

# Maine's Community Living Program

## Implementation and Outcomes

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Maine Department of Health and Human Services

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**December 2011**

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This report was prepared under Cooperative Agreement between the Muskie School of Public Service and the Maine Department of Health and Human Services.

Funding for Maine's Community Living Program was through a cooperative agreement between the US Department of Health and Human Services, Administration on Aging and the Maine Department of Health and Human Services, Office of Elder Services; Funding Opportunity Number HHS-2009-AoA-CD-0919, CFDA Number: 93.048.

## ACKNOWLEDGEMENTS

Maine's Community Living Program, managed by Cheryl Ring of the Maine Office of Elder Services, was guided by a Steering Committee with representatives from the Maine Office of Elder Services, the Aroostook Area Agency on Aging, the Southern Maine Agency on Aging, SeniorsPlus, Spectrum Generations, and the Muskie School of Public Service. The Steering Committee was actively engaged throughout this project and provided helpful comments and advice on the final report. We would particularly like to thank the staff of the Area Agencies on Aging who helped to administer the Options Counseling Surveys; and who completed the staff and supervisor surveys that were used as part of this report.

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## **EXECUTIVE SUMMARY**

In 2009, the Office of Elder Services, Maine Department of Health and Human Services (DHHS), was awarded a grant from the Administration on Aging (AoA) under its Community Living Program (CLP). The overall goal of the CLP announcement was to strengthen the capacity of the Aging Network to target and serve individuals at highest risk of residential facility placement by offering flexible services including consumer directed options. Over the last five years, options counseling has evolved from a general set of activities and functions within AAAs/ADRCs to a more standardized and generally accepted role within the Aging Network. With the award of the CLP grant, Maine proposed to develop more consistent methods for identifying people at risk of residential facility placement and to begin to develop standards for the options counseling functions.

The results of this evaluation are organized into two main sections: Implementation of Options Counseling which examines the processes, protocols and practices that were developed and Outcomes which examines the implementation of the options counseling services along four dimensions: Consumer Outcomes; Staff Outcomes; Organizational Outcomes; and System Outcomes.

During implementation of the CLP grant, the Office of Elder Services (OES) established a Steering Committee to provide guidance and input on the many aspects of the grant. One gap that was identified by staff and the Steering Committee was the need to improve the facilitation of referrals from Good Health Systems, Maine's statewide assessing agency for medical eligibility for all long term care services and supports, to the AAAs/ADRCs. A new position was created to improve the flow of information and assistance from GHS to the AAAs/ADRCs. The person in this position is responsible for connecting with individuals and families who are not eligible for an assessment for publicly funded long term support services.

Criteria were developed for identifying people at risk of residential facility placement (residential facility in this report means either a residential care or nursing facility) and for identifying people who were at risk of spending their resources and needing publicly funded services. The Steering Committee helped map the decision flow from the time an initial call comes in to the AAAs/ADRCs to the provision of options counseling. The Steering Committee and the Maine DHHS reviewed the definitions of options counseling developed by the Administration on Aging, modified it, and agreed on the standard components for options counseling in Maine.

Multiple methods were used to gain feedback and to monitor the outcomes of the CLP grant. The Muskie School of Public Service developed a Consumer Satisfaction Survey, a Survey of Options Counselors and Options Counselor Manager/Supervisor Survey. The Steering Committee developed a Follow-up Form to track the outcomes of the options counseling sessions. The results of the surveys and data from the Follow-up Form are included in the Outcomes Section of this report.

The four AAAs/ADRCs provided options counseling to 298 people during the grant period. This only includes those who were considered "at risk" of residential placement or spending down to MaineCare. Of the 298 recipients, 73% had a follow-up contact with an options counselor. Overall, options counseling recipients were highly satisfied with the information they received. Almost all respondents indicated that the information was what they wanted; was understandable; and gave them choices. The procedures and protocols for standardizing processes are still evolving.

## GOALS

In 2009, the Office of Elder Services, Maine Department of Health and Human Services, was awarded a grant from the Administration on Aging (AoA) under its Community Living Program (CLP). The overall goal of the CLP announcement was to strengthen the capacity of the Aging Network to target and serve individuals at highest risk of residential facility placement by offering flexible services including consumer directed options. Specifically, AoA wanted to provide funding that would result in systems changes such that the Aging and Disability Resource Centers (ADRCs):

- would efficiently identify people who were not eligible for Medicaid but who were at imminent risk of residential facility placement or spend-down;
- would be able to rapidly provide services and supports to these individuals;
- would be better able to deliver flexible services including consumer directed models of care; and
- would have an increased capacity to track client outcomes and document the effectiveness of the programs in identifying high risk individuals to help them avoid residential facility placement.

The Maine Office of Elder Services responded to this grant announcement and identified two overall goals as part of its application:

- To strengthen the capacity of Maine's Aging Network to target individuals not eligible for Medicaid who were at highest risk of residential placement; and
- To improve access by these individuals to flexible and consumer directed services.

The focus of Maine's application was on the identification of people who were at risk of residential facility placement and the enhancement of the capacity of the AAAs/ADRCs to provide options counseling to these individuals.

The more specific objectives of the grant were to:

1. Establish the AAAs/ADRCs as Single Entry Points for individuals seeking options counseling;
2. Develop criteria for people at risk of residential facility placement likely to spend down to Medicaid;
3. Implement options counseling protocols to inform consumer decision-making;
4. Establish consumer monitoring and feedback mechanisms; and
5. Educate the public, the service providers, and referral sources about options counseling.<sup>1</sup>

The expected outcomes for this grant can be categorized into the following four categories:

### **Consumer Outcomes**

- Increase in private pay individuals who access options counseling
- Individuals are aware of and satisfied with options counseling
- Individuals report positive changes to their well-being and quality of life
- At risk elders are diverted from residential facility care and Medicaid spend down

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<sup>1</sup> The grant included a fifth goal: to change Maine's consumer-directed Family Provider Service Option to be more flexible. The Office of Elder Services worked on this goal as a separate activity.

### **Staff Outcomes**

- AAAs/ADRCs staff are trained on and using protocols of options counseling

### **Organizational Outcomes**

- AAAs/ADRCs are able to identify individuals at risk of residential facility admission and spend down
- Improved communication and understanding among partner organizations about options counseling

### **System Outcomes**

- Strengthened network of long term services and supports

Four out of five of Maine's AAAs/ADRCs chose to participate in these grant activities. These agencies were SeniorsPlus, Spectrum Generations, Southern Maine Agency on Aging, and the Aroostook Area Agency on Aging. (**Appendix A** includes a further description of the geographic areas and populations served by these agencies).

## **BACKGROUND: EVOLUTION OF OPTIONS COUNSELING**

Over the last five years, options counseling has evolved from a general set of activities and functions within AAAs/ADRCs to a more standardized and generally accepted role within the Aging Network. With the evolution and implementation of ADRCs, the functions performed by options counselors have become more clearly articulated and the expectations for training, job content, competencies, and outcomes are being standardized and normalized within the Aging Network.

