

**ILRU Community
Living Partnership**

National State-to-State
Technical Assistance Center



Independent Living Research Utilization

Long-Term Support Options Counseling

Decision Support in Aging and Disability Resource Centers

PARTNERS

INDEPENDENT LIVING
RESEARCH UTILIZATION
(ILRU)

BOSTON COLLEGE GRADUATE
SCHOOL OF SOCIAL WORK

FAMILY VOICES, INC.

HUMAN SERVICES
RESEARCH INSTITUTE

INSTITUTE FOR
DISABILITY ACCESS

THE MEDSTAT GROUP, INC.

NATIONAL ASSOCIATION
OF STATE UNITS ON AGING

CHANCE
INSTITUTE ON DISABILITY
UNIVERSITY OF
NEW HAMPSHIRE

UTAH STATE UNIVERSITY
(CENTER FOR PERSONS
WITH DISABILITIES)

Prepared by

National Association of State Units on Aging

January 2007

ILRU Community Living Partnership
National State-to-State Technical Assistance Center
A National Technical Assistance Program
at Independent Living Research Utilization

© January 2007
ILRU Program
2323 S. Shepherd, Suite 1000
Houston, TX 77019
713.520.0232 (Voice and TTY)
713.520.5785 (Fax)
<http://www.ilru.org>

Lex Frieden
ILRU Director

Richard Petty
Director
ILRU Community Living Partnership

Darrell Jones
Project Manager
ILRU Community Living Partnership

Editor: Darrell Jones
Publications Staff: Marisa Demaya and Sharon Finney

ILRU supports community independence for people with disabilities through education, consulting, and publications. ILRU is a program of Memorial Hermann/TIRR (The Institute for Rehabilitation and Research). TIRR is a nationally recognized rehabilitation facility for persons with physical disabilities.

This paper was developed under Grant No. 11-P-92574/6-01 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). The contents do not necessarily represent the official position of CMS and no endorsement should be inferred.

Acknowledgements

In developing this paper, the National Association of State Units on Aging worked closely with staff of the Aging and Disability Resource Center-Technical Assistance Exchange, funded by the U.S. Administration on Aging and operated by The Lewin Group. The document was informed by a number of print and media resources and professional expertise from New Hampshire, Wisconsin, the National Aging I&R Support Center, and the Alliance of Information and Referral Systems, as well as interviews of ADRC staff in New Hampshire, Minnesota, South Carolina, and New Mexico.

Long-Term Support Options Counseling In the Aging & Disability Resource Center

“Many older persons and their families need sound advice in evaluating the level of assistance required, options for receiving care in their home, community or institutional setting and criteria for selecting quality providers.”¹

Introduction

An Aging and Disability Resource Center (ADRC) is a critical component of a well-developed, consumer responsive long-term care system because many families and individuals do not know where to turn when faced with questions about long-term care. The amount of knowledge required to understand the increasingly complex long-term care system is accelerating at a remarkably fast pace.

The U.S. Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) expect an ADRC to perform three major functions²:

- Awareness and information
- Assistance (including long-term support options counseling), and
- Access

Every day, ADRCs respond to older people, people with disabilities and family caregivers who need reliable and timely information about long-term care choices. However, while the provision of information is of critical importance, ADRCs are clearly expected to do far more than provide information. *Long-term support options counseling* (options counseling), a required component of the Aging and Disability Resource Centers, is intended to support informed long-term care decision-making through assistance provided to individuals and families to help them understand their “strengths, needs, preferences and unique situations” and translate this knowledge into possible “support strategies, plans and tactics based on the choices available in the community.”³

This paper presents the perspective that options counseling is a pivotal function of ADRCs and its essential elements are counseling and decision support.

¹ National Association of State Units on Aging. Vision 2010: Toward a Comprehensive Aging Resource System. Washington, DC: National Association of State Units on Aging, 2000.

² Department of Health and Human Services, Administration on Aging and Centers for Medicare and Medicaid Services, FY 2003 Program Announcement and Application Instructions (AoA-03-05 and CMS-2185-N), p. 8.

³ Department of Health and Human Services, Administration on Aging and Centers for Medicare and Medicaid Services, op. cit., p.11.

