation Act
COLA	Cost of Living Adjustment
CCAD	Community Care for the Aged and Disabled
DAB	Departmental Appeals Board
DHHS	Department of Health and Human Services (sometimes just “HHS”)
DME	Durable Medical Equipment
DRG	Diagnosis-Related Groups
ESRD	End-Stage Renal Disease
EOB	Explanation of Benefits
FOIA	Freedom of Information Act
FQHC	Federal Qualified Health Centers
GHP	(Employer) Group Health Program
HEDIS	Health Employer Data and Information Set
HHSC	Texas Health and Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HICAP	Health Information Counseling and Advocacy Program
HMO	Health Maintenance Organization
HMO-POS	Health Maintenance Organization – Point of Service option
IHFSP	In-Home Family Support Program (no longer funded)
LHT	Legal Hotline for Texans
LIS	Low-Income Subsidy
MA	Medicare Advantage
MEW	Medicaid Eligibility Worker

MIPPA	Medicare Improvements for Patients and Providers Act of 2008
MMA	Medicare Modernization Act of 2003
MQMB	Medicaid Qualified Medicare Beneficiary
MSA	Medical Savings Account
MSN	Medicare Summary Notice
NF	Nursing Facility
NMEP	National Medicare Education Program
OAA	Older Americans Act
OASDI	Old Age Survivors and Disability Insurance
PACE	Program of All-Inclusive Care for the Elderly
PCIP	Pre-Existing Condition Insurance Plan
PCP	Primary Care Physician
PFFS	Private Fee-for-Service
POMS	Program Operations Manual System (of Social Security)
POS	Point of Service Organization
PPACA	Patient Protection and Affordable Care Act of 2010 (also referred to as the Affordable Care Act of 2010)
PPO	Preferred Provider Organization
PRO	Peer Review Organization
PSO	Provider Sponsored Organization
QDWI	Qualified Disabled and Working Individual
QI	Qualified Individual
QMB	Qualified Medicare Beneficiary (Quimby)
REACH	Regional Education about Choices in Health
RFBS	Religious Fraternal Benefit Society Plan
RRB	Railroad Retirement Board
SEP	Special Election Period
SLMB	Specified Low-Income Medicare Beneficiary (Pronounced “Slimby”)
SHIP	State Health Insurance Assistance Program
SNAP	Supplemental Nutrition Assistance Program (formerly known as “food stamps”)
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TDD	Telecommunication Device for the Deaf (now, TTY is used – see below)
TDI	Texas Department of Insurance
TLSC	Texas Legal Services Center
TRS	Telecommunications Relay Service (for instance, Relay Texas)
TTY	Text Telephone
VA	Veterans Administration

Appendix C

Client Agreement

(AAA/BC LOGO)
CLIENT AGREEMENT
(EXAMPLE)

I understand that the Texas Health Information, Counseling and Advocacy Program is a state-sponsored, non-profit program for persons needing assistance with their public and/or private benefits. Counseling services are intended to help me understand public and private benefits in an objective manner that supports my independent decisions. I understand that counseling services are provided by Certified Counselors, acting in good faith to provide information about public/private benefits to me, the client.

I understand that Certified Counselors are not permitted to render legal advice or other legal services which would be construed as the unauthorized practice of law. I understand that Certified Counselors are neither affiliated with the insurance industry, nor are they financial planners. They do not sell, recommend or endorse any specific insurance product, agent, insurance company, or health plan.

Counseling is confidential and free of charge. I understand that I may make a donation to the program, if I desire.

Furthermore, I authorize the _____ (local program/agency), to receive information as necessary, from other agencies or provider of services from which I'm receiving services, to complete the course of action needed regarding my public/private benefits. Such authorization shall remain valid for a period of _____ days/months, from the date of signature.

CLIENT SIGNATURE

COUNSELOR SIGNATURE

DATE

DATE

Note: You may be asked to fill out a HIPAA form for us to proceed on your behalf.

Appendix D

Volunteer Job Description

(EXAMPLE - VOLUNTEER JOB DESCRIPTION)
(AAA/LOGO)

JOB TITLE: VOLUNTEER BENEFITS COUNSELOR

OBJECTIVE: Complete 25-hour training program, perform 20 hours of supervised Benefits Counseling, attain level I certification (including passing the 100-question open book test with a score of 70% or better), and provide HICAP services to individuals who are eligible for Medicare regardless of age.

SCHEDULE: Minimum of 2-4 hours of counseling services per week.

GENERAL DUTIES:

Provide counseling and advocacy for clients in the areas of benefits and entitlements. Accept supervision by the Area Agency on Aging. Provide confidential advocacy and counseling services. Assist clients in understanding and accessing public/private benefits. Respect and protect the privacy and confidentiality of client information. Be sensitive to client's social and emotional needs.

