SAMS Training
Social Assistance Management System

Benefits Counselor Role

SPURS Project
Department of Aging and Disability Services (DADS)

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<tr>
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Introduction

This reference manual provides “quick reference” information for State Unit on Aging Programs Uniform Reporting System (SPURS) users serving in the role of Benefits Counselor and is a supplement to the SAMS User Training for the entry of consumer and service delivery data.

Scope of Job Aid

This Job Aid is designed to supplement SPURS User Training for the entry of legal assistance and legal awareness data, including State Health Insurance Program (SHIP) data. The content documents the ideal work flows for Benefits Counselors, and the system reports associated with Benefits Counseling (legal assistance and legal awareness) activities, including SHIP. The material serves as a reference and outlines “when” and “how to”:

- Log in to Agingnetwork.com.
- Log in to SAMS.
- Document inquiries.
- Document Client Intake data required by DADS.
- Document Legal Assistance activities.
- Document Legal Awareness activities.
- Complete an ICC form in SAMS.
- Complete a PAM form in SAMS.
- Run reports:
  - Legal Assistance.
  - Legal Awareness.

Users of this Job Aid should be familiar with the structure of Consumer Records in SPURS and DADS’ client intake procedures for data requirements.

Illustrations and Graphics

Screen shots provided in this manual may show a view or system configuration that is slightly different from the screens and configuration in use at your organization.
Additional Resources
This training manual only provides a general overview to entering Legal Assistance, Legal Awareness and SHIP data in SAMS. It does not attempt to provide complete system information.

SAMS has an online help system and printable manual. After logging in, press F1, or use the Help menu to access an indexed help system with step-by-step procedures.

**NOTE**
This manual assumes you have previous training and/or experience with SAMS. Refer to the Core SAMS Training Manual for general information as needed.

**Note:** “SAMS” refers to Harmony Information Services, Inc.’s Social Assistance Management System. “SPURS” refers to the project implementation of SAMS in the State of Texas, known as the State Unit on Aging Programs Uniform Reporting System.

For questions, please contact your Area Agency on Aging SAMS Administrator. When the Area Agency on Aging SAMS Administrator cannot assist you, the Administrator should send questions to the DADS Help Desk at T3Ahelp@dads.state.tx.us (use control+click to follow this link).
## Quick List – Login and Signing in to SAMS

1. Launch **Internet Explorer**.


3. Click **Go to Customer Login**.

4. Enter your assigned *AgingNetwork Username* and **Password**.
   - Your Username is your “TXDADS” number.
   - If you forget your Password, your local SAMS administrator must contact Harmony Information Systems to request a password reset.

5. Click on the **Log In** button.

6. Click on the **Harmony for Aging** folder.

7. Click on the **SAMS** icon to start the application.

8. Enter your assigned SAMS **Username** and **Password**.
   - If you forget your SAMS Password, your local SAMS administrator must contact DADS to request a reset.

9. Click **OK**.
DADS MINIMUM DATA REQUIREMENTS

Information, Referral & Assistance

a. Assign the correct **Caller Type**.

b. Show caller as **Consumer**, if applicable.

c. Select the applicable **Age Group**.

- Age group is a program qualifier for persons 60/+ caregivers, and consumers receiving services funded by the Centers for Medicare and Medicaid Services. This element is required for all callers for whom units of service are reported.

d. Record the **Start Date**.

- If data entry is occurring after the event, ensure that the date reflects the date of service rather than the date of entry to the system.

e. Enter details under **Call Notes** for every communication with or on the behalf of an eligible individual, regardless of the type of contact (initial, follow-up, accessing services).

f. Record **Service Deliveries**.

g. Mark Call as **Complete** when activities are final. **Call Notes** must be sufficient to indicate the reason for the inquiry, actions taken, whether follow-up is needed and was provided, and the final resolution of the call.

h. **Report** total Contacts and Estimated Persons Count.

i. Enter **Service Groups** when the AAA is tracking the above information through a different Information, Referral and Assistance system.
Quick List – Information, Referral & Assistance

Entering Data to meet DADS Minimum Requirements

1. Once you are in SAMS, click the New Call button.

2. Click on Caller Type and select from the drop down menu. If the default selection of (Self) is retained, the Consumer selection will populate with the caller automatically.

3. Click on Consumer if caller is different from the person needing assistance.

4. Click on Age Group and select from the drop down menu. The Age Group selected is for the person needing assistance. Age Group and Gender will populate automatically if the consumer’s Date of Birth and Gender are already in SAMS.

5. Note the Start Date. Adjust if data is being entered on a date which is later than the date of service by clicking on the date field.

6. Click the Complete? field to set the call completion status. Mark complete when all activities for the caller are final.

7. Click the Notes field to enter any comments about the call session.

8. Click Save and Close.

9. Record Service Deliveries by clicking the box on the appropriate template, using the template screen.

10. Click OK to generate the delivery record for the call’s consumer.
DADS MINIMUM DATA REQUIREMENTS

Legal Assistance
60 Years and Older &
Less than 60 Years of Age

a. Complete Consumer Details. Required fields are in boldface type on DADS Client Intake and Service Request Form:
   - Release of Information
   - Date
   - Name of Consumer
   - Address (Street Address, City, State, Zip Code)
   - County
   - Phone
   - Gender
   - Date of Birth
   - Ethnicity
   - Race
   - Consumer live alone?
   - Low, Moderate or High Income
   - Contact Name and Contact Phone Number
   - Contact Relationship
   - Primary Care Physician and Phone Number

b. Record all Service Deliveries using Topics.
   - Use appropriate Care Program > Service Category.
   - Use appropriate Service > Fund Identifier.
   - Record all Service Deliveries on the Date on which the activity occurred. If data entry is occurring after the activity, the date recorded is the date of service, rather than the date of entry to the system.
   - Record all Service Deliveries using the correct Provider – you, the Benefits Counselor.
   - Using Topics, enter detailed narratives for all consumer activities, including direct contacts with the consumer, contacts on behalf of the consumer and record maintenance.
   - Enter Time for all consumer activities using the Time Conversion Chart. Be sure to “sum” the time.

c. Complete ICC Assessment Form, if applicable.

d. Reflect case closure in narrative when activities are final.

e. Report total Units and Unduplicated Persons Count.
Quick List – *Legal Assistance for 60+ or Under 60*

Entering Data to meet DADS Minimum Requirements

1. Once you are in SAMS, click the **New Call** button.

2. **Open** a Consumer Record from a Call Session to **enroll** a new consumer:
   - Click **New Call**.
   - Click Consumer > Search for Consumer.
   - **Consumer** = System brings in Consumer Name.
   - **Caller** = Consumer’s Name.
   - Go to Consumer > Open Consumer.
   - Click **Enroll** for Services.

