

Helping Our Elders Access Health and Social Service Benefits



**A Report from the National Indian Council on Aging's
Washington State Demonstration Project,
Entitled "Increasing Access to Social Services by American Indian Elders,"
including a Guide for Establishing Your Own Program**

U.S. Administration on Aging Grant # 90AM2833

Prepared by: Traci L. McClellan, Executive Director, National Indian Council on Aging (NICOA),
and Emma Ross Medicine White Crow, Project Manager for the NICOA Washington State Demonstration Project.
Greg Winter, Research Director of Cornerstone Strategies, Inc.,
was the independent evaluator and excerpts from the evaluation are included in this project report and guide.



National Indian Council on Aging

10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111
Telephone 505-292-2001 - Fax 505-292-1922
<http://www.nicoa.org>



NICOA Tribal Benefits Counselors

Back Row: Loretta Delora (United Tribes of All Indians Foundation, Seattle); Carole Davis (Northwest Regional Council Area Agency on Aging (AAA)); Joni Alexander (Quinault); Joanne Leith (Colville); Marilyn Steeves (Makah); and Michelle Price (Port Gamble S'Klallam).

Front Row: Esther Williams (Upper Skagit); Lorna Squetimkin (Colville AAA); Dulcie George (Yakama AAA); and Geraldine Brickey (Cowlitz).

Not pictured: Ben Charles (South Puget Inter Tribal Planning Agency).

Project Staff:

Traci L. McClellan, NICOA Executive Director

Emma Ross Medicine White Crow, Project Manager, Kauffman & Associates, Inc.

Candice Terry, NICOA Finance Director

Clytemnestra Davison, NICOA Media Specialist

Project Oversight Committee:

James T. DeLaCruz, Sr., NICOA Chairman & Portland Area Representative

Florence Chavez, NICOA Vice Chair & Albuquerque Area Representative

Gloria Lefthand, NICOA Secretary & Aberdeen Area Representative

Harriet Rhoades, NICOA Treasurer & Sacramento Area Representative

Chauncey Ching, NICOA's Washington, DC Liaison

Teddie Ching, NICOA's Washington, DC Liaison

National Indian Council on Aging Washington State Demonstration Project Project Summary

TITLE: A Demonstration Project to Increase Access to Social Services by Indian Elders in Washington State

Abstract

The National Indian Council on Aging (NICOA) proposed a one-year demonstration project in Washington State to provide Benefits Counselors for Elders in those Tribal communities willing to provide office space and administrative support. The demonstration project will consist of hiring and training Tribal community members for benefits counseling using the Statewide Health Insurance Benefits Advisors (SHIBA) as the primary trainer. Following training, the Benefits Counselors were housed in the Tribal community, local Area Agency on Aging (AAA), or urban Indian organization to assist Elders in accessing benefits to which they were entitled. It was the goal of the NICOA demonstration project to increase the number of Indian Elders who access health and social services in the State of Washington. A key project objective focused on providing individual assistance to Elders through information, assistance, and advocacy at the community level. Culturally relevant informational materials, such as posters, pamphlets, and videos, were developed for distribution to Indian Elders' programs. The project developed a web based tool kit to assist the Benefits Counselors which can be replicated to disseminate the demonstration project nationally.

Problem Statement

American Indians and Alaska Natives represent about 1.5 percent of the U.S. population (U.S. Census, 2000). As a result, researchers and policy makers continue to encounter problems identifying and defining those Native people who are or should be enrolled in the major publicly funded health and social support programs such as Social Security and Veteran Benefits.

The experience of the National Indian Council on Aging with its earlier three-year project supported by the Social Security Administration, Centers for Medicare and Medicaid Services, and the Indian Health Service to model education and outreach programs in Indian Country found that barriers to Social Security, Medicare, Medicaid, and Veterans Benefits still exist in Indian Country. These barriers continue to prevent them from access to cash and other benefits that would enhance quality of life and to health insurance, and, therefore, health care that could begin to lower the health disparities so prevalent in Indian Country. Barriers that Indian Elders face and must overcome to access benefits and services include:

Helping Our Elders Access Health and Social Service Benefits

- Past experiences with government agents where prejudice and overt bias prevailed;
- Deep-rooted mistrust of government promises broken repeatedly;
- Language and cultural barriers for some;
- Limited access to vital and health records;
- Culturally-based reluctance to reveal personal information about health and financial status to strangers;
- Transportation problems from remote locations on the reservations and/or difficulty in keeping appointments without reliable transportation;
- Difficulty filling out questions on SSA/SSI, Disability and other agencies' forms; and,
- Unfamiliarity with appeals process when a claim is denied.

Goals and Objectives

The primary goal of the NICOA demonstration project was to increase the number of Indian Elders who accessed health and social services (including Veterans benefits) in the State of Washington. The organization's fundamental objective was to provide ongoing assistance to Elders through information, assistance and advocacy at the community level by training Tribally enrolled community members who had been hired and screened per the Tribe or organization's hiring protocol. NICOA partnered with interested Tribes, Area Agencies on Aging, and a Seattle urban Indian organization to work with Washington State's SHIBA Program, Indian Health Service, Tribal Veterans Groups, Washington State Veterans groups, other Area Agencies on Aging, Washington State Governor's Office on Elder Affairs, and Tribal attorneys and ensure the Elders received the attention and assistance they deserve.

Significance

American Indian and Alaska Native claimants desperately need education and assistance to breach the barriers that prevent their access to benefits they have earned and to which they are entitled. Through the demonstration project and its training program, NICOA provided assistance to Indian Elders who remain under-enrolled in basic benefit programs. That assistance emphasized the process requirements, taking into account the cultural barriers noted above. The NICOA project provided culturally respectful training to the Tribal Benefits Counselors to help their assistance through the reconsideration and appeals process as well as to Tribal Elder program staff, Tribal attorneys, and attorneys from non profit membership advocacy groups. Although the demonstration project was only for the State of Washington, NICOA concluded that the methods and strategies can be replicated by Indian Tribes, Tribal organizations, Area Agencies on Aging, and urban Indian organizations nationally.

Project Report

How did this project come about?

