

## Chapter Three

### Case Records and Reporting

1. **Reporting benefits counseling activities in an accurate and timely manner is both a program requirement and a training requirement.** The AAA staff track all legal awareness and legal assistance activities conducted by staff counselors and volunteers on a monthly basis. These reports are captured through software for both the TDoA monthly reports and on the CMS National Performance Report (NPR) monthly reports. The NPR reporting data becomes an integral part of the national aging network's mosaic and reflects how each state is serving its elderly and disabled population.

2. As discussed in the opening chapters of this textbook, legal assistance reports are individual and confidential sessions held between the counselor and the client. *Legal assistance* activities are advice, counseling, document preparation, and representation given to individuals on a one-to-one basis. When any or all of these activities are eight minutes or more, units are being generated and the total time spent on the case is counted and documented in the hard copy file. If the time spent is less than eight minutes, the time is not counted, however the contact is counted. This type of contact is a *legal awareness* activity and is captured in the appropriate data collection tool. Legal awareness will be covered in more detail later in this chapter.

### The Hard Copy File

3. Legal assistance case reports generally begin with a hard copy file that includes an intake page and one or more narrative pages. Using this file, data is collected and entries are made into the appropriate reporting tools. The hard copy file contains very sensitive information freely provided by a client and its contents are always treated in a confidential manner and as a legal document. The structure of the file is not unlike that of case-management. Entries are handwritten and are initialed by the counselor and the file is a confidential, legal document. The file documents are not difficult to complete, but do require close attention to accuracy. The hard copy file is the tool used by TDoA for monitoring accuracy of data reported.

4. Volunteers are supplied reporting forms and self-addressed stamped envelopes for mailing their monthly reports to the AAA. Volunteers may also fax or e-mail reports to the counselors. It is to the advantage of the counselor to require volunteers to file monthly reports within the first week of the new month. The volunteer report will consist of the intake and narrative pages for each new client who received legal assistance and a separate legal awareness form for each completed educational or outreach activity for the month. For cases that continue into the following month, the next legal assistance report for that client will consist of the narrative page(s) only. All narrative entries for a second month should be on a new page and not run together with entries from a previous month. This will prevent errors in calculation of time and contacts reported for the continued case.

5. The intake document for an initial client contact is titled “Benefits Counseling/Legal Assistance Case Report.” A copy of this form is in the resource section of this chapter and counselors are required to complete and maintain this one page intake for each individual counseled. The following entries are made on the top half of the legal assistance case report form:

- On line # 1, the date of the initial contact for individual assistance is recorded by the entry titled “Date”. The counselor’s AAA is identified and his/her initials (staff or volunteer) are entered at “Counselor/Legal Provider.”
- On line # 2, enter the client’s Social Security number.
- On line # 3, enter the client’s name and gender.
- Lines 4, 5, 6, 7 and 8 require the client’s address, city, state, zip code, county and phone number.
- Lines 9 and 10 address the client’s physician and phone number and these are completed if relevant to the case.
- On line 11, check the appropriate ethnicity.
- On line 12, check the appropriate marital status.
- On line 13, record the number in the household (include client), if relevant.
- On line 14, check the client’s income, if relevant.
- Line 15 is for the referral source, such as a relative or a home health agency representative.

- Line 16 is used to record the referral's telephone number.
- On line 17, indicate with a "yes" or "no" to indicate if the client is at least 60 years of age or eligible for Medicare.
- Line 18 records the client's date of birth. This is a required component of the TDOA software-reporting tool.
- Lines 19 through 22 are completed if relevant to the case.
- Check line 23, if the client has given consent for representation by the counselor.

6. The second section of the form is titled "ISSUE". In this section, the counselor identifies the issue(s) that were addressed for the client. To complete this section, consult the "Profiles of Need Categories" in the resource section of this chapter. This resource provides an in-depth clarification of the different categories of needs. The one-page "Short Version of Client Profile of Needs Categories" may be used as a quick reference for describing the need(s) of the client, under "ISSUE". These categories of need are more extensive than the categories recognized by CMS. TDoA recognizes that these other categories of need can directly and indirectly impact a beneficiary's Medicare, as well as his/her financial well-being.

7. On the "Short Version of Client Profile of Needs Categories," ADLs (activities of daily living) identify special assistance tasks that a client may require. This category includes general elderly assistance services that may be covered by a special city or county program, separate from a state program. Many of the tasks listed are provided to qualified candidates for the TDHS in-home service program CCAD (Community Care for the Aged and Disabled).

8. Transportation is often an unmet need. This service is not limited to medical transportation, but may be services for travel to and from a nutrition site, shopping and other needs. Escort is a service provided to eligible CCAD clients when the care plan indicates a need for this service.

9. Non-covered Health issues include dental, vision, hearing aids, assistance devices and other health needs not covered by Medicare. CMS has made medications a separate category on the National Performance Report. Medications or drugs are included by TDoA under N/C

Health for reporting purposes. Non-covered health issues can also include special diet needs, such as diet supplement drinks that generally are not covered by Medicare except under special medical necessity guidelines.

10. The Housing category is self-explanatory and covers almost every imaginable circumstance that could impact health and safety issues for a client. Unsafe living conditions can impact client Medicare utilization and the financial affairs of a client.

11. The remaining categories of need on the short version are self-explanatory and identify other issues that can impact a person with a disability or elderly person's chance of maintaining independence in the community. Many of the categories of need are money-related issues. Assistance with these issues can help the client keep more of their Social Security dollars to pay for health care costs as they age.

12. The next section identifies the type of counseling services provided to a client. A counselor may check off one or all of these options. Advice and counseling are the most routine services provided. Document preparation, for instance, can be assistance with completing a Medicaid form, disability form, or completing a simple form to access medical transportation. Representation is checked when the counselor acts as a client's advocate in resolving an issue the client cannot handle alone. The category "other" for this section may be advocacy efforts that connect the client with a resource or referral that would be more effective in addressing the client's needs.

13. The next to last section of the intake page addresses referrals and the counselor checks the appropriate box. These initial referrals would be included in the narrative for that specific month. Referrals made in the following month or several months later, would be captured in the narrative for that specific month.

14. Monetary Impact is completed when a course of action that could save money for the client is presented. This subjective calculation is not monitored or tracked by TDoA. CMS does

collect dollars saved in the current NPR. Future CMS reporting tools will assign a dollar value based on the appropriate information collected in its new NPR.

15. The narrative is the second part of the legal assistance form and provides for entries of the site (NAME OF AAA), the client's name, month and year, and number of pages (PAGE \_\_\_ OF \_\_\_), used for daily entries in the course of a month. The initial or first contact date is recorded and initialed by the counselor. The time spent during the counseling activities is counted and recorded in the time block. Time spent on the phone, recording a written intake and narrative, providing advice, counseling, referrals, providing correspondence, research, and follow-up are a few examples of activities that are counted as time spent. At the end of the month, a counselor will count time spent on checking the hard file for correct entries, totals for contacts (count each entry as a contact for the NPR), and time spent (total number of minutes spent for that month), under the "maintenance of records". These additional minutes will be entered into the file on the last day of the month, when reports are finalized for that month. Time spent recording file data into appropriate reporting tools will also be added to the time spent on the case under the same code. Only staff will complete the unit calculation of time and contacts, as oversight by staff is part of record maintenance for staff generated files and volunteer client files. As part of the TDoA and CMS monitoring process, a second staff person will review all data for correctness and oversight.

16. In the chapter resource section, is a help sheet title "Guidelines for Determining Units of Service". The table converts the total minutes into units or total time spent on a case, for the month being reported. The first two columns represent minutes that are converted into hours. The remaining columns reflect units recorded based on the minutes and hours being reported. Note that total time contacts of less than 7 minutes generates zero units if that were the only contact recorded in the hard copy file.

17. Counting contacts would be accomplished by counting entries that reflect phone calls, direct contact with the client, relatives, faxes, e-mails, Internet queries, postal mailings and other resources that are instrumental in resolving the case. The codes at the bottom of the narrative are optional and are help codes for writing the narrative.

- Codes A and B are self-explanatory.

- Code C is used when you write a letter, send fax, Internet or e-mail to share information with a client.
- Code D is used to record in the file a date and time set by the client for a personal interview.
- Codes E and F are self-explanatory.
- Code H is the actual personal interview narrative.
- Code I designates completion of the intake page. The counselor may complete the intake or receive a partial intake from Information and Referral, Case-management, or the Ombudsman program. The time spent completing the intake is counted and the time can be shorter if the intake is from another source.
- Code L designates representation activity.
- Code M provides for the extra time spent at the end of the month on maintaining the file.
- Code N is used when staff makes contacts on behalf of a client.
- Code P designates document assistance.
- Code R is used when you provide referrals to the client and the client takes the initiative of making the contact his/herself.
- Code S designates mailing of a satisfaction survey. Surveys have been a TDoA program requirement in the past and this code is used if a client was sent an in-house survey.
- Code W identifies walk-in clients who may or may not have an appointment.

18. The last entry under the “Unit Calculation of Time” is “Verified by.” Another staff person checks the counselor’s entries and verifies that the time and contact totals calculated are correct. Upon verification, this staff person signs off on the calculations with his/her initials and the information is ready for entry into the appropriate reporting tool. This verification system provides TDoA with proof of efforts to ensure correct reporting of data and is also necessary to indicate to CMS that a system is in place for data oversight.

