STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	Business Unit Number	Department
2026-27	4170	California Department of Aging

Hyperion Budget Request Name	Relevant Program or Subprogram
4170-005-BCP-2026-GB	3905100-Health Insurance Counseling

Budget Request Title
Health Insurance Counseling and Advocacy Program Modernization

Budget Request Summary
The California Department of Aging (CDA) requests $3.49 million in 2026-27 and $5.52 million ongoing Health Insurance Counseling and Advocacy Program (HICAP) Fund to (1) make permanent existing state and local resources included in the 2021 Budget Act in 2021-22, and (2) hire additional HICAP counselor positions and improve and standardize HICAP training statewide.

This request would strengthen the HICAP modernization efforts to hire, train, and coordinate the activities of paid staff and volunteers to serve more Medicare beneficiaries and improve service quality through standardized statewide training and access, and improve cultural competency and services to diverse and underserved communities. At the CDA level, the resources would support 3 positions that provide local HICAP training, fiscal technical assistance, and data collection and analysis.

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	N/A

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date
	N/A	N/A

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

Project No. N/A **Approval Date:** N/A

Project Approval Document: N/A **Total Project Cost:** N/A

If proposal affects another department, does other department concur with proposal? N/A☐☐
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Denise Likar	1/9/2026	Mark Beckley	1/9/2026
Department Director	**Date**	**Agency Secretary**	**Date**
Susan DeMarois	1/9/2026	Kim Johnson	1/9/2026

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

Principal Program Budget Analyst	Date submitted to the Legislature
Shelina Noorali	1/9/2026

A. Problem Statement

Program Overview

First established in 1984, HICAP is California's federal State Health Insurance Assistance Program (SHIP) which provides objective, unbiased, and consumer-oriented Medicare counseling and education services including: (1) Community education regarding Medicare Parts A and B, Medicare Part D Prescription Drug Plans, Medicare Advantage (MA) Plans, Medicare Supplement Insurance and long-term care insurance; (2) Individual health insurance counseling that provides objective and accurate comparisons of choices; (3) Informal advocacy services regarding enrollment, disenrollment, claims, appeals, prescription drug exceptions and other urgent Part D Plan coverage issues; and (4) Legal referral and, in some geographic areas, legal assistance for filing Medicare grievances and appeals. Eligibility for HICAP counseling services is limited to Medicare beneficiaries and those who will soon become eligible to receive Medicare. As of June 2025, more than seven million Californians have Medicare coverage.

Medicare-eligible consumers today face an increasingly complex market for insurance decisions, including:

- *More MA choices*. The average Medicare-eligible American in 2024 had access to 43 MA plans, more than twice the average number offered in 2018.[1] In California, 56 percent of Medicare-eligible consumers in 2024 were enrolled in an MA plan, up from 42 percent in 2014.[2]
- *Increase in dual eligibility*. As of March 2021, 22.4 percent of Medicare enrollees in California were dually eligible for Medicare and Medi-Cal (the State's Medicaid program), compared with 18 percent nationwide.[3]
- *Supplemental and Medicare Part D options*. In California, Medicare-eligible residents had a choice of 16 stand-alone Medicare Part D Prescription Drug Plans in 2025.[4]

It is important to note how critical the mission of the HICAP program is to provide objective, unbiased information about Medicare plan offerings and how HICAP counselors are able to help Medicare beneficiaries navigate the very complex plan terms and choices. The HICAP program provides an alternative to private Medicare plans and brokers who have fiscal incentive to drive potential customers to specific plans. A 2022 Commonwealth Fund survey[5] found that consumers have increasingly turned to insurance brokers as their most commonly used source of information to guide Medicare plan choices. These insurance brokers can receive commissions based on the plans they sell, and they are not required to offer all available plan options to consumers.[6]

Issue Background

In fiscal year 2021–22, and under CDA's direction, the SCAN Foundation and ATI Advisory conducted research and interviews with HICAP service providers, Area Agencies on Aging (AAA), and public stakeholders to identify recommendations for further exploration and potential implementation. The organizations conducted a strengths, weaknesses, opportunities and threats analysis based on survey results, literature reviews, and key informant interviews that identified opportunities to improve operations, service quality, accessibility, cultural responsiveness, and linguistic competency among

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[1] Medicare Advantage 2024 Spotlight: First Look. Kaiser Family Foundation (KFF). November 2023.
[2] Medicare Advantage in 2024: Enrollment Update and Key Trends. KFF. August 2024.
[3] Profile of the California Medicare Population. DHCS. February 2022.
[4] A Current Snapshot of the Medicare Part D Prescription Drug Benefit. KFF. October 2024.
[5] Traditional Medicare or Medicare Advantage: How Older Americans Choose and Why. The Commonwealth Fund. October 2022.
[6] The Challenges of Choosing Medicare Coverage: Views from Insurance Brokers and Agents. Commonwealth Fund. February 2023.

HICAPs.[7] Informed by this analysis, ATI Advisory developed preliminary strategy recommendations to explore as part of HICAP Modernization.

In 2024-25, CDA embarked on a yearlong effort to develop a HICAP Modernization Business Plan. Through this process, CDA sought to identify data-driven strategies for achieving HICAP Modernization and collaborate with HICAP operational leaders across the state to inform, refine, and prioritize the strategies. CDA engaged Manatt Health Strategies to support development of the business plan. Using ATI Advisory's preliminary strategy recommendations as a starting point, CDA and Manatt facilitated research, data analysis and modeling, and stakeholder engagement to develop a HICAP Modernization Business Plan. This business plan focuses on three key goals:

- **Goal 1: Increase Engagement with HICAP Services**: Increase the number of Medicare-eligible Californians engaged in HICAP services statewide.

  Converting the local HICAP limited-term half-time volunteer coordinator positions authorized in the 2021-22 budget year to permanent status and funding for additional paid counselor positions for the 26 HICAPs will better enable HICAP sites to reduce current customer wait times for HICAP services and to meet increased demand for services as awareness of the program as the number of Californians with Medicare coverage grows.

