SERVICE STANDARDS

Service Title: Aging and Disability Resource Network - Options Counseling

I. Definitions

A. Service Definition: Options Counseling is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- a personal interview
- assistance with the identification of choices available (including personal, public, and private resources)
- a facilitated decision-support process (weighing pros/cons of various options)
- assisting as requested and directed by the individual in the development of an action plan
- links to services (when services are requested)
- follow-up (IDOA)

Options Counseling is a person-directed process where 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, and who is to be/not be in attendance; the topics to be/not be discussed; and decisions about supports and services the individual selects. (IDOA)

If the Options Counseling program does not specifically address the following there must be a mechanism in place for a transfer if the individual requests assistance: short term assistance, long term assistance, assisting with applications for services, employment assistance, benefits counseling, futures planning, mobility assistance, and assistance with participant directed services. (IDOA)

B. Unit of Service Definition: Each individual client contact made as part of the Options Counseling service constitutes one unit of service. These units can include follow-up on behalf of that client. (IDOA)

Clarifications on units of service:

Internet web site “hits” should be counted only when Options Counseling information is requested by the client and supplied by the provider. For example, an older person requests by e-mail that they want information on a benefit program. If the provider provides this information by e-mail, traditional mail or by telephone, this is one contact (one unit of service). The response must be individualized for the specific client and situation. (IDOA)
If the older individual or family member simply reviews information on the provider’s web site and does not request specific information, then this situation cannot be counted as a contact (unit of service). *(IDOA)*

The service does not include newsletter mailings or group presentations *(NEIL)*.

C. **Unduplicated Count:** The unduplicated number of clients who benefit from units.

D. **Service Activities:** Options Counseling activities must include all of the following:

- The agency will have in place a *screening process* for receiving initial inquiries regarding or that may lead to the initiation of the Options Counseling process. This will be a uniform process for all Options Counseling providers regarding the initial contact that is utilized at all locations and with all partners (e.g. common forms to record information regarding individuals). *(IDOA)*

- **Personal interview** or person centered conversation to learn about the person’s values, strengths, preferences, concerns, and available resources which they may use for long term support services. This discussion is guided by the need to obtain specific information to assist the person in developing a long term services and support plan. *(IDOA)*

- **Exploration of resources** to assist with long term services and supports, including informal support, privately funded services, publicly funded services and available benefits, among others. *(IDOA)*

- **Decision support** to assist the person in evaluating the pros/cons of specific choices. *(IDOA)*

- Assisting the person to develop a *written plan of action*. The written plan serves as a guide for the individual for future work and/or steps necessary to obtain LTSS, as requested by the individual, that are important to the person in maintaining independence. The written plan should include a process for follow up. *(IDOA)*

- **On-going contact** with an individual to answer questions they have about their written/action plan implementation or to assist in the implementation of service. Written plans may be adjusted as determined by the client.

- **Determining financial eligibility,** when appropriate. *(IDOA)*

- **Assisting with enrollment** into public programs and benefits. *(IDOA)*

- **Encouraging future planning for long term care.** *(IDOA)*

- Providing a list of agencies, organizations, or facilities and questions to consider when looking at various options. Providers of Options Counseling must make unbiased referrals reflecting the best outcomes for the client and shall make efforts to avoid a conflict of interest. Providers of Options
Counseling are prohibited from making referral to agencies that are unlicensed, unregistered, or uncertified, if such agencies are required to be licensed, registered or certified. (*IDOA*)

- Options Counseling agencies must offer **follow up** to each individual and provided at the direction of the individual. Follow-up may be conducted in person, by phone, or electronically as resources allow and the individual prefers. Follow up should be implemented no later than 60 days after the initial Options Counseling contact with the client. (*IDOA*)

Follow-up allows:

- the individual to clarify questions concerning their plan;
- the individual to receive assistance from the Options Counselor regarding the application and eligibility process, if requested;
- the individual the opportunity to request assistance regarding the implementation of long term supports;
- the individual and the ADRN to track the usefulness of the service.

