

**Administration for Community Living
Draft National Options Counseling Standards
June 2012**

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Introduction

In 2010, the Administration on Aging (AoA), now the Administration for Community Living (ACL), funded Aging and Disability Resource Center (ADRC) programs in 20 states to work with AoA and each other in a collaborative process to develop national minimum standards. These standards guide how Options Counseling (OC) is delivered, who delivers it, under what circumstances, and how outcomes are tracked across the ADRC network. Through the grant, states will also design, implement and test draft standards for Options Counseling.

Beginning in November 2010, ACL has met monthly with Options Counseling grantee states via conference call to discuss elements of minimum national standards and lay out a vision for options counseling. ACL has also sought input from federal partners, technical assistance providers and representatives from aging and disability services networks to ensure the standards are relevant to and applicable across all populations. These conversations have produced the following draft standards for Options Counseling based on the definition of Options Counseling proposed by the National Association of States United for Aging and Disabilities in 2007.¹

This is the third version of the draft standards and incorporates feedback from grantee draft standards and ACL's calls with grantee states to discuss their standards. Please note that this language is a **draft**; the standards will continue to evolve as ACL continues discussions with stakeholders at the federal, state and local levels.

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¹ Long-Term Support Options Counseling: Decision Support in Aging and Disability Resource Centers, NASUAD, 2007 online at: www.adrc-tae.org/tiki-download_file.php?fileId=29256

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ACL Vision for Options Counseling

The primary goals of Options Counseling (OC) are to facilitate informed decision-making about Long-Term Services and Supports (LTSS) and serve a key role in the streamlined access to supports. It represents a critical service of Aging and Disability Resource Centers (ADRCs) as they help provide a clear pathway for individuals to access LTSS. It supports the broader system goals of rebalancing Long-Term Services and Supports (LTSS) and helps to prevent or delay premature institutionalization by offering options to help individuals spend resources wisely in the community. Developing a formal Options Counseling program will facilitate some of the structural changes necessary to receive the enhanced Federal Matching Assistance Percentage (FMAP) available through CMS initiatives such as the the Balancing Incentive Program (BIP).²

Some individuals may only need information about LTSS, but many need options counseling for the following reasons:

- A tremendous amount of information about LTSS is available on-line, but it can be complex, contradictory, and confusing;
- Individuals and families may want or need additional support interpreting information and weighing the pros and cons of their different decisions about LTSS;
- Few people plan ahead for long-term supports; and
- Institutional placements often occur without consideration of available community-based options.
- Accessing public supports can become a complex process where navigation assistance is needed

ACL views Options Counseling as both a philosophy underpinning how ADRCs interact with individuals, as well as a process that ADRC staff will follow to support individuals and families to consider their options and access the right services and supports at the right time. Options Counseling should:

- Be available to anyone contacting the ADRC network;
- Be person-centered and directed by the individual;
- Support people of all income levels to make informed decisions;
- Be delivered in a timely and/or expedited manner when the need for a short-time frame is presented;
- Serve as comprehensive and streamlined process by which people learn about and are connected to immediate and on-going support as needed or requested;
- Be the service that brings the larger aging and disability networks closer together; and
- Be valued by a large set of potential funders and stakeholders.

² <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Balancing-Incentive-Program.html> get correct link here

Options Counseling plays a pivotal role in supporting many federal initiatives and programs that encourage community living such as Veterans-Directed Home and Community-Based Services (VD-HCBS), participant-directed programs, care transitions interventions, and Medicaid waiver and other programs such as Money Follows the Person. Some of these programs represent potential future funding sources to sustain OC within ADRC networks.

Goals of the Standards

The main goal of these standards is to provide a clear definition of Options Counseling (OC) and a framework for which the aging and disability organizations involved in ADRC networks can build OC capacity. The specific goals of these standards include:

- Improving the consistency and quality of OC provided by ADRC networks including capacity to work with individuals who have private resources to spend on LTSS as well as those who may qualify for publically funded programs;
- Providing a basis to determine the impact of OC on the LTSS system;
- Developing the groundwork for training and continuing education materials and programs related to OC; and
- Preparing the aging and disability networks to meet the demands of the next several decades as a growing aging and disability population base seeks assistance in navigating LTSS.

