



Revised: January 2026

# Center for Economic Well-Being Benefits Enrollment Center Orientation Guide



## Welcome Message

We are delighted that you are joining us on our journey to help older adults and adults with disabilities connect with benefits that will improve their quality of life. Beginning in 2009, NCOA's Center for Economic Well-Being (CEW) supported a handful of Benefits Enrollment Centers (BECs) to provide person-centered assistance to older adults to enroll in benefits.

Today, we have a network of 90 BECs spanning 40 states and territories. We are proud to partner with your organization to improve the lives of millions of Medicare-eligible older adults and adults with disabilities, especially those who are struggling to meet their basic living expenses.

The CEW team at NCOA is excited to guide and support your organization along this journey, and we look forward to celebrating your success in improving the economic security of individuals in your communities.

Sincerely,



Jennifer Teague  
Director, Health Coverage & Benefits  
Center for Economic Well-Being  
National Council on Aging

*This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$13,504,196.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.*

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## I. About the BEC Initiative

BECs use person-centered strategies in a coordinated, community-wide approach to find and enroll Medicare-eligible beneficiaries—both older adults age 65+ and adults living with disabilities—who have limited income and resources to access available benefits. BEC grantees will support older adults and adults with disabilities in completing initial applications and recertifications in the following core benefits programs:

- Medicare Part D Extra Help (or Low-Income Subsidy, LIS)
- Medicare Savings Program (MSP)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)

Grantees are also expected to provide clients with information on [Medicare Preventive Services](#), which are a variety of services covered by Medicare Part B that focus on health promotion and early disease detection.

All BECs should be part of a state No Wrong Door system for access to long-term services and supports or be willing to make referrals to the local Aging and Disability Resource Centers for access and coordination on state facilitated outreach education, eligibility and/or enrollment systems.

There are a variety of organization types operating BECs across the country. They include non-profit organizations, public government agencies, universities, hospitals/health clinics, Area Agencies on Aging (AAAs), Community Action Agencies, faith-based organizations, and food banks. There are grantees who function via a call center model and others who have a brick-and-mortar office location. BEC grantees may serve a single county/community, large portions of or an entire state, or multiple states. Each brings their own unique skills to this work and is representative of a wide array of community partners.

## II. Core Benefits Programs for Medicare-Eligible Beneficiaries

NCOA's Center for Economic Well-Being has identified the following programs as core benefits that can help low-income older adults and adults with disabilities to pay for health care, food, and prescriptions. Grantees should assist clients with a broad range of public and private benefits, but the primary purpose of this grant is to screen and assist clients in enrolling in the four core benefit programs (detailed below).

### [Medicare Part D Extra Help/Low-Income Subsidy \(Extra Help/LIS\)](#)

Beneficiaries with Medicare who have limited income and assets may qualify for Extra Help to assist with the costs of their prescription drugs. The Social Security Administration (SSA) and the Centers for Medicare & Medicaid Services (CMS) work together to provide this benefit. Some people get Extra Help/LIS automatically; this includes people enrolled in both Medicaid and Medicare, those receiving Supplemental Security Income (SSI), and those who qualify for a Medicare Savings Program. For individuals who do not qualify for SSI,

Medicaid, or Medicare Savings Programs, they can apply for this benefit directly to the SSA either online or by paper application. BECs play a key role in assisting individuals with the application process. People receiving Extra Help/LIS pay no premiums (up to a benchmark amount), no deductibles (unless receiving the partial subsidy) and lower copayments for their medications at the pharmacy.

Learn more at: <https://www.medicare.gov/basics/costs/help/drug-costs>

### **Medicare Savings Program (MSP)**

Medicare Savings Programs (MSPs) are Medicaid-administered programs for people on Medicare who have limited income and resources. These programs assist individuals in paying for some or all of their Medicare cost share. Older adults and adults with disabilities who may not qualify for full Medicaid may still be able to enroll in an MSP. There are four different types of MSPs, each with different income and resource eligibility limits which are determined by the state and/or territory the individual resides:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Beneficiary (SLMB)
- Qualifying Individual (QI)
- Qualified Disabled Working Individual (QDWI)

Learn more at: <https://www.medicare.gov/basics/costs/help/medicare-savings-programs>

### **Medicaid**

Medicaid is a state-run health insurance program that pays for a broad range of medical services for people with low income and resources. Each state runs its own Medicaid program, so eligibility and additional program benefits may vary by state. Basic services include doctor visits, inpatient and outpatient hospital services, lab tests, x-rays, medical transportation, family planning services, nursing facility services, home health, and nurse practitioner services.