In 2004, Senator Patty Murray earmarked an appropriation for a demonstration project in Washington State to assist Tribal Elders in accessing all the benefits to which they are entitled. These funds, administered by the Administration on Aging and granted to the National Indian Council on Aging (NICOA), placed Tribally enrolled Benefit Counselors with supportive reservations and agencies. Kauffman and Associates, Inc. (KAI) in Spokane was subcontracted by NICOA to manage this innovative statewide project. The Benefits Counselors were employed by NICOA and managed by Emma Ross Medicine White Crow of KAI from her office in Seattle. To accomplish these objectives, NICOA worked in partnership with Washington State Tribal Nations, South Puget Intertribal Planning Agency, Northwest Regional Council on Aging, and United Indians of All Tribes Foundation. This collaborative effort placed ten Tribal Benefit Counselors to work in sixteen Tribal/Reservation communities and one in a Seattle urban Indian organization. Tribal Benefit Counselors assisted Tribal Elders in accessing social service programs including, but not limited to, Medicare, Medicaid, Social Security, COPES, Basic Food Program, Veterans benefits, and Older Americans Act programs. There were a total of eleven Tribal Benefit Counselors working in the following Tribal Nations: Lummi, Nooksack, Samish, Sauk-Suiattle, Swinomish, Upper Skagit, Makah, Port Gamble, Port Madison, Skokomish, Squaxin Island, Nisqually, Chehalis, Quinault, Shoalwater Bay, Cowlitz, and Yakama, and a Seattle urban Indian organization.



*Locations of Tribal and Urban Indian Communities
Who Participated in the Washington State Demonstration Project*

Helping Our Elders Access Health and Social Service Benefits

NICOA conducted the demonstration project in three related phases. The first phase involved enlisting the participation of Tribes and communities where Indian Elders reside as well as local organizational partners in order to identify specific service-related needs. The second phase involved recruiting community members to employ as Benefits Counselors as well as developing and presenting individualized training and support for these individuals. This phase addressed barriers to service access for Indian Elders and emphasized a continuous contact model for Benefit Counselors. The third phase focused on coordinating with the participating Indian communities and on how the work of the Benefits Counselors could be sustained. The Project Team also hosted regional exit roundtable interviews for several project communities to showcase lessons learned, community impact, and to hear feedback. Information gleaned from this phase and other project activities was used to develop a toolkit for use by any Tribal community that wants to establish a Tribal Benefits Counselor program.

Building on its previous benefits training and information dissemination project, NICOA found a severe lack of knowledge about the SSA's and CMS' benefit programs. That project, funded by the Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) and the Indian Health Service (IHS), in New Mexico, Minnesota, Montana and Seattle, Washington, documented an acute lack of knowledge and hesitancy to approach government offices among Indian people. If an Elder should apply and a claim for benefits is denied, as is the case in the majority of initial claims, the history of painful relations between Indians and government agencies repeats itself. Very few Native people ever approach the Social Security Administration or other similar government agencies for reconsideration or appeal. Even if the denial is based on a technical issue such as information not being provided or failure to receive the document on time, they will suffer in silence before appealing. Benefits determinations are made in central locations where there is virtually no personal contact with the claimants, so there is no way to know or learn of the culturally based issues Native claimants face.

Private law firms have emerged to help denied claimants appeal, but these services are almost non-existent in Indian Country. Benefits staff at clinics run by the Indian Health Service, Tribal agencies, and urban Indian organizations are unable to take on the overwhelming time commitment and documentation requirements to pursue appeals. During the Washington State Demonstration Project, NICOA expected their Benefits Counselors to devote significant time to assist Indian Elders in the appeals process. NICOA also sought partnerships with Tribal attorneys to assist in appeals proceedings and provided training to all those interested in assisting the Elders in their community.

The journey of aiding Tribal Elders to access benefits can be a difficult one. They should not walk this journey alone. Overall, NICOA has found that finding a person who will work to become not only a trusted advocate for families but also an expert in their field is key to success. Finding someone who will continually research changing laws and resources and who will take the initiative to find Elders in their community with unmet needs is essential. The support of Tribal leadership and cooperation from Tribal program staff is also critical for the Benefits Counselor's role to have an impact.

It's very important to go to the Elder's homes and sit and listen to them first, and not go in and say, "This is what we're going to do and this is how we're going to do it." You've got to hear them and listen to them. They've got stories that they tell you. They want to tell you about their lives, how they got here, and where they grew up. You go and listen. You may have to go back two times or three times before you're able to accomplish the task with them. But it's important to them that they know that somebody is coming into their home and sitting and listening to them and trying to work with them.

-NICOA Benefits Counselor

What are the key elements to establishing an effective Benefits Counselor program?

Through the demonstration project, NICOA determined that the success of the project could be attributed to several factors. The more of these factors that the Tribe, Tribal organization, Area Agency on Aging, or urban Indian organization can attain will increase the Benefits Counselor's success in assisting the Elders. The key elements to focus on include:

- Identifying the needs of the Elders and which programs and services they have to access to address their needs;
- Hiring the right person(s) for the position;
- Ensuring support of the leadership and supervisor for the Benefits Counselor;
- Providing adequate and ongoing training in programs and services Elders need;
- Employing effective outreach strategies to reach the Elders;
- Fostering relationships with other service provider staff both inside and outside the community; and,
- Measuring success and impact of the efforts undertaken

These topics will be explored in detail throughout the remainder of the report.

What are the problems facing the Elders in the community and what services or programs must be accessed to address them?

In order to establish an effective Benefits Counselor program, an assessment of the barriers to access and types of services required for the Elders in the community is paramount. For the NICOA Washington State Demonstration Project, the following Elder needs emerged from discussions with Tribal leaders, Tribal departments heads, and Elders:

- The needs are most acute in specific benefit categories, including health care access, prescription drugs, and veterans' benefits.
- Barriers that prevent Elders' access to needed benefits include a reluctance to apply for benefits due to lack of trust of government programs, trouble filling out paperwork, and having to deal with a confusing bureaucracy.
- Some Elders are difficult to serve, including those who are homebound, live off the reservation, or are non-enrolled Native Americans.
- Tribal departments are struggling to provide Elder services in the face of budget and staffing constraints, rising costs, and other organizational barriers.

From these general observations, Tribal leaders, department heads, and Elders provided more specific views about the Elders needs in their communities for the project's evaluation and are provided below.

Helping Our Elders Access Health and Social Service Benefits

NOTE: Specific summary comments and quotations from exit interview participants are designated with a one-letter abbreviation to identify the community interview from which it was recorded (C=Colville, N=Northwest Regional Council (representing 5 Tribal communities), U=Upper Skagit (at Northwest Regional Council), and P=Port Gamble).

Specific Benefit Categories

When participants discussed specific problems faced by community Elders, they most frequently referred to **healthcare access, prescription drugs, and veterans benefits**. They also mentioned disability access improvements to housing and assistance with wills (including living wills).

U We have many veterans but no veterans' benefits coordinator like many larger Tribes.

P Widows of veterans often do not know what benefits they are entitled to and how to access them.

P Medicare Part D prescription drug benefit program is very complex to Elders. Right now this is one of the biggest needs for assisting Elders access benefits.

N Big need for accessible housing for Elders

C The new Indian land consolidation rules have made it even more critical that Elders have their wills in order.

