

The National Association of Area Agencies on Aging (n4a)

**Final Overview Report
for the**

**Aging Services Network Community-Based Low-Income
Subsidy Enrollment Campaign**

A partnership between the U.S. Administration on Aging with the Centers for Medicare & Medicaid Services and the National Association of Area Agencies on Aging

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Aging Services Network Community-Based Low-Income Subsidy Enrollment Campaign Overview

Executive Summary

Introduction

The U.S. Department of Health and Human Services (DHHS), the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) are conducting an ongoing nationwide campaign to help Medicare beneficiaries with low-incomes learn about and apply for the Low Income Subsidy (LIS), sometimes called 'Extra Help'. The campaign also focuses on helping this population choose and join a Medicare Prescription Drug Plan. As part of this effort and through a contract with AoA, the National Association of Area Agencies on Aging (n4a) made funds available to members of the Aging Services Network to support education and assistance activities related to the LIS and other preventive Medicare benefits now available under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

Purpose

The goal of this campaign was to provide funding and technical assistance to community-based organizations (CBOs) within the existing Aging Services Network (i.e., Area Agencies on Aging and their contract community-based provider organizations), and national aging organizations to assist the maximum number of Medicare beneficiaries with low-incomes to learn about the Low-Income Subsidy (LIS) and receive help choosing and joining a Medicare prescription drug plan. This goal was carried out in three areas of contracted activities:

- Group education events
- Individualized counseling sessions
- Targeted media activities

Emphasis was placed on developing sustainable partnerships and dynamic media messaging to be maintained beyond the contract period.

This report provides an overview of the activities of n4a, in partnership with AoA and CMS, and the contracts provided to 31 community-based organizations. It includes an analysis of trends reported by subcontractors as well as detailed information about the individual subcontracts, including individual goals, completion rates and summaries.

Campaign Description

The Administration on Aging, through an inter-agency agreement with CMS, awarded a contract to n4a to assist with the mobilization of the Aging Services Network into targeted, data-driven performance based subcontracts. Targeted areas and subcontractors were selected by a joint team from AoA, CMS, n4a, the National Council on Aging (NCOA) and the National Association of State Units on Aging (NASUA), and based on CMS data provided by the *US Counties Estimated Targets-All States List* from 2007. Approximately \$1.2 million was divided between 31 targeted community-based organizations. Through performance-based agreements, subcontractors were required to provide estimated average unit cost prices for group education events and individual counseling sessions.

Through quarterly progress reports and a final overview report, campaign subcontractors provided information about completed educational events, completed individual counseling sessions, completed local media activities, local partnerships generated for or utilized by the campaign and supplemental materials they may have created for the campaign.

Campaign Period

The LIS campaign ran from October 2007 to December 2008. This 15-month campaign focused on engaging beneficiaries, not only during the 2007 and 2008 open enrollment periods, but also during the 2008 Spring LIS Campaign and throughout the rest of 2008.

Results

The 31 community-based subcontracts were enormously successful in promoting awareness and education to Medicare beneficiaries and local community partners about the LIS benefit. The campaign goals were to perform 1,228 group education events, complete 24,332 individual counseling sessions, and 1,203 individual media activities. The campaign exceeded each of its goals. In the focus area of group education events, campaign subcontractors surpassed the overall goal by 60%. In the focus area of individualized counseling sessions, campaign subcontractors surpassed the overall goal by 60%. In the focus area of media activities, the campaign subcontractors surpassed the overall goal by almost 20%. Subcontractors partnered with 450+ service providers in their local areas and developed significant media campaigns, which have greatly increased local beneficiary and community awareness of the LIS and the overall services they provide to older adults.

Successes

An consistent key driver in assisting older adults to make the decision to apply for LIS was the ability to provide one-on-one counseling sessions by trained and trusted staff members. The campaign subcontractors also developed and utilized many successful practices, including targeted media campaigns, developing new messages to reach local seniors and strengthening local partnerships and referrals. Creating new uses for data and screening tools increased the agencies' abilities to target and locate eligible beneficiaries. Subcontractors also developed creative partnerships and venues to attract new beneficiaries and family members/caregivers to learn about the benefit of applying for LIS and enrolling in Medicare Part D. The 2008 Spring LIS Campaign, launched for the first time this year, was also successful in raising state and local awareness of LIS activities by campaign subcontractors and promoted beneficiary requests for information and enrollment assistance.

Challenges

There were some intriguing challenges confronted by the participating subcontractors. Agencies quickly learned there is no successful universal message for educating the community about the LIS. Successful strategies for outreach through this campaign were very localized. Identifying eligible beneficiaries for the benefit was sometimes challenging; some beneficiaries were resistant to the perceived stigma associated with LIS messaging or terminology and of sharing personal financial information.

Recommendations

A summary of recommendations from the subcontractors' work on the campaign included facilitating increased information sharing, both during the campaign and in the future. Increased information sharing from federal agencies regarding detailed counts of LIS applications submitted to the Social Security Administration (SSA) would be helpful for agency follow-up. A distinct opportunity to share strategies between similarly sized and organized subcontractors would provide campaign partners the opportunity to further discuss localized tactics. Subcontractors recommended additional preparation and training periods leading up to outreach and education activities.