The Administration on Aging defines Long Term Support Options Counseling as “an interactive decision support process where individuals, family members and/or significant others are supported in their deliberations to determine appropriate long term care choices in the context of the individual’s needs, preferences, values and individual circumstances. Options counseling might be provided to an individual who wants to remain at home but needs supports to do so, after someone has been admitted to a long term care facility following a hospital stay, or when a family caregiver needs help to continue to provide care in the community.” Metrics have been developed that identify when an ADRC is meeting the recommended criteria for options counseling.

In Maine, the AAAs/ADRCs had been providing various levels of options counseling as part of their usual functions for many years. With the award of the CLP grant, Maine proposed to develop more consistent methods for identifying people at risk of residential facility placement and to begin to develop standards for the options counseling functions. In 2010, Maine was also awarded an Options Counseling Standards Grant which has provided support for furthering the work started under the CLP grant. Many of the activities of the CLP grant provide baseline information that will be used as part of the evaluation of the Options Counseling Standards grant.

## **METHODS**

The Maine Department of Health and Human Services contracted with the Muskie School of Public Service at the University of Southern Maine to conduct this evaluation. The evaluation focuses on objectives 1-5 related to the implementation and outcomes of the options counseling services provided by the four ADRCs. A combination of methods was used to assess the impact of the options counseling services. These included:

- 1) Analysis of administrative data on the number of people using options counseling;
- 2) Satisfaction survey of people who received options counseling;
- 3) Survey of options counseling staff;

- 4) Survey of ADRC management staff;
- 5) Results from the Facilitated Referral Process;
- 6) Notes from Steering Committee meetings.

The results of these surveys and methods are discussed in further detail in the following sections on the goals and outcomes of the project.

## **RESULTS**

The results of this evaluation are organized into two main sections:

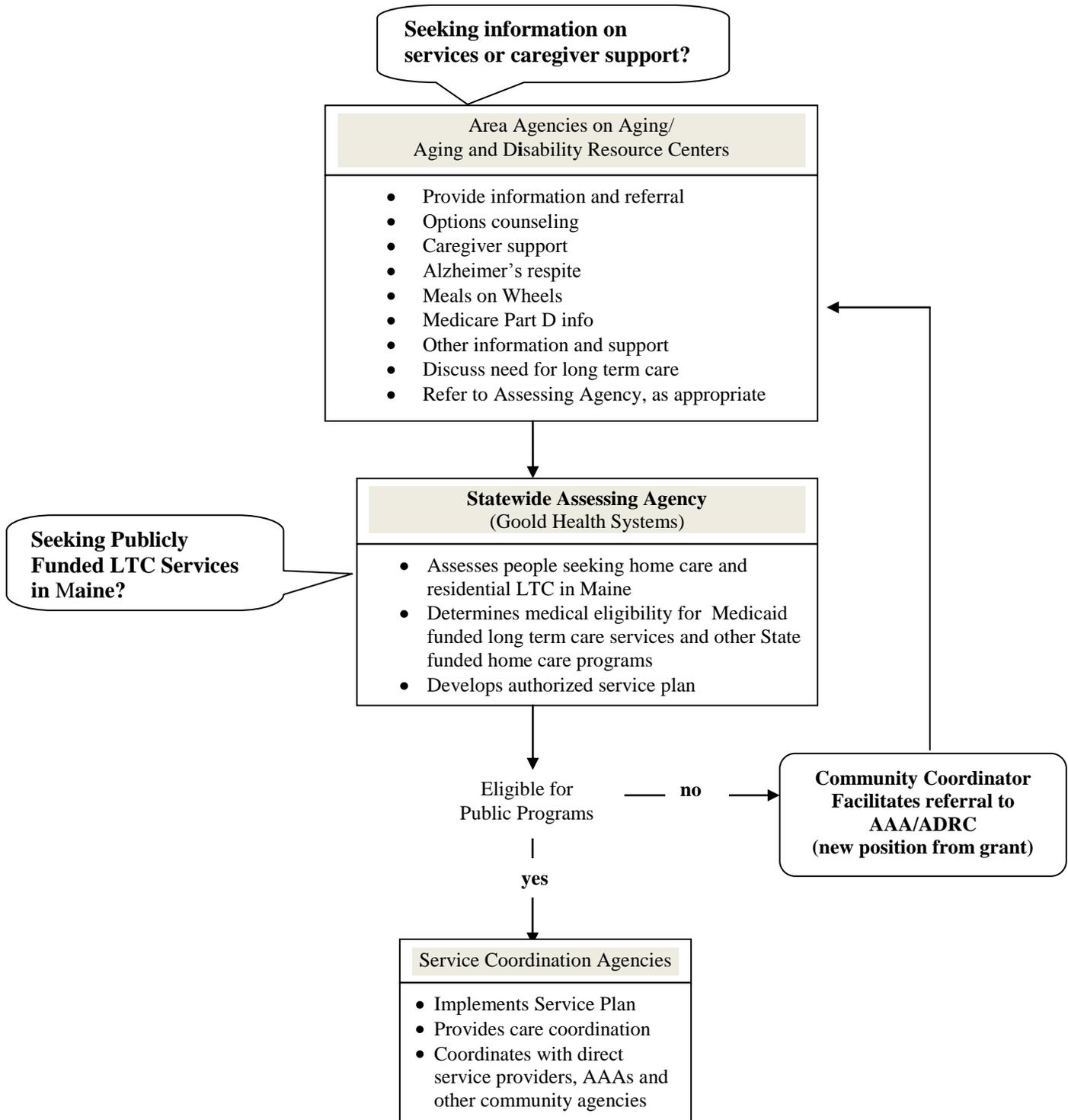
**Implementation of Options Counseling:** examines the processes, protocols and practices that were developed to implement risk identification, standardize the options counseling function and provide increased access to consumer directed services. This discussion is organized around the original goals of the grant.

**Outcomes:** examines the implementation of the options counseling services along four dimensions

- Consumer Outcomes;
- Staff Outcomes;
- Organizational Outcomes;
- System Outcomes.

## IMPLEMENTATION OF OPTIONS COUNSELING

In order to understand how the activities of the CLP grant were implemented in Maine, it is helpful to understand how Maine's long term care system is organized and the role that the AAAs/ADRCs play in relation to other agencies in the state. The following graphic provides an overview of the structure of Maine's long term care system.



As indicated in this graphic, the Area Agencies on Aging are the primary place of information and referral for people seeking aging services, options counseling, caregiver support, respite or information on Medicare Part D.