Providers of options counseling must utilize person centered planning procedures when advising clients and must demonstrate respect for the client’s self-direction. (*IDOA*)

Every attempt should be made to deliver Options Counseling in the setting and by the method desired by the individual. Settings and modes of service delivery may include office or satellite office, by phone, by e-mail, by video conferencing technology, other electronic method, or in the individual’s place of residence. Options Counseling is generally provided on-site (at the Options Counseling agency), on the phone or electronically. (*IDOA*)

Options Counseling is usually provided prior to a Comprehensive Care Coordination (CCC) assessment; Options Counseling is not provided as part of case management (CCC). (*IDOA*)

The complexity, diversity, and/or quantity of needs and providers may necessitate the assistance in the coordination of short term assistance. If short-term assistance is not provided directly by Options Counselors then there must be a process in place to link people to needed services or assistance. (*IDOA*)

II. **Service Design**

A. **Tools:** Providers of Options Counseling will utilize information systems sufficient to
track outcomes. Secure data systems will also maintain information on individuals receiving options counseling within their agencies and generate data for required reports. (IDOA)

- Providers of Options Counseling must have an up to date comprehensive information bank that covers resources and information pertinent to this issue. (IDOA)
- Options Counseling agencies will use an approved web-based resource program, currently Enhanced Services Program (ESP) web, or other approved programs that meet accessibility requirements. (IDOA)
- Options Counseling providers must provide each Options Counseling worker with desktop access to Enhanced Services Program (ESP) resource data base, the Benefits Check Up assessment tool, Illinoishousingsearch.org (IDHA), and other web tools as selected in the development of the statewide system. (CPoE)
- Options Counseling agencies must have Internet access and email. (IDOA)

B. Record Keeping:

- The agency will maintain client files to document individual Options Counseling contacts. Documentation should at a minimum include: name of person(s) receiving OC, summary of contact(s), any written plan(s), the individual’s stated goals, time spent with/ or on behalf of the person, and the counselor’s name. Documentation may be in a paper and/or electronic format. (IDOA)
- Records must be kept at least three years after the client is no longer active. (IDOA)
- The agency must have informed consent of the older person or his/her authorized representative prior to disclosing the client’s name. This consent must be documented in the older person’s case file whether it is written or verbal consent and include who provided the consent (the client or authorized representative). (IDOA)

C. Evaluation: The Options Counseling agency will develop a quality improvement/quality assurance program for Options Counseling that involves making improvements to operations based on evaluation information. At a minimum, the plan will monitor customer satisfaction with outcomes (including the perceived seamless delivery of services) and effectiveness in linking people to home and community based services when requested by the individual, as well as tracking transition and diversion activities. This may be done through phone, mail or internet surveys. (IDOA)

D. Outreach and Marketing:

- Options Counseling agencies will ensure services are available and advertised and not restricted to any ethnic group. (IDOA)
• Each ADRN will have in place a plan to promote community and targeted user awareness of Options Counseling to individuals and community providers. (*IDOIA*)

• Make available data concerning current opportunities and services for older or disabled persons and other pertinent data to other public and private agencies on request (*NEIL*);

E. **Public/Awareness:**

• Agencies must make regular public notice, not less than monthly, regarding the availability of their specific service. This effort must include a means by which the agency may be contacted. Public notice efforts can include mass media notices or presentations, public displays, brochure distribution in public places, or other such means of reaching the general public. (*NEIL*)

• Options Counseling providers must establish plans and continually undertake sufficient public information efforts to be recognized in their service area as a center of Options Counseling; efforts to promote awareness must be specific to the service provided and not specific to the grantee funded to provide the service. (*NEIL*)

F. **Access:** Agencies funded to provide Options Counseling must:

• Ensure that the Options Counseling agency phone and voicemail systems have sufficient phone lines so that callers may get through 90% of the time. (*IDOIA*)

• Phone systems that allow for three way calling (call conferencing) and the ability to forward calls. (*IDOIA*)

Preference will be given to agencies that have a live person answer calls rather than a voicemail system. In cases where a voicemail system is used, the system should be user friendly and accessible to potential client. (*IDOIA*)

• Ensure that all older or disabled persons in the county have reasonably convenient access to the service with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer’s Disease or related disorders (and caretakers of individuals with such disease or disorders). (*IDOA 603.17 D*)

• Maintain the capacity to provide in-home visits in order to assure service delivery for homebound, handicapped or frail persons. (*NEIL*)

• Provide no-cost phone access from all points within the area served. Options Counseling providers are required to have Directory assistance listings in the phone book Yellow Pages under the heading "Senior Citizens Service Organizations." (*NEIL*)
• Maintain an agency web-site that specifically references the Senior Services Options Counseling services available from the provider and which includes a means to contact the provider by phone and e-mail in order to obtain personal assistance. (*NEIL*)
• Have a disability-accessible environment for meeting customers and the general public (*CPoE*)