19. Remember that there is no limit on the amount of time spent on composing a narrative or counseling a client one-to-one. Write only facts that reflect efforts to resolve the case through advice, counseling, referrals, document preparation or representation. It is better to include great detail versus scant information that does not fully represent your work effort.

20. CMS requires designation of contacts by means such as telephone, home visit, office visit, e-mail, fax, and postal mail. TDoA does not require such designations of contacts with clients. This CMS designation is recorded on the NPR.

21. Companion cases or cases involving both spouses are addressed in the same manner for both CMS and TDoA. If the couple requires assistance with the same issues, make a hard copy file on the spouse that provided the bulk of the case information. If individual issues vary, make two hard copy files addressing the specific issues of each client. Count actual time spent for each individual client. Time spent will not necessarily be equal for the two clients, as one spouse may require more in-depth counseling.

22. The steps for entering data into TDoA and CMS reporting tools will be covered later in this chapter. CMS is still refining its newest version of the NPR and TDoA is also refining reporting tasks to capture appropriate data.

### **CMS New 2001 NPR**

23. The NPR is the reporting tool used by CMS as a performance measurement system to provide hard evidence of the type of SHIP customer service clients receive through the AAA aging network of integrated services. The objective of the NPR is to produce powerful and convincing client-level data about the people who have been served by SHIP's. The hard copy file achieves this HCFA grant objective.

24. The following instructions are for the newest NPR adopted by CMS. It has been recommended that utilization of the new form begin in October of 2001. The Client Contact form collects similar fields of data collected on the TDoA client intake form. The form addresses legal assistance activities but does not describe these activities as such. The form is a combination of issues collected by TDoA and CMS. The CMS contractor, ABT, generated the instructions.

**Instructions for Completing the  
Client Contact Form for the  
State Health Insurance Assistance Program (SHIP)**

**Aggregated data from Client Contact Forms to be submitted to HCFA every 6 months**

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This document provides definitions and instructions for the information that is collected and reported on each contact with a client.

## **Definition**

**Client Contacts:** "Client Contacts" includes **all** contacts between counselors or staff and clients which include elders, Medicare or Medicaid beneficiaries, family members or others working on behalf of a

client. These contacts can be over the telephone, in person (site), in person (at home), or via postal mail, e-mail or fax.

**Do NOT use the Client Contact Form for:**

- persons reached at public events such as presentations or health fairs. Questions asked during or after a presentation are not considered individual client contacts unless one-on-one counseling occurs.
- contacts from agency staff persons not working on behalf of a beneficiary.
- unsuccessful attempts to reach a client (e.g., leaving messages on an answering machine), unless substantive information is provided in the message.

**Who Completes the Client Contact Form?**

The Client Contact Form is used by registered SHIP counselors only (i.e. individuals who have received counselor training and have signed some type of Counselor Agreement or Memorandum of Understanding). SHIP counselors can include volunteers, staff, toll-free helpline counselors, local coordinators/sponsors, etc.

**Client Contact Forms are considered confidential. They must be treated by counselors as confidential information. THE COUNSELOR MUST ASSURE THE CLIENT THAT ALL PERSONAL INFORMATION COLLECTED IS CONFIDENTIAL.**

## Instructions for Completing the Client Contact Form

### **Contact Information** (top section of page, before "**Section 1- Beneficiary Information**")

**Counselor Name:** Enter the name of the registered counselor who provided SHIP services to the client for this contact. If a team of two counselors helped the client, enter the name of the primary counselor (only complete one form). Include the agency name next to the counselor name.

**Zip Code of Counseling Location:** Enter the zip code of the location where counseling occurred. If the contact occurred in more than one location or more than once, enter the location where the first contact occurred.

**Type of Client/Assistance Requested by:** Check the box or boxes that best describes the type of client or clients who request information or assistance. Check "couple" only if both require SHIP services for the same issue.

**Quick telephone calls:** Check this box for calls lasting less than 10 minutes. If possible, counselors should make an attempt to complete the rest of the form. This contact is legal awareness for TDoA reporting purposes, if 7 minutes or less.

**Date of Initial Client Contact:** Enter the date on which the first counseling/assistance session occurred. Do not count contact with a client to merely set up an appointment for a later date. If discussion of other issues is made in conjunction with the appointment, count the contact.

**Total Client Contacts:** Enter the total number of additional contacts or counseling/assistance that occurred. Counseling sessions occurring on separate days should be entered as a separate contact date, in the narrative even if the counseling session is a follow-up session on the same topic. (The narrative page of the hard copy file will document these entries.)

**For clients who require monthly claims/billing assistance (for whom you may have multiple contacts on a regular basis), you need only complete one form each month for the client. Make sure to count all time spent during the month on the client's bills.**

**Type of Contact:** This section reports on the four ways in which counselors provide services to help the client resolve his/her insurance-related problem(s). Check whether the contact was made:

- over the telephone,
- in person (site),
- in person (home visit), or
- via postal mail, e-mail or fax.

*Note:* For in person contacts that occurred in other locations, such as a grocery store or church, check the box for in person (site).

**Time Spent:** Time spent represents the total minutes/hours a counselor spent counseling or working directly on behalf of the client for each contact.

This includes the total number of minutes/hours spent on the following activities to resolve the client's issue(s) related to each contact:

- counseling,
- researching,
- referring,
- advocating (calling agencies on the client's behalf),
- trying to reach the client
- waiting to meet with a client,
- traveling,
- preparing materials to send to the client, and
- completing paperwork/forms to report the client contact.

In the blank line(s) provided, write in the *total* number of minutes or hours spent on the case. Note that some of the time spent may take place on a day other than the contact date. For example, you may spend 1 hour with the client on the contact date, 1 hour the next day researching information on behalf of the client and another 20 minutes the following day completing paperwork. Two hours and 20 minutes should be entered as the total time spent next to the initial client contact date. (Total units generated are rounded up to the nearest hour for CMS and TDoA uses a unit's table.)

**Status of client contact:** Check "open" if contact with the client is likely to continue in order to resolve their issues/problems, or "closed" if no further contact is necessary.

## **Section 1- Beneficiary Information**

Enter the **name**, **zip code**, and **telephone number** of the Medicare beneficiary (or pre-Medicare beneficiary) who is the recipient of SHIP services. This information may be needed to contact the client with follow-up information and to assist with their particular issue or problem. This information also helps the Medicare program know how many unique beneficiaries the SHIPs are assisting. If the beneficiary is deceased, information on the beneficiary's representative should be entered instead.

*Note:* Please remember to include area code when recording the telephone number.

For couples needing assistance with the same issue(s), enter the name of the individual who the counselor spent more time speaking with. Exception: if both individuals need assistance with separate issues, please complete a separate form for each individual.

**Representative name:** If appropriate, enter the name of the person (spouse, relative, friend, agency staff) helping or representing the beneficiary.

## **Section 2- Beneficiary Demographics**

**Beneficiary Demographic information shall be completed only if a client is contacting SHIP for the first time since April 1, 2001. If the beneficiary is deceased, complete this section for the beneficiary's representative you are helping.**

### **Steps:**

1. First, ask the client if he/she has received SHIP services since April 1, 2001. If not, complete the Beneficiary Demographics Section. Take the word of the client; no check of past records is necessary. If a client is unsure whether they have received SHIP services since April 1, complete this section.
2. Assure the client that the data gathered in this section are confidential and are used for statistical analysis purposes only. Counselors may read the following statement to the client: “We need to collect as much of the following information about you as possible, but all information is optional. The program uses this information to get an idea of which clients we are reaching and which we aren't. We can also use this information to demonstrate how many people we reach so that we can continue to get funding to help Medicare beneficiaries. All information we collect is strictly confidential--no names will be attached when reported as totals.”
3. The counselor should make his/her best attempt to collect as much of the demographic information as possible, but this information is optional.
  - The client often communicates beneficiary demographic information during the course of the counseling session. In these cases, the counselor does not need to ask for it directly.

- If the beneficiary demographic information is not shared during the course of the conversation and the counselor feels uncomfortable or is unable to collect this information from the client, an educated guess is acceptable or else “Not Collected” should be checked.

*Hint:* If the contact is in person, the counselor may ask the client to fill in the demographics him/herself. This can be accomplished easily by turning the form around to them and giving them a few minutes to complete it before the counselor continues.

**For couples, complete this section for only one individual. (Choose the one you spent more time talking with or who needs most assistance.)**

**Date of Birth or Age:** The counselor may collect either of these items. For the age categories, check the box that applies to the client. For date of birth, simply record this information in the allotted space.

*Hint:* If the client has not volunteered information about his/her age, it may be easier to ask for date of birth.

**Gender:** Check the appropriate one. If the gender is not obvious (over the telephone, for example), an educated guess is acceptable.

**Monthly income:** Check the appropriate box that applies to the client. Check “Not Collected” if the client is reluctant to reveal his/her income. While income is a sensitive topic, knowledge of a client’s income may help the counselor assess whether the client is eligible for Medicaid, QMB, SLMB, or any other needs-based programs.