Purpose of the Paper

A 2005 survey of Aging and Disability Resource Centers, conducted by The Lewin Group and NASUA, verified the different interpretations and wide range of activities identified by practitioners in the field to be part of options counseling. This paper presents the perspective that options counseling is a pivotal function of ADRCs and its essential elements are counseling and decision support. The diverse array of definitions currently in use runs the risk of diminishing the importance of options counseling, which is a key function of a comprehensive long-term care system. Through options counseling, skilled professionals empower consumers to make informed decisions about their long-term care needs.

Because of the diverse approaches, in practice, for delivering options counseling services and varying definitions of the term, it is important to develop a consistent definition of options counseling and to engage in a dialogue with the field about the process. This paper is intended to serve as a starting place for that discussion. Earlier drafts of the paper have been shared with ADRCs (discussed during an ADRC-Technical Assistance Exchange (ADRC-TAE) teleconference in June 2006) and Information and Referral/Assistance Programs (discussed during the 2006 National Aging and Disability I&R/A Symposium at the AIRS Conference). The paper in its current form has attempted to address some of the concerns and issues raised during these discussions.

Definitions

In proposing a definition of options counseling that focuses on counseling and decision support, we recognize the importance of other activities that currently are considered by some ADRCs to be part of options counseling. This paper is not meant to diminish the importance of those activities but to delineate between them and options counseling. The concept of options counseling as presented here is a unique service of the ADRC that distills the essential elements envisioned by AoA and CMS. We believe this approach also reflects practices that currently are being developed by ADRCs across the country.

Long-Term Support Options Counseling, as envisioned by this paper, is defined as *an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumer's needs, preferences, values, and individual circumstances.*

Options counseling is a key component of a comprehensive system of supports for older individuals and persons with a disability, but it is not for everyone and it is not routinely provided to all persons who contact the ADRC. Its purpose is to

support individuals and families who need assistance – not just information - over a period of time to consider fully their own situation and the possible options for addressing their concerns. A “personal choices agenda” may be developed to guide next steps and future decisions. Options counseling is NOT crisis oriented, but nevertheless focuses on more immediate needs.

Options counseling is closely related to two important functions which ADRCs are expected to perform – education and futures planning. The boundaries among these functions may not always be clear. Proposed definitions for these functions are provided below.

Long-Term Care Choices Education is defined as *efforts (including verbal information and written materials) designed to familiarize individuals with the long-term care basics, issues to be considered, and the range of options available in the community.*

Education may be provided in a group setting, through individual face-to-face contact, by telephone or via the web. Educational information, materials, and formal presentations may provide background on long-term care topics, issues to consider, and the range of options for services, service delivery approaches, service delivery locations, and/or financing. In addition, education may include advice-giving and some exploration of the individual’s values, preferences and individual circumstances.

Long-term care education is performed by many different programs that offer information and referral/assistance, including ADRCs and aging and/or disability information and referral/assistance programs.

Several characteristics distinguish options counseling from long-term care education, including:

1. the amount of time spent with the consumer and/or family, which in the case of options counseling may involve several contacts over an extended period of time, home visits, or other face-to-face contacts;
2. the emphasis on *relationship-building, counseling, and decision support* rather than information giving;
3. the development of a personal choices agenda which empowers the individual to make decisions.

Long-Term Care Futures Planning is defined as *providing assistance to individuals who anticipate having long-term care needs to develop a plan for the more distant future.*

Individuals who need futures planning may have no current long-term care needs or they may have some needs that are being met but anticipate needing more extensive services and supports at some point in the future. Futures planning

takes into consideration age, individual preferences, values, health and other circumstances, including the availability of informal supports.

All of these activities – education, options counseling and futures planning - are vital to the success of the ADRC. All are intended to maximize each consumer's (and caregiver's) opportunities to exercise choice and control over his/her long-term care decisions and support ready access to a broad array of home and community based services. Finally, all of these activities may support individuals in different circumstances – those able to pay privately for services as well as those who will qualify for publicly financed services; those with family supports and those without; persons of all ages with a wide range of long-term care needs.

Because options counseling, education and futures planning are so closely related, the boundaries among them may be hard to distinguish. By contrast, the ADRC activities listed below are more clearly differentiated from options counseling:

- assessment/reassessment
- eligibility determination
- short term case management

Any of these activities may be provided in conjunction with, or as a result of, options counseling, and they may be performed by the same staff person who performs options counseling tasks.