Ageing Services Network Community-Based Low-Income Subsidy Enrollment Campaign Overview Report

Introduction

The U.S. Department of Health and Human Services (DHHS), the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) are conducting an ongoing nationwide campaign to help Medicare beneficiaries with low-incomes learn about and apply for the Low Income Subsidy (LIS), sometimes called 'Extra Help'. The campaign also targets other at-risk or underserved populations including (but not limited to) Black/African Americans, Hispanics/Latinos, Asian Americans, American Indians/Alaskan Natives, home-bound, individuals with disabilities and individuals living in rural areas who may be unaware of the LIS or are unsure if they qualify for the benefit. The campaign additionally focuses on helping these target populations choose and join a Medicare Prescription Drug Plan.

As part of this effort, through a contract with AoA, the National Association of Area Agencies on Aging (n4a) made funds available to members of the Aging Services Network to support education and assistance activities related to the LIS and other preventive Medicare benefits now available under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). This 15-month campaign focused on engaging beneficiaries not only during the 2007 and 2008 open enrollment periods, but also during the 2008 Spring LIS Campaign and throughout the rest 2008. Emphasis was placed on developing sustainable partnerships and dynamic media messaging to be maintained beyond the contract period.

History/Background

On November 15, 2005, all Medicare beneficiaries became eligible to join a prescription drug plan, through the Medicare Modernization Act of 2003 (MMA). Additionally, an opportunity was developed for individuals that needed extra help with their premium and co-payments to apply for a Low-Income Subsidy (LIS) when enrolling in a prescription drug plan.

The population of Medicare beneficiaries who are potentially eligible for the LIS benefit has been particularly difficult to reach through previous CMS and SSA activities. Despite a number of notices mailed to beneficiaries by SSA during the initial and second enrollment periods in 2005 and 2006, there were an estimated 1.5 to 3 million individuals potentially eligible for the subsidy in 2007.

In 2005 and 2006, n4a headed a comprehensive and successful campaign to mobilize the Aging Services Network for the education and enrollment assistance needed during the initial enrollment period for Medicare Part D. That campaign succeeded in providing one-on-one individualized counseling assistance and enrollments by local Area Agencies on Aging for Medicare beneficiaries. The 2005 Community-Based Enrollment Campaign provided the framework for this LIS Campaign in developing targeted outreach and education strategies, and for increasing beneficiary awareness of the LIS benefit.

Campaign Goals

The goal of this campaign was to provide funding and technical assistance to community-based organizations (CBOs) within the existing Aging Services Network, (i.e., Area Agencies on Aging and their contract community-based provider organizations) and national aging organizations to assist the maximum number of low-income persons with Medicare to learn about the LIS and receive help choosing and joining a Medicare prescription drug plan. Additionally subcontractors increased beneficiary and caregiver awareness of Medicare's preventive benefits now available under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). These goals were addressed in three areas of contracted activities:

1. LIS Group Education/Prevention Events: defined as an event that educates consumers and their caregivers about the basics of Medicare prescription drug coverage and new preventive benefits within Medicare. Examples of group education activities included:

- Primarily targeting people with limited income and resources and other underserved populations, and helping them understand and apply for the LIS;
- Educating individuals about the *My Health My Medicare* initiative to raise the awareness of the importance of preventing chronic disease and illness; and
- Educating the consumer about the availability of on-line screening and enrollment tools (i.e., BenefitsCheckUp, Medicare Prescription Drug Plan Finder, Medicare Personal Plan Finder) and providing educational materials (i.e. CMS publications).

2. Individualized Counseling/Enrollment Assistance: involving the provision of one-on-one assistance to people with Medicare and/or their caregivers to help them decide whether to apply for the LIS or join a Medicare prescription drug plan (PDP). Activities to help with the decision-making process included:

- Creating individual Medicare prescription drug coverage profiles, which may include medications, doses, costs, and preferred pharmacy;
- Conducting online comparisons and discuss various characteristics of prescription drug plans;
- Providing specific CMS fact sheets, information and guidance;
- Make follow-up phone calls as required; and
- Helping to evaluate personal needs and, where appropriate, assisting individuals in applying for the LIS.

3. Media Outreach Activities: defined as any planned effort to educate the media regarding this campaign's activities and to utilize media sources to promote outreach events. These activities included, but were not limited to:

- Utilizing public service announcements through television or radio to promote campaign events;
- Submitting editorials to local newspapers, magazines and newsletters (printed or electronic); and
- Functioning as a point of contact with the AoA, CMS and n4a, and to provide stories to n4a that highlight the organization's successful effort to promote the LIS outreach and enrollment.

Targeting Subcontract Areas and Funding Levels

Targeted areas for the campaign were selected by a joint team from AoA, CMS, n4a, the National Council on Aging (NCOA) and the National Association of State Units on Aging (NASUA). Two lists were generated by the CMS *U.S. Counties Estimated Targets-All States List* from 2007. Areas were identified based upon their populations of estimated numbers within the targeted audience (i.e. Medicare beneficiaries who may be eligible for LIS), and were distinguished as being urban, rural or areas with large minority populations.

Approximately \$1.2 million was divided between 31 targeted community-based organizations (14 rural sites and 17 urban sites). \$20,000.00 in funding was allocated to each rural site. The remaining funding was distributed to the urban sites by allocating \$20,000.00 to each site and then allocating additional funds using a mathematical formula based on the target population within the service area.

