

DEPARTMENT OF AGING

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PROGRAM MEMO

TO: AREA AGENCIES ON AGING (AAA)	NO.: PM 02-21 (P)
SUBJECT: Update to HICAP Program Manual, Section 106	DATE ISSUED: October 4, 2002
REVISED April 2002	EXPIRES: Until superseded
REFERENCES:	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input checked="" type="checkbox"/> Other: HICAP	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: Update to HICAP Program Manual	
INQUIRIES SHOULD BE DIRECTED TO: Your Assigned HICAP Team Member	

The purpose of this Program Memo is to transmit revised procedures for registering Health Insurance Counseling and Advocacy Program (HICAP) Counselors. Please remove and archive Section 106 "HICAP Counselor and LTC Counselor Registration Procedures" of the HICAP Program, and replace it with this revised section.

This section has been renamed "HICAP Registration Procedures" and revised to include the following changes:

- Section 106.6 "Registration of Program Managers" – Counselor Information Forms for new Program Managers shall be approved and signed by the Agency Director, prior to sending to the California Department of Aging (CDA).
- Section 106.7(a) "New Counselors" – The registration letter for new Counselors has been revised and shall be mailed, along with the registration card, directly to the Counselor. Program Managers shall receive a copy of the letter for their records.
- Section 106.7(b) "Counselors Leaving HICAP" – CDA shall be notified of Counselor leaving HICAP via the Counselor Exit Notice.



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To learn more about saving energy, visit the CDA web site at www.aging.ca.gov

- Section 106.12(d) "LTC Counselor Nomination for Registration" – CDA shall be notified of LTC Counselor certification via the LTC Counselor Nomination Form.
- Section 106.13 "Community Educators" – The HICAP has adopted a General Community Educator designation. Specific responsibilities and training criteria are provided. Notification of Community Educator status shall be submitted via the Community Educator Nomination Notice.
- General Community Educators and Long-Term Care Community Educators must observe at least 2 community education presentations, and perform at least 1 community education presentation prior to certification.
- Section 106.14 "Re-Certification of Counselors" – A Program Manager seeking to re-certify a HICAP Counselor must ensure that the Counselor has met all training requirements. Also, a new Counselor Information Form must be submitted to CDA.
- To ensure timely processing, all registration materials must be mailed to:

California Department of Aging
Attention: HICAP Registration
1600 K Street
Sacramento, CA 95814

The new forms became effective April 1, 2002. CDA provided an overview of the new procedures and forms at the HICAP Training Conference on March 5, 2002.

Enclosed is the revised section, including exhibits, of the HICAP Program Manual. Please replace the existing Section 106 with this revised version, dated April 2002.

Lynda Terry
Director

Enclosure: CD

cc: Derrell Kelch, California Association of Area Agencies on Aging
Clare Smith, California Health Advocates
HICAP Team
HICAP Program Managers

106 HICAP Registration Procedures

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Introduction This provision establishes a formal process for registering all HICAP Counselors, Long-Term Care Counselors, General Community Educators, and Long-Term Care Community Educators. The registration process is a very important step in maintaining credibility for the Counselors and the Program as a whole.

The registration process provides the California Department of Aging (CDA) with a current listing of, and minimum basic information about, all HICAP Counselors, paid and volunteer, working in the Program. This process requires diligent attention to the active status and training level of volunteers within the Program. Local Program Managers are expected to register their Counselors in a timely and conscientious manner.

106.1 Background

Local HICAP agencies have the responsibility to recruit, train, and support a cadre of volunteer and paid HICAP Counselors. Prior to implementation of the HICAP registration process, the lack of specific information about local HICAP Counselors raised questions regarding the safety of individuals, the quality of service, and the accountability of the Program. As visibility of the Program increased, it became apparent that a comprehensive profile of HICAP and its Counselors was essential. The HICAP Counselor registration policy sets forth numerous training and procedural requirements to be followed by the local programs.

106.2 Authority

**California Welfare & Institutions Code,
Section 9541(f)(1) states:**

"No health insurance counselor shall provide counseling services under this chapter unless he or she is registered with the Department."

106.3 Purpose

In order to comply with the provisions of the Welfare and Institutions Code, this formal HICAP Counselor registration system was established. The system:

- Accurately identifies all persons who have been adequately trained through a recognized HICAP agency enabling them to use the HICAP name in

providing counseling or community education services to the Program's constituency.

- Establish minimum requirements that must be met before Counselors or Community Educators will be registered.
- Establishes standards for initial training of new Counselors and Community Educators.
- HICAP Counselors must enter into a contract with their designated agency that addresses, at a minimum, the standards proposed in the enclosed model agreement (Exhibit A).
- HICAP Counselors must sign an agreement to protect the client's right to confidentiality.

Individuals who have been screened, are being trained, and/or are going through internship will be designated as HICAP Counselor Trainees. Such individuals will not be allowed to provide counseling and advocacy services without the presence of an experienced, registered HICAP Counselor.