- **Goal 2: Promote Equitable Access to HICAP Services**: Older Californians with the most complex insurance needs can equitably access HICAP services.

  The prioritization of recruiting bilingual staff would support a more diverse and greater population of Californians, including historically underserved populations, to access HICAP services.

- **Goal 3: Improve the Quality and Consistency of HICAP Services:** Improve the quality and consistency of counseling support provided to all HICAP consumers, including those dually eligible for Medi-Cal.

  The additional training funds will enable CDA to hire a consultant to work with CDA and the local HICAPs to standardize HICAP training statewide, creating a more consistent quality of service statewide for customers. In addition, CDA and the HICAPs plan to use the training funding to create a standard level of knowledge among all HICAP counselors about Medi-Cal so that HICAPs can more effectively serve dual-eligible beneficiary clients.

Overview of Current Problem and Proposed Solutions

At this point in time, the need for HICAP services has never been greater. Between fiscal years 2018-19 and 2025-26, the number of Medicare beneficiaries residing in California increased by approximately 16.4 percent (6.08 million people in 2018-19 and 7.08 million people in 2025-26)[8]. Conversely, between 2018-19 and 2024-25 coincided with nearly a 26 percent decrease in active volunteer HICAP counselors, many of whom are older adults, and resulted in a nearly 10 percent decrease in the number of clients counseled. As the Medicare beneficiary population increases, the number of active HICAP counselors providing the services and the number of people served has decreased.

By hiring more paid counselor positions and continuing to fund the half-time volunteer coordinator positions through this request, CDA has a goal to increase the overall number of Medicare beneficiaries receiving counseling services from local HICAPs, increase the capacity of HICAPs to provide more services to beneficiaries, and reduce wait times for HICAP services. CDA plans to measure its progress in achieving its goals using two key metrics: (1) the Administration for

[7] Modernizing California's Health Insurance Counseling & Advocacy Program (HICAP): Strategy Recommendations. ATI Advisory. December 2021.
[8] California Medicare Beneficiaries based on annual July Medicare eligible population data from CMS.gov Monthly Enrollment by State.

Community Living (ACL) Client Contact Rate (Client Contact Rate) which measures the total number of client contacts to HICAPs per Medicare beneficiaries in the state, and (2) the number of unduplicated clients counseled by the program as a percentage of the state's Medicare-eligible population (i.e., counseling Penetration Rate).

The state's performance on the Client Contact Rate measure declined from 2.5 percent in 2018-19 to 1.75 percent in 2023-24 and places California's performance, when compared to other states using the Client Contacts, at a "Fair" rating for the period of April 1, 2022, through March 31, 2023. For the Total Clients Counseled Penetration Rate measure, the number of Medicare beneficiaries counseled by local HICAPs dropped from 57,000 in 2018-19 to 50,000 in 2023-24, which represents less than 1 percent of all Medicare beneficiaries in California. The state's goal is to improve the Client Contact Rate and the Counseling Penetration rate.

CDA's second goal with this request is to improve and standardize HICAP counselor training statewide in order to help HICAP beneficiaries make informed decisions on their coverage options especially as Medicare-eligible consumers today face an increasingly complex market for insurance decisions due to more MA choices, increase of dually eligible for Medicare and Medi-Cal, and a large number of supplemental and Medicare Part D options.

As options become more complex, consumers have increasingly struggled with decision making around those options. Nearly 70 percent of Medicare enrollees did not compare their coverage options during the 2021 open enrollment period.

Given the increase in and complexity of Medicare plans and plan options, as well as the interplay between Medicare, Medi-Cal and other plan options, there is a significant need to support HICAP staff so that they are fully aware of the offerings and elements of new plans, modifications or updates to existing plans, and any state or federal regulatory changes with Medicare, Medicaid and other plans. In addition, the level of knowledge of Medi-Cal, its interplay with Medicare and services to dual-eligible beneficiaries varies greatly across HICAPs. CDA plans to hire a consultant to assist with standardizing the HICAP curricula for new counselors as well as refresher trainings for existing counselors so that all HICAPs have similar levels of plan competency across the state and Medicare beneficiaries are receiving similar levels of service and information anywhere they reside in the state.

In summary, CDA intends to implement Phase I of the HICAP Modernization Plan through this budget change proposal. Phase I would continue funding for the half-time volunteer coordinator position and new funding for local HICAPs to hire approximately 46 paid counselor positions, an increase of 32 percent, at the 26 HICAP sites. CDA also proposes funding for a training consultant contract to help improve and standardize training for new and existing HICAP counselors.

Resource History

(Dollars in thousands)

Program Budget	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Authorized Expenditures	$2,502	$3,987	$4,582	$4,852	$4,586	$4,832
Actual Expenditures	$2,502	$3,414	$4,460	$3,432	$3,771	TBD
Revenues	$4,142	$4,142	$7,246	$5,668	$6,016	TBD
Authorized Positions	2.0	4.0	4.0	4.0	4.0	TBD
Filled Positions	2.0	4.0	4.0	4.0	4.0	TBD
Vacancies	0.0	0.0	0.0	0.0	0.0	TBD

Workload History

Workload Measure[1]	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Total Clients Counseled (Unduplicated)[2, 6]	54,508	42,848	43,278	46,744	49,852	51,248
Total Client Contacts[3, 6]	143,325	115,199	113,384	112,670	117,866	113,647
Estimated California Medicare Beneficiaries[4]	6,239,477	6,385,843	6,490,151	6,600,188	6,736,175	6,899,496
Active Volunteer HICAP Counselors[5, 6]	515	441	429	409	403	410

[1] Data categories were changed from those presented in the FY 2025-26 BCP to align with recommended performance metrics from the HICAP Modernization Business Plan.

[2] Also known as "Clients Counseled (Unduplicated Intakes Only)" reflects data for the number of unduplicated clients/beneficiaries served through counseling services provided by registered HICAP counselors.

[3] Also known as "Counseling Services (excluding Quick Calls)", reflects the number of HICAP counseling services provided to, or on behalf of, the client/beneficiary by registered HICAP counselors. Category is a performance metric for the federal SHIP grant.

