

SHIP/AAA/ADRC Outreach Funds

Each funded entity is required to complete and separately respond to questions 1 -10. The funded entities must jointly prepare a response for the four collaborative questions. State responses should represent an update to your 2009 MIPPA plan. Please describe the activities your State intends to undertake above and beyond activities previously detailed in the 2009 MIPPA plan or Basic SHIP Grant Application.

1. a. Will all funds provided for LIS, MSP outreach and assistance efforts be used solely to support outreach and assistance efforts directed toward Medicare beneficiaries with limited incomes who may be eligible for LIS or MSP programs? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

Yes.

b. Will a portion of the funds be directed toward Medicare beneficiaries for outreach aimed at preventing disease and promoting wellness?

Yes

2. a. Will all activities described by the SHIP to reach people likely eligible for LIS or MSP programs be above and beyond those regular activities that the SHIP has planned in response to funding provided under the Basic SHIP Grant Award? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, please describe how this supplemental funding will extend or enhance the LIS or MSP outreach and assistance efforts that you will provide in response to the Basic SHIP Grant Award funding.

Yes.

Current Status.

The Basic SHIP award provides services for 13 regional programs and the Greater Boston Chinese Golden Age Center. There is funding for 1- 1.5 FTE Regional Directors and outreach staff at each site who supervise 35 -50 counselors, conduct outreach activities and counsel consumers. In addition, the regional offices typically stipend a data entry person several hours per month, provide travel, printing, supplies, as well as overhead and training opportunities for staff.

The Massachusetts Executive Office of Elder Affairs administers the statewide network of eleven Aging and Disability Resource Consortia (*ADRCs*), twenty three Area

Agencies on Aging (AAAs) , twenty seven Aging Services Access Points (ASAPs) and the SHINE (Serving the Health Information Needs of Elders) Program, otherwise known as the Massachusetts SHIP program. These four programs work closely together as partners and collaborate to cross train staff, conduct educational forums, provide enrollment assistance, and screen potentially eligible Low Income Subsidy and Medicare Savings Plan (LIS/MSP) consumers.

The ADRCs in Massachusetts are consortia of community agencies which include the Independent Living Centers (ILCs), which serve adults of all ages with disabilities, the AAAs/ASAPs, which serve all adults age 60 and over, and a wide range of organizations that serve elders and people with disabilities. With the first MIPPA grant award, the SHINE Program trained members of ADRCs, including both ILCs and AAAs/ASAPs staff, in Medicare D, the Plan Finder Tool, the LIS Program, the Medicare Savings Plan Programs, and Prescription Advantage also known as the state sponsored prescription drug program administered by Elder Affairs.

The Regional SHINE Programs also recruited and trained some ILC staff to become fully trained SHINE counselors who were then placed in their respective agencies to assist consumers in understanding their health insurance options . In addition, SHINE Program staff held presentations throughout the Commonwealth and especially targeted efforts to those areas in the Tier 1 of the CMS zip code list of consumers with high LIS need and low outreach. SHINE counselors educated and enrolled these targeted consumers in LIS and MSP. Using the Train the Trainer model, SHINE provided education to social workers, resident care advisors, home health and home care staff, and medical office staff via the several Health Benefits Universities workshops

developed by the SHINE Program. Strengthening the SHINE program and ADRC relationship proved to be a solid working partnership in the Worcester region of the state. Ann Ruder, the Executive Director of the Center for Living and Working, an ILC in the Worcester area, trained the SHINE regional directors about the ILC Program and the consumers served through the ILC agency model. As a result of that first training session, SHINE regional directors invited staff from their local ILCs beyond the Worcester region to SHINE counselor meetings in order to educate the counselors about the ILCs and to foster this new partnership. Following the ILC and SHINE trainings, the Metrowest SHINE Director was appointed to the Advisory Board of the Metrowest ADRC furthering fostering the SHINE/ADRC collaboration in serving elders and people with disabilities in the Metrowest region of the state.

