**Module 5: Administration of Options Counseling**

**Slide 1**

Welcome to Module 5 of Virginia’s Options Counseling Statewide Standards Information Session. Module 5 examines the administrative components of the Standards and is targeted specifically for Executive Directors and staff who supervise other staff who determine the need for or who provide Options Counseling at your agency. It covers how to establish an Options Counseling program within an existing agency and will take approximately one hour and 30 minutes to complete.

Prior to proceeding to Module 5, please make sure that you have completed Module 1, as it is also required and provides important background information which will not be repeated in Module 5. You can find Module 1 on the same web page as this Module. As a reminder, your agency staff’s completion of certain Modules is a prerequisite to actually delivering Options Counseling at your agency. We strongly encourage you to review Modules 2, 3 and 4 in addition to Modules 1 and 5; however this is not required.

Please note that you have online access to all materials that will be referenced as we go.

**Slide 2**

Module 5 covers the following topics:

* The basics of Options Counseling;
* Staffing an Options Counseling Program, including core competencies, credentials, training, staff roles, monitoring and supervision;
* Documentation, data collection and reporting;
* Evaluating the effectiveness of Options Counseling;
* Marketing, awareness, and education; and
* Next steps in setting up your program.

**Slide 3**

We hope that when you complete Module 5, you will understand the basics of successfully setting up and operating an Options Counseling program at your agency. It is important that you fully understand all components of Options Counseling, beyond delivery of the service. You can then identify current business and programmatic processes within your agency that must be adjusted or added in order to meet the minimum Options Counseling Standards. It is then possible to commit to a plan for staff training and necessary adjustments to your agency’s current business and programmatic processes.

**Slide 4**

Let’s start with the basics. Remember that everything we are covering today comes from the statewide Standards that were developed and approved by the statewide workgroup with representation from CIL (**pronounced “SILL”)** and AAA **(pronounced “Triple A”)** local teams that participated in Virginia’s Options Counseling grant from 2010 through 2012. The workgroup did an excellent job hashing through some challenging discussions and finding common ground that serves as the foundation for making Options Counseling a core service of all Aging and Disability Resource Connections (“A-D-R-C”) communities.

**Slide 5**

When a specific section of the Standards is covered, the slide will appear with an orange title and a star at the bottom right hand corner. All language lifted directly from the statewide Standards will be shown on these slides in blue with their reference in orange at the bottom left corner of the slide. On the slides, we will often abbreviate the term “Options Counseling” as “OC.”

The “official” definition of Options Counseling in Virginia’s Standards is: “an interactive decision-support process whereby individuals, with support from family members, caregivers, and/or significant others, are supported in their deliberations to make informed long-term support choices in the context of the individual’s preferences, strengths, needs, values, and individual circumstances.” This definition is completely aligned, and much of it matches, word for word, the national Options Counseling Standards.

**Slide 6**

Options Counseling involves:

* Respecting the right of individuals to control and make choices about their own lives
* Relationship-building and establishing trust, which is essential to understanding individuals’ preferences and needs; Options Counselor must take time to listen and use culturally competent, person-centered approaches.
* Options Counseling is a process, not an event. It may include multiple contacts over a short-term period, or may be ongoing over a longer period of time. It does, however, have a beginning and an end. It is not intended to be open-ended forever.

**Slide 7**

Under the Standards, all individuals age 18 and over who have a disability, and all adults age 60 and over, who request long-term supports and/or who are planning for the future regarding long-term supports are eligible for Options Counseling.

Importantly, individuals are eligible for Options Counseling regardless of their ability to pay.

**Slide 8**

Section 3.1 (D) of the Standards is designed to address inclusiveness to the greatest extent possible.

* Agencies shall assure that no eligible individual is excluded from Options Counseling
* Agencies may set fee schedules that are designed to assure maximum participation of eligible individuals in Options Counseling. This will be addressed later in the presentation when we discuss marketing and outreach.
* Agencies shall assure that individuals receive and have access to the agency’s existing bill of rights and grievance procedures. Although the goal is to include everyone possible who would benefit from Options Counseling, the truth is that there may be some individuals for whom there are no solutions that are satisfactory to the individual. Should the Options Counselor believe that all possibilities have been exhausted and the individual does not agree to terminate the process, the individual does have the right to proceed with a grievance. Therefore, this language ensures that all individuals understand their rights.