Background: The Aging & Disability Network

The national aging and disability networks and their partners serve millions of individuals and their families through a complex infrastructure consisting of numerous programs, many of which have a mandate to provide information, education, counseling and assistance. Some of these programs are expected to provide specific kinds of information. For example, in the case of legal services, the expectation is to offer legal advice. Other programs have broader responsibilities that may encompass the provision of long-term care information. The components of this infrastructure include:

Eldercare Locator	Information & Referral/Assistance (I&R/A)
Senior Centers	Drop-in Centers
Legal Services	Pension Counseling Demonstrations
HCBS Case Management	Long-term Care Ombudsman
Protection and Advocacy	Adult Protective Services
Medicare Fraud and Abuse Programs	Pharmaceutical Assistance Programs
Aging and Disability Resource Centers	One-Stop Career Centers
Technology Access Centers	Independent Living Centers
Congregate Nutrition Programs	State Health Insurance Counseling Programs

The ADRC is expected to be the “hub” of the long-term care universe, that is, the primary point of entry to long-term care information and community services. (See figure 1 below) Being the hub does not mean that an ADRC is the source of all the information and assistance an individual may need nor that an ADRC has experts in every area on staff. Rather, the ADRC must coordinate with programs that offer general and specialized information, referral, assistance and counseling, such as general I&R/As (e.g., 211 call centers, public libraries), specialized (e.g., aging, disability, children and families, disease-specific) I&R/As, State Health Insurance Assistance Programs (SHIPs), Long-Term Care Ombudsman programs, benefits counseling, and legal services. Most, if not all, of these programs existed in the community prior to the creation of the ADRCs. For instance, the Aging Information and Referral/Assistance Program (I&R/A) is one of the earliest components of the Aging Network.⁴

In order to meet the needs of people with disabilities of all ages, it is clear that the ADRCs must coordinate with all programs that offer long-term care information, education, and counseling resources or that are likely to encounter persons with long-term care needs. Many of the programs discussed above provide information about long-term care, even though long-term care may not be the program’s primary focus. Achievement of the overall goal – to empower individuals to make informed decisions about long-term care and streamline access to long-term supports and services for all people in the community – will require the ADRC to reconceptualize the traditional information and counseling access models. Clearly, options counseling will play an important role in the development of this concept.

Figure 1 illustrates the relationship between ADRCs and information and assistance programs.

⁴ Beginning in the 1970s, state and area agencies on aging were required by the Older Americans Act to create and maintain I&R programs to provide information on the broad range of community services, opportunities and resources sufficient to meet the needs of older persons.

Figure 1



Options counseling survey results

In 2005, The Lewin Group and NASUA, as technical assistance partners, undertook a survey of Aging and Disability Resource Centers to identify how the term options counseling is interpreted in the field. The survey results amply demonstrate that a wide range of activities are considered to be part of “options counseling.”

Table 1 represents the responses of 25 ADRCs to the question, “*What activities are included in options counseling?*”

Table 1: Activities included in options counseling

Activities Included in Options Counseling	Percent of Respondents
Information Giving	100%
Referral Giving	100%
Explaining Documentation for	96%

Applications	
Assistance Contacting Agency	92%
Advocating	92%
Home Visit	76%
Short-Term Case Management	68%
Conduct Functional Needs Assessment	60%
Consumer Reassessments	52%
Long-Term Case Management	20%

When asked “*What distinguishes options counseling from other ADRC services?*” ADRC respondents varied significantly in their views. These responses illustrate a lack of consistency with which options counseling is viewed – and provided - across the country. Examples of grantees’ specific responses are listed below. In many ways, they parallel the list of activities in Table 1 and further demonstrate the varied interpretations of options counseling.

Distinguishing features of options counseling:

- making home visit(s)
- conducting an in-depth assessment
- completing a comprehensive assessment of a client with multiple needs who is at risk of long-term care placement
- offering consumers the full gamut of services: counseling individuals about what public, private pay, non-profit or other community services may meet their needs
- having a comprehensive resource database so that counselors now have more comprehensive information to offer callers
- presenting consumers with options of long-term care facilities as well as other assistance programs available in the local area
- linking information and referral/assistance with individual case management
- tailoring information, assistance and advocacy to meet the consumer’s specific needs delivered through professionally trained staff
- included in the information and assistance service
- used for consumers who have some money to spend on services themselves to avoid future nursing home placement
- meeting face to face with an individual to discuss the different resources in the community that meet their current needs
- conducting an in-depth conversation designed to educate consumers about the resources available in their community, and help them explore/consider options for care and services
- following up with individuals and families to ensure they received the information they needed and have a clear picture of their options in order to make informed decisions; also follow-up to determine how the decisions worked out and if there is a need for additional information.