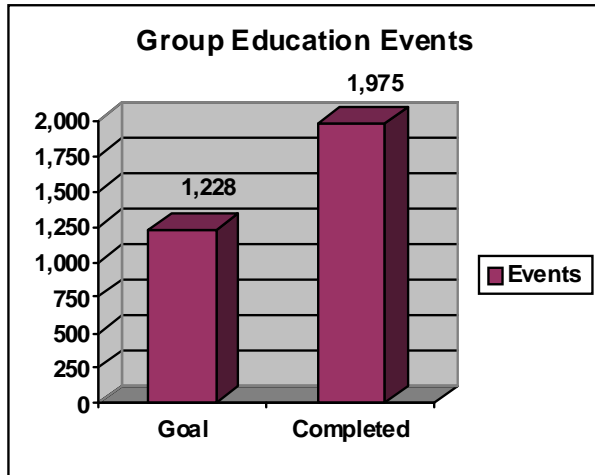
Reporting

Through performance-based contract agreements, subcontractors were required to provide estimated average unit cost prices for group education events and individual counseling sessions. Through quarterly progress reports and a final overview report, campaign subcontractors provided information of completed educational events, completed individual counseling sessions, completed local media activities, local partnerships generated for the campaign and supplemental materials they may have

created for the campaign, such as screening tools, posters, public service announcements, radio interviews, radio/television commercial scripts, etc.

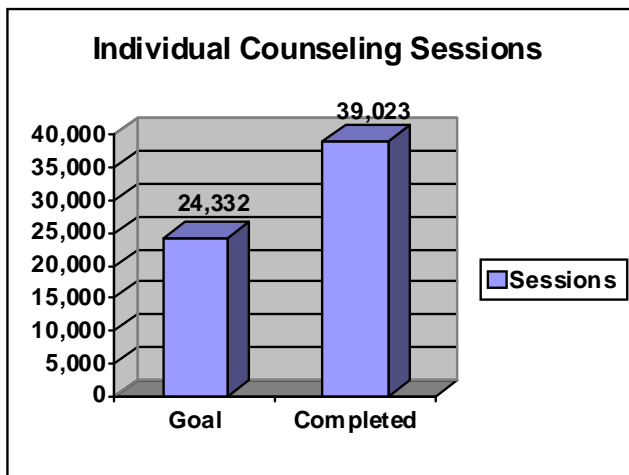
Results

Overall, the activities of the subcontracting agencies were enormously successful in all three areas of group education events, individualized counseling sessions and media activities.



Group Education Events

Thirty of the subcontracting agencies completing group education events* created a goal of 1,228 separate events. The goal was surpassed by 60% for a total of 1,975 completed group events. 148,748 individuals, including beneficiaries and caregivers, attended these group education events.

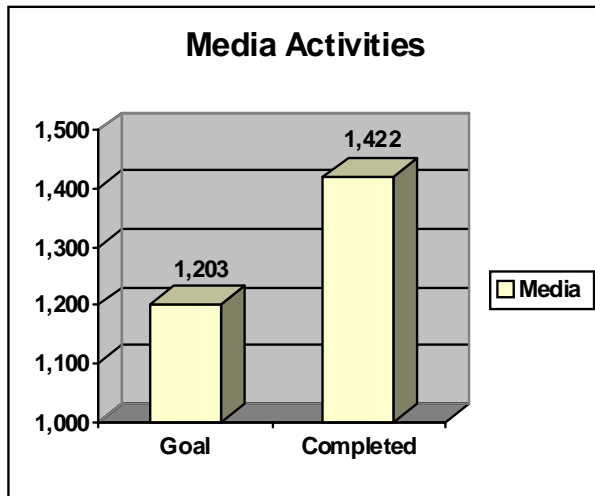


Individualized Counseling Sessions

Thirty of the subcontracting agencies performing one-on-one individualized counseling sessions* created a goal of 24,332 individual sessions. The goal was surpassed by 60% for a total of 39,023 individual sessions[∞]. Subcontractor reported submitting 6,538 applications for the LIS, either through the SSA application or through application to the Medicare Savings Program.

* Not every subcontractor from the campaign was contracted to complete both group education events and individual counseling sessions.

[∞] Total individual sessions do not reflect the total number of individuals counseled under the campaign. Some beneficiaries received assistance through multiple sessions while making the decision to apply for LIS.



Media Activities

Twenty-nine of the subcontracting agencies completing media activities* created a goal of 1,203 activities. The goal was surpassed by approximately 20% for a total of 1,422 activities. Subcontractors worked with local print media, (paid and free local paper editorials and advertisements), local cable channels, radio stations, local partner publications and area businesses to complete a wide array of media activities.

Successes

One-on-one counseling

Every subcontractor has highlighted the importance of one-on-one individualized counseling sessions. The availability of funding under this campaign for one-on-one counseling has directly impacted the subcontractors' ability to provide in-depth assistance to individuals struggling to understand and apply for the LIS benefit. The ability to complete one-on-one counseling is particularly crucial in rural areas where beneficiaries are more isolated and weary of government programs (Alabama, Georgia, Kentucky). Counseling sessions allowed staff member to dispel certain myths related to Medicare, discuss appropriate situations for sharing personal financial information and allowed staff to illustrate to beneficiaries the financial benefits related to LIS.