If a person needs publicly-funded long term care services, both financial and functional eligibility must be met. The Office for Family Independence (OFI) determines financial eligibility for MaineCare. The single statewide assessing agency (Goold Health Systems) determines functional/medical eligibility. Nurses from Goold Health Systems (GHS) use a standardized instrument to assess the needs of anyone seeking public services in the state. Based on this assessment, the nurses determine whether an individual meets the medical eligibility criteria for MaineCare, Maine's Medicaid program, or other publicly funded long term care services. As part of this process the nurses develop an authorized plan of care and provide individuals with a choice of service options including the option to self direct services.

If a person is determined eligible for MaineCare or other state funded home care services, staff from Goold Health Services offer people a choice of a service coordination agency and transfer all relevant information to that agency. The service coordination agency is then responsible for implementing and coordinating authorized services and supports for MaineCare members and those eligible for other state-funded home care services. Currently, two agencies in Maine provide service coordination, EIM and Alpha One, Maine's Center for Independent Living. Unlike other states, the AAAs/ADRCs do not provide service coordination to people using publicly funded home and community based services.

If a person is assessed and does not meet the medical eligibility criteria for MaineCare or other state funded services, the nurse at GHS may refer the individual to the AAAs/ADRCs. As part of this grant, a new position was created to facilitate the referral process from GHS to the AAAs/ADRCs. The "facilitator" helps people who have been determined ineligible for publicly funded long term care services to connect with options counseling and other services of the AAAs/ADRCs. The AAAs/ADRCs provide information and referral assistance; provide caregiver support; supply Meals on Wheels; conduct health insurance counseling; coordinate Alzheimer's caregiver respite services; and provide options counseling to those who need decision support and information.

## AAAs/ADRCs AS SINGLE ENTRY POINTS FOR OPTIONS COUNSELING

The AAAs/ADRCs were well positioned to expand their role as the single point of entry for people who need more in depth and person centered counseling and decision support in assessing options for housing, community supports and future service needs. In many ways the AAAs/ADRCs had been performing these functions on an as needed basis and in a less formal way for many years. The resources of this grant provided an opportunity to formalize the role of options counselors, further define their functions and responsibilities, train staff and develop common protocols for triaging and targeting people most in need of options counseling services. The AAAs/ADRCs also began to promote the availability of this service in their marketing materials, newsletters, and brochures.

The Office of Elder Services (OES) established a Steering Committee to provide guidance and input on the many aspects of the grant. Over the course of the grant period, the staff and managers from the AAAs/ADRCs, OES and the Muskie School met on a monthly basis to develop, review and revise the options counseling protocols, clarify the roles and responsibilities of options counselors, share their training and outreach materials, and work on definitions and operating procedures. This work provided the foundation for applying for the Options Counseling Standards Grant which will allow much of this work to continue.

One gap that was identified by staff and the Steering Committee was the need to improve the facilitation of referrals from Goold Health Systems to the AAAs/ADRCs. A new position was created to improve the flow of information and assistance from GHS to the AAAs/ADRCs. The person in this position is responsible for connecting with individuals and families who are not eligible for an assessment for publicly funded long term support services. The community coordinator works with the families to discuss and identify other areas of support, assistance, services and counseling available from the AAAs/ADRCs. The coordinator completes a facilitated referral form and emails it directly to the AAAs/ADRCs. The AAAs/ADRCs then follow up directly with the individual. See **Appendix B** for a copy of the facilitated referral form.

### Implementation Issues

The facilitated referral process provides an important function in connecting the assessing agency and AAAs/ADRCs staff and resources. One of the elements missing in the process is the ability to track whether people who are referred for assistance from GHS to the AAAs/ADRCs actually get the services and supports they need. This points to a gap in the data infrastructure of the State Unit on Aging and the AAAs/ADRCs. The State does not have a centralized or integrated data system to track, analyze and report on individuals who use the aging network. Each agency must produce summary reports and provide them to the State Unit on Aging. This limits the ability of the State to fully analyze, track and report on the services used by individuals or to better understand the patterns of service use across agencies.

## PEOPLE AT RISK OF RESIDENTIAL PLACEMENT OR MEDICAID SPEND DOWN

One of the first tasks of the Steering Committee was to develop the criteria for identifying people at risk of residential facility placement and for identifying people who were at risk of spending their resources and needing publicly funded services. The AAAs/ADRCs began by sharing their current practices for triaging people to the various services and resources within their agencies. The Steering Committee helped to map the decision flow from the time an initial call comes in to the agency to the provision of options counseling. **Appendix C** provides a general overview of this triage and referral process. The actual practices varied by agency but this provided a general guide for thinking through the triage function and the likely routing of people to an options counselor. Based on this discussion, the Steering Committee developed a simple screening question for the intake/receptionist. The triage question asked whether a person was calling for in home support or was considering a change in housing/residential placement.

**Definition of “at risk” for admission to a residential facility.** The next task for the Steering Committee was to identify the factors that an options counselor could use to further identify people “at risk” of placement or admission to a residential facility. Although many of the AAAs/ADRCs had been performing various types of options counseling in the past, the grant required that the options counseling under the Community Living Program be provided to those who were at risk of residential facility placement.

**Appendix D** is the Intake Script/Form that was developed for use by the AAAs/ADRCs for identifying people who might be referred to an options counselor. This protocol focused on the information presented by the caller – i.e. was the caller asking about residential facility options/thinking about moving from their home; was the person asking for help around the house or help with their care; was the primary caregiver unable to continue helping or was the caregiver expressing feelings of distress, anger or depression. This protocol was further refined as part of the options counseling standards grant to include the following:

OPTIONS COUNSELING STANDARD FOR REFERRAL
<p>A person should be referred to the AAAs/ADRCs options counselor if the conversation with any AAA/ADRC staff person reveals one or more of the following:</p> <ol style="list-style-type: none"><li>1. A desire to plan ahead in order to make arrangements for long term services and supports</li><li>2. A need for ongoing help around the house</li><li>3. A need for assistance in fulfilling caregiving at the level required</li><li>4. Distress, anger, or depression due to caregiving duties</li><li>5. An intent to move from home or a need for other types of residential options</li><li>6. An immediate need for long term services and supports</li><li>7. An event that heightens concern for long term services and supports, such as discharge from the hospital or a visit to the emergency room.</li></ol>

Another set of criteria were developed that identified additional risk factors that would place someone at risk for residential facility placement. **See Appendix E** for the risk factors associated with residential facility placement. .

### **Implementation Issues:**

The agencies were able to agree on and use consistent criteria for triaging people to an options counselor. Standard criteria for identifying people at risk of spending down to Medicaid were not developed. Agencies used their own existing methods for making this financial determination. This is an area for further discussion with the State and the Steering Committee. During the implementation of these grant activities, the AAAs/ADRCs were provided with the flexibility to use their own protocols for making this determination. Going forward, the State and the Steering Committee will need to address whether options counseling will continue to be targeted to this “at risk” group or whether the criteria for accessing options counseling will be broadened.