The ADRC context

An Aging and Disability Resource Center has three major functions – awareness and information; assistance (including options counseling); and access. The activities and distinguishing features of options counseling identified by ADRCs through the survey encompass the wide range of supports offered by the ADRC to educate individuals and families and assist them to make informed long-term care decisions and access needed services. Many of the activities identified in the survey may be categorized into one of these three function areas, as follows:

Awareness and Information

- long-term care education/information giving

Assistance

- referral giving
- assistance
- long-term support options counseling
- long-term care futures planning

Access

- assessment
- eligibility determination

Some activities or distinguishing features identified in the survey may, in fact, appropriately be considered to be a part of options counseling, including making home visits and conducting face-to-face meetings. Short term case management may be identified as a needed intervention prior to options counseling or as a result of options counseling. Finally, two activities - conducting reassessment and long-term case management - may or may not be provided by the ADRC as the access point for services, but are more typically provided to individuals already receiving services.

Options Counseling Scenarios - When does it happen?

Long-term support options counseling may be appropriate for a wide range of persons in a variety of situations. The following scenarios are examples of individuals in situations where options counseling is needed:

Options Counseling May Help an Older Person Make a Plan for Immediate or Short Range Long-Term Care Needs

- Ms. Apple is seventy years old. She is still able to care for herself but it is becoming more difficult. She is determined to live in her home until she dies. To ensure that she can, she may need to consider getting some supports now (such as help with grocery shopping) and find out how her increasing needs might be met.

Options Counseling May Occur After the Admission to a Long-Term Care Facility

- Mr. Berry is a construction worker. He is injured in a worksite accident. He is no longer able to care for himself and has no relatives nearby who can assist him. Following his stay in the hospital, he is admitted to a nursing home. He is not happy.
- Ms. A was admitted to the hospital with a broken hip. Her doctor unexpectedly discharged her on a Friday afternoon. The doctor advised that she was not ready to return to her own home. Ms A's immediate problem was identifying a long-term care facility with an available bed in her community. Ms. A did not want the nursing home to become her permanent long-term support solution.

Options Counseling May Occur When a Family Caregiver Needs Help to Continue Providing Care

- Ms. Jones is caring for her husband with Alzheimer's disease. Mr. Jones gets up in the middle of the night and wanders around the house and sometimes outdoors. Ms. Jones is not getting enough rest. She is exhausted and her health is declining. She cannot continue to care for her husband much longer. Not far away is an assisted living facility with a special Alzheimer's unit, but she wants her husband to continue living at home.

Options Counseling May Be Helpful to a Long Distance Family Member Concerned About the Increasing Frailty of a Loved One

- Mr. Johnson is 66 years old and living in Providence, RI. His mother is 96 and lives in the family home located in Tom's River, NJ. During his last visit at his mother's, he notices that she is increasingly frail and forgetful. He talks with her about moving to Providence but she refuses to go. He suggests that she consider moving to a senior living community. She makes it clear that she intends to stay in her home.

Options counseling as an area of practice

Options counseling requires special skills and should be recognized as an area of practice that has important implications for ADRCs. It is one element that distinguishes the ADRC from other information and referral/assistance programs, and it is one of the reasons that ADRCs are a critical component of the long-term care access system. With this vision of options counseling in mind, it is important to build support for this concept as a distinct function of the ADRCs, requiring staff preparation and data collection to further define its parameters and measure its effectiveness in assisting individual consumers and their families to make informed decisions about long-term care.

