

Options Counseling

ADRC Operations Manual

This chapter applies to aging and disability resource centers (ADRCs) and to Tribal aging and disability resource specialists (Tribal ADRSs) who provide long-term care options counseling, herein referred to as “agency” or “staff.”

I. Introduction

ADRCs and Tribal ADRSs provides counseling about options available to meet long-term care needs as well as factors to consider in making long-term care decisions. Options counseling is a person-centered, interactive decision-support process that typically includes a face-to-face interaction. Options counseling is more in-depth than just providing a list of service providers or programs for customers to choose from. The agency must provide options counseling to members of its primary client populations when the criteria have been met or when deemed it would be helpful. Although conversations with customers’ families, caregivers, and others who ask for assistance on the customers behalf may occur, if the customer is not involved in the options counseling meeting, then these encounters would be categorized as information and assistance rather than options counseling.

The information provided during options counseling must be timely, accurate, thorough, unbiased, and appropriate to the customer's situation. Long-term care options counseling is tailored to the needs of the customer and does not attempt to persuade the customer to choose any long-term care setting, program, or service. Options counseling does not exclude information about any suitable option, program, or provider.

II. Requirements for performing options counseling

A. Process for providing options counseling

The options counseling process consists of four core values and six steps. The process and values are described in detail in the options counseling training curriculum and certification process.

The four core values include:

- Choice: Options counseling focuses on a customer's strengths, goals, and preferences to allow them to make informed decisions.
- Direction: The customer always remains in charge of the ultimate direction.
- Control: Respect the right of customers to control and make choices about their own lives to the greatest extent possible, while providing access to the support that they need and desire.
- Building rapport: Establish a trusting relationship by understanding the customer's preferences and always behaving in an ethical manner.

The six steps of the options counseling process include:

1. Identification of need

This step will usually be done while providing [information and assistance \(P-03062-01\)](#). Identifying need involves recognizing that there is a need for options counseling and determining the customer's willingness to engage in options counseling. When offering to meet with the customer to complete options counseling, staff should not use the term "options counseling" with a customer. Rather, staff should phrase the offer as a meeting to learn more information about the customer's situation so staff can provide more in-depth assistance. The agency should conduct an appointment within 10 business days or at another time preferred by the customer.

The criteria used to evaluate the need for options counseling are:

- Limited ability to communicate.
- Limited ability to advocate for self.
- Limited support system.
- Limited capacity to act on information provided.
- A new or advancing health condition that is adversely impacting the customer.
- A life-altering event or situation that is adversely impacting the customer.
- A significant change in circumstances that is adversely impacting the customer.
- Limited financial resources to fund needed services.

2. Welcome

The staff member providing options counseling should introduce themselves to the customer, if they have not already done so, and explain the agency's [confidentiality policy \(P-02923-06\)](#). If other individuals are present, it is important to ask the customer if they are comfortable in moving forward with the discussion in their presence or if the customer would prefer to meet in another location or reschedule the meeting. Use the [Customer Service Agreement \(F-03093\)](#) or another agency document that explains the agency will not disclose information about the customer without the informed consent of the customer, unless allowed by the confidentiality policy (P-02923-06). As referenced in the [Conflict of Interest Policy \(P-02923-03\)](#), the agency must present the Customer Service Agreement (P-02923-03) or another agency document when options counseling begins.

3. Discovery

This key step in options counseling is typically done through a face-to-face visit, either at the customer's home or another location of their choice. Discovery includes obtaining information about the customer's concerns and needs; identifying their strengths, goals, values and preferences; learning about their family, friends, lifestyle, and current living situation; learning about their health conditions and other areas of necessity; and learning about any current services or supports they have tried in the past. As part of the discovery process, it may be appropriate to determine eligibility for [publicly funded long-term care \(P-03062-03\)](#) programs. This would include conducting the [long-term care functional screen \(P-03062-04a\)](#) and assisting, as appropriate, with the financial eligibility process.

4. Decision support

Through decision support, the options counselor helps the customer by identifying and presenting information about resources and costs that may meet their identified needs and preferences. From there, the counselor will facilitate an unbiased discussion with the customer to help them narrow their options and then gauge their readiness to move forward. Decision support may lead to [enrollment counseling \(P-03062-03a\)](#) for someone found eligible for publicly funded long-term care programs during the discovery process.