G. **Client Eligibility:**

Options Counseling will be available to all persons 18 and over with a disability or an older adult who requests or requires current long term support services and/or persons who are planning for the future regarding long term support services without regard to income or assets. (*IDOA*)

H. **Service Population/Priorities**

**Target Population:** Providers must assign priority, in the provision of services, to those older or disabled adults in greatest economic and social need, with particular attention to low-income minority individuals, frail individuals and individuals who reside in rural settings or are otherwise isolated. Providers must attempt to provide services to individuals whose incomes are at or below poverty, minority individuals, minority individuals whose incomes are at or below poverty, individuals 75 years and older, and individuals living alone at a rate at least in proportion to the incidence level of each group within the county. (*NEIL*)

**Service Population Identification:** The service provider must develop current lists of older or disabled persons in need of services and opportunities and identify and analyze the service related needs of older or disabled persons within their geographic area as part of their planning process. The service provider must maintain current demographic information on the number and location of older person in the service area, and have developed a service plan which maximizes the number of persons the service will reach. Documentation of need and methodology used in needs assessment should be kept on file and made available to the Area Agency on Aging upon request to support planning decisions. (*NEIL*)

Eligible participants input must be sought and utilized in the planning of services. The service provider must have procedures for obtaining the views of participants about the services they receive. An Advisory Council may be established as a means for participant input. (*NEIL*)

I. **Interagency Coordination**

Grantees are required to maintain linkages with other service providers and
organizations in their service area. The grantee must utilize the State-approved brand name and logo for the ADRN system once it is completed. The program staff must demonstrate cooperative working relationship with:

- Case Coordination Unit and/or Center for Independent Living;
- Health professional services, community nursing services, health clinics, hospital discharge planners, health departments, and nursing homes;
- Emergency services including police and fire departments and other disaster preparedness services such as Red Cross; and including the local office of the Illinois Emergency Services and Disaster Agency;
- 211 providers where this system in developed (CPoE)
- Options Counseling providers must have written plans specifying procedures for the timely provision of disaster relief assistance information, local organizations responsible for assistance in emergencies, and responsibilities relevant to assistance in emergencies. The provider must maintain working agreements with the local office of the Illinois emergency Services and Disaster Relief Agency. (NEIL)

Agencies must assure that community Focal Points have direct access to services through cooperative agreements for the collocation of services. (NEIL)

J. Community Relationships

The service provider must demonstrate involvement in strengthening community relationships by:

- Participating in community outreach and public awareness activities in coordination with the Senior Helpline and as full participants in statewide outreach activities; (CPoE)
- Encouraging participation in services without expressed favoritism toward any one of the equally qualified competing service providers; and
- Participate in community volunteer recruitment. (NEIL)

III. Operations, Policies and Procedures

A. Staff:

- All Options Counseling staff must meet the following criteria:
  Options Counseling agencies must adhere to statewide training, certification and recertification protocols. (IDOA)
  - At least B.S., B.A. RN degree from an accredited university, or equivalent experience.
  - Participate in all ADRN Options Counseling trainings for options counseling service providers.
When possible, participate in professional development and training opportunities beyond those offered by the ADRN.

- Participate in at least 18 hours of ongoing training per year
- Options counseling staff must demonstrate cultural competency and have measures in place to serve persons of Limited English Proficiency.

- Supervisors of Options Counseling staff must meet the above criteria and must possess the experience or educational training to oversee staff development, program management, program planning, and program evaluation. *(IDOA)*
- Options Counseling agencies should have the capacity to make appointments for calls beyond traditional hours (evenings and weekends). These hours must be advertised. *(IDOA)*
- The agency staff shall be competent, ethical, qualified, and sufficient in number to implement the policies of stated programs and service objectives. *(IDOA)*

At least one staff person certified by the Alliance of Information & Referral Systems (AIRS). The staff must adhere to a standard, statewide (IDoA Approved) training protocol for training new employees and for updating existing employees including training staff in LTC options counseling. *(CPoE)*

**B. Customer Service Standards (NEIL)**

**Telephone/Voicemail**

Staff answering external phone calls will:

- Answer the phone call promptly (within five rings)
- Listen and understand the nature of the requests before transferring the call to the worker assigned to Options Counseling
- Inform the caller where they are being transferred to
- Provide the caller with the name of the person to whom they are being transferred
- Provide the caller with the phone number of the person to whom they are being transferred in the event they are disconnected.
- Have three-way calling phone systems for “warm transfers” of callers.