"Dual-eligible" means that an individual qualifies for both Medicare and Medicaid. In this situation, Medicare pays for [covered services](#) first. Then, Medicaid steps in to bridge the gaps. This includes Medicaid paying for an individual's Medicare premiums, copays, coinsurance, and other out-of-pocket costs they would otherwise be responsible for. Medicaid also pays for long-term care, and may offer additional benefits that Medicare does not, such as hearing aids, eyeglasses, and dental exams.

Learn more at: <https://www.medicaid.gov/>

### **Supplemental Nutrition Assistance Program (SNAP)**

SNAP (previously known as food stamps) provides benefits to qualified households through electronic cards (like debit cards) that enable them to buy nutritious food at participating stores. Less than half of all older adults who qualify for SNAP are enrolled in the program, making low-income older adults especially vulnerable to hunger.

Learn more at: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>

To learn more about these benefits and the basics of Medicare, visit [Medicare Shorts: For Professionals](#), a playlist of short videos created by staff at NCOA for the purpose of assisting individuals and professionals in learning about key Medicare topics and related benefits.

### III. Medicare Preventive Services

In addition to assisting clients in enrolling in the core benefits, BECs are expected to provide clients with information related to [Medicare Preventive Services](#). Medicare Preventive Services are a variety of services covered by Medicare Part B that focus on health promotion and early disease detection. These services include screenings, vaccines, and education related to managing health conditions. For more information on Medicare Preventive Services, visit: <https://www.medicare.gov/coverage/preventive-screening-services>

NCOA is developing Medicare Preventive Services flyers and handouts. Grantees should provide these flyers when assisting new Medicare clients and/or assisting clients in enrolling in core benefits. While there is no specific number of flyers and preventive services sheets that should be handed out, it is expected that grantees are talking with clients about their needs and providing these resources as appropriate. Grantees should track via Cumulus reporting (see below) anytime Medicare Preventive Services information is provided.

### IV. No-Wrong Door System

The No-Wrong Door System initiative builds on the Aging and Disability Resource Centers (ADRC) program to streamline access to long-term services and support (LTSS) options for older adults and individuals with disabilities. In these systems, multiple agencies at the state and local level coordinate to create a simplified process through which individuals of all ages, abilities, and incomes can get unbiased information and one-on-one counseling on the options available in their communities. This allows them to make informed decisions on services that best meet their needs, regardless of where they enter the system.

BECs should be part of a No Wrong Door system for access to long-term services and supports or develop a plan to make referrals to the local Aging and Disability Resource Centers for access and coordination on state facilitated outreach education, eligibility and/or enrollment systems. NCOA Points of Contact will discuss with grantees about their plans for partnerships with the NWD/ADRC systems. NCOA will also host a webinar about the NWD system during the grant period.

For more information about the No Wrong Door System, visit: <https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-program-no-wrong-door>

## V. Partnerships

### Purpose of Partnerships

Partnerships are an essential component of your BEC projects. Key partnerships open the doors to potential clients, create opportunities for program expansion, and strengthen your education and advocacy efforts.

Identifying potential partners will be a critical part of your community mapping process as you start implementing your project. In this phase, it is important to take stock of your organization's strengths and weaknesses and determine where other agencies in your community can fill in those gaps. You will want to ask yourself:

- Who in my community is best suited to do the things that are difficult or that my organization cannot do?
- Which audiences are my organization not serving, or not serving well, and who has access to those audiences?
- What are the gaps that no one among my current network is filling, and who is the most promising player to fill those gaps?

When thinking of partners, you'll want to identify who is already at the table and who is not, but moreover, what incentives bring those groups to the table. What are potential partners' goals and constraints? What are the win-win-win opportunities for your organization, your partners, and your clients?

### Types of Partnerships

When building partnerships, find organizations that echo your message and have access to resources that you may not have. Create your partnership network by understanding what problems you want to solve and locating others interested in addressing those same issues. In addition to a required partnership with the NWD/ADRC system, a few organizations to consider partnering with include:

- Local offices of agencies administering benefits (e.g., Social Security office, Department of Health/Family Services, Community Action Agencies)
- Other aging and disability agencies, such as Aging and Disability Resource Centers, Centers for Independent Living, etc.
- Senior housing complexes
- Food banks/pantries
- Health providers
- Faith communities
- Ethnic/cultural affiliation groups
- Community locations frequented by Medicare beneficiaries: pharmacies, public libraries, dollar stores, VFWs, etc.

## VI. The Person-Centered Approach

The BEC program is committed to supporting a **person-centered**, holistic approach that considers the full needs of a person, not just the need for a particular benefit. This involves informing people about benefits and eligibility criteria and helping them navigate the application and recertification process.

A person-centered approach recognizes that one call or meeting with an individual may not be sufficient to meet all their needs and thus requires having systems in place to sustain contact with and continue assisting the same individual over a period. Research has consistently demonstrated that community-based organizations, using a one-on-one person-centered approach, are the most effective at successfully identifying and assisting potentially eligible individuals for need-based programs.

