



*“Working Harder To Make Aging Easier”*

## **Service Standards**

### **Aging and Disability Resource Network – Options Counseling**

The service provider must adhere to the Northeastern Illinois Area Agency on Aging General Service Requirements in addition to service-specific requirements listed below.

#### **I. Definitions**

**A. Service Definition (IDOA):** Options Counseling is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed choices about long-term services and supports in the context of their own preferences, strengths, and values.

**1.** Essential components of Options Counseling include:

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

**2.** 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.

**3.** 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.

- B. Unit of Service (IDOA):** 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.
1. 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.
  2. 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).
- C. Unduplicated Count (IDOA):** The number of clients who benefit from the service.
- D. Client Eligibility (IDOA):** Options Counseling will be available to all persons aged 18 and over with a disability or adult aged 60 and over 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.

## **II. Service Activities (IDOA)**

- A.** The provider 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).
1. Options Counseling is usually provided prior to a Comprehensive Care Coordination (CCC) assessment; Options Counseling is not provided as part of case management (CCC).
- B.** 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.
- C.** Providers must utilize person centered planning procedures when advising clients and must demonstrate respect for the client's self-direction.
- D.** 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 provider agency), on the phone or electronically.

**E.** Options Counseling activities must include the following:

- 1.** 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.
- 2.** 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.
- 3.** Decision support to assist the person in evaluating the pros/cons of specific choices.
- 4.** 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.
- 5.** 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.
- 6.** Determining financial eligibility, when appropriate.
- 7.** Assisting with enrollment into public programs and benefits.
- 8.** Encouraging future planning for long term care.
- 9.** 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.
- 10.** Providers 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.

- a.** Follow-up allows:
  - i.** The individual to clarify questions concerning their plan,
  - ii.** The individual to receive assistance from the Options Counselor regarding the application and eligibility process, if requested
  - iii.** The individual the opportunity to request assistance regarding the implementation of long term supports
  - iv.** The individual and the ADRN to track the usefulness of the service

### **III. Service Standards**

#### **A. Resource Development**

- 1.** Providers must have an up to date comprehensive information bank that covers resources and information pertinent to this issue (IDOA). Providers are encouraged to use the statewide I&A resource database (currently *Illinois Aging Services*) if no other resource database is available to staff.
- 2.** Staff will have access to a variety of resource materials and web tools to assist clients.
- 3.** Providers must have Internet access and email (IDOA).

#### **B. Records and Documentation**

- 1.** Providers 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, including an unduplicated count of persons and daily units of service provided (IDOA/NEIL).
- 2.** The provider will maintain client files to document individual Options Counseling contacts. Documentation should at a minimum include:
  - a.** Name of person(s) receiving OC,
  - b.** Summary of contact(s),
  - c.** Any written plan(s),
  - d.** The individual's stated goals,
  - e.** Time spent with/ or on behalf of the person, and
  - f.** The counselor's name.
- 3.** Documentation may be in a paper and/or electronic format.

4. Records must be kept at least three years after the client is no longer active.
5. The provider 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).

### **C. Outreach and Marketing**

1. Providers will ensure services are available and advertised and not restricted to any ethnic group (IDOA).
2. Each provider will have in place a plan to promote community and targeted user awareness of Options Counseling to individuals and community providers (IDOA).
3. Maintain an agency website that specifically references the ADRN 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).

### **D. Staffing**

1. All Options Counseling staff must meet the following criteria (IDOA):
  - a. Options Counseling providers must adhere to statewide training, certification and recertification protocols.
    - i. At least B.S., B.A. RN degree from an accredited university, or equivalent experience.
    - ii. Participate in all ADRN Options Counseling trainings for options counseling service providers.
    - iii. When possible, participate in professional development and training opportunities beyond those offered by the ADRN.
    - iv. Participate in at least 18 hours of ongoing training per year
    - v. Options counseling staff must demonstrate cultural competency and have measures in place to serve persons of Limited English Proficiency.
2. 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).
3. Staff shall be competent, ethical, qualified, and sufficient in number to implement the policies of stated programs and service objectives (IDOA).

4. The provider shall have at least one staff person certified by the Alliance of Information & Referral Systems (AIRS) (CPoE).

### **E. Training**

1. Provider will have a standardized training process for current staff, new employees and volunteers (NEIL).
2. Staff shall participate in a variety of training opportunities, including those offered by IDOA, the Agency on Aging, and other sources (NEIL).

### **F. Access**

1. Providers' phone and voicemail systems should meet the following requirements (IDOA):
  - a. Sufficient phone lines so that callers may get through 90% of the time.
  - b. Phone systems that allow for three way calling (call conferencing) and the ability to forward calls.
  - c. 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.
2. Providers should have the capacity to make appointments for calls beyond traditional hours (evenings and weekends). These hours must be advertised (IDOA).
3. The provider shall provide a setting for options counseling staff to attend to each client's questions/needs without interruption and in a confidential manner (IDOA).
4. Have a disability-accessible environment for meeting customers and the general public (CPoE).
5. Provider must maintain the capacity to assist clients seeking services via telephone, walk-in, mail and email. Provider will strive to accommodate persons who are homebound or otherwise isolated through home visits and other community locations when necessary (NEIL).
  - a. The capacity to serve clients who require a home visit may be served through referral to Case Management (NEIL).

### **G. Evaluation**

1. The provider 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).