Benefits Access Problems

Some interview participants drew attention to some of the problems that this demonstration project was designed to address, including Elders' **trouble with, or reluctance to, completing the paperwork** necessary for various benefit programs. Others referred to the **confusing bureaucracy** encountered at many benefit agencies. One participant noted that **Elders' pride** may be a barrier to seeking benefits without additional encouragement from a trusted source.

C – Many Elders have trouble filling out the forms required by benefits programs. For example, my brother used to get cut off from his medical benefits because he kept filling out the forms wrong.

C – Our Elders need help navigating the various benefits systems, especially veterans assistance, home repairs, food stamps and other nutrition programs, foster grandparents' assistance and others.

C – Elders' pride prevents many of them from seeking the help they need.

Challenging-to-Serve Subpopulations

Elders who are homebound by choice or by other circumstances receive less information about the availability of benefits than Elders who regularly attend group senior meals and other Tribal social gatherings. It is also more difficult to serve **Elders who live off-reservation or non-enrolled Native Americans** who live on the reservation (e.g., contract health services).

C – Some of our Elders do not go out socially. They prefer to, or have to, stay at home. So there's no opportunity to interact with them at functions like senior lunches, for example.

Helping Our Elders Access Health and Social Service Benefits

N – The challenge is serving Elders not enrolled or not living on the reservation.

Tribal Departments’ Struggle to Increase Benefits Access

Tribal health and senior program staff know about the barriers to full enrollment of all Elders in the most appropriate benefits programs, but **operations budgets and staffing constraints** (including staff size, qualifications, and training) present **organizational barriers** to providing the necessary individualized services required to maximize Elders’ benefits access.

C – Prior to this project, we knew there was a need to more effectively get information on benefits programs to Elders besides just telling them about it at meal sites, but we didn’t know how to do it.

C – Tribal staff from different departments try to help some Elders but they may not be trained in the huge variety of benefit programs available.

C – The Tribe has no central service to assess individual Elders’ needs and direct them to most appropriate benefits programs.

P – Our health benefits staff is already stretched to the limit, leaving almost no time to work one-on-one with Elders to help them with their unique needs.

N – Lummi Senior Program and CHR Program are being reduced due to needed budget cuts, limiting our ability to work closely with Elders.

C – The Tribe often uses its own resources to assist Elders even when there are federal and other benefit programs that could be used instead.

Once the barriers have been identified and the needs of the Elders assessed, the development of a plan to address them by the organization can begin. A planning guide is available on page 20 as a resource to get started.

What type of individual(s) should be recruited for the Benefits Counselor positions(s)?

The project success will be directly related to the initial hiring of the right Benefits Counselor for a given community rather than the location, size, or type of the community in which they worked. Although some smaller Tribes may not have as many internal resources or programs, success could be had by innovative relationships and networking with county, state, and other agencies. Less successful were those who were not willing to foster relationships or at the very least connect with other agencies. The most successful Benefits Counselors have been those who have looked for the best possible resources to fulfill the needs of the individual Elder. It is giving them the perspective of going beyond what the Tribe can provide and utilizing the resources presented to them at the trainings, their state elder service agencies, NICOA, and consulting with fellow Benefits Counselors, their supervisors, and the Project Manager. *Success means meeting the challenge of problem solving head on.*

It is helpful to hire someone who already knows the Tribal Elders and whom the Elders trust. This person must also be skilled enough to connect with the broader community and be seen as a resource. A trusted advocate is invaluable. This advocate is one who will help them understand and fill out the paperwork and is willing to take the time to listen to their life stories. If needed, this individual can then become their

“champion” should they need someone to walk with them through the denial of claim process, or accompany them to speak to the representative whether for health or social service, the Veterans Administration, or another federal agency.

Tribal health and senior program staff know about the barriers to full enrollment of all Elders in the most appropriate benefits programs, but **operations budgets and staffing constraints** (including staff size, qualifications, and training) present **organizational barriers** to providing the necessary individualized services required to maximize Elders’ benefits access.

NICOA’s Benefits Counselor, Dulcie George, adapted to serve as a key member of the local Yakama Area Agency on Aging. She attended Elder gatherings and did outreach into the community by doing home visits. Dulcie also became a resource for Elders on energy assistance, housing, and wills.

She met with the Yakama Housing Authority to get applications turned in on behalf of seniors for the new housing units being built on the Yakama reservation. Dulcie also visited with Yakama Tribal/HUD housing office, which was reviewing the 504 applications already in place at the time. She set up meetings with Habitat for Humanity to explore if they would build a home for a Yakama Tribal member. The key lesson Dulcie learned through this demonstration project is that you have to research all resources available on a particular topic in order to assist an Elder.



Dulcie George

What level of support from Tribal or organizational leadership and the supervisor is necessary for the Benefits Counselor position?

For the Benefits Counselor to be successful in serving the community’s Elders, a strong level of support is required. The site supervisor must serve as a mentor, facilitator and supporter of the Benefits Counselor’s work. The site supervisor needs to help ensure success for the effort by connecting the counselor to other Tribal programs and to connect them to Tribal Council champions to help overcome Tribal politics. The supervisor will ensure the effort is accepted in the community by assuring accountability to the community and meeting the unmet needs of Tribal Elders.

The Tribal Chair of the Upper Skagit Tribe served as the site supervisor to the effort for her Tribe. The needs of her community Elders are a priority, and she knows that with her direct involvement she can learn much about how to address the unmet needs of Elders.

Many Elders have fears of releasing their information to anyone. If they gain one benefit, does that mean they will lose another? Will they lose their home? What will they leave for their children? The need for appropriate site supervision with mentorship and support is also very crucial to a successful effort in any given community. The supervisor should know Elder issues, other Tribal programs that are utilized by Elders, and have support from their own superiors to help ensure the Benefits Counselor has a champion within the Tribe or organization.

What type of training is necessary for the Benefits Counselor to be effective?

NICOA directly provided training workshops throughout the project as well as arranged for training opportunities through other agencies. Benefits Counselors also participated in trainings that they had discovered on their own. All Tribal Benefits Counselors received training in Medicare Part D (the new prescription drug coverage program), Veterans benefits, and the Benefits Checkup® screening tool. All but one Benefits Counselors participated in the Washington Statewide Health Insurance Benefit Advisors (SHIBA) training. Over half of the Benefits Counselors were trained in Veterans' widow benefits, caregiver topics, and Elder law.