In addition, SHINE state staff and regional directors met with leaders from the ADRCs in Boston, Chelsea/Revere/Winthrop, and Worcester areas. These meetings were convened to discuss the goals of CMS regarding education and enrollment of lower income consumers in LIS and MSP and to more effectively outreach to people with disabilities. CMS has a zip code list of consumers needing outreach in targeted areas. SHINE and ADRC staff reviewed the list and discussed plans to work together, cross train staff in organizations, and reallocate resources to better reach potential consumers. For example, after meeting with the Chelsea/Revere/Winthrop group, SHINE counselors were reassigned to those neighborhoods and it was agreed that a local site could be used to train new local counselors. Potential liaisons and training with the Hispanic community were discussed. SHINE staff educated the ADRC Advisory Board on the

MIPPA changes and SHINE learned about resources to assist people with disabilities in those specific communities.

Proposed Change

The new MIPPA funding will support additional and needed staff hours to perform the outreach and education functions and to work directly with people with disabilities and mental illness to educate and enroll them in LIS/ MSP Programs. The new funding will support two additional part time Dual Mental Disorder (DMD)/rural outreach workers across the state to target specific agencies and clinics for education, and relationship and referral development. These funds will also allow the SHINE Program to analyze and focus outreach efforts on the zip codes identified by CMS as being of highest need and lowest contact as well as to strengthen work with the disability community and the ADRCs.

The new MIPPA funding will allow the SHINE Program to award 5-7 mini-grants for a total of \$32,252 to community based organizations which are located in the targeted zip code areas. These mini-grants will support training for staff to do outreach and one - to-one counseling on LIS/MSP as well as application completion. The new MIPPA funding will enable us to direct additional funds to those rural areas where access to services is limited by geography, limited public transportation, and lack of knowledge about available services. SHINE will build upon a recently developed new partnership with the Massachusetts Department of Public Health (MDPH) Rural Health Office in the Greater Springfield and Worcester areas to better understand the areas deemed rural by the MDPH and to appropriately serve those communities.

Molly Butler, MDPH Rural Health Program Coordinator , recently presented information at a SHINE Regional Directors monthly meeting on MIPPA and on evidence-based health promotion and prevention programs including the Chronic Disease Self Management Program (CDSMP), Matter of Balance (MOB), and Healthy Eating for Successful Living in Older Adults (HE). Ms. Butler currently conducts CDSMP and other prevention programs in rural towns and as part of this process she brings SHINE information to groups of elders she educates. SHINE met with Ms. Butler to discuss ways in which SHINE could be included as part of the self-management trainings. This new MIPPA funding will support ongoing efforts with MDPH and allow the collaboration to move forward more quickly , especially, the implementation of the evidence-based programs in rural areas and the linkages with SHINE around health insurance and drug coverage. Since working with Ms. Butler, SHINE state staff now receives e-mail updates about all the rural advisory meetings, conferences, and public health initiatives. Moreover, Ed Roth, SHINE Regional Director from the Worcester region attends rural advisory meetings on a regular basis.

Recently, SHINE state staff trained case managers, nurses , and social workers on the CDSMP at Massachusetts General Hospital (MGH) . As a result of this training, Boston SHINE now has a counselor on site at MGH in an effort to create public awareness of SHINE services. Moreover, SHINE worked on committees with the Lahey Clinic Evidence Based Program and promoted and distributed the Senior Medicare Patrol Project's (SMP) personal health care journal for many years.

The new funding will also allow SHINE state and regional staff to reach additional LIS and MSP qualified individuals by increasing outreach and education to

MGH, Lahey Clinic, and the SMP, ensuring that wellness and prevention is a part of every MIPPA presentation and communication. Over the past two years, the SHIP Program has partnered with the SMP project. New MIPPA funding will allow SHINE to continue this relationship through outreach and education to Native American communities in urban areas like Boston and rural areas such as those on Cape Cod and the island of Martha's Vineyard. Terrie Drew, who is the SMP liaison to the Native American populations, has also been trained to deliver wellness programs to elder populations. This linkage will assist the SHIP Program to deliver important wellness and disease prevention information to Native American communities.

