



## Aging Program Directive (APD)

**APD#:** 24-04-01


**Issuance Date:** June 18, 2024      **Effective Date:** July 1, 2024

**Program Area:** State Health Insurance Assistance Program      **Disposition:** Active

**Origin:** Education & Outreach Office      **Contact:** PA MEDI [RA-AISHIP@pa.gov](mailto:RA-AISHIP@pa.gov)

**Subject**      State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) Funding

**To**      Pennsylvania Department of Aging (PDA)  
Area Agencies on Aging (AAA)  
Aging and Disability Resource Centers (ARDC)  
Pennsylvania Association of Area Agencies on Aging (P4A)

**From**        
\_\_\_\_\_  
Jason Kavulich  
Secretary

**Purpose**      The State Health Insurance Assistance Program (SHIP) is a cooperative agreement between the Administration for Community Living (ACL) and SHIP grantees. The cooperative agreement's terms and conditions must be executed by the SHIP grantee and their sub-grantees which are delivering SHIP services, including Medicare Improvements for Patients and Providers Act (MIPPA) activities. The purpose of this Aging Program Directive (APD) is to outline the required responsibilities for Area Agencies on Aging (AAA) that are sub-grantees of the SHIP and MIPPA grants and for Aging and Disability Resource Centers (ARDC) that are sub-grantees of the MIPPA grant.

## Background

Congress created SHIP in 1990 to provide education and assistance to Medicare-eligible individuals, their families, and caregivers to assist in making informed health insurance decisions. MIPPA, established in 2008, helps low-income Medicare beneficiaries to access financial assistance programs that make their health care and prescription costs more affordable. MIPPA activities include outreach and enrollment assistance for Medicare Savings Program, Extra Help, and Medicare Preventive Benefit education.

Pennsylvania's SHIP, known as Pennsylvania Medicare Education and Decision Insight, PA MEDI is awarded SHIP and MIPPA funds annually to carry out the objectives set forth in each grant. Under the ACL Cooperative Agreement for SHIP and MIPPA funding, Pennsylvania Department of Aging (PDA) is the grantee and must provide oversight and accountability for the AAAs that are sub-grantees of the SHIP and MIPPA grants and for ARDCs that are sub-grantees of MIPPA funding.

## Directives

Subgrantees must execute the following responsibilities:

- 1) **Capacity Building:** Recruit, train, and retain a diverse and effective workforce sufficient to serve demand for SHIP services.
- 2) **SHIP Services:** Provide year-round, locally accessible personalized counseling assistance, education, and outreach to serve Medicare beneficiaries.
- 3) **Training:** Participate in education activities to include training sessions and webinars.
- 4) **Internet Capability:** Maintain capabilities to send and receive e-mail communications and other information through a secure internet connection.
- 5) **Conflict of Interest:** Manage conflict of interest (COI) to preserve the integrity and unbiased nature of the SHIP program.
- 6) **Confidentiality:** Ensure the ACL SHIP data system security procedures designed to secure and to protect the confidentiality of data submitted into the ACL database are followed by all team members using the system.
- 7) **SHIP Data System:** SHIP subgrantees must input programmatic data and manage users of the data system on a timely basis, monthly at a minimum.
- 8) **Grant Disclaimer:** Include the express acknowledgment (grant disclaimer) on all SHIP/MIPPA public information materials.
- 9) **VRPM Risk Assessment:** Implement and manage ACL's Volunteer Risk and Program Management (VRPM) policies and procedures.
- 10) **Medicare Group Education Satisfaction Survey:** Participate in ACL's Medicare Group Education Satisfaction Survey project.
- 11) **Spending Plan:** Provide a proposed yearly spending plan for SHIP and MIPPA funds.
- 12) **Work Plan:** Provide a yearly work plan indicating key tasks and a minimum of 4 outreach events to be conducted each year.

- 13) **MIPPA Reporting:** Provide a quarterly report of activities in support of MIPPA initiatives.
- 14) **Operational Contingency Plan:** Provide an operational contingency plan.

Any AAA unable to meet the requirements under this APD will need to submit a PDA Request for Administrative Waiver Form to State SHIP staff giving justification for their inability to meet the requirements. State SHIP staff will review and respond within 10 business days of receipt.

### **Capacity Building**

To build and expand capacity to meet the needs of a growing Medicare population, provide more effective service, and enhance the quality of beneficiary education, SHIP subgrantees are required to recruit and retain a diverse workforce to include paid staff and volunteers sufficient for services year-round and during high demand periods such as the Medicare Annual Open Enrollment Period (October 15-December 7). All efforts should be made to fill staff vacancies within a 60-day period.