[4] Estimated California Medicare Beneficiaries based on annual July Medicare eligible population data from CMS.gov Monthly Enrollment by State.

[5] Although recruitment of volunteer counselors has increased year-over-year from 2021-22 (i.e., 64 new HICAP volunteer counselors registered in 2021–22, 88 in 2022–23, and 84 in 2023–2024), it is still not keeping pace with the rate of volunteer attrition.

[6] Data may exhibit minor fluctuations based on the date the information was accessed from the HICAP data system. HICAP data system is also open to changes from local partners. 2024-25 data is tentative at the time this document was created.

B. Justification

Local Assistance Resources

The additional local assistance resources of $3.24 million in 2026-27 will provide local HICAP programs with the funding to recruit and retain approximately 46 fulltime paid HICAP counseling staff throughout the state's 26 HICAP sites, while prioritizing recruitment for bilingual staff. Although recruitment of volunteer counselors has increased year-over-year from 2021-22 (i.e., 64 new HICAP volunteer counselors registered in 2021–2022, 88 in 2022–2023, and 84 in 2023–2024), it is still not keeping pace with the rate of volunteer attrition. CDA proposes using an allocation methodology based on county-level Medicare-eligible population data. Using this data would scale HICAP counselor resources to support each county's Medicare-eligible population and have the greatest potential impact in reaching the State's target penetration rate.

In addition, local assistance resources of $5.07 million in 2027-28 and ongoing will provide stability to local HICAP programs to retain its additional paid HICAP counselors and one FTE staff position and/or conduct program activities that support recruiting, training, and coordinating volunteer counselors for the purpose of serving the increasing number of Medicare beneficiaries across the state. Medicare continues to evolve into increasingly complex insurance options and requires local HICAPs to invest in effective and continued training for volunteer HICAP counselors. This funding is essential to allow HICAPs to continue these robust training efforts. As demonstrated within this proposal, while counselor numbers are not yet at peak levels, the number of individuals counseled continues to grow. Removal of these funds will result in a negative impact and directly affect older adults, adults with disabilities, and their caregivers in their ability to effectively navigate Medicare insurance options. A decrease in resources would set back the progress made by HICAP programs since FY 2021-22 and would likely result in greater attrition of volunteers and less clients being served.

State Operations Resources

CDA requests $250,000 one-time state operations resources in 2026-27 to support standardization of training courses and curricula across all HICAP providers with the goal of improving the quality and consistency of counseling support provided to all HICAP consumers, with a focus on individuals dually eligible for Medi-Cal.

In addition, CDA requests $451,000 state operations resources in 2027-28 and ongoing to retain 3 existing positions [1 Research Data Specialist II (RDS II) and 2 Analyst IIs] to continue planning, implementation, and maintenance of CDA's HICAP Modernization Business Plan.

1.0 RDS II

Oversees, reviews, updates, and provides recommendations for HICAP data collection and reporting. To modernize the local HICAP programs, CDA intends to reassess information that is currently captured and make informed funding decisions based on that information for each local HICAP program. This position will continue to assist the local HICAP programs in reviewing the data that is collected and the way that data is utilized to make sure that the HICAP program reaches its target population and achieving statewide equity goals.

1.0 Analyst II

Reviews, monitors, and supports local HICAP programs in strategically expending state and federal funds to enhance, develop, and expand the program.

Reviews the monthly expenditures, closeouts, and annual budgets to monitor whether HICAPs have adequately invested in modernizing and expanding services.

Engages and meets with local HICAP programs to discuss best practices and assess expansion efforts.

1.0 Analyst II

Serves as a project lead for the development of new training resources and updating of existing training resources, coordinates in-person and virtual meetings and training.

C. Departmentwide and Statewide Considerations

In the **Master Plan for Aging** (MPA), a ten-year roadmap to "build a California for All Ages," California identified modernizing HICAP as a key initiative in achieving its "Health Reimagined" Goal for older adults to "have access to the care and services [they] need to optimize [their] health and quality of life and to continue to live where [they] choose."[9] As an increasing share of Medi-Cal members age into dual eligibility with Medicare, helping enrollees maximize their coverage through the Medicare program is a growing state priority.

D. Outcomes and Accountability

With the increased state and local assistance resources, HICAPs will be equipped to serve more older Californians that have or soon will be eligible for Medicare health insurance.

The resources in this proposal are projected to improve the Client Contact Rate and the Counseling Penetration rate which aligns with California's MPA fiscal year 2025-26 initiative #43 to "Position California's Health Insurance Counseling and Advocacy Program (HICAP) to meet the significant demand for Medicare counseling and increased growth in Medicare Advantage enrollment." In terms of training, CDA has a goal to improve and standardize HICAP counselor training through the assistance of a training consultant by the end of fiscal year 2026-27.

[9] California Master Plan for Aging. CDA. 2021.

Projected Outcomes

Workload Measure	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Total Clients Counseled (Unduplicated)[1]	49,852	71,935	82,976	94,017	94,017	94,017
% Change	0.0%	44.3%	15.6%	13.3%	0.0%	0.0%
Penetration Rate	0.7%	1%	1.1%	1.2%	1.2%	1.2%
Total Client Contacts [2]	117,866	143,869	165,952	188,034	188,034	188,034
% Change	0.0%	22.1%	15.4%	13.3%	0.0%	0.0%
Penetration Rate	1.7%	2%	2.2%	2.5%	2.4%	2.4%
Estimated California Medicare Beneficiaries [3]	7,077,670	7,233,379	7,406,980	7,569,933	7,721,332	7,844,873
% Change	2.6%	2.2%	2.4%	2.2%	2.0%	1.6%
Active Volunteer HICAP Counselors	403	413	423	433	443	454