**Slide 9**

Not everything we do is Options Counseling. This slide and the following slide contain the essential components (distinguishing features) of Options Counseling. You will see many individual components that are essential to the supports your agency currently delivers—for example, case management, service coordination, communication, referral, information and assistance. However, **all** of the elements **must** be present for the support to be considered Options Counseling. If one or more is missing, it is something else, but it is **not** Options Counseling:

* First (and you will hear this time and time again)—Options Counseling focuses on **the individual-**-not on the caregiver, not on the agency or what the agency provides, not on the staff, not on anyone or anything else except the individual.
* Two examples of how Options Counseling focuses on the individual are that he or she controls the time spent in Options Counseling and whether anyone else participates in Options Counseling. Not everyone moves at the same pace! The time spent with an individual in Options Counseling is totally dependent on what the individual needs and wants. Unless the individual has a legally authorized surrogate decision-maker, the individual alone–not the Options Counselor--decides whether anyone else participates in Options Counseling.
* The individual—NOT the Options Counselor or anyone else--weighs the pros and cons and potential implications of the various options available.
* When the individual has made decisions, the Options Counselor assists him or her to develop an individual action plan identifying goals, action steps needed to reach the goals, time lines and responsible parties.

**Slide 10**

* Relationship-building is a critical component of Options Counseling. Options Counseling is not just a once or twice chance encounter with someone. Rather, it is a process by which an Options Counselor and an individual develop a trusting relationship and rapport.
* The Options Counselor gathers information about an individual’s current circumstances—what they want, need and prefer—then shares information about the entire range of long-term support options available in the community that may support them in achieving their goals.
* The Options Counselor also offers whatever “decision support” the individual may need in order to make informed decisions.
* The Options Counselor then follows up with the individual, including assisting with enrollment in publicly funded services and supports, but also importantly-- connecting the individual to privately purchased and/or informal supports. The Options Counselor also tracks the individual over time to make sure that his or her goals are being achieved.

**Slide 11**

Partnerships are important in Options Counseling, just as in all other programs and initiatives that contribute to building a strong and supportive A-D-R-C community.

First, it is important that critical pathway partners understand what Options Counseling is and who in the A-D-R-C is providing it. This includes but is not limited to CILs **(pronounced “SILLs”)**, AAAs **(pronounced ”Triple As”)**, Community Services Boards, or “C-S-Bs,” local Departments of Social Service, health department screening teams, hospital discharge planners, physicians and other health care professionals, transition coordinators for Money Follows the Person, or “M-F-P”, as well as hospital-to-home programs.

Beyond a basic understanding of Options Counseling and its benefits, it is equally as important for partners to understand their role in the Options Counseling process, which is often a referral source to Options Counseling or a resource to which individuals may be referred as part of their plan.

**Slide 12**

As providers of Options Counseling and as vital partners in the leadership of the A-D-R-C, it is important to understand and be able to articulate how Options Counseling fits with the many other initiatives in Virginia’s long term support system’s change efforts.

Let’s begin with A-D-R-C. Options Counseling is actually listed as a core component of a “fully functional” A-D-R-C as defined by the Administration for Community Living, “A-C-L”. In other words, when developing the A-D-R-C network within a community, the value of Options Counseling is so high that an A-D-R-C community is not considered complete without individuals having access to Options Counseling.

In the Money Follows the Person (M-F-P) program, individuals can be referred to Transition Coordination Providers and Case Managers as a result of Options Counseling. Conversely, Options Counselors can serve as M-F-P and person-centered practices “champions” and resources point of contact for Transition Coordination Providers and Case Managers.

Care Transitions is the “generic” term for a number of evidence-based models that couple hospital discharge planning with a community support coordination provider and sometimes adds physical therapy, occupational therapy and Home Health, to successfully support an individual moving from the hospital to the home or from a nursing facility to the home. Options Counseling is a natural fit for this process to help the individual develop an Action Plan that reflects individual preferences and circumstances.

Eligibility determination may be necessary to know whether or not supports can be paid through a Medicaid waiver. The eligibility assessment is considered outside of Options Counseling and may be conducted by the Options Counselor or by another qualified professional. If the Options Counselor is doing the assessment, it should be clear that this is a separate process from Options Counseling, required only to determine the individual’s eligibility for public paid supports.