Options counselors must be knowledgeable about the long-term care options available in the community, have an understanding of, and sensitivity to, the needs of people seeking help; and be trained as a counselor. Options counselors should:⁵

Traits of a Long-Term Support Options Counselor

-Unbiased -Respectful
-Sensitive -Empowering
-Understanding -Knowledgeable

-Makes people feel comfortable
-Skilled in building rapport and developing a relationship
-Gives clear and simple explanations

-“Unreasonably helpful” (*Martha McVey, Wisconsin DVD*) - even when the consumer doesn’t know she/he needs help

1. Take the time to understand the situation of the person(s) who is seeking decision support and give consideration to: the feelings of the individual and the family regarding their present circumstances; the personal resources, including informal supports, that the individual may bring to bear on the issue; and the barriers (including financial, programmatic and emotional) to resolution of the problem.
2. Be available - not to solve the person’s problems - but to empower her/him to understand the issues and options available, and make a plan for addressing her/his own long-term care needs.
3. Offer the right amount and depth of assistance at the right time in order to support the person (and the family, as appropriate to the situation) to make an informed decision by helping individuals and families:
 - Prioritize needs and wants;
 - Identify and consider values and preferences;
 - Identify options available to meet needs;
 - Identify personal resources to meet his/her needs;
 - Identify the next steps for addressing long-term care needs; and
 - Develop a written “personal choices agenda” to help guide future decisions and actions.
4. Support individuals who require extra help to access necessary services.
5. Follow up on all cases to support the individual to implement the personal choices agenda.

⁵ This section is adapted from Standards for Professional Information and Referral, 5th Edition, August, 2005, Alliance of Information and Referral Systems

*Attributes of Options Counseling*⁶

- Professional – Counselors perceived as competent and knowledgeable long-term care supports experts.
- Trusted – Counselors perceived to be objective and unbiased, providing support that allows consumers to make an informed decision.
- Consumer-Directed – The counseling process empowers consumers/caregivers to make informed choices, maintain independence and control of their lives.
- Culturally-Competent – The counseling process takes into account the consumer’s culture, ethnicity, primary language, sexual orientation, and disability.
- Flexible – Counselors have the capacity to tailor the counseling to individual situations and to serve a range of needs. Creative problem solving is a key characteristic of Long-Term Care Options counseling.
- Collaborative – The options counselor works closely with other programs having specialized counseling roles, creating a circle of support for the individual.

Opportunities and Challenges

To realize the vision of long-term support options counseling laid out in this paper, ADRCs must address the challenges and opportunities outlined below.

- There exists a great diversity of choices and decisions for consumers and their families to make about long-term support options (e.g., more residential options, more HCBS choices); however, consumers are often unaware of:
 - the full continuum of supports and services,
 - public and private payment options,
 - cost-sharing, co-pays, income based fees,
 - varying eligibility requirements from program to program,
 - factors to consider when making a decision, and
 - opportunities to maximize independence and self-reliance.

⁶ Based on Standards for Professional Information and Referral, 5th Edition, August, 2005, Alliance of Information and Referral Systems; Wisconsin Bureau of Aging and Disability Resources, Long-Term Care Options Counseling. DVD. 2006; and interviews with New Hampshire and Minnesota counselors.

- There is a need for options counseling to be delivered in the right amount and at the right time – this requires establishing a relationship with the consumer.
- There is an expectation now to serve individuals of all ages, incomes and disabilities, in coordination with other partners. ADRCs must:
 - Recognize that the ADRC is a “disability” program as much as it is an “aging” program.
 - Recognize that the ADRC is not just about government subsidized programs and services.
 - Learn service networks/systems of all population groups served by the ADRC.
 - Develop relationships and partnerships with the public and private agencies that traditionally serve specific population groups.
 - Learn the range of services and correct service names for all population groups served by the ADRC. It is important to note that the same “service name” may be used to describe completely different services among the various service systems.
 - Expand the resource database to include services and providers for all groups served by the ADRC.
 - Expand the resource database to include providers of non-subsidized (private pay) services.
 - Market options counseling to the private-pay as well as publicly funded consumers and families.
- To fulfill the mandate of the ADRC initiative, to improve the quality of an individual’s decisions, and to promote better outcomes for individuals, we must refine our approach to options counseling. Collaborating with other programs that counsel consumers can help us develop a shared vision for ensuring that consumers’ and caregivers’ needs for information and decision-support are met. Collaboration might include:
 - Development of referral/consultation protocols among counseling programs;
 - Development of a multi-disciplinary “counseling team” concept;”
 - Information sharing among counseling programs related to emerging issues, benefit program policy changes, scams; and
 - Cross-training among counseling programs.