When multiple calls are received, calls will be answered in order; callers will be asked if their call may be put on hold; the first caller will be returned to first; and the employee will continue to answer the lines in order of the calls received. A person, not voicemail, will answer calls at each answering station. There will always be telephone coverage at each answering station during business hours.

- All phone calls will be answered with a consistent greeting.
- Staff will identify themselves by name on the telephone.
- Callers will be encouraged to call back if initial information was incorrect, inappropriate or insufficient.
- Staff will always inquire if assistance is needed in securing services or
benefits from referred agencies.

- All customers will be treated equally, without regard to race, sex, age, disability, religious or political beliefs.
- All information provided will be kept confidential and will not be released without written consent, except to agencies and officials as allowed by law.

In the event that staff must refer to another specialist within the agency to address the caller's request, voicemail may be used.

- Callers will receive acknowledgements of their voicemail messages within one business day.
- Voicemail messages will:
  - Be kept current
  - Be changed on days the agency is closed
  - Include a date stamp
  - Give information on getting out of the system to speak with someone else
  - State when calls will be returned.
- Include full names, departments, phone numbers, and times available when leaving messages for customers.

**Written Correspondence** (Includes Letters, Memoranda, E-mails & Faxes) is formatted to grantee agency standards, has been edited for accuracy, and

- Provides a timely response to requests, or an interim communication explaining the delay, if necessary. Requests for printed materials will be sent within 3 (three) working days of receipt.
- Provides complete, accurate, and precise information regarding inquiries.
- Includes direct dial telephone numbers so customers can contact the person they need to speak to directly.
- Includes additional informational brochures, fact sheets or tip sheets and other materials to meet customer's needs.
- Fax cover sheets include name, telephone number, and department of the sender and the name and fax number of the receiver. Fax cover sheets should be legible.

C. **Advisory Role to Service Providers of Older or disabled persons**

Each service provider under the area plan must have procedures for obtaining the views of participants about the services they receive. (*IDOA 602.11*)

D. **Disaster Response and Assistance Activities** (*IDOA 602.12*)
1. **Disaster Plans:** Older Americans Act service providers are required to have disaster plans, so as to expedite the delivery of necessary services when a disaster occurs. The disaster assistance efforts of service providers will complement the existing relief efforts provided by federal, state and voluntary organizations.

2. **Written Coordination Agreements:** Older Americans Act service providers must enter into written coordination agreements and regular, ongoing working relationships with Emergency Services Disaster Agencies (ESDAs), voluntary relief organizations (e.g. American Red Cross, Salvation Army and the Mennonites, etc.) and with local community-based organizations.

3. **Activation of Disaster Plans & Assessment of Needs During a Disaster:** An Older Americans Act service provider’s disaster plan will be activated upon notification by the Area Agency on Aging, the Department on Aging, or the local emergency services disaster official. Activation of the disaster plan requires an assessment of the need to mobilize service provider resources and personnel which will be done in coordination with the American Red Cross, state and local emergency services agencies and/or FEMA during a Presidential declared disaster. The assessment will determine the type of action necessary to serve the special needs of older disaster victims.

Northeastern Illinois Area Agency on Aging Disaster Planning Requirements for Funded Service Providers

1. All funded service providers must:
   - Designate an Emergency Coordinating Officer.
   - Include in their Disaster Assistance and Response Plan:
     a) A procedure for contacting all at-risk provider consumers, on a prioritized basis, prior to and immediately following a disaster.
     b) A procedure for after-hours coverage of elder help-lines and other network services, if necessary.
     c) A procedure to dispatch the Emergency Coordinating Officer or other staff members to shelters in areas outside of the disaster area, to assist older evacuees with special needs, if necessary.
     d) A procedure to help at-risk older consumers register with any Special Needs Registries of local emergency management agencies.
     e) A procedure for staff members to be issued a picture I.D. badges for use during any disaster/emergency work.

E. **Reports of Abuse, Neglect, and Financial Exploitation**

   - Any Older Americans Act service provider who suspects the abuse, neglect, or financial exploitation of an eligible adult may report this suspicion to an agency designated to receive such reports under the Adult Protective Services
• In carrying out their professional duties, Older Americans Act service providers are mandated reporters, if they have reason to believe than an eligible adult, who because of dysfunction is unable to seek assistance for himself or herself, has within the previous 12 months been subjected to abuse, neglect, or financial exploitation. The mandated reporter shall, within 24 hours after developing such belief, report this suspicion to an agency designated to receive such reports under the Adult Protective Services Act or to the Department on Aging. (IDOA 602.13)