**SLIDE #1:**

Welcome to Virginia’s Options Counseling Statewide Standards Annual Refresher Training!

This session is designed to provide an update each year, as required in the Options Counseling Standards, for professionals who have been certified in Options Counseling. Reviewing this material and certifying that you have completed the presentation will keep you qualified to continue to perform your Options Counseling role over the coming year. It is also recommended for professionals who determine the need for Options Counseling; professionals who supervise Options Counselors; and professionals who are Executive Directors.

After you complete the session, you can certify that you have completed the Refresher Training by clicking on the Evaluation and Certification link on the Refresher Training web page.

If you have any questions after completing the Refresher Training, you can submit them by clicking the link below the PowerPoint on the Refresher Training web page. We will collate the Questions and Answers and post them on this website.

We appreciate your continuing interest in providing Options Counseling to older adults and individuals with disabilities across Virginia.

**SLIDE #2:**

The goals for this Refresher Training are for you to:

* Learn about new Options Counseling-related activities both in Virginia and nationally;
* Gain a fuller understanding of specific provisions within the Statewide Standards that have generated questions over the past year; and
* Be better able to access available resources for individuals through new and revised resources and initiatives.

**SLIDE #3:**

In the past year, much has been happening in the world of long-term services and supports.

* + Virginia’s No Wrong Door System is implementing statewide expansion.
  + The Administration for Community Living (known as ACL) launched a national online training curriculum for Person-Centered Counseling.
  + Person-Centered Champions are being established in all agencies that provide Options Counseling, to serve as internal advocates and experts for Person-Centered Counseling.
  + Specific Medicaid waivers have been redesigned.
  + DMAS (*pronounced D-Mass*) is launching Managed Long-Term Services and Supports, known as MLTSS.
  + DMAS is pursuing a new Innovation Waiver, known as DSRIP (*pronounced Dis-Rip*).

Let’s take a look at each of these major developments.

**SLIDE #4:**

In Virginia, No Wrong Door is both an integrated System and a statewide network – connecting No Wrong Door partners, public and private providers of Long Term Services and Supports for older adults and individuals with disabilities, to a shared client database and a shared provider database.

The No Wrong Door web-based system enables partners to provide person-centered decision support, send and receive real-time electronic referrals, document and securely share assessments, track enrollment, and analyze data on individual, agency, community, and statewide levels. While the technology behind the No Wrong Door System offers electronic tools for everything from intake to complex care coordination/case management, CRIA (*pronounced CREE-YAH*), which stands for Communication, Referral, Information and Assistance, serves as the cornerstone for all No Wrong Door partners, incorporating key functional elements: Coordination with referral sources; Streamlined eligibility screening; Person-Centered Counseling; Section Q Transitions from nursing facilities; and Care Transitions from hospitals.

Expansion of No Wrong Door began in 2014, when Virginia received a 1-year planning grant from the Administration for Community Living (ACL) and the Center for Medicare and Medicaid Services (CMS). A statewide No Wrong Door Resource Advisory Council, also called the RAC, (*pronounced RACK*) was formed to develop a 3-Year Plan for expansion of No Wrong Door in Virginia and to advise on plan implementation over the following three years. The RAC consisted of agency representatives, including the Office of the Secretary of Health and Human Resources, DMAS, DARS, DBHDS, DSS, Veterans Services and other state agencies, statewide public and private provider associations, such as VACIL (*pronounced VAY-SILL*), V4A, and VACSB and the Virginia Hospital and Healthcare Association, and individual stakeholders speaking on behalf of individuals with disabilities and older adults who will benefit from the expansion of No Wrong Door.

In 2015, following a highly competitive process, ACL and CMS awarded Virginia a $2.2 million No Wrong Door implementation grant to:

* + Provide additional funding for Options Counseling reimbursement
  + Hire an additional No Wrong Door/CRIA (*pronounced CREE-YAH*) trainer
  + Provide scholarships for non-profits to cover the one-time-only start-up fees when becoming a No Wrong Door Partner
  + Provide match funding for communities to build capacity related to local expansion efforts
  + Make revisions to Virginia’s UAI for a person-centered focus and related revisions to UAI training
  + Implement a statewide marketing plan, including developing a logo and tagline, a No Wrong Door website, and outreach to community providers
  + Streamline access across various IT systems
  + Plan for more effective governance and administration of the overall system

**SLIDE #5:**

Here’s a sneak preview of the new logo and tagline for No Wrong Door. This is just one small part of the No Wrong Door Marketing and Communications Campaign that you will be seeing a lot of in the future!

