



NOTES - OPTIONS COUNSELING ADRC STYLE JULY 13, 2007

Panelists: Virginia Dize, NASUA
Maurine Strickland, WI Bureau of Aging and Disability Resources
Christina Neill, Lewin

Virginia began by asking workshop participants to consider that there are various types of options counseling (OC) depending on how ADRCs are defining and applying it, and that OC is a work in progress. She mentioned the issue brief that has just been developed regarding OC that is a collaborative project of NASUA, Lewin and other TA partners. The issue brief is available from NASUA and at www.adrc-tae.org.

Virginia provided an overview of the AoA vision of OC (PowerPoint slides presented at the national meeting are available at www.adrc-tae.org under the ADRC national meeting resources), the definition, characteristics and uses of OC currently. She discussed the interactive and educational components of OC, i.e., that it is an intervention focused on present needs as well as an interaction aimed at future needs. Her overview described the various markers of OC and she stressed that the end-point in all that is covered under OC is the enhancement of personal choices for consumers and family members.

Maurine continued with the OC presentation, elaborating on practical issues related with delivery of OC based on experiences in Wisconsin. A critical piece she noted, that distinguishes OC in their experience is the amount of time that is spent in performing the OC function. Also, it also often takes not one but multiple conversations and that it often helps people find "more than they thought they were looking for."

Question: OC sounds more like a one-on-one counseling session, a case management scenario.

Maurine: We have found this to be true, too, but not so much case management; they have trained staff to be able to answer more in-depth questions and the person who does the OC may actually end up being the person who provides on-going or continuing customer service. The options counselor may stay with that person or family a longer, and stay in touch with them. Relationship-building is a large part of OC. In Wisconsin, they are continuing to explore additional training that staff may need to handle these types of situations.

Question: Do you see OC as assisting with person-centered planning?

Maurine: For us, its part of the managed care process. The OC function is to provide support; not everyone who gets OC is going in to a publicly-funded program and a formal plan of care may not need to be developed or associated with the OC service.

Question: As you developed the OC process, how did you involve the disability community? In other words, the disability community may have philosophical or semantic differences with the words they use and that are used by LTC service systems. A core function of ILCs is peer counseling and they may be coming from a different perspective.

Virginia: We solicited feedback for the paper on OC from ADRCs and were and are interested in different perspectives. They recognize that not everyone who comes to ADRC is looking for formal support; in some ways it's the consumer who decides if they need for help. OC may not be for everyone.

Comment: In SC they provide OC but it is not provided in the context of a service system. They developed futures planning materials for people with disabilities and their families; they provide materials and information and the people with disabilities do the trainings. Maureen said she'd be interested in seeing the materials and noted that its important for ADRCs to work with CILs in determining the extent to which people want services and at what level.

Question: What time is OC most useful?

Virginia: For nursing home placements, it seems like a good time to implement the OC process is right after a nursing facility placement. If you wait too long, the person might become comfortable with the "status quo." If you try too soon, the information may not be as effective.

Question: Do options counselors also do eligibility determinations?

Maurine: Yes, our ADRCs do functional eligibility screenings; they may help assess for financial eligibility by gathering financial information to prepare for filling out paperwork.

Question: What about for people with developmental disabilities?

Maurine: They are supported with the helps they need and are provided with the same information and services.

Virginia: ADRCs do a wide range of services and serve diverse clients. You can think of OC narrowly as a specific function or as having more global applications. It depends on how you want to set up your system. Really, its important to think about OC as its "own thing" because you do not want to steer people into specific programs either. In the context of OC, things are looked at very broadly in order to address the needs of all people with all the appropriate services.

Maurine: And another component of that is that you need to give people with information in the quantities they can handle, i.e., to "dose" the information for them so they are not getting too much that overwhelms them.

Maurine: OC can be thought of as an area of practice, a professional task.

Question: What types of professional requirements do ADRCs have for OC?

Virginia: AIRS standards have language about OC that systematizes the professional nature of OC.

Maurine: We require a 4 year degree and experience; she noted the importance of each of these components.

Question: What about calling options counseling "counseling"? That seems to imply that a degree is needed, or licensure?

Maurine: Wisconsin has a job description for options counselors that they would be glad to share.