**Slide 13**

Section 4 of the Options Counseling Standards addresses all aspects of staffing:

* Staff roles
* Core competencies and credentials
* Training
* Monitoring and supervision and
* Adequacy of staffing

**Slide 14**

Each agency offering Options Counseling must designate staff who determine the need for Options Counseling, staff who actually provide Options Counseling and follow up, and staff who supervise the Options Counseling program.

An agency providing Options Counseling must have a minimum of one staff who delivers, and is held out to the public as delivering, Options Counseling. The staff person who provides Options Counseling must also provide follow up to Options Counseling.

Agencies providing Options Counseling must provide ongoing monitoring to ensure that:

* Options Counseling is delivered in accordance with Virginia’s Statewide Standards described in this training and
* The outcomes of Options Counseling can be tracked and measured for evaluation.

Lastly, agencies providing Options Counseling must provide ongoing supervision for all staff involved in determining the need for and delivering Options Counseling.

**Slide 15**

Staff who will be determining the need for Options Counseling must be trained in the statewide protocol and should be able to demonstrate competent use of the protocol.

The agency will typically have multiple staff determining the need, and the Options Counselor may also be involved in determining the need. Agency staff who determine an individual’s need for Options Counseling may:

* + Have initial contact with individuals, family members, caregivers and/or health and human service providers who contact the agency
  + Provide transition assistance to individuals and/or
  + Provide benefits counseling, assist in determination of eligibility or otherwise facilitate the delivery of supports.

**Slide 16**

Credentials for staff who determine Options Counseling are included in Section 4.3(A) of the standards. At a minimum these staff must demonstrate good listening, interviewing and communication skills.

They must successfully complete training in the statewide standards on the introduction to Options Counseling and in determining the need for Options Counseling (Modules 1 and 2), and they should also be well-versed in the issues confronting older adults and individuals with disabilities.

**Slide 17**

Section 3.1 of the Statewide Standards serves as the foundation for an optional decision tree (shown here), which illustrates how an individual may be identified as potentially benefitting from OC. This decision tree is reviewed in detail as part of Module 2 and is available for download as part of the training materials. Three questions serve as the major components of the decision tree:

* Number one: Do you understand the information I have given you? (if “no,” refer to Options Counseling; if “yes,” ask the next question)
* Number two: Do you need additional information? (if “yes,” refer to Options Counseling; if “no,” ask the next question)
* Number three: Do you know what your next steps are? (if “no,” refer to Options Counseling; if “yes,” do not refer to Options Counseling)

**Slide 18**

The Standards define an “Options Counselor” as any individual who provides Options Counseling as described in these Standards. Care coordinators, transition coordinators, peer counselors, case managers and others who have been trained in Virginia’s Statewide Standards may provide Options Counseling. Under the Standards, Options Counselors provide both the counseling and follow up with the individual.

Agency staff who deliver Options Counseling must have training in the statewide Options Counseling curriculum (Modules 1-4) and be able to:

First, understand individuals’ unique preferences, values, needs and circumstances. This means that they must allow sufficient time to understand the individual’s issues; their physical, mental and emotional needs; social supports (community, family and friends) and their roles; financial resources and benefits; and–importantly—their values. What is important to them? Are there cultural considerations? What are their personal goals?

Second, Options Counselors must be able to understand and educate individuals about public sector, private sector and informal resources and options, including availability and cost. Options Counselors must seek out continuing education opportunities to enhance and remain current in their knowledge.

Next, Options Counselors must be “teachers,” facilitating an individual’s knowledge of informal supports and self-direction options and encouraging involvement of and control by the individual.

Options Counselors also encourage future orientation and goal-setting. They help each individual weigh the pros and cons of different choices and anticipate and plan for future needs. They help people envision what the near future would look like if certain choices were made as well as encourage people to plan for future long-term support needs. Encouraging future orientation promotes the overall goals of the A-D-R-C to facilitate informed decision-making by encouraging wise use of existing resources and preventing or delaying spend-down to Medicaid.

Options Counselors must be able to follow up with the individual prior to terminating the process as well as after Options Counseling is complete.

Finally, Options Counselors must be able to communicate with sufficient skill and clarity, using the individual’s preferred mode of communication, so that individuals will be able to make informed choices.