Increased media campaigns

This campaign allowed many subcontractors to develop closer partnerships with their local media sources, which have been beneficial to their agencies in many ways. Through support of the CMS targeted data, subcontractors were able to illustrate numbers of need within local zip codes, resulting in increased donations of radio and television airtime, production costs and on-air interviews in Miami, Baltimore, Montana and Phoenix. These partnerships have paved the way to developing additional local public service announcements and commercials for events and available agency resources.

Developing new messages to reach local seniors

One consistent theme for the campaign has been to vary messages in advertising and at group events to promote community awareness, capture interest and gain trust. Messages on flyers and posters varied between neighborhoods in Baltimore to reach different minorities and literacy levels. Subcontractors in Phoenix, Washington D.C, Georgia and Alabama minimized the term 'Medicare' and almost all subcontractors shifted from the

* Not every subcontractor from the campaign was contracted to complete media activities.

terms ‘subsidy’ and ‘low-income’ to ‘learn about savings’ and ‘you deserve to save on prescriptions’. Other successful strategies included advertising to the public the number of potentially eligible individuals in local zip codes. These advertisements piqued senior interests and drove in referrals in Baltimore and Montana.

Increased partnerships and referrals

Partnerships throughout the campaign were used to different ends. Local social service providers (local pharmacies and medical clinics, public welfare programs, nutrition sites, new physician practices, Medicaid waiver programs) were able to help identify potentially eligible clients to apply for LIS. Whether this was done through straight referral to the subcontractor or sharing of client databases differed by location, but the level of commitment of the partnerships demonstrated the success rates. Partnerships with local universities, SSA, CMS and local churches helped to identify and provide volunteers for help with screening and community presentations. Other partnerships provided additional sites or venues for education presentations or space for counseling. This allowed subcontractors to extend their reach deeper in the community. Partnerships were most successful when the two uses (help with identifying eligible beneficiaries and help with providing counseling through staffing or volunteering) coincided with providing venues for presentations (Illinois, Alabama, New York). Subcontractors reported that this campaign has significantly increased their partnerships within the community and the community awareness of the organizations’ services, even if individuals did not qualify for LIS.

Creating new venues for discussing and presenting LIS

Many participants found that large group events solely for LIS do not work the same as group enrollment events solely for Medicare Part D. Subcontractors found the most success in doing group events came from partnering with other local events. These partnership venues included:

- Flu shot clinics
- Town meetings
- Locally owned pharmacies
- State Pharmaceutical Assistance Programs
- Part C enrollment event
- Community movie day events
- County fairs
- Church fundraisers
- Membership meetings with close partners (i.e. Foster Grandparent program, diabetes and other patient support groups, advisory boards, churches)

Data and tools

CMS data was used extensively within media campaigns (described above with messaging and media partnership) and with designing direct mailing. In rural areas and high density urban areas, the data helped to identify which communities to target first, and how to divide target areas for campaigns. The data was also cross-referenced with subcontractors who had access to other client databases, particularly the IRS Economic Stimulus data (developed in partnership with NCOA). Partnering closely with SSA for

help with completing online applications and paper applications was crucial, as was the BenefitCheckUp tool, especially when an individual qualified for other benefits.

Spring LIS Campaign

From April to June 2008, CMS and SSA launched a joint Spring LIS Awareness Campaign with the goal to promote LIS as a special and distinct enrollment option outside of the Part D open enrollment period (November 15-December 31). Special public service announcements, brochures, radio commercials, posters and events were released during this quarter. n4a presented successful practices from the LIS Campaign subcontractors at the first LIS Partners Summit in May 2008, which was broadcast and available online throughout the quarter. Through the promotion of these national and local activities by campaign subcontractors 60% were able to increase their individual counseling sessions and applications submitted for LIS. For 27% of subcontractors it was their most successful quarter on the campaign (in combined areas of events, counseling and media). For one third of the subcontractors, it was their second most successful quarter on the campaign, behind the open enrollment period. The successful notice of family members and beneficiaries through national and local activities during this spring campaign supports the need for future outreach and education beyond the Medicare Part D annual open enrollment period.

Challenges

Identifying individuals eligible for the LIS

Attracting the attention and educating individuals on the benefits of LIS was difficult. Some subcontractors struggled with attendance at group education events, either due to large geographic regions and transportation problems in rural communities, language barriers and perceived stigma associated with either LIS terminology or government 'welfare' programs (this was a particular problem in some areas with faith-based organizations).

It was also sometimes a challenge to identify when a beneficiary was eligible for the benefit. Many group education events and counseling sessions spent significant time discussing safe situations for older adults to share personal financial information; it continues to be a confusing and important issue for beneficiaries. Beneficiaries were similarly hesitant to disclose income and asset information or apply for the benefit for fear of losing other public benefits or status in certain entitlement programs.

Developing localized strategies

Strategies for outreach have been very localized throughout this campaign and it was clear there is no universal answer for addressing LIS outreach. While working with the Illinois State Pharmaceutical Program was largely successful in identifying beneficiaries for Southwest Illinois, subcontractors in Pennsylvania had a very difficult time convincing seniors they could get a better benefit from LIS than their trusted PACE/PACenet provider. Partnership with churches has also been inconsistently successful for partners. Subcontractors also had mixed successes with identifying and screening potentially eligible beneficiaries through partner databases. This issue of

localized strategies is particularly difficult for subcontractors covering urban, suburban and rural communities. Subcontractors worked to meet this challenge by relying on the expertise of local neighborhood partners, community mapping, and varying media messages (Pennsylvania, Michigan, Alabama, Baltimore).