*Note:* This category refers to the monthly "household" income of the client or the client and spouse only, not relatives with whom the client might be living.

*Hint:* If the counselor is feeling uncomfortable with this topic, the counselor might tell the client that there are different programs available for different income levels. The counselor can provide a list of the income levels and the programs that correspond with them and ask the client to report which programs sound appropriate to his/her income level. The counselor can then explain these specific programs to the client.

**Disabled:** Check “disabled” if the client is currently receiving or applying for Medicare, Social Security, SSI or Veterans benefits due to disability or End Stage Renal Disease (ESRD).

**Ethnicity/Race:** Check the ethnicity/race category that applies to the client. It is appropriate to ask the client what ethnicity/race category they declare.

*Hint:* It may be helpful to explain to the client that this information is being collected to ensure that SHIP services are accessible such that no group is under served.

### **Section 3- Topics Discussed**

**Discussed:** Many clients need assistance with more than one issue. Section 3 is designed to reflect all major topics discussed during the course of the client contact. For example, if a counselor discusses three topics with a client, then the boxes under the “discussed” heading for all three topics should be checked. Thus, this section provides a count of the specific issues that require counselor assistance to resolve or understand.

#### **Medicare:**

**Enrollment, eligibility, benefits:** includes helping someone understand what Medicare does and does not pay for, or answering eligibility and enrollment questions.

**Claims/billing:** includes any problems with Medicare covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and teaching them how to organize billings and claims papers fit into this category.

**Appeals/quality of care:** includes contacts associated with a review, reconsideration, or formal appeal regarding an original statement from Medicare.

**Medical Surrogate Decisions:** Advance directives such as directive to physician or living will, power of attorney for health care and out of hospital do not resuscitate order.

**Fraud/Scams:** this category identifies fraud as it relates to Medicare.

**Acute hospital/facility:** referrals to Medicare certified hospitals, acute care facilities, Medicaid nursing homes.

**Other:** issues related to Medicare not covered in the above categories.

**Medigap/Supplement/SELECT:**

**Enrollment, eligibility, comparisons:** includes contacts associated with explaining Medicare supplement coverage, answering questions about eligibility and enrollment, comparing policies, or providing information to help someone make a decision on the best policy to meet their financial needs.

**Change coverage:** includes discussion of the way a client can secure comparable or better insurance coverage, reduce coverage, cancel coverage, or not purchase unnecessary insurance. This also includes discussion of the Medicaid suspension option, which allows for the discontinuation of Medicare supplement premiums.

**Claims/appeals:** includes problems with Medigap covering a provider bill or with understanding the claims process. This section also includes contact associated with a review, reconsideration, or formal appeal regarding a Medigap decision or finding.

**Medicare+Choice (Health Maintenance Organizations (HMOs), Private Fee-For-Service (PFFS), managed care):**

**Enrollment/disenrollment, eligibility, comparisons etc.:** includes helping someone understand how Medicare+Choice plans work, answering eligibility and enrollment questions, reviewing similar insurance policies being considered by a client, and comparing different Medicare+Choice plans. It can include any mention of “Medicare+Choice” by the client or the need for assistance on any of the expanded health plan choices created as part of the Balanced Budget Act of 1997. These include Health Maintenance Organizations (HMOs), HMOs with Point of Service (POS) option, Preferred Provider Organizations (PPOs), Provider-Sponsored Organizations (PSOs), Private Fee-For-Service Plans (PFFS plans), or Medical Savings Accounts (MSAs).

**Plan or benefit changes/non-renewals:** includes any changes in a client’s coverage due to plan non-renewals/terminations, changes in provider participation, changes in premiums, or changes in covered benefits.

**Claims/billing:** includes any problems with a Medicare+Choice plan covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and teaching them how to organize billings and claims papers fit into this category.

**Appeals/quality of care/grievances:** includes contacts associated with an appeal, quality of care complaint or grievance related to HMOs or other choices authorized under Medicare+Choice.

**Medicaid:**

All of these categories include helping someone understand what services are covered under a particular Medicaid program, answering general eligibility and enrollment questions, such as income and resource limits, and possibly helping clients complete enrollment forms.

**Medicare Savings Programs - QMB:** includes discussion of eligibility for the Qualified Medicare Beneficiary program that pays for Medicare premiums, deductibles, and coinsurance. **SLMB/QI-1:** includes discussion of eligibility for the Specified Low-Income Medicare Beneficiary/Qualifying Individual-1 programs that pay for the Medicare Part B premium. **QI-2:** includes discussion of the Qualifying Individual-2 program that pays for a small part of the Medicare Part B premium.

**Nursing Home Medicaid:** assistance with document preparation, research, follow-ups, and all activities that assisted a client through the maze of access for Medicaid.

**Regular Medicaid:** includes access of special medical benefits for this Social Security entitlement for recipients with very limited income and resources.

**Other Medicaid** (some of these may not apply to all states): includes discussion of the Regular Medicaid program, Medicaid for Aged or Disabled, Medically Needy Medicaid, dual eligibility, LTC/home & community-based waivers, nursing home/spousal impoverishment, or Supplemental Security Income (SSI) and appeal rights.

**Long-Term Care (LTC) Insurance/Other Insurance:**

May include explaining long-term care insurance; discussing eligibility; reviewing policies; providing someone with the information necessary to make a decision about whether or not to purchase a LTC policy; discussion of the way a client can secure comparable or better insurance coverage, reduce coverage, cancel coverage, or not purchase unnecessary insurance; and claims/appeals. Additional categories include COBRA, other health policies, individual and group policies, non-health policies, and other retirement plan policies.

**Social Security: issues** covered are eligibility, benefits, SSI, Food Stamps or TANF, Temporary Assistance for Needy Families (public benefits), disability, and appeals.

**N/C Covered Health:** includes medications, eyeglasses, dentures, hearing aids and assistive devices.

**Individual Rights:** includes abuse, neglect, exploitation, and discrimination (age, disability) immigration, civil rights, labor issues and other issues such as divorce, name change and other issues not provided.

**Veterans' Issues:** includes benefits, eligibility, service record issues, and VA nursing home eligibility.

**ADLS:** Activities of daily living covers meal prep/cooking, shopping, personal care, housekeeping, assistance with medications, communication assistance, chores, ERS (Emergency Response System), and general services from the community.

**Consumer Issues:** issues include bankruptcy, collections, financial counseling, bill reduction, and fraud.

**Other Issues:** issues include money management, guardianship, probate matters, other surrogate issues, and various retirement plans

**Housing:** covers disputes of landlord/tenant, repair/modification, utilities/weatherization, eviction/relocation, property tax, rent subsidy, and alternative housing.

### **Optional notes (attach separate page)**

This can include information from the hard copy file narrative page, helpful to the counselor or coordinator such as a summary of the question or problem that the client described to the counselor, the type of insurance coverage and policy numbers if needed for counseling purposes; what action was taken by the counselor and the outcome or resolution to the problem; referrals to other agencies; whether materials were mailed to the client; and status of the contact.

Furthermore, if a client specifies the exact dollar amount of savings associated with a particular issue checked in Section 3, then the counselor could use this space to provide the amount of dollar savings. Report this amount as given to you by the client (i.e. monthly or annually). No calculations are necessary.

### **Legal Awareness and the SHIP Public and Media Activity Form**

25. **Legal awareness** is the second part of benefits counseling service reports that are submitted monthly to TDoA and CMS and the same form will document activities for both agencies. A copy of this form, titled “ State Health Insurance Assistance Program (SHIP) Public and Media Activity Form,” is in the resource section of this chapter. Use this form to document presentations to groups or individuals. Counseling activities are not captured on this form. The top of the form provides space for inserting the AAA logo. Enter the AAA represented, presenters’ name, AAA address, business phone, fax number, counselor’s e-mail address, and date and length of time of presentation.

26. **Section One** addresses **Type of Activity**. Check A, **interactive presentation**, if substantive knowledge on Medicare or the SHIP program is transferred by oral and visual means from a SHIP presenter to those persons attending the presentation. Attach sign-in sheets or estimates provided to you by the promoter and signed by the promoter. The promoter may provide rough head counts. Check the box for in-person, if the program was provided on a face-to-face basis. Check video teleconferences or satellite broadcasts if the function was interactive with an audience. This activity includes presentations, video teleconferences or satellite broadcasts. Do NOT include SHIP counselor training events. Estimate the number of attendees and record in the space provided.

27. Check B if a presenter staffed a **booth** or exhibit and general information and /or simple printed fact sheets are shared with, or distributed, to the public to increase community awareness of services and the need for individual counseling. The purpose of the SHIP program participation at such events is to inform the public about the availability of SHIP services in their area. Estimate the number of people potentially reached by using a check mark, numbered ticket, or using handout kits counting the number of materials distributed. These examples are

acceptable means for head counting for both the TDoA and HCFA reports. Record the estimated number of people potentially reached in the appropriate space.

28. Part C of Section One addresses **media and print outreach**. Radio/TV and public service announcements (PSAs): cable/local network television programming; targeted informational mailings; and articles or PSAs in print media such as newspapers and newsletters, are reported under this heading. Media events can be live or taped. Report the date(s) you are aware the event was originally aired in Section 4. Estimate the number of people potentially reached such as estimated audience size or potential number of listeners.