The Steering Committee discussed the fact that a number of the functions performed by the options counselor (e.g. follow-up and limited service coordination services) were taking more time and resources than their roles as information and referral specialists. It will be important for the State Unit on Aging and the AAAs/ADRCs to clarify and be consistent in their use of triaging protocols in the future. With the continued implementation of options counseling standards, it is worth further discussion as to whether targeting people most in need or at risk continues to be a goal of the AAAs/ADRCs or Maine’s DHHS.

As the availability of options counseling grows and demand for the service increases, the AAAs/ADRCs are finding that other agencies in the community are also offering this service (including decision support, options counseling and extended care transition and case management services) primarily to the private pay sector. A number of the AAAs/ADRCs are examining their niche in the market and making decisions about whether and how to offer options counseling – on a more limited basis – to the private pay sector.

## **IMPLEMENTATION OF OPTIONS COUNSELING PROTOCOLS**

One of the issues that came up early in the discussion was how to define what constituted options counseling. The AAAs/ADRCs had been providing various levels of information over the years but it ranged from providing information on Medicare Part D; to providing support for people with dementia; to more intense decision support services. As mentioned, the AAAs/ADRCs do not generally provide ongoing service coordination services.

The Steering Committee reviewed the definitions of options counseling developed by the Administration on Aging and modified it for use in Maine. Ultimately Maine DHHS and the Steering Committee agreed on the following as the standard components for options counseling in Maine:

OPTIONS COUNSELING STANDARDS	
COMPONENTS OF THE PERSONAL INTERVIEW, DOCUMENTATION AND FOLLOW-UP	
<b>Personal Interview and Decision Support</b>	<p>The objective of the personal interview is to obtain relevant information needed to identify long term services and support options for the individual’s further consideration. Options counseling is best performed by using the principles of motivational interviewing and person centered planning. Often this interview includes family members and friends. Although family members might be calling for the meeting, it is the consumer who is front and center to the discussion.</p> <p>Ideally, the individual should be contacted within three business days of referral to schedule a personal interview at the convenience of the individual.</p> <p>The personal interview usually includes discussion of:</p> <ul style="list-style-type: none"> <li>• the individual’s preferences, strengths, deficits, needs, values, and circumstances;</li> <li>• the individual’s current situation, including informal supports available;</li> <li>• the individual’s personal resources, both financial and social, that could support the individual’s choices;</li> <li>• various long term support options, including privately funded services, publicly funded services, or health insurance;</li> <li>• a plan for the individual’s long term support, including long term care choices;</li> <li>• participant-directed services and/or publicly funded services;</li> <li>• privately purchased supports;</li> <li>• evaluating options.</li> </ul>
<b>Documentation of Options</b>	<p>Options identified for the individual’s consideration must be documented and provided to the individual in one of two ways:</p> <p><b>Service Plan</b></p> <ul style="list-style-type: none"> <li>• The options counselor may collaborate with the individual to develop a written set of options and a plan of action annotated with the lead person responsible for carrying out each element of the plan;</li> </ul> <p><b>List of Options</b></p> <ul style="list-style-type: none"> <li>• The options counselor may provide a list of options or resources to the individual either immediately at the conclusion of the options counseling session or after additional research is completed.</li> </ul>
<b>Follow-up</b>	<p>The options counselor must provide follow-up services to the individual, which include, but may not be limited to:</p> <ul style="list-style-type: none"> <li>• answering questions;</li> <li>• coaching the individual in moving forward with the options the individual chooses;</li> <li>• completing applications on behalf of the individual;</li> <li>• verifying that services have been activated;</li> <li>• tracking outcomes for individuals; or</li> <li>• measuring individual satisfaction.</li> </ul> <p>Follow-up may be conducted in-person, by phone, mail, or electronically as resources allow and the individual prefers.</p>

### Implementation Issues

The Steering Committee discussed at length what constitutes a Service Plan or List of Options, the form it takes (a standardized form; a list of service options; an email, etc.) whether it needs to be written or not; and when to record that a person has received options counseling. The standards provide the flexibility to provide the options counseling plan or list of options via email. This reflects the fact that many people do not want (or it is inconvenient to have) an in-person meeting and the phone may be the preferred choice of communication. It was agreed that all plans need to be in writing.

The agencies have all adapted their internal reporting systems to include a data element to record when a person has received options counseling.

## CONSUMER MONITORING AND FEEDBACK MECHANISMS

Two methods were used to gain individual feedback and to monitor the outcomes of the options counseling services.

**Consumer Satisfaction Survey:** The Muskie School of Public Service developed a Consumer Satisfaction Survey that was administered by each of the AAAs/ADRCs. After each options counseling session, the options counselor was asked to either give or send a copy of the consumer satisfaction survey to the individual who received options counseling. The results of these surveys are included in the Outcomes Section.

**Follow-up Forms:** A Follow-up Form was developed to track the outcomes of the options counseling sessions. Options counselors were supposed to follow-up with individuals two months from the service plan date. For purposes of administrative reporting for grant activities, the AAAs/ADRCs were asked to keep track of the number of people who received options counseling under the Community Living Program (i.e. met the definition of at risk for residential facility placement and spend down); and to track core outcome data on a Follow-up Form. The information on the Follow-up Form is included in **Appendix F**.

### Implementation Issues

The AAAs/ADRCs were able to report information from the Follow-up Form for purposes of providing information for the evaluation. It is not clear whether the Follow-up Form has been incorporated into the internal data systems of the agencies. As indicated in other parts of the report, it is also not possible for the State Unit on Aging to have access to the individual data within the AAAs/ADRCs. The State Unit must rely on aggregate reporting by the individual agencies. Further work is needed to clarify the expectations of the AAAs/ADRCs with respect to the integration of the follow-up data within their current systems and ongoing reporting requirements.

## EDUCATION OF THE PUBLIC, THE SERVICE PROVIDERS, AND REFERRAL SOURCES ABOUT OPTIONS COUNSELING

The AAAs/ADRCs use a variety of approaches and materials to educate the public about options counseling. This includes mention in agency brochures, newspapers, and other materials. A number of the AAAs/ADRCs are updating their websites to include information on options counseling.

### Implementation Issues:

As this service grows and becomes a sustainable function at the AAAs/ADRCs, it is worth further discussion of the role of the State versus the AAAs/ADRCs in educating the public about this service and further promoting options counseling to wider audiences.

## OUTCOMES

The following section provides highlights of the outcomes related to the implementation of options counseling. These are organized into Consumer Outcomes; Organizational Outcomes; Staff Outcomes and System Outcomes.

### CONSUMER OUTCOMES

#### Use of Services

One of the goals of the CLP grant was to increase the number of people receiving options counseling services. Since this was the first year that such information was collected, this report provides baseline information that can be used in the future to track changes in options counseling across the state.