**SLIDE #6:**

In early 2016, Virginia was selected to participate in a National pilot training program for certification in Person-Centered Counseling, combining comprehensive, self-paced, online learning modules with a one-day, in-person training. Designed for No Wrong Door partners and community stakeholders that deliver long term services and supports (LTSS) to older adults and individuals with disabilities, this opportunity provided 100 free slots to access nationally-approved, web-based training, enabling Virginia to expand its cadre of Person Centered Counselors serving individuals across all ages and all disabilities.

In order to evaluate how best to take advantage of this opportunity, DARS worked with the Partnership for People with Disabilities to put together an evaluation team for the training, including representatives from DMAS (*pronounced D-mass*), DARS, DBHDS, and VACIL (*pronounced VAY-SILL*). The group completed the online and in-person training and then met to develop a strategy for how Virginia could maximize this pilot training opportunity.

This group decided that the slots should first be allocated to agencies currently providing Options Counseling, so that each agency could designate a Person-Centered Champion, who would serve as the go-to person in the agency for person-centered practices, and who could assist the agency in infusing person-centered practices into each agency program. Remaining slots were offered to CSBs and local Departments of Social Services. The opportunity to participate was so well received that Virginia went back to its federal partners three times to ask for additional free slots that may not have been used by other pilot states. Ultimately, 162 professionals in Virginia are being trained under this opportunity.

Reimbursement for Options Counseling is now contingent on each agency designating at least one staff member to serve as the Person-Centered Champion, having taken this online/in-person Person-Centered Counseling training or an approved equivalent.

After December 2016, ACL will be refining the training and making it available nationwide, with an associated training license fee. For more information, interested agencies should contact the No Wrong Door Team at DARS.

**SLIDE #7:**

Another new development is the approval by CMS for Virginia to implement the “My Life, My Community” waiver amendments.

The former ID Waiver is now named the Community Living Waiver

The former DD Waiver is now named the Family and Individual Support Waiver

The former Day Support Waiver is now named the Building Independence Waiver

Implementation of these new waivers began September 1, 2016.

We strongly encourage you to visit the website on this slide to learn as much as you can about how these new waivers will impact your work as an Options Counselor. This website contains a wealth of information, including links to the new Waiver regulations, an interactive services map, FAQs, and training materials.

**SLIDE #8:**

Let’s take a brief look at the Managed Long-Term Services and Supports (MLTSS) initiative being implemented now by DMAS. We will cover

* Background
* Legislative Mandates
* Vision and Goals
* Person-Centered Delivery Model
* Regions and
* Timelines

Please first note that the following MLTSS slides have been borrowed from a presentation by DMAS regarding its efforts to implement MLTSS in Virginia.

**SLIDE #9:**

First some background regarding current Virginia Medicaid statistics. Of particular interest:

* 1 in 8 Virginians rely on Medicaid;
* 2 in 3 residents in nursing facilities are supported by Medicaid, which is the primary payer for long term services and supports; and
* 58% of Long-Term Services & Supports spending is in the community.

**SLIDE #10:**

Here are some additional background statistics regarding populations and expenditures. As you can see, Medicaid expenditures are disproportionate to covered populations. Older adults and individuals with disabilities make up over 25% of the total population, yet almost 70% of expenditures are attributed to this group.

**SLIDE #11:**

This slide further breaks down some relevant information about Medicaid LTSS and medical services expenditures.

**SLIDE #12:**

Under MLTSS, DMAS is moving forward to transition individuals from fee-for-service delivery models into managed care—a consistent theme of the General Assembly since 2011. The cornerstones of MLTSS are timely access to appropriate, high-quality care; comprehensive care coordination; and budget predictability.

**SLIDE #13:**

This slide shows the vision and goals of MLTSS. Basically, DMAS will be implementing a coordinated system of care that builds on lessons learned and focuses on improved quality, access and efficiency. The goals are:

* High-quality, person-centered care and enhanced opportunities for people to improve their lives
* Improvement of community-based infrastructure and community capacity to enable/ support care in the least restrictive and most integrated setting
* innovation and value-based payment strategies
* Care coordination and better accommodation of the progressive needs of members and
* Better management and reduction of expenditures; reduction in service gaps and the need for avoidable services, such as hospitalizations and emergency room use

**SLIDE #14:**

Note that DMAS is creating MLTSS as a fully-integrated and person-centered delivery model.

**SLIDE #15:**

MLTSS will operate statewide, across 6 regions, and will offer individuals choice between at least 2 health plans per region.

MLTSS Health Plans are being competitively procured through a comprehensive RFP process.