SPECIFIC DUTIES:

Provide at least 2-4 hours per week of outreach and counseling services. Practice effective communication techniques. Provide appropriate feedback to supervising staff through reporting. Reporting through the SHIP Tracking and Reporting System (STARS) is a program requirement. Attend in-services and mandatory meetings to share activity experiences, recruitment techniques and maintain updated resource materials.

TRAINING:

Training is a 25-hour course that will cover various topics. Please refer to the description of these topics in Chapter 2.

CONFIDENTIALITY:

All client information is confidential and not shared with anyone outside the volunteer program without client consent. Violation of confidentiality procedures will be grounds for dismissal.

ABILITIES:

Volunteers must be able to work independently and know when to ask for assistance. Volunteers will demonstrate qualities associated with problem solving, patience and persistence, and work well with individuals, families and groups. Volunteers must demonstrate the ability to document and maintain accurate reports and submit reports in a timely manner.

CONFLICT OF INTEREST:

Volunteers with a potential conflict of interest must inform the client of the potential conflict and offer the client a referral to a Benefits Counselor who does not have a conflict of interest.

Appendix E

Changes in the Volunteer Profile

CHANGES IN THE VOLUNTEER PROFILE

TRADITIONAL VOLUNTEER

- _ FEMALE
- _ HOUSEWIFE/MOTHER
- _ WILLING TO TAKE DIRECTION
- _ WILLING TO DO CLERICAL TASKS
- _ DEFERRED TO STAFF OPINION, STYLES AND APPROACHES
- _ VOLUNTEERING IS A DUTY/OBLIGATION

TODAY'S VOLUNTEER

- _ WANTS FLEXIBLE HOURS
- _ MAY BE AVAILABLE NIGHTS/WEEKENDS
- _ HAS LIMITED TIME TO OFFER
- _ BRINGS A WIDER VARIETY OF SKILLS
- _ DOESN'T JUST WANT TO FILL A SLOT
- _ MAY APPRECIATE CORPORATE SUPPORT FOR VOLUNTEERS
- _ MAY ENGAGE IN GREATER QUESTIONING OF THE SYSTEM
- _ ASKS HOW THIS WILL MAKE A DIFFERENCE
- _ OFFERS SUGGESTIONS FOR PROGRAMMATIC CHANGES
- _ QUESTIONS NEED FOR BACKGROUND CHECKS/INTERVIEWS

Appendix F

Volunteer Survey

Volunteer Survey – an example

Check one:

1. ___ **I have enough materials**
 ___ **I get materials fairly easily**
 ___ **I am usually waiting for materials**

Suggestions/Comments

2. ___ **I feel very well trained in what I do**
 ___ **I usually have the right answer and feel comfortable that I'm giving the right advice**
 ___ **I wish I knew more about _____**

3. ___ **I know who to call when I have a question about my job**
 ___ **I am not always sure who to call but I manage somehow**
 ___ **I usually have to scramble to find out an answer**

Suggestions/Comments

4. ___ **I am updated and have the most current information available**
 ___ **I mostly have the current material and feel informed**
 ___ **I wish I had more information about _____**

5. ___ **As a volunteer I feel supported and valued for the work I do**
 ___ **I mostly feel supported and valued**
 ___ **Sometimes I wonder if anyone knows what I do and I feel a little lost**

Appendix G

Ways to Recognize Volunteers

WAYS TO RECOGNIZE VOLUNTEERS

Substantive:

- 1. Let them participate as program trainers**
- 2. Invite to staff meetings**
- 3. Keep them challenged**
- 4. Provide further training**
- 5. Provide enhanced service opportunities**

Award Ideas

- 1. Letter of Appreciation**
- 2. Refrigerator Magnets**
- 3. Pins**
- 4. Pens**
- 5. Certificates**
- 6. Ribbons**
- 7. T-Shirts**
- 8. Patches**
- 9. Flowers**
- 10. Thank You Photos**
- 11. Honor Roll**
- 12. Service Stripes**
- 13. Personalized Coffee Mug**

Special Events

Ideas:

- Special Volunteer Cake**
- Movie Tickets**
- Ice Cream Party**
- Coffee and Cake Party**
- Send Birthday/Holiday Cards**
- Volunteer Recognition Lunch**

Appendix H

Complaint Resolution Process Regarding Volunteer Certified Benefits Counselors

(AAA logo)
(EXAMPLE)

BENEFITS COUNSELING PROGRAM COMPLAINT RESOLUTION PROCEDURES BACKGROUND

The following “Complaint Resolution Procedures” have been developed to comply with the requirements of the policy for Certified Benefits Counselor Dismissal Review. As the certification and re-certification of certified Benefits Counselor is at the agreement of the Texas Health and Human Services Commission, these procedures need to be consistent. Additionally, these procedures enable us to maintain a healthy atmosphere in which each certified volunteer can speak freely and have frank discussions with the Certified Staff Benefits Counselors.