NICOA recommends that comprehensive instruction in federal and state social support benefits be provided to newly hired Tribal Benefits Counselors. Benefits Counselors must be familiar with the services provided and information offered by the following programs: Medicare; Medicaid, Social Security, Retirement, Survivor's and Disability Benefits plus Supplemental Security Income; Veterans; and Railroad Retirement benefits. Particularly, these Counselors need to understand how services may be coordinated and how Elders can access these services to manage their health through preventive services, disease management (particularly diabetes), and long term care. In addition to learning about the range of benefits programs available to Elders, Benefits Counselors should receive training in confidentiality issues as required under the Health Insurance Act (HIPAA) as well as program management. The following training options may be explored for access by programs in states nationwide:

- **Statewide Health Insurance Benefits Advisors (SHIBA):** In Washington State, the SHIBA program offers training in Social Security, VA Benefits, Medicare, Medicaid, COPES (long term caregiver services), Basic Insurance, the Medicare Drug Plan, and Social Services available per county. While these programs are designed for the state population at large and may not be culturally relevant in all aspects, they do provide an important starting point for Benefits Counselors to learn about the national and state programs available to Tribal Elders. Each state has a form of the State Health Insurance Program (SHIP), although it may carry a slightly different name as it does in Washington State.
- **Tribal, IHS or urban Indian Health Systems:** Each Tribe or community has access to a different array of healthcare services that Elders may respond to the needs identified in an individual's situation. Transportation services, Community Health Representatives, and healthcare services may be available. It is important to access and know what local options are available in addition to seeking out those available from non-Indian agencies.
- **County Specific Resource Guide:** Benefits Counselors in Washington State were provided with a county specific resource guide that identified long term care services and providers, health care providers who accept Medicaid or Medicare eligible patients, and other important benefits resources. A similar resource guide may be available in other states and their counties as well.
- **Training for Tribal Attorneys:** At times, it may be necessary to contact the Tribal attorney to address ramifications of denial of social service benefits, applications, or claims. Training is offered by state agencies and legal social justice programs to prepare attorneys for these situations.

Helping Our Elders Access Health and Social Service Benefits

- **Health Insurance Portability and Accountability Act (HIPAA) Training:** Because Benefits Counselors may need to advocate on behalf of Elders, it is important for the rights and privacy of Elders to be protected. All counselors need to attend HIPAA training so that they understand the privacy and confidentiality responsibilities that their positions require. Such training may be offered by Area Agencies on Aging or Tribal health clinics.
- **Tribal Services:** Benefits Counselors must also be familiar with the Tribal programs that serve Elders in their community. Knowledge of these programs not only helps to identify Elders who may be in need of services but to connect Elders with resources in their own community. Examples of these programs may include: Senior Citizens Programs, Veterans Programs, health, nutrition, housing, energy assistance, enrollment, and cultural programs. They will vary by community.

Effective training is a process output that leads to increased community capacity to respond to Elders' needs. The Washington State Demonstration Project evaluation found that training in specific benefit program administrative procedures was important to the success of individual Benefits Counselors in linking Elders with benefit services. Training also increased Benefits Counselors' understanding of specific benefits programs and increased the Benefits Counselors' comfort level when talking with Elders about specific benefit programs.

What outreach efforts worked best to increase access to services for Elders and which ones proved less successful?



Esther Williams

In NICOA's demonstration project, direct face-to-face relationship building proved most effective in successful outreach to Elders. It is important to take the time to listen to life stories, family news, or whatever else is important to the Elder before getting down to business and filling out paperwork. Working with Elders where they are most comfortable - in their own homes - seems to be the best method. This allows the Benefits Counselor to have an opportunity to introduce themselves to the Elders. Benefits Counselors expect to be asked questions about themselves as well as their family and where they come from, if they are not already known to the Elder.

Aside from home visits, outreach to Elders who participate in Elder meal programs, Community Health programs, or receive care at Tribal or urban clinics is also very effective. Staff who are familiar with the Elders and their unmet needs can be helpful advocates and referral sources. Pow wows, feasts, and other community gatherings provide the opportunity for outreach to not only the Elders themselves but also their family members. Seeing Benefits Counselors at community events helps the Elders and community interact with them in a more social setting. Tribal newsletters are an effective means to reach Elders and families and can include contact information and announcements for specific events that the Benefits Counselor may attend. Esther Williams, the Upper Skagit Tribal Benefits Counselor, utilized Pow Wows, the Tribal newsletter, and flyers to get the word out and reach the Elders in her community.

The Benefits Counselors employed a variety of methods to reach the Elders and found some did not work as well as others. Here are some examples of the least effective outreach strategies:

Helping Our Elders Access Health and Social Service Benefits

- Mainstream newspaper articles – Articles about the project in larger mainstream newspapers do not seem to generate much interest nor many referrals.
- All in One Visits – Relationships of trust take time. One cannot expect to collect all the needed information in one visit.
- Office visits – Some Elders are not comfortable providing their personal information in an office setting. They worry about what might be done with the information.
- Use of computers during visit – Some Elders do not seem to trust information being entered into a computer. What will happen to their information? Who will have access to it? Any use of the Benefits Checkup (R) resource tool or making notes on the Elder’s file should occur after the visit has been completed unless the Elder is consulted and comfortable with use of the computer.

We Benefits Counselors went and knocked on everybody's doors the first two weeks after we were hired to let them know that we were there. The response has been overwhelming. Our council is beginning to embrace us, and our Tribal programs embraced us. We're going to get little nametags that have "Gatekeeper" on them because we really became a gatekeeper for our Elders.

-NICOA Benefits Counselor

Overall, the NICOA Benefits Counselors provided effective outreach to the Indian communities they served by visiting with Elders at senior centers, health clinics, their homes, and cultural events. They received referrals from service providers that knew of an Elder who needed assistance. These proven strategies should be implemented in creating a successful Benefits Counselor program.

How important is fostering relationships with the staff of Tribal, federal, state and local agencies and programs?

The Benefits Counselor cannot provide effective service to the Elder without the ability to network and establish positive relationships with those working in Tribal programs as well as those outside the community. To assist the Elder in navigating the often confusing bureaucracy and gain access to critical benefits, the Benefits Counselor must be willing to be an advocate and outreach to the agencies on the Elder’s behalf. Throughout the Washington State Demonstration Project, the Benefits Counselors relied heavily on the relationships they had cultivated to assist the Elders they served. They met with service providers at local, state and federal agencies to gather information and help Elders streamline the process of receiving the benefits they required.



Geraldine Brickey

One beneficial relationship developed through the Project came from working with the Washington State Veterans Association. There is currently a memorandum of understanding between the Veterans Administration in Washington State and three Tribes (Swinomish, Upper Skagit, and Port Gamble) allowing eligible veterans to work with their Tribal clinics to fill prescriptions. The discounts are substantial. For example, diabetes medication that previously cost \$156 per month can now cost as little as \$7 per month. This pilot project may open to other interested Tribes in the future.