5. Action planning

Creating an [action plan](#) with the customer helps to set clear expectations about responsibilities in moving forward with the plan. It clearly articulates the items that must be completed and who will complete these items.

6. Follow-up

Follow-up helps gauge the customer's progress on their action plan and provides an opportunity to assess whether the action plan is working well for the customer. Follow-up should be planned at a date and time convenient to the customer and based on the timelines for the items described in the [action plan](#). Staff who provide options counseling should reference the [Follow-Up Policy \(P-02923-07\)](#) for additional information on these requirements.

Options counseling is meant to be a flexible process during which all of the above steps are addressed. Sometimes you may not work through these steps in a strict sequence. It is important that conversation and process flow naturally. It may take multiple contacts with the customer to complete all the steps in options counseling.

Options counseling should directly involve the customer. Sometimes it is appropriate to conduct options counseling with a family caregiver or a legal decision-maker. In these instances, it is best practice to meet with and involve the customer to whatever degree is appropriate, but this is not required. Best practice is always to obtain or confirm the status of a legal decision maker; however, this should not create a delay in providing options counseling for the individual.

B. Documentation

Document every encounter with or on behalf of a customer in the statewide reporting and case management system. For detailed instructions on how to complete the entry, refer to the [PeerPlace User Guide for ADRC Specialists and Tribal ADRSs](#).

C. Recognizing and responding to emergencies

ADRCs and Tribal ADRSs must be prepared to recognize and effectively manage emergency situations. All staff will be trained on how to identify an emergency and apply emergency procedures to handle situations. When handling an emergency, staff should:

- Remain calm.
- Attempt to de-escalate the situation.
- Identify emergency-related symptoms such as a heart attack, stroke, suicidal ideation, or domestic violence.
- Collect needed information.
- Connect the person with local emergency service providers.
- Follow up as needed.

ADRCs and Tribal ADRSs are expected to recognize and respond to emergencies; however, they are not expected or considered to be emergency service providers. During business hours, Staff will follow protocols and processes established by local emergency resources, such as 911 services or the [988 Suicide and Crisis Lifeline](#), the local crisis intervention or adult protective services (APS) program in order to assure that people are promptly connected with the appropriate emergency service provider when an immediate risk has been identified. After-hours phone calls will be answered, at a minimum, with a message instructing caller about whom to contact in the case of an emergency.

D. Short-term service coordination

Short-term service coordination may include any of the following activities during a period of 90 days or less: evaluation of an individual's needs, resources, and ability to handle a situation; planning, arrangement, and coordination of multiple services, people, and resources; recruitment of natural supports and volunteers; and maintenance of contact, reinforcement, and encouragement.

ADRCs and Tribal ADRSs may provide short-term service coordination to the extent that their agency's financial and personnel resources permit and when the provision of this service does not interfere with the agency's ability to provide all other services required under the contract, consistent with the [Short-Term Service Coordination Policy \(P-02923-04\)](#).

Subject to the limitations described above, short-term service coordination is provided to assist individuals and their families in managing complex and immediate needs. This occurs when the individual cannot manage the situation, other ADRC or Tribal ADRS services are insufficient to deal with the situation, there is no one else to take the lead, and the person cannot be enrolled into a publicly funded long-term care program. Through short-term service coordination, the ADRC or Tribal ADRS can address the immediate concern, attempt to stabilize the individual's situation, and either enable the person to manage on their own or set them up with the needed support.

While a formal care plan is not required for short-term service coordination, the agency should document basic information about the customer's service needs, the actions taken and services provided, and the responsibilities of the various parties involved with the person.

ADRCs and Tribal ADRSs must have protocols to ensure that short-term service coordination is focused and does not last more than 90 days.

E. Options counseling for special population groups

1. Memory screens

Memory screening is an early intervention tool that can be used during options counseling, as appropriate, for individuals who express concern about changes in their cognition or display signs of memory loss. ADRCs and Tribal ADRSs must have staff available to provide memory screening to customers. Memory screens should be done in accordance with the [Memory Screening in the Community \(P-01622\)](#) manual.

2. Youth transitioning to adult services

ADRCs and Tribal ADRSs must ensure that youth with physical or intellectual/developmental disabilities and their families and guardians know that the agency is available to assist with the transition from children's to adult services. Agencies may publicize these services through information and assistance, marketing and outreach, and options counseling.