**Slide 19**

Options Counselors must have:

* A Bachelor’s degree or equivalent experience **as determined** **in writing** by the hiring agency. We do not want to create barriers to peer mentoring and self-advocates with valuable life experience. Advocacy and leadership skills are in large part fostered via mentoring, apprenticeship and example. Barriers will not be created that exclude individuals with disabilities from serving in the role of Options Counselor.
* At least one year of experience working directly with older adults and/or individuals with disabilities. An individual who is hired to be an Options Counselor will already understand person-centered practices, philosophy and approach either through having already worked in organizations and environments that embody these principles, through appropriate and relevant training or through experience as an advocate or a self-advocate.
* Knowledge about long term supports and funding systems. The Options Counselor will have the knowledge base necessary to know with whom or where to seek supports beyond themselves and/or the agency for which they work.
* Knowledge about the issues confronting older adults and individuals with disabilities.
* Good listening, interviewing and communication skills; and
* Successful completion of Virginia’s Statewide Options Counseling Training Curriculum (again, Modules 1-4).

**Slide 20**

Options Counselor is the only role that has a **continuing** training requirement in the standards. The Department for Aging and Rehabilitative Services (“DARS”) offers an annual update training that meets this requirement. Information about when and how you can access future annual refresher training as well as the 2012 Annual update training can be found on the webpage that contains Modules 1-5, http://www.vcu.edu/partnership/ocss/.

**Slide 21**

In addition, the Administration for Community Living is working with the U.S. Department of Labor to identify and develop a standard for Core Competency of professionals who deliver Options Counseling. Although this project is still in progress, they have designed a skills, knowledge, and training hierarchy that is based on a tiered approach. The completed product will be used to inform Virginia in the development of recommendations and requirements for annual development training for Options Counselors.

**Slide 22**

Individuals who supervise Options Counselors or who direct an agency that provides Options Counseling must be trained in the overview of Options Counseling and the Administration of Options Counseling (Modules 1 and 5). They should also be well-versed in the issues confronting older adults and individuals with disabilities.

**Slide 23**

Individuals who supervise Options Counselors or who direct an agency that provides Options Counseling must be educated in and or have equivalent experience with staff development, program management, program planning, policy and procedural maintenance, and program evaluation.

**Slide 24**

In developing the statewide standards in Virginia, workgroup members wanted to recognize differences among agencies and offer as much flexibility as possible in the development of staffing requirements. Therefore, there is no requirement that staffing ratios be established. Rather, each agency determines how it will assure that Options Counselors have sufficient time to devote to their duties.

The amount of time that Options Counseling requires to successfully support each individual is not constant but rather varies with each individual. Ultimately, the most important thing is not the number of individuals supported but rather that each individual is provided adequate time to build rapport and trust in the relationship, and that the Options Counselor has sufficient time to obtain a comprehensive knowledge of the individual’s challenges and goals.

After providing Options Counseling over the course of 6 months to a year, each agency should be able to determine the average time per individual supported by Options Counseling and the number of individuals referred to Options Counseling. Together these figures will help an agency to determine the number of staff necessary to adequately meet the demand.

**Slide 25**

Now let’s talk about how to document information, reporting requirements and evaluation measures.

**Slide 26**

In developing the standards, there was a lot of discussion about how to objectively measure Options Counseling. To measure only by contacts, or only by time, could be deceiving and would not necessarily provide an accurate picture of the amount of work that is involved. Therefore, the workgroup decided on a measure that combines number of contacts and time spent.

For example, the Options Counselor interviews an individual named Joe for 2 hours, calls the local Health Department to arrange for a waiver screening and talks for 15 minutes, then calls Joe back to let him know the referral has been made and talks 15 minutes. The units of service in this example would be 3 contacts, and 2.5 hours.

**Slide 27**

During the course of determining the need, providing Options Counseling, and follow up, the individual is likely to share a tremendous amount of personal information. It will be important to capture much of this information to ensure that, in the event of staff turnover or time lapses between conversations, a record of discussions and decisions made to-date are available for reference. The combination of an individual’s demographic profile, preferences, strengths, needs, values, and individual circumstances, becomes what is called the “Individual Support Record.” The combination of personal goals, desired outcomes, decisions made, referrals, enrollment and progress notes, becomes what is called the “Action Plan.”

