

For Agencies designated as Aging and Disability Resource Network – Options Counseling Standards not a required service	
<p>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.</p> <p>Essential components of Options Counseling include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>Options Counseling will be available to all persons 18 and over with a disability and to older adults who request or require 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.</p> <p>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.</p>	<p>UNIT OF SERVICE: 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.</p>

STANDARDS

Service Activities

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

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2. The agency must have and use a uniform screening process for receiving initial inquiries or that may lead to the initiation of the Options Counseling process.
3. Every attempt should be made to deliver Options Counseling in the setting and by the method desired by the individual client. 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 person at the individual's place of residence.
4. Options Counseling is usually provided prior to a Comprehensive Care Coordination (CCC) assessment; Options Counseling is not provided as part of case management (CCC).
5. Options Counseling activities will include the following:
 - a. Personal interview or person-centered conversation to learn about the person's values, strengths, preferences, concerns, and available resources that 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.
 - b. Exploration of resources to assist with long term services and support, including informal support, privately funded services, publicly funded services, and available benefits, among others.
 - c. Decision making support to assist the person in evaluating the pros/cons of specific choices.
 - d. 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, which are important to the person in maintaining independence. The written plan should include a process for follow-up.
 - e. 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.
 - f. 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.
 - g. Determining financial eligibility, when appropriate
 - h. Assisting with enrollment into public programs and benefits
 - i. Encouraging future planning for long term care
 - j. 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 OC are prohibited from making referral to agencies that are unlicensed, unregistered, or uncertified, if such agencies are required to be licensed, registered or certified.
6. Options Counseling agencies must offer follow-up with clients. Follow-up may be conducted in person, by phone, or electronically as resources allow and the individual prefers. Follow-up should begin no later than 60 days after the initial Options Counseling contact with the client.
7. Follow-up allows:
 - a. The individual to clarify questions concerning their plan.

- b. The individual to receive assistance from the Options Counselor regarding the application and eligibility process, if requested.
- c. The individual the opportunity to request assistance regarding the implementation of long-term support.
- d. The individual and the ADRC to track the usefulness of the service.

Staffing

1. All Options Counseling staff must meet the following criteria:
 - a. Certified by AgeOptions for the delivery of Options Counseling. This will involve attending training sessions and passing an accreditation test (staff that passed the former “Central Point of Entry” or ADRN test meet this requirement).
 - b. Staff must have appropriate qualifications and education (A.A., B.S., B.A., LPN, RN, etc.) or AgeOptions may allow waivers to this requirement based on experience.
 - c. Adhere to a standard training protocol for all current staff and new employees. When standardized training is approved by IDoA, the training must be utilized by all Options Counseling agencies.
 - d. Participate in all AgeOptions trainings for Options Counseling providers.
 - e. Participate in professional development and training opportunities beyond those offered by AgeOptions.
 - f. Options Counseling staff must complete an additional 8 Continuing Education Units (CEUs) and/or 8 hours of AgeOptions training per year that focus on benefits for older people and people with disabilities. All CEUs must be submitted to AgeOptions for approval within one month of the date of the class, course, or workshop. These hours are IN ADDITION to the Information and Assistance hours. (A staff person who does I&A must have 10 hours of training and an additional 8 hours if they also are an Options Counselor).
 - g. Attend Options Counseling training to become certified by AgeOptions to provide Options Counseling. Certified staff must renew Certification every two (2) years.
 - h. 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 be certified by AgeOptions to provide ADRN services and Options Counseling.

Record Keeping

1. The agency will maintain client files, electronic or paper, 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.
2. The agency must have the 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).