ADRC and Tribal ADRS services are available to youth who are age 17 years and 6 months or older and their families or guardians. Agencies provide youth and their families with information about the resources that will be available when they reach adulthood, help them think through available options, and assist in accessing appropriate programs and services. Agencies should utilize and provide the [Preparing for Life as an Adult: Transition Planning for Youth \(P-00413A\)](#) publication developed by DHS; it is customizable for agencies to enter local contact information.

Agencies should follow the guidance in the [Transition of Eligible Participants from Children's to Adult Long-Term Care Programs \(DMS Numbered Memo 2022-05\)](#), which defines and clarifies the roles of county waiver agencies, ADRCs, and adult long-term care programs and specifies timelines for transitioning participants from a children's long-term support waiver program to adult long-term care programs.

ADRCs must designate staff to be the contact(s) for transition planning and services and to participate as needed in any local [County Community on Transition](#) (CCoT) team in its service area. The designee may be an ADRC supervisor, manager, director, ADRC specialist, or disability benefit specialist (DBS). If a DBS is the youth in transition designee, any requests or needs for options counseling and/or a LTCFS must be referred to an ADRC specialist.

The [County Community on Transition website](#) and the [Wisconsin County Community on Transition \(CCoT\) Toolkit](#) provide tools and resources that local CCoTs can use whether they are just starting or have been active for many years. The tools and resources can assist in building the foundations of the CCoT team, facilitating the work, using data to support growth, and maintaining communication.

4. Pre-admission consultation

Nursing homes, community-based residential facilities, and residential care apartment complexes are required to refer prospective residents to the ADRC for [pre-admission consultation](#). Facilities provide customers with the brochure [Are You Considering Assisted Living or a Nursing Home? \(P-00040\)](#) and will refer the customer to the ADRC. ADRC specialists will follow the steps in the options counseling process as they would for any other customer while ensuring to discuss:

- The range of care settings and options available to meet the customer’s long-term care needs, including supports and services that could permit the customer to remain at home.
- The cost and financial implications of the various options.
- Methods to evaluate facility quality and appropriateness.
- Programs that may be available to help pay for the customer’s care, eligibility requirements and procedures, and limits on the use of public funding in certain settings.

ADRCs and Tribal ADRSs cannot attempt to persuade the customer to choose a particular provider or type of service. Another tool that staff could use is a cost calculator to help the customer weigh the costs associated with their various options. [Considering a Move? The Cost Calculator Can Help \(P-00546\)](#) is available for ADRCs, Tribal ADRSs, and customers to use in the decision-support process.

5. Nursing home transition

ADRC specialists and Tribal ADRSs will provide options counseling to customers interested in transitioning from a skilled nursing facility or other institution. The staff will provide the customer with information about locally available long-term care options and supports for community living to help the person fulfill their desire to relocate to community living. Assistance must be provided by the ADRC or Tribal ADRS regardless of whether the customer is paying privately or is eligible for publicly funded programs. The

involvement of the ADRC or Tribal ADRS is meant to supplement the role of the nursing home discharge planner and does not replace their role.

When nursing homes downsize or close, agencies will assist the nursing home residents in the transition process to a new living arrangement. Agencies assist by providing information from the state relocation team, participating in informational meetings with the residents and their representatives, and providing residents with the same services that it provides to other ADRC customers, including information and assistance, options counseling, and eligibility determination. Details about the ADRC's role with downsizing and closing of facilities can be found in the [Resident Relocation Manual \(P-01440\)](#).

6. MDS-Q

ADRCs are the designated local contact agency for referrals generated from the Minimum Data Set (MDS) Section Q assessment process required to be done by nursing homes. Section Q of the MDS asks nursing home residents about their desire to transition back into the community. Whenever a nursing home resident indicates an interest in transitioning to the community, the nursing home will make a referral to the ADRC for options counseling. When a nursing home resident is a member of a Tribal nation, the ADRC will offer them the option to meet with a Tribal ADRS. Detailed information on nursing home referrals can be found in the [MDS-Q and Nursing Home Transitions chapter \(P-03062-02a\)](#) of the ADRC Operations Manual.