HICAP Counselors may not independently provide HICAP services until all registration documents have been processed and approved by the California Department of Aging and a HICAP Registration card has been issued.

106.4

Registration Restrictions

There will be no "honorary" registration of Counselors. To be a registered Counselor, individuals must currently be functioning as a HICAP Counselor and must provide service on a reasonably consistent basis.

The following individuals will not be registered as HICAP Counselors:

- The immediate supervisor of a local Program Manager.
- Any staff member of the grantee who is in a supervisory or management position over the Program Manager, or equal in responsibilities and authority. (Local Program Managers may find it difficult to supervise or control the counseling activities of their superiors or peers.)
- The Executive Director of the contractor when the contractor is a multipurpose agency and HICAP is not the primary service.
- Anyone who has a business relationship with, or accepts money or gifts from, insurance companies or health service plans per the Standard Agreement.

106.5 Conflict of Interest

Every effort must be made to avoid conflicts of interest or the impression of conflicts of interest. CDA examines conflict of interest situations that impact the ability of a Counselor to function in an objective and unbiased manner; therefore, some decisions may be made regarding absolute prohibitions for registration. In addition, there may be situations which merely suggest the potential for

a conflict of interest, but by taking certain precautions, we can ensure that the potential for conflict of interest is diminished (i.e., specific assignments and duties are tailored to remove the Counselor from a compromising situation).

106.6 Registration of Program Managers

Local Program Managers must meet the same requirements for registration as all other volunteer and paid Counselors. New Program Managers who are receiving training and internship shall not provide counseling services without the presence of an experienced registered Counselor.

Counselor Information Forms for new Program Managers shall be reviewed and signed by the AAA Executive Director (or Executive Director of the subcontracting agency). New Program Managers shall refrain from self-certifying on the Counselor Information Form.

Program Managers entering HICAP after January 1, 1992 will be subject to minimum qualifications set forth in Section 115 (HICAP Staffing Standards) of this Manual.

106.7 Maintaining Registration Records

Program Managers will be responsible for ensuring timely transmittal of registration information to CDA. In addition, the Program Manager must keep records of each Counselor's attendance at training sessions and of each Counselor's hourly contribution to the Program. These records will allow you to evaluate each Counselor's compliance with the criteria for maintaining their registration status. The Counselor Training Record (Exhibit C) should be used to record Counselor participation in training sessions.

106.7(a) New Counselors

When new individuals have been screened, trained, and supervised in the field, Program Managers must submit a Counselor Information Form (Exhibit D) to CDA. Counselor Information Forms should be mailed to:

California Department of Aging
Attention: HICAP REGISTRATION
1600 K Street
Sacramento, CA 95814

Upon approval, CDA will send a Counselor Identification Card (Exhibit J), along with a Registration Confirmation Letter (Exhibit K) which officially informs the new Counselor of his/her "registered" status. Until this official notification is received, individuals may not provide independent HICAP counseling.

106.7(b) Counselors Leaving HICAP

Whenever possible, local Program Managers are asked to collect identification cards from Counselors exiting the Program. Program Managers should also send a Counselor Exit Notice (Exhibit E) to CDA within 30 days of resignation, decertification, or exit from the Program. Counselor Exit Notices should be mailed to:

California Department of Aging
Attention: HICAP REGISTRATION
1600 K Street
Sacramento, CA 95814

CDA will send a Letter of Appreciation (Exhibit L) to all Counselors who voluntarily resign from the Program. Upon request from the Program

Manager, CDA will send a Condolence Letter (Exhibit M) to the family of a recently-deceased Counselor.

106.7(c) Annual Renewal Procedures

Each year, Local Program Managers will be asked to review a list of the Counselors in their Program who are registered with the State. Program Managers will be responsible for reporting any discrepancies in registration to CDA. This will ensure that all new Counselors have been properly registered and that all resignations have been recorded and removed from the active list. In addition, Program Managers will be asked to certify that all currently registered Counselors meet the criteria for maintaining registration, i.e., they have received 12 hours of additional training annually and have contributed 40 hours to the HICAP within the last 12-month period. New cards will not be issued each year.

106.8 HICAP Counselor Continuing Education

The Program Manager has the responsibility for selecting, screening, orienting, and training potential Counselors prior to registration. All Counselors must receive a minimum of 12 training hours per year to maintain their "registered" status. The Counselor Registration process is directly linked to the HICAP Counselor Handbook and the number of training hours and subject matter required therein. Each Program Manager will verify that the Counselors have received adequate training and are competent to provide counseling and advocacy services.

106.8(a) Internship

All new Counselors are required to serve a minimum 10 hours of internship prior to registration.

Internship is a process of providing HICAP services to clients in the presence and with the supervision of an experienced Counselor or paid staff.