Comprehensive Counselor Training:

Moreover, the new MIPPA funding allows for a full day of intense training for volunteer counselors. The SHINE Program has over 550 volunteers in 13 regions of the state who require training for the annual open enrollment (November 15- December 31) of the Medicare managed care plans, Medicare Supplement plans and the Medicare prescription drug plans. Since the advent of Medicare Part D in 2006, we have seen increased premiums, changes in benefits and co-payments, terminations of drug and insurance plans, restructuring of the managed care plans and changes in formularies by January 1 of each year. Insurance plans are able to market their products October 2. The SHINE program is charged with the task of providing one-to-one personalized health insurance counseling and assistance to help elders find the plan which best meets their needs. In addition to learning insurance changes, the counselors will be using a new version of the on-line Medicare prescription drug plan finder, and will require training on the features of the Patient Protection and Affordable Care Act which will become effective

January 1, 2011. As always the SHINE counselors must be aware of 2011 changes in Prescription Advantage, the Limited Subsidy Program, MassHealth and the Medicare Savings Plans in order to ensure that beneficiaries experience a seamless and affordable transition to a new drug and/or insurance plan. SHINE is requesting a one day training to provide this information in early October so that counselors are fully knowledgeable and well-trained before counseling over 1.1 million Medicare beneficiaries in Massachusetts.

b. Will all activities described by the AAA or ADRC to reach people likely eligible for LIS/MSP programs be above and beyond activities funded under the 2009 MIPPA award? If yes, please describe how this funding will extend or enhance these activities.

Yes.

Activities funded by the new MIPPA grant will enable the AAAs and the ADRCs throughout the Commonwealth to coordinate with SHIP Programs on MIPPA training and to devote staff time to screen and assist consumers with applications for LIS and MSP. With new funding, ADRCs will be able to devote additional staff time to outreach, education, and assistance with applications particularly in the Tier 1 Zip Codes identified by CMS and to populations most in need. ADRC staff will be invited to attend MIPPA training (LIS/MSP, Medicare D, Medicare web site, PA) and enrollment events and will assist clients in their own programs with LIS and MSP applications. In addition, staff of these organizations may become trained as SHINE counselors so they have access to the full range of health insurance and drug plan information and are better able to assist their clients with relevant applications. The trainees will expand the capacity of the SHINE Program by becoming SHINE counselors. These SHINE counselors will refer potential clients to the ADRCs for assistance as appropriate.

The new funding will enable the ILCs in the targeted zip code areas to apply for mini-grants up to a total of \$41,520. Specifically, the funding will support ILC staff to become trained in LIS/MSP, Medicare D, the Plan Finder tool, preventive benefits as well as the State's Prescription Assistance Program (SPAP). ILC staff will be trained in application completion and will assist consumers with LIS/MSP applications.

3. Will your State use county and zip code specific data provided by CMS or AoA to target efforts related to reach beneficiaries who are likely eligible, but not enrolled for LIS, MSP or State Prescription Assistance Programs? If yes, please indicate how that data will be used to target the outreach and assistance efforts of the SHIP. If no, please indicate how the State will identify and target people who are likely eligible, but not enrolled for LIS, MSP, or SPAP programs?

Yes.

The SHINE Program will continue to use the data supplied by CMS to identify potentially eligible beneficiaries. In 2009, the SHINE Program Director met with regional directors and ADRC staff in the areas of highest need: Boston, Chelsea/Revere/Winthrop, Worcester, and Springfield to review the county and zip code data supplied by CMS. The regional directors reviewed the updated May 2010 information at their June meeting and noted that the SHINE Program met 239 percent of its intended goal for last year. However, there is still work to be done. The regional directors are aware that one of their tasks is to reduce the numbers of beneficiaries in need of additional help in the zip codes within their respective regions. Consequently, outreach events will be targeted to those towns in need and counselors will be reallocated to increase accessibility.

State and regional staff will also work with the CMS Regional Office and Social Security Administration (SSA) staff to plan large scale events in communities serving the Portuguese, Hispanic, Chinese, and Haitian communities. As a result of the collaboration

with the ADRCs, staff will conduct outreach to communities identified by CMS as appropriate for targeted outreach. Several ADRC staff and outreach workers completed the SHINE training and are assisting members of their communities to access needed information and apply for LIS and MSP. One Portuguese outreach worker from the Worcester area ILC recently completed the training to become a SHINE counselor.