### **Coordinated Community Approach**

An integral part of this process is *community mapping* – determining the right partners who need to be engaged, defining the appropriate roles and commitment levels for each of the partners, and working together to determine which outreach and enrollment strategies will best fit the community being served.

### **Follow-up with Individuals Assisted**

Conducting follow-up conversations and activities to ensure that applications are successfully completed and submitted, that any problems are resolved, and that benefits are being received is a best practice for BECs.

When problems are discovered through the follow-up process, BECs may choose to reach out to the individual, the family, and/or the relevant agency determining eligibility to resolve delays, issues in eligibility determination, and to understand and address any inappropriate denials. The approach should generally ensure that individuals receive the benefits for which they are eligible.

Follow-up also allows for confirmation that the individuals are receiving the benefits for which they applied and to provide additional assistance and education, including ensuring that individuals retain these benefits through recertification as necessary.

### **BEC Holistic Approach**

The idea behind the BEC program is to help connect individuals with as many benefits as possible and at one location. Helping the individual avoid the need to visit multiple locations for assistance with benefits is at the center of the holistic approach. Below are examples of how to apply the holistic approach to BEC services:

- Whenever possible, help a client with a screening and completion of more than one

application in real time. To ensure timeliness, provide clients with a checklist of required documents to apply for benefits.

- Advertise requirements for completing individual benefits beforehand with outreach venues and community partners and utilize these connections to send the message to potential participants. This will inform participants of what they need to bring with them ahead of schedule.
- While conducting benefits screenings and enrollments at an outreach event can present challenges, scheduling benefits counseling appointments at these events can be more effective than simply handing out business cards or flyers. At a minimum, collecting the contact information of potential clients will allow the BEC to follow up after the event.

## VII. Technical Assistance & Grantee Communications

NCOA will be in communication with grantees to provide Technical Assistance (TA) and ensure compliance with the contract requirements. Each grantee partner is assigned a Point-of-Contact (PoC). A list of the PoCs can be found below in Section XIV Key NCOA Contacts. The PoC is responsible for connecting one-on-one with each grantee monthly for the first 3 months of the grant, and then at least quarterly with additional meetings as needed. The following sections describe in more detail each of the TA elements that will occur during the grant cycle.

### i. Orientation

In the first month of the grant cycle, NCOA will offer orientation sessions that will help grantees to understand the BEC grant expectations as well as the client reporting platform, Cumulus. These trainings are mandatory for all new and returning grantees. These sessions will be recorded and available for viewing later. These can serve as training resources if staff turnover occurs during the grant cycle.

### ii. Monthly TA Calls

Each month, NCOA staff will choose a different topic and lead a group training session. At least one representative from your organization must attend these monthly calls. If you are not able to attend the live session, a recording will be made available after the call. Attendance at TA calls is an expectation of this grant, and grantees need to prioritize attendance at the calls. If for some reason a grantee is unable to attend, they need to let their PoC know in advance. Sessions will be held on the NCOA Connect platform. To attend, you will need to create a free account at: <https://connect.ncoa.org/>. NCOA staff will send out a monthly reminder about the call as well as the link to join.

### iii. 1:1 Meetings

The NCOA PoC will schedule individual calls with their assigned cohort of grantees. These calls will be held on a monthly basis for 3 months, starting in March 2026. After May 2026, grantees who are on track with grant

activities will move to a quarterly 1:1 check-in schedule. Grantees that are having trouble meeting grant goals or have performance issues may need to meet with their PoCs more frequently.

iv. As needed additional calls

Additional calls may be requested by the grantee or the NCOA staff. Reasons for additional calls may include but are not limited to; requesting support to problem solve a programmatic issue, support to orient or onboard new staff if turnover occurs during the grant cycle, responding to questions regarding reporting or technical requirements, conversations regarding performance concerns. A grantee can request an additional call by emailing their PoC or reaching out to [Center4EWB@ncoa.org](mailto:Center4EWB@ncoa.org).

v. Age + Action Conference

NCOA hosts an annual national conference centered around key topics in the sphere of aging, including benefits access. This conference is geared towards expanding your reach and providing the opportunity for grantees across programs to connect. At least one representative from the organization must attend Age + Action in 2026, 2027, and 2028. The next national Age + Action conference will be held May 26 to 29, 2026.

For the 2026 conference only, grantees will be provided with a stipend to cover the cost of attendance as well as travel and hotel costs. Grant funds should be budgeted to attend in 2027 and 2028.