**SLIDE #16:**

Under the proposed timelines, MLTSS will launch in the Tidewater region in July 2017, spreading across the entire state by December 2017.

MLTSS will benefit from the lessons learned in the current Commonwealth Coordinated Care, known as CCC and will incorporate CCC best practices.

**SLIDE #17:**

This slide serves as an excellence snapshot summary for future reference of the key differences between MLTSS and CCC.

**SLIDE #18:**

DSRIP (*pronounced Dis-Rip*), which stands for Delivery System Reform Incentive Payment, is a Medicaid Innovation Waiver focused on transforming how care is delivered and paid for in Virginia’s Medicaid delivery system. It aligns with MLTSS to create a powerful opportunity to strengthen and integrate care delivery via:

1. Virginia Medicaid’s community delivery structure referred to as “One Community”; and
2. Payment reforms toward value-based purchasing.

As with the MLTSS slides, please note that the DSRIP slides have also been borrowed from a presentation by DMAS regarding its efforts to implement both initiatives in Virginia.

**SLIDE #19:**

DSRIP will help communities leverage benefits, strengthening community capacity across the continuum.

Now is the time to learn more about DSRIP as it is in the early development and design stage — your agency may be approached by a coordinating entity to participate in a Virginia Integration Partnership (VIP). You can keep abreast of information posted to the DMAS webpage shown on this slide.

**SLIDE #20:**

Now that the final Options Counseling Standards have been in place for several years, we have developed a greater awareness of the topics that might benefit from clarification. This section of the Refresher Training provides more detailed information about certain provisions in the Standards by:

* Looking more closely at the term “options” since, after all, it is at the heart of Options Counseling;
* Examining the four steps of Options Counseling; and
* Developing Education and Awareness talking points for Options Counseling.

**SLIDE #21:**

As with all the other Options Counseling training modules, language from the standards will appear with a gold star at the bottom right side of the slide.

The three excerpts from the standards on this slide reflect the breadth of the term “options.” The first one isthe definition of “options” — all alternatives that are available in an individual’s community. The second and third ones stress that the options to be discussed with an individual include any long term support options, and other supports and benefits available in that individual’s community. In other words, individuals who engage in Options Counseling must have the benefit of an Options Counselor who looks far beyond what his or her agency provides.

As we know, individuals are unique, and their goals may be complex. Having information on all available options that could help individuals reach their goals is critically important. This includes information about public services, private programs and “natural supports”, also called “informal supports,” that are available at no cost from friends, families, neighbors, faith-based and community organizations.

As Options Counselors, it is our responsibility to ensure we are educated about and up-to-date on all options to be offered as possibilities to individuals who might want to consider them.

**SLIDE #22:**

Once it has been determined that Options Counseling is an appropriate support, and Options Counseling has been offered and accepted, there are four basic steps to delivering Options Counseling. They begin with:

* Developing the Action Plan;
* Next comes, Implementing the Action Plan;
* The next steps is the Final Follow-up;
* And lastly, actually ending or terminating the Options Counseling encounter.

Let’s look at each of these steps in the following slides.

**SLIDE #23:**

As we know, the Options Counselor works with the individual and, together, they develop an Action Plan. The Action Plan includes the individual’s goals, as well as the action steps and resources needed to reach each goal.

Developing the Action Plan always begins by understanding the individual’s preferences, needs, values and circumstances; includes considering all available options; and ends by documenting decisions made.

Timing is part of the process, as is determining who will initiate the steps involved in reaching goals. For example, who will make calls or be responsible for pursuing the referrals and other steps necessary to reach the goals in the Action Plan?

**SLIDE #24:**

The second step is implementingthe Action Plan. This step includes: making referrals; assisting in transitioning to supports; and tracking the individual’s progress as goals are met.

The Options Counselor assists the individual with implementing the Action Plan, making contacts and referrals as specified in the plan, including referrals for assessments, if necessary.

Part of the Options Counselor’s role is to keep the process moving forward as long as the individual wants it to continue. Individual choice is important. Therefore, if an individual chooses not to take the lead, the Options Counselor does so. However, at all times the individual has the opportunity to take the lead. In fact, individuals should be encouraged to do as much as possible themselves in order to reinforce their independence and autonomy, thus strengthening their leadership and advocacy skills. The individual has back-up from the Options Counselor at all times, if a barrier occurs.

