**Washington State Person Centered Options Counseling Standards**

**(A part of the CLC Program Standards)**



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**Washington State’s Community Living Connections Person-Centered Options Counseling Standards**

**Introduction** (CLC Standards, Chapter III, Section J)

This standard guides how Person Centered-Options Counseling (PC-OC) is delivered, who delivers it, under what circumstances, and how data and outcomes are tracked across the CLC Network.

**Background** (CLC Standards, Chapter III, Section J)

The primary goals of Person-Centered Options Counseling (PC-OC) are to facilitate informed decision-making about Long-Term Services and Supports (LTSS) and serve a key role in the streamlined access to these services and supports. It represents a person centered service approach of the CLC staff as they help provide a clear pathway for individuals to access LTSS. The Administration for Community Living (ACL) views PC-OC as a philosophy and a service, the underpinning of how CLCs interact with individuals and a process that CLC staff will follow to support individuals to consider their options and access the right services and supports at the right time. PC-OC should:

* Be available to anyone contacting the CLC Network. Priority will be given to those who are most likely to financially impoverish themselves and become eligible for Medicaid. Included in this priority, are those individuals trying to refrain from Medicaid LTSS as they seek education, training and/or employment;
* Be person-centered and directed by the individual;
* Support people of all income levels to make informed decisions;
* Be delivered in a timely and/or expedited manner when the need for a short-time frame is presented;
* Serve as a comprehensive and streamlined process for participants and be connected to immediate and on-going LTSS as needed or requested;
* Collaborate with community partners; and
* Be available to other individuals being served by the network including, but not limited to, Veterans Directed Home Services, private and public LTSS and evidence based programs.

**Goals of PC-OC Standards** (CLC Standards, Chapter III, Section J)

The specific goals of these standards include:

* Improvement of the consistency and quality of PC-OC staff to work with individuals who have private resources to spend on LTSS and facilitate access for those who may qualify for publically funded programs.
* Establish minimum standards for education (knowledge, skills and abilities) of PC-OC staff within the CLC Network (including training requirements, continuing education and evaluation tools);
* Continual development of training and continuing education materials and programs related to PC-OC.

**PC-OC Terms with Definitions** (Refer to Appendix A)

**Person-Centered Options Counseling** (CLC Standards, Chapter III, Section J)

**I.) Definition** (CLC Standards, Chapter III, Section J)

**I-1.) Person-Centered Options Counseling**

PC-OC is an interactive process where individuals receive guidance in their deliberations to make informed choices about LTSS. The process is directed by the individual and may include others that the individual chooses or those that are legally authorized to represent the individual.

PC-OC includes the following steps:

* A Personal Interview
* Decision Support Process
* Action Planning
* Quality Assurance and Follow-Up

Each step of PC-OC is defined in Appendix A. (Refer to Appendix A)

**I-2): Target Population** (Overall Target Population for CLC is located in CLC Draft Standards, Ch. I, Section D, Target Population for PC-OC is in CLC Draft Standards, Chapter III, Section J)

PC-OC is available to all persons with a disability, older adults, caregivers, individuals in the person’s community and/or legal representatives who request or require LTSS for a current need and/or future planning for persons of all incomes and asset levels. Priority will be given to those who are most likely to financially impoverish themselves and become eligible for Medicaid. Included in this priority, are those individuals trying to refrain from Medicaid LTSS as they seek education, training and/or employment.

**II.) PC-OC Referrals** (CLC Draft Standards, Section J)

Each CLC will have in place a mechanism for receiving initial inquiries and then referrals that may lead to a PC-OC referral. Appendix B provides scenarios that could trigger referrals to your CLC PC-OC. PSAs have the option of utilizing these scenarios to develop policy surrounding prioritization of referral if needed. (Refer to Appendix B)

**II-2.) PC-OC Setting** (CLC Draft Standards, Section J)

Every attempt should be made to deliver PC-OC in the setting that the individual chooses. Settings may include the individual’s place of residence, an agency, a nursing facility, hospital, rehabilitation center, medical practitioner, or even non-traditional settings of the individual’s choosing. PC-OC may be provided in person, by phone, or by other electronic method. Whenever possible an in-person meeting with the individual is preferred.

**III.) Components of Person-Centered Options Counseling** (CLC Standards, Chapter III, Section J)

**III-1.) Personal Interview**

A key component of PC-OC is engaging with the individual through a person-centered conversation to learn about the individual’s values, strengths, preferences and concerns. The discovery tools of Essential Lifestyle Planning can provide structure for this discovery process. (Refer to Appendix C) This discussion is a process of discovering factors that are important to and important for the individual in exploring options and developing an action plan. The individual may choose to have a representative from the individual’s community, and/or legal representative with them in the process.

* This conversation may occur once or over a series of interactions.
* This conversation should be offered within two working days of the initial referral and meet the schedule of the individual.