4. How will the State use the funding to enhance or expand application assistance available in communities with beneficiaries who are likely eligible, but not enrolled for LIS or MSP programs? (Examples – recruiting and training counselors placed in low-income neighborhoods or communities, training community-based organizations that serve low-income beneficiaries to provide application assistance, establishing new local counseling sites in low-income communities, etc)

Current Status

The SHINE Program funds community-based organizations and counselors through the SMP Program to provide assistance in seventeen languages. In addition, each regional program has at least one bilingual counselor and annually directs recruitment efforts to add bilingual counselors. The Regional SHINE Programs have recruited, trained, and placed counselors in such new and diverse sites as the Asian Center of Mystic Valley, Christ the King Polish Church in Ludlow, STAVROS Independent Living Center in the Pioneer Valley in western Massachusetts, Jewish Community Center, Service Net Mental Health Center, and Hong Lok House in Boston.

Additionally, the State used MIPPA funding to train the staff of thirteen neighborhood anti-poverty agency programs under Action for Boston Community Development (ABCD), Boston's anti-poverty program, to screen and assist consumers with applications.

Proposed Change

Up-to-date training will be provided to the thirteen anti-poverty agencies for the fall open enrollment so that their staff is sufficiently knowledgeable to assist eligible Medicare beneficiaries to apply for LIS, MSP, and Prescription Advantage. The Boston SHINE Program at ABCD will continue to recruit through the Boston Housing Authority, Massachusetts Multicultural Coalition, and faith-based groups to work in low income communities and train professionals such as home care program case managers to assist with applications. Each regional program is working to establish additional sites to increase accessibility to the communities in need.

New funding will assist SHINE with applications and outreach through funding mini-grants to select organizations in the communities which CMS has identified as appropriate for targeted outreach. Examples of these organizations include: MassMedline in Worcester, the Greater Boston Food Bank in Methuen, Elder Disparities Coalition in Boston, the ILC of the North Shore, and the Asian Center of Merrimack Valley. The SHINE Program Assistant Director is meeting with the Springfield Regional SHINE Director in July 2010 to develop a plan to outreach and provide LIS/MSP education and assistance in Holyoke, Chicopee, Ludlow, and Greater Springfield. The plan will include outreach, coordination and training with the ADRCs as well as education and enrollment events.

The SHINE Program will initiate work with the National Council on Aging (NCOA) staff to include Massachusetts Medicaid and home care information on the Public Benefits Check Up eligibility internet program. Once the Benefits Check Up internet program more accurately reflects Massachusetts programs and services, SHINE will train counselors and recommend use of the tool by community agency staff and

partners. This will afford greater access to an expansive list of information and services which will assist consumers of every age and need.

5. a. What specific activities will the State use to conduct outreach likely to persuade beneficiaries who are likely eligible, but not enrolled in LIS or MSP to apply for one or both of these programs? (Example – direct mail, outreach events, public and media activities, door-to-door outreach). Please be specific about the State outreach plan.

The state outreach plan is a multifaceted approach which utilizes interpersonal relationships and information dissemination. The outreach campaign is based on the premise that the hard-to-reach community is best accessed at the local level by trusted members of the neighborhood or neighborhood agencies. For example, the SHINE Program trained staff of thirteen neighborhood satellite clinics of ABCD to identify eligible consumers and help them fill out applications for LIS/MSP.

SHINE also trains staff of the local homeless shelters, resident advisors of elder housing sites in Boston and the Visiting Nurses Associations. It is expected that as a trusted presence in the community these staff will be able to yield LIS application results. One to one counseling and word of mouth appear to be the most effective methods to engage people; door-to-door contact by these well-known agency staff will be encouraged.

SHINE plans to hire two part-time outreach workers from the Dual Mental Disabled (DMD) and or rural health communities to specifically target outreach to these populations across the state. These workers will be located at two of the Regional Offices best situated to outreach to rural and DMD populations. They will be trained and will be responsible for identifying potential partners such as group homes, mental health clinics, hospital satellite clinics, and hospital psychiatric units. They will contact staff to

educate about Medicare D, LIS, MSP, PA and the wellness benefits , and will facilitate counseling referrals to Regional SHINE programs.