The standards provide valuable guidance regarding what information should be documented as part of the Individual Support Record and the Action Plan. However, while the Standards require collection of the data that comprises the Individual Support Record and Action Plan, the Standards do **NOT** dictate the means by which that data is collected. How the data is collected is determined by each individual agency.

Some agencies are using a tool called CRIA **(pronounced “CREE-AH”)** within the No Wrong Door technology, to efficiently collect the data that is required by the Options Counseling Standards, because it provides a screen specifically designed for data included in the Individual Support Record and interactive screens to track progress for the Action Plan. Additionally, both individual –level and aggregate reports can be run by an agency using CREE-AH. For more information regarding the use of CREE-AH for Options Counseling, contact the No Wrong Door Coordinator at the Department for Aging and Rehabilitative Services (“DARS”).

**Slide 28**

Let’s review the specific documentation required for the staff who determine the need for Options Counseling. You can find these requirements in Section 5.1(B) of the Standards.

Staff who determine the need for Options Counseling document the following information:

* The person making the original contact and his/her relationship to the individual who receives Options Counseling (self, family member, surrogate decision-maker, caregiver, health or human service provider, other);
* The situation that triggered Options Counseling; and
* The individual’s demographic profile.

**Slide 29**

Also documented are:

* The individual’s preferred contact information,
* The individual’s or surrogate decision maker’s authorization to share information with an Options Counselor, and
* The date of referral to Options Counseling.

**Slide 30**

As a part of the Options Counseling process, Section 5.1(C) of the Standards require:

* The date the initial contact was made by the Options Counselor
* Whether the individual is new to Options Counseling or is re-engaging in Options Counseling and if re-engaging, the reason why;
* Others involved in Options Counseling, their relationship to the individual and contact information; and
* The individual’s preferred method or mode of communication and preferred environment for Options Counseling.
* The date the initial contact was made by the Options Counselor
* Whether the individual is new to Options Counseling or is re-engaging in Options Counseling and if re-engaging, the reason why;
* Others involved in Options Counseling, their relationship to the individual and contact information; and
* The individual’s preferred method or mode of communication and preferred environment for Options Counseling.

**Slide 31**

Also documented during Options Counseling are the individual’s relevant current circumstances, including:

* Paid and informal supports
* Employment/financial resources and benefits
* Financial/legal plan for future
* Housing
* Transportation
* Social and recreational activities and
* Assistive technology

**Slide 32**

Finally, the Options Counselor documents:

* The options discussed with the individual, including alternative supports, and (if the individual requests it, the risks and benefits of each)
* The action plan should reflect the individual’s preferences, needs, values, personal goals/desired outcomes, and definition of success and should specifically include:
  + The decision or decisions made by the individual or the surrogate decision-maker;
  + Referrals made by name, date and type of support; and
  + Confirmation of implementation of the plan, including enrollment or other evidence of actual receipt of any support to which the individual was referred.
* Progress notes should reflect each interaction, including the date of contact with the individual.

Options Counselors are also encouraged by the Standards to document the individual’s future projected immediate, intermediate and long term support needs.

**Slide 33**

As a part of following up with each individual, Section 5.1(D) of the standards provide that five things be documented:

* The date of contact with the individual;
* The outcome of the follow up contact;
* Whether the individual’s goals have been achieved, are unmet or have changed, including what supports the individual received;
* Whether the individual has followed the plan, and, if not, the reason why; or needs direct assistance to continue implementing the plan; and
* The date and reason for termination of Options Counseling.

**Slide 34**

Section 5.2 of the Standards focuses on the required elements from the perspective of data collection and reporting.

Data elements referenced in Section 5.2 are required to be **collected**, however, the agency providing Options Counseling is required to **report** the data only if it is receiving state or federal funding for Options Counseling. Specific report submission guidelines will be provided separately to agencies receiving state and/or federal funds for Options Counseling. Any agency using state and/or federal funding and documenting required data in CREE-AH, will not be required to submit reports because the data will be included in state-level reports run by DARS.

Required data elements include:

* Demographics of individuals served, such as gender, age, geographic location, and veteran status.
* Level of individual satisfaction with the Options Counseling process in five domains: Choice, Heard, Supports, Informed, and Autonomy which we will cover in more detail in a minute.
* Number of individuals who wanted to live and who are living in the community six months and 12 months following termination of Options Counseling. This data can be obtained through a formal, annual survey supplemented by check-ins initiated by the Options Counselor if contact is not made by the individual.
* The number of individuals:
  + Provided Options Counseling
  + Terminated from Options Counseling and
  + Reengaged in Options Counseling and, finally,
* The number of individuals achieving their goals.

