

**(A) Purpose**

To link individuals 60+ to appropriate community services, advocate on the individual's behalf, assisting with completion of necessary forms such as those needed for benefits or services provide support in IADL when no other support is available. This service should not supplant informal/formal support systems available.

**(B) Unit of Service**

A unit of service is one hour (billable in 15 minute increments) of direct service to or on behalf of the consumers rendered by the provider agency and includes administrative travel and documentation costs. The unit rate shall reflect only direct service to or on behalf of consumers. Calls or contacts lasting less than 8 minutes are not billable.

**(C) Activities**

Minimum activities for supportive service by provider may include, but are not limited to, any of the following consumer support tasks:

- (1) Banking which includes making routine deposits and withdrawals, cashing benefit checks, purchasing money orders, writing personal checks, paying bills in person or by mail, balancing checkbooks and reconciling monthly checking account statements.
- (2) Organizing and coordinating health insurance records including the completion of Medicare and other third-party payor claim forms for reimbursement of health care expenses.
- (3) Provide benefits counseling.
- (4) Assisting or acting as the consumer's appointed representative for maintaining public benefits (i.e. food banks, etc.).
- (5) Applying for programs such as homestead exemption, home energy assistance program, subsidized housing and prescription assistance.
- (6) Assisting with business and personal correspondence including writing letters, purchasing stamps and delivering correspondence to the post office.
- (7) Monitoring of mail received for bills that are due.
- (8) Arranging appointments due to functional limitations.

**(D) Documentation Requirements**

Lack of other support to perform task must be clearly documented in the consumer's record.

For each unit of service billed documentation must include:

- (1) Consumer's name
- (2) Date of service
- (3) Time services started and ended or length of time spent
- (4) Task performed
- (5) Signature or initials of staff member

**(E) Reporting**

Billing as required in the specified electronic billing system as outlined in the COA NAPIS Manual.

**(F) Consumer Cost Sharing**

This service is subject to Rule 173-3-07, Consumer Cost Sharing Policies for most activities. The Provider shall have in place policies and procedures that verify compliance with this rule.

Benefits counseling shall be excluded from cost sharing, but Providers may solicit and accept voluntary contributions for this activity.