Helping Our Elders Access Health and Social Service Benefits

NICOA's Benefits Counselor, Geraldine Brickey, a Cowlitz Tribal member, did extensive home visits and worked continuously to build relationships in southwestern Washington with the South West Regional Area Agency on Aging, the Statewide Health Insurance Benefits Agency's Regional Director, the Regional Veterans of Foreign Wars Representative, and multiple other city, county, and state agencies that work with Elders. This particular Benefits Counselor looked at her work as a calling rather than just a job. She proved beneficial to her community because she also performed outreach to Tribal members from multiple Tribes, who now receive their health care at the newly built Cowlitz Tribal clinic. Over forty-five new patients are now being seen at this clinic because of this Benefits Counselor's efforts.

The ability of Benefits Counselors to continually meet with service providers at local agencies who will assist their efforts and refer Elders to them is crucial. Opportunities to connect and network with other Tribal Benefits Counselors also helped them be successful. The NICOA Benefits Counselors found that many of their Elders referred them to other family and friends who needed help. Depending on where the Elder lived and his/her ability to travel, they referred them to the closest Benefits Counselor for assistance. Once other agency or program staff, Elders, and the community know about the Benefits Counselor, the relationships established allow the important work of helping Elders to begin.

How will success be measured for the Benefits Counselor position and its impact shown in the lives of the community's Elders?

NICOA utilized the services of Greg Winter, Research Director of Cornerstone Strategies, Inc., in Bellingham, Washington, to evaluate the goals, objectives and outcomes of its Washington State Demonstration Project. Mr. Winter employed a logic model framework using the project's resources, activities, and outcomes to measure success through impact to the areas comprising of short- and medium-term results and benefits (outputs and outcomes), and long-term impact on individuals and communities. Organizational staff, administrative services, and federal funding (the resources) allowed these organizations to conduct the project's activities (e.g., enlisting community participation, hiring, and training benefits counselors). In turn, these activities resulted in support of local communities and strategies to reduce barriers to benefits access by Elders. Those results yielded specific benefits in the short- to medium-term time frame, including increased American Indian/Alaskan Native Elder enrollment in benefit programs, positive fiscal effects, and increased community capacity to respond to Elders' needs.

The project's final outputs and outcomes serve as the basis for developing project performance measures. Most performance measures compare certain situations before and after the project's intervention activities. The outcome measures used here are both quantitative and qualitative in nature. Quantitative measures are based on numeric data gathered from the Benefits Checkup® reports, Washington State Department of Social and Health Services data, and the Port Gamble S'Klallam Tribal health clinic. The qualitative measures are based on narratives from evaluation interviews or contained in narrative components of monthly reports submitted by the Benefits Counselors.

Benefits Checkup® Resource and Data Tool

This online resource helps connect Tribal programs with the services they may need. Learning how to use this innovative tool can make assessing the eligibility of Tribal Elders for federal and state benefit programs and services much easier. After utilizing Benefits Checkup®, the Tribal Benefits Counselors found that the average Elder can gain access to an average of 20 out of 130 distinct assistance programs that the Benefits CheckUp® tool includes. One test of the demonstration project’s impact was to compare the difference in end-of-year screenings through Benefits Checkup® tool from 2004 to 2005 for two populations: the statewide Native American population and all non-Native Americans. The difference was striking. There was a 158% increase in Native Americans screened through Benefits Checkup from 2004 to 2005 (74 in 2004 to 191 in 2005), compared to a 15% *decrease* in non-Native Americans screened (3,876 in 2004 to 3,300 in 2005) in the counties served through the Washington State Demonstration Project. This is particularly noteworthy because not all Benefits Counselors used this screening tool. Among those that did, some used it only at the beginning of the project until they became familiar with the wide array of benefit programs available to their community’s Elders. It should also be noted that the baseline data for 2004 include all 12 months of the year; however, the data for 2005 include only data through the end of September.

Washington State Department of Social and Health Services (DSHS) In-Home Services Enrollment

Another way to measure the impact of the Benefit Counselors’ activities was to test whether or not there was a significant increase in Native American Elders accessing specific services in NICOA demonstration project areas compared to areas where NICOA Benefit Counselors were not present. NICOA Benefit Counselors frequently helped Elders apply for in-home services provided through Washington State Department of Social and Health Services (DSHS) based on a functional and financial assessment administered by DSHS or trained Area Agency on Aging (AAA) staff. These assessments determine whether or not an Elder is eligible for in-home services and which services they may receive.

To test whether there was a difference in the additional number of Elders accessing in-home services as a result of NICOA Benefits Counselors’ activities, the project’s evaluation compared the percentage change in the number of Native American Elders enrolled at year end in 2004 to the number enrolled in 2005 for each community. “Community” is operationalized as an individual DSHS planning and service area (PSA). Then, the evaluation compared the results for the communities with active NICOA demonstration project Benefit Counselors to the “control” communities – those without NICOA Benefit Counselors.

“This project definitely broadened my horizons. We went from helping 1-2 Native American Elders at any time, to helping 8-10.”

-PATH Program Specialist, Lower Columbia Mental Health Center

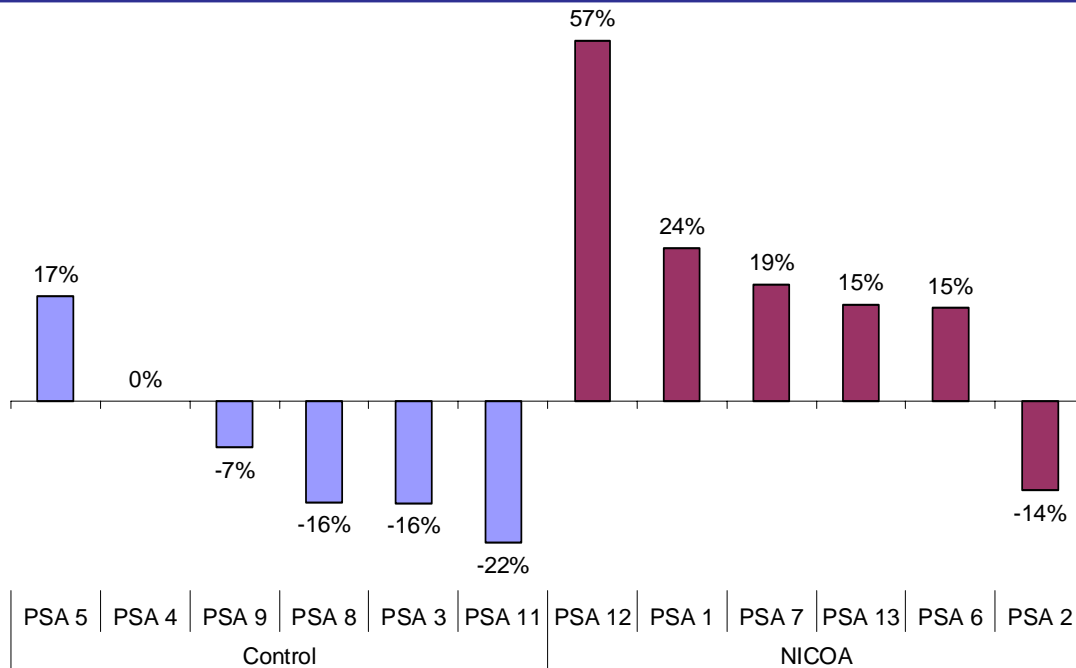


Figure 1 Percent change (2004 to 2005) in number of Native American Elders (55 years and older) enrolled with DSHS in-home services programs: control communities versus NICOA demonstration project communities

