

## Volunteer Position Description

*This form should be used by SSCHC staff to request volunteers, assist with recruitment and successful match, and inform volunteers of their duties.*

**Position Title:** Medication Assistance Program Coordinator

**Department:** Chronic Conditions Health Education

**Direct Site Supervisor:** Kelsey Kerslake

**Location:** Chavez and/or Parkway Clinics  
South Cesar Chavez Drive and/or South 20<sup>th</sup> Street

**Number of Volunteers Requested:** 2

**Would you like to interview candidate yourself?**  Yes  No

**Can this position be filled by Service Learning Students?**  Yes (*minimum 6-month commitment*)  No

**Purpose for Volunteer Assignment:** The Medication Assistance Program (MAP) exists to assist patients of Sixteenth Street Community Health Centers who have low incomes and are uninsured or underinsured. MAP helps them gain access to prescribed medications that they otherwise may not be able to afford. A MAP Volunteer Coordinator breaks down barriers to accessing these programs – helping to complete application forms, advocating on behalf of patients, communicating with pharmaceutical companies, etc.

**Benefits to the Volunteer:** You will directly observe how social determinants impact a person's health. Opportunity to practice Spanish language with patients, practice Spanish medication terminology, gain an understanding of navigating prescription assistance programs for uninsured and underinsured populations, learn about a variety of prescription medications – their uses, dosages, costs, etc, gain exposure to a busy community health setting, learn about insurance coverage, limitations, and costs.

**Time Commitment:**  One time \_\_\_\_\_  
 Specific time period \_\_\_\_\_  
 Special Project \_\_\_\_\_  
 Ongoing opportunity Preferred hours on Mondays, Wednesdays and Fridays

**Client/patient population volunteer will serve:** Patients of SSCHC who are under or uninsured; many of these patients are Spanish-speaking.

### Duties of volunteer:

1. Assist SSCHC patients with identifying, applying for, and managing enrollment in Patient Assistance Programs (for medications, vaccines and diabetes test strips) administered by pharmaceutical companies and other organizations.
2. Enroll patients into Prescription Assistance Programs (PAPs) as eligible. This includes processing referrals to MAP, determining eligibility to various PAPs, collecting appropriate documentation, and completing necessary applications. Responsibilities also include communicating with patients and updating all relevant parties (patients, providers, etc) on the status of applications.

3. Maintain tracking/chart system for participants, follow up with PAPs, order refills, advocate for assistance, and report on program outcomes. Coordinator will meet patient for medication pick-up and facilitate the pick-up with the medical provider. Coordinator will contact patients about the status of their enrollment, medication availability, and additional follow-up. Coordinator will educate health center staff and fellow Coordinators about PAP updates.

**All volunteers: a PPD (TB) test is required at no cost.** In addition, if volunteer will have direct patient contact, volunteer must provide proof of MMR, TDap, and varicella vaccinations.

**Will volunteer have direct patient contact and require vaccine documentation?**  Yes  No

**Qualifications required or preferred:** Familiarity with Microsoft and Windows products, Spanish language proficiency, good organizational and communication skills.

**Training provided to volunteer:** Volunteer will complete mandatory 1-hour Human Resources/Volunteer Orientation (including HIPAA/Confidentiality). Additional training on MAP operations, policies, and procedures will be provided by the Care Coordination Manager or appropriate delegated staff.

**Is a background check required for this position?**  Yes  No

**If Yes, why?**  Working with children  Other; Vulnerable Populations; Confidential Information

Prepared By: Kelsey Kerslake/Kate Jaeger

Date: 02/08/2018

I agree that I have read, understand, and agree to carry out the above SSCHC Volunteer Position.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to provide the training listed above and to ensure the volunteer is prepared to carry out his/her role. I agree to provide ongoing or updated training as needed.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only:

Volunteer needs:  Key  E-mail set-up  Computer access (list programs)  
 ID badge  Other \_\_\_\_\_