29. Part D covers **web-site events**. This may be a one-time or limited time interactive event sponsored by the SHIP such as web conferences, forums, and interactive “chatrooms.” Visitors to other parts of your web-site should be reported on the Resource Report. Estimate the number of people potentially reached by estimating the number of visitors to these activities.

30. **Section Two** addresses **target audiences**. Check the appropriate box or boxes. If a special minority was served, please write in that ethnic group. Check the appropriate box or boxes for “Subject Areas Covered.”

31. Section 4, **activity information** is completed for interactive in-person presentations, booth/exhibit, or interactive radio/television broadcasts. It records the dates of the activity, length of time, location, presenters and the type of presenter.

**Instructions for Completing the  
State Health Insurance Assistance Program (SHIP)  
Resource Report**

**Submitted every 12 months  
INDEX**

The following data elements are contained on the SHIP Resource Report form.

	Page
<b>SECTION 1: Number of Active Counselors and Hours</b>	<b>5</b>
a) # Volunteer Counselors	
b) # SHIP-Paid Counselors	
c) # In-kind Paid Counselors	
TOTAL # Counselors	
d) Volunteer Counselor Hours	
e) SHIP-Paid Counselor Hours	
f) In-kind Paid Counselor Hours	
<b>SECTION 2: Number of Local Coordinators/Sponsors and Hours</b>	<b>6</b>
a) # Volunteer (unpaid) Coordinators	
b) # SHIP-Paid Coordinators	
c) # In-kind Paid Coordinators	
TOTAL # Coordinators	
d) Volunteer (unpaid) Coordinator Hours	
e) SHIP-Paid Coordinator Hours	
f) In-kind Paid Coordinator Hours	
<b>SECTION 3: Number of Other Paid Staff and Hours</b>	<b>8</b>
a) # SHIP-Paid Other Staff	
b) # In-kind Paid Other Staff	

- c) SHIP-Paid Other Staff Hours
- d) In-kind Paid Other Staff Hours

**SECTION 4: Counselor Training’s** **9**

- a) # Initial Training(s) for New SHIP Counselors
- b) # New SHIP Counselors Attending Initial Training(s)
- c) TOTAL # Counselor Hours in Initial Training(s)
- d) # Update Training(s) for SHIP Counselors
- e) # SHIP Counselors Attending Update Training(s)
- f) TOTAL # Counselor Hours in Update Training(s)

**SECTION 5: Number of Active Counselors with the Following Characteristics:** **10**

- a) Years of SHIP service
- b) Age
- c) Disability Status
- d) Gender
- e) Ethnicity/Race

**SECTION 6: Web Site Visitors** **10**

**SECTION 7: Case Summaries** **10**

**SECTION 8: Activities, Lessons Learned, Significant Events** **11**

**EXPLANATION OF DATA ITEMS**

**The following data items should be completed for the entire state for the 12-month report period indicated.**

**Definitions for Sections 1 and 3.**

**State Office:** The state SHIP office is the central office for the SHIP program, where the state SHIP project director, trainers, administrative staff, and/or state toll-free help-line counselors are usually based. These personnel provide counseling to clients from the entire state, not necessarily from only one area/region of the state. Counselors (volunteer or paid) and other personnel who are based in the state office should be counted in the “State Office” columns.

**Local and Field Sites:** Local and field sites refer to locations outside the state SHIP office where counselors, coordinators/sponsors, other SHIP staff, or volunteers may be based and/or provide counseling. Examples: A local/regional SHIP program may serve one or more cities/counties and may be located in a local hospital, RSVP (Retired Senior Volunteers Program), senior center, Area Agency on Aging, Senior Information and Referral program, a senior legal services program, or an independent non-profit agency. Counselors (volunteer or paid) and other personnel who are based in these local or field sites should be counted in the “All Other Local and Field Site” columns.

**Note:** The number of persons working or volunteering for a SHIP may be counted more than once since some coordinators or staff also provides counseling. If this is the case, then include them in both the counselor section (Section 1) and the coordinator section (Section 2). However, their number of hours for the reporting period should not be double-counted. Estimate the hours a person provides towards counseling separate from the hours spent on other tasks such as coordinating a program. Example: if a coordinator works 4 hours per week for the SHIP program, but spends half of this time counseling clients, then count her as providing 104 hours (2 hours per week X 52 weeks) coordinating and 104 hours (2 hours per week X 52 weeks) counseling.

## **SECTION 1 - NUMBER OF ACTIVE COUNSELORS AND HOURS**

**Active Counselor:** any person who provided counseling, information, or assistance related to Medicare or other health insurance for a SHIP during the reporting period. Do not count counselors, who did not provide any counseling during the reporting period, even if they were trained. The three most common types of counselors utilized by SHIP programs include:

1) volunteer, 2) SHIP-paid, and 3) in-kind paid. These include telephone helpline counselors.

# of Volunteer Counselors: the number of persons who:

- provided SHIP counseling hours during the reporting period; AND
- were registered volunteer counselors (they have signed some type of Counselor Agreement or Memorandum of Understanding (MOU)); AND
- did not receive paid compensation for their time or services (but may have received travel reimbursement).
- Volunteer counselors can also include local/area coordinators/sponsors if they also provided SHIP counseling AND were not paid by the SHIP program.

# of SHIP-Paid Counselors: the number of persons who:

- provided SHIP counseling hours during the reporting period; AND
- received any compensation for their time and services from the SHIP program, regardless of whether their salary was funded by CMS, the state, or some other funding agency.

Examples: state project directors, receptionists, telephone operators, and paid local/regional coordinators/sponsors, as long as they provided counseling during the reporting period as part of their normal duties.

# of In-kind Paid Counselors: the number of persons who:

- provided SHIP counseling during the reporting period; AND
- were registered SHIP counselors who have signed some type of Counselor Agreement or Memorandum of Understanding; AND
- received compensation for their time and services from a program other than SHIP.

Examples include: RSVP staff, hospital staff, senior center staff, Senior Information and Referral staff, Area Agency on Aging staff, and outreach social workers, who may or may also not be local/regional coordinators/sponsors.

**TOTAL # Counselors (a+b+c):** Add the numbers of the three types of counselors. This total should be the same as the totals in Section 5 of the Resource Report Form.

Note: The hours reported in the next data items should be from the same persons counted in a), b), and c).

**Volunteer Counselor Hours:** the total number of hours the volunteer SHIP counselors (counted in a) contributed to the SHIP program counseling or working directly on behalf of clients. This includes the total number of hours spent on the following activities to resolve clients' issues:

- counseling,
- researching,
- referring,
- advocating (calling agencies on the client's behalf),
- trying to reach the client,
- waiting to meet with a client,
- traveling,
- preparing materials to send to the client, and
- completing paperwork/forms to report the client contact.

**SHIP-Paid Counselor Hours:** the total number of hours the SHIP-paid counselors (counted in b.) spent in counseling activities described in d) above.

**In-kind Paid Counselor Hours:** the total number of hours the in-kind paid counselors (counted in c.), spent in counseling activities described in d) above.

## **SECTION 2 - NUMBER OF LOCAL COORDINATORS/SPONSORS AND HOURS**

**Coordinator/sponsor definition:** a person from a local or field SHIP site (see above definitions) who may do one or more of the following:

- supervises counselors,
- recruits counselors,
- trains counselors,
- meets with counselors,
- provides administrative support (schedules meetings, provides travel reimbursement),
- publicizes the SHIP program,
- oversees data reporting,
- distributes informational materials,
- conducts public and media activities such as presentations or health fairs.

Do NOT include persons/organizations that:

- only provide meeting or office space (these can be described in Section 8),
- contribute no time to the SHIP program,
- provide the same services, as a SHIP coordinator for another similar program that is not considered part of the SHIP program.

NOTE: Coordinators can also counsel clients, and thus may also be included both in the number of counselors in Section 1 a), b), or c) and in the number of coordinators in Section 2 a), b), or c). However, do not double count their hours by including total hours in both Section 1 d), e) or f) and Section 2 d), e) or f). Rather, separate counseling hours from coordinator hours if possible. For example, if a coordinator spends 8 hours per week counseling and the remaining 32 hours per week performing SHIP coordinator functions, you would indicate 8 hours X 52 weeks = 416 hours in Section 1 d), e), or f) and 32 X 52 weeks = 1,664 hours in Section 2 d), e), or f).

**a. # of Volunteer (unpaid) Coordinators: the number of persons who:**

- performed the SHIP coordinator functions defined above AND

- did not receive compensation for their time or services (but may have received travel reimbursement).

**b. # of SHIP-paid Coordinators:** the number of persons who:

- performed the SHIP coordinator functions defined above AND
- received compensation for their time from the SHIP program, regardless of whether their salary was funded by CMS, the state, or some other funding agency.

**c. # of In-kind Paid Coordinators:** the number of persons who:

- performed the SHIP coordinator functions defined above AND
- received compensation from a program other than SHIP.

Examples include: RSVP staff, hospital staff, senior center staff, Senior Information and Referral staff, Area Agency on Aging staff, and outreach social workers.