Among the six control communities shown on the left side of the graph, only one had an increase (PSA 5, 17%) in Native American Elders enrolled in in-home service programs. The rest of the control communities had changes ranging from 0% to a 22% decrease in Native American enrollment. Among the NICOA demonstration project communities shown on the right side of the graph, however, five of the six communities had increased Native American enrollment.

Fiscal Impacts on Tribal Health Programs

Tribal health staff reported that the Benefits Counselor program has the potential to produce significant cost savings for their health programs. Savings would come primarily from the capture of foregone Medicaid and Medicare reimbursements that result from under enrollment in these benefit programs by some Elders they serve.

The Port Gamble S’Klallam Tribe’s health clinic director estimated the amount of savings her program would realize through the Benefits Counselor program to be \$22,758.62 per year. Considering the clinic’s rapidly rising costs, these fiscal impacts are even more important to consider. Much of the Tribe’s health services costs include the following expenditures: insurance premiums, prescription drugs, specialty care for chronic conditions, dental care, and hospitalization. Over the past 8 years, the Tribe’s contract health services costs have increased an average of 8.15% per year. The costs in 2004 were 85% higher than the costs in 1996.

The project’s qualitative data derived from monthly reports submitted by the Benefits Counselor, in person interviews with each of them, and exit roundtables conducted at some of the participating Tribes and Area Agencies on Aging. Here is a sample of the feedback received from the Benefits Counselors working on the project.

Yakama Nation: *There are a lot of Elders out there that are coming into the area through some*

Helping Our Elders Access Health and Social Service Benefits

program or through DSHS. And the paperwork and application process makes them think that the benefits are something they have to pay back, but it isn't. So a big part of my job is explaining to them, "No, this isn't something that you need to pay back to the state, it is just to help you get on your feet if you are eligible for it." Many don't have family to take them to do the paperwork for the programs or services, but that's what we're there for.

Seattle Metro Area: Loretta Delora reached out to homeless Indian vets as a part of her efforts. *One of the homeless men I work with is a veteran and he's never tried to obtain any benefits or services of any kind. Then one day, he took it upon himself to apply for rental housing assistance and he got it, but he has zero income so he needed something to pay for his \$25 rent. Well, I just told him one day, "Tony, we're going!" And we went down to the VA office, and at first we went through security and they gave him a hard time. I noticed they didn't give me a hard time, but they sure gave him a hard time, and afterwards he got all the paperwork that was required. So the VA got the paperwork, they paid his rent, and now he wants to find out what other benefits he's entitled to. Before, he didn't want to apply for VA benefits because he just did not want to deal with those people. "They won't give me what's entitled to me," so he just didn't even want to fight. He just said, "Oh well, whatever, I'll live this way, I've been living this way." And I said, "Tony, you served though! You're entitled to these benefits, and you deserve them, and I would really like to see you get them. I just kind of want to put that in your mind, and you can just sit on it for awhile, but I really would like to see you kind of change your mind and be willing to do this." Finally, he said, "I want to apply for my benefits." And he said, "You know, Loretta, it's taken you coming with me. It's because you've decided to extend your hand and help me that I've wanted to do this. Prior to that, I didn't want to do it." So I feel like it's a lot of work, but it's little things like this that keep me going.*

Colville Nation: *I've been having a lot of Social Security issues with our Elders. The Elders don't know they can draw Social Security and work also. There's a lot of Elders I've worked with in the Tribe where they found out that they really can fill out the applications and now they're getting benefits plus working, and they didn't know they could do that. Social Security told one lady that they could only go back six months, but she's really thankful for going back that far. She didn't even know she could draw anything because she thought they penalized you because she's still working. She's an Elderly woman, about 70, and she got all those benefits and didn't even know it.*

I think something that we did with this project was set a precedent where we get out from behind our desk and see our Elders, where they don't come to us. That's been a big response from the public and the Elders. It's pretty humbling when they come up with tears in their eyes, and they're trying to thank you for "taking the time to come out and meet my need or even find out what my need is. I can't walk, I can't drive, I don't have any documentation," whatever the problems are.

Port Gamble S'Klallam Tribe: *The first Elder I met with was a little older and I told her, "Whatever benefits you have that you want, papers that you have on benefits, you can give them to me. I can make copies. I'll have them in a file in my office and whatever copies I have, whatever paperwork I have, you will also have. That way you have ownership of what benefits you have, a sense of responsibility. What I'm going to do is take your hand and you're going to*

Helping Our Elders Access Health and Social Service Benefits

walk me through this. So every benefit that you get, you know that you worked for it. You have a sense of it. I'm just here to help you get that."

I had the Elders fill out a questionnaire. One of the questions was, "Why do you feel a Benefits Counselor would be beneficial for your Tribe?" And a lot of them said, "Because we're disrespected when we go off the reservation." So I've seen that before and I saw it again when I went with a couple of them to the Social Security office, DSHS, and other agencies where they're not talked at, they're talked down to.

Cowlitz Tribe: *One of the successful things that made me feel good was when an Elder called me and told me that she was going to have to go to the hospital. She wanted me there at her house because the nurse was coming by to explain to her what was going to happen. I said, "Yes, I'll be there for you." So I went and I sat with her while the nurse explained to her that she had to go through colon surgery. And she said, "Will you take me to the hospital?" and I said, "Yes, I'll be more than happy to take you to the hospital." So she wanted me there to hold her hand and that made me feel good. I think the success of this project is getting the Elders to trust you and to call you when they need you.*

Upper Skagit Tribe: *One Elder who is 92 would not seek COPES services because she was in fear of the property recovery issues. She was thinking, "When I die, they're going to come and take away my house when my daughter and my grandson are still living with me." So that set me to do some research, and then the research led me to conclude that because she's a Tribal member living in the service area, they cannot recover her property. With this resolved, she decided to go after COPES. Next, I met with the 92 year old Elder's daughter. I asked her, "What are you going to do about her medical care?" And she just went into tears. "What happens when she needs to go into a nursing home?" And she just cried. And I said, "Guess what? There are respite services for you, too." I said, "You can even have someone come in here and sit with your mom for an hour or a whole day and you can go and take a break, go watch a movie, go do something for yourself." And she didn't know that there were such services for caregivers may be in need of services but to connect Elders with resources in their own community. Examples of these programs may include: Senior Citizens Programs, Veterans Programs, health, nutrition, housing, energy assistance, enrollment, and cultural programs. They will vary by community.*

Benefits Counselors were also asked to describe what "success" meant for the project. To them, success would be indicated primarily by: (A) supportive Tribal leadership; (B) supportive benefit agencies; (C) gaining the trust and acceptance of community Elders; and, (D) making a difference in the Elders' lives. All four success factors were evident within the participating communities.