   **or**

   **Open** a Consumer Record from a Call Session to **access** a current consumer:
   - Click **New Call**.
   - Click **Consumer** > Search for Consumer.
   - **Consumer** = System brings in Consumer Name.
   - **Caller** = Consumer’s Name.
   - Go to Consumer > Open Consumer.

3. Enter or update consumer information in **Consumer Details**.

4. Record **Service Deliveries**.
   - Click **Service Delivery** > Add Service.
   - Confirm Month/Year of Service Delivery.
   - Record **Care Program** > **Service Category**.
   - Record **Service** > **Fund Identifier** (see Definitions).
   - **Provider**: Is you, the Benefits Counselor.
   - Select **Topic** > Add **Topic**
   - Select **Topic(s)** discussed and record **narratives and the time** you spent handling each particular topic.
     - When all **Topics** have been entered – click **blue button Add Sum** and minutes will be calculated and inserted in the Service Delivery Record.
     - When finished, select **Apply and Close**.
     - **Then Save and Close**.

5. Complete **ICC Assessment Form**, if applicable.
DADS MINIMUM DATA REQUIREMENTS

*Legal Awareness*

a. Use **Consumer Group – <Your AAA’s Name> - Legal Awareness** to enter Legal Awareness activities that occur in a group setting.

Legal Awareness units may be generated through group events or one-to-one contacts. One-to-one contacts should be reported using SAMS Information, Referral and Assistance (IR&A) function. Select a template for Legal Awareness rather than IR&A to capture these contacts.

b. Enter **Service Delivery Date**.
   - If data entry is occurring after the event, ensure that the service delivery date reflects the date of the event rather than the date of entry to the system.

c. Enter **Service Delivery** details for funding information.

d. **Record** Estimated Persons Count for the event.

e. Enter **Comments** describing the event. Include the name of the event, location of the event and other identifying details demonstrating the event is countable for Legal Awareness.

f. Complete a **PAM** form, as applicable.

g. **Report** Estimated Persons Count.
Quick List – Legal Awareness

Entering Data to meet DADS Minimum Requirements

1. Once you are in SAMS, go to Consumers list view.

2. Select Consumer Groups.

3. Select the Legal Awareness Consumer Group.

4. Once in the Legal Awareness Consumer Group, select the Service Delivery Icon from the Navigation Pane.

5. Click Add Service.

6. Enter the Service Delivery Date (MM/YYYY). Adjust if data is being entered on a date which is later than the date of the event or contact.

7. Click OK.

8. Enter the Service Delivery details:
   - To enter the Service Delivery, log as Service = NAPIS All Funding Sources > Legal Awareness.
   - Enter the Fund Identifier (see Definitions).

9. Record Estimated Persons Count (1 unit per attendee).

10. Enter Comments describing the event.

11. When finished, Save and Close the record.

12. Complete a PAM form as applicable.

   ✓ Within the Service Groups record, the AAA can record Topics, including time spent on each topic.

   - It is recommended the AAA get in the habit of entering time for every event, as the Public and Media Event (PAM) form requires time spent when the event is related to a CMS service.
Process Overview

The Consumer Record Life Cycle is shown below.

### Stage | BC Work Flow(s) | SPURS Screens/Areas
--- | --- | ---
1. **Inquiry** | Limited Calls, Incoming Calls, Outbound Calls, Appointments | New Call, Call Log, Reports
2. **Intake** | Consent Form, Client Intake | Activity / Referral, Consumers, Consumer Records
3. **Service Delivery** | Info & Referral, Legal Awareness 60+, Legal Assistance 60+, Legal Assistance <60 | Calls, Consumers/Groups, Service Delivery, Topics / Narratives, Reports
4. **Assessment** | ICC Form | Assessment: ICC
5. **Assessment** | PAM Event/Form | Assessment: PAM
Definitions and Other Information:

Information, Referral and Assistance (IR&A)

1. Definition

**Information, Referral and Assistance** consists of activities such as assessing the needs of the inquirer, evaluating appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, when necessary, actively participating in linking the inquirer to needed services, and following up on referrals to ensure the service was provided.

- **Unit of Service:** One Contact. Count one contact for every communication with or on the behalf of an eligible individual, regardless of the type of contact (initial, follow-up, accessing services).

- **Estimated Persons Count:** Count only the initial contact during a reporting month for each eligible individual.

2. What funds may be expended for Information, Referral and Assistance?

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Information, Referral and Assistance:

- Title III-B
- Title III-E
- Title VII-Elder Abuse Prevention (EAP)
- Centers for Medicare and Medicaid Services (CMS)
- Disaster Relief, as approved by DADS
- Medicare Improvements for Patients and Providers Act (MIPPA)
- State General Revenue (SGR)
- State General Revenue Additional Other (SGR Other)
3. **Who is eligible for Information, Referral and Assistance?**

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under IR&A determines how the AAA will collect and report eligible units of service to DADS.

**Title III-B (AoA) or State General Revenue (SGR):** Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are age 60 or older, and individuals calling on behalf of a person who is 60 or older. Examples of other individuals include family, friends, caregivers, neighbors, and health or social services staff.

**Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E (State):** Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are:
  - Age 18 or older caring for an individual age 60 or older;
  - Age 18 or older caring for an individual of any age who has Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
  - Age 55 or older and are grandparents or older relative caregivers of persons up to age 18; or
  - Age 55 or older and are grandparents or older relative caregivers of persons who are age 19 to 59 with a disability.