Because it is quite possible that the Options Counselor may arrange for some supports and the individual may choose to arrange for others, often actions may happen simultaneously or may be dependent on earlier actions. Therefore, it is critical that the Options Counselor stay in touch to support the individual in making an effective transition to the supports that the individual has chosen. This includes:

* Contacting the individual to verify that referrals have been made;
* Determining whether the referrals were implemented effectively; and
* If adjustments are needed, supporting the individual in determining the best alternative course of action.

Checking in with the individual allows the Options Counselor to track progress and assist in reaching goals until Options Counseling terminates. Frequency of “check-ins” is determined by the individual.

**SLIDE #25:**

The third step in the Options Counseling process is to conduct a final follow-up with the individual. Once the supports are in place, the Options Counselor follows up to determine the extent to which the individual’s goals have been met. Attainment of goals is a benchmark for success. The Options Counselor verifies who the individual is working with and what supports they are receiving. Verification and documentation help to ensure effective coordination of and transition to supports.

Although the Options Counselor is in contact with the individual throughout the process, Step Three is designed to engage with the individual one final time prior to terminating the Options Counseling encounter, in order to verify and document that there is no further assistance that the Options Counselor can provide.

**SLIDE #26:**

The fourth step in the delivery of Options Counseling is the termination process, beginning with assessing the individual’s satisfaction and ending by closing the Options Counseling encounter.

Let’s look at each one of the four termination activities more closely on the next few slides.

**SLIDE #27:**

Because of the person-centered nature of Options Counseling, it is extremely important to determine whether individuals see the experience as helpful to them in their personal lives.  To assess satisfaction, the Standards call for uniformity in the assessment questions, and administration of the Survey in the method or mode of communication that the individual uses and prefers.  For Options Counseling reimbursement, the assessment must utilize the Virginia-approved instrument, called the Individual Satisfaction Survey, or must include all questions from the Survey.   A copy of the Survey is included in the materials under Modules Four (4) and Five (5) on the Options Counseling web page.

Under the Standards, there are five (5) measures (called “domains”) of the success of Options Counseling in the opinion of each individual, and all of them are included in the Individual Satisfaction Instrument:

* **Choice**: Does the Action Plan reflect what the individual selected?
* **Heard**:  Did the individual feel that his or her perspectives, values and preferences were understood and respected?
* **Supports**: Did the individual receive the supports needed toward accomplishing his or her goals?
* **Informed**: Did the individual believe that he or she received comprehensive information about all options available in the community at the time? and
* **Autonomy**: Did the individual feel empowered to make his or her own decisions?

Communication is key in administering the survey. Not everybody speaks the same language or communicates in the same way.  Accuracy depends on using the individual’s communication preferences, such as sign language, foreign language, special device, speaking, or writing; and by using the environment that the individual prefers and in which he or she feels most comfortable.  For example, an in-person survey may be administered at home, in a public place, or at the office; or the survey may be conducted over the telephone, electronically or by mail. All of these are acceptable environments, providing they reflect the individual’s preference.

If the preference of the individual is to receive the Survey by mail, the Options Counselor should send the Survey to the individual and document the date it was sent, prior to closing the encounter.  If the preference of the individual is to respond to the Survey in person, on the phone, or by email, the Survey should be administered by someone else in the agency—not the Options Counselor--in order to assure the most candid responses.  However, the Options Counselor is still responsible to document the date the Survey was administered, prior to closing the encounter.

**SLIDE #28:**

Beyond measuring the individual’s satisfaction, it is important to review documentation prior to closing the encounter.  The Standards provide guidelines for what information should be collected and documented during an encounter.  Further, it is important to note that agencies participating in the reimbursement program or that receive support for Options Counseling through state or federal funding sources, may have additional data collection and documentation requirements in order to be eligible for funding.  It is the responsibility of the agency to ensure that the Standards and all additional funding requirements are met.

**SLIDE #29:**

Under the Standards, there are 5 uniform closing explanations to document the reason why Options Counseling ends.  They are:

1. The individual is no longer seeking support;
2. The individual no longer has unmet goals — for example, once he or she believes that all goals have been reached;
3. After six months, if the individual has not responded when contacted;
4. If the individual has exhausted an appeals process and there is a finding that termination is necessary; or
5. If the individual is dissatisfied, and the Options Counselor has no further options or alternatives available.

Options Counselors are required to document the reason for closing an Options Counseling encounter by choosing one of these uniform closing explanations.

**SLIDE #30:**

With a documented reason from the list of uniform closing explanations AND a date of termination, the Options Counseling encounter is considered terminated.  It is important to remember that the termination date is required by the Standards and that, without it, an encounter cannot be closed and therefore is not eligible for reimbursement.