**Table 1: Number of People Receiving Options Counseling**

Individuals who received	SeniorsPlus	Spectrum Generations	Southern Maine AAA	Aroostook AAA	Statewide
Options Counseling	38	123	39	98	298
Follow-up	37	46	37	98	218

The four AAAs/ADRCs provided options counseling to 298 people during the grant period. This only includes those who were considered “at risk” of residential facility placement or spending down to MaineCare. Of the 298 people who received options counseling, 218 (73%) had a follow-up contact with an options counselor. Most of the agencies reported that they followed up on almost all of the people who received options counseling.

#### Follow-up after Options Counseling

Most of the follow-up contacts (59%) were made over the phone although this varied greatly by region. In Aroostook County, all of the follow-up contacts were made in the home. In the other regions, the majority of follow-up visits were over the phone.

**Table 2: Place of Follow-up**

Follow-up by Setting	SeniorsPlus	Spectrum Generations	Southern Maine AAA	Aroostook AAA	Statewide	Statewide Percent
Phone	37	43	25		105	59%
In-office		2	4		6	3%
In-Home		1	8	60	69	38%
<b>Total</b>	37	46	37	60	180	100%

Almost 90% of the individuals contacted during follow-up indicated that they acted on the information that was in their Service Plan or List of Options.

**Table 3: Consumer Actions**

Did person act on information we talked about?	SeniorsPlus	Spectrum Generations	Southern Maine AAA	Aroostook AAA	Statewide	Statewide Percent
Yes	35	38	28	60	161	89%
No	2	8	9		19	11%
<b>Total</b>	37	46	37	60	180	100%

Most of the individuals indicated that they had received services in the home or community although this varied greatly from agency to agency.

**Table 4: Services in the Community**

Did individual received services at home/in the community	SeniorsPlus	Spectrum Generations	Southern Maine AAA	Aroostook AAA	Statewide	Statewide Percent
Yes	34	36	30	60	160	73%
No	3	10	7	38	58	27%
<b>Total</b>	37	46	37	98	218	100%

The most common services that people received were:

- Caregiver support (105)
- Personal care (95)
- Homemaker/chore (92)
- Home delivered meals (16)
- Skilled nursing (13)

If people did not get services, the reasons were:

- Services were too expensive (7)
- Individual refused services (4)
- Individual moved/no longer needed services (3)
- Services not available (1)

Upon follow-up, most people were still living at home and their needs were being met:

- 190 out of 218 people or 87% were still at home
- 95% of the people indicated that their needs were being met at home
- About one-third of the respondents had applied for MaineCare services

Of the 25 people who were no longer living at home at follow-up:

- 10 (40%) had moved to an assisted living or nursing facility
- 10 (40%) had died
- 3 people were in the hospital
- 2 people had moved in with family or friends

### **Satisfaction and Experience**

The Muskie School of Public Service developed a satisfaction survey for all those who received options counseling. Each options counselor was asked to give a copy of the survey to those who received the service. The survey was either handed out in person or mailed to all those who received options counseling.

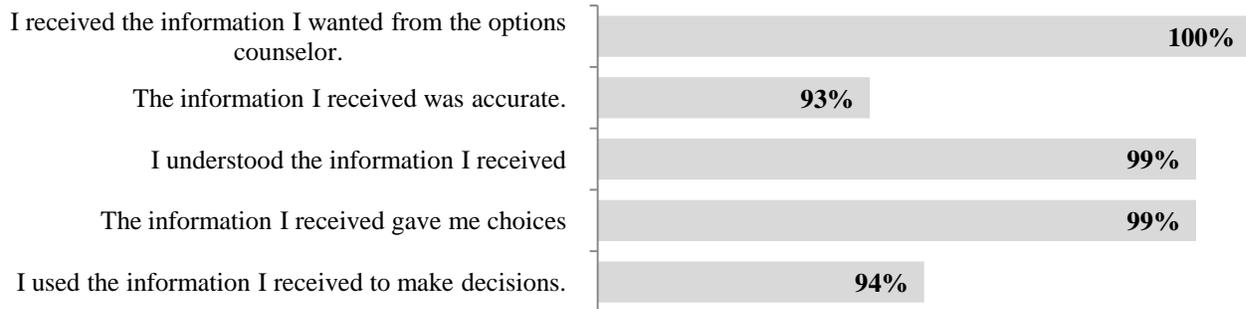
We received a total of 77 surveys from individuals who received options counseling. The actual survey results are included in **Appendix G**.

The satisfaction survey was designed to capture the following domains of information.

<b>Domain</b>	<b>Elements</b>
<b>Informative and Useful</b>	Information is accurate, understandable, and useful
<b>Responsiveness</b>	Staff is knowledgeable, respectful, trustworthy and listens
<b>Options and Choices</b>	OC helps with understanding options and costs of services
<b>Decision Support /Planning</b>	OC supports decision making and service planning
<b>Satisfaction</b>	Individuals are satisfied with OC; would recommend it to others

The following is a brief description of the survey results and comments that are illustrative of many of the comments we received.

### Informative and Useful Information - % Yes Responses

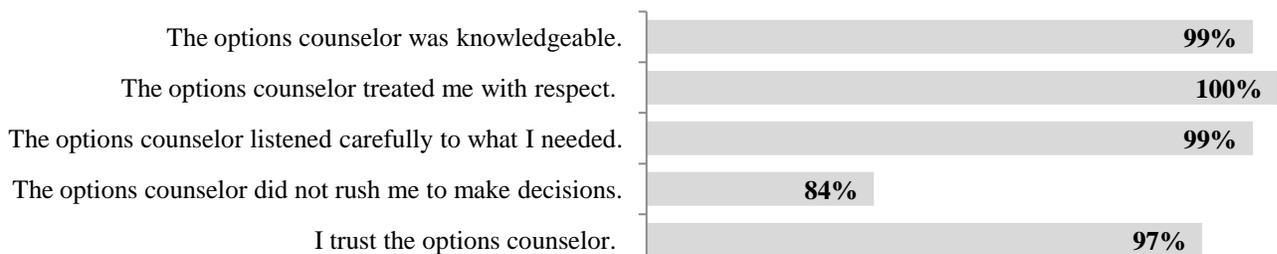


Overall, respondents were highly satisfied with the information they received. Almost all respondents indicated that the information was what they wanted; was understandable; and gave them choices. For two of the questions, four respondents indicated that they were unsure if the information was accurate or was used to make decisions. We postulate that the questions may have caused some confusion. Some respondents may not have felt in a position to assess whether the information was “accurate”; others may not have been in a position to make a decision and thus could have answered “unsure”.

The following are illustrative of the comments written on the open ended questions on the survey related to Informative and Useful domain:

- [Worker] did a wonderful job of informing me of the options. She also told me that because my Dad is a veteran when he needs in home services he can get them through the Veterans Administration.
- The counselors were professional and provided us with information that will help us make the right choices as to any healthcare services we are able to obtain. I am most grateful to this service and the counselors that play a tremendous part in making the system work.