**Title VII-Elder Abuse Prevention (AoA/EAP):** Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are age 60 or older, and individuals calling on behalf of a person who is 60 or older. The issue discussed must relate to Elder Abuse Prevention (EAP).
Centers for Medicare and Medicaid Services (CMS): Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are:
  - Medicare beneficiaries;
  - New to Medicare enrollees;
  - Dual Eligible Medicare beneficiaries; or
  - Beneficiaries who are disabled as determined by Social Security Administration (SSA) criteria.

The issue discussed with an eligible individual must be related to a CMS topic.

- Eligible individuals who are age 60 and over will be reported using a template in SAMS which maps the unit of service to a NAPIS activity.

- Eligible individuals who are under age 60 will be reported using a template in SAMS which does not map the unit of service to a NAPIS activity, if the AAA wishes to track these units in SAMS.

**Note:** Units of service, provided for an individual of any age who meets CMS criteria, must be reported on the Individual Client Contact (ICC) form in SAMS.

Medicare Improvements for Patients and Providers Act (MIPPA): Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are Medicare beneficiaries, or a new to Medicare enrollee, or a beneficiary who is disabled as determined by SSA criteria.

- Eligible individuals who are age 60 and over will be reported using a template in SAMS which maps the unit of service to a NAPIS activity.

- Eligible individuals who are under age 60 will be reported using a template in SAMS which does not map the unit of service to a NAPIS activity, if the AAA wishes to track these units in SAMS.

The issue discussed with the caller must be related to Low Income Subsidy (LIS) or Medicare Savings Program (MSP) issues.

**Note:** Units of service provided for an individual of any age who meets CMS criteria, must be reported on the Individual Client Contact (CC) form in SAMS.
4. **What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Information, Referral and Assistance?**

   - Units of Service
   - Estimated Persons Count (Initial Contact)
   - When funded by Title III-E, the AAA must report:
     - “Estimated Unduplicated Caregivers”
     - “Estimated Unduplicated Grandparents/Other Older Relatives”

5. **What data does the Administration on Aging (AoA) require to be reported for Information, Referral and Assistance?**

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA’s “Reporting Requirements for Title III and VII.” The following is a list of AoA terms and reporting requirements for Information, Referral and Assistance:

   - Service Name: Information and Assistance
   - Unit of Service: 1 Contact
   - When funded by Title III-E, the AAA must report:
     - “Estimated Unduplicated Caregivers”
     - “Estimated Unduplicated Grandparents/Other Older Relatives”
Legal Assistance - 60 Years and Older

1. **Definition**

*Legal Assistance - 60 Years and Older* is a service funded by the AoA that is document preparation for, representation of, or one-on-one advice of a specific, detailed nature to an eligible person regarding the following matters:

(a) public benefits including food stamps, Social Security, Social Security disability, Supplemental Security income, veterans benefits, retirement pensions, railroad retirement, and unemployment compensation;

(b) medical benefits including Medicare, Medicare Supplement insurance, Medicare Savings Programs (that is, the Qualified Medicare Beneficiary Program, the Specified Low-Income Medicare Beneficiary Program, the Qualifying Individual Program, and the Qualified Disabled and Working Individual Program), Medicaid, Veterans Affairs health benefits, and indigent health care provided by public or private entities;

(c) insurance related issues including, long-term care policies, individual health policies, group health policies, health benefits under the Consolidated Omnibus Budget Reconciliation Act, and non-health insurance such as car, homeowners, and life insurance;

(d) income maintenance issues including money management, financial counseling, debt reduction, and bankruptcy;

(e) decision-making including advanced directives, general power of attorney, durable power of attorney, and guardianships;

(f) estate issues including wills, trusts, and probate;

(g) rights of an older individual including protections against age discrimination, disability discrimination, and abuse, neglect, or exploitation;

(h) housing related issues including landlord/tenant issues, mortgage issues such as equity loans and the reverse mortgage program, home modifications and repair programs, utilities, rent subsidies, alternative housing, homestead tax credits, weatherization programs, property tax, and housing relocation;

(i) financial and eligibility issues for care provided in an institution including a hospital, nursing facility, assisted living facility, or inpatient mental health facility;

(j) consumer protection issues including illegal collection practices, illegal solicitation, identity theft, unfair sales practices, and consumer fraud; and

(k) child care issues including child support and child custody.
Unit of Service: One Hour. Record units of service for all individuals who are 60 or older in the consumer’s case narrative, regardless of funding source – including CMS and MIPPA when applicable. Hours or portions of hours must be entered in SAMS using the Time Conversion Chart.

and

Unit of Service: One Contact. When the AAA receives Centers for Medicare and Medicaid Services (CMS) funds, Contacts must also be reported through the Individual Client Contact (ICC) form for allowable CMS services. Record ICCs only when Legal Assistance is provided to:

- a person who is 65 years of age or older and determined by the Social Security Administration to be eligible for Medicare benefits; or
- a person who is under 65 years of age and determined by the Social Security Administration to have a disability and be eligible for benefits under the Social Security or Supplemental Security Income disability programs.

The individual must receive legal assistance related to a CMS issue. The ICC form also requires reporting of total time spent.

Reminder: If a person served for this type of contact is 60 years or older, report activities using SAMS service deliveries with case narratives and SAMS ICC form.

or

Unit of Service: One Contact. When the AAA receives Medicare Improvements for Patients and Providers Act (MIPPA) funds through CMS, Contacts must be reported through the Individual Client Contact (ICC) form. Record ICCs only when Legal Assistance is provided to:

- a person who is 65 years of age or older and determined by the Social Security Administration to be eligible for Medicare benefits; or
- a person who is under 65 years of age and determined by the Social Security Administration to have a disability and be eligible for benefits under the Social Security or Supplemental Security Income disability programs.

The individual must receive legal assistance related to Low Income Subsidy (LIS), Medicaid Savings Program (MSP), or other MIPPA related issues. The ICC form also requires reporting of total time spent.