106.9 Conditional Exceptions

Conditional exceptions related to any of the provisions of this policy, as they apply to individuals, may be requested by submitting a Registration Waiver Form (Exhibit F) to CDA. Final determination will be made by CDA.

106.10 Quality Control for Counselor Registration

Local Program Managers must conscientiously prepare and submit Counselor registration documents. The Registration Checklist (Exhibit G) should be reviewed before a registration packet is submitted to CDA for approval.

**All documents must be received by the
California Department of Aging within 30 days of
Registration or Resignation activity.**

106.11 Registration Cards

After approval by CDA, each Counselor will be registered and will receive an identification card. The

card may be worn as a visual form of identification to verify an individual's status as a HICAP Counselor. (Local programs may wish to provide plastic badge covers so the card can be worn as a badge.) Counselors are not required to display their identification at all times, but must show these cards when identification is requested.

106.12 Long-Term Care Counselors

Because of the complex nature of providing long-term care insurance policy analysis, CDA created the advanced Counselor status of Long-Term Care (LTC) Counselor. Prior to registration as an LTC Counselor, an individual must first meet specific criteria and then will receive advanced training approved by CDA.

LTC Counselors have the authority to analyze policies and provide information obtained from the policy analysis

106.12(a) Pre-Training Criteria

Prior to acceptance into the LTC Advanced Training, HICAP Counselors must meet the following criteria:

- LTC Counselor Trainees must be a registered Counselor providing HICAP counseling services for at least the past 12 months.
- LTC Counselor Trainees must have completed at least a two-hour in-service training on

Chapters 7-11 of the HICAP Counselor Handbook.

- LTC Counselor Trainees must demonstrate overall competence and a willingness to take on the additional training requirements and responsibilities necessary to become an LTC Counselor.

106.12(b) Program Manager Certification

Program Managers must select and nominate Counselors whom they feel are qualified to become LTC Counselors. When making the nomination, the Program Manager is certifying that he/she is confident that the nominees for the LTC Counselor Training are experienced HICAP Counselors who are capable of performing the technical duties of an LTC Counselor.

106.12(c) LTC Counselor Training

HICAP Counselors who are qualified to become LTC Counselors must receive at least 12 hours of advanced LTC Counselor training. It is the responsibility of the Program Manager to ensure that LTC Counselors feel confident and capable to provide the advanced LTC counseling expected. LTC Counselor Trainees must complete a State-approved final exam, prior to certification as an LTC Counselor.

106.12(d) LTC Counselor Nomination for Registration

Once the final exam is graded and approved by the Program Manager, nomination for LTC Counselor registration must be submitted to CDA within 30 days. LTC Counselor Nomination Forms (Exhibit H) should be mailed to:

California Department of Aging
Attention: HICAP REGISTRATION
1600 K Street
Sacramento, CA 95814

LTC Counselor Registration status will be indicated on the Counselor Registration Form maintained by CDA. The State database will also render the identification of all LTC Counselors.

106 12(e) LTC Counselor Records

All local HICAP Projects shall maintain a list of LTC Counselors available to provide LTC counseling services. Counselor lists and client referral procedures should clearly provide for the appropriate referral of complex LTC cases.

106.13 Community Educators

CDA requires a special designation of “Community Educator” status to be entered into the State Registration records for any Counselor performing community education work.

General Community Educator is the designation that covers, but is not limited to, the following health insurance subjects: Medicare, Medicare supplemental insurance plans (Medigap), HMOs, Medicare Savings Programs, and general overviews of long-term care.

Long-Term Care (LTC) Community Educator is the designation that covers, but is not limited to, the above topics, plus presenting complex, in-depth LTC information, information about LTC insurance, information on the California Partnership for Long-Term Care, and information on the CalPERS Long-Term Care Plan.

Program Managers do not have to register as Community Educators, although he or she must still meet all necessary training requirements for community education work. As with LTC status for Counselors, no badges or other modifications will be developed.

106.13(a) Qualifications of General Community Educators

HICAP General Community Educators must be qualified to provide comprehensive community education services. The HICAP Program Manager must submit a recommendation that verifies the

person's experience and qualifications meet the following minimum conditions:

- (1) The individual is a trained, Registered Counselor, with at least 12 months' experience with the program.
- (2) The individual is capable of performing effective public presentations as demonstrated by any of the following activities:
 - Formal specialized training in public speaking
 - Membership in speaking organizations, such as Toastmasters
 - Prior work experience that included speaking to large groups
 - Performing mock presentations at in-service HICAP meetings or other meetings
- (3) The individual has completed a community educator internship of 4 hours. The internship must include the following components:
 - Observation of at least 2 public presentations by an experienced Community Educator
 - Performance of at least 1 public presentation that is observed by an experienced Community Educator

Program Managers must submit a Community Educator Nomination Form (Exhibit I) stipulating that such persons are qualified to be HICAP

General Community Educators, per the State Standards.