For more information about Age+Action and to register for the 2026 conference, please visit:

<https://na.eventscloud.com/website/90730/home/>

## Compliance

i. Virtual Monitoring

During the grant cycle, about one third of grantees will be required to participate in Virtual Monitoring. The goal of Virtual Monitoring is to promote transparency, compliance, and effective use of granted funds for the intended purpose. The grantee will be notified at least 30 days in advance with an agenda for the Virtual Monitoring session and a requested list of information. The NCOA staff member and grantee will determine a mutually agreed upon date for the Virtual Monitoring session. The grantee will be asked to provide some financial and programmatic information at least one week before the Virtual Monitoring Session. During the session, the NCOA staff will review any questions they have about the materials provided. The Virtual Monitoring sessions will identify in what areas the grantee is meeting, surpassing, or not yet meeting expectations of the grant agreement. These sessions will also allow NCOA staff to identify best practices that can be shared with the BEC network.

ii. Site Visits

In-person Site Visits offer the opportunity for NCOA staff to meet with the grantee and grantee identified strategic partners. Over the grant cycle approximately one third of grantees will be asked to host a Site Visit. Unlike Virtual Monitoring sessions, the tone of Site Visits is less formal, and the agendas for the visit are co-created by the grantee and NCOA PoC. Site Visits are a time for NCOA to meet key grantee staff, volunteers, and organizational leadership. Site Visits also provide the opportunity to go offsite and tour outreach and partner venues if appropriate. These meetings allow extended conversations to address programmatic areas in need of improvement, highlight successes and, when applicable, work together on developing best practices to share with the BEC network. When selected for an in-person Site Visit, the grantee will be notified at least 30 days in advance and asked to provide the NCOA PoC with an agenda ahead of the visit.

### VIII. Performance Checks and Corrective Action Plans

NCOA will conduct four performance checks throughout the grant period to ensure organizations remain on track to achieve their grant goals. Grantees are expected to meet the benchmarks outlined in the chart below and maintain the monthly averages specified. Failure to meet performance benchmarks may result in corrective action, termination of the grant agreement, and/or rescission of funds. Benchmarks noted under 6-month, 12-month, 18-month, and 24-month checks are the expected number of core applications that should be completed by that period.

<b>Funding</b>	<b>Avg. Core Apps per Month</b>	<b>Total Core Apps by End of Grant</b>	<b>6-Month Check</b>	<b>12-Month Check</b>	<b>18-Month Check</b>	<b>24-Month Check</b>	<b>Final</b>
\$150,000.00	20	600	60	180	300	450	600
\$200,000.00	30	900	90	270	450	675	900
\$300,000.00	40	1,200	120	360	600	900	1,200

Corrective action plans (CAPs) are implemented when grant agreement expectations are not being met, and the issues were unable to be resolved through informal calls between the NCOA PoC and the grantee. Should your organization be placed on a CAP, the PoC for your organization will meet with your organization to discuss the need for a CAP and the next steps in the process. Reasons for CAPs include but are not limited to;

consistently late or missing reports, performance lagging significantly behind targets, unresponsiveness to communication efforts from NCOA staff, failure to meet the technical assistance participation requirements (including monthly calls), and lack of attendance at Age+Action. CAPs will highlight specific areas that the grantee needs to improve, along with a timeline for correcting any identified issues. The grantee will be responsible for developing the specific actions that they take to meet the expectations laid out in the CAP and in the grant agreement. The CAP and all follow-ups will be tracked and maintained in the Cumulus system (see below).

## IX. Cumulus Data Reporting

After years of managing the Benefits Enrollment Centers (BEC) program, NCOA has learned a great deal about what works well, and what presents challenges. This round, NCOA is taking steps to streamline and improve how BEC data is captured and used. A core part of that strategy is the implementation of a single, purpose-built, unified data platform called Cumulus. Cumulus will automate and streamline BEC workflows, support real-time visibility, eliminate reporting burdens, and improve overall data integrity. Use of the Cumulus platform is an expectation for BECs in this round and is provided at no cost.

The HIPAA-compliant Cumulus platform allows BECs to securely track all activities that relate to this grant. The platform will allow BECs to:

- Maintain secure records on each client for whom the BEC screens and assists with initial application submissions and recertifications.
- Track progress towards grant goals through easy-to-use dashboards, including cumulative totals of core benefit applications completed.
- Report outreach activities and client testimonials/success stories.
- Access BEC resources and programmatic documents.
- Submit help requests to NCOA staff to resolve issues related to grant management and/or reporting.