Reminder: If a person served for this type of contact is 60 years or older, report activities using SAMS service deliveries with case narratives and SAMS ICC form.
2. **What funds may be expended for Legal Assistance – 60 Years and Older?**

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Legal Assistance (60 Years and Over):

- Title III-B
- Title III-E
- Title VII-Elder Abuse Prevention (EAP)
- Centers for Medicare and Medicaid Services (CMS)
- Disaster Relief, as approved by DADS
- Medicare Improvements for Patients and Providers Act (MIPPA)
- State General Revenue (SGR)
- State General Revenue Additional Other (SGR Other)

3. **Who is eligible for Legal Assistance – 60 Years and Older?**

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under Legal Assistance determines how the AAA will collect and report eligible units of service to DADS.

**Title III-B (AoA) or State General Revenue (SGR):** Record and report units of service and unduplicated persons for the following eligible individuals:

- Eligible individuals include people who are age 60 and older and the family members or other caregivers on behalf of a person 60 and older.

**Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E:** Record and report units of service and unduplicated persons for the following eligible individuals:

- Eligible individuals include caregivers, as defined by this funding source, on a limited basis as a supplemental service when the legal issue relates to the caregiver-care recipient relationship.

**Title VII-Elder Abuse Prevention (EAP):** Record and report units of service and unduplicated persons for the following individuals:

- Eligible individuals include persons who are age 60 or older. The issue for which Legal Assistance was provided must relate to Elder Abuse Prevention (EAP).
Centers for Medicare and Medicaid Services (CMS): Record and report units of service and unduplicated persons for the following eligible individuals:

- a person who is 65 years of age or older and determined by the Social Security Administration to be eligible for Medicare benefits; or
- a person who is 60 years of age or older and determined by the Social Security Administration to have a disability and be eligible for benefits under the Social Security or Supplemental Security Income disability programs.

  - The issue discussed with the caller must be related to a Center for Medicare and Medicaid Services (CMS) topic.

  - Eligible individuals, described above, who are age 60 and over will be reported using a fund identifier in SAMS which maps the unit of service to a NAPIS activity.

  Note: Legal Assistance units of service provided for an individual of any age who meets CMS criteria, must also be reported using the Individual Client Contact (ICC) form in SAMS.

Medicare Improvements for Patients and Providers Act (MIPPA): Record and report units of service and unduplicated persons for the following eligible individuals:

- a person who is 65 years of age or older and determined by the Social Security Administration to be eligible for Medicare benefits; or
- a person who is 60 years of age or older and determined by the Social Security Administration to have a disability and be eligible for benefits under the Social Security or Supplemental Security Income disability programs.

  - The issue discussed with the caller must be related to Low Income Subsidy (LIS), Medicare Savings Program (MSP) or other MIPPA topic.

  - Eligible individuals, described above, who are age 60 and over will be reported using a fund identifier in SAMS which maps the unit of service to a NAPIS activity.

  Note: Units of service provided for an individual of any age who meets MIPPA criteria, must also be reported using the Individual Client Contact (ICC) form in SAMS.
4. **What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Legal Assistance?**

- Units of Service provided to persons 60 and older
- Unduplicated Persons, 60 and older, served with DADS funding sources

5. **What data does the Administration on Aging (AoA) require to be reported for Legal Assistance?**

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA’s “Reporting Requirements for Title III and VII.” The following is a list of AoA terms and reporting requirements for Legal Assistance:

- Service Name: Legal Assistance
- Unit of Service: 1 Hour
Legal Assistance – Less than 60 Years of Age

1. **Definition**

*Legal Assistance – Less than 60 Years of Age* is a service funded by the Centers for Medicare and Medicaid Services (CMS) that is document preparation for, representation of, or one-on-one advice of a specific, detailed nature to an eligible person regarding the following matters:

(a) public benefits including food stamps, Social Security, Social Security disability, Supplemental Security income, veterans benefits, retirement pensions, railroad retirement, and unemployment compensation; and

(b) medical benefits including Medicare, Medicare Supplement insurance, Medicare Savings Programs (that is, the Qualified Medicare Beneficiary Program, the Specified Low-Income Medicare Beneficiary Program, the Qualifying Individual Program, and the Qualified Disabled and Working Individual Program), Medicaid, Veterans Affairs health benefits, and indigent health care provided by public or private entities.

2. **What funds may be expended for Legal Assistance – Less than 60 Years of Age?**

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for CMS Legal Assistance for individuals under age 60:

- Centers for Medicare and Medicaid Services (CMS) Disaster Relief, as approved by DADS Medicare Improvements for Patients and Providers Act (MIPPA)

3. **Who is eligible for Legal Assistance – Less than 60 Years of Age?**

*Centers for Medicare and Medicaid Services (CMS):* Record and report units of service and unduplicated persons for:

- A person who is under 60 years of age and determined by the Social Security Administration to have a disability and be eligible for benefits under the Social Security or Supplemental Security Income disability programs is eligible for Legal Assistance – Less than 60 Years of Age.
Eligible individuals, described above, will be reported using a fund identifier in SAMS which does not map the unit of service to a NAPIS activity.

Note: Legal Assistance units of service provided for an individual of any age who meets CMS criteria, must be reported using the Individual Client Contact (ICC) form in SAMS.

Medicare Improvements for Patients and Providers Act (MIPPA): Record and report units of service and unduplicated persons for:

- A person who is under 60 years of age and determined by the Social Security Administration to have a disability and be eligible for benefits under the Social Security or Supplemental Security Income disability programs is eligible for Legal Assistance – Less than 60 Years of Age.

- Eligible individuals, described above, who are under age 60 will be reported using a fund identifier in SAMS which does not map the unit of service to a NAPIS activity.

Note: Legal Assistance units of service provided for an individual of any age who meets MIPPA criteria, must be reported on the Individual Client Contact (ICC) form in SAMS.