As part of its information disseminations and outreach work, SHINE continues to schedule events at many local Councils on Aging and Senior Centers in Massachusetts. The new MIPPA funding will be used to augment current Regional Director and outreach staff time to train current SHINE counselors, providers, and caregivers on the opportunities possible through LIS, MSP, PA, and Medicare Part D, and add new venues for presentations including: libraries, economic assistance programs, housing and assisted living residences, faith-based communities, colleges, mental health clinics, and meal sites located in local community sites across the state.

Seeking to reach communities not yet accessed fully, the state SHINE Program is currently in discussion with the Region 1 CMS office regarding reaching out to communities such as the Haitian community through large , targeted outreach events. Identifying Haitian SHINE counselors, leaders, the potential event site and participants, the media outlets, and the Haitian radio show to promote these events are the first steps in this outreach campaign. New outreach efforts will include collaboration with the state's community health centers, the MDPH sponsored Community Health Network Areas (CHNAs), pharmacies, hospitals, medical centers, and doctors who may be more persuasive with consumers by virtue of their status and frequency of contact than can the elder network. Those efforts would include direct mailings, e-blast and web site links, attendance at health fairs, and networking meetings. Tear-off pads may be produced and distributed to those doctors' offices for easy access to information about SHINE services as well. To better reach physicians and office staff , SHINE will offer MIPPA trainings

throughout the state which includes wellness and prevention information via our traditional Health Benefits Universities. The SHINE Program is in the process of applying for social work and nursing CEUs to enhance interest in attendance at these valuable and educational training programs.

b. What specific activities will the State use to conduct outreach likely to persuade beneficiaries to participate in disease prevention and wellness activities? We encourage States to think creatively about how they can encourage beneficiaries to take advantage of the new wellness and prevention benefits. How can you integrate these outreach activities with LIS/MSP or other outreach? What new innovative activities focused on prevention and wellness might be implemented?

The SHINE Program by virtue of connection with the elder network is partnered with several projects that target wellness and chronic disease prevention. For example, SHINE has discussed participating with the Department of Public Health's Rural Health Office to provide CDSMP participants with information about health insurance and LIS/MSP. We also participate in interagency provider groups composed of professionals from nutrition and wellness programs, through area hospitals, senior centers, and educate the participants about changes in health insurance benefits. Most of the Councils on Aging and Senior Centers will hold education and enrollment events this fall and SHINE will add a section on the annual wellness visit as well as information and resources related to preventive benefits.

In addition, SHINE will make a special effort to reach out to physicians regarding the wellness benefit, and provide information regarding community wellness and health promotion programs to which they can refer patients, including CDSMP, MOB and HE. Outreach to physicians will be conducted through the Massachusetts Medical Society,

various Boards of Medicine, provider networks groups, and by targeting specific provider offices.

SHINE plans to allocate a portion of the new MIPPA funding to information technology and marketing. To move forward and educate the public and counselors in a timely fashion, the SHIP must develop technology to communicate the most current information to Medicare beneficiaries, caregivers, providers, and SHINE counselors. The new MIPPA grant will provide funding to hire a part-time individual to assist the state office in researching and developing new and interesting ways to inform consumers about their new benefits, make technology connections, and enhance the current SHINE website in an effort to make the site more user-friendly for Medicare beneficiaries, caregivers, and family members. In addition, SHINE will review the current website and ensure that SHINE documents meet the federal government's Section 508 requirements (Section 508 of the Rehabilitation Act of 1973 as amended by the Workforce Act of 1998). SHINE will reach out to medical office staff to invite them to attend the Health Benefits Universities and learn about the preventive benefits which they can actively share with their patients. Moreover, SHINE will also reach out to caregivers and younger people at wellness clinics, gyms, and through other media that utilizes their expertise and comfort with the use of technology and social media.