**Slide 35**

Let’s now turn our attention to determining the effectiveness of your Options Counseling program.

**Slide 36**

Section 4.5(A) of the Standards requires that:

* Options Counseling is delivered in accordance with the statewide Standards and
* The outcomes of Options Counseling can be tracked and measured for evaluation.

Under Section 3.3 (D) of the Standards, evaluation for the purpose of quality assurance/improvement and program compliance is required to be conducted on three levels:

* + System-wide. The Standards require specific data collection and reporting to establish consistent evaluation measures across providers, ensuring that a state-level report can provide a comprehensive picture of the effectiveness of Options Counseling.
  + Agency-level. Agencies may determine the best way to collect data specific to outcome measures. Many agencies use peer review and supervisory input. For example, a supervisor may check-in with or interview an individual receiving Options Counseling to review the process and determine program fidelity. It is also important to give staff an opportunity in a group setting to communicate problems and any issues they have encountered and discuss potential resolution.
* Individual Satisfaction. Because Options Counseling is a very person-centered process, an effective evaluation must include the individual who has participated in Options Counseling. Assessing satisfaction not only measures the success of Options Counseling itself, it also provides critically important information for ongoing quality assurance and quality improvement. If people are not satisfied, the agency should consider what could be corrected or adjusted.

**Slide 37**

A Uniform Individual Satisfaction Survey was created and tested under the original grant that funded the development of Virginia’s Options Counseling Standards**.** A link to this instrument can be found in the materials for Module 5, on the webpage, http://www.vcu.edu/partnership/ocss/.

The instrument comes with the flexibility for agencies to decide how to administer it (for example, by phone, in person or paper survey). This flexibility is designed not only for the agency’s ease but also to be responsive to the needs and preferences of individuals. For agencies that already utilize a consumer satisfaction tool, an alternative to using the OC Individual Satisfaction Instrument in addition, is to simply add the questions to their existing survey.

**Slide 38**

The questions on the Uniform Individual Satisfaction Instrument are designed to measure the following:

* Choice - Was the individual in charge of the plan that was developed?
* Heard – Were the individual’s perspectives, values and preferences understood and respected?
* Supports - Did the individual receive supports needed towards accomplishing their goals?
* Informed - Was the individual given comprehensive information about options available at the time? and
* Autonomy - Did the individual feel empowered to make his or her own decisions?

**Slide 39**

As each agency sets its protocol for how to collect the evaluation measures, remember, communication is key. Not everybody speaks the same language. Not everybody communicates in the same way. Individual satisfaction information will be accurate only if the questions are asked using *the individual’s communication preferences.* This slide suggests a variety of factors to be considered in effective communication.

**Slide 40**

Questions in the satisfaction instrument should be asked not only using the individual’s communication preference, but also in the environment that the individual prefers and feels most comfortable in. As with Options Counseling itself, do what the individual prefers, not what you might prefer or what might be most convenient to you.

**Slide 41**

And finally, we want to cover Outreach and Marketing. We actually touched on this at the beginning of this presentation when we were talking about the importance of partnerships but we want to revisit it to look at this area specific to the requirements in the Standards.

**Slide 42**

Just as with any other new or enhanced service, Options Counseling must be marketed to help educate referral sources. Providers of Options Counseling may want to market it separately as an initial step but ultimately it should be integrated into the overall outreach and marketing for each agency and the A-D-R-C network. Section 2.0 of the Standards states that agencies providing Options Counseling shall raise awareness, provide education, and/or actively market the availability of Options Counseling to several audiences within the agencies’ local or regional services areas*:*

**Slide 43**

This section of the Standards actually lists these audiences that are critical to reach with marketing and educational efforts.