If the individual contacts the agency at any point and indicates a desire to pursue additional support options after the termination date, it will be considered a new encounter under the category of “reengagement.”  Although it is a new encounter, agencies are encouraged to reference previous documentation and notes.

**SLIDE #31:**

Education and awareness talking points are available on the Options Counseling website under Module Five to assist agencies in providing universal language to raise awareness, provide education, and/or actively market the availability of Options Counseling according to the Statewide Standards.

Agencies should direct awareness, education and marketing activities to both individuals who pay privately, as well as to individuals who cannot pay. The talking points incorporate language to reference ability to pay and can be used for outreach to individuals as well as key partners to assure streamlined eligibility and access to federal, state and local supports.

Some agencies have developed referral strategies for Options Counselors, incorporated universal language into overall agency marketing, and/or have developed unique marketing tools using the universal language.

**SLIDE #32:**

One of the most challenging things for an Options Counselor to do is to fully understand—and stay abreast of—all local, state, and federal resources that may be available to individuals. For that reason, we wanted to spend some time today reviewing a few valuable resources in Virginia and elsewhere--some new and some recently revised.

**SLIDE #33:**

ACL recently worked with SAMHSA to sponsor a webinar on the increasingly important topic of behavioral health and suicide prevention in older adults. You can access the narrated webinar at the link on this slide. Slides from the webinar and Resource Guides, in both Excel and Word formats, on a variety of topics are available through the links on the Options Counseling home page, below the link for this Refresher Training. Topics include:

* General Mental Health and Behavioral Health
* Depression and Anxiety
* PTSD
* Hoarding
* Dementia
* Substance Abuse
* Suicidal Thoughts and Behaviors
* Medicaid Behavioral Health

Importantly, there are also materials on “Self-care”—how to take good care of yourself while practicing Options Counseling. Be sure to check out all of these resources!

**SLIDE #34:**

The Virginia Family Caregiver Solution Center was developed in partnership with Virginia’s Lifespan Respite Care Program. It can be accessed through VirginiaNavigator and its family of websites, SeniorNavigator, disAbilityNavigator, and a brand new site, VeteransNavigator. Although Options Counseling is focused on the individual, a resource such as the Caregiver Solution Center offers valuable information for families who are providing informal supports to help individuals remain in their home and/or community.

**SLIDE #35:**

A related resource is the Virginia Health Navigator Solution Center, designed to provide easy to understand information on health care and health care reform. This Solution Center answers questions about the new health insurance reforms, provides legislative updates, links to valuable tools to compare quality measures and service providers, and provides access to local services and supports. You can access the Virginia Health Navigator Solution Center through VirginiaNavigator and its family of websites.

**SLIDE #36:**

What may not be entirely new, but which bears repeating, are the valuable resources found on Virginia Easy Access. By clicking on the button called “Find Services and Supports”, you can find thousands of programs by topic and locality.

**SLIDE #37:**

Clear communication and communication support, if needed, is important in Options Counseling. This slide covers communication support for individuals who are deaf or hard of hearing. Ten regional Outreach Support Specialists are available throughout Virginia to provide information and training about local services including how to: locate and contract interpreters; find sign language classes; and access technical equipment needed to aid individuals, who are deaf or hard of hearing, with communication needs and preferences.

Additionally, specialists will work one-on-one with individuals who need training to use equipment that can be valuable in supporting them in their home and enhancing communication with others.

To find an Outreach Specialist serving your area, visit the Virginia Department for the Deaf and Hard of Hearing website.

**SLIDE #38:**

A wide array of supports are also available to enhance communication for and with individuals who are blind, deaf-blind or vision impaired. Individuals, families, and professionals may access valuable training and assistive technology through the Department for the Blind and Vision Impaired.

Vocational rehabilitation counseling, rehabilitation teachers and education services coordinators in regional offices across the state can support individuals in the use of optical and non-optical aids, suggesting environmental modifications, providing on-site consultations and mobility training. To learn more about available services, visit www.vdbvi.org.

**SLIDE #39:**

Thank you again for being with us today. If you have any questions, please click the link below the PowerPoint presentation on the Refresher Training web page. We will post questions and answers on this website.

Please remember to certify that you have completed this session by clicking on the Evaluation and Certification link on the Refresher Training webpage.

Thank you again for participating in the Statewide Options Counseling Standards Annual Refresher Training!

**Pronunciation Prompts:**

CRIA (*pronounced CREE-YAH*)

DARS (pronounced Dars)

DMAS (*pronounced D-mass*),

DSRIP (*pronounced Dis-Rip*)

RAC (*pronounced Rack*)

VACIL (*pronounced VAY-SILL*)