Nominations should be mailed to:

California Department of Aging
Attention: HICAP REGISTRATION
1600 K Street
Sacramento, CA 95814

General Community Educator registration status will be indicated on the Counselor Registration Form maintained by CDA. The State database will also render the identification of all General Community Educators.

Persons not registered as qualified for being General Community Educators shall not be allowed to provide HICAP General Community Education services.

Community Educators registered with the State prior to April 1, 2002 are not required to meet the internship requirement.

106.13(b) Qualifications of LTC Community Educators

HICAP LTC Community Educators must be qualified to provide comprehensive community education services. The HICAP Program Manager must submit recommendation letters that verify the person's experience and qualifications meet the following minimum conditions:

- (1) The individual is a trained, Registered Counselor, with at least 12 months' experience with the program.

- (2) The individual has met and passed long-term care status training specifications, using State sanctioned advanced training on the subjects of long-term care, long-term care insurance (analysis), California Partnership for Long-Term Care, and CalPERS Long-Term Care Plan.
- (3) The individual is capable of performing effective public presentations, as demonstrated by any of the following activities:
 - Formal specialized training in public speaking
 - Membership in speaking organizations such as Toastmasters
 - Prior work experience that included speaking to large groups
 - Performing mock presentations at in-service HICAP meetings or other meetings
- (4) The individual has completed an LTC Community Educator internship of 4 hours. The internship must include the following components:
 - Observation of at least 2 public presentations by an experienced Community Educator
 - Performance of at least 1 public presentation that is observed by an experienced Community Educator

Program Managers must submit a Community Educator Nomination Notice (Exhibit I) stipulating that such persons are qualified to be HICAP LTC Community Educators, per the State Standards.

Nominations should be mailed to:

California Department of Aging
Attention: HICAP REGISTRATION
1600 K Street
Sacramento, CA 95814

LTC Community Educator registration status will be indicated on the Counselor Registration Form maintained by CDA. The State database will also render the identification of all LTC Community Educators.

Persons not registered as qualified for being LTC Community Educators shall not be allowed to provide HICAP LTC Community Education services.

All LTC Community Educators registered with the State prior to April 1, 2002 are not required to meet the internship requirement.

106.13(c) Community Educator Continuing Education

To maintain the status of General Community Educator or LTC Community Educator, a HICAP Counselor shall receive no less than 6 hours per year of additional training. This will be in addition to the minimum 12 hours of Counselor continuing education per year. Records shall be maintained by the Contractor documenting the type of training and the dates and hours involved.

106.14 Re-Certification of Counselors

Program Managers will be responsible for complying with the following procedure for registering individuals that have previously served as HICAP Counselors and are seeking re-certification.

- (1) Establish record demonstrating that individual has completed 24 hours of basic training.
- (2) Perform appropriate testing to determine that individual has retained necessary knowledge.
- (3) Provide necessary training to bring individual up-to-date on current Medicare information, changes, and issues.
- (4) Submit an updated Counselor Information Form (Exhibit B) demonstrating that the above-referenced requirements have been met.

Upon completion of these requirements, CDA will process the re-certification of the HICAP Counselor and provide a HICAP Counselor identification card.

Exhibits

Several forms have been developed to facilitate the registration of Counselors and Community Educators. These forms are provided as Exhibits A through I.

- A. Model Counselor Agreement
- B. Model Counselor Job Description
- C. Counselor Training Record
- D. Counselor Information Form
- E. Counselor Exit Notice
- F. Registration Waiver Form
- G. Registration Checklist
- H. LTC Counselor Nomination Form
- I. Community Educator Nomination Form

In addition, samples of documents used by CDA are provided as Exhibits J through M.

- J. Sample Counselor Identification Card
- K. Sample Registration Confirmation Letter
- L. Sample Letter of Appreciation
- M. Sample Condolence Letter

EXHIBIT A**MODEL COUNSELOR AGREEMENT**

The Health Insurance Counseling and Advocacy Program (HICAP) is a special program within the California Department of Aging (CDA) which is committed to providing the highest quality health insurance counseling and advocacy services for Medicare beneficiaries in California. Program standards and procedures are established by CDA. At the core of this service are the special people who voluntarily give their time to help others. To ensure understanding on the part of both the volunteer and the HICAP Grantee agency, this Agreement has been prepared. The provisions of this Agreement are stated below:

Part I

The Program provides the Volunteer with the following:

- A. The minimum number of initial training hours as established by the Program Manager, and at least ten (10) hours internship with an experienced Counselor.
- B. Additional classroom and/or field training, as in the judgment of the local Program Manager, is required to assure the competence of the Counselor.
- C. Those materials necessary and required to perform the duties of the HICAP Counselor may be agreed upon from time to time by the Program, subject to the availability of funds.
- D. Upon successful completion of training and internship in the field, registration as a HICAP Counselor will be established.
- E. Additional training that is required annually, both to maintain proficiency as a HICAP Counselor and for registration renewal.
- F. Supervision and guidance necessary to maintain the effectiveness of the Program and prevent inappropriate activities.