* Adults 60 and older, and adults 18 and older who have a disability—these are, of course, the people who are eligible for Options Counseling
* Individuals residing in hospitals and other institutional settings—these people are also eligible for Options Counseling and are very important to target
* Family members, caregivers and supporters—who can, of course, let people who may be eligible know about the program
* The general public. This is especially important because it may be the only way people who could and would be willing to pay for the service hear about it
* Professionals who have frequent contact with eligible individuals need to know that Options Counseling is available as well so they can become a referral source. This includes:
* The medical community—physicians and hospitals
* Administrators and staff of long-term support facilities
* Long-term support ombudsmen
* Providers of long-term community supports and other local agencies having regular contact with older adults and/or individuals with disabilities
* Social workers and
* Health and human services agencies

Finally, it is important to educate

* Local government officials and policy makers and
* Advocates and advocacy organizations.

**Slide 44**

Awareness and education activities include both outreach and response to inquiries for information, in other words, proactive and reactive education.

Nationally, most referrals to A-D-R-Cs come from professionals such as physicians, hospitals, nursing facilities, and other social service providers. Friends and family are the second most common source of referral.

Common marketing and outreach tools used by A-D-R-Cs are:

* Brochures
* Presentations at public forums
* Trainings for professionals and partners
* Health fairs
* Radio and Television Ads
* Public Service Announcements
* Press Releases
* Media coverage and interviews
* Newsletters
* Websites and
* Social Marketing

A set of talking points, vetted by the statewide workgroup and distributed to local teams to provide universal messaging that can be incorporated into outreach and marketing efforts by local providers, **is available on the webpage where you accessed Module 5.**

**Slide 45**

Making A-D-R-C supports, such as Options Counseling, available to individuals with the ability to pay privately, is important for at least four reasons:

* Individuals and families with all levels of income need unbiased, reliable information and counseling about long term service and support options
* A-D-R-Cs can provide information and guidance that may help families with private resources use their resources more wisely, delaying or even preventing “spend-down” to Medicaid or unnecessary institutionalization
* Through donations and cost-sharing, individuals with private resources can contribute financially to help support operations
* The use of A-D-R-C supports such as Options Counseling by all residents in a community helps build broad community support for the program, which helps achieve long term sustainability.

36% of all spending on long-term care in the U.S. comes out-of-pocket from individuals and their families.

Serving privately paying consumers may require a change in organizational culture and outlook. Staff may have to shift their orientation from thinking “what public program does this individual qualify for?” to “how can I help this individual identify existing resources and evaluate services in the community that meet their preferences and needs?” Information and referral protocols and intake questions may need to be adapted to presume the availability of some level of private resources, rather than the lack of resources.

Marketing materials should emphasize the availability of unbiased and comprehensive information, expert advice, and decision-support services.

For many organizations in the A-D-R-C, reaching out to and serving individuals with higher incomes has been a new area of focus. Traditionally, human service organizations such as Area Agencies on Aging and Centers for Independent Living have focused on providing resources and services to underserved individuals and individuals with the highest level of need. They have worked primarily to connect people to public services and programs for which they may be eligible. Historically, few have purposefully marketed to private paying individuals or specifically tried to attract consumer with higher income levels.

**Slide 46**

This slide and the next slide contain a number of additional marketing resources your agency may want to review. (***Pause for 10 seconds.)***

**Slide 47**

This slide continues the list of marketing resources. **(*Pause for 10 seconds.)***

**Slide 48**

Let’s go over what happens as we continue to implement Options Counseling.

**Slide 49**

Section 4.3 A and B of the Standards require all of the training outlined on this slide. Each Module and its related materials are available on the webpage where you accessed this Module, Module 5. At the end of Modules 1 through 4, staff who complete the Module must take and submit a post-quiz that will certify completion. At the end of this Module, the Director and Supervisors who complete it **must click on the Module 5 Certification button found on the webpage.**

**Slide 50**

Following completion of all required training, and after your agency’s business practices have been adjusted to accommodate the program, your agency may begin to provide Options Counseling.

Once you have your Options Counseling program up and running, it will be important to begin reaching out to and educating community partners. The talking points included with the Module 5 materials should be incorporated into your marketing plan.

When new staff members join your agency, please make sure that they complete the required training before beginning to work in the Options Counseling program at your agency.

**Slide 51**

**There is no post quiz for Module 5, however you must now certify that you have completed it. On the main webpage where you accessed this Module, there is a certification button. Please be sure to click on it so that your completion of Module 5 can be properly recorded.**

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Thank you very much for your time and interest in completing Module 5 and in your agency offering Options Counseling in your community. Please certify your completion of the Module and contact DARS if you have any unanswered questions.