Timing and Staffing

Due to the complex nature of the Medicare Part D program, prescription drug plans and eligibility requirements (both income and asset limits) of the LIS benefit, training and staffing such efforts become difficult. In subcontract areas where the subcontractors were not local the local AAA or SHIP provider, partnerships with the AAA and the SHIP program were significantly strengthened. Some subcontractors (Michigan, Oklahoma, Los Angeles, Washington D.C.) still struggled to maintain consistent staff and volunteers able to handle group education and individualized counseling, especially in areas where bilingual staff were needed. These subcontractors' activities suffered either due to late starts on the campaign or staffing changes mid-campaign.

Balancing time on training, outreach and education was also a difficult component to the campaign. Subcontractors were eager to promote activities and media relationships and partnerships locally funded by the campaign, but also needed significant volunteer and staff training time. Additionally, during group education and one-on-one counseling a number of issues related to LIS would come to light, including problems with retirement or pension benefits, need for food stamps or other basic necessities such as housing, and energy assistance. Counselors thoroughly understand that consumer needs are not isolated; staff members have been strongly committed to investigating the whole needs of the beneficiaries. In doing so, individual counseling sessions were significantly lengthened, increasing the time and training required by the subcontractors.

Lessons Learned

Group education events

To avoid perceived stigma and intimidation from large group settings, subcontractors worked to limit events to smaller group sizes. For larger events it was beneficial to partner with another familiar or popular program. At these larger events, staff members also encouraged all attendees to take handouts, applications, fill out contact forms for follow-up so that no one was singled-out as being interested in a low-income program. The common message was to share the information with family and friends even if one was not eligible.

Branching out from traditional pathways

Many subcontractors adjusted their strategies partway through the campaign after realizing that many seniors in familiar partner settings had previously been reached (i.e. senior centers, senior housing buildings). Subcontractors reached into grassroots level partnerships that gave access to new beneficiaries through neighborhood block associations, locally owned businesses, movie theaters and organizations that targeted specific beneficiary groups (ethnic groups, patient groups). In the future, many

subcontractors shared a desire to deepen partnerships, partner training and to make more face-to-face contacts with organizations that were not previously traditional partners.

Measuring success

Tracking the number of LIS applications submitted to SSA throughout this campaign does not tell the whole story of the subcontractors' efforts to increase beneficiary awareness and encourage utilizing broader measures of success in the future. For example, in New York and Alabama, subcontractors focused on enrolling beneficiaries in the Medicare Savings Program, which qualifies individuals for Medicare Part B premium assistance in addition the benefits available under LIS (without having to submit an application through SSA).

Beneficiary hesitancy to complete applications at the time of the counseling session also affected reporting results. Subcontractors, particularly in Georgia, Kentucky, Oklahoma and Washington D.C., each provided extensive information about the benefit of applying for the LIS, screened individuals and couples for eligibility, and provided detailed instructions on how to complete the application. Many times beneficiaries still preferred to take paper applications home and discuss it with family members. While some subcontractors (Oklahoma, California) were able to complete follow-up phone calls or interviews to determine if the applications were submitted, a large number of applications that were likely submitted to SSA were unknown to the subcontractors.

Additional lessons

Several partners had more success with media messaging that was simple and to the point rather than trying to list multiple income figures or program guidelines; they found this led to fewer beneficiaries excluding themselves without applying. Other subcontractors are looking ahead to newly retiring beneficiaries and for pathways to educating beneficiaries from the start about the available options under Medicare. Plans to move forward include expanding partnerships with access to these beneficiaries and developing new online resources for internet savvy seniors. Also, leveraging information and other resources with local social service providers with large client lists of potentially eligible beneficiaries will continue to be a valuable outcome as subcontractors continue to work on LIS issues.

Recommendations

Sharing information

Information sharing was a major area in which subcontractors made recommendations. Several subcontractors are looking forward to a compiled strategy document from all campaign partners, similar to the earlier distributed Urban and Rural Strategies documents (<http://www.n4a.org/programs/medicare-rx-outreach/>). While some subcontractors were pleased with the information and strategy sharing results of campaign conference calls, many suggested doing smaller roundtable discussions with similar subcontractor partner groups (urban vs. rural). One suggestion included a one-day workshop for campaign partners, similar to the LIS summit to share strategies in person. Responses indicate that continually updating and providing new drop-in articles

and even a newsletter of LIS issues would save time in developing new materials and allow more time for partner development and counseling. In response to this suggestion, n4a developed a new monthly Medicare Part D and Extra Help Newsletter. The newsletter is distributed through the comprehensive MedicareRx Listserve and posted on the n4a website.

Another area of recommendations regarding information sharing focused on the ability of federal agencies to provide feedback of numbers of LIS applications submitted in geographic areas and numbers of beneficiaries approved. This information would be helpful in taking next steps with negotiating the correct drug prices for beneficiaries at pharmacies and investigating additional benefit programs if appropriate.