### **SHIP Services**

To fulfill the mission of SHIP to empower, educate, and assist Medicare-eligible individuals to make informed health insurance decisions that optimize access to care and benefits, SHIP subgrantees must provide year-round, locally accessible personalized, one-on-one counseling, enrollment assistance, group education and outreach to Medicare beneficiaries.

### **Training**

To ensure counselors (paid, in-kind, and volunteers) are certified to provide SHIP services and will do so in an unbiased and comprehensive manner, SHIP and MIPPA subgrantees must participate in education activities provided by regional and state SHIP staff, ACL, and other partners.

### **Internet Capability**

To provide effective service, SHIP grantees must maintain secure internet capability. Counselors should have access to internet-based enrollment and other counseling tools at the time and place of counseling.

### **Conflict of Interest**

To preserve the integrity and unbiased nature of the SHIP program, SHIP subgrantees must identify, remedy, and remove any potential conflict of interest, actual or perceived. As potentially problematic scenarios arise, subgrantees must seek to understand the situation, educate all involved, formulate a mitigation plan, and ensure adequate steps have been taken to remedy and/or remove COI and keep a record of all these steps.

### **Confidentiality**

To secure and to protect the confidentiality of data submitted to ACL's data system, SHIP and MIPPA subgrantees must ensure all team members using the system follow ACL's security procedures.

### **SHIP Data System**

SHIP and MIPPA subgrantees must input programmatic data and manage users of the data system on a timely basis, monthly at a minimum.

### **Grant Disclaimer**

SHIP and MIPPA subgrantees must include the express acknowledgment (grant disclaimer) on all SHIP/MIPPA public information materials funded by SHIP and MIPPA grants. Grant disclaimers will be provided annually within 30 days of Notice of Award by ACL.

### **VRPM Risk Assessment**

Volunteers are an integral and expected part of local SHIP operations. Each SHIP subgrantee is required to implement and manage ACL's VRPM and to conduct a risk assessment on the roles, work, and activities of the volunteers as stated in VRPM. A template for the risk assessment will be provided every 3 years (2025, 2028, etc.) by March 15 and must be submitted by the last business day in May every 3 years (2025, 2028, etc.) via email to [RA-AISHIP@pa.gov](mailto:RA-AISHIP@pa.gov) for review by state SHIP staff. State SHIP staff will review and respond within 45 business days of receipt.

The risk assessment shall be submitted in the format outlined in **Appendix A**.

### **Medicare Group Education Satisfaction Survey**

To provide a national picture of beneficiary satisfaction with group outreach and education events, select SHIP subgrantees must collect five survey responses each quarter as assigned by State SHIP staff. Four SHIP subgrantees will receive assignments annually by July 15. Surveys must be submitted by September 30, December 31, March 31, and June 30, via email to [RA-AISHIP@pa.gov](mailto:RA-AISHIP@pa.gov).

### **Spending Plan**

To enhance fiscal accountability and assist with strategic planning, SHIP and MIPPA subgrantees are required to submit a spending plan outlining how SHIP and MIPPA funds will be used, and a work plan to indicate when key tasks and a minimum of 4 outreach events per year will be completed (templates will be provided annually by State SHIP staff by January 15.) The spending plan must be submitted via email to [RA-AISHIP@pa.gov](mailto:RA-AISHIP@pa.gov) by March 31 for the following state fiscal year (July 1 through June 30) to be reviewed by state SHIP staff. State SHIP staff will review and respond within 45 business days of receipt. State SHIP staff will review expenditures regularly submitted through PDA's AccuFund accounting system.

The spending plan shall be submitted in the format demonstrated in **Appendix B**.

The spending plan categories should include the following:

- Personnel (key staff, titles, time commitments)
- Fringe benefits (must show percentage charged for each full/part time employee)

- Travel (estimated number of trips, number of travelers, destinations, purpose, length of stay, per diem, and transportation costs)
- Equipment
- Supplies
- Contractual (newspaper ads, radio ads, staff, translation of written documents, and/or production of outreach materials)
- Other (postage, space, and equipment rentals/lease)
- Totals

**Work Plan**

To reflect and be consistent with the spending plan, SHIP and MIPPA subgrantees must submit a work plan that covers the entire state fiscal year. Include key activities and the major tasks/action steps and indicate a minimum of 4 outreach events to be conducted each year. For each major task/action step, the work plan should identify timeframes involved by marking X in the corresponding months and the lead person responsible for completing the task.

The work plan must be submitted via email to [RA-AISHIP@pa.gov](mailto:RA-AISHIP@pa.gov) by March 31 for the following state fiscal year (July 1 through June 30) to be reviewed by state SHIP staff. State SHIP staff will review and respond within 45 business days of receipt.