1. Projection for 2025-26 Total Clients Counseled (Unduplicated Intakes Only) estimated to be equivalent to 2023-24 performance. The "Ramp Up" factor is 50% "Ramp Up" in 2026-27, 75 percent "Ramp Up" in 2027-28, and 100 percent "Ramp Up" in 2028-29 through 2030-31. The "Ramp Up" factor applied to estimated 44,165 potential clients counseled by an estimated 46 paid HICAP counselors funded through budget request.
2. Projection for 2025-26 Counseling Services (excluding Quick Calls) estimated to be equivalent to SFY 2023-24 performance. BY through BY+4 calculated by multiplying projected Total Clients Counseled (Unduplicated Intakes Only) values by Counseling Services (excluding Quick Calls) conversion factor (2.0). Conversion factor determined by dividing SFY 2023-24 performance for Counseling Services (excluding Quick Calls) by Total Clients Counseled (Unduplicated Intakes Only), and results in 2.36 counseling services per client/beneficiary. Conversion factor rounded down to 2.0 for conservative projection.
3. Estimated California Medicare Beneficiaries based on July 2025 Medicare eligible population from CMS.gov Monthly Enrollment by State and estimated using annual growth rates published by CMS Office of the Actuary in their National Health Expenditure Accounts Projections Table 17 for Health Insurance Enrollment and Enrollment Growth Rates. National growth rate in Medicare is 2.2% in 2026, 2.4% in 2027, 2.2% in 2028, 2.0% in 2029, and 1.6% in 2030.

With the requested funding to support paid counselors staying stagnant and the number of estimated Medicare beneficiaries in California continuing to grow, we will naturally see a gradual decline in penetration rate of beneficiaries served. We estimate that HICAPs will ramp up to operate at maximum capacity with the requested counselor resources in 2028-29. With the expected increase in beneficiaries continuing, we project a peak in 2028-29 and moderate decreases thereafter without additional resources. The projected outcomes are limited to the increase in counselor resources, and do not estimate expected increases from other modernization strategies.

E. Implementation Plan

CDA will maintain existing staffing to continue modernization efforts and increased support to local HICAP providers. CDA will allocate and distribute $1.8 million local assistance funding to the local HICAP programs for continued support of volunteer coordinator staffing resources. CDA will allocate and distribute an additional $3.24 million local assistance funding to the local HICAP programs based on the county-level Medicare-eligible beneficiary data to increase HICAP counseling staff and the number of clients served. CDA will contract with a vendor to prepare standardized courses and curricula that CDA would maintain going forward.

Phase 1 (2026-27 and ongoing):

Key Strategies	Requested Authority Increase (2026-27)	Requested Authority Increase (2027-28 and ongoing	Corresponding HICAP Modernization Goal(s)
Hire additional paid counselors	$3.24M	$3.24M	Goal 1: Increase Engagement with HICAP Services Goal 2: Promote Equitable Access to HICAP Services
Standardize training courses and curricula across all HICAP providers	$250K	N/A	Goal 3: Improve the Quality and Consistency of HICAP Services
Continuation of the resources provided in FY 2021-22 through 2026-27	$2.25M (approved via 4170-005-BCP-2025-GB)	$2.28M	Goal 1: Increase Engagement with HICAP Services Goal 2: Promote Equitable Access to HICAP Services Goal 3: Improve the Quality and Consistency of HICAP Services

F. Supplemental Information (If Applicable)

Appendix A: Workload Analyses

1.0 Research Data Specialist II

Task Description	Annual Number of Items	Hours per Item	Total Hours
Data Management and Analysis Responsible for a wide range of research and analytical duties regarding complex statistical data including: statistical investigation for use in the resolution of multiple program related issues; (1) gathering, developing, implementing, and monitoring systems and procedures to assemble and structure necessary data; (2) validating the accuracy of structured and unstructured data being reported; (3) identifying relationships and trends in order to forecast potential risk; (4) recognize improvement opportunities; (5) ensure compliance with performance metrics, and support change in state programs or systems; and (6) provide consultative advice or support interpreting existing reports and data models to various governmental entities and agencies.	12	60	720
Project Management Provide project management of the Department's contract(s) for the HICAP data system to ensure deliverables and timelines are met. Consult with the HICAP data system contractor and HICAP team to develop, implement, and monitor HICAP data collection and reporting procedures per state and federal guidelines.	12	45	540

Provide technical assistance to the HICAP data system contractor to identify, analyze, evaluate, and implement state and federal data reporting changes, as needed. Lead data interpretation for federal grant applications and progress reporting. Recommends local training topics based on data trends. Develop, maintain, and revise statistical models to be used for performance measure reporting. Analyze local and statewide performance data and apprise HICAP Bureau of trends and interpretations. Provide technical assistance to the HICAP Team on data systems operations and data quality standards. Act as liaison to federal grantors and federal data system contractors regarding HICAP data. Fulfills complex data reporting requests using internal and external data resources (Ad-Hoc data requests). Develops data tracking and reporting templates for use by HICAP bureau staff. Provide recommendations to HICAP Bureau Chief to modernize program services. Coordinate HICAP data efforts with CDA Data Stewards Internal Group. Coordinate with Department Enterprise Technology Branch related to the HICAP data system. Attend stakeholder meetings.			
Training Provide training to the HICAP Bureau staff concerning using the HICAP data system for HICAP monitoring. Provide technical assistance to the HICAP Bureau staff to train Area Agencies on Aging, HICAP Program Managers, and designated staff concerning electronic program reporting during monthly webinars. Provide training at HICAP Biannual Trainings for Area Agencies on Aging staff, HICAP Program Managers concerning electronic program reporting. Provide support in training new HICAP Program Managers concerning electronic program reporting. Provide subject matter expertise for HICAP data communicated through documents and presentations.	12	15	180
Policies and Procedures Provide subject matter expertise for revisions/updates to the HICAP data system procedures manual (SHARP Manual). Provide data analysis related to potential changes in program requirements, regulations, policies, and procedures. Provide data analysis and interpretation for legislative analysis related to HICAP, Medicare Parts A and B, Medicare Advantage Plans, Medicare Part D Prescription Drug Plans, Medicare Supplement Insurance, long-term care insurance, dual eligible beneficiaries, the Affordable Care Act, and aging issues	4	45	180
Provide subject matter expertise in the development of Requests for Proposals (RFP), Requests for Quotes (RFQ), Non-competitive Bids (NCB), Budget Changes, Purchase Orders, Work Orders and/or contracts for the HICAP data system.	2	90	180