Follow up with distributed paper LIS applications

While some subcontractors were able to complete follow up phone calls to ascertain if LIS applications were mailed by the beneficiary at home, it was not a required activity within the individual subcontract agreements. This activity takes planning and staff time and should be built into the subcontractor proposals and agreements from the beginning of the campaign, and should likewise be included if the campaign is duplicated or continued. This activity will assist staff members in identifying beneficiaries that require additional assistance with completing application, assistance with appealing the LIS determination and advocating with beneficiaries with any difficulties or confusion that may occur on the pharmacy end.

Timing

Subcontractors would prefer more time to prepare for the campaign prior to open enrollment, preferably receiving campaign materials, drop in articles, messaging and publications in advance.

Appendix 1: The Aging Network

What is the National Aging Services Network?

The national Aging Services Network is a human service delivery system of federal, state, and local agencies that work together to provide services and opportunities to help older Americans lead independent and dignified lives at home and in their communities through the Older Americans Act. The Network serves seven million aging adults age 60 and over and over 436, 000 caregivers.

The Network is comprised of 56 State Units on Aging, 650 Area Agencies on Aging, 240 tribal organizations, over 29,000 local community service organizations, 500,000 volunteers, and a wide variety of national organizations.

What are the Components of the Aging Network

The Administration on Aging

AoA is the federal leader of the National Aging Services Network. In this role, AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions of older Americans and alerts the public to the needs of vulnerable older people. AoA recommends policy; develops regulations to implement the OAA; and under Title IV of the Older Americans Act, disseminates grants for research, training, and demonstration projects.

State Units on Aging

The State Units on Aging (SUA) service as the state governmental agencies for aging issues, working with many state agencies and other public and private sector entities on behalf of older people. AoA awards OAA funds to SUAs to support home and community-based services and elder rights programs including but not limited to legal services, and long term care ombudsmen. SUAs then award grants to designated AAAs so that programs and services can be tailored to meet the needs of older persons in a particular area within a state.

Area Agencies on Aging

Area Agencies on Aging (AAAs) address needs and concerns of older people at the local level. Area agencies vary from place to place depending on local needs. The agency might be a public agency located within county government, a regional planning council, a unit of city government, or a private nonprofit organization. Their primary responsibilities include advocacy on behalf of older persons, planning and service development, and administration of a wide-variety of funds to public and private local - providers for the provision of home and community-based support services.

Appendix 2: Local Campaign Partners

Minority Partners/Ethnic

Urban League (NY)
Spanish Speaking Elderly Council (RAICES-2 locations, NY)
Chinese American Planning Council (PA)
Institute for Puerto Rican and Hispanic Elderly-Covello Center (NY)
Pragati (serving South Asian community, NY)
Westbury Negro Business and Professional Women of Long Island (NY)
Coalition for Latin American Migrant & Immigrants (PA)
Cambodian Association of Greater Philadelphia (PA)
Society of Hispanic Counselors (PA)
African American Museum of Philadelphia (IL)
Western Egyptian Opportunity Council (IL)
Greater Boston Chinese Golden Center (MA)

Faith-based

Mother of Sorrows Catholic Church (CA)
St. Columbkille (CA)
St. Thomas the Apostle (CA)
Catholic Charities (LA CA)
St. Stephen (CA)
St. Patrick's (CA)
St, Odilia (CA)
San Juan Diego (CA)
St. Agatha (CA)
Proyecto Pastoral at Mission (CA)
St Paul (CA)
Holy Name of Jesus (CA)
Our Lady of the Bright Mount (CA)
St. Gregory Nazianzen (CA)
St. Alphonsus (CA)
San Francisco Catholic Church (CA)
Our Lady of Solitude (CA)
Our Lady of Loretto (CA)
St. Columbian (CA)
St. Francis of Assisi (CA)
Our Lady Queen of Angels (CA)
Our Mother of Good Counsel (CA)
St. Casimir (CA)
Blessed Sacrament (CA)
Immaculate Heart of Mary (CA)
Holy Cross (CA)
Ascension (CA)
St. Raphael's (CA)
St. Michael's (CA)

St. Ambrose (CA)
St. Eugene's (CA)
St. Francis Xavier (CA)
Cabrini (CA)
Our Lady of Mount Lebanon/St. Peter Cathedral (CA)
Divine Savior (CA)
St. Bernard (CA)
St Gertrude (CA)
St. Joseph's (CA)
St Martha's (CA)
St Matthias (CA)
St Helen's (CA)
St John of God (CA)
St Linus (CA)
St Bernard (CA)
St. Dominic Savio (CA)
Mary Star of Sea (CA)
St. Peter (CA)
Holy Family (CA)
Catholic Charities (multiple states)
Jewish Association for Services for the Aged (NY)
Jewish Community Center Coney Island (NY)
Queens Jewish Community Center (NY)
Jewish Community Center of Staten Island (NY)
United Jewish Council (NY)
United Jewish Organizations of Williamsburg (NY)
Mother Zoar Church (PA)
Deliverance Church (PA)
Bethel Presbyterian Church (PA)
Sanctuary Church of Open Door (PA)
Jones Memorial Methodist Church (PA)
Sharon Baptist Church (PA)
New Life Tabernacle Church (PA)
Models for Ministry (PA)
2nd Pilgrim Baptist Church (PA)
Scope Outreach Ministries (PA)
Rehoboth Temple (PA)
Greater Enon Baptist Church (PA)
Prince of Peace Church (PA)
St. Barnabus Church (PA)
Germantown Presbyterian Church (PA)
St. Cecelia's Church (PA)
First Apostolic Faith Church (MD)
Pennsylvania AME Zion Church (MD)
Mount Moriah Baptist Church (MD)
Harlem Park Church (MD)