The work plan shall be submitted in the format demonstrated in **Appendix C**.

**MIPPA Quarterly Activity Report**

Each AAA and Aging and Disability Resource Center (ARDC) Service Area is responsible for the implementation of SHIP’s MIPPA initiatives. The purpose of the Quarterly Activity Report is to ensure compliance, increase accountability, describe how MIPPA materials are being used, and identify programs needing additional resources. Local SHIP programs and ARDC Service Areas are required to complete a quarterly activity report detailing outreach events, partner contacts, and the quantity of materials being distributed.

The quarterly activity report will be submitted as a survey through Microsoft Forms. Reporting will follow the schedule below:

Survey Link Provided	Reporting Period	Survey Due
July 1	July, August, September	October 15
October 1	October, November, December	January 15
January 1	January, February, March	April 15
April 1	April, May, June	July 15

A sample of the MIPPA Quarterly Activity Report can be found in **Appendix D**.

**Contingency Plan**

Each SHIP grantee is responsible for the continued delivery of SHIP services. To prevent a disruption in service, the department will require

SHIP grantees to submit a contingency plan at least once a year documenting the continuity of SHIP operations and duties in the event of leave (vacation, extended or medical leave), agency closings, reaching capacity, etc. A template will be provided by January 15 and must be submitted via email to [RA-AISHIP@pa.gov](mailto:RA-AISHIP@pa.gov) by March 15 for review by state SHIP staff. State SHIP staff will review and respond within 45 business days of receipt.

The contingency plan shall be submitted in the format outlined in **Appendix E**.

# APPENDIX A

## PA MEDI RISK ASSESSMENT – SAMPLE

### Risk Assessment: Spreadsheet for Rating Risks

**Instructions**  
Use the following tabs to rate risks related to:  
**1) People, 2) Management Systems, and 3) Volunteers' Work Environments**

**All Sections**  
Rate the chance or likelihood of the risk happening from 1 to 5, with one as a low likelihood and 5 as high likelihood. Next, rate the degree or magnitude of harm from 1 to 5, with one as low magnitude and 5 as high magnitude. Prioritize the risks starting with those that are highly likely to occur and have a high degree of harm.  
**Tip:** If you plan to work from paper copies, print multiple copies of each table to accommodate more than three identified risks per topic.

**Section 1 – Risks Associated with People**  
Identify and assess risks connected with volunteer roles and activities. Are there additional risks arising from any role that should be addressed? For example, consider each volunteer’s skills and attitude/maturity. Consider any changes in responsibilities and working conditions that may give rise to new or increased risk. Identify and assess risks connected with the program’s clients in their interactions with program volunteers.

**Section 2 – Risks Associated with Management Systems**  
Identify and assess risks connected with volunteer qualification procedures (e.g., screening, orientation), volunteer performance management and evaluation procedures and practice (e.g., annual performance reviews, discipline), and volunteer program management processes and activities (e.g., supervision, support, etc.).

**Section 3 - Risks Associated with the Volunteers’ Work Environment**  
Identify and assess the risks connected with the places where volunteers perform their duties such as presentation sites, work stations, and meeting places. These risks may involve dangerous conditions in the physical location, the security of sensitive information and data, computer and other equipment use, etc.

Section 1: Risks Associated with People				
Describe the Risk	Likelihood of Occurrence	Degree of Harm, Impact	Risk Controls already in place?	Describe the additional steps you will or have taken to control/mitigate the risk
<b>PA MEDI Volunteers: Roles and Activities</b>				
[REQUIRED] Limited number of volunteers				
[REQUIRED] Reaching capacity before Annual Open Enrollment Period ends				
[RFQ(U)RFD] Volunteer sharing incorrect information with beneficiary				
[RFQ(U)RFD] Online data breach/online confidentiality breach of beneficiary personal information				
<b>Clients and Beneficiaries</b>				
[REQUIRED] Dissatisfied/belligerent beneficiary				

## APPENDIX A – Cont’d

### PA MEDI RISK ASSESSMENT – SAMPLE

Section 2: Risks Associated with Management Systems				
Describe the Risk	Likelihood of Occurrence	Degree of Harm, Impact	Risk Controls already in place?	Describe the additional steps you will or have taken to control/mitigate the risk
[REQUIRED] Phone calls being not routed to PA MEDI team				
[REQUIRED] Volunteer also an insurance agent (conflict of interest)				