A recorded training on utilization of the Cumulus platform will be made available for all grantees. If you do not have access to this training, please contact your NCOA PoC or [Center4EWB@ncoa.org](mailto:Center4EWB@ncoa.org)

### Data Duplication and STARS

BEC enrollment data is reported to the Administration for Community Living (ACL). ACL also oversees the State Health Insurance Assistance Program Tracking and Reporting System (STARS), so any data reported in STARS that is also reported under the BEC grant through the Cumulus platform would be considered duplicative. It is important that BECs who report in STARS do not report the same applications in both STARS and Cumulus. The same client may be reported in both systems as long as the individual applications are not duplicated. For example, if a client was assisted with an MSP application and a SNAP application, the MSP application could be reported to STARS and the SNAP application could be reported to Cumulus under the BEC grant. When in doubt, reach out to your NCOA point of contact to ensure that duplicative data is not being submitted.

## Client Narratives

In addition to data reporting, each grantee is required to provide a client success story/testimonial **at least once every six months**. These will be entered via the Cumulus platform, which will prompt users to answer questions and complete a form. NCOA staff will review testimonial submissions to ensure compliance with grant guidelines.

### **Sample of an insightful client narrative**

*MC is a 77-year-old woman with a degenerative eye condition who was referred to our BEC Partner by a former staff member of the organization. At her initial screening, she was mainly concerned about finding housing in a safe, adaptive building as she knows she will eventually lose her eyesight. The staff were easily able to give her housing referrals, but her screening indicated that she was eligible for so much more. With an annual income of less than \$20,000, she was unaware that she was eligible for any type of benefit, but she was very hesitant to pursue them because “someone else needs it more”.*

*It took a couple of phone calls and some convincing to assure her otherwise, but the BEC staff were able to complete several applications on her behalf. Besides housing referrals, she was the recipient of SNAP, ACP, Lifeline (NJ energy assistance), and ANCHOR. The value of these benefits provides MC with \$2,175 that she was going to pass up.*

*MC told the staff that she always found a way to “make do” with what she had, but she was very appreciative of the extra money she will be saving/receiving. She will eventually not be able to drive, and the extra money will likely go towards transportation costs.*

This client story works well because it includes specifics about the older adult served (age, income, challenges) as well as details about how the BEC assisted the client, including the dollar value of the benefits that the client was enrolled in. Photos and direct quotes from the client about how the BEC’s assistance impacted them are also great additions.

## Story Collection Consent Forms

When possible, NCOA likes to use actual names and photos of individuals assisted to share the stories of grantees’ success and demonstrate the social impact of benefits access. However, we recognize that not all clients may wish to share their name and image but still may be willing to share details of their experience under a pseudonym.

When submitting case studies, please obtain clarification over whether the individual is willing to share their story publicly and indicate whether the name is a pseudonym. Grantees should use the client consent form in Appendix A to obtain written permission from those who are open to sharing their story publicly.

## X. BenefitsCheckUp®

BenefitsCheckUp® ([BenefitsCheckUp.org](https://www.BenefitsCheckUp.org)) is NCOA’s free online tool that helps connect older adults and adults with disabilities to vital programs that help them afford daily expenses, live with better health, and stay independent. BenefitsCheckUp has over 1.25 million users, with 90% being considered new, and a 61% engagement rate. Through BenefitsCheckUp, potentially eligible individuals can complete eligibility screenings, access benefits applications, find their closest Benefits Enrollment Center, and more.

### How BECs use BenefitsCheckUp

BECs are encouraged to use BenefitsCheckUp in whatever way best supports the work they are doing and the needs of the clients being served. Below are a few examples of how BECs may choose to utilize BenefitsCheckUp:

- Promote your organization’s “white label” (see below) version of BenefitsCheckUp on your website, social media pages, fliers, and other promotional materials. This is a simple way to ensure that more individuals in your service area learn about the benefits for which they may qualify.
- Utilize BenefitsCheckUp as an eligibility screening tool when working directly with clients. While many BEC staff feel comfortable completing screenings and enrollments on behalf of clients, BenefitsCheckUp includes a robust list of location-specific resources and may identify benefits that are not on the BEC staff member’s radar, such as transportation benefits, local food pantry sites, and even National Park discounts!
- Improve language accessibility for potentially eligible clients. BenefitsCheckUp is currently available in English, Spanish, and Vietnamese, with additional languages coming soon.

### White Label Site

All BECs will be provided with a “white label” version of BenefitsCheckUp. The white label version contains all the same features as BenefitsCheckUp.org, but it has a unique URL and is co-branded with your organization’s name and logo. The white label allows each BEC to have a customized version of the BenefitsCheckUp tool, as well as access data about how users are utilizing the tool in their service area.

## XI. Outreach

Grantees are expected to conduct a minimum of **one outreach activity per quarter**. All outreach activities should be reported via the Cumulus platform; see Appendix B for a copy of the Outreach Event form. Outreach activities can take on a wide range of formats, from one-time in-person health and community fairs to in-

person visits to senior apartment buildings or senior centers, to online advertising, to using radio and television ads. Here is just a sample of several strategies used by the BEC grantee network.