6. a. Will the State establish or expand partnerships that will enable the State to reach and/or provide application assistance to people who are likely eligible, but not enrolled in LIS or MSP programs or who may be eligible for prevention or wellness activities? (Yes or No) If Yes, what specific partnerships will the State establish or expand and what populations (described either geographically or demographically) will the partnership allow the State to reach? What specific activities will result from the partnership?

Yes-The SHINE Program Director will be speaking at Regional MassHealth Forums in October to educate Medicaid community providers and Medicaid staff about the role of

the SHIP in open enrollment and in working with dual eligibles and hard to reach populations. These forums and discussion groups are held quarterly so that Medicaid providers share information and discuss program changes that affect people with the lowest incomes in the state. For the first time the SHIP Program will take the podium and begin to foster a closer working relationship with Medicaid staff and providers. The SHINE Program Director will discuss LIS, MSP (which the Medicaid program administers), Prescription Advantage, Medicare Part D, the web tool, wellness benefits, and the ways we can better collaborate in the provision of benefits to consumers. SHINE staff will also educate these providers at the six October MassHealth Technical Forums about the extensive elder and disability network of services in Massachusetts. The state will establish new partnerships with the community health centers of Massachusetts through training at the MassHealth Technical Forums, Community Partners, Montachusets Opportunity Council, Massachusetts League of Community Health Centers, Latin American Health Institute, Community Action Committee of Cape Cod and the Islands, ABCD, and other agencies that serve immigrant, low-income, high-need and rural communities. These partners will be invited to upcoming 2010 fall trainings and provide the opportunity to receive SHINE counselor training.

SHINE, through current staff and the two newly funded DMD/Rural part-time outreach workers, will reach out to emergency and mental health service providers identified in the report: “Aging and Mental Health Services in Massachusetts: Elder Mental Health Programs by County” and to the National Association of Mentally Ill support groups in the Commonwealth to make health benefits and prevention information more accessible to the mentally ill of all ages, especially the dual-eligible mentally ill.

The state will expand upon and improve partnerships with the Independent Living Centers, both individually and as part of the ADRC partnerships that continue to grow stronger, in order to ensure that the disabled have access to the full range of information about prevention, health insurance, and drug coverage benefits.

b. Where applicable, how will the State coordinate with the Native American programs on LIS, MSP, Medicare Part D or prevention and wellness outreach?

Current Status

The SHINE Program works closely with the SMPI Program. Terrie Drew, the Coordinator of the Program, has an office at Elder Affairs one day per week and has educated SHINE regional directors on cultural competency with Native Americans. She worked with the University of Massachusetts Gerontology PhD students to research and present a report to program staff and managers at Elder Affairs on the health and insurance coverage status of Native Americans in Massachusetts. This report provided a unique look at the number of Native Americans living in Massachusetts and ways that SHINE and Elder Affairs can provide information and access to benefits and services for this population. Ms. Drew attended the twelve day SHINE training and has become SHINE certified. She is trained on LIS, MSP, Medicare Part D and receives the updated information relevant to preventive benefits.

Proposed Change

The SHINE Program is committed to continue the outreach and education efforts of the past year or so with Native American groups and will fund some staff hours in the future through the SMP Program to ensure that this work continues. Ms. Drew will use her SHINE training in her future outreach and education with Native American

populations in Mashpee, Aquinnah, Martha's Vineyard, Dighton, and Boston, for example. SHINE will continue efforts to recruit Native American counselors like the counselor working in Mashpee, through the SHINE and SMPI Programs. They will all be trained in the prevention and wellness information and will then provide this information to their communities.

SHIP/AAA/ADRC Rural Medicare Part D Outreach Funds

7. Will all funds provided for rural outreach to Medicare Part D eligible beneficiaries be used to reach and assist people who live in rural areas and who are eligible for Medicare Part D? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

Yes.

8. Will all the activities described by the State to reach Medicare Part D eligible beneficiaries in rural areas be above and beyond those regular activities that the State has planned in response to other funding, e.g. Basic SHIP Grant Award, OAA outreach, or MIPPA 2009 outreach? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

Yes.