Total hours required			**1,800**
Number of positions requested (1,800 hours = 1.0 Position)			**1.0**

1.0 Analyst II

Task Description	Annual Number of Items	Hours per Item	Total Hours
Training and Resource Development Independently research, analyze and interpret federal and state laws, regulations, and policies related to Medicare beneficiaries and individuals imminent to Medicare eligibility; providing counseling and advocacy as to Medicare, private health insurance, and related health care coverage plans; and the Health Insurance Counseling and Advocacy Program (HICAP) in order to ensure accuracy, compliance, and effectiveness of HICAP training and resource materials. Develop, design and update compliant training and guidance materials including eLearning modules, for statewide HICAP programs. Create training plans, agendas, and learning objectives for the HICAP Section — sponsored trainings, workgroups, and stakeholder meetings, ensuring statewide goals and regulatory requirements. Research, analyze, and incorporate federal and state requirements, program policies, and stakeholder input to develop and revise complex statewide training materials. Develops and maintains skills and technical knowledge by attending training sessions hosted by the Administration for Community Living, Centers for Medicare & Medicaid Services, and the national State Health Insurance Assistance Program (SHIP) Technical Assistance Center (when available.)	12	60	720
Training Administration and Delivery Serve as a subject matter expert in training administration by collaborating with stakeholders to develop, prepare, plan and facilitate complex on-site training, conferences, and webinars. Lead the development of the HICAP Section's calendar of events for trainings and meetings and distribute announcements and updates to attendees and stakeholders. Plan and monitor the development of presentation materials to ensure sufficient time for management review. Collaborate with the HICAP Section team and management to identify program needs and develop and prepare agendas for trainings and events that address those needs. Design and distribute surveys to facilitate training registration and stakeholder feedback and analyze information to ensure continuous program improvement. Review and analyze training evaluation data, identify trends and areas for improvement and develop actional recommendations for management for future training content and delivery methods, and overall program effectiveness.	12	45	540

Independently manage the coordination of onsite (including statewide travel) and virtual/hybrid (using Zoom and Microsoft Teams) events by collaborating with external presenters and business management staff and oversee completion of contract tasks and support the audio/visual needs of presenters to ensure smooth event delivery and compliance with program requirements. Provide guidance, consultation, and recommendations to local HICAP programs on various training topics and administration of trainings. Attend training provided by HICAP programs to serve as a Subject Matter Expert by observing training delivery, monitoring attendee questions, and analyzing content for gaps or area of improvement for HICAP Section training materials and use this information to update and enhance HICAP Section training materials, ensuring accuracy, compliance, and effectiveness. Lead coordination with the HICAP Section team by planning, scheduling, facilitating, and contributing to workgroups and stakeholder meetings. Lead coordination with the HICAP Section team by planning, scheduling, facilitating, and contributing to workgroups and stakeholder meetings. Organize and catalogue a library of training materials.			
Technical Assistance and Customer Support Provide guidance and technical assistance to the HICAP Section team and partners to design Learning Management System (LMS) training content and resources. Independently review training records entered by local HICAP programs in the CDA LMS and HICAP data system, identify data entry errors or inconsistencies, and implement corrective actions to improve tracking and ensure compliance with state and federal program standards. Support the HICAP Section team in updating the HICAP Counselor Handbook, HICAP Program Manual, HICAP data system guidance, and other guidance documents for AAAs and local HICAP programs. Provide technical assistance, consultation and guidance to local HICAP programs via email, in person, and verbal communication based on established program guidance. Provides technical assistance support to local HICAP programs on counseling service delivery in close coordination with management.	12	15	180
Contract Oversight Develop and write the specifications and scope of work for training contracts. Coordinates and collaborates with business management staff to finalize program-specific contract needs to support HICAP training. Schedule and collaborate with the HICAP Section team to coordinate two annual training conferences (HICAP Spring and Fall Training). Identify appropriate topics, learning objectives, and presenters for HICAP Spring and Fall Training to ensure selections align with program goals and support effective statewide training delivery.	12	15	180

Administrative Duties and Marginal Functions Perform complex and sensitive administrative activities by analyzing monthly data reports and respond to requests for information and activities from other CDA teams. Review and respond to administrative emails; read reference materials; respond to requests for information and analysis from management; and participate in meetings for planning, decision-making and information sharing per manager's direction. Perform other job-related duties as assigned.	12	15	180
Total hours required			**1,800**
Number of positions requested (1,800 hours = 1.0 Position)			**1.0**

1.0 Analyst II

Task Description	**Annual Number of Items**	**Hours per Item**	**Total Hours**
Engages and meets with local HICAP programs to discuss best practices and assess expansion efforts.	100	5	500
Reviews, monitors, and supports local HICAP Programs in strategically expending state and federal funds to enhance, develop, and expand the program	200	3	600
Reviews the monthly HICAP expenditures, closeout reports, and annual budgets to monitor whether HICAPs have adequately invested in modernizing and expanding services.	200	3	600
Marginal Functions Perform other job-related duties, special assignments, and projects as required in order to fulfill the mission, goals and objectives of the HICAP	10	10	100
Total hours required			**1,800**
Number of positions requested (1,800 hours = 1.0 Position)			**1.0**

BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: Health Insurance Counseling and Advocacy Program Modernization

