

Check List for Volunteer Visits SHIBA and SMP Training/Recertification

Date of Contact: _____

Contacted by: _____

Volunteer Information

Name: _____

E-mail: _____

Counseling Location (office/county) _____

Phone: (H) _____ (O) _____ (Cell) _____

Supervisor: _____

Initial Mentor: _____

Date of Initial Certification: _____

Orientation

_____ Mission, goals, service philosophy

_____ Calendar of regular volunteer meetings & events

The Position

_____ Position description/job responsibilities (SHIBA and SMP)

_____ Best Practices

_____ Organizational chart /Contacts and Roles of SHIBA and DHS staff relative to volunteer's position

Computer Use/Resources

_____ Using medicare.gov (Plan Finder, Medicare What's Covered, Authorized Representative Form, Appeal Process, MyMedicare, etc.)

_____ Calling Medicare or Social Security

_____ Extra Help (LIS) application benefitscheckup.org/Oregon and checkmark for SHIBA credit

_____ Referrals to DHS for OR State benefits

_____ Accessing PAP's needymeds.org or RxAssist.org

_____ OR Insurance Commission (OIC)

_____ cbs.state.or.us/external/ins/consumer/consumer.html

_____ Oregon Health Insurance Marketplace oregonhealthcare.gov

- _____ SMP Resources smpresource.org
- _____ OR PDP oregon.gov/OHA/pharmacy/OPDP/
- _____ VA va.gov/healthbenefits/
- _____ DHS (Medicaid, OHP, etc.) oregon.gov/dhs/
- _____ SHIP NPR shipnpr.acl.gov

Recording/Reporting

- _____ Security/Preservation/Destruction of Records
- _____ Client contacts and codings – Performance Measures and SMP coding
- _____ SHIP NPR recording shipnpr.acl.gov
- _____ Phone calls and appointments

Training/Outreach

- _____ SHIBA Recertification
- _____ Available for SHIBA public outreach
- _____ SHIBA training, webinars, etc. OregonSHIBA.org
(contact your Coordinator)
- _____ SMP Training Status smpresource.org
 - 1. Foundations _____
 - 2. Group Education _____
 - 3. Counselor Training _____
 - 4. Complex Issues _____
- _____ Other _____

Other (Your ideas for improvements):