9. What specific activities will the State use to conduct outreach likely to reach beneficiaries living in rural areas with information about Medicare Part D coverage and the associated LIS/MSP programs for beneficiaries with limited incomes? (Example – direct mail, outreach events, public and media activities)

The SHINE Program, through two rural Regional Offices (as yet, unselected) will fund two part-time DMD/Rural outreach workers to focus specifically on educating providers and consumers in these areas. They will identify, contact and meet with providers in mental health clinics, group homes, psychiatric units, and community agencies to inform them about the LIS/MSP programs and about related benefits. Referral patterns will be established with the existing SHINE Regional offices with an anticipated increase in referrals for assistance with LIS/MSP applications.

In December of 2009, the SSA Regional Communications Coordinator, Kurt Czarnowski, was invited by the SHINE Program to appear in cable television on Elder Affairs' Senior Scene show with Elder Affairs' Secretary, Ann Hartstein. The LIS/MSP Program was discussed in full detail and was broadcasted in 250 communities throughout the state increasing access to rural populations. SHINE Regional Directors also appeared on local cable television to educate consumers about upcoming changes in Medicare, drug plans, managed care plans, and programs that help consumers save money through LIS/MSP and Prescription Advantage. Both of these efforts will be repeated in 2010 and the SHINE Program is considering the use of other media such as CDs and YouTube to promote such information.

The state will use the experience of the MDPH Rural Health Office and Rural Health Consortium to design an outreach plan for rural beneficiaries. In rural areas, geographic or perceived isolation, lack of public transportation, and lack of services or knowledge of services contribute to the inaccessibility of health insurance information. The MDPH reports that consumers living in rural areas have incomes that are lower than urban dwellers and many were self-employed or worked in industries that offer few retirement benefits. Fewer have advanced degrees on the whole and may have less experience with the internet and accessing information through technology. They may not have computers or access to a public library with a computer. The Berkshires SHINE office reports that broadband access is very spotty and many residents do not have access to the internet to perform their own internet searches.

The SHINE Program, in conjunction with the ADRCs will reach out to the homebound through direct mail, flyers for Meals on Wheels deliveries, and outreach to

health care providers with information and applications. The SHINE Programs in rural areas will offer educational events and will prepare cable television and radio shows to educate those consumers who are unable to get out to their local Councils on Aging and Senior Centers. Radio and cable television shows will be developed in other languages as needed (such as in Polish for Central Massachusetts). SHINE counselors will continue to make home visits as needed and SHINE will reimburse transportation costs as able. SHINE will ensure that all media distributed by SSA for LIS and by CMS for Medicare benefits reach our new partners for dissemination. In Franklin County and on Cape Cod mobile benefits vans and SHINE counselors are available to educate consumers about their benefits throughout these regions. SHINE will provide travel reimbursement to counselors and will also provide any necessary materials for dissemination in the community.

10. How will the State use the funding to enhance or expand application assistance available in rural areas of the State? (Examples – recruiting and training counselors deployed to serve rural areas, training community-based organizations that serve beneficiaries living in rural areas, establishing new local counseling sites in rural areas, etc)

The State SHINE Program director will speak at the Massachusetts Councils on Aging (MCOA) Conference in October 2010 on Cape Cod and will educate participants from the Councils on Aging Directors, outreach workers, and other staff from the aging and disability networks on all relevant MIPPA topics. Many agency staff from rural areas who serve beneficiaries from rural areas attend this conference. The State Program will use MIPPA funding to train SHINE counselors and staff in rural areas on Medicare D, the drug plan finder tool, LIS, MSP, and Prescription Advantage. SHINE will sponsor Health Benefits Universities with CEUs for staff of rural agencies such as the Multicultural Taskforce of Western Massachusetts, the Vietnamese Caring Center, North

Quabbin Community Coalition, Hilltown Community Health Center in Western and Central Massachusetts to train on preventive benefits, the wellness visit, changes in the health plans for PDPs and MA-PDPs for 2011, LIS, MSP and Prescription Advantage. The fall training for veteran counselors will be based on MIPPA training and Affordable Care Act updates. Materials will be produced for counselors to use as a reference when meeting with consumers. Training for new counselors will focus on an expanded four-day MIPPA training, and the remainder of the insurance information will be offered in early winter. It is essential that new counselors are prepared to assist with the anticipated demand for counseling in the fall. Regional Directors will assess when and where new counseling sites will be established in rural areas, e.g. at community health centers, hospitals or other agencies. Counselors will be placed to assist with applications and staff will be trained to do the applications as well.