III. Collaborating with other aging and disability programs

Staff who provide options counseling must collaborate with other ADRC and aging program areas. Options counselors must also be well-versed and up to date on aging and disability-related programs offered within the local community.

A. Benefit specialist programs

Options counselors must have a strong understanding of the elder and disability benefit specialist programs. They often encounter customers who require more in-depth assistance with public and private benefits beyond long-term care options counseling, just as benefit specialists often encounter customers who require more in-depth assistance with long-term services and supports.

B. Marketing, outreach, and public education

All staff must be knowledgeable about the services provided by the agency, and all staff play a role in outreach and public education. Options counselors may participate in community events or other outreach activities to promote and educate citizens about the ADRC and Tribal ADRS. Options counselors may also have suggestions for marketing and outreach based on the information that they hear from customers.

C. Nutrition

ADRCs and Tribal partner agencies that are integrated with their county or Tribal aging unit may have options counselors conduct initial assessment for the home-delivered meal program. Regardless of whether the ADRC is integrated with the aging unit, options counselors must be knowledgeable about the nutrition services in their service region, including how to make referrals.

D. Caregiver support

ADRCs and Tribal ADRSs regularly have customers who act as a caregiver to a family member or friend. Often, caregivers benefit from options counseling for themselves as well as for the person for whom they are caring. ADRCs and Tribal partner agencies that are integrated with a county or Tribal aging unit may have options counseling staff work directly with the National Family Caregiver Support Program, the Alzheimer's Family Caregiver Support Program, or other caregiving programs. Regardless of whether the agency is integrated with the aging unit, options counselors must be knowledgeable about the caregiver programs that are available in their service region.

IV. Operational policies and procedures

A. Statutory references

- [Wisconsin Stat. §46.283](#)
- [Wisconsin Stat. §46.82](#)
- [Wisconsin Admin. Code § DHS 10.23](#)
- [Older Americans Act of 1965—2020 Reauthorization](#)

B. Agency requirements

The ADRC or Tribal partner agency must have at least one full-time position, wholly within the agency, that provides options counseling as its primary job responsibility. This position may also provide information and assistance, eligibility, and enrollment functions.

Employees of the agency and any of its subcontractors who provide information and assistance, options counseling, benefits counseling, long-term care functional screening, enrollment counseling, or other professional responsibilities must have a Bachelor of Arts or Science degree or a license to practice as a registered nurse in Wisconsin. They must also have the equivalent of at least one year of full-time experience in a health or human service field, working with one or more of the client populations served by the agency. Qualifying work experience may be paid or unpaid and may include internships, field placement, and volunteer work.

The agency must obtain approval from DHS by submitting a [Request for Approval of Alternative Staff Experience and/or Training \(F-00054\)](#) prior to making a job offer to a candidate that lacks the degree or experience described above.

ADRC specialists or Tribal ADRSs must have private office space or access to private meeting space where they can have confidential conversations. Customers and families should not experience a delay in meeting with the agency staff because of a lack of private space.

C. Supervision

Agency supervisors that oversee staff that perform options counseling are responsible for:

- Mitigating conflicts of interests and perceived conflicts of interest that are brought to them by the staff.
- Ensuring that staff remain unbiased when discussing and providing customers with public and private pay resource information.
- Ensuring timely completion and submission of the [ADRC/Aging/Tribal User System Access Request Form \(F-02000\)](#) for new staff, staff that have resigned or been terminated from their position, or staff that are no longer performing job duties that require access to certain systems.

Staff providing options counseling will be directly supervised by the agency director or by another supervisory position within the agency. Supervisors are expected to maintain expertise in options counseling requirements and best practices in order to support agency staff.

Supervisors of staff who provide options counseling are required to complete the Supervisory Training Modules in the Options Counseling Training Curriculum, located in the [Learning Management System](#). They are encouraged to also complete the options counseling modules and certification. The options counseling process is an evidenced-informed process that requires ongoing fidelity monitoring by a supervisor.

