

AmeriCorps Member Assistance Program
2022-2023 Program Enrollment
Frequently Asked Questions
Updated last on March 29, 2022

The frequently asked questions and corresponding answers are organized by categories of questions below. If you have a question not addressed below submit a question to info@statecommissions.org

Enrollment:

How do we enroll the program after the posted enrollment deadline?

Enrollment in the 2022-2023 MAP ends in August per the deadline provided. If you miss the deadline, please email us at info@statecommissions.org for options. We do not pro-rate for late enrollments.

How do we enroll our members?

You do not enroll members, just the program. When enrolling you will enter your total number of members (and/or employees) awarded for your AmeriCorps program and this will provide access to that total for your program regardless of the number of members you successfully recruit/enroll. Once your program enrolls, in advance of the selected start date you will receive an email from America's Service Commissions with information on how to promote the program to your members. They simply need to provide their **program or organization name** (that you provided during enrollment) when they call the 1-800 number to access services. **It is also helpful if the member says that the program is associated with AmeriCorps.**

Is there an automatic renewal if we signed up for the program last year?

No, you must re-enroll every year you choose to participate in the service.

If we have more members join later in the program year can they be added?

When enrolling you should list the total number of members awarded in your grant. If you have more members awarded to your grant later in the year contact us.

Can we only enroll our full-time members?

No, during enrollment you must submit the total number of members for your program awarded in the 2022-2023 program year to participate. The total number of members should be inclusive of all slot types.

Can we provide some members with different levels of services?

No, programs must decide if they want to choose the Basic or Premium package for all their members.

Who should be the program primary contact? Why do you need an emergency program contact?

In rare situations, if AllOne Health deems there is an emergency related to a member inflicting harm on themselves or others, confidentiality may be broken to contact 911 and/or the AmeriCorps program so someone can respond on the ground. The primary contact will receive all communication related to the program and is responsible for distribution information to its members and/or other program staff.

When do we submit our member names?

You will never send member names. Once enrollment is complete you will be provided materials to promote the program to your members.

Program Cost

Do we have to pay at the time of enrollment? Our next grant is not available until after the enrollment period ends.

No, you do not have to pay at the time of enrollment. We understand programs must wait until their new FY22 grant is awarded until they can incur allowable expenses (unless these costs are part of approved pre-award costs). You have the option to select “pay now” or “pay later”. The “pay later” option will create an invoice which will be emailed to you. This invoice can be paid via check or credit card (secure link included in the email). Please note, our system will send automatic reminders. We will follow up with anyone in late October/November that has an outstanding payment from enrollment for the FY22 program year. If you have questions related to your invoice or need something changed you can email us at info@statecommissions.org.

Can a state service commission cover the cost of MAP for its programs?

Yes. The state service commissions would need to decide whether it is paying for the State Service Partner fee or the MAP enrollment cost or both. A special enrollment link for commissions is available on our website for commissions covering the **total cost**. If you plan to cover only a portion of the cost, contact us to discuss next steps.

Is MAP an allowable expense on my AmeriCorps grant? Yes, you may budget for AmeriCorps member support services such as member assistance programs.

Is MAP an allowable expense for a Commission Support Grant? Yes, you may budget for AmeriCorps member support services such as member assistance programs.

Do you have to join as an ASC State Service Partner to participate in MAP?

Yes, the \$250 covers the State Service Partner fee.

If my program is already an AmeriCorps State Service Partner do we have to pay an additional \$250?

No, by being an AmeriCorps State Service Partner you are already eligible to participate in MAP. The State Service Partner is an annual fee to access member benefits including MAP participation. You will need to renew your State Service Partner fee when it expires to continue your MAP participation.

If my organization hosts multiple AmeriCorps programs, do we pay \$250 for every program?

No, the \$250 is an organizational fee, so you pay it only once.

Is the State Service Partner fee an allowable expense on my Commission Investment Fund grant?

Yes, the State Service Partner fee provides access to program training.

If the commission wants to pay or promote MAP to our programs, what are the payment structure options?

- 1) The commission can pay for the total cost of the Basic package. The commission pays the state service partner fee and the MAP \$5 /member fee. You can complete enrollment using the link online for commissions.
- 2) If the commission is interested in the Premium package option, which includes three face-to-face sessions, the commission pays the state service partner fee and the MAP \$10/member fee. You can complete enrollment using the link online for commissions.
- 3) The commission pays a portion. The commission pays all or part of the state service partner fee (\$250/program) and has interested programs sign up and pay for MAP. In this scenario you need to contact us to discuss enrollment and payment options.
- 4) The commission pays no portion and promotes MAP to your programs and the programs can pay for the total cost to participate. You can promote the service to your programs using the program enrollment link on our website.