### Responsiveness - % Yes Responses

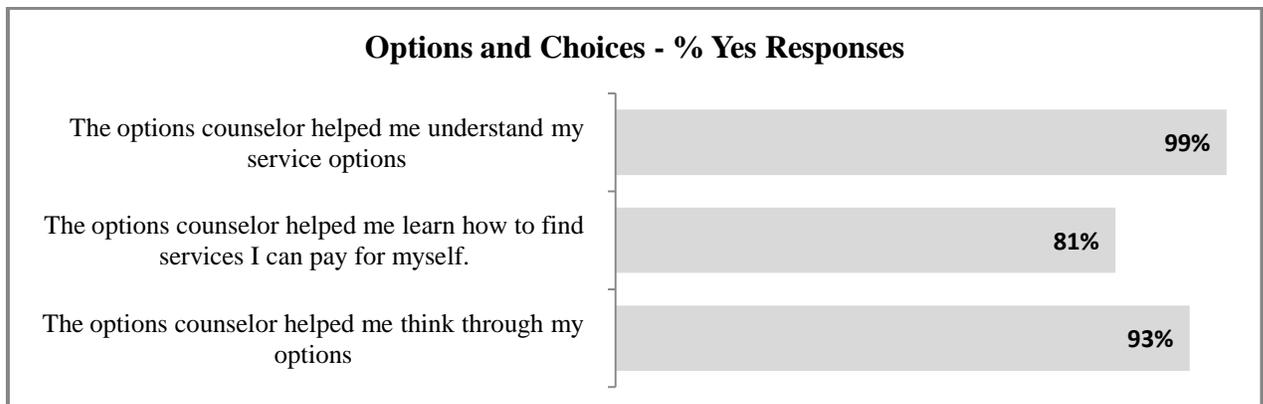


People had high praise for the options counselors. Most people thought the counselors were knowledgeable, treated people with respect, listened carefully, and were trustworthy.

Eighty-four percent indicated that the options counselor did not rush them to make decisions. Again, the structure of this question may have been a problem since people had to answer the question with a “yes” if they thought that the options counselor “did not” rush them.

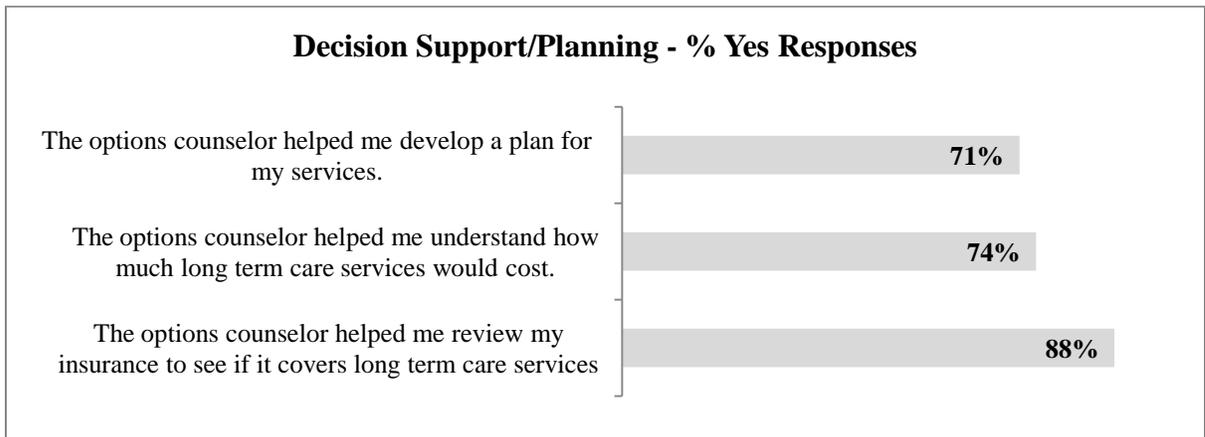
The following are more comments on the options counselors.

- These people know their stuff. Excellent service!
- I cannot say enough about the kindness and knowledge given to us. [They] have provided us with the resources and support so very much needed. Sincerest appreciation and gratitude!
- [Worker] was a pleasure to meet with - very helpful!
- [Worker] is wonderful. There are times she has been the only stable, kind person reaching out to us in some very tough times.
- Excellent resource. Knowledgeable, compassionate counselor.
- Good information
- I felt very safe knowing someone had my best interests at heart. Thank you.
- I have had 2 counselors and am more than pleased with both of them. They have been very helpful.
- I never knew that [AAA/ADRC site] did so much to help the elderly. They are very caring people. I am the daughter of a recipient. Thank you.
- Our female counselor was outstanding. She is an extremely dedicated and knowledgeable person.
- [Worker] is a wonderful and caring person and very complete and detailed with her service to me. Thank You!
- Very kind and to the point!

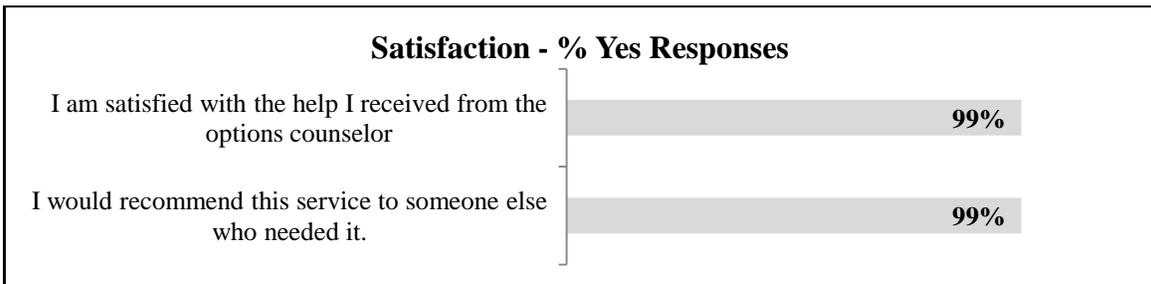


Many commented on how much the options counselors helped them understand their options and consider choices.

- The options counselor was very personable, warm and caring individual. Extremely helpful and flexible with meeting time/place. This was very helpful in determining additional support that may be available.
- They were very understanding of our needs.
- They took their time. I was never rushed. They were really thorough and professional. I never could have figured this all out. They should advertise more so more people understand all they do.
- I am worried going to the appointment because I've never been able to understand any type of insurance. I get nervous very easily. She was just so easy for me to talk to and be able to understand. Wish more folks were available everywhere like her. Thank you for such a great service.
- It helped me get started making decisions on the care I will need in the future. I really cannot thank [worker] for her wonderful help with all the paper work.