Supervisors are encouraged to provide regular feedback to their staff on how well they are performing options counseling. Providing feedback to staff providing options counseling is a great way to help them fine tune their skills and grow in their abilities. This can be done using the [Supervisor Observation and Support Tool Instruction Guide \(P-00885\)](#) and the [Options Counseling Supervisor Observation and Support Tool \(F-02861\)](#). The supervisor observation and support tool is designed to provide both agency staff and supervisors with the opportunity to evaluate the options counseling process in action. Observations are meant to give the supervisor the opportunity to observe staff providing options counseling and for the staff to receive feedback from their supervisor on their skills and adherence to the model. The [Supervisor Observation and Support Tool Instruction Guide \(P-00885\)](#) provides detailed instructions for supervisors for how to complete this tool. Annually each staff member must be observed providing information and assistance, options counseling, or enrollment counseling using the appropriate supervisor observation and support tools.

The [Options Counseling Record Review Tool \(F-02583\)](#) provides a process for supervisors to review documentation from staff who provided options counseling. This is not required but is a useful tool for both staff and supervisors.

D. Allowable funding sources and expenses

Review the Fiscal Management chapter of the ADRC Operations Manual ([P-03062-16](#)).

E. Policy requirements

- [ADRC Customer and Staff Rights and Responsibilities \(P-02923-02A\)](#)
- [Appeals for Adverse Benefit Determinations \(P-02923-01\)](#)
- [Complaint Policy \(P-02923-02\)](#)
- [Conflict of Interest \(P-02923-03\)](#)
- [Confidentiality Policy \(P-02923-06\)](#)
- [Follow-Up \(P-02923-07\)](#)
- [Short-Term Service Coordination \(P-02923-04\)](#)

F. Training and certification requirements

Knowledge of long-term care resources, programs, and supports is critical to the professional responsibility of options counseling. Staff who provide options counseling must become certified through successful completion of the options counseling curriculum and certification exam. Staff providing options counseling are strongly encouraged complete the following modules in the [Learning Management System](#):

- ADRC Orientation
- ADRC Specialists Initial Training
- Options Counseling Standards—Modules 1–4 and Post-Test (**required**)
- Motivational Interviewing

The Office for Resource Center Development and other aging and disability network partners regularly offer training and continuing education opportunities that are beneficial to staff who provide options counseling. Staff are strongly encouraged to participate in the following opportunities:

- In-person or online training opportunities for options counseling staff.
- ADRC skills training.
- Professional conferences, such as the Aging, Disability, and Independent Living Network Conference.

Staff are strongly encouraged to participate in other training opportunities, including professional conferences. This includes, but is not limited to, the national Inform USA Conference and the Inform Wisconsin Conference. An up-to-date schedule of trainings can be found on the [ADRC Calendar of Events](#).

1. Options counseling program training and certification

The National Options Counseling Standards, developed by the U.S. Administration for Community Living, provide an evidenced-informed model for conducting options counseling. ADRC and Tribal ADRC customers should expect to receive options counseling that is conducted in the same manner from one location to another. For this reason, agencies must use the training, certification, and fidelity tools that have been developed for the options counseling program based on the national standards.

The options counseling training and certification program requires the successful completion of e-learning modules and a post-test. Training and certification must be completed within 60 days of hire for any staff member that will be performing options counseling as part of their job duties. The training is available through the [Learning Management System](#). Upon completion of modules one through four of the options counseling training, staff must pass the post-test with a score of 80% or higher to be certified to perform options counseling. Staff may review modules as many times as necessary and may repeat the exam twice if they score 79% or lower.

Staff performing options counseling must maintain their certification. Recertification training and testing will occur as determined by the Office for Resource Center Development.

G. Reporting requirements

ADRC specialists and Tribal ADRSs must document their encounters with customers, including the nature of the inquiry, information discussed, resources shared, decisions made, and next steps. Documentation will include the required elements described in the [PeerPlace User Guide for ADRC Specialists and Tribal ADRSs](#).

Staff providing options counseling are required to complete 100% Time and Task Reporting for Medicaid administrative claiming. Detailed information on [100% Time and Task Reporting \(P-03062-10\)](#) can be found within that section of this manual.

V. Additional resources and tools

- [2015 Statewide Customer Satisfaction Survey Results](#)
- [2018 Statewide Customer Satisfaction Survey Results](#)
- [988 Wisconsin's Suicide and Crisis Lifeline Training](#)
- [Alcohol and Drug Abuse Screening Tool](#)
- [Alcohol and Drug Abuse Screen Scoring Instructions](#)
- [Depression Scale](#)
- [SSI-E](#)
- [Utilizing Behavioral Health Screening Tools](#)