4. **What data does DADS require to be reported for the Quarterly Performance Report for Legal Assistance – Less than 60 Years of Age?**

   - Units of Service provided to persons under age 60
   - Unduplicated Persons, under age 60, served with DADS funding sources

5. **What data does the Administration on Aging require to be reported for Legal Assistance – Less than 60 Years of Age?**

This service is not reported to the Administration on Aging as no AoA funds may be expended for Legal Assistance – less than 60 years of age. However, this service must be reported using the Quarterly Performance Report.
Legal Awareness

1. **Definition**

**Legal Awareness** is a service funded by the Administration on Aging that is the provision of information, as follows, regarding the matters relevant to Legal Assistance – 60 Years or Older (see page 15 of this Job Aid):

(a) providing information of a general nature to an older individual or person on behalf an older individual one-on-one; or

(b) providing information to a group of older individuals or persons who are caregivers or potential caregivers for older individuals for general educational purposes such as by a formal presentation; a mass mailing of brochures and other literature; hosting a booth at a health fair; or a television or radio interview.

While education and outreach initiatives that include the dissemination of information through mass media may be budgeted as associated costs under legal awareness, those activities may not be reported as units of service for Older Americans Act reporting in SAMS or the Quarterly Performance Report.

**Unit of Service**: One Contact. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact. When a AAA receives CMS funding, units of service must **also** be reported using the Public and Media Events (PAM) form as appropriate. CMS funding allows mass media activities to be counted on the Public and Media Events (PAM) form.

2. **What funds may be expended for Legal Awareness?**

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Legal Awareness:

- Title III-B
- Title VII-Elder Abuse Prevention (EAP)
- Centers for Medicare and Medicaid Services (CMS)
- Disaster Relief, as approved by DADS
- Medicare Improvements for Patients and Providers Act (MIPPA)
- State General Revenue (SGR)
- State General Revenue Additional Other (SGR Other)
3. **Who is eligible for Legal Awareness?**

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under Legal Awareness determines how the AAA will collect and report eligible units of service to DADS.

**Title III-B (AoA) or State General Revenue (SGR):** Record and report contacts and estimated persons for the following:
- Eligible individuals include persons who are age 60 or older (estimated).

**Title VII-Elder Abuse Prevention (EAP):** Record and report contacts and estimated persons for the following:
- Eligible individuals include persons who are age 60 or older (estimated). The subject matter must be related to Elder Abuse Prevention.

**Centers for Medicare and Medicaid Services (CMS):** Record and report contacts and estimated persons for the following:
- Estimated individuals include persons who are Medicare beneficiaries, or a new to Medicare enrollee, or a Dual Eligible Medicare beneficiary, or a beneficiary who is disabled as determined by Social Security Administration (SSA) criteria. The subject matter must be related to a CMS topic.
- Estimated eligible individuals who are age **60 and over** will be reported using a template in SAMS which maps the unit of service to a NAPIS activity.
- When the AAA receives CMS funds, it must also report events using the Public and Media Event (PAM) form in SAMS. The event must be related to a CMS topic.

**Medicare Improvements for Patients and Providers Act (MIPPA):** Record and report contacts and estimated persons for the following:
- Estimated eligible individuals include persons who are Medicare beneficiaries, or a new to Medicare enrollee, or a beneficiary who is disabled as determined by SSA criteria. The issue discussed with the caller must be related to Low Income Subsidy (LIS) or Medicare Savings Program (MSP) topics.
- Estimated eligible individuals who are age **60 and over** will be reported using a template in SAMS which maps the unit of service to a NAPIS activity.
- When the AAA receives MIPPA funds, it must report events using the Public and Media Event (PAM) form in SAMS. The event must be related to a MIPPA topic.
4. **What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Legal Awareness?**

   - Units of Service
   - Estimated Persons Count for persons who are 60 or older

5. **What data does the Administration on Aging require to be reported for Legal Awareness?**

   The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA’s “Reporting Requirements for Title III and VII.” This service is mapped to “Other” services and requires Estimated Persons and Estimated Units of Service.

**The Texas Administrative Code and Reporting**

To help in clarifying how activities are to be reported under Benefits Counseling, 40 TAC 83.3(p)(7) states:

(7) Classification of Activities.

   (A) The provision of activities described in paragraph (6) of this subsection to eligible persons in a one-on-one setting or by telephone where detailed information is provided but no client intake is necessary shall be reported as legal awareness.

   (B) The provision of advice, counseling and/or representation on matters involving insurance issues, public/private benefits, consumer problems and other legal issues shall be reported as legal assistance if a client intake is completed.

   (C) If a client has a simple request for information on any topic including those identified under paragraph (3) of this subsection, it shall be reported as information, referral and assistance.
Work Flows and Data Entry

To illustrate how to use SPURS to record Benefits Counseling activities, this Job Aid walks through some typical scenarios and shows how the activity would be recorded in SPURS.

The following scenarios are from the perspective of a Benefits Counselor. It is assumed the request for assistance has been received directly by the Benefits Counselor or the Benefits Counselor is working directly with the consumer or a group of consumers.

Depending upon the circumstances, the Benefits Counselor’s activity will result in data entry for Information, Referral and Assistance (IR&A); Legal Assistance – Age 60 and Over; Legal Assistance – Less than 60 Years of Age; or Legal Awareness.

The Benefits Counselor will also enter information in the Individual Client Contact form or Public and Media Event form which are required when the Area Agency on Aging receives Centers for Medicare and Medicaid Services (CMS) funds.
Calls -- Anonymous Incoming and Outbound Calls

Scenario 1: Anonymous Calls

An anonymous call is usually very brief with the Benefits Counselor providing very limited information.

Notice the following entries reflect DADS Minimum Requirements for Information, Referral and Assistance (IR&A). Refer to the “Job Aid: Call Sessions” for more detailed information.

Area Agencies on Aging are strongly encouraged to gather as much information about a caller as possible, rather than entering a caller as anonymous.

- Anonymous Caller – simply wants phone number to Social Security Office.
  - Click New Call.
  - Enter Caller Type as Anonymous.
  - Enter Age Group, if known.
  - Enter Date.
  - Enter details into Call Notes section, such as “Provided Social Security phone number.”
  - Save and Close the call.
  - The system will bring up the Service Delivery Template for IR&A.