BR Name: 4170-005-BCP-2026-GB

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Positions - Permanent	0.0	0.0	3.0	3.0	3.0	3.0
Total Positions	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**
Salaries and Wages Earnings - Permanent	0	0	403	403	403	403
Total Salaries and Wages	**$0**	**$0**	**$403**	**$403**	**$403**	**$403**
Total Personal Services	**$0**	**$0**	**$403**	**$403**	**$403**	**$403**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	0	3	3	3	3
5302 - Printing	0	0	3	3	3	3
5304 - Communications	0	0	3	3	3	3
5320 - Travel: In-State	0	0	6	6	6	6
5322 - Training	0	0	6	6	6	6
5324 - Facilities Operation	0	0	12	12	12	12
5340 - Consulting and Professional Services - External	0	250	0	0	0	0
5346 - Information Technology	0	0	15	15	15	15
54XX - Special Items of Expense	0	3,240	5,070	5,070	5,070	5,070
Total Operating Expenses and Equipment	**$0**	**$3,490**	**$5,118**	**$5,118**	**$5,118**	**$5,118**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$3,490**	**$5,521**	**$5,521**	**$5,521**	**$5,521**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 0289 - State HICAP Fund	0	250	451	451	451	451
Total State Operations Expenditures	**$0**	**$250**	**$451**	**$451**	**$451**	**$451**
Local Assistance - 0289 - State HICAP Fund	0	3,240	5,070	5,070	5,070	5,070
Total Local Assistance Expenditures	**$0**	**$3,240**	**$5,070**	**$5,070**	**$5,070**	**$5,070**
Total All Funds	**$0**	**$3,490**	**$5,521**	**$5,521**	**$5,521**	**$5,521**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
3905100 - Health Insurance Counseling	0	3,490	5,521	5,521	5,521	5,521
Total All Programs	**$0**	**$3,490**	**$5,521**	**$5,521**	**$5,521**	**$5,521**

Personal Services Details

Positions

Positions	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5393 - Analyst II (Eff. 07-01-2026)	0.0	0.0	2.0	2.0	2.0	2.0
5731 - Research Data Analyst II (Eff. 07-01-2026)	0.0	0.0	1.0	1.0	1.0	1.0
Total Positions	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**

Salaries and Wages

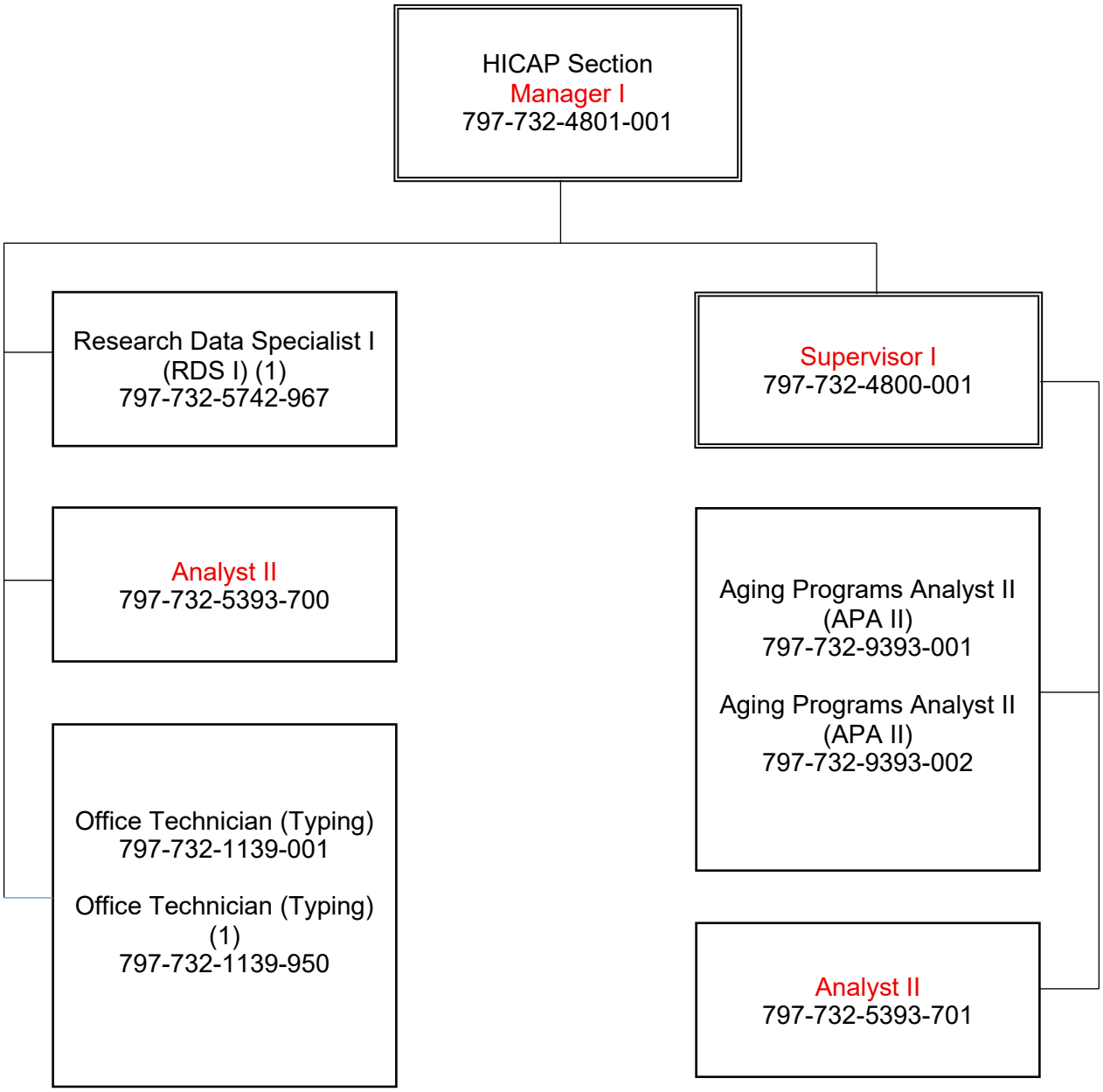
Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5393 - Analyst II (Eff. 07-01-2026)	0	0	246	246	246	246
5731 - Research Data Analyst II (Eff. 07-01-2026)	0	0	157	157	157	157
Total Salaries and Wages	**$0**	**$0**	**$403**	**$403**	**$403**	**$403**

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	**$0**	**$0**	**$403**	**$403**	**$403**	**$403**