### **Large-scale Health Fairs**

Partner with large healthcare systems or government agencies to implement large-scale health fairs. Partnering with large agencies and organizations to host a benefits fair not only helps draw large crowds, but it also provides the opportunity for strengthening relationships with administering agencies and drawing support from elected officials.

### **Social Media Advertising**

Paid social media ads can be an effective way to reach low-income older adults who may not know about your organization and services but may be eligible for benefits. Ads appear in the user's news feed and can be tailored to specific groups of people based on location, demographics, and interests. You can use ads to either promote an event or information on a website, or to gather information from users via an online form to contact them directly for a benefits screening.

### **Earned Media**

Earned media is the opposite of paid media; it is any free media coverage secured by approaching ("pitching") reporters at local print, radio, and TV outlets. Earned media can be a great, cost-effective way to get the name of your organization and its services out to a broad audience.

### **Telephone Town Halls**

Telephone town halls (or tele-town halls) are meant to simulate an in-person town hall, like those a member of Congress might hold in their district. They are an opportunity to get a lot of people together in one place (or in this case, on one phone line) to tell them about the work you are doing to connect seniors with benefits, and to answer common questions.

There are upfront costs in conducting a tele-town hall, but they are a unique mechanism to reach potentially hundreds of clients in a short time. Our outreach toolkit provides everything you need to consider when hosting such an event: <https://www.ncoa.org/article/telephone-town-halls>.

### **Evaluating Outreach Efforts**

Regardless of which tactic you employ, your organization should have a plan in place to be able to track and measure the success of your outreach efforts. This may be as simple as asking a new client about how they heard about your work on an intake form/interview.

## XII. Advertising and Marketing

### Stevens Amendment

In accordance with the Federally required Stevens Amendment, any public publications, products, communications, or programs developed using BEC grant funds must include an acknowledgement of federal funding from the Administration for Community Living (ACL). Please use the following language on any and all products that are either fully funded or partially supported by grant funds.

#### **HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:**

"This [project/publication/program/website, etc.] was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$13,504,196.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.

#### **The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:**

"This [project/publication/program/website, etc.] was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$13,504,196.00 with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

### Logo Use

NCOA maintains strict control over the use of its logo in marketing materials. You are not required to cobrand your grantee materials with NCOA, but if you would like to do so, you must contact us to obtain a copy of the logo and brand guide explaining its proper usage. Grantees must also send us a copy of the marketing materials in which you wish to include the logo for prior approval.

### Finding Potential Clients

You may already have a sense of where there are low-income Medicare-eligible beneficiaries in your community who may be missing out on MSP, LIS, Medicaid, SNAP and/or other benefits. If not, NCOA has developed two data visualization tools that can help.

1. Identifying areas where there are higher concentrations of Medicare beneficiaries who may be eligible for Extra Help or MSPs: <https://www.ncoa.org/article/lis-msp-potential-eligibles>
2. The Benefits Participation Map shows program participation rates for adults age 65+ nationally and by state and county for SNAP, SSI, and MSP. This map is being updated to reflect the most current available data. <https://www.ncoa.org/benefits-participation-map/>

## Sustainability

Thinking about sustaining your benefits outreach efforts beyond the life of the grant period is essential to its long-term program continuity. Diversifying funding beyond a single grant source enables your organization to plan strategically and adapt to future funding fluctuations without compromising your program's core objectives.

NCOA will support your efforts to diversify the revenue coming in to support your program in the following ways:

1. Providing Technical Assistance – As described above, we will support you in many ways to implement the most effective program possible.
2. Estimated Value of Benefits – We will provide accurate information about the estimated value of benefits for each benefit tracked in the performance reports. Past grantees have used this information to communicate to other funders the impact of every dollar they invest into the program.
3. Timely information about your progress toward your performance targets – Cumulus provides up-to-date dashboards that reflect all reported enrollments, along with additional data such as demographic information of clients served.

## XIII. Promising Practices Clearinghouse

The Center for Economic Well-Being has compiled a clearinghouse of promising practices ([Medicare Promising Practices Clearinghouse for Professionals](#)) to share innovative approaches that have worked in improving benefits outreach and enrollment. Each practice includes contact information, when available, for an individual at the agency who oversaw the activity and is willing to discuss it in further detail.

## XIV. Key NCOA Contacts

### Jennifer Teague

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# Appendix A: Client Consent Form



## Consent to Use Story, Quote, Photograph, or Recording

The undersigned subject of stories, quotes, photographs, recordings, film, or other personal biographical information (collectively “Materials”) hereby grants to the National Council on Aging, Inc., a nonprofit service and advocacy organization located in Arlington, VA, including its successors, sponsors, employees, distributors, licensees and assigns (collectively, the “Publisher”), the unrestricted permission, right and license to use the Materials and to reproduce, exhibit, broadcast, advertise and exploit all or any part of the Materials in any media chosen by the Publisher.