Virginia: This would be a good point of discussion in the future, the job description and the job requirements of options counselors.

Question: Do options counselors answer phones?

Maurine: Yes, in Wisconsin they do; staff rotate these duties and it may also be the person who conducts a home visit. It varies.

Question/Comment: I have worked in advocacy and work with disability advocates and their different perspectives. What the advocates want is that OC should be an option. Some people need it and don't want it. But some believe that it should be an option. They have passed a law in MD that people need to be informed about their rights in IEP meetings where they are dealing with issues of transition and so forth, the law requires that people are informed about their rights. His viewpoint is that for people in institutions, if it pertains to transition, then options counseling should be required.

Comment: In GA, people with developmental disabilities have support coordinators and they should be providing options counseling to people who are already receiving services; they may need options counseling more than anyone. It is important for people with developmental disabilities to have access to some of the OC type services. Maurine commented that they have access to OC in WI.

Question: Does your OC process cover issues of substitute decision-makers needing resources? What about mandatory reporters?

Maurine: They do handle calls for substitute decision-makers in the OC process; mandatory reporters, too. It is also important for people to understand why Power of Attorney is important and other legal aspects of information-gathering and information provision. Legally, it may be a requirement of providing options counseling, say for example, in situations where more and more ADRCs are doing APS services, and this is affecting older individuals as well as people with disabilities.

Maurine provided participants with the Options Counseling "Toolkit" that is used to train staff who will be doing OC. The kit has lesson modules with learning objectives and content for trainers. This is also available for review.

Comment: Options counseling encompasses very broad areas and topics. In GA, every AAA has what they call a lifetime planner. When questions come up that may require more intensive answers, what sounds like options counseling, they send them to the lifetime planners.

Maurine: The complexity of peoples' lives is growing and staff need to be up to date in sorting through information in diverse areas. There are many resources as well.

Comment: The "Aging in Place" network is training people at ADRCs to do home equity options. In some places there are people who can be paid or contracted to provide this information.

Maurine showed a segment of a video that they have produced in WI that they use to promote understanding of the OC process, in staff training, as well as to help family members and others know about and understand what OC is and what it looks like when it is done well and is successful. The video can be reproduced and Maurine can be contacted if anyone wishes to obtain a copy. WI also uses the video in marketing and outreach.

Virginia: The video is valuable because it lets people who do options counseling what they do; it is instructive as to the areas where people need support and about providing/conducting options counseling. For the marketing and outreach, the video lets people know what ADRCs

do and it contributes to sustainability by highlighting that ADRCs are an element in the continuum of LTC services that people receive. It also demonstrates how ADRCs are unique in their capacity to connect to people and resources. So it is helpful in terms of fostering trust, informed choices and objectivity. From the Medicaid perspective, OC can help provide information that can maximize use of personal resources in non-crisis settings. She noted that it would be interesting to see how people are marketing OC.

Question: Is the ADRC really about OC as a link to other services in Wisconsin?

Maurine: Yes. In WI it is central to what they do; for them, talking about access is talking about OC.

Question: In one state, they did outreach to their Board members, hospital discharge planners, medical staff and there was the perception that OC is going to take over other peoples' roles.

Maurine: This may be true in places where there may be budget cuts and positions lost; in times of budget constraints people may feel threatened and it seems like OC is funded as something new. She has always felt that there are plenty of unmet needs already and plenty for all to do.

Virginia: ADRCs should not apologize for what they do; in the long term, what the ADRCs are doing is helping to meet a lot of unmet needs, of looking to the future as well; what ADRCs are doing will actually facilitate sustainability.

Question: I understand that a lot of callers will not need OC, but, if they do, is there a way that information obtained in the OC process can be transferred into forms and records in the next steps along the path to getting services?

Maurine: Yes, they use information as part of subsequent forms and service information.

Comment: Back to the issue of competition, perhaps it would be better to see the ADRC role as that of bridge-building not competition. Also, related to sustainability, some new ADRCs are partnering with SHIPs and they are finding they can get reimbursed for certain OC services and for functional eligibility determinations, and if this is coordinated properly, they can get money for performing Medicaid services by not replacing staff but by using staff already there.