Appendix

ADRC Grantee Options Counseling Definitions

**Submitted with Responses to the
2005 The Lewin Group/NASUA Survey**

State	Definition
Arkansas	Through the ADRC Coordinator and Independent Living Specialists consumers are presented with options of LTC facilities as well as other assistance programs available in the local area.
	Information and assistance linked with individual case management.
California	Our Program conducts a comprehensive assessment when appropriate using the REFER I&R client and Resource database. Clients are walked through a variety of questions including (but not limited to) demographics, income, health status, current programs being accessed, etc....Our program takes the approach of "What would the client like the outcome to be?" rather than "What WE believe the outcome should be." We believe in the client's right to determine their own outcomes and we make suggestions/referrals that fit into their needs and desires. In some cases, as in Medicare programs, Homeowners/Renters Assistance and other governmental programs we will determine eligibility and assist the client in filling out the necessary forms and sending them to the appropriate organization. We will then follow the process until an outcome is achieved. In other programs such as MediCal, access to LTC facilities, etc. we will pre-screen the client, set up the necessary appointments at the appropriate agency, make sure they gather the appropriate documents and again, follow-up. All clients who are frail and or have limited if no family or other supports are followed up on to make certain they have accessed the programs they are eligible for, and or explore other options if the initial referrals were unsuccessful.
CNMI	The resource center is providing information and referrals to other counseling agencies that can assist the elderly and the people with disabilities in determining their potential needs.
Illinois	Information, assistance and advocacy tailored to meet client's specific needs delivered through professionally trained staff.
Indiana	The State of Indiana does not have an Options Counseling Program but Link-Age offers a one-on-one service by a member of the resource center and I & R staff for both walk-ins and over the phone. Also, the resource center director has performed options counseling on long-term care insurance and home health care for private pay by e-mail. Link-Age does offer options counseling on senior insurance and Medicare through a partnership with SHIIP. SHIIP counselors are located in the Link-Age office each Thursday and every third Tuesday with I & R staff taking reservations for appointments
Iowa	This is only disability side of Iowa's Information and referral. Some of the choices are not disability related or do not include what disability options are.
	Iowa's Case Management Program for Frail Elders (CMPFE) is a program of coordinated community services to help consumers remain in their own homes. While Iowa does not have a separate

	"Options Counseling Program," options counseling is included in the information and assistance services portion of the CMPFE program where, to the maximum extent practicable, the case manager makes the consumer aware of LTC support options in the community and ensures that the individual receives the services needed.
Maine	In the future the web application will have a functional needs assessment.
Maryland	We can provide basic information but refer for specifics to SHIP, 60+ Wills and private attorneys.
	Pilot Site - Our Intake Coordinator provides consumers with information on options available to them in our county. This includes alternative living arrangements, eligibility for public programs, availability of types of assistance, etc. She also links consumers with agencies who are "experts" in the issues at hand. For example: Health Insurance questions - basic information provided and person referred to regional SHIP counselor or SHIP contacted and info relayed to consumer.
Minnesota	The purpose of Long-term Care Consultation is to assist persons with long-term or chronic care needs in making informed long-term care decisions and selecting options that meet their needs and reflect their preferences. Consultation includes development of a community support plan and, if needed, determination of eligibility for publicly funded services. The availability of, and access to, information and other types of assistance is also intended to prevent or delay certified nursing facility placements and to provide transition assistance after admission. (reference Minnesota Statute, 256B.0911)
Montana	Montana has no specific definition for options counseling. We take a functional approach to the service and thus have a very broad approach to allow us to meet the needs of our clients. With the one stop shop and educational goals of the grant, the ADRC takes a much more comprehensive approach to options counseling that we have traditionally used in Montana
New Hampshire	The Long-Term Support Counselor, under the direction of the ServiceLink Resource Center Manager, provides needs assessments, counseling and referrals, preliminary care planning and short term tracking for persons in need of Long-Term Supports.
New Mexico	New Mexico is working towards a Care Coordination counseling model where counselors provide clients direct assistance with accessing services. This includes making the contact with the provider for the client when necessary. Clients are 'interviewed' about their total needs, not simply provided an answer to the reason for the call. Focus is on: prescription drug assistance, in-home services, transportation, income assistance, Medicaid and Medicare information.
North Carolina	Benefits Navigator Counselor's provide counseling to older and disabled adults on a variety of public benefits programs. This program was previously named the Seniors Plus Program and only served older adults. We changed the name and scope of the program as part of the ADRC grant. The