Interfaith Ministries (AL)
Lutheran Senior Services (IL)
Catholic Community Credit Union (IL)
Reed City Methodist Church (MI)
Leesburg Methodist Church (OH)
New City Seniors Fellowship Group (MO)
Gloria Dei Women's Group (MT)
St. Paul's Episcopal Church (CA)
First Presbyterian Church of Sun City (AZ)
St. Francis Xavier Senior Group (AZ)

Aging/Family/Social Services/Inter-Generational

Family and Children's Association Mental Health Programs (NY)
Jackson Heights Elmhurst Kehillah (NY)
One Stop Senior Services (Benefits counseling, NY)
Ridgewood Bushwick Queens Multi-Service Center (NY)
Senior Collaborative (maintaining multi-generational neighborhoods in PA)
Northeast YMCA (PA)
FEBS Human Services (PA)
Grandparents Raising Grandchildren (PA)
Van Buren County Head Start (TN)
Upper Cumberland Human Resource Agency (TN)
Tennessee Suicide Prevention Network (TN)
Aging and Disability Resource Market (KY)
Elder Abuse Coalition (KY)
Bethalto Senior Services (IL)
Metro East Weather Crisis Task Force (IL)
Human Development Commission (MI)
Highland County Job and Family Services Department (OH)
Highland Community Action Organization (OH)
Southwest Illinois AAA (MO)
Community Services Center (NM)
Area XIV Case Management (IA)
Social Workers in Senior Housing (CA)

In-home Services

Winthrop Hospital Homecare (NY)
Neighborhood Self Help by Older Persons Project (SHOPP, NY)
Meals on Wheels of Wyoming Valley (PA)
Fountains Four Outpatient (IL)
LINC, Inc (IL)
Southwestern Illinois VNA (IL)
Clark County Home Health (IA)

City/Town/County Sponsored

Nassau County Office of the Comptroller (NY)

Health & Welfare Council (NY)
Town of North Hempstead Project (NY)
Nassau County Department of Assessment (NY)
Homecrest Community Services (2 locations-NY)
Neighborhood Block Captains Association of Philadelphia (PA)
DC Office on Aging (DC)
Calhoun County Extension Office (AL)
DeKalb County Council on Aging (AL)
Jackson County Council on Aging (AL)
Limestone County Council on Aging (AL)
Aging Services of Upper Cumberland (TN)
Pickett County Health Council (TN)
Cumberland Regional Development Corporation (TN)
Collinsville Chamber of Commerce (IL)
Washington County Senior Services (IL)
Venice Township Center (IL)
Granite City Township (IL)
Gratiot Commission on Aging (MI)
Clare Commission on Aging (MI)
Gladwin Commission on Aging (MI)
Montcalm Commission on Aging (MI)
Highland Co. Chamber of Commerce (OH)
Jackson County Chamber of Commerce (OH)
Eddy County (NM)
Artesia Community Center (NM)
Webb County Community Action Agency (TX)
Border Area Nutrition Council (TX)
Taylor County Neighborhood Center (IA)
Taylor County Public Health (IA)
Alameda County I&R Roundtable (CA)
Maricopa Elder Abuse Prevention Alliance (AZ)

Senior Centers

Nassau County Department of Senior Citizen's Affairs (NY)
Dorchester Senior Center (NY)
Fort Greene Grant Square Senior Center (NY)
JASA Canarsie Senior Center (NY)
Midwood Senior Center (NY)
Ridgewood Bushwick Senior Centers (NY)
Elmhurst Jackson Heights Senior Center (NY)
Regional Aid for Interim Needs (RAIN, NY)
St. Charles Senior Center (PA)
West Philadelphia Community Center (PA)
Haddington Senior Center (PA)
Star Harbor Senior Center (PA)
Mid-Valley Senior Center (PA)

South Side Senior Center (PA)
Taylor Senior Center (PA)
Dunmore Senior Center (PA)
Senior Centers of Luzerne and Wyoming Counties (PA)
Upper Cumberland Senior Centers (9 locations, TN)
Carrollton Senior Center (GA)
Villa Rica Senior Center (GA)
Bowling Green Senior Centers (KY)
Lake Cumberland Senior Centers (KY)
Eden Retirement Center (IL)
Red Bud Senior Center (IL)
Cahokia Senior Center (IL)
Livingston Senior Center (IL)
Highland County Senior Citizens (OH)
Jackson County Senior Citizens (OH)
Adams County Senior Citizens (OH)
Ollie Longhorst Senior Center (MO)
San Jose Senior Center (NM)
La Casa de los Abuelitos Senior Center (NM)
Mesa Senior Center (NM)
Metcalf Senior Center (NM)
Oakland Senior Center
Senior Center Without Walls of Alameda (CA)

Libraries

AMICO (NY)
Carbondale Library (PA)
Bowling Green Libraries (KY)
Edwardsville Library (IL)
Tustin Library (MI)
Laredo Public Library (TX)
Butte-Silver Bow Public Library (MT)

Government/State

EPIC (NY)
Social Security (multiple states)
Veteran's Services (NY)
Tennessee SHIP
Tennessee SMP
SHINE Program (FL)
Kentucky SHIP
New Mexico Aging & Long Term Services Department (NM)
ALTSD Resource Center (NM)
National Guard Armory (NM)
Oklahoma SHIP
California Health Advocates (CA)