We have states doing each of the above options so you can do what works best for your state. Notify ASC if you plan to cover a part or all of the cost so we can work with you and your programs to streamline enrollment.

Eligible Programs

Are AmeriCorps State programs eligible to participate?

Yes, it is designed for AmeriCorps State programs.

Are AmeriCorps National programs eligible to participate?

Yes.

Are AmeriCorps VISTA programs eligible to participate?

Yes.

Are program staff able to access services? Yes. Participating programs can enroll their employees as part of their 2022-2023 program enrollment. The cost is the same and the program benefits are the same.

Are AmeriCorps alumni able to access services?

No, at this time the program is designed for AmeriCorps members currently serving.

Program Services

What types of support can mentor health counselors provide?

When overwhelmed with personal, work or life stressors, the MAP AllOne Health licensed master's level counselors support members and household members through difficult times providing confidential assistance 24/7. *They can help with any issue including family conflict, couples/relationships, substance abuse, anxiety, depression.*

In addition to mental health counseling, what additional benefits are provided?

In addition to the telephonic counseling, mobile app resources, and face-to-face counseling (for premium package), members also have access to additional benefits including:

Personal Assistant: Helps individuals with their to-do list. They help lighten the load through researching the best options to benefit you and your loved ones. *Services include: entertainment, dining, travel, tourism, household errands, service professionals.*

Life Coaching: This helps members and household members meet their personal and professional goals. A life coach works actively to help individuals assess their current situation then develop goals and action steps to meet their stated expectations. A coach is an accountability partner and helps individuals overcome obstacles to achieve goals. *This helps with life transitions, creating better work/life balance, setting goals, improving relations.*

Medical Advocacy: This offers strategies to promote member health, productivity, and well-being by serving patient populations throughout the entire lifespan and by addressing health problems in every category of disease classification and in all disease stages. *This helps with insurance navigation, doctor referrals, specialist referrals, care transition, discharge planning, adult care coach.*

Work/life resources: These provide knowledgeable consultation and customized guidance to assist with gaining resolution to everyday hurdles. *Resources include: adoption, elder/adult care, parenting, child care, special needs support, wellness.*

Legal/Financial Resources: These are available to connect member with experienced, vetted professionals in their topical area of legal and financial needs. These are limited to 30 minute free consultations including divorce/custody, bankruptcy, budgeting, estate planning/wills, personal injury/malpractice, major life event planning.

What are the qualifications of the counselors who answer the phone?

All counselors are Masters Level Clinicians including Social Workers, Psychologists, Mental Health Counselors, and Marriage Family Therapists- MSW, LICSW, LMFT, LMHC.

How do I ensure people about the confidentiality of members?

Our program is 100% confidential. The only exceptions to confidentiality would be if a member reported that they were going to put themselves or anyone else in imminent danger. In that case, we would be reaching out to local police to perform a safety check and/or having someone take the individual to the nearest Emergency Room. When members call, counselors will review confidentiality and offer an opportunity to answer member's questions about this. We will never share information about who uses the program without the member's consent.

What kind of referrals would you be providing people?

Legal/financial services, housing, group therapy, face-to-face counseling, eldercare/childcare options, etc.

How do I know if our members are using the program?

You can contact ASC to request a usage report. Usage reports provide the number of people that have accessed services from your organization. If your program has had 10 or more people use the service within the requested timeframe, you may receive a more comprehensive report.

Do the counselors speak languages besides English?

AT&T translation services provide support in 140 languages.

If a member needs support from a local counselor how will that work?

If a member is in need of additional services, beyond in-moment, telephonic support, AllOne Health would make appropriate referrals to local, in-network providers and/or immediate crisis services, when needed. At this time, for the Basic Package in-person counseling is not provided as part of MAP and accessing local counseling may come at a cost to members. If you opt-in to the Premium package, it includes up to three (3) face-to-face counseling, telephonic or video counseling sessions per member, at no additional cost to the member.

If a member has the Basic Package and wants to see a counselor in-person, how will that work?

The member can call AllOne Health and request a referral, but that member will have to pay to see their in-person counselor. AllOne Health will work with the member to find options that are affordable and within this person's health plan, if applicable.