Definitions

Individual – Organizations may have different terms for individuals served such as client, consumer, or participant. The individual is the person seeking Options Counseling. The individual may choose to include a representative, another person, or more than one person, to participate in the process.

Caregiver - A family member, partner, friend, or neighbor who supports an individual. Caregivers may also be the individuals seeking Options Counseling for their own supports. They do not make decisions for the individuals they are supporting.

Representative – A family member, friend or other person who is chosen by the individual seeking options counseling, to assist with decisions or to serve as the primary decision maker. This person may also be a guardian or an otherwise legally authorized to represent the individual.

Long-Term Services and Supports (LTSS) –Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) provided to older people and other adults with disabilities who cannot perform these activities on their own due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time, typically 90 days or more.³ These are sometimes referred to as Long Term Resources or simply Long Term Supports.

³ Adapted from LTSS Scorecard Definition

http://www.longtermscorecard.org/~media/Files/Scorecard%20site/Report/AARP_Reinhard_Realizing_Exp_LTSS_Scorecard_REPORT_WEB_v4.pdf

Decision Support – A process of examining pros and cons of various options. It may include information and education, but goes beyond both of these to support an individual as he or she weighs options. It includes exploration of an individual’s perceptions about the pros and cons and dialogue about how those perceptions influence potential decisions. The use of planning tools is a common method to assist the individual in the decision making process.

Person-Centered Planning Approach (PCP) – A process that is driven by the person with long-term support needs, and may also include a representative whom the person has freely chosen or is legally authorized. The PCP approach identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual. Agency workers’ (options counselors, support brokers, and others) role in the PCP process is to enable and assist the person to identify and access a personalized mix of paid and non-paid services. The individual’s personally-defined outcomes, preferred methods for achieving them, training supports, therapies, treatments, and other services needed to achieve those outcomes become part of a written LTSS plan.⁴

Action Plan – A plan outlining goals, action steps, timelines, resources needed, responsible parties, and referrals made in the Options Counseling process that are needed by the individual and/or counselor to attain supports that meet the goals and preferences of the individual. This plan is time-limited and is directed and developed by the individual with support from the Options Counselor as needed. A copy of the action steps plan may be kept by both the Options Counselor and the individual as both may have action items to complete, and it may serve as a guide for the Options Counselor in following up with the individual as well. The action steps plan is the deliverable after OC process is complete. It outlines the steps individual will take to address the presenting goal or intention. It is driven by the individual and for the individual.

Long-Term Services and Supports (LTSS) plan –After a person is enrolled in publically funded long-term services and supports program (for example, Medicaid waiver), the LTSS is the plan that outlines the frequency and type of services and supports (both formal and informal) to meet personal goals. It is used as referral channel and to activate service and also as quality assurance plan to ensure goals and preferences are met. Options counselors can assist the individual in developing this plan but not all states have OCs serving in this role.

Participant-Directed Services – Publically funded LTSS that are planned, budgeted and directly controlled by an individual (with help of representatives, if desired) based on the individual’s preferences, strengths, and needs. Participant-directed services maximize independence and the ability to live in the setting of the individual’s choice.

⁴ Adapted from 2402a interagency HHS work group

Standards for Options Counseling

I. Service Definition, Population, and Outreach

Standard 1.1: Definition of Options Counseling

ADRC Options Counseling is an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual. Options Counseling includes the following steps: 1) A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs, 2) a facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons, 3) developing action steps toward a goal or a long term support plan and assistance in applying for and accessing support options when requested, and 4) quality assurance and follow-up to ensure supports and decisions are working for the individual. Options Counseling is for persons of all income levels but is targeted for persons with the most immediate concerns, such as those at greatest risk for institutionalization.