CA HICAP (33 locations)
CMS (multiple states)
Mended Hearts Support Group (AZ)

National

AARP Tax Aide Program (NY)
Foster Grandparents Program (multiple states)
Alzheimer's Foundation (NY)
Retired Senior Volunteer Program/SERVE (NY)
Americorp VISTA (multiple states)
Alzheimer's Association (IL)
AARP Retiree Group of Osceola (MI)

Corporate

Fidelity Bank (PA)
Mall at Steamtown (PA)
Arlington Co-Op (MD)
Talladega Race Track (AL)

Hospital/Rehabilitations/Nursing Home

Mount Sinai Health Insurance Navigators Program (NY)
Chattahoochee Hospice (AL)
VITAS Hospice (FL)
Adams County Regional Hospital (OH)
Highland District Hospital (OH)
Hearth and Care of Greenfield (OH)
Laredo Regional Hospital (TX)
Doctors Hospital (TX)
Butte Convalescent Center (MT)

Medical Specialties

Dialysis Centers (TX)

Health Providers/Clinics/Community Health Centers

Mercy Medical Senior Network (NY)
Empire Blue Cross Blue Shield (NY)
Northern Queens Health Coalition (NY)
Primetime Health (PA)
Bon Secours Community Center (MD)
Salem Medical Clinic (AL)
LifeLong Medical Care (CA)
Grace Hill FQHC (MO)
People's Health Centers FQHC (MO)

Pharmacies

Jones Pharmacy in Ardmore (AL)

North Jackson Pharmacy (AL)
Sylviana Pharmacy (AL)
Pisgah Pharmacy (AL)

Schools/College/Universities

Health Outreach-Brooklyn College (NY)
Temple University (PA)
Drexel University (PA)
BCU (MD)
Avery Trace Middle School (TN)

Housing

Ann Thomas Senior Housing (PA)
Opportunity Towers (PA)
Venango House (PA)
Somerset Villas (PA)
Sunrise Community Development Corporation (PA)
West Oak Lane NORC (PA)
Cottish Rite Towers (PA)
Reed Street Apartments (PA)
York House Senior Residence (PA)
St. Anthony Apartments (PA)
Geneva House (PA)
Hazelton Housing Authority (PA)
Victory Heights Senior Building (DC)
Mt. Calvary Seniors (DC)
Bel-Park Tower (MD)
Villa Rose Retirement (IL)
Faith Countryside (IL)
Wesley House (MO)
Butte-Silver Bow Housing Authority (MT)
Big Sky Senior Living (MT)
Colonial Manor (MT)
Evergreen of Butte (MT)
Lawrence Moore Manor (CA)
Stewart Pratt Manor (CA)
Project Ayuda (CA)
Villa de la Esperanza (CA)
Villa del Pueblo (CA)
El Pueblo (CA)

Other/Unknown

Community Services Society-ACES Program (NY)
COGIC (PA)
Philadelphia Senior Games (annual event, PA)

Media

Shamrock Communications (PA)
Citizen's Voice (PA)
Times Leader (PA)
Hazelton Standard Speaker (PA)
New Age Examiner (PA)
Beacon Newspaper (PA)
WBAL (MD)
Channel 11 (MD)
WMAR (MD)
Channel 13 (MD)
WJZ (MD)
WBFF/WNUV Fox 45/54 (MD)
Associated Press (MD)
Baltimore Sun (MD)
Baltimore Examiner (MD)
Afro (MD)
Baltimore Times (MD)
Baltimore Business Journal (MD)
BMore News (MD)
Baltimore Chronicle (MD)
Jewish Times (MD)
Baltimore Messenger (MD)
City Paper (MD)
WYPR (MD)
WWIN AM/Spirit 1400 (MD)
WERQ FM 92 Q (MD)
WEAA FM (MD)
WCAO FM Heaven 600 (MD)
WCBM (MD)
WPOC/WSMJ/WCAO (MD)
Anniston Star (AL)
Cleburne Newspaper (AL)
Alabama 810 (AL)
TV 24 (AL)
Overton County Cable Company (TN)
Clear Channel Communications (TN)
Herald-Citizen Newspaper (TN)
Cannon County Courier (TN)
Citizen's Statesman (TN)
Jackson County Sentinel (TN)
Macon County Times (TN)
Macon County Chronicle (TN)
Overton County news (TN)
Pickett County Press (TN)
Carthage Courier (TN)

Southern Standard (TN)
Hilltop Express (TN)
Senior Times (TN)
Radio Mambi (FL)
WRHC Cadena Azul (FL)
Lake Cumberland Radio Stations (KY)
Beacon of Belleville (IL)
Cadillac News (MI)
Greenville Daily News (MI)
KXLF (MT)
Montana Standard (MT)
KMBR Radio (MT)

Congressional/Elected Official

State Rep. John Taylor (PA)
State Rep. Waters (PA)
State Senator Kitchen (PA)
State Rep. Jewel Williams (PA)
State Rep. Ken Smith (PA)

Sorority/Fraternity/Community Clubs

North Scranton Rotary (PA)
Limestone County Rotary Club (AL)
Lion's Club of Jackson (OH)
Lion's Club of West Union (OH)