For those in the Premium package with up to three (3) face-to-face counseling sessions per member, how are referrals made to local counselors? AllOne Health works with a network of counselors that are credentialed and contracted. When a member requests a referral/to use their 3 free sessions, they contact our providers in their area based on the member's availability and the counselor's specialty, etc. AllOne Health confirms with the counselor that they can see the client, and then provides the counselor's contact information to the member, so they can schedule their first appointment. When the member contacts the counselor, the counselor has already agreed to see them and has confirmed that they are available. AllOne Health's goal is to simplify and make the referral process as easy as possible for members.

For members that do not have access to the free 3 sessions (telephonic benefit/Basic package only), and are looking for a referral to a provider in their area through their insurance, they do provide a minimum of three in-network counselors; these counselors may or may not be affiliated with AllOne Health, but will accept the member's insurance.

If a member has the Premium Package and wants to continue seeing their counselor past the three free sessions, how will that work?

Once the three free sessions have been completed, if the member decides they still want to continue counseling, the member would need to cover the cost of any subsequent sessions (via their insurance, out of pocket or other resources).

Is there a limit to the number of times a member can call a counselor? No, America's Service Commissions has designed the program to make it accessible to your members so they can call as often as needed. The 24/7 telephonic counseling can be used an unlimited number of times.

Will members be able to speak to the same counselor consistently?

Members will be able to request the same counselor when they call in, but there is no guarantee that they will receive the same counselor.

If a member receives a different counselor than they did for their previous session, will their new counselor have any idea about the issues the member is having?

Yes, all telephone counselors can see notes from the previous session(s) that member has had.

Can AllOne Health provide documentation for member suspensions and return to service?

In the case of a “suspension of service”, the AllOne Health would **not** be able to provide information/feedback to your organization directly unless the member signs a Release of Information (see next question). When a member is experiencing a significant event where they may need time-off, we would offer a referral to an external provider, and with the member’s consent, that provider could offer documentation to your organization. However, in any case, any member can request documentation from AllOne Health, that states that they did reach out to MAP and were provided XYZ services. This would be voluntary and can be requested at any time by the member.

Can we do a supervisor referral to AllOne Health?

Yes. Supervisors can make a “supervisor referral” to have their members participate in services via MAP (AllOne Health). Any situation that impacts a member’s workplace performance can be a Supervisory Referral (i.e. conflict with a coworker/supervisor, not following work procedures, a positive drug test, divorce, depression, etc.). Members’ participation and compliance are reported back to the supervisor/program after the member signs a Release of Information (ROI).

Would the service allow any prescriptions to be written for members or if it would only be counseling?

Only counseling is provided. If members are in need of a prescription they would need to seek medical treatment. An AllOne Health counselor could provide appropriate suggestions to the member on where to seek medical treatment.

Can this service help in a crisis situation?

Yes, the masters level counselors are trained to take on crisis situations.

What are hours of operation for video counseling?

Video counseling is available during normal business hours and currently is not available 24/7 as the telephonic support. Video counseling can be requested using the 1800 number or mobile app chat function.

How can hearing impaired members access services?

- **Texting**

A hearing impaired member can access assistance program services via AllOne Health mobile app. See the provided flyer on accessing the mobile app for login information.

- **Telephone**

A hearing impaired individual needs a TTY device for telephonic access.

The below is how the process works:

Client calls 711 and is connected to a relay service representative who calls AllOne Health (on behalf of the client) and introduces them self to intake professional. Relay professional ask if intake person has ever used the service before. If they haven't, brief instructional information will be provided about how they will translate the communication. Client is provided assistance services through this "3-way" communication.

- **Video Relay Services**

Further information is available at:

<https://www.fcc.gov/consumers/guides/video-relay-services>

If a member is on suspension from their service, can they still access MAP services?

Yes, assuming their suspension is occurring during your active MAP enrollment they can continue to access MAP services during their suspension. If/when a member is exited from service, they should no longer access service.

Program Promotion

How will we promote the program to our members?

You should provide your members the materials emailed to you. In addition, ASC will facilitate a scheduled webinar in the later summer/early fall for AllOne Health to review the program services that can be promoted to your members. A recording will be made available for those unable to attend.

When will materials be provided?

Materials to market the materials to your members (including phone number, mobile app access, etc.) will be emailed to you shortly before or on the service start date.