NOTE: You may not record the call as Information, Referral and Assistance (IR&A) for NAPIS unless you collected enough information to determine the caller is 60 or older. If caller’s age is not determined, or not > 60, click Cancel on the Service Delivery Template. The system will not record the unit of service. If the AAA wishes to track IR&A units of service in SAMS delivered to people under age 60, it must use a Service Delivery Template that does not map to NAPIS.

  - Select the applicable service delivered, and then click Save.
  - If no “countable” service was delivered, click Cancel.
  - Complete ICC form for the Contact, if applicable (See ICC Form Section).
Scenario 2: Incoming Call

For purposes of illustration, an “incoming call” occurs when you have more details for a named caller or a consumer already in the database. This scenario illustrates how to schedule an appointment for your dashboard.

- Named Caller – Over 60 – calls Benefits Counselor to ask about services for advanced directives and decides to set an appointment to come in to the office to receive help in preparing documents.
  - Click **New Call**.
  - Click **Caller > Search for Caller**.
  - If in database, bring up existing record. If not, **Add New**.
  - Collect or verify **Name, Age Group, Gender, Phone Number**.
  - Enter **Date**.
  - Enter details into **Call Notes** section, such as “Discussed need for advanced directives and set up office appointment.”
  - Indicate “Yes” for **Complete**?
    - Legal Assistance services will begin as of the appointment.
  - Add Activity:
    - Set the appointment, selecting yourself as the Provider.

<table>
<thead>
<tr>
<th>Add Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer/Caller</strong></td>
</tr>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td><strong>Subject</strong></td>
</tr>
<tr>
<td><strong>Agency</strong></td>
</tr>
<tr>
<td><strong>Provider</strong></td>
</tr>
<tr>
<td><strong>Services</strong></td>
</tr>
<tr>
<td><strong>Care Program</strong></td>
</tr>
<tr>
<td><strong>Status</strong></td>
</tr>
<tr>
<td><strong>Follow-Up Status</strong></td>
</tr>
<tr>
<td><strong>Status Date</strong></td>
</tr>
<tr>
<td><strong>Due Date</strong></td>
</tr>
<tr>
<td><strong>Originated By</strong></td>
</tr>
</tbody>
</table>

- The follow up item will appear in your Dashboard.
- You will begin the intake process during the appointment.
  - **Save** and **Close** Call. When the service delivery template appears, record **Service Delivery** as IR&A. Be sure to include all required information.
  - Complete ICC form for the Contact, if applicable (See ICC Form Section).
Scenario 3: Outbound Call

For the purposes of illustration, an “outbound call” occurs when you have more details, a named caller or a consumer already in the database. Outbound calls can occur under Information, Referral and Assistance (IR&A), Legal Awareness or under Legal Assistance. The purpose of this scenario is to illustrate how to log a call when it is initiated by you, the Benefits Counselor.

- Disabled caller > 60, Mr. Henry, contacted the AAA and reports loss of job and cannot afford prescriptions and groceries this month; would like for someone to do in-home Intake and see if he can obtain the help he needs. You have received the message as the Benefits Counselor and you are returning the call. You’ll need to record the call, the service delivery/deliveries, and set the intake appointment.
  
  o Click **New Call**.
  
  o Click **Caller > Search for Caller**.
  
  o If in database, bring up existing record. If not, **Add New**.
  
  o If New, register **New Caller**:
    
    - Collect or verify **Name, Date of Birth, Gender, Phone Number**.
    
    - Coordinate Consent Form for in-home Intake.
    
    - Obtain as much information as possible.
  
  o Create an **Activity** and assign the Intake to yourself (or another Benefits Counselor).
  
  o **Add Activity**.
- Set an appointment, selecting yourself as the Provider.

- The follow up item will appear in your Dashboard.
  - Next, record the contact as Information, Referral and Assistance (IR&A).
  - Save and Close the Call.
    - Select service template for IR&A.
    - Record the Service Delivery for the Call.

In real-life, your work with a new consumer can go in a thousand directions. For simplicity, we’re going to explain how to do outbound calls and referrals in the next section, recognizing that true scenarios are not usually so “cut and dried.” Let’s say you want to check some resources before your appointment with a consumer.
For each outbound call(s): (to local pharmacy for special discount program, or church organization for groceries)

- Click **New Call**
- **Caller Type** = Agency
- **Call Type** = Outgoing
- **Consumer** > Search Consumers > Enter Consumer’s Name

![Search Consumers]

- Double-click to bring in Caller/Consumer data.
- Enter **Notes** about the call.
- Enter any **Activity** records needed for follow up.
- Complete the **Referral** section if a referral is made.
- **Save** and **Close** the Call.
- Record the **Service Delivery**. If the Caller was not previously a Consumer, the system should convert the caller to a Consumer.

If you wish to make and document a referral:

- **Search** for Services (referral search).
- Enter search terms.
- **Add referral.**
Scenario 4: Legal Assistance/Intake and Followup

Let’s assume Mr. Henry, our disabled consumer in Scenario 3, has decided he would prefer completing his intake by phone rather than waiting for someone to come to his home. He calls in the next day to begin the intake process.

- Open the Consumer Record from the Call Session.
  - Click **New Call**.
  - Click Consumer > Search for Consumer.
  - Consumer = System brings in Consumer Name.
  - Caller = Consumer’s Name.
  - Go to Consumer > Open Consumer.
  - Click **Enroll** for Services.

- Using **Consumer Details** in SAMS, enter information about the consumer in the appropriate fields. Fields required to be completed in SAMS are reflected in boldface type on the DADS “Client Intake and Service Request Form.”