**TOTAL # Coordinators (a+b+c):** Add the numbers of the three types of coordinators.

**d. Volunteer (unpaid) Coordinator hours:** the total number of hours the volunteer (unpaid) coordinators (counted in a.) contributed to the SHIP program performing the functions of a coordinator, as defined above.

**e. SHIP-Paid Coordinator Hours:** the total number of hours the SHIP-Paid coordinators (counted in b.) contributed to the SHIP program performing the functions of a coordinator, as defined above.

**f. In-kind Paid Coordinator Hours:** the total number of hours that the In-kind paid coordinators (counted in c.) contributed to the SHIP program performing the functions of a coordinator, as defined above.

## SECTION 3 - NUMBER OF OTHER PAID STAFF AND HOURS

**Other paid staff definition:** persons who performed other functions for the SHIP aside from the counselor and coordinator functions described above. These persons can include state project directors, trainers, receptionists, administrative staff, etc. These types of paid staff can work in the state office or local/field sites.

**a. # SHIP-Paid Other Staff:** the number of persons who:

- performed the functions of other paid staff defined above AND
- received compensation for their time and services from the SHIP program, regardless of whether their salary was funded by CMS, the state, or some other funding agency.

**b. # In-kind Paid Other Staff:** the number of persons who:

- performed the functions of other paid staff defined above AND
- received compensation for their time and services by a program other than SHIP.

Examples include: RSVP staff, hospital staff, senior center staff, Senior Information and Referral staff, Area Agency on Aging staff, and outreach social workers.

**c. SHIP-Paid Other Staff Hours:** the total number of hours that the SHIP-Paid other staff (counted in a.) contributed to the SHIP program in activities defined above.

**d. In-kind Paid Other Staff Hours:** the total number of hours that the In-kind paid other staff (counted in b) contributed to the SHIP program in activities defined above.

## SECTION 4 - COUNSELOR TRAININGS

**a. # Initial Training(s) for New SHIP Counselors:** the total number of initial training sessions held throughout the state during the reporting period for new counselors, including volunteer or paid counselors. For example, if 20 local sites in the state conduct one initial training each

during the reporting period, report 20 initial trainings. If 4 local sites hold 2 initial trainings each, report 8 initial trainings. Initial trainings that last several days should be counted as one training.

- b. # New SHIP Counselors Attending Initial Training(s):** the total number of new counselors, including volunteer or paid counselors, who attended an initial training session for new counselors.
  
- c. TOTAL # Counselor Hours in Initial Training(s):** multiply the number of counselors who attended initial training (counted in b.) by the number of hours of the initial training session. For example, if ten counselors attended a two day (totaling 16 hours) initial training session, then report 160 total counselor hours in initial training.
  
- d. # Update Training(s) for SHIP Counselors:** the total number of update training sessions held throughout the state during the reporting period for counselors, including volunteer or paid counselors. An update training includes regular meetings or training sessions during which counselors are given updates on topics including but not limited to: Medicare changes, health insurance plan choices, counselor skills development, and SHIP program procedures. For example, if 20 local sites in the state conduct one update training each during the reporting period, report 20 update trainings. If 4 local sites hold 2 update trainings each, report 8 update trainings. Update trainings that last several days should be counted as one training.
  
- e. # SHIP Counselors Attending Update Training(s):** the total number of counselors, including volunteer or paid counselors, who attended an update training session.
  
- f. TOTAL # Counselor Hours in Update Training(s):** multiply the number of counselors who attended update training (counted in e.) by the number of hours of the update training session. For example, if ten counselors attend a two-hour update training session, then report 20 total counselor hours in update training. If three monthly meetings are held during which you spend 30 minutes on updates and ten counselors attend each meeting, then report  $3 \times 0.5 \text{ hours} \times 10 = 15$  counselor hours in update training.

## **SECTION 5 - NUMBER OF ACTIVE COUNSELORS WITH THE FOLLOWING CHARACTERISTICS (OPTIONAL)**

Note: Characteristics should be reported for all active counselors counted in Section 1.

**a. Years of SHIP service:** enter the number of counselors who (at the end of the reporting period) had participated in the SHIP program (regardless of which state) for less than 1 year, 1 up to 3 years, 3 up to 5 years, or over 5 years. Also enter the number of counselors for whom this information is not known (not collected).

**b. - e. Counselor demographic information (ethnicity/race, age, disability status, gender):**  
The number of counselors with each characteristic plus the number for whom this information is not known (not collected) for each characteristic should equal the total number of counselors entered in Section 1. This includes any persons who provided counseling (volunteers, staff paid by SHIP, or in-kind staff), who may or may not have also performed other duties for the SHIP (coordinator, project director, trainer, receptionist, etc.).

## **SECTION 6 - WEB SITE VISITORS (if applicable)**

If your SHIP has its own web site, fill in the number of visitors. "Visitors" means the number of people who viewed any page of your web site, NOT the total number of pages viewed by that individual. Some duplication of people may occur if someone visits your web site several times during each quarter in the reporting period.

## **SECTION 7 - CASE SUMMARIES**

"Case Summaries" allow programs to record a brief summary of interesting and/or unusual cases handled by your counselors and staff. This is an extremely important part of the NPR. It "puts a face" on the cases and problem areas served by SHIP counselors. Also, narrative case summaries are one of the best ways to demonstrate the outcomes of your work because they show the depth and scope of beneficiary problems, the inter-disciplinary nature of benefits and

insurance problems, and prove the need for one-on-one assistance for a beneficiary who would not otherwise access the benefits and services she or he truly needs. Case summaries are also especially useful in testimony before Congress and other public presentations concerning the importance of the national SHIP program.

Please attach additional pages as needed. Programs should record at least three case summaries that have taken place within each reporting period. As always, do not include any client identifying information in the summaries.

## **SECTION 8 - ACTIVITIES, LESSONS LEARNED, SIGNIFICANT EVENTS**

In this section, SHIP directors are asked to describe activities, lessons learned (including challenges and problems encountered), significant events or developments that they want to share with other SHIP programs and CMS. Please organize the narrative by using the following headings: Outreach (including strategies for under-served populations), Information Access and Dissemination, Training of Staff and Volunteers, and Partnership and Networking (including relationship with carriers, HCFA regional offices, etc.) These headings correspond to those in the SHIP grant application and you are encouraged to include and update the information you prepared for the grant applications in these categories. Additional page(s) should be used for this section.

It is anticipated that Sections 7 and 8 together will demonstrate the varied and challenging program goals, the special outreach methods employed to serve diverse populations, the technical complexity of the SHIP subject matter, and the extensive skill that resides in the SHIP corps of competent and compassionate volunteer health insurance counselors.

## BENEFITS COUNSELING/LEGAL ASSISTANCE CASE REPORT

- |  |   |
|--|---|
| 1. Date: _____   | Counselor/Legal Service Provider: <u>AAA/BC</u>   |
| 2. Client's SS#: _____<br>Medicare #: (if relevant) _____  | 12. Marital status (check one) <input type="checkbox"/> married<br><input type="checkbox"/> widowed <input type="checkbox"/> divorced             |
| 3. Name: _____<br>Client's Name (First, M.I., Last)  | <input type="checkbox"/> separated <input type="checkbox"/> never married   |
| Gender: <input type="checkbox"/>   | <input type="checkbox"/> single <input type="checkbox"/> no information   |
| 4. Address: _____  | 13. Total in household (include client): _____  |
| 5. City: _____ State: _____  | 14. Income (check one) <input type="checkbox"/> low <input type="checkbox"/> medium<br><input type="checkbox"/> high <input type="checkbox"/> SSI |
| 6. Zip: _____  | 15. Referral person: _____  |
| 7. County: _____   | 16. Referral Phone: _____   |
| 8. Phone: ( ) _____  | 17. 60+ client? _____   |
| 9. Physician: <input type="checkbox"/>   | 18. Date of Birth: _____  |
| 10. Phone: _____   | 19. TDHS CBA Client? <input type="checkbox"/>   |
| 11. Race (check one) : <input type="checkbox"/> Black <input type="checkbox"/> White<br><input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian<br><input type="checkbox"/> Other <input type="checkbox"/> Not Collected | 20. DHS Waiting List? <input type="checkbox"/>  |
|  | 21. Has Guardianship? _____   |
|  | 22. Representative Payee? _____   |
|  | 23. Consent Given? _____  |

ISSUE: (Describe, using the "Client Profile of Need Categories"; if more than one, list each, or most prevailing issue)

TYPES OF SERVICE(S) NEEDED (check all that apply):

advice /counseling       document preparation       representation       other: (describe)

CLIENT WAS REFERRED TO:

NOTES ABOUT REFERRAL(S):

legal provider       SSA       Legal Hotline

Department of Insurance       DHS       Other(specify)

MONETARY IMPACT (complete only if feasible, known, and accomplished with your assistance)

a. one time award: \$ \_\_\_\_\_      b. recurring benefits: \$ \_\_\_\_\_

TOTAL for year \$ \_\_\_\_\_



**Benefits Counseling Program**  
**2512 IH-35 South, Suite 340**  
**Austin, TX 78704-5798**  
**Telephone 512-916-6062**  
**Toll Free 1-888-622-9111**

Our records show that you contacted our Benefits Counseling Program for assistance in May 2000. Would you please assist us in our effort to maintain a high quality program by telling us about your experience with our agency? **Please complete the following Client Satisfaction Survey and return it at your earliest convenience in the enclosed postage paid envelope.** Your response is completely confidential. Thank you for your participation.