- My counselor not only helped me with a request I had, she also has made my life as a caregiver so much easier by telling me of the other options available to make and to keep my elderly friend in a home setting awhile longer.
- The counselor presented all the programs. We decided to think about them. Our family was together (7 adults) listening to her. She was positive, energetic and willing to do all she could to help us. We decided to keep our parent in a nursing home. Otherwise we would have called her and scheduled an appointment to re-discuss all that was offered.



Ninety-nine percent of all respondents were satisfied with the help they received and would recommend the service to a friend.

- I always tell people about them.
- A very good service for those in need.
- The counseling services were excellent. The options were very limited as the gross income made it difficult to receive services... put us only \$30-\$50 over income for help!! Not your fault but something has to be done for people who have used their savings and or have none from years of being chronically ill. We now use a home equity loan to pay our medical, medicine, heating and food. How sad as we have worked so hard for all of our lives and do hope we can stay in our home for as long as we can.
- It was excellent and truly appreciated by myself.
- Recommended to friend. Wonderful.
- To not feel alone is such a relief.
- They were super, very interesting in all they said.
- What a great service. This kept my spouse at home.

## **Staff Outcomes**

Staff from the four AAAs/ADRCs were surveyed and asked about their initial experience with options counseling. The survey was sent to those at each of the AAAs/ADRCs who were identified as providing options counseling.

The survey was conducted in the summer of 2011. While the agencies had begun to implement options counseling as part of the CLP grant, there was still quite a bit of variation among respondents with respect to the number of people who had been referred to them as options counselors. The agencies were still in the process of developing a consistent statewide training for the options counselors and refining the implementation of their protocols and procedures. Since CLP grant overlaps with the Options Counseling Standards grant, the information collected as part of the CLP activities provides baseline information that will be used to assess further progress as the Options Counseling Standards grant is implemented.

### **Results**

Twelve individuals responded to the survey; four from Aroostook Area Agency on Aging; three from SeniorsPlus; two from Southern Maine Agency on Aging; one from Spectrum Generations; and two did not identify their agencies.

### **Experience and Education**

Three respondents had been in their position for less than a year; six had been in their positions for 1-3 years; and one had been in the position for more than six years.

The level of education of options counselors varied from the highest level of education being:

- Masters Degree (1)
- LPN(1)
- College (4)
- High school (2)
- And two did not specify

### **Number of Cases and Time Spent**

The number of individuals served by an options counselor varies greatly. The number of individuals referred to each options counselor ranged from 0 individuals (for one respondent) to 48 individuals for one respondent. Five respondents had 20 individuals; the others had 5, 12, and 40 individuals, respectively.

Similarly the number of hours per week spent on options counseling varied from

- 1-9 hours (4)
- 10 hours (1)
- 32-40 hours (2)
- As needed (3)
- Missing (2)

Seven out of twelve indicated that they did not track the amount of time they spent with an individual.

### Referrals from Staff within the Agency

Referrals come to the options counselors from throughout the agency as follows:

- Information and Referral Staff (12)
- ADRC Staff (11)
- Family Caregiver Program (12)
- Alzheimer’s Specialists (10)
- Receptionist (8)
- Elder Independence of Maine (6)
- Goold Health Systems (10)
- Consumer/self referral (12)

### Training

Most of the respondents indicated that they had some training on options counseling.

- Eleven out of 12 respondents indicated they had received training on who is eligible for options counseling under the Community Living Program;
- For nine individuals, the criteria for the Community Living Program were clear; for three, they were not.
- Five of 12 indicated that they had accessed online information or training resources on options counseling.

All twelve were asked to check if they had received training or guidance on certain topics. The number of staff who had received training is listed below:

**Table 5: Completed Training**

<b>Training Topic</b>	<b>Number of Staff</b>
Documentation	5
Options Counseling Standards	4
Aspects of Aging	4
Motivational Interviewing	4
Private Pay Options	4
Financial Eligibility	4
Alzheimer’s /Dementia	4
Maine’s publicly funded programs	3
Developing a Service Plan	3
Active Listening	2
Person Centered Planning	2
Developmental Disabilities	2
Cultural Sensitivities	2

Areas where staff indicated that they would like additional training include:

**Table 6: Additional Training Wanted**

<b>Training Topic</b>	<b>Number of Staff</b>
Maine's Publically Funded LTC Programs	9
Private Pay Options	9
Community Resources in Your Area	9
Financial Eligibility Requirements for Public Programs	8
Active Listening	7
Motivational Interviewing	6
Aspects of Aging	6
Developmental Disabilities	6
Cultural Sensitivity	6
Person Centered Planning	5
Options Counseling Standards	5
Alzheimer's/Dementia	5
Physical Disabilities of Young Adults	4
Developing a Service Plan	4
Documentation	3

**Sources of Prior Trainings**

The sources of prior training that options counselors had received on a variety of topics is listed in **Appendix H**.

**Protocols and Procedures**

The procedures and protocols for standardizing some of their processes are still evolving.

- Seven indicated they used a standard form for the Options Counseling Service Plan; four did not. Four indicated the plan was stored electronically.
- Nine out of 11 indicated that they contacted a service provider directly on behalf of the individual.

**Follow-up**

- Follow-up with individuals was done in the individual's home (7); in the agency office (5); and over the phone (11).

## **Comfort level of Options Counselors**

- The comfort level of Options counselors varied from
  - Very comfortable (6);
  - Somewhat comfortable (5)
  - Somewhat uncomfortable (0); and
  - Very uncomfortable (1)

## **ORGANIZATIONAL OUTCOMES**

### **Options Counselor Managers/Supervisors Survey**

In order to better understand how options counseling had been implemented at each agency and by each options counselor, we conducted a survey of the Options Counseling Supervisors/Managers at each agency. Five managers/supervisors at four agencies were surveyed. The following are some of the themes that were identified from the survey.

### **Job Descriptions and Assignments**

- All five indicated that they had a designated person as an options counselor.
- Four of the five respondents indicated that they had more than one person designated as an options counselor.
- Three respondents indicated that they had a written job description for the options counselors.

### **Intake Staff Knowledge**

- Four out of five respondents indicated that the Intake Staff had training on options counseling;
- All indicated that the Intake Staff knew who performed options counseling at the agency.

### **Protocols and Procedures**

- All respondents indicated that they had a standard protocol for processing the options counseling inquiries.
- All respondents indicated that they had a standard form for the Options Counseling Service Plan; for 4 of the respondents it was computer generated; two of the respondents indicated it was hand written (one respondent checked both computer generated and hand written).
- Two respondents indicated that it took less than a week from the time of initial inquiry to the time a Service Plan/List of Options was developed; three responded that it took between one and two weeks.
- All agencies had a process for reviewing the Service Plans/Options Lists by a manager or supervisor. Two respondents said that all plans were reviewed by a supervisor or manager; three respondents said that some were reviewed.
- The methods for keeping track of the time spent on options counseling varied. The responses included SAMS; electronic data records; time sheet allocation; can query data systems; don't keep track of time.