- Record **Service Deliveries**.
  - Click **Service Delivery > Add Service**.
  - Confirm Month/Year of Service Delivery.
  - Record **Care Program > Service Category**.
    - NAPIS All Funding Sources
      - Legal Assistance 60+, assumes Unit of 1 Hour
  - Record **Service > Fund Identifier** (see Definitions).
  - **Provider**: Is you, the Benefits Counselor.
  - Select **Topic > Add Topic**
    - Select Topic(s) discussed and record the time you spent handling each particular topic.
    - Using **Topics**, enter detailed narratives for all consumer activities, including direct contacts with the consumer, contacts on behalf of the consumer and record maintenance.
    - When all **Topics** have been entered – click blue button **Add Sum** and minutes will be calculated and inserted in the Service Delivery Record.
    - When finished, select **Apply and Close**.
    - **Then Save and Close**.

- Complete **ICC Assessment Form**, if applicable.
Let’s assume Mr. Henry wasn’t able to provide complete details and he calls you two days later with the information needed to complete the process. Keep in mind Mr. Henry has already been established as a consumer in the system.

- Open the Consumer Record from the Call Session.
  - Click **New Call**.
  - Click **Consumer > Search for Consumer**.
  - Consumer = System brings in Consumer Name.
  - Caller = Consumer’s Name.
  - Go to Consumer > **Open Consumer**.

- Enter required client intake data in SAMS using **Consumer Details**.
- Record **Service Deliveries**.
  - Click **Service Delivery > Add Service**.
  - Confirm Month/Year of Service Delivery.
  - Record **Care Program > Service Category**.
    - NAPIS All Funding Sources
      - Legal Assistance 60+, assumes Unit of 1 Hour
  - Record **Service > Fund Identifier** (see Definitions).
  - **Provider**: Is you, the Benefits Counselor.
  - Select **Topic > Add Topic**.
    - Select Topic(s) discussed and record the time you spent handling each particular topic.
    - Using **Topics**, enter detailed narratives for all consumer activities, including direct contacts with the consumer, contacts on behalf of the consumer and record maintenance.
    - When all topics have been entered – click blue button **Add Sum** and minutes will be calculated and inserted in the Service Delivery Record.
  - When finished select **Apply and Close**.
  - **Then Save and Close**.

- Complete ICC Assessment Form (if applicable).
Scenario 5: Legal Awareness

You conduct a public event to educate a group of seniors about Identity Theft.

Attendees were signed in or you were otherwise able to obtain an estimated count of the audience size. After the event, you will need to record the service delivery.

- Go to the Consumers list view.
- Select Consumer Groups.
- Select the Legal Awareness Consumer Group.
Once in the Legal Awareness Consumer Group, select the **Service Delivery** Icon from the Navigation Pane.

- Click **Add Service**.

  - Enter the **service delivery date** (MM/YYYY).
  - Click **OK**.

  The system will bring up the Service Delivery window.

- Enter the **Service Delivery** details:
  - To enter the Service Delivery, log as Service = NAPIS All Funding Sources > Legal Awareness.
  - Fund Identifier (see Definitions).
- Record Estimated Persons Count for Audience Size (1 unit per attendee or contact)

- Record Topics, including time spent on each.
  - It is recommended the AAA get in the habit of entering time for every event, as the Public and Media Event (PAM) form requires time spent when the event is related to a CMS service.

- Enter Comments to identify the event.

- When finished, Save and Close the record.

- Complete Public and Media Event (PAM) Form (if applicable).
Scenario 6: Public and Media Event

You conduct a public event to educate a group of seniors about Options for Long Term Care. Attendees should have signed in to give you an accurate count of audience size. After the event, you will need to file the PAM form to document the SHIP Program activity in SPURS.

- Go to **Tools > State Health Insurance Program > Enter PAM Activity**
  - **Complete** the assessment form.
  - **Save and close** the form.
  - The system will record the delivery of service:
    - Records 1 unit per attendee (contact)
    - Logs as Service = NAPIS AFS > Legal Awareness
    - Fund Identifier: III-B (or III-E, if Caregiver)
Scenario 7: Public and Media Event Follow Up

After the seminar on Options for Long Term Care, one of the attendees comes to the office and asks if you can talk with her on a walk-in basis. You are able to do so, and you conduct a sit-down meeting in the office.

- Click **Register New Consumer**.
  - **Search** the database to see if a record already exists.
  - If not, **Add New**. If so, **Update Existing**.
  - Enter consumer details.
- **Complete** Client Intake.
- **Complete** ICC Form.
- **Record** Service Delivery or one or more services rendered.

Some possible Services:

<table>
<thead>
<tr>
<th>Care Program</th>
<th>Service Category / Service</th>
<th>Service Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS/SHIP</td>
<td>Benefits Counseling</td>
<td>Hour or Contact as applicable</td>
</tr>
<tr>
<td></td>
<td>• Medicaid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medicare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Social Security</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Legal Assistance 60/+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Legal Assistance &lt;60/Disabled</td>
<td></td>
</tr>
<tr>
<td>MIPAA</td>
<td>Enroll in Low Income Subsidy (LIS)</td>
<td></td>
</tr>
<tr>
<td>NAPIS</td>
<td>Legal Awareness 60+</td>
<td>Contact</td>
</tr>
<tr>
<td>NAPIS</td>
<td>Legal Assistance 60+</td>
<td>Hour</td>
</tr>
<tr>
<td></td>
<td>• Advanced Directives – III-B/E</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Guardianship – III B/E</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fraud/Abuse/Neglect</td>
<td></td>
</tr>
</tbody>
</table>
ICC Form

In SAMS, an Assessment is a data collection instrument that enables capture of information in a question-response format. The ICC, or Individual Client Contact form, is located in the Assessments section of a Consumer Record.

Entering Data into the ICC Form

1. In a Consumer Record, click the Assessments icon, located in the Navigation Pane.

2. In the Assessments Toolbar, click New Assessment.

3. In the New Assessment window, the ICC form may already appear in the Filename field.

4. If the ICC doesn’t appear in the Filename field when the New Assessment window is opened, click the dropdown arrow and select the form.

   S:\Omnia\Assessment Forms\Homecare Assessment.afm
   S:\Omnia\Assessment Forms\ICC.afm

Note: The file extension .afm stands for “assessment form.” You will see the label “Omnia” because in SAMS, the form is created in a module called Omnia Designer.