**III-2.) Decision Support**

PC-OC includes the exploration of resources providing individuals with choice regarding what is right for them to assist with current and future LTSS. In addition to discussing and sharing information about available resources, PC-OC assists the person in evaluating various pathways, including the pros/cons of specific local community options. The decision support tools of Essential Lifestyle Planning can provide structure for this decision support process. (Refer to Appendix C)

* PC-OC should include discussion of available options without the personal bias of the PC-OC staff.
* Organizations providing PC-OC should have policies and procedures in place to remain free of conflicts of interest.
* The PC-OC process will include discussion of publically funded and private LTSS
* Link individuals with benefits as needed.

**III-3.) Action Planning**

The plan outlines goals, essential tasks, action steps, timelines, responsible parties and plan for follow up. The plan is directed and developed by the individual with the support of the PC-OC staff. A copy of the actions plan will be part of the documentation for PC-OC staff and can be given to the individualfor their use and to share with others who may support the plan. A signature line for the individual and the PC-OC are available on the plan and may serve to reinforce commitment to the process. The action plan is driven by the individual for the individual. The best written action plans are developed to the greatest extent possible by the individual with assistance as necessary. (Refer to Appendix C)

**III-4.) Quality Assurance and Follow-Up**

The CLC Network PC-OCs should follow-up within 10 days of personal interview or construction of action plan (Refer to Appendix C). At this point, the PC-OC staff learns from the individual, what progress towards goals and steps in the action plan have occurred. Any barriers to implementing the action plan can be discussed and the PC-OC staff and individual can strategize and formulate a new action plan as needed.

**IV.) Staffing** (CLC Standards, Chapter II, Section H)

**IV-1.) PC-OC Staffing**

CLC’s may choose to have PC-OC staff provide PC-OC as their only job responsibility, or CLCs may organize their staffing structure to optimize existing staff serving in “blended roles” within the CLC.

**IV-2.) PC-OC Education**

Bachelor’s degree in human services or work experience commensurate with degree. Knowledge, skills and abilities for PC-OC are provided in Appendix E. (Refer to Appendix E)

**IV-3.) PC-OC Training**

* PC-OC Training includes a two-day in-person training on person-centered practices or two on-line courses and one day in-person training on person-centered practices
* Two follow-up webinars
* Six on-line PC-OC classes
* Participation in Continuing Education in PC-OC as available.

**IV-4.) PC-OC Supervisor Education and Experience**

Supervisors should possess a Bachelor’s degree and 3-5 years of work experience (or commensurate experience). Master’s Degree preferred. Experience or educational training related to oversight of staff development, program management, program planning, policy/procedural maintenance and program evaluation would be optimal. Supervisorial supports for the practice of PC-OC are listed in Appendix E. (Refer to Appendix E)

**V.) Continuous Quality Improvement for PC-OC** (CLC Standards, Chapter III, Section J)

* PC-OC Practice Evaluation

Recommendation is to complete biannually—self-evaluation tool for PC-OC and evaluation tool for Supervisor of PC-OC. Tool included in Appendix D. (Refer to Appendix D)

* PC-OC Progress Chart. Took included in Appendix D. (Refer to Appendix D)

To be submitted to ALTSA SUA CLC Options Counseling Program Manager quarterly—due dates to be announced

* Consumer Satisfaction Survey. Tool included in Appendix D. (Refer to Appendix D)

To be utilized at the discretion of local organizations

* Participation in Continuing Education for PC-OC as available

**VI.) Documentation** (CLC Standards, Chapter III, Section J)

Each CLC will maintain a system of tracking individuals receiving PC-OC. Documentation includes:

* Demographic Data (Refer to Management Bulletin: H14-068)
* Client Profile:
* Birthdate
* At or below 100% of Federal Poverty Level
* Sex/Gender
* Urban/Rural
* Household Composition
* Ethnicity
* Race
* One Page Profile (Refer to Appendix C)

To be uploaded in CLC-GetCare or fillable form available for paper files.

* Action Plan (Refer to Appendix C)

Imbedded in the CLC-SET Module of CLC GetCare System or fillable form available for paper files.

* Progress Note

Imbedded in the CLC-SET Module of CLC Get Care System or should be available in paper files. The following format can be utilized—progress notes should be concise and emphasize the following:

* Contributing Factors of Options Counseling Contact
* Primary Goal
* Subjective Information: What is Important To the individual (one page profile will add to this knowledge)
* Objective Information: What is Important For the individual and any barrier to goal achievement
* Action Plan (refer reader to review in file unless there is something outstanding to highlight)
* Plan for follow-up

**VII-1.) CLC-GetCare** (CLC Standards, Chapter III, Section J)

* CLC-GetCare will track PC-OC services and maintain demographic information on these individuals.
* Paid CLC Network Partners will maintain service counts and demographic data either within CLC-GetCare or independently and submit to the primary CLC responsible for data input.
* PC-OC—service unit = 1 hour

**Appendices:**