The undersigned consents to use of the Materials in any story, quote, photograph, recording or other media produced by or on behalf of the Publisher. The undersigned is aware that the Materials may be published by the Publisher in print or in electronic publications such as on the Publisher’s website(s) and may be released to news media and others in connection with the promotion or publicizing of the activities of the Publisher, including advocacy activities.

The undersigned grants permission to use his/her name or likeness and biographical data in connection with publication of the Materials, and/or the use of his/her personal story or quote under a pseudonym.

The Publisher shall own any copyright and all other intellectual property rights in the Materials.

The undersigned waives any demand for compensation and waives any claim to any moral rights or any violation of rights to privacy, publicity or confidentiality under any statute or common law in connection with any use of the Materials.

The Publisher proposes to act in reliance on this Consent, therefore the undersigned declares it to be irrevocable, and releases the Publisher from any and all claims, liability, actions or demands whatsoever in connection with the use of the Materials as provided in this Consent.

Signed \_\_\_\_\_ \* Date \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_

\*Must be signed by a parent or legal guardian in the case of a child under age 18 or legal guardian in the case of an adult (if applicable).

### About NCOA

*The National Council on Aging (NCOA) is the national voice for every person’s right to age well. Working with thousands of national and local partners, we provide resources, tools, best practices, and advocacy to ensure every person can age with health and financial security. Founded in 1950, we are the oldest national organization focused on older adults. Learn more at [www.ncoa.org](http://www.ncoa.org) and @NCOAging.*

## Appendix B: Outreach Event Form



### Outreach Event

Title of Event:

Start and End Dates:

Address (including County):

#### Event Details

Event Type (Booth, Enrollment Event, Presentation):

Event Delivery Method (In-person/Virtual):

Intended Audience (Beneficiaries, Employers, Providers, Partners, Caregivers, Other):

Topics Discussed (MSP, LIS, SNAP, Medicaid, Other):

Number of Attendees:

#### Event Narrative

Summarize the successful achievements of the outreach event:

Summarize any challenges with the outreach event:

Provide any additional information about the outreach event:

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Appendix C: Performance Checks and Payment Timeline



**BEC Performance Checks and Payment Timeline**

**Payment Timeline**

EVENT	DATE	ACTION	NOTE
Grant Begins	February 2026	Payment 1 - Upon signed grant agreement	25% of total award
	September 2026	Payment 2	40% of total award
	September 2027	Payment 3	25% of total award
	August 2028	Payment 4 - Upon submission and acceptance of final performance report	10% of total award upon submission and acceptance of final performance report

**Performance Check Timeline**

EVENT	DATE	ACTION	NOTE
Grant Begins	February 2026		
	August 2026	Performance Check #1	<b>Performance targets Evaluated</b>
	February 2027	Performance Check #2	<b>Performance targets Evaluated</b>
	August 2027	Performance Check #3	<b>Performance targets Evaluated</b>
	February 2028	Performance Check #4	<b>Performance targets Evaluated</b>
Grant Ends	July 2028		

**Performance Period Checks**

Funding Tier	Average Core Apps Per Month	Total Core Apps by End of Grant	6-month check	12-month check	18-month check	24-month check	Final
\$150,000	20	600	60	180	300	450	600
\$200,000	30	900	90	270	450	675	900
\$300,000	40	1,200	120	360	600	900	1,200

NCOA will conduct four performance checks throughout the grant period to ensure organizations remain on track to achieve their grant goals. Grantees are expected to meet the benchmarks outlined in the chart and maintain the monthly averages specified. Failure to meet performance benchmarks may result in corrective action, termination of the grant agreement, and/or rescission of funds. Benchmarks noted under 6-month, 12-month, 18-month, and 24-month checks are the expected number of core applications that should be completed by that period.

### Financial Reviews

**\*\* (Only for select organizations that were notified separately of cost reimbursement agreement)\*\***

<b>EVENT</b>	<b>DATE</b>	<b>ACTION</b>	<b>NOTE</b>
Grant Begins	February 2026	Payment 1 – <b>Upon signed grant agreement</b>	25% of total award
	September 2026	Payment 2 – <b>Upon approval of First Financial Report</b>	40% of total award
	September 2027	Payment 3 – <b>Upon approval of Second Financial Report</b>	25% of total award
	August 2028	Payment 4 – <b>Upon submission and acceptance of final performance report AND approval of Final Financial Report</b>	10% of total award

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## Appendix D: Client Intake Form