If the ICC form does not appear in the Filename field, and you cannot find this form in your system, contact your AAA’s SAMS Administrator.

5. Click the OK button to open the form.
6. The ICC will open in a standard SAMS Assessment format, with a Navigation Pane on the left and a Data Entry Pane on the right.
7. To move from one section to another in the form, click the section in the Navigation Pane.

![Navigation Pane Diagram]

8. The method for data entry in the ICC will vary from field to field.

- If an arrow ▶️ appears on the right side of a field when it’s clicked, an item must be selected from a dropdown list.

- If an ellipsis button ⋮ appears when a field is clicked, an item or items must be selected from a pop up window.

- If the response area remains blank when a field is clicked, free text entry is required.

**Note:** Each field marked with a red exclamation point 🚨 is a **required** field.

All required fields must contain a response before the form can be closed.

9. After all required fields have been completed, the form can be saved or saved and closed by clicking the appropriate button in the toolbar.

Required questions can be located by using the red flags 🚨 in the toolbar.
10. If all of the required fields haven’t been completed and you attempt to save or save and close the form, you will see a warning message:

11. Review the form and complete all of the questions that contain the required questions prompt.

12. You will then be able to save or save and close the form.

⚠️ **Note**: You will need to include Time Spent.
PAM Form

Entering data for the Public and Media Event form is done in the same manner as is done in the ICC form, however, because the PAM isn’t associated with an individual consumer, it is found in a different location in SAMS.

Entering Data into the PAM Form

1. Click **Tools** in the menu bar, then click **State Health Insurance Program**.

2. Next, click **Enter Public and Media Event Activity**.

3. SAMS will open to a List Screen that shows previously completed PAM forms. To open a new form, click **New** in the toolbar.
4. A blank (new) PAM form will open.

5. Complete the form using the same data entry methods as used in the ICC form - dropdown lists, popup windows, and free text. Be certain to complete all required fields.

6. After all required fields have been completed, the form can be saved, or saved and closed.
Printing Completed Forms

After an ICC or PAM form has been completed, it can be printed for use when you enter the data into the SHIPtalk website.

To print a completed form:

1. Open the ICC or PAM form and click **Print** in the toolbar.

2. In the Print dialog box that appears, select either *Standard Layout with Responses* or *Two Column Layout with Responses*.

3. To view the form before printing, click the Preview button.

4. To print the form without viewing it first, click Print.
Reports

**BC Activity Report**

Start with the Agency Summary Report. Set Parameters below as indicated, and set all other parameters to (Any).

<table>
<thead>
<tr>
<th>Report Title</th>
<th>Benefits Counselor Summary Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td>May be run monthly or as needed.</td>
</tr>
<tr>
<td>Description</td>
<td>For use in following NAPIS Service Delivery by BCs</td>
</tr>
<tr>
<td><strong>Print Parameters</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Sort By</strong></td>
<td>Last Name</td>
</tr>
<tr>
<td><strong>Group By</strong></td>
<td>Service</td>
</tr>
<tr>
<td><strong>Group Per Page</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Sub Group By</strong></td>
<td>Fund Identifier</td>
</tr>
<tr>
<td><strong>Group and Subtotal By Service Month</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Show Consumers</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Show Client ID</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Show Monthly Details</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Show Subservice Details and Totals</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Show Consumer Subtotals</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Show Daily Details</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Include Consumer Groups</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Service Delivery**

| Service Start Date (on or after) | 01/01/2010 |
| Service End Date (on or before) | 01/31/2010 |
| **Agency** | (Any) |
| **Provider** | Jim Sackett |
| **Provider Role** | (Any) |
| **Subprovider** | (Any) |
| **Level of Care** | (Any) |
| **Service Program** | NAPIS All Funding Sources |
| **Care Program** | (Any) |
| **Care Program/Services** | (Any) |
| **Service Category** | (Any) |
| **Service** | (3 Items) |

- Legal Assistance Age 60 and Over
- Legal Assistance Age 60 and Over - Non-NAPIS
- Legal Assistance Under Age 60
- Legal Assistance Under Age 60 - Non NAPIS
- Legal Awareness
- Legal Awareness - Non NAPIS
**ICC/PAM Summary Report**

These reports are located under Reports > Assessments.

Enter parameters for the report.
- Assessment Agency
- Date of Assessment (on or after/on or before)
The system will generate the summary report, which tallies the counts for the selected period and agency.

```
<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Client Contact Forms</td>
<td>56</td>
</tr>
<tr>
<td>Number of Beneficiaries with Multiple Contacts</td>
<td>49</td>
</tr>
</tbody>
</table>

**How did the client learn about the SHIP:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Contact</td>
<td>11</td>
</tr>
<tr>
<td>CMS / Medicare</td>
<td>9</td>
</tr>
<tr>
<td>Presentations</td>
<td>3</td>
</tr>
<tr>
<td>Mailings</td>
<td>1</td>
</tr>
<tr>
<td>Another Agency</td>
<td>14</td>
</tr>
<tr>
<td>Friend or Relative</td>
<td>7</td>
</tr>
<tr>
<td>Media</td>
<td>3</td>
</tr>
<tr>
<td>State Website</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Not Collected</td>
<td>2</td>
</tr>
</tbody>
</table>

**Method of Contact:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Call</td>
<td>35</td>
</tr>
<tr>
<td>Face to Face at Counseling Location or Event Site</td>
<td>3</td>
</tr>
<tr>
<td>Face to Face at Client's Home or Facility</td>
<td>7</td>
</tr>
<tr>
<td>E-Mail</td>
<td>1</td>
</tr>
<tr>
<td>Postal Mail or Fax</td>
<td>3</td>
</tr>
</tbody>
</table>

**Average Minutes Spent with Beneficiary for All Contacts:** 36

**Total Minutes Spent with Beneficiary for All Contacts:** 2,047

**Beneficiary Age:**

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 65</td>
<td>22</td>
</tr>
<tr>
<td>65-74</td>
<td>23</td>
</tr>
</tbody>
</table>