- Tribal support stems from leaders' recognition that Benefits Counselors help to highlight the need for assistance to Elders, and they add value to existing Tribal programs. Benefits Counselors also help existing programs (e.g., health clinics) make maximum and efficient use of resources, in the face of shrinking operational budgets and rising costs.
- External benefit agencies gained a better understanding of the Indian Elder under enrollment problem. Some saw evidence of increased enrollment as a result of the demonstration project,

others do not have the means to measure this, and some said that it was difficult to measure a difference in such a short time period. Nearly all agency staff interviewed for the project's evaluation had positive attitudes toward the demonstration project and thought such a program should be continued and expanded. One staff person cautioned that short-term demonstration projects may result in long-term trust problems if not planned for continuation following the initial grant period.

- Tribal leaders, Elders, and Benefits Counselors agreed that building trust with Elders is of utmost importance to a program such as the Washington State Demonstration Project. There is general agreement among leaders in participating communities that Benefit Counselors were successful in gaining Elders' trust during the project.
- Tribal leaders, Elders, and Benefits Counselors recounted numerous examples of Benefits Counselors providing direct Elder services that had positive effects on their lives. Through their activities, Benefits Counselors also affected positive fiscal impacts on individual households and Tribal operations.

"The experience I had working with the Benefits Counselor really changed the way I look at things. We all react better to someone that has idea of who we are and where we are coming from. It will help me work with professionals and ease away from the medical model, to be more people-oriented, and to increase the use of peer advocates."

-Independent Living Advocate, Disability Action Center NW

Also, during the exit interviews, Tribal leaders, department heads, Elders and Benefits Counselors offered many comments that comprise advice for communities planning to begin an Elders benefits counselor program of their own:

- Tribal community leaders advised that Benefits Counselors should be hired based on their ability to build trust with Elders and to work with Elders one-on-one, often in their homes.
- Based on their experience with this project, some WSDP partners said that decisions about hiring Benefits Counselors and the specific people to be involved should be made at the outset of creating and setting up a Benefits Counselor program.
- Where the Benefits Counselors were employed by the local Area Agency on Aging (AAA), this arrangement met with approval from these site leaders.
- Benefits Counselors in at least two communities provided cultural diversity training to resource agency staff, and leaders at both sites highly recommend this practice.
- According to the Benefits Counselors, the ideal candidates for their positions should be known and respected members of the communities in which they will work. They should have the ability to build trusting relationships with Elders. That means they should be willing to visit Elders at their homes and to listen patiently. They should also be aware of cultural norms associated with interacting with Elders.
- Develop the program with an eye for sustainability of the Benefits Counselors' work within the Indian communities that they serve.

Helping Our Elders Access Health and Social Service Benefits

The evaluation concluded that the demonstration project effectively increased the enrollment of Tribal Elders in services that they were not previously accessing. It also demonstrated that using Tribal members to provide the outreach and assistance allowed Elders to feel comfortable in accessing benefits. Ultimately, the presence of the Benefits Counselor saved the Tribes precious resources that they could use to support their Elders in other areas where gaps in services not covered by Tribal, federal, state, or local programs exists. As a result of the demonstration project and its successful outcomes, NICOA created this project report and planning guide to assist those serving American Indian and Alaska Native Elders across the country in developing their own Benefits Counselor position(s).



National Indian Council on Aging

10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111

Telephone 505-292-2001 - Fax 505-292-1922

<http://www.nicoa.org>

Helping Our Elders Access Health and Social Service Benefits

The following is offered as a planning resource for Tribes, Area Agencies on Aging, or Indian organizations pursuing their own funding for a Benefits Counselor position and internally developing a team to support for that program.

How to set up your own program: A Planning Guide – view www.nicoa.org/bentoolkit/

1. Identify an advocate who can customize the program for the community.
2. Ensure Tribal or Organizational Support by:
 - a. Tribal resolution or organizational form of commitment.
 - b. Budget and Finance – Find out when the Tribal or organizational budgets are approved and get on the agenda.
 - c. A detailed budget should be presented to the Tribal Council or organization’s Director. This budget should include:
 - i. Benefits Counselor wages and fringe benefits
 - ii. Travel, which could include mileage reimbursement or use of Tribal or agency car
 - iii. Training
 - iv. Office and printing supplies
 - v. Secured office space, or at the very least a lockable file cabinet for private files, in order to comply with HIPPA regulations
 - vi. Equipment, computer, printer (if not dedicated, at least daily access)
 - vii. Indirect costs (electricity, heat, etc.)
 - viii. If there is not a person already in place to supervise the Benefits Counselor, this budget should reflect wages, fringe benefits, training, and travel for a supervisor.
 - ix. Benefits Check-up Resource® tool subscription unless Tribe or organization has another means of assessing all benefits eligible to the Elder in a given geographic area.
 - d. Are there any local agencies and/or Tribal programs willing to financially commit to this program? Possible commitment could include having the Benefits Counselor housed in one of the local agencies such as the Area Agency on Aging or other Indian organization, therefore reducing the financial burden to the Tribe or organization.
3. Networking
 - a. Clearly outlined partnerships with local agencies