Appendix C: Current and Proposed Organization Chart

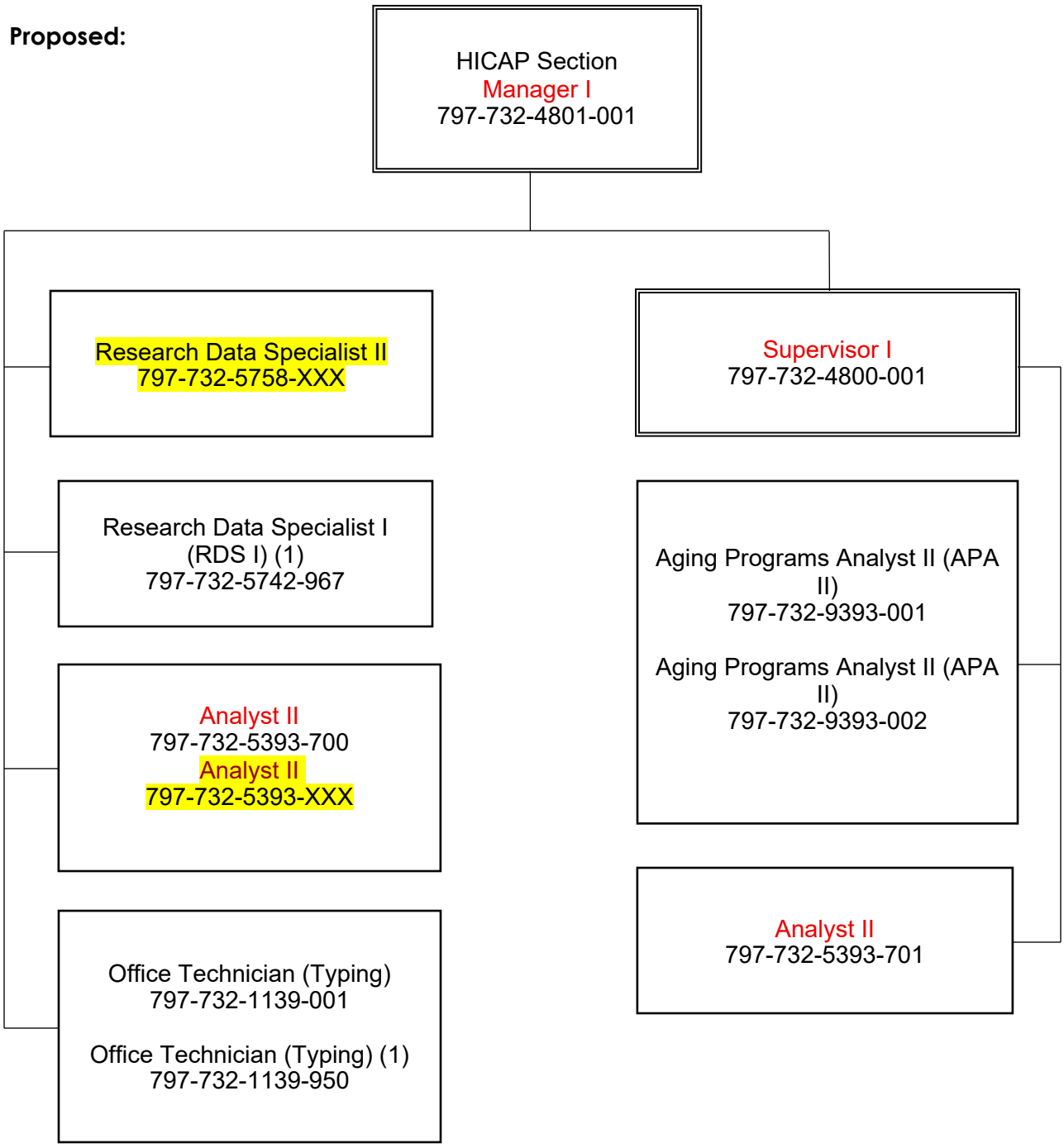
Current:



Legend:

* Supervisor position with no staff
(1) Blanket Permanent
(2) Limited-Term Position
(3) Limited-Term Appointment
(4) Retired Annuitant (RA)
(5) Student Assistant (SA)
(6) Training & Development
(7) Mandatory Right of Return
(8) Exceptional Allocation
(9) Employee in Retirement Blanket
(10) Budget Letter 24-20

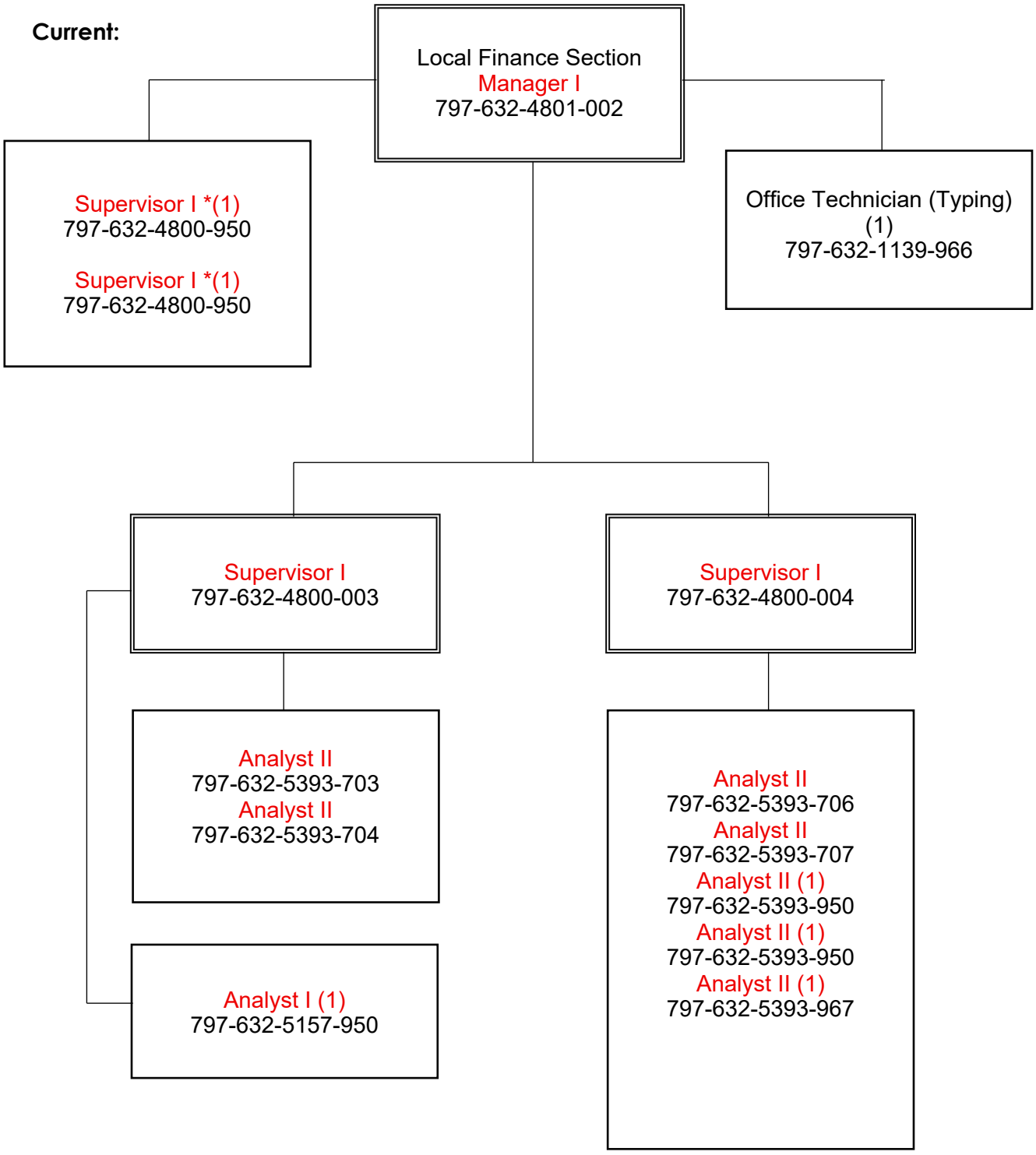
Proposed:



Legend:

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(3) Limited-Term Appointment
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(5) Student Assistant (SA)
(6) Training & Development
(7) Mandatory Right of Return
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(10) Budget Letter 24-20

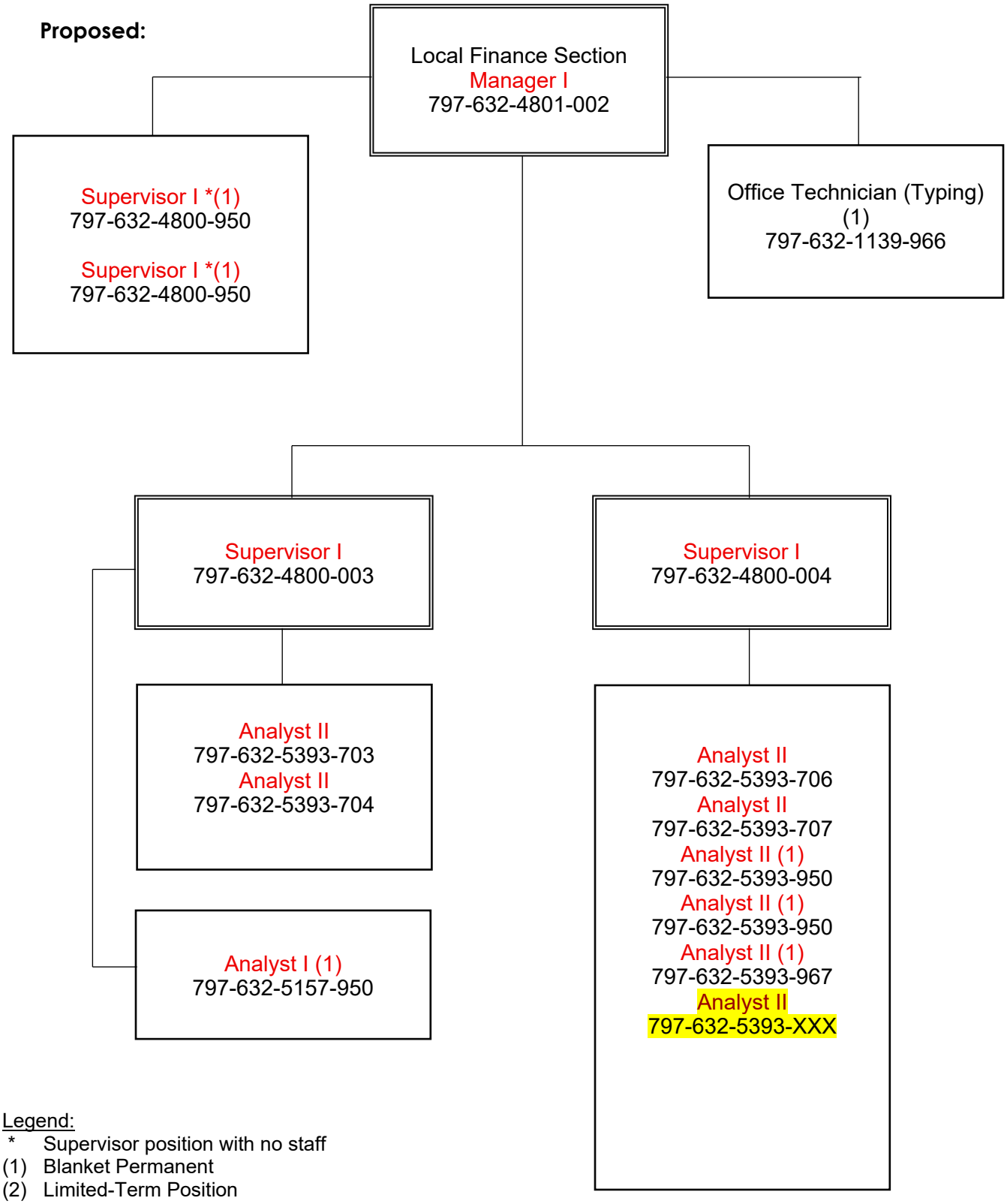
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Legend:

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(10) Budget Letter 24-20

Proposed:



Legend:

* Supervisor position with no staff
(1) Blanket Permanent
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