**Circle your response. 1= Not at all    2= Somewhat    3= Very much**

- |   |     |    |   |
|---|-----|----|---|
| 1. Benefits Counselor was polite and helpful.   | 1   | 2  | 3 |
| 2. The Benefits Counselor provided useful and appropriate information for my case.  | 1   | 2  | 3 |
| 3. I understood the information the Benefits Counselor provided.  | 1   | 2  | 3 |
| 4. Please answer the following question if the Benefits Counselor made a visit to your home:<br>The interview was conducted in a private and confidential manner. | 1   | 2  | 3 |
| 5. The answers to my questions or information I sought was provided in a timely manner.   | 1   | 2  | 3 |
| 6. I am satisfied with the amount of involvement I had in the resolution of my case.  | 1   | 2  | 3 |
| 7. The Benefits Counselor provided me with enough information to make my own informed decision.   | 1   | 2  | 3 |
| 8. I felt the decisions made were my own, without undue influence from the Benefits Counselor.  | 1   | 2  | 3 |
| 9. I am satisfied with the outcome of my case.  | 1   | 2  | 3 |
| 10. I would recommend that my friends or family contact the Area Agency on Aging when seeking benefit information.  | Yes | No |   |

If you answered **No**, please comment on why you would not: \_\_\_\_\_

**\*\* If you would like to make additional comments or suggestions, please do so on the back side of this form. Again, thank you for your assistance.**



### Guidelines for Determining Units of Service

<b>Minutes</b>	<b>Hours</b>	<b>Units Recorded</b>		<b>Minutes</b>	<b>Hours</b>	<b>Units Recorded</b>
1-7	0.02-0.12	0.00		413-427	6.88-7.12	7
8-22	0.13-0.37	0.25		428-442	7.13-7.37	7.25
23-37	0.38-0.62	0.50		443-457	7.38-7.62	7.50
38-52	0.63-0.87	0.75		458-472	7.63-7.87	7.75
53-67	0.88*1.12	1.00		473-487	7.88-8.12	8.00
68-82	1.13-1.37	1.25		488-502-	8.13-8.37	8.25
83-97	1.38-1.62	1.50		503-517	8.38-8.62	8.50
98-112	1.63-1.87	1.75		518-532	8.63-8.87	8.75
113-127	1.88-2.12	2.00		533-547	8.88-9.12	9.00
128-142	2.13-2.37	2.25		548-562	9.13-9.37	9.25
143-157	2.38-2.62	2.50		563-577	9.38-9.62	9.50
158-172	2.63-2.87	2.75		578-592	9.63-9.87	9.75
173-187	2.88-3.12	3.00		593-607	9.88-10.12	10.00
188-202	3.13-3.37	3.25		608-622	10.13-10.37	10.25
203-217	3.38-3.62	3.50		623-637	10.38-10.62	10.50
218-232	3.63-3.87	3.75		638-652	10.63-10.87	10.75
233-247	3.88-4.12	4.00		653-667	10.88-11.12	11.00
248-262	4.13-4.37	4.25		668-682	11.13-11.37	11.25
263-277	4.38-4.62	4.50		683-697	11.38-11.62	11.50
278-292	4.63-4.87	4.75		698-712	11.63-11.87	11.75
293-307	4.88-5.12	5.00		713-727	11.88-12.12	12.00
308-322	5.13-5.37	5.25		728-742	12.13-12.37	12.25
323-337	5.38-5.62	5.50		743-757	12.38-12.62	12.50
338-352	5.63-5.87	5.75		758-772	12.63-12.87	12.75
353-367	5.88-6.12	6.00		773-787	12.88-13.12	13.00
368-382	6.13-6.37	6.25		788-802	13.13-13.37	13.25
383-397	6.38-6.62	6.50		803-817	13.38-13.62	13.50
398-412	6.63-6.87	6.75		818-832	13.63-13.87	13.75

## PROFILE OF NEED

### DESCRIPTIONS OF CLIENT NEED CATEGORIES

The following is a list of descriptions of the items listed in the Profile of Need. These are the needs that have been determined by the case manager and/or benefits counselor through the assessment of the client's status.

Select all of the needs that describe the client's status including those which you will be able to address and for which you will refer the client to another service agency. Indicate those issues that you are unable to address or refer as unmet needs for the client.

#### ADL/IADL IMPAIRMENT

Cooking/Meal Prep. - can include menu planning, preparing, cooking, and clean up at completion of tasks.

Shopping - going to the store and purchasing food and other items needed by the client. May include assistance in preparing a list.

Personal Care - hands-on assistance in activities such as eating, grooming, bathing, toileting, transferring, or ambulating. Most often these are referred to as personal care services.

Housecleaning - assistance with tasks such as vacuuming, mopping, sweeping, washing dishes, cleaning bathrooms, changing bed linens, and may include some laundry chores.

Assistance with Medication - the purchase of prescriptions, monitoring, screening, or periodic follow-up to assure that medications are being taken as prescribed.

Assistance with communication - hearing impairment, speech impairment, language barriers or assistance with using the telephone.

#### OTHER IN-HOME SUPPORT

Chores - performing non-routine household chores, such as heavy cleaning (scrubbing floors, washing walls, washing outside windows), moving heavy furniture, yard and walk maintenance, which an individual is unable to handle on his or her own.

Care Giver Relief/Respite - any support options provided on a short-term basis for the purpose of relief to the primary caregiver in providing care to frail/disable individuals.

Visitation - regular personal contact provided to older persons for companionship.

Protective Supervision - standby assistance given to frail/disabled individuals because they are potentially vulnerable to physical harm. May include need for electronic monitoring services such as emergency response service.

## TRANSPORTATION

Medical Transportation - needing rides to the doctor, pharmacy, dentist, or other provider of medical services.

General Transportation - needing rides to all destinations

Escort - accompanying and personally assisting an individual in obtaining goods and services.

## NON-COVERED HEALTH SERVICES

Dental Care - oral health which includes prevention, treatment, and/or improved access to care. May include purchase of dentures.

Vision Care - eye health that includes prevention, treatment, and/or improved access to care. May include the purchase of eyeglasses.

Hearing Care - screening and care for the prevention, treatment, and/or improved access to hearing care services. May include the purchase of hearing aids.

Assistive Devices - any of a broad category of health-related support services and/or equipment such as wheelchairs, walkers, prostheses and other medical equipment.

## Housing

Landlord/Tenant - assistance with resolving issues and disputes between tenants and landlords or managers of rental property which could include information, referral, and/or counseling.

Repair/Modification - assistance in the form of consultation, labor, funding, and/or supplies for individuals who need to upgrade their homes to make them safe, accessible and energy efficient or maintain their property for health or safety reasons.

Utilities - assistance in the form of consultation, information and referral and/or funding for services related to water, gas, electric, or telephone.

Rent Subsidy - financial assistance for low-income individuals and families needing low rental housing.

Alternative Housing - any other living arrangement other than the client's own home. Some examples include: personal care homes, foster care, retirement apartments, congregate living, assisted living, board and care homes, half-way houses, emergency shelters, or group homes.

Weatherization - assistance with supplies and labor needed to upgrade an individual's home for energy efficiency.

Property Tax - a sum levied on persons by an authority for possession of land. A client may need assistance with the payment or counseling regarding exemptions of a local property tax.

Housing Relocation - assisting an individual in obtaining a suitable housing situation. Could include information, referral, assistance or funds.

## NUTRITION

Nourishment - the need for food provided during a meal period, including special diets such as diabetic, low-salt, high protein, etc. Does not include the need for meal preparation or shopping assistance and is not dependent on the client's kitchen facilities for preparing the meals.

Supplemental Nutrition - food or beverage which is fortified with calories and nutrients to meet the special dietary needs of participants with specific medical or nutritional needs.

Special Diet - special dietary needs which include cultural/religious preferences such as Kosher meals, and therapeutic medical diets such as meals that are altered to meet the specific requirement of a diagnosed disease or metabolic disorder, to correct nutritional deficiencies, and/or to support attainment of ideal body weight.

## INCOME MAINTENANCE

Food Stamps - establishing eligibility or providing advocacy to low income and indigent households to obtain stamps, vouchers, or electronic benefits which can be exchanged for food.

Social Security - establishing eligibility or providing advocacy for any of a category of income benefits administered by the Social Administration.

Social Security Disability - establishing eligibility or providing advocacy for cash benefits payments made to disabled, insured workers, certain of their dependents, their disabled widow(er)s, disabled divorced surviving spouses, and disabled adult children that are administered by the Social Security Administration.

Supplemental Security Income - establishing eligibility or providing advocacy for a federalized program that provides monthly cash benefits to poor persons who are aged, blind, and disabled. Administered by the Social Security Administration.

General Assistance - establishing eligibility or providing advocacy for cash or vouchers provided to eligible individuals and families to meet program-defined needs.

Veterans Benefits - establishing eligibility or providing advocacy for a wide range of cash and non-cash services, administered through the Department of Veteran's Affairs and available to former members of the active military, naval or air services.