Part II

The named HICAP Counselor provides the Program with the following:

- A. Assurance that they do not receive any financial gain from any insurer or health plan or from any activity resulting from the program.
- B. Assurance that they understand and will follow the HICAP rules of confidentiality, conflict of interest directives, HICAP Professional Code of Conduct, and guidelines established by CDA.

- C. Agreement to commit a minimum average number of hours per month performing the duties of a HICAP Counselor as registered with the local Program Manager. That average is _____ hours per month.
- D. Agreement to complete an internship or period of supervised field work prior to registration as a HICAP Counselor.
- E. Agreement to participate in at least 12 hours of additional training each year.
- F. Agreement by the CDA or local Program Manager.
- G. Agreement to document all cases and complete all reports on time, as required, and to contribute to local and State data collection. (The collection of data for Statewide reports is essential for the continuing justification of the program to legislative bodies and subsequent appropriation of supportive funds.)
- H. Agreement to follow procedures of CDA and the local HICAP.
- I. Agreement to never tell a client what insurance they should purchase or drop, but instead to provide objective information which will assist the client in making their own informed choices.
- J. Agreement to return the Counselor Identification Card, instructional manuals, and any other items which belong to the Program upon termination of service.
- K. Agreement to stop representing themselves as a HICAP Counselor upon the termination of their services.

Part III

The named HICAP Counselor agrees to the following Confidentiality Rules:

- A. Assurance that the Counselor will read, understand, and abide by the HICAP Confidentiality Guidelines, as established by CDA and included in this Agreement.
- B. Agreement to not divulge any information, communication, and/or records obtained in the course of providing HICAP services, without proper authorization.
- C. Agreement to obtain the express written permission of the HICAP client before transmittal of any confidential information.

I, _____, have read and understand this document and hereby agree to abide by its provisions while working in the capacity of a Registered HICAP Counselor for the _____ HICAP agency.

Date Signed: _____

CONFIDENTIALITY AND CONFLICT OF INTEREST GUIDELINES

Supplement to Counselor Agreement

CONFIDENTIALITY

The right to privacy is a personal fundamental right protected by the Constitution of the United States. The privacy of an individual is directly affected by the collection, maintenance, use, and dissemination of personal information by public agencies. The opportunities for an individual to secure employment, insurance, credit, his right to due process, and other legal protections, are endangered by the misuse of personal information.

HICAP Counselors have access to very personal information regarding client finances, health status, and more. It is paramount that Counselors protect their clients' right to confidentiality. For this reason, all Counselors are asked to sign an Agreement that includes Confidentiality Rules as part of the Counselor Registration Process. This means that Counselors will not share any information regarding client cases with anyone outside the HICAP (i.e., do not discuss cases with family, friends, or other unauthorized persons). At no time shall client names be used outside the HICAP work setting. Furthermore, HICAP Counselors should not refer client information to another agency without the express written consent of the client. To take any of these actions would be a breach of professional ethics.

Remember, confidentiality rules protect the clients' right to privacy (just as you would like your privacy protected)! The client has the power to give or withhold consent to release information, even if doing so is adverse to his or her interests. The goal of HICAP is to assist clients with concerns regarding Medicare reimbursement and private health insurance. Errors in judgment regarding the disclosure of client information may substantially jeopardize the integrity of HICAP.

CONFLICT OF INTEREST

A HICAP Counselor's relationships, past and present employment, financial interests and investments, and memberships in clubs and organizations may have a direct affect on the their ability to provide HICAP services in an objective and independent manner. The concept of conflict of interest is based on an individual's responsibility in a particular capacity, in this case HICAP, and whether their affiliations in other aspects of their life may play a role in their performance. A very simple example: If an individual owned an insurance company which sells long-term care insurance, their participation in HICAP is prohibited because it is unreasonable to expect this individual is able to be objective in counseling a HICAP client.

In order to protect the integrity of HICAP, individuals who have a conflict of interest, or may be perceived to have a conflict of interest, will not be permitted to provide counseling and advocacy services to HICAP clients.

EXHIBIT B**MODEL COUNSELOR JOB DESCRIPTION**

The following is a generic description of the volunteer HICAP Counselor's job. This description should provide guidance for local Program Managers as they develop job specifications tailored to the needs of their Program.

JOB SUMMARY:

The HICAP Counselor, under the supervision of the local Program Manager (or his/her designee), counsels Medicare beneficiary clients, provides information to seniors, and advocates on behalf of seniors. All of these activities are related to the following HICAP objectives:

- Inform the public and all interested parties about the problems associated with Medicare and private health insurance.
- Assist Medicare beneficiaries with health claims and insurance problems through direct counseling and informal advocacy.
- Support the independence of people making choices that affect their health and financial well-being.