OVERSIGHT

The Staff Benefits Counselor is responsible for overseeing the adherence to and timeliness of the complaint resolution process. These resolution procedures are available only to Certified Benefits Counselors.

COMMUNICATION

All certified volunteers can contact the Staff Benefits Counselor, in person, at any time by phone, fax, letter, or e-mail. The goal is always to have effective communication. The Staff Benefits Counselor will maintain effective communication with each certified volunteer to ensure knowledge of the philosophy regarding procedural changes from HICAP, its support agencies, and the AAA. Likewise, the Staff Benefits Counselor will communicate any concerns to the certified volunteer in respect to performance that may have a negative impact on the program. Acceptable performance includes, but is not limited to 1) reporting required monthly data to the Staff Benefits Counselor, and 2) conducting services in a confidential and professional manner. For example, inappropriate counseling, such as assistance with the drafting of a will or any other legal instrument, will bring dismissal as well as the potential for serious criminal penalties. Breach of confidentiality also has the consequences of dismissal also. Allegations of misconduct by a certified volunteer will be investigated by the Staff Benefits Counselor to determine the validity of the allegations. Amelioration of such allegations may be resolved through more training, increased supervision by the Staff Benefits Counselor, or other means. The discipline system to be utilized will be a graduated system: supervision assistance, written warning, suspension, and termination. However, should a certified volunteer wish to air any concern, make a complaint, or appeal a disciplinary action, they must follow the following procedures.

CONTENT AND DELIVERY

The appeal or complaint must be in writing and addressed to the attention of the Staff Benefits Counselor. The written record must contain the following: 1) the purpose of the record, 2) the date of the original action being addressed, and 3) a synopsis of efforts pursued to resolve the matter prior to the submission of the record. The written record should be delivered by hand or certified mail to the office of the Staff Benefits Counselor during the normal workweek.

TIME LIMIT

A written record must be submitted within thirty (30) days of the initial problem.

VOLUNTEER STATUS

The certified volunteer pursuing the resolution process will be placed on inactive status. No volunteer benefits counseling activities will be conducted by the certified volunteer.

REVIEW

The Staff Benefits Counselor will review all pertinent documentation and request clarification or additional information as necessary. Any new data must be received within ten (10) working days of the request. Once all data is available for review, a decision will be made within fourteen (14) working days. If immediate dismissal is the outcome, the certified volunteer will be notified immediately by certified letter with return receipt. Any certification badges or other agency identification will be returned within five (5) working days from the receipt of the letter. Duty stations will be notified of the volunteer's termination within five (5) working days of the final decision.

APPEAL PROCEDURES

An appeal of a decision by the Staff Benefits Counselor may be made to the Director of the Area Agency on Aging, in writing, within five (5) days of the decision. All documentation will be forwarded to the Director. That documentation, along with interviews with the Staff Benefits Counselor, the volunteer, duty station representatives, and other interested parties will be the record used to make a determination on behalf of the certified volunteer. The Director will issue a written decision to the volunteer with thirty (30) working days of receipt of the appeal notice. An appeal of the AAA Director's decision may be made to HICAP, through the Texas Health and Human Services Commission. Appeal notification must be made within seven (7) working days.

Appendix I

Questions and Answers

(Answers are on the third sheet down)

1. Question: What do the letters DHHS stand for?

Answer: _____

2. Question: What do the letters SHIP stand for?

Answer: _____

3. Question: How many Area Agencies on Aging are there in Texas?

Answer: _____

4. Question: What do the letters HHSC stand for?

Answer: _____

5. True or False: It is optional whether an Area Agency on Aging will have a Benefits Counseling program as a component of an Area Agency on Aging System of Access and Assistance; it is not required.

True _____ (it is not required) False _____ (it is required)

Questions:

6. What Part of Medicare is Hospital Insurance?

Answer: _____

7. What Part of Medicare is Medicare Advantage?

Answer: _____

8. What Part of Medicare is the Medicare Prescription Drug Program?

Answer: _____

9. What does SSI stand for? Answer:

10. True or false:

The branch of the federal government which appropriates funds for federal grants for the SHIP is Congress.

True _____ False _____

11. The SHIP Tracking and Reporting System (STARS) is a tool to measure outcomes of the grant partnerships with all states.

True _____ False _____

Answers:

1. Department of Health and Human Services
2. State Health Insurance Assistance Program
3. 28
4. Health and Human Services Commission
5. False (it is required)
6. A (Part A)
7. C (Part C)
8. D (Part D)
9. Supplemental Security Income
10. True
11. True