Helping Our Elders Access Health and Social Service Benefits

- i. Ask for financial partnerships prior to seeking full Tribal or organizational sponsorship. If you don't ask, you can't hear yes!
 - b. Coordinate with Tribal programs already in place
 - i. Is there a way to change an already established position within the Tribe or organization to focus on Elder benefits? This change in the job description would cost the Tribe or organization very little but would be very beneficial in getting the program started.
 - c. Hiring of local Benefits Counselors
 - i. Find out the pay scale of the funding Tribe or agency for this type of position and the background/skill level. Make sure you are paying appropriately for the skill level that you are requiring. This could vary from place to place and cannot be a one size fits all for the budget.
- 4. Establishing the Program
 - a. Identify barriers to accessing services
 - i. Assess local community – capital available, human resources, language, culture, and connection to outside agencies.
 - b. Supervision
 - i. There will be a need for a supervisor to provide day-to-day support for the Benefits Counselor.
 - c. Job description (see example at end of this report)
 - d. What is required in hiring a Benefits Counselor?
 - i. Ensure background checks as position is one of trust with Elders and visits often occur in their homes
 - ii. Selection of highly skilled person who Elders are comfortable with and can work well with a variety of Tribal and non-Tribal agency staff
 - iii. Certification for HIPPA compliance - can receive training on the job
 - iv. Possible work or collaboration with Tribal or local Area Agencies on Aging
 - v. May be able to train an Elder through Senior Community Service Employment Program, funded through Title V of the Older Americans Act and eventually hire as staff.
 - e. Program tools (printing costs for forms should be included in budget. If printing is provided in-house, include paper costs)
 - f. Client in-take forms (see www.nicoa.org/bentoolkit for examples)

- i. Tracking sheet for contacts, time spent, and outcomes
- ii. Monthly reporting form
- iii. Authorization for advocacy/confidentiality (HIPPA)
- iv. Mileage reimbursement form (This could be a travel cost unless the Benefits Counselor has a vehicle provided by the Tribe or agency)
- v. Travel reimbursement form if attend trainings off site
- vi. Weekly tally sheet
- vii. Office with dedicated phone, computer and email, access to fax and Tribal or agency vehicle/mileage reimbursement
- g. Support Networks
 - i. Other Tribal programs
 - ii. Other state Elder agencies
 - iii. Other Elder community advocates - City, County, State, and Federal
 - iv. Elder and Community Outreach – spreading the word about the position

5. Training

- a. State Health Insurance Programs or Benefit Agencies
- b. Tribal or IHS Systems (county specific – not all towns or cities have trainings available; however, county centers near larger cities have Elder advocacy training available)
- c. Veterans benefits
- d. County specific resource guide
- e. Training for Tribal Attorneys on appealing denied claims for benefits
- f. HIPPA training
- g. Benefits Check-up® web based resource tool
- h. Tribal Services

6. Evaluation Recommendations

- a. Document outcomes
- b. Develop specific Tribal clinic or organization data collections to demonstrate and measure impact such as reimbursement increase offsetting healthcare costs in communities.

Helping Our Elders Access Health and Social Service Benefits

- c. Connect with state offices on health, agencies on aging, disabilities, and other partners to expand access to services for Elders
 - d. Show proactive approach to healthcare for Elders, i.e. chronic care and the impact on Tribal or local Indian communities
7. Stakeholders
8. What role does Tribal or organizaional leadership play in getting Benefits Counselor program started? Funding for the program must be committed at a level that will provide quality staff.
9. What role do Tribal or organizational programs play in getting started?
10. What other possible partnerships? What other resources are available at the Federal, state, local levels, or with private entities?
11. Who is in charge of data, program, supervision, and future funding for the Elder Benefits Counselor?
12. Possibilities / Outcomes
- a. Provide Elders with access to benefits they are entitled to receive in order to age well in their community
 - b. Generate more dollars flowing into Tribal community for health and social service programs
 - c. Create goodwill in community with Elders more involved and connected to others
 - d. Develop potential partnerships in Tribal or non-Tribal community to bring in more services
 - e. Provide Elder Abuse advocacy and education among Tribal or local Indian community
 - f. Capture Tribal Elders' oral history
 - g. Establish Tribal Elders' connection to future Tribal curricular work in education or involvement in Tribal Wellness centers utilizing their knowledge of traditions, customs, and ceremonies

For more information or assistance in setting up a Benefits Counselor program, please contact the National Indian Council on Aging.



National Indian Council on Aging

10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111
Telephone 505-292-2001 - Fax 505-292-1922
<http://www.nicoa.org>



National Indian Council on Aging

10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111

Telephone 505-292-2001 - Fax 505-292-1922

<http://www.nicoa.org>

POSITION DESCRIPTION

Job Title:	Tribal Benefits Counselor	Classification:	Full-time, Temporary, Hourly
Reports to:	Project Manager and NICOA	Project:	NICOA Washington State Demonstration Project
Location:	Tribal or Organization Office Assigned	Salary Range:	\$12.00 hr + benefits
Opening Date:	October 25, 2004	Closing:	January 21, 2005

Position Summary: The Tribal Benefits Counselor is responsible for implementing the objectives of the NICOA Washington State Demonstration Project. This project seeks to increase the education, outreach and enrollment of American Indian Elders in a variety of federal, state, local, and Tribal health, social service and Veterans programs. This position is grant funded and subject to availability of funds.

Essential Functions:

1. Set up office at the Tribe, Tribal organization, Area Agency on Aging or urban Indian program with materials, enrollment forms, and information brochures, i.e., Medicaid, Medicare, Veterans, SSA.
2. Coordinate with Tribe or organization's Elder, nutrition, and health and other social service programs to provide outreach to Elders on benefits for which they are eligible. Make presentations at Tribal or organization's events such as Elder lunches and community gatherings. Prepare and submit informational articles to Tribal and organizational newsletters.
3. Assist Elders in completing enrollment forms for various federal and state social service programs.
4. Responsible for submitting and tracking the completed forms to the federal and state social service programs.
5. Maintain regular contact with Project Manager and NICOA via telephone, fax, email, or face-to-face meetings.
6. Prepare and submit monthly reports for Project Manager and NICOA.
7. At the end of the project, prepare and submit a "lessons learned" report to Project Manager and NICOA.
8. In addition to initial benefits training provided by SHIBA and Project Manager, attend all trainings as required, i.e., veteran's benefits, health, social services, retirement programs, etc.

Other Functions:

1. Although individuals will be considered employees of NICOA for the duration of the project, each must follow and adhere to laws and policies of the host Tribe or organization.
2. Employee must submit timesheets signed and verified by host Tribe or organizational representative to NICOA bi-weekly.
3. Employee will be considered to be on probation for a period of 120 days.

Minimum Job Requirements:

- High school graduate or GED, college education preferred.
- Possess a valid state driver's license, good driving record, and reliable vehicle for transportation.
- Ability to use tact and diplomacy with all sensitive issues and special situations.
- Office space, supplies, and letter of support provided from host Tribe or organization.
- Complete benefits training with SHIBA and any other trainings organized by NICOA Project Manager.
- Ability to work independently with minimal supervision.
- Maintain confidentiality of Elders' personal information and data.
- Must be an enrolled member of a federally recognized Tribe.

Except as provided by Title 25 CFR, Section 472 which allows for Indian preference in hiring, the NICOA does not discriminate on the basis of race, color, creed, age, sex, national origin, physical handicap, marital status, politics, or membership or non-membership in an employee organization.