Railroad Retirement - establishing eligibility for providing advocacy for benefits which provides payments to a worker equivalent to normal Social Security benefits, plus an additional pension based on actual railroad service.

Other Income Benefits - establishing eligibility or providing advocacy for any other benefits or income, or secondary income, provided on a regular basis to provide for basic material needs.

## MEDICAL ENTITLEMENTS

Medicare - establishing eligibility or providing advocacy for an array of programs provided by Title XVIII of the Social Security Act.

Medicaid - establishing eligibility or providing advocacy for an array of programs provided by Title XIX of the Social Security Act.

QMB/SLMB, QI 1 & 2 - Qualified Medicare Beneficiary Program, Specified Low Income Medicare Beneficiary Program and Qualified Individual 1 & 2 - establishing eligibility or providing advocacy for these special benefits which allows the Medicaid Program to pay for the Part B premiums and/or deductibles and co-payments, or premiums only under Medicare or a portion of the premium for low-income older persons.

VA Medical - establishing eligibility or providing advocacy for hospital and nursing facility benefits available to disabled veterans through the Department of Veteran's Affairs.

Indigent Health - establishing eligibility or providing advocacy for a local hospital/county-administered benefit, which pays for certain medical and hospital, services for low-income residents.

Other Medical Entitlement - establishing eligibility or providing advocacy for any other benefit or benefits which provide either partial or whole payment for medical and hospital services to qualifying recipients.

## INSURANCE

Medicare Supplement - establishing eligibility or providing advocacy for any of 10 standardized, private insurance policies designed to cover the gaps in expenses not covered by Medicare.

Medicare + Choice/Select - Medicare managed care organizations and Medicare Select - establishing eligibility or providing advocacy for services from a provider network of doctors and facilities who participate in a health care plan that covers services ranging from preventive care to hospitalization and surgery. Some plans contract with Medicare to provide comprehensive coverage to Medicare recipients. "Select" is a special type of Medicare Supplement which is typically sold by a managed care organization, but whose coverage is the same as a regular Medicare Supplemental.

Long-Term-Care Policy - establishing eligibility or providing advocacy for a health insurance policy designed to cover the costs of long-term-care at home, in a medical facility or nursing home setting.

Individual Health Policy - establishing eligibility or providing advocacy for an individually purchased insurance policy, which covers certain medical hospital, services.

Group Health Policy/COBRA - establishing eligibility or providing advocacy for an insurance policy, which covers certain medical and hospital services and which is available through an employer group plan, or other organizational plan. COBRA is a federal law requiring employers to extend the option to employees who are ending work to purchase health insurance under the employer's group plan at the full premium, and for a limited period of time past employment.

Other Health Policy - establishing eligibility or providing advocacy for any other type of insurance policy which covers certain medical and hospital services and which is not obtained through federal, state, or local government programs or through private and group plans. OR, a special type of health insurance policy usually purchased individually, which covers only a very limited scope of specialized medical and hospital services.

Non-Health (life, auto, etc.) - establishing eligibility or providing advocacy regarding insurance policies which provide compensation for goods and services other than health care, such as automobiles, home, fire, life, etc.

## SURROGATE DECISION MAKING

Advanced Directives - any of several legal actions, which can be taken by an individual to direct, in advance of need, certain person to carry out certain responsibilities in the event of his/her incapacitation or death. Examples of advance directive legal actions are: General Durable Power of Attorney, Special Durable Power of Attorney, Durable Power of Attorney for Health Care, Directive to Physician (Living Will), Designation of Guardian in Advance of Need and Wills.

Money Management - paying bills, budgeting and managing the financial affairs of individuals.

Guardianship - as a last resort measure, appointment of a person as guardian over the affairs of another person, his estate, or both. A court may limit the power of the guardian to only those things, which cannot be done by the person. A guardianship is indicated only in situations where a physician has diagnosed a person as being mentally incapacitated or incompetent.

Other Probate Matters - any other court process that involves, which a person dies, the establishment of vailidity regarding his will and its contents, relating to his estate, assets and heir-ship.

## INDIVIDUAL RIGHTS

Age Discrimination - instances when an older person has been prevented or denied access to goods, benefits, services, housing and employment because of his age. Discrimination in employment is prohibited under the Age Discrimination in Employment Act.

Abuse - intervention in and reporting to the Texas Department of Protective and Regulatory Services, the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish, or the willful deprivation by a caregiver or one's self of goods or services which are necessary to avoid physical harm, mental anguish or illness.

Neglect - intervention in and reporting to the Texas Department of Protective and Regulatory Services, the failure by a caregiver or one's self to provide the goods or services which are necessary to avoid harm, mental anguish or illness.

Exploitation - intervention in and reporting to the Texas Department of Protective and Regulatory Services, the illegal and improper act or process of an a caregiver, relative, company or agency using the resources of an elderly or disabled person for monetary or personal benefit, profit or gain.

## CONSUMER ISSUES

Bankruptcy - a petition filed for the liquidation or reorganization of assets in order to provide immediate relief to individuals facing foreclosure or repossession of property.

Collections - actions taken by companies, agencies, or providers of services which attempt to obtain payment from persons who are in arrears with credit payments. May often involve the agency making threat of dire consequences (such as lawsuit) if payment is not made.

Financial Counseling - advice, or counseling on a course of conduct provided to individuals regarding the paying of bills, budgeting or managing of personal financial affairs.

Unfair Sales/Fraud - the incidence of knowingly selling a person goods, services, or insurance which: do not actually provide the goods or services originally indicated to the buyer; do not suit the buyer's needs; exploits the person's mental, emotional or physical vulnerability; or, which are defective.

## INSTITUTIONAL CARE

Acute Care - inpatient and outpatient medical services which provide for the temporary care and treatment of individuals with physical illness or injury.

Nursing Facility Care - inpatient nursing and personal care given over an extended period to individuals who require convalescence care at a level less than that provided in an acute facility, to individuals with chronic illnesses, or those who are aged and have disabilities.

Mental Health Facility - facilities where services are provided to individuals who have mental illnesses or severe emotional and social disabilities and require extensive support and treatment.

## Short Version of

### Client Profile of Needs Categories: CMS NPR DATA ISSUES (Section 5 of the NPR) – Updated 8/00

1. **ADL**  
Meal prep/cooking, shopping, personal care, housekeeping, assist with meds. /communication, chores, ERS, general elderly services
2. **TRANSPORTATION**  
Medical, general, escort
3. **NON-COVERED HEALTH**  
Dental, vision, hearing, assistive devices
4. **HOUSING**  
Landlord/ tenant disputes, repair/modification, utilities, rent subsidy, alternative housing, weatherization, property tax, relocation, eviction, general property, neighbor disputes
5. **SOCIAL SECURITY**  
Eligibility, benefits food stamps, disability, Social Security income, SSI, income maintenance, general assistance, appeal
6. **MEDICARE**  
Eligibility, benefits of Part A & B, DME, DRGs, home health, hospice, limited care benefits, premium payments, preventive service coverage, SNF, lab services, MSNs, ambulance service, fraud, appeal/quality of care
7. **MEDICAID**  
Eligibility, regular Medicaid, QMB, SLMB, QI 1 & 2, nursing home Medicaid, CCAD, CBA, in-home family support services, other TDHS programs, MHMR programs, appeal
8. **MANAGED CARE PLANS/MEDICARE + CHOICE/PFFS/HMOs – enrollment, eligibility, dis-enrollment, plan comparisons/benefit change, claims/billing, appeal/quality of care/grievance**
9. **MEDIGAP/SUPPLEMENTAL INSURANCE/SELECT-enrollment, eligibility, billing/claims, plan comparisons/benefit change**
10. **LONG-TERM-CARE INSURANCE-providing advocacy in costs of such coverage, eligibility based on client’s desire to protect resources, understanding terminology, and standards set for policy publication.**
11. **OTHER TYPES OF INSURANCE**  
Non health policies (such as auto, fire), individual and group health insurance, other health policies, COBRA, workers compensation, individual/group health policies
12. **SURROGATE DECISIONS**  
Advanced directives, money management, guardianship, probate matters, custody, divorce
13. **INDIVIDUAL RIGHTS**  
Age discrimination, disability discrimination, abuse, neglect, exploitation, dispute, immigration issues, civil rights, employment and labor issues
14. **CONSUMER ISSUES**  
Bankruptcy, collections, financial counseling, bill reduction, fraud
15. **INSTITUTIONAL/FACILITY CARE**  
Acute/hospital, nursing home care, mental health facility
16. **VETERANS ADMINISTRATION-eligibility, benefits, including medications, and referral resources**
17. **MEDICATIONS/INDIGENT DRUG PROGRAM-eligibility and manufacturer’s guidelines.**
18. **FRAUD/SCAMS/UNFAIR SALES**
19. **OTHER RETIREMENT-Teacher, Railroad, state, county or city retirement plans, and private and corporate retirement plans.**
20. **CLIENT REPRESENTATION-APPEALS OR HEARINGS**

## STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) RESOURCE REPORT

<b>Name of Grantee Agency Reporting</b>	<b>State</b>	<b>6-month Report Period</b> ____/____/____ to ____/____/____ month/year      month/year
<b>Person Completing Report</b>	<b>Title</b>	<b>Telephone number</b>