# Benefits Enrollment Center Intake Form

Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Phone Number/Email Address: \_\_\_\_\_

Client Primary Address: \_\_\_\_\_

Date: \_\_\_\_\_

### Age Bracket:

- 18-49 (with a disability & eligible for Medicare)
- 50-59 (with a disability & eligible for Medicare)
- 60-64 (with a disability & eligible for Medicare)
- 65-74
- 75 +

### Sex:

- Male
- Female
- Prefer not to answer

### Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

### Marital Status:

- Married
- Never Married
- Separated
- Divorced
- Widowed
- Prefer not to answer

Race:

- American Indian or Alaska Native Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to answer

Annual Individual Income:

- Less than \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000 or more
- Prefer not to answer

Veteran Status:

- Yes
- No
- Prefer not to answer

Disability Status:

- Yes
- No
- Prefer not to answer

To be filled out by BEC staff:

Please check the box(es) for which you completed an application or renewal application for the individual above. Please check all that apply. (Note that completing applications for Medicare Parts C and D are not benefits.)

- |  |   |
|--|---|
| <input type="checkbox"/> Part D Extra Help (LIS)   | <input type="checkbox"/> Public Assistance (Temporary Assistance for Needy Families (TANF), Tribal Temporary Assistance for Needy Families (TTANF), Bureau of Indian Affairs (BIA) General Assistance)  |
| <input type="checkbox"/> Medicare Savings Programs (MSP)   | <input type="checkbox"/> Unemployment Insurance   |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)  | <input type="checkbox"/> Subsidized Transit Benefits  |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Home Internet (e.g. Access from AT&T)  |
| <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP)  | <input type="checkbox"/> Home Benefits (e.g. Weatherization, Section 504 Home Repair, FEMA)   |
| <input type="checkbox"/> Supplemental Security Income (SSI)  | <input type="checkbox"/> Other Food Benefits (e.g. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); The Emergency Food Assistance Program (TEFAP); Free and Reduced-Price School Meals; Food Distribution Program on Indian Reservations (FDPIR)) |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)   | <input type="checkbox"/> General Other Means-Tested Benefits (e.g. Childcare Subsidies)   |
| <input type="checkbox"/> Prescription Drug Benefits other than Part D (e.g. State Pharmaceutical Assistance Programs (SPAP)) |   |
| <input type="checkbox"/> Tax Benefits (e.g. Property Tax Relief, Earned Income Tax Credit (EITC), Child Tax Credit (CTC))    |   |
| <input type="checkbox"/> Veteran's Benefits (Aid & Attendance, VA Disability Compensation, VA Pension, etc.)                 |   |
| <input type="checkbox"/> Housing Subsidies (e.g. Public Housing, Section 8, Rent Subsidies)                                  |   |
| <input type="checkbox"/> Lifeline  |   |

Was Medicare preventive services information discussed or provided?

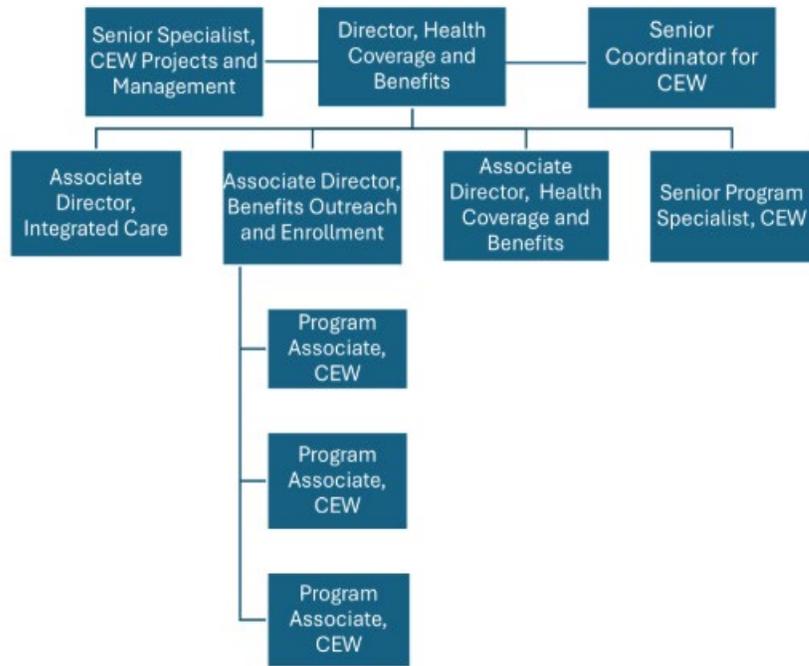
- Yes       No

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## Appendix E: Center for Economic Well-Being BEC Staff Organizational Chart



### Center for Economic Well-Being BEC Staff Organizational Chart



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