



SENIOR HEALTH INSURANCE INFORMATION PROGRAM SHIIP/SMP VOLUNTEER COUNSELOR JOB DESCRIPTION



DESCRIPTION: Provide one-on-one assistance to help Medicare beneficiaries, their caregivers or representatives with questions and problems related to Medicare & related health insurances. Counselors also assist their sponsor site to create awareness of SHIIP/SMP services in the county; for example, informal discussions with partners or group presentations.

RESPONSIBILITIES:

- Complete new volunteer counselor certification and annual recertification requirements.
- Provide confidential/objective individual counseling to beneficiaries/representatives on Medicare and related health insurance issues.
- Advocate on behalf of beneficiaries to help them resolve Medicare and related health insurance issues.
- Educate individual beneficiaries on Medicare related issues.
- Serve clients regardless of gender, age, disability, ethnicity, race, religion, income, or sexual orientation.
- Utilize SHIIP/SMP and Medicare materials and resources to stay up-to-date on issues affecting Medicare Beneficiaries
- Maintain the SHIIP/SMP Volunteer Counselor Handbook to keep information current.
- Use Medicare internet-based programs to help clients compare prescription drug plans.
- Assess beneficiary needs and make appropriate referrals when necessary.
- Comply with SHIIP/SMP policies and procedures, including those regarding confidentiality and reporting of SHIIP/SMP activities.
- Promote SHIIP/SMP in your community through presentations and/or displays.

DESIRED QUALIFICATIONS:

- Ability to listen, identify beneficiary issues, and problem solve
- Ability to maintain confidentiality
- Willingness to advocate on behalf of beneficiaries with Medicare
- Ability to work independently or as a team
- Effective oral and written communication skills
- Good organizational skills
- Willingness and ability to learn and retain information
- Sensitivity in working with diverse populations
- Ability to present information in a group setting.



SENIOR HEALTH INSURANCE INFORMATION PROGRAM SHIIP/SMP VOLUNTEER COUNSELOR REQUIREMENTS



DESCRIPTION: Provide one-on-one assistance to help Medicare beneficiaries, their caregivers or representatives with questions and problems related to Medicare & related health insurances. Counselors also assist their sponsor site to create awareness of SHIIP/SMP services in the county; for example, informal discussions with partners or group presentations.

REQUIREMENTS:

- Be 21 years of age or older.
 - Pass federal criminal background check (grant requirement).
 - New Volunteer Certification:
 - Complete New Volunteer Training including: completing on-line training modules; completing module reviews with 80% accuracy and attend the three day new volunteer training in the Des Moines area.
 - Shadow an experienced SHIIP/SMP Volunteer Counselor for a minimum of three individual counseling sessions (observing the first two sessions and counseling with the support of experienced counselor for the third counseling session).
 - During the first year after training, new counselors must complete additional training units on: Senior Medicare Patrol (SMP); SHIIP/SMP Policies and Procedures; and Medicaid LIS/MSP.
 - Complete a minimum of 30 client contacts in initial training year.
 - Commit to twelve months as a SHIIP/SMP Volunteer Counselor.
 - Annual recertification:
 - Attend three update trainings each year (minimum of two must be attended in person, one can be made up). Credit for make-up requires 85% accuracy with the online make-up.
 - Complete the on-line certification review, 85% accuracy is required.
 - Report a minimum of 60 individual client contacts each year (the 2018 average was 158).
 - Conduct one-on-one counseling at assigned SHIIP/SMP Sponsor Site.
 - Complete client contacts, event and activity reports in SHIIP/SMP Tools in a timely manner.
 - Adhere to SHIIP/SMP Policies and Procedures.
 - Have access to e-mail and internet to receive SHIIP/SMP communications in a timely manner.
 - Assist sponsor site coordinator with local site promotion, and volunteer recruitment.
 - Cannot endorse or recommend an insurance company, policy or agent.
 - **The SHIP grant prohibits staff and volunteers from having a conflict of interest with the work that is done by SHIPs. Specifically, insurance agents and financial planners and their spouses are excluded from being SHIP volunteers. This includes individuals receiving residual commissions.**
 - **MUST ALWAYS KEEP ALL CLIENT INFORMATION CONFIDENTIAL!**
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**SENIOR HEALTH INSURANCE INFORMATION PROGRAM
SHIIP/SMP VOLUNTEER APPLICATION**



First Name: _____ **M.I.:** _____ **Last Name:** _____

Address (mailing) _____

Address (home) _____

City _____ **State** _____ **Zip** _____ **County** _____

Home Telephone: _____ **Cell Phone:** _____

Email Address: _____

1. Check the volunteer position(s) for which you are applying:

- Counselor** – provide one-on-one assistance to help Medicare beneficiaries, their caregivers or representatives with questions and problems related to Medicare & related health insurances (subject to mandatory federal background checks)
- Computer Assistant** – assist counselor with Medicare beneficiary prescription drug information entry on Medicare website (subject to state background checks)
- Office Assistant** – assist coordinator with scheduling counselor/client appointments (subject to state background checks)

2. Current/Past Employment Experience (please list dates you worked for each):

3. Current/Past Volunteer Experience (please list dates you volunteered for each):

4. How did you learn about SHIIP/SMP?



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5. Why do you wish to be a volunteer?

6. Are you fluent in any language other than English? Yes No

If you answered yes, list languages: _____

7. Do you have access to and are you proficient in the use of internet and email?

Yes No

Our training materials are not compatible/supported by phones and tablets.

8. Please describe any current or past experience you or your spouse (if married) have had working for an insurance for financial planning company / agency?

The federal SHIP grant prohibits staff and volunteers from having a conflict of interest with the work that is done by SHIPs. Specifically, insurance agents and financial planners and their spouses are excluded from being SHIP volunteers. This includes individuals receiving residual commissions.

9. Our federal SHIP grant requires that we conduct criminal background checks for counselors, computer volunteers and office assistant volunteers. Please sign, provide date of birth and date below to authorize this check.

Date of Birth

Name

Date

COUNSELOR VOLUNTEERS ONLY:

Would you be interested in doing presentations? Yes No

Please list your speaking experience:

Please submit application to SHIIP/SMP via Email – SHIIP@iid.iowa.gov

Fax – Attn: SHIIP/SMP: (515) 281-3059 or

Mail to SHIIP/SMP, Two Ruan Center, 601 Locust St, 4th Floor, Des Moines, Iowa 50309

SHIIP OFFICE USE ONLY

Sponsor Site: _____ Region _____