National Interpretive Guidance

- i. **A personal interview**, which includes a “one-on-one” conversation with the individual, his or her representative- and their family members as appropriate – that would facilitate an initial screen to determine if the person needs LTSS. If so, then a comprehensive person-centered planning process starts to occur to identify in the individual’s strengths, values, and preferences. This process will include the identification of all current supports, both formal and informal, and incorporate as appropriate the use of screening and assessment tools that may be required by various programs.
- ii. **A facilitated decision-support process** that helps individuals and their families weigh the pros/cons of various options, including exploration of self-directed options where individuals are empowered to hire, fire, and pay for services and supports through an individual budgeting process, and leads to:
 - A. Identification of desired and available options (including informal supports, emergency supports, funding sources, etc.).
 - B. Assisting individuals and families in determining how best to pay for and arrange the delivery of services, including helping individuals to assess sufficiency of their own resources, and their eligibility for public programs, including, if appropriate, Medicaid, Medicare, and Veterans’ benefits;
- iii. **Development of a LTSS service plan and connecting people to the services and supports they need:**
 - A. For those not participating in public programs, the ADRC counselor helps the individual develop a person centered plan that describes 1) the immediate next steps to be taken in the decision-making process, and 2) the mix of informal

supports, community resources, and privately funded services the consumer elects to use based on his or her individual preferences and needs;

- B. For those using a public option such as Medicaid, Medicare and/or Veterans programs, the process includes:
- Facilitating eligibility and enrollment
 - Assistance in developing a person centered service plan
 - Facilitating support/service activation including choice of traditional of self-directed options
 - Arranging for fiscal intermediary service when an individual chooses self-direction, and assisting with choice of support broker/agent

iv. **Quality Assurance & Follow-up** to:

- A. Assure the supports meet the individual's preferences
- B. Gather and act on consumer feedback on services and the delivery systems
- C. Serve as a navigator to ensure that the needed services are activated, providing on-going follow-up to monitor quality, and assist with changes in the services plan as necessary
- D. Input data into reporting systems that monitors program performance, customer satisfaction, customer trends, and customer preferences
- E. Use CQI process to ensure program success and resolution of issues and is part of a larger long term support system quality assurance process
- If the Options Counseling program does not include assistance with applications for services, employment assistance, benefits counseling, futures planning, mobility assistance, and or support accessing participant-directed services, when available, there should be a mechanism in place to ensure the individual is connected to someone who can provide support in these areas.
 - The length of the Options Counseling process will vary based on a variety of factors, including: the pace the individual wants to take, the resources allocated by funding source, the program design of the particular ADRC/NWD/SEP process, as examples. The intention of the process is that the individual can return to the Options Counselor at various times for guidance and/or assistance obtaining long term supports. The person may obtain immediate assistance in a crisis situation or may be able to take the process more slowly based on the individual's current situation.

Standard 1.2: Target Populations: Who Should Receive Options Counseling?

Options Counseling is available to all persons with a disability, older adults or caregivers who request or require long term support services for a current need and/or persons of all incomes and assets who are planning for their future long term support service needs.

National Interpretive Guidance

- While the broad service population is the ideal, if ADRCs have limited funds, it is suggested that ADRCs consider targeting this service to the following categories of individuals due to the more immediate nature of their need for Options Counseling:
 - individuals transitioning from hospitals,
 - individual transitioning from skilled nursing facilities or extended care facilities, and
 - individuals at high risk for institutionalization.
- ADRCs should strive to use the latest research and data available to identify the populations that might benefit the most from Options Counseling. States should assure that the targeting criteria is consistent with its existing plans for long-term support reforms which may include coordination with the States' Olmstead committee and plans developed by the Statewide Independent Living Council, State Unit on Aging, State Medicaid Agency, State Department of Veterans Affairs and other state agencies or statewide organizations that support individuals with disabilities.
- In some cases, caregivers may be the individuals seeking assistance with decision-making. Options Counseling should be offered to caregivers to assist in determining their desire for caregiver support which might include: communication strategies, ways to reduce caregiver stress, and the importance of individual self-determination. A core tenant of an ADRC is a commitment to break down barriers to assistance and support. It is essential to support caregivers while also protecting the rights of individuals to self-determine. Ideally, the ADRC network is tapping funding for supporting caregivers, providing options counseling, getting individuals connected to the supports and services they desire in a seamless and unified way so that the caregiver or individual being supported does not have to fit strict or particular program eligibility guidelines to obtain assistance. In the best processes, State leadership is working collaboratively with local ADRC sites to provide Options Counseling in an integrated and holistic way.