Section 1 - # of Active counselors and hours	State Staff	AAA Field Staff:	Total	Section 2 - # of AAA counselors/volunteers & hours	Total
a. # volunteer BC's				a. # volunteers BC's	
b. # SHIP paid BC's				b. # Ship paid BC's	
c. # in-kind pd. BC's				c. # in-kind BC's	
Total # BC's				Total # BC's	
d. Volunteer BC hours				d. Volunteer BC hours	
e. SHIP paid BC hours				e. Ship paid BC hours	
f. in-kind pd. BC hours				f. in-kind pd. BC hours	
Section 3 - # of other Paid Staff and Hours	State Staff	AAA Field Staff	Total	Section 4- Counselor Training	Total
a. # Ship pd. Other staff				a. # Initial Training(s) for New SHIP BC's	
b. # in-kind other staff				b. # New SHIP BC's attending Initial Training	
c. SHIP-pd. Other staff hours				c. Total # BC hours in Initial training	
d. in-kind pd. other staff hours				d. # updated training(s) for SHIP BC's	
				e. # active SHIP BC's attending Training(s)	
				f. Total # Counselor hours in update traing(s)	

**Section 5 – Number of Active Counselors with the following characteristics (Optional)**

a. Years of SHIP Service		c. Ethnicity/Race		d. Ethnicity/Race	
Less than 1 year	—	Disabled	—	American Indian or Alaska Native	—
1 yr. up to 3 years	—	Not disabled	—	Asian	—
3 yrs. up to 5 years	—	Missing	—	Black/African American	—
Over 5 years	—			Hispanic/Latino	—
Missing	—			Native Hawaiian or other Pacific Islander	—
				White	—
				Other	—
				Missing	—
b. Age		d. Gender			
Less than 65 years old	—	Female	—		
65 years or older	—	Male	—		
Missing	—	Missing	—		

**Section 6 – WEB-SITE VISITORS (if applicable) Total # of visitors during 2 quarters comprising the 6-month report period:**

First Quarter \_\_\_\_\_ Second Quarter \_\_\_\_\_

**Section 7 – THREE CASE SUMMARIES (SEE ATTACHMENT)**

**Section 8 – ACTIVITIES, LESSONS LEARNED, SIGNIFICANT EVENTS**

This section should be tied into initiatives addressed in each SHIP grant application. This should include activities targeting the undeserved.

I state that to the best of my knowledge, this information is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEXAS STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) CLIENT CONTACT FORM ( ) 5/01**

<b>Counselor Name:</b> _____	<b>Agency:</b> _____	<b>Type of Client/Assistance Requested by:</b> (Check all that apply: <input type="checkbox"/> Beneficiary (self) <input type="checkbox"/> Caregiver (family, other) <input type="checkbox"/> Couple <input type="checkbox"/> Agency
<b>Zip Code of Counseling Location:</b> _____		

**Check here for a quick telephone call (less that 10 minutes)**

<b>Date of Initial Contact:</b> ____/____/____	<b>Type of Contact:</b> <input type="checkbox"/> Telephone <input type="checkbox"/> In-person (home) <input type="checkbox"/> In-person (site) <input type="checkbox"/> e-mail/fax/postal	<b>Time Spent:</b> _____ hours _____ minutes <b>Total units</b> _____
<b>Total # of contacts with Client:</b> _____		

**Status of Client Contact(s):**       Open                       Closed

<b>Section 1 – Beneficiary Information</b>	<b>Client/Representative Name:</b> _____	<b>Zip Code:</b> _____	<b>Beneficiary Phone:</b> ( ) _____
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**Section 2 - Beneficiary Demographics**

**Is this his/her first contact with a SHIP since April 1, 2001?**     Yes (complete this section)     No (skip to Section 3)

<b>DOB:</b> ____-____-____	<b>Gender:</b>	<b>Disabled:</b>	<b>Income:</b>	<b>Ethnicity/Race:</b>
<input type="checkbox"/> Under 65 <input type="checkbox"/> Not <input type="checkbox"/> 65-74    Collected <input type="checkbox"/> 75-84 <input type="checkbox"/> 85-older	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Collected	<input type="checkbox"/> Less than/equal to SLMB <input type="checkbox"/> Greater than SLMB <input type="checkbox"/> Not Collected	<input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian, other Pacific Isl. <input type="checkbox"/> African Amer. <input type="checkbox"/> Not Collected <input type="checkbox"/> Other _____

**Section 3 – Topics Discussed (Check all that apply)**

<b>Medicare:</b> <input type="checkbox"/> Enrollment, benefits, eligibility <input type="checkbox"/> Claims/billing <input type="checkbox"/> Appeal/quality care <input type="checkbox"/> Medical Surrogate Decisions <input type="checkbox"/> Fraud/Scams <input type="checkbox"/> Acute hosp/facility <input type="checkbox"/> Other _____	<b>Medigap/Sups/Select:</b> <input type="checkbox"/> Enrollment, eligible, comparisons <input type="checkbox"/> Change coverage <input type="checkbox"/> Claims/appeal	<b>M+C Plans:</b> <input type="checkbox"/> Enroll/disenroll eligibility, compare <input type="checkbox"/> Plan change/non renewal <input type="checkbox"/> Claims/appeals	<b>Medicaid:</b> <input type="checkbox"/> Medicare Savings Program <input type="checkbox"/> Nurse Home Medicaid <input type="checkbox"/> Regular Medicaid <input type="checkbox"/> Appeal <input type="checkbox"/> Other _____	<b>LTC/Other Ins:</b> <input type="checkbox"/> LTC Ins <input type="checkbox"/> COBRA <input type="checkbox"/> Other Health Policy <input type="checkbox"/> Ind/group health <input type="checkbox"/> Non health policy <input type="checkbox"/> Other retirement plan policy _____
<b>Social Security:</b> <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps- or general assistance <input type="checkbox"/> Disability <input type="checkbox"/> Benefit/eligibility <input type="checkbox"/> Appeal	<b>N/C Health:</b> <input type="checkbox"/> Medications <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Assist. Device	<b>Individual Rights:</b> <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Disable discrimination/other _____	<b>Veterans Issues:</b> <input type="checkbox"/> Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Service record issues <input type="checkbox"/> Nursing Home eligibility (VA)	<b>ADLs:</b> <input type="checkbox"/> Medical Transport. <input type="checkbox"/> Community Care for the Aged and Disabled <input type="checkbox"/> Other community services _____
<b>Consumer:</b> <input type="checkbox"/> Collections <input type="checkbox"/> Fraud/Scams <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Financial counsel. <input type="checkbox"/> Bill reduction	<b>Other Issues:</b> <input type="checkbox"/> Money Management. <input type="checkbox"/> Federal, state, local county, city, rail-road, teacher, or cooperate retirement plans (circle one) <input type="checkbox"/> Guardianship <input type="checkbox"/> Probate matters <input type="checkbox"/> Other Surrogate issues		<b>Housing :</b> <input type="checkbox"/> Dispute/landlord/tenant <input type="checkbox"/> Alternative housing <input type="checkbox"/> Repair/modification <input type="checkbox"/> Utilities/weatherization <input type="checkbox"/> Eviction/relocation <input type="checkbox"/> Property tax <input type="checkbox"/> Rent Subsidy	

## SHIP PUBLIC AND MEDIA ACTIVITY FORM

### Legal Awareness

Complete all blanks for the first third of the form. Use one form per activity.

#### ➔Section 1 – Type of Activity

- A. Interactive presentation to public – An interactive forum, speaking engagement, or seminar during which substantive knowledge on Medicare or the SHIP program is transferred by oral and visual means from a SHIP presenter to those persons attending the presentation. Includes In-person presentations, video teleconferences or satellite broadcasts. Do NOT include SHIP trainings, which should be reported on the second page of the client contact form.**

Attach sign-in sheets or estimates provided to you by the promoter and signed by the promoter. The promoter may provide rough head counts.

- B. Booth/exhibit – Any event where general/program information and/or simple printed fact sheets are shared with or distributed to the public. The purpose of SHIP program participation in such events is to inform the public about the availability of SHIP services in their area. For example, some SHIP programs attend health or senior fairs or set up information booths in shopping centers in order to increase that community's awareness of their services and the need for individual counseling.**

Estimate the number of people potentially reached by using a tick-mark for each person that approaches your booth to take materials and /or speak with a SHIP representative or by counting the number of brochures/materials distributed.

- C. Media/printed outreach – Includes radio/TV shows and public service announcements, Cable/local network television programming, targeted information mailings, and articles or PSA's in print media such as newspapers and newsletters. Media events can be live or taped. Report the dates you are aware the event was originally aired in Sections four.**
- D. Web site events – Includes one-time or limited time interactive events sponsored by your SHIP, such as web conferences or forums and interactive "chatrooms". Visitors to other parts of your web site should be reported for the SHIP 6-month report completed by TDOA and contractor.**

Estimate the number of people potentially reached by estimating the number of visitors to these activities.

#### ➔Section Two - Target Audience & Subject Areas Covered

Check the appropriate boxes and described other under "Subject Areas Covered" Lastly, sign the report. AAA staff verifies the information when completed by volunteers.