SPECIFIC DUTIES:

- Counseling – In accordance with program guidelines, provide individual counseling and informational services to Medicare beneficiaries regarding Medicare billing claims and problems, Medicare supplement insurance, long-term care insurance, and other private health insurance.
- Advocacy – In accordance with program guidelines, assist individuals, as appropriate, to ensure that clients' rights and privileges under Medicare and other applicable federal and California laws or regulations are upheld, make appropriate referrals to legal services and/or other agencies, and other interventions as needed and appropriate.
- Record Keeping – Maintain accurate records on all client contacts and services provided, and submit monthly reports and other data/information as requested by the Program Manager.

SPECIFIC REQUIREMENTS:

- Service Location – The HICAP Counselor will provide HICAP services from a designated or approved HICAP service site, such as a hospital, library, senior center,

etc., or on occasion, a client's home when the client is homebound.

- Confidentiality – The protection of a client's right to privacy is of paramount importance to the HICAP. All Counselors must abide by a contract that assures client confidentiality and must comply with the Program's confidentiality and conflict of interest directives.
- Time Commitment – All Counselors must agree to provide a minimum number of service hours as negotiated with the local Program Manager. (Note: A Counselor must provide a minimum of 40 hours of service in a 12-month period in order to maintain his/her registered status.)

QUALIFICATIONS:

- Interest in people and in assisting people to be more independent.
- Interest and aptitude in the area of Medicare, health insurance, and senior issues.
- Ability to communicate effectively.
- Ability to clearly document details and information on forms and to summarize case scenarios.
- Ability and willingness to comply with all policies and procedures established by the local HICAP and CDA.
- Ability to be objective and unbiased.
- Ability to provide counseling and information which will assist clients in making informed choices, and to refrain from recommending health insurance plans to clients.

MAJOR RESTRICTION:

Individuals who sell insurance, or who receive gifts, compensation, or other financial gain from insurers, will not be considered for HICAP Counselor positions.

EXHIBIT C

COUNSELOR TRAINING RECORD

Counselor Name: _____

Date of Application: _____

Address: _____

Indicate Dates/Times Available for Training:

Phone: _____

TRAINING SUBJECT	HOURS	DATE	R/O*	INITIALS
HICAP Orientation				
HICAP Counselor Handbook Ch. 1				
HICAP Counselor Handbook Ch. 2				
HICAP Counselor Handbook Ch. 3				
HICAP Counselor Handbook Ch. 4				
HICAP Counselor Handbook Ch. 5				
HICAP Counselor Handbook Ch. 6				
HICAP Counselor Handbook Ch. 7				
HICAP Counselor Handbook Ch. 8				
HICAP Counselor Handbook Ch. 9				
HICAP Counselor Handbook Ch. 10				
HICAP Counselor Handbook Ch. 11				
HICAP Advanced LTC Counselor Training <i>(Optional – LTCI Counselors Only)</i>				

*R/Required Training (i.e., all subjects covered in HICAP Counselor Handbook)

O/Optional Training (i.e., training the volunteer Counselors attend to enhance skills, but not necessarily required by the program)

COUNSELOR INFORMATION FORM
For Counselor Registration in the
Health Insurance Counseling and Advocacy Program

Please type this form and fill in all sections.

Name:	Application Date:
Address:	
City/State/Zip:	
Home Phone: ()	Work Phone: ()

Circle One For Each Category:

Sex: Male Female

Education: (Indicate highest level achieved)

High School Junior College College Post Graduate/
Degree(s)

Foreign Language Skills: (Indicate language):

Level of Competency:

Excellent Fair Poor Speak Read Write

Counselor position: Volunteer If Other, specify below:

Minimum average number of hours committed per month: _____

I certify that the above named applicant:

- *Has signed an agreement that certifies no conflict of interest exists which would prevent the applicant from performing objectively as a HICAP Counselor;*
- *Has agreed to attend a minimum of 12 hours additional training annually and follow Program procedure and guidelines in order to maintain registered status;*
- *Promises to follow all confidentiality guidelines to protect the integrity of the Program and its clients; and*
- *Is qualified and meets the criteria to serve as a HICAP Counselor.*

DATE

SIGNATURE – Program Manager

STATE HICAP USE ONLY:

Counselor Approval / Date: _____
LTC Status Approval: _____
Gen. Comm. Educator Status Approval: _____
LTC Educator Status Approval: _____

Card Issue Date: _____
Date: _____
Date: _____
Date: _____

Work Experience, Training, and Interests: (Summarize work experience, paid or volunteer, within the last seven years, emphasizing work applicable to HICAP. Also include special training and interests.)