Standard 1.3: Marketing/Outreach

Each ADRC will have in place a written plan to promote awareness of Options Counseling to individuals and community providers. The Options Counseling marketing/outreach plan may be incorporated into the overall ADRC marketing/outreach plan.⁵

II. Getting to Options Counseling

Standard 2.1: Initiation/Referral Protocols for Options Counseling

⁵ For more information about what should be included in an ADRC Marketing and Outreach plan see ACL ADRC Fully Functioning ADRC document. http://www.adrc-tae.org/tiki-download_file.php?fileId=29619

Options Counseling is an essential piece of the No Wrong Door/Single Entry Point Process. Each ADRC will have in place a mechanism for receiving initial inquiries/referrals regarding or contacts that may lead to the initiation of the Options Counseling process. Each ADRC will have in place a uniform process regarding the initial contact/intake and determination of need or trigger for options counseling that is utilized at all locations and with all partners.

National Interpretive Guidance

- To facilitate a uniform initiation process, it is recommended that a formal protocol and training be established for staff and referral partners (e.g., I and R/A specialists, 211 specialists, SHIP counselors, benefits counselors, others as identified). Training would include recognizing when someone might benefit from Options Counseling (for examples see list below), informing the person that participation in Options Counseling is voluntary, and the procedures for connecting the individual with an options counselor, when referral is necessary.
- Some situations or scenarios that **may** indicate a need for Options Counseling include when an individual:
 - requests or indicates an interest in receiving information or advice concerning long-term support options;
 - is referred to the ADRC by a hospital, nursing home, assisted living home (or other long-term residential setting), home and community based waiver services provider, or other agency (including MDS 3.0 Section Q referrals);
 - has had recent change in life situation and desires deeper discussion about their options;
 - has LTSS needs but unsure about the process of accessing services or what services will best meet their preferences and needs;
 - is requesting assistance in transitioning from one living situation to another;
 - might be eligible for new benefits and supports and is unsure of what is best for them or what they might be eligible for;
 - is interested in a participant-directed program ;
 - is admitted to the hospital and needs to know what they should be planning for once discharged;
 - was denied eligibility for Medicaid or another public program and needs decision support about other options;
 - lacks awareness of existing community resources and supports and could benefit from decision support and education around their options;
 - has cognitive impairment and could benefit from support about early intervention, caregiver support, or LTSS related to dementia;
 - has behavioral health needs and would like support on options related to their specific needs or situation; or
 - has multiple needs or a chronic illness and has a need or desire for support on a broad array of options to meet their needs across many services and systems.

Standard 2.2: Delivery Setting/Mode

Every attempt should be made to deliver Options Counseling in the setting and by the method desired by the individual.

National Interpretive Guidance

Settings may include the individual's place of residence, an agency, a nursing home, hospital, rehabilitation center, medical practice, or even non-traditional settings of the individual's choosing. Modes of service delivery may include in person, by phone, by e-mail, by video conferencing technology, or other electronic method. Whenever possible an in-person meeting with the individual is preferred. In-home visits are a particularly useful method to help identify the values and preferences of the individual as well as actions needed to maintain independence. The ADRC may wish to establish guidance for staff on when to offer an in-person meeting or home visit.

III. Components of Options Counseling

Standard 3.1 Personal Interview

A key component of effective options counseling is setting a welcoming tone through a person-centered dialogue to learn about the individual's values, strengths, preferences, and concerns. This discussion is a process of discovering factors important to him or her to assist the person in exploring options and developing an action plan or long term support plan. It is important that the individual has to "tell their story" only once. Pertinent information obtained through the interview and required assessments need to be recorded by the person performing Options Counseling and shared as necessary with the individual's consent. The individual may choose to have a family member, caregiver, support person, or advocate participate with them in the process.