The two part time DMD/ rural outreach workers funded through the new MIPPA grant will educate providers in those communities which will increase counseling referrals to the regional SHINE Offices. The funding will enable expansion of staff hours for outreach, home visits, and counseling so that application assistance is more readily available for those consumers.

State Questions – Collaborative Efforts

1. What are the quantifiable outcome targets of the collaborative efforts of the SHIP, AAAs and ADRCs to reach and provide application assistance to beneficiaries who are likely eligible, but not enrolled in LIS, MSP and/or Medicare Part D programs and how will the effort be measured? For example, the State may propose to generate a target number of applications for these programs and track those applications through a specific data system or tool. Please do not state the targets in terms of a number of outreach events or counseling sessions, but rather in terms of a number of applications submitted or another quantifiable target that will demonstrate progress in getting more beneficiaries enrolled in these programs.

The State will submit 550 applications the first year of the grant and 550 applications the second year of the grant. The National Performance Report (NPR) data base will track the applications submitted. Any entity, whether it be the ADRC, the AAA or other community organization assisting with applications will complete client contact forms and public and media activity forms and enter them into the SHIPTalk website.

2. How will the State measure and report progress toward the stated outcome target?

Measurement of success will be determined via the number of applications submitted.

3. What specific work plan will the State utilize to coordinate the efforts of the SHIP, AAAs and ADRC that are funded under this program to assure that work is collaborative, that resources of the programs are leveraged to provide maximum effectiveness, and that work is not duplicative?

Please see Attachment D.

4. Please provide a timeline for the 24 month duration of this grant that will outline the planned activities of the SHIP, AAA, and ADRC programs and the anticipated progress toward achieving the goal the State outlined in response to Question 1 of this section.

Please see attachment D

Please provide a detailed budget narrative that supports the State plan as described in the responses to the questions above.

Attachment D: Project Work Plan, Page 1

Goal: To find and assist through enrollment potential LIS, MSP, SPAP beneficiaries. To educate consumers about annual wellness visit and preventive benefits.

Measurable Outcome(s): Number of applications completed and submitted. Number of preventive benefits fact sheets taken.

* **Time Frame** (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1. Create network of community based partners for outreach, application assistance	Identify partner agencies Clarify responsibilities and goals Develop work plan for CMS zip codes in most need and more isolated rural areas Develop mini grant application process, review applications and distribute funds Develop job descriptions for PT DMD/Rural outreach workers Distribute funds to Regional SHINE Program to pay for outreach workers	Cindy Phillips	x	x	x	x	x	x	x	x	x	x	x	x
2. Provide training to professionals at community organizations	Develop training which includes overview of Medicare D, web finder tool, LIS, MSP and the SPAP Program. Develop training which includes current Affordable Care Act information, Annual Wellness Visit and Preventive benefits Schedule and conduct trainings		x	x	x	x								

3. Provide training to health benefits counselors	Develop training for ongoing health benefits counseling training which includes all of the above plus changes in MA and PDP plans for 2011. Convene statewide training with CMS for counselors		x	x	x	x									
4. Develop Training and marketing materials	Create training modules to reflect current information with Trainer's Work Group Disseminate to all Regional Directors Work with IT consultant to improve SHINE web site , research and implement marketing and training strategies		x	x	x	x	x	x	x	x					
5. Conduct and oversee monthly outreach to consumers and caregivers	Develop communication strategies with Trainer's Work Group, Communications Committee and IT consultant Develop work plan and responsibilities Implement work plan		x	x	x	x	x	x	x	x	x	x	x	x	x
6. Measure effectiveness of year one act	Re-evaluate and update training materials Review number of LIS applications completed according to NPR Calculate number of flyers/fact sheets distributed/taken Conduct training to improve outreach or in-services based on feedback.									x	x	x	x	x	