Basic Training Completed for Registration (Subject / Completion Date / Hours):

HICAP Counselor Handbook
Chapters 1-11

Internship (dates & hours):

Observations Regarding Applicant:

Days and Times Available for HICAP Counseling:

Special Interests:

- | | | |
|--|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Intake | <input type="checkbox"/> Problem Identification |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Policy Analysis | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Billings and Claims | <input type="checkbox"/> Other (specify): | |

EXHIBIT E

HICAP COUNSELOR EXIT NOTICE

TO: California Department of Aging
Attn: HICAP Registration
1600 K Street
Sacramento, CA 95814

FROM: Name of Agency

The HICAP Counselor named below is no longer affiliated with HICAP for the following reason(s):

- The Counselor resigned from HICAP. Please send a letter of appreciation.
- The Counselor has been decertified.
- The Counselor is deceased. Please send a condolence letter to:
Name
Street Address
City, State, and Zip Code
- Other. Please specify _____

Please remove this individual from the CDA Counselor Registration List, effective **MM/DD/YYYY**.

Name of Counselor:

Name

Street Address

City, State, And Zip Code

Signed:

HICAP Program Manager

EXHIBIT F**HICAP REGISTRATION WAIVER**Submittal Date: **MM/DD/YYYY**PM Signature:

Name of Counselor: **Name of Counselor**Name of HICAP Program: **Name of Agency**

HICAP Counselor Registration standards are for the purpose of protecting HICAP clients, HICAP Counselors, HICAP Community Educators, and the reputation of HICAP itself. Additional assurances must be agreed to between the Project and the State HICAP Office in granting this waiver. There must be sufficient justification of, and adequate benefits derived from, the Waiver to outweigh all risks associated with the relief from standards.

In addition to the normal assurances of a Registered Counselor or Community Educator, with the exception of the specific release from standards (see item #8), this waiver may be approved under the conditions set forth below. The Program Manager hereby gives assurance that the above named individual:

1. Shall be of an equivalent knowledge and capability as that required of someone following the State standards.
2. Shall be trained in the same manner and degree as all other Registered Counselors or Community Educators, or shall receive equivalent training as someone following the State standards.
3. Shall receive the same or equivalent "in-service" information, updates, case studies, methods, tools, and other support as is received by all other Registered Counselors or Community Educators in the program.
4. Shall receive regular and adequate supervision.
5. Shall receive annual evaluations commensurate with the standards.
6. Shall not subject any client to additional risks due to the waiving of certain standards, nor increase the program's liability as a result of the Waiver.
7. Shall maintain technical competence equivalent to that expected of all other Registered Counselors or Community Educators.

8. Shall submit an explanation of the circumstances or the need for a Waiver as follows
[Give reason(s) why such standard(s) are waived below]:

Explanation for Registration Waiver

This Waiver is good until revoked at the discretion of the State. Adequate notice will be given from the State HICAP Office to the HICAP Project in the event that the waiver is revoked. A copy of the approved waiver will be returned to the project for records. When the Waiver is no longer needed, it is the responsibility of the Program Manager to notify the State HICAP Office and it shall be removed at that time.

State Use Only	State Office Comments
Waiver Approved _____ Date _____	

EXHIBIT G**REGISTRATION CHECKLIST**

In order to expedite the registration of HICAP Counselors, all registration documents must be filled out thoroughly. Please review the following items before sending registration documents to the California Department of Aging (CDA). Attention to these details will enable us to process your request for Counselor Identification Cards in a timely manner.

- All items on the form must be completed. There should be no blanks. If an item is not applicable to the individual, please indicate N/A.
- Send the Counselor Information Form with the Program Manager's original signature to CDA. The HICAP Program Manager should keep a copy of the form in their files.
- Provide a brief overview of the individual's background in the "Work Experience, Training, and Interests" section. While we specifically ask for HICAP related information, we are also interested in knowing additional information as well. Our goal is to know a little about each person in the HICAP.
- When completing the "Basic Training" section, be sure to include the subject(s) covered, the date it was completed, and the number of hours for the training. If this information is not complete, the form will be rejected.
- Complete the "Observation" section. A prudent review of individual capabilities and motivations is essential to ensure a credible cadre of Counselors. Individuals should not be registered based solely on the fact that they have completed training. You should feel certain they have an aptitude for HICAP issues, they are sensitive, and demonstrate competence to do the job.
- Individuals who do not provide counseling and advocacy should not be registered. This may include volunteers and staff who help with office work, xeroxing, scheduling, etc., but never counsel HICAP clients.
- CDA does not need the Individual Counselor Agreements. These should be kept in the local office files and are subject to review.
- Please do not mix other information with registration documents. When sending registration materials, send them separate from all other items. This will ensure that your registration documents receive our immediate attention and cards will be mailed within 10 business days. All registration documents should be mailed to:

California Department of Aging
Attention: HICAP Registration
1600 K Street
Sacramento, CA 95814

Registration documents that are incomplete or illegible will be returned to the HICAP Program Manager. In addition, all registration documents should be submitted on the most recent version of HICAP Counselor Information Form.

Please contact the CDA if you have any concerns regarding the Registration Process or the qualifications of an individual.