### **Follow-up**

- Three respondents indicated that the agency had a protocol for having the same options counselor conduct the follow-up; two respondents did not have such a protocol.
- Two agencies had a protocol for the timing of the follow-up; two did not.
- Three agencies indicated that they follow-up within 20 business days; one respondent said it depends on the situation.

### **Confidence of Options Counselors**

- Two respondents were totally confident that staff understood what constitutes options counseling; three respondents were somewhat confident.

### **Reports**

- All agencies could generate Options Counseling Reports for management purposes.

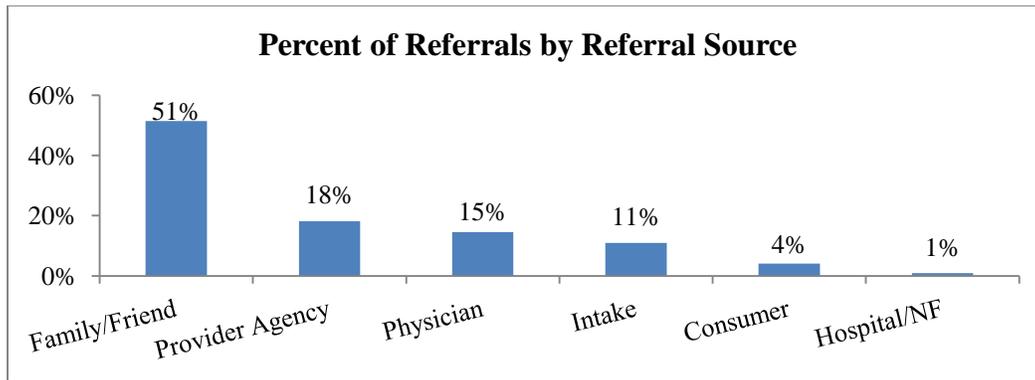
### **Marketing /Outreach**

- Four respondents indicated that they actively promote or market options counseling – on their website; with brochures; in presentations; with a newsletter or by word of mouth. One respondent indicated that they did not promote or market options counseling.
- One agency indicated that they worked with new or different agencies as a result of options counseling. Three did not; one did not respond.

## SYSTEM OUTCOMES

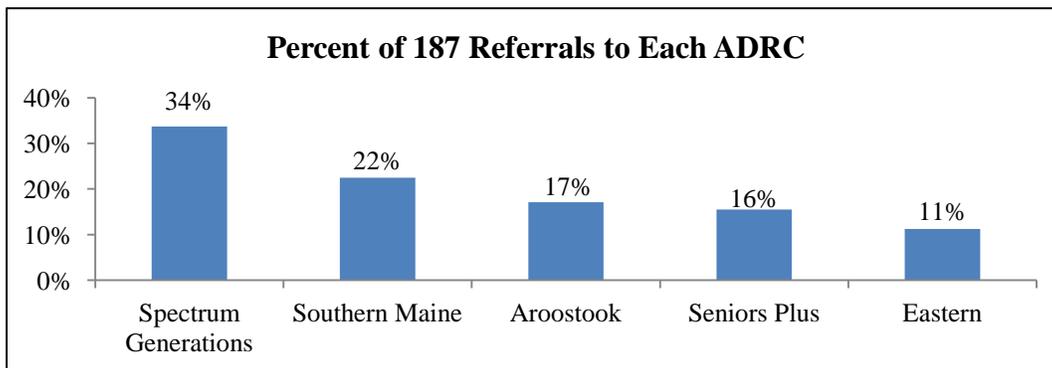
The Facilitated Referral process between the state assessing services agency (ASA) and the AAAs/ADRCs provides a contact and additional support and information for individuals who are deemed ineligible for publicly funded services accessed through a Medical Eligibility Determination (MED) assessment.

As of August 2011, there were 220 people screened out of having a MED assessment and referred to the Community Coordinator for a follow-up call. Most of the referrals for assessment (51%) came from a family member or friend seeking information about services for a loved one. Provider agencies and physicians represent the second and third largest sources of referrals to the ASA for assessment.



The Community Coordinator speaks with the person and/or their caregiver to discuss possible service and support options. A brief overview of options provided by the AAAs/ADRCs is discussed with the person/caregiver. If the person/caregiver is interested in obtaining more information about service and support options, the Community Coordinator offers to complete and send a referral to staff at the AAA/ADRC in the area that the person/caregiver lives. Based on the person's/caregiver's decision to have a referral completed, the Community Coordinator completes the top of the Facilitated Referral Form and immediately emails it to the AAA/ADRC in the person's/caregiver's region. If the person does not want a referral made on their behalf, the Community Coordinator provides contact information to the person/caregiver in order for him/her to contact the AAA/ADRC directly for service and support options should they decide to do so.

For this time period, **187 of the 220 contacts** made by the Community Coordinator agreed to a facilitated referral being made on their behalf.



The Community Coordinator documents the identified needs of the person prior to sending referral to the ADRC. Tables 7 and 8 list the needs identified for both individual and caregiver.

<b>Table 7</b> <b>Individual/Consumer</b> Needs Identified at Time of Referral to ADRC	Number	Percent
In-Home Support: Homemaker	72	39%
Meals on Wheels	48	26%
In Home Supports: Personal Services	39	21%
Adult Day Services	14	7%
Veterans' Options	11	6%
Options Counseling	7	4%
Consumer-Direction Info	4	2%
Health Insurance Counseling	1	1%
MaineCare Application Assistance	1	1%
Medicare Information Only	0	0%
Nutrition Information Only	0	0%

<b>Table 8</b> <b>Caregiver</b> Needs Identified at Time of Referral to ADRC	Number	Percent
Options Counseling	82	44%
Alzheimer's Specific Support	64	34%
Respite	48	26%
Consumer-Direction Info	37	20%
Education	24	13%
Health Insurance Counseling	23	12%
Veterans' Options	21	11%
Support Group	6	3%
Medicare Information Only	2	1%
MaineCare Application Assistance	1	1%
Nutrition Information Only	0	0%

Staff at the AAAs/ADRCs that respond to the facilitated referral contact the caregiver within three working days of receipt of the referral. The Outcome section of the Referral Form is completed by the AAA/ADRC staff and the form is returned to the Community Coordinator at the ASA.

<b>Table 9</b> Outcome of the 187 Referrals Made to the ADRCs	Number	Percent
Resource Materials Mailed	95	51%
Family Caregiver Program	93	50%
Options Counseling	83	44%
Education/Training Information	39	21%
Alzheimer's Respite	36	19%
Consumer-Direction Information	36	19%
Nutrition Information Only	26	14%
Process delayed but underway	23	12%
Health Insurance Counseling/Medicare Info Only	12	6%
Closed, unable to complete	8	4%
OIAS Application Assistance	2	1%

## **SUMMARY AND RECOMMENDATIONS**