National Interpretive Guidance

- This conversation may occur once or over a series of interactions.
- The conversation should touch on key areas that would influence available options relevant to the individual's situation including strengths, physical, emotional, social, financial, and functional aspects. Based on the state and local ADRC mechanism for service delivery and the overall model of options counseling, the Options Counselor will need to obtain specific, pertinent information to assist in the application for publically funded services and supports.
- The conversation should occur in a timely manner and meet the schedule and needs of the individual.
- Options Counseling is person-centered and the individual controls the planning process, which includes: selection of goals; when and where meetings are held; who is a part of the planning meetings; the topics to

be/not to be discussed; and personal decisions about supports and services.

Standard 3.2: Exploring Options/Planning

Options Counseling includes the exploration of resources so individuals can choose what is right for them to assist with current or future long term services and supports. Resources may include informal support, privately funded services, publically funded services and benefits, among others. A tailored list of resources that the individual identifies as helpful for him or her to live independently in their community should be offered in a timeframe that gets the information to them when they need it to make decisions.

National Interpretive Guidance

- OC should include discussion of available options without the personal bias of the Options Counselor.
- Organizations providing OC should have policies and procedures in place to remain free of conflicts of interest. As part of the OC process, the options counselor will encourage the individual to explore informal supports that might be available such as support from community groups, places of worship, neighbors, and friends.
- The OC process will include discussion of publically funded LTSS as well as private LTSS including the approximate cost of services.
- Options Counselors also should facilitate futures planning by talking with individuals about options for services and supports should they be needed in the future.
- To assist in the exploration of available options, it is recommended that Options Counselors assist individuals, when necessary, in making appropriate connections to persons that have specific training in available benefits and expertise related to the persons options (such as SHIP counselors, financial, employment, mobility assistance, etc..)

Standard 3.3: Decision Support

In addition to discussing and sharing information about available resources, Options Counseling assists the person in evaluating various pathways, including the pros/cons of specific options.

National Interpretive Guidance

Decision support is best performed by utilizing specific decision support tools, decision support processes, and decision support techniques, such as motivational interviewing and person-centered planning, and person-centered tools such as preferences maps, places maps, mind maps, evaluating options tools, and shaping outcomes tools. *(Insert references to these tools)*

Standard 3.4: Collaboration with Individual to Develop Action Steps or Long Term Support Plan

Another component of the options counseling process is offering to assist the person in developing his or her personal written plan of action. The written plan serves as a guide for the individual for future work and/or steps necessary to achieve goals or obtain LTSS that are important to the person in maintaining independence.

National Interpretive Guidance

While the ultimate pace of the process is determined by the individual, funding sources may mandate certain time frames for completion of the plan. It is recommended that ADRCs position Options Counseling within a framework that will flexibly meet the needs of the individual while taking advantage of possible funding sources. The best written plans are developed to the greatest extent possible by the individual with assistance as necessary. It is important for the plan to be shared by the individual with others as desired, as well as retained in a file or electronically by the Options Counselor to use in following up

Standard 3.5: Access to Community Supports

In addition decision support, Options Counselors will also provide assistance as requested by the individual to access or coordinate chosen services and supports. This support could be short or long process depending on the direction from the individual, degree of urgency expressed by the individual in meeting his or her goals, or availability of funding to provide such support. If this function is not performed directly by the Options Counselor, the ADRC should have appropriate referral protocols in place to support individuals in accessing this support from other sources. Options Counseling is part of a uniform process across the state that streamlines eligibility and access to public programs.

Related to eligibility for public programs, Options Counselors may be involved in independent evaluation, independent assessment, the support plan, and care coordination. To assure conflict free delivery, an Options Counseling program should ensure that the decision support and eligibility determination functions are separate from the provision of services and supports selected by the individual.⁶

National Interpretive Guidance

- Connection to community supports may include the following components:
 - providing or coordinating eligibility determination;
 - assisting as services and supports are arranged/scheduled (e.g. serving as a support broker in a participant directed program); and/or

⁶ Insert link for additional information.

- accessing resources in order to return to the community from an institution or hospital (e.g. transition coaching).
- The ADRC network's capacity to provide on-going support to individuals may vary depending on availability of funding to support OC. ADRCs may want to develop this capacity to take advantage of a broad range of funding sources that support independent living in the community.