	<p>program designed by the North Carolina Division of Aging and Adult Services to train volunteers across the State to provide information to seniors and disabled adults in their communities on financial assistance programs for which they may be eligible. Once the volunteers complete an intensive two-day training, one-on-one counseling is provided for consumers at various sites in the community such as churches, senior centers, area agencies on aging, cooperative extension agencies, as well as in the homes of homebound individuals.</p>
Rhode Island	Information and Referral assistance. Case management, cash and counseling
South Carolina	Provides consumers with current information on options and services available to meet their identified needs and individual preferences for supportive services and helps link the individuals to the opportunities and services.
West Virginia	<p>The Ohio County (West Virginia) ADRC provides options counseling and other services to Ohio County residents 60 or older and to disabled county residents 18 years of age or above. The level of services provided as well as staff participation is generally dictated by client need and can include: responses to telephone inquiries, walk-in requests, provision of hard copy information, access to the electronic data base of services, information and referral and case management and intensive case management. As a full-service agency, we operate programs in nutrition, transportation, counseling, consumer credit, conservatory, outreach, in-home care and case management as well as the ADRC. This allows many inquiries to be addressed very quickly through in-house referral so that client needs can be met on a timely basis.</p>
	<p>The Marion County Aging and Disability Resource Center is a program designed to assist elderly and/or disabled people and their families locate and obtain whatever resources they may need. It is intended as a "single point of entry" that allows people to access any available services and equipment they may need.</p>
Wisconsin	<p>It is unclear to us when it starts vs. when I & A ends. We offer options to everyone at every level and do not require a formal functional screen in order to do so. We do not administer a CMO or have funds available so Options Counseling is used most often for folks who have some money to spend on services themselves to avoid future nursing home placement.</p>
	<p>Options Counseling is distinguished from Information and Assistance by the fact that we are not simply providing information and assisting people to access services from an array of services they may be interested in. Options Counseling requires some form of staff assessment of the individual's care needs and resources available to pay for the services needed. Staff need more information in order to fully discuss both options available in the community to meet the specific needs of the consumer and the affordability of specific options. Options Counseling can be provided via telephone</p>

	<p>if the consumer contacting us is able to accurately report and define the needs of the person who requiring assistance. Most often, we offer to have a personal meeting with the consumer and involved friends/family. That allows us to personally assess the consumer's needs and discuss highly consumer-specific options. For example, not all supportive home care agencies can handle the same types of tasks in our area so we would want to clarify which agencies could potentially meet the needs of this specific consumer. After discussing the cost of specific services, we also talk about how services can be financed; including public funding for those who will likely be eligible. For those who are not likely to be eligible or interested in public funding, we may discuss other possibilities such as reverse mortgage or even, working with an attorney to do some estate planning.</p>
	<p>Options Counseling is listening to and then having a conversation with the person about what they need/want etc. In general and throughout the 1st generation experiences "Options Counseling" is used as a stand alone concept. It is key to the function of the RC and begins when a person calls on the phone and is carried through out - it never ends. If the "service" of Options Counseling is done correctly it is looked upon that the consumer is in the center and they are coming to the agency in hopes that the person will listen to them and then give them options based on their requests. If Options Counseling ends when they begin receiving services through a "program" then the agency person has taken over the person. As agency people we need to listen, educate and provide the information requested by the consumer so they will be empowered to make their own choices based on what they have learned.</p>
	<p>Options Counseling is an in-depth conversation designed to educate consumers about the resources available in their community, and help them explore/consider options for care and services.</p> <ul style="list-style-type: none"> • Usually takes place in people's homes • Often includes family members • Often occurs when the consumer already has some long-term care needs • Can be used most effectively as a planning tool for individuals and families <p>The provision of Options Counseling often leads to immediate assistance, such as referral giving, help with an application, or short-term case management, that meets the consumer's current needs. However, the value of options counseling for future planning should not be overlooked.</p>
	<p>Sitting down face to face with an individual to discuss the different resources in the community that meet their current needs.</p>