Section 3: Risks Associated with the Volunteer's Work Environment				
Describe the Risk	Likelihood of Occurrence	Degree of Harm, Impact	Risk Controls already in place?	Describe the additional steps you will or have taken to control/mitigate the risk
[REQUIRED] Interruption with technology and phone access when volunteering				
[REQUIRED] Inclement weather or power outage				
[REQUIRED] Security of beneficiary hard copy files (In transit, at a remote counseling location, at a volunteer's home, AAA office)				
[REQUIRED] Accessibility of the building for those with disabilities and/or ambulatory concerns				

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## APPENDIX B

### PA MEDI SPENDING PLAN/JUSTIFICATION – SAMPLE

**Spending Plan/Justification -- Sample Template**

The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the categories, as described below. The spending plan categories should include the following:

- Personnel (key staff, titles, time commitments, must show percentage charged for each full/part time employee)
- Fringe benefits (must show percentage charged for each full/part time employee)
- Travel (estimated number of trips, number of travelers, destinations, purpose, length of stay per diem and transportation costs)
- Equipment
- Supplies
- Contractual (newspaper ads, radio ads, staff, translation of written documents, and/or production of outreach materials) Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount
- Other (postage, space and equipment rentals/lease)
- Totals

**AGENCY NAME:**

**COORDINATOR:**

Category	SHIP/Base Grant	MIPPA	Justification
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Other			
<b>TOTAL</b>			

## APPENDIX C

### WORK PLAN – SAMPLE

#### WORK PLAN - - SAMPLE TEMPLATE

Instructions: The Work Plan should reflect and be consistent with the Spending Plan and should cover the entire state fiscal year. Please include key activities and the major tasks / action steps. For each major task / action step, the work plan should identify timeframes involved (by marking **X** in the corresponding months and entering the name of the lead person responsible for completing the task.

AGENCY NAME: \_\_\_\_\_

COORDINATOR NAME: \_\_\_\_\_

Key Tasks	Lead Person	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
Prepare Budget													
Attend Senior Expo/Health Fairs													
Attend Legislative Events													
Conduct Medicare 101 Presentations													
Purchase Print Ads													
Conduct Outreach with Community Partners													
Meet with ADRC Counterparts													
Volunteer Recruitment													
Volunteer Recognition													
AOEP Event Planning													
Training													
Assess equipment and supply needs													

## APPENDIX D

### MIPPA QUARTERLY ACTIVITY REPORT – SAMPLE

1. Please enter your name and county.

2. Please enter outreach events during this quarter. Include date and title of event. Please indicate if this was a new event (Y/N). Note: a GOE or an MOE for all MIPPA outreach is also required in STARS.

3. Please enter the name of any businesses, organizations, or other community partners you contacted this quarter to provide them with MIPPA outreach materials. Please indicate if this is a new partnership (Y/N). Note: a GOE or an MOE for all MIPPA outreach is also required in STARS.

4. **PA MEDI Save Money Brochures** - Please indicate which languages you distributed. In "other" please provide the number of each distributed.

- English
- Spanish
- Chinese
- Cambodian
- Vietnamese
- Russian
- None
- 

5. **Grand-Kinship Family Brochures** - Please indicate which languages you distributed. In "other" please provide the number of each distributed.

- English
- Spanish
- Chinese
- None
- 

6. **Grand-Kinship Family Paper Placemats** - Please indicate which languages you distributed. In "other" please provide the number of each distributed.

- English
- Spanish

# APPENDIX E

## PA MEDI CONTINGENCY PLAN – SAMPLE

### Purpose:

Each AAA is responsible for the continued delivery of PA MEDI and MIPPA services. To prevent a disruption in service, the department will require AAAs to submit a contingency plan at least once a year documenting the preservation of PA MEDI operations and duties in the event of leave (vacation, extended or medical leave), agency closings, reaching counseling capacity etc.

### Instructions:

Please fill out each section below. Review the contingency plan with the identified back-up person and the back-up person(s) responsible for carrying out PA MEDI duties, to ensure they have the necessary training and fully understand their role. Providing a copy of the Local Coordinator Manual, the SHIP Tracking And Reporting System (STARS) Manual and the Volunteer Risk and Program Management (VRPM) Policy Manual as a resource for more detailed explanations is highly recommended.

### General Information

County of PA MEDI Program:	
Name and contact information of PA MEDI Local Coordinator:	
Name and contact information of AAA supervisor:	
Name of back-up person/coordinator: <b>*The back-up person cannot be the same as the PA MEDI Local Coordinator listed above.</b>	

- Please check here to confirm back-up person has been notified of this role.

### Annual Open Enrollment Period (AOEP)

October 15 to December 7

<b>Please explain your plan if your program becomes fully booked before AOEP is over.</b>
<b>Please explain your plan if the coordinator is unexpectedly absent during AOEP. (Who is responsible, what are they responsible for, and are they aware of how to manage those responsibilities?)</b>