Standard 3.6: Follow-up

Follow-up is an essential component of Options Counseling to be offered to each individual. At this point the Options Counselor learns from the individual what progress towards goals and steps in the action plan has occurred. Any barriers to implementing the action plan can be discussed and the Options Counselor and individual can strategize about alternatives. Organizations offering Options Counseling should have standards for follow-up including time-frames and procedures.

National Interpretive Guidance

- Follow-up may be conducted in person, by phone, or electronically as resources allow and the individual prefers.
- The individual's action steps plan should guide the time-frame for follow-up, but following up one month after OC process is a general guideline.
- Follow-up allows:
 - the individual to clarify questions concerning his or her plan,
 - the individual to receive assistance from the Options Counselor regarding the application and eligibility processes, if requested,
 - the individual the opportunity to request assistance regarding the implementation of LTSS, and
 - the individual and the ADRC to evaluate the usefulness of the service, such as barriers encountered in achieving his or her goal or whether the goals were met.

IV. Staffing

Standard 4.1: Staffing Structure

States and local ADRCs will determine a staffing structure for Options Counseling.

National Interpretive Guidance

- Options Counseling is preferably provided by one Options Counselor who supports the individual through the entire decision making process and follows up with the individual to see what decisions are working.
- Rapport-building is a critical component of Options Counseling.
- Options Counselors may be hired as new staff to perform Options Counseling, or ADRCs may choose to train existing staff from various

departments and programs such as I & R/A, peer counselors, service coordinators, independent living skills trainers, case managers, front-line staff, transition coaches, or support brokers for participant-directed programs, as examples.

- ADRCs may choose to have Options Counselors provide Options Counseling as their only job responsibility, or ADRCs may organize their staffing structure that optimizes existing staff who serve in “blended roles” within the ADRC. It is at the discretion of the ADRC to determine what staffing structure will work best based upon their agency and organizational capacity and target population.
- The role of the Options Counselor and specialized skill set they bring in facilitating decision support may be valuable to other LTSS programs and initiatives such as care transitions, MFP, and VDHCBs. ADRCs may choose to organize their staffing structure in a way that builds the core competencies of their Options Counselors to support these other initiatives, or to hire specialized staff who are trained in the Options Counseling skill set but work only in their role as a care transition coach, or a MFP transition coordinator. It is up to the ADRC to determine what capacity they have to meet the needs of their consumers and the programs they have responsibility for administering.

Standard 4.2: Staff Education Work Experience

State and local ADRCs will set minimum qualifications for education and/or work experience to perform Options Counseling consistent with state and local requirements. Options Counselor specific requirements include competencies in the domains of decision support, person-centered planning, cultural competency, communication, participant direction, and quality.⁷

National Interpretive Guidance

Given the complexity of the work and the level of skill needed it should be noted that Options Counseling is not considered an entry level position. Experience with the competency domains listed above should be strongly considered. Generally, a bachelor’s degree in a human services related field would be minimum qualifications but states and localities may consider the replacement of experience and training for the degree requirement. States and local ADRCs may also include certifications – such as Certified Information and Referral Specialist (CIRS).

Standard 4.3: Staff Training (This section will be enhanced as AoA Core Competency work evolves along the domains of decision support, person-centered planning, cultural competency, communication, participant direction, and quality.)

⁷ Reference detailed OC Competencies when complete and public

All persons performing Options Counseling shall receive initial training. Each ADRC will have a staff development program in place. All persons performing Options Counseling should receive initial and ongoing training in the following areas:

- Physical and emotional aspects of aging and disability including
- Working with individuals with cognitive impairments and their caregivers,
- Vision for Aging and Disability Resource Centers and Options Counseling,
- Decision support strategies (e.g. person centered planning , motivational interviewing, relationship centered practice),
- Communication techniques for working with individuals and groups including use of adaptive and interpretive communication devices,
- Cultural competence,
- Information on available programs and resources (both public and private) including options to self-direct services and supports in publically funded programs,
- Documentation and follow-up protocols and requirements as established by the State and local ADRC.