EXHIBIT H

**HICAP LONG-TERM CARE (LTC) COUNSELOR
NOMINATION NOTICE**

TO: California Department of Aging
Attn: HICAP Registration
1600 K Street
Sacramento, CA 95814

FROM: Name of Agency

The HICAP Counselor named below is qualified to become a LTC Counselor through successful completion of the following requirements:

- Trained and registered HICAP Counselor providing HICAP counseling for at least 12 months.
- Demonstrates an overall competence and willingness to take on the additional training requirements and responsibilities necessary to become an LTC Counselor.
- Completed a two-hour in-service training on Chapters 7-11 of the HICAP Counselor Handbook.
- Completed 12 hours of advanced long-term care training and passed the required final exam.

Please add this individual to the CDA Counselor Registration List as a certified LTC Counselor.

Name of new LTC Counselor:

Name of LTC Counselor

This appointment should be considered effective as of the date listed below:

MM/DD/YYYY

Signed:

HICAP Program Manager

**HICAP COMMUNITY EDUCATOR
NOMINATION NOTICE**

TO: California Department of Aging
Attn: HICAP Registration
1600 K Street
Sacramento, CA 95814

FROM: Name of Agency

The HICAP Counselor named below is qualified to become a Community Educator (check appropriate designation) and has successfully met the following requirements:

General Community Educator

- Trained and registered HICAP Counselor with at least 12 months' experience in the program.
- Experience in public speaking.
- Completion of a 4-hour community education internship including observation of at least 2 public presentations by an experienced Community Educator and performance of at least 1 public presentation observed by an experienced Community Educator.

Long-Term Care Community Educator

- Trained and registered HICAP Counselor with at least 12 months' experience in the program.
- Trained and registered LTC Counselor.
- Experience in public speaking.
- Completion of a 4-hour community education internship including observation of at least 2 public presentations by an experienced Community Educator and performance of at least 1 public presentation observed by an experienced Community Educator.

Please add this individual to the State Counselor Registration List as a certified Community Educator.

Name of new Community Educator:

Name of Community Educator

This appointment should be considered effective as of the date listed below:

MM/DD/YYYY

Signed:

HICAP Program Manager

SAMPLE COUNSELOR IDENTIFICATION CARD


California Department of Aging	
	_____ [Name of Counselor] _____
	is a registered HICAP Counselor
	_____ [Name of Local HICAP Program] _____
	_____ Program Manager _____
California Department of Aging	

EXHIBIT K

SAMPLE REGISTRATION CONFIRMATION LETTER

Date

<Name>

<Address>

<City, State, and Zip Code>

Dear <Name>:

Congratulations on your appointment as a Health Insurance Counseling and Advocacy Program (HICAP) Counselor. We are pleased that you have decided to contribute your time and expertise assisting Medicare beneficiaries in your community.

Enclosed you will find your HICAP Counselor Identification Card. Please carry the identification card when you provide HICAP services in your local area. This will assure the client that they are truly receiving the services of a registered HICAP Counselor.

If you have any questions regarding your work as a HICAP Counselor, we encourage you to talk with your HICAP Program Manager. Thank you for volunteering with HICAP.

Sincerely,

(CDA Representative)
State HICAP Director

Enclosure

cc: <HICAP Program Manager>

SAMPLE LETTER OF APPRECIATION

Date

<Name>
<Street Address>
<City, State, and Zip Code>

Dear <Name>:

We received notice from <Agency Name>, Health Insurance Counseling and Advocacy Program (HICAP) that you have resigned from your position as a HICAP Counselor.

I would like to take this opportunity to thank you for the contribution you made to HICAP. Without caring individuals, such as you, who are willing to invest personal time and energy to the provision of counseling and advocacy to Medicare beneficiaries, this Program would not be possible.

Although we always feel a loss when a Counselor leaves the Program, we wish you the best of luck. It is our hope that the knowledge and experience you have gained in HICAP will be of benefit to you. We sincerely hope you will inform senior friends and relatives of the services offered by HICAP.

Thank you again for your efforts on behalf of HICAP.

Sincerely,

<CDA Representative>
State HICAP Director

cc: <Local HICAP>

EXHIBIT M

SAMPLE CONDOLENCE LETTER

Date

<Name>

<Street Address>

<City, State, and Zip Code>

Dear <Name>:

We have been informed of <Counselor's Name> death and wish to extend our deepest sympathy to your family. We have also lost a member of the Health Insurance Counseling and Advocacy Program (HICAP) family, and <he/she> will be missed by all of us.

On behalf of the California Department of Aging and the people that make up HICAP, I want to personally thank your family for the fine contribution <Counselor's Name> made to HICAP. <Counselor's Name> contributed to making other people's lives better. <He/She> will be remembered for <his/her> touching gift to others.

Sincerely,

<CDA Representative>
State HICAP Director

Section 106 HICAP
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bcc: <HICAP Program Manager>