For a comprehensive list of trainings for options counselors see ***PLACEHOLDER (insert link to NRCPS Options Counselor and training and assessment guide when available)***

Training plans are required to best work with many individuals, including:

- People with Alzheimer’s Disease or other types of dementia
- People with cognitive impairments, including traumatic brain injury
- People with visual impairments
- People who are hard of hearing or who are deaf
- People with intellectual and developmental disabilities
- People with physical disabilities
- People with mental health diagnoses
- People with cultural and ethnic backgrounds different from the Options Counselor
- Any person likely to use Options Counseling

Standard 4.4: Supervisor/Manager Training, Skills, Policy Maintenance

State and local ADRCs will set minimum qualifications for Options Counseling supervisors consistent with State and local requirements. Options Counseling supervisors shall receive initial training in the topic areas identified in Standard 4.3. An on-going development program specifically for Options Counseling supervisors shall also be in place.

National Interpretive Guidance

Supervisors should possess the experience or educational training to oversee staff development, program management, program planning, policy/procedural maintenance, and program evaluation. Generally, a bachelor's degree in a human services related field would be minimum qualifications plus 3 – 5 years of direct service and/or management experience. A master's degree may be preferred. States and localities may consider the replacement of experience and training for the degree requirement.

V. Partnerships

Standard 5.1: Key Partners

Partnerships are the foundation of successful Aging and Disability Resource Centers. Since Options Counseling is at the center of streamlining eligibility and access to federal, state, and local services, it is important to include key partners in the process. Key partners include but are not limited to:

- state and local representatives of the aging network including those managing Title VI grants under the Older Americans Act;
- state and local representatives of the disability network, including the intellectual and developmental disability network
- state and local representatives of the Medicaid agency,
- state and local representative of the State Health Insurance Assistance Programs,
- representatives of Benefits Outreach and Enrollment Centers, if present,
- state and local providers of Information and Referral; and/or (if applicable), and
- state and local providers for other long term services and support counseling programs.

The list is not exhaustive and state and local ADRC planners are encouraged to include other partners as identified.

Standard 5.2: Partnership Roles

In addition to the identification of key partners, the ADRC will establish an overall strategy for the implementation of Options Counseling with key partners.

National Interpretive Guidance

For ADRCs in general and Options Counseling in particular to operate in a seamless manner, it is necessary that an overarching strategy be implemented with key partners. A process for including all partners and coming to agreements regarding roles is essential. Best practice indicates that leadership must be demonstrated at the highest levels to develop protocols (and written policies and procedures, MOUs, etc.) for a seamless and efficient system for the individual utilizing services.

VI. Continuous Quality Improvement, Evaluation and Outcomes

Standard 6.1: Documentation

Each ADRC will maintain a system to document unduplicated individuals receiving Options Counseling. Documentation should at a minimum include: name of individual(s) receiving OC, statement of needs, values and preferences, options discussed, plan of action for options counselor as well as individual, and the amount of time spent with/ or on behalf of the person.

National Interpretive Guidance

While ideally the individual who wishes to receive Options Counseling will provide demographic information, Options Counseling may still be provided if the person wishes to remain anonymous. In such circumstances, the only data required to be documented is the count of the options counseling process, and the amount of time spent with the individual. Documentation is preferably in an electronic format.

Standard 6.2: IT System Capacity for Tracking OC Outcomes

ADRCs will utilize secure information systems sufficient to track the outcomes of options counseling as established by the local ADRC. Local ADRCs should make reasonable effort to also track state and national outcomes.⁸

Standard 6.3: Quality Improvement plan linked to specific outcome measures.

Each state will develop a quality improvement plan for Options Counseling that involves making improvements to operations based on evaluation and survey information. At a minimum, the plan will monitor individual satisfaction with options counseling such as assistance with informed decision making, effectiveness in linking people to home and community based services when requested by the individual, as well as tracking transition and diversion activities. Options Counseling also plays a role in the larger Quality Improvement process by providing information about gaps in the system as identified by the individual.

⁸ For additional information on IT system capacity for ADRCs, please consult the ACL ADRC Fully Functioning Criteria http://www.adrc-tae.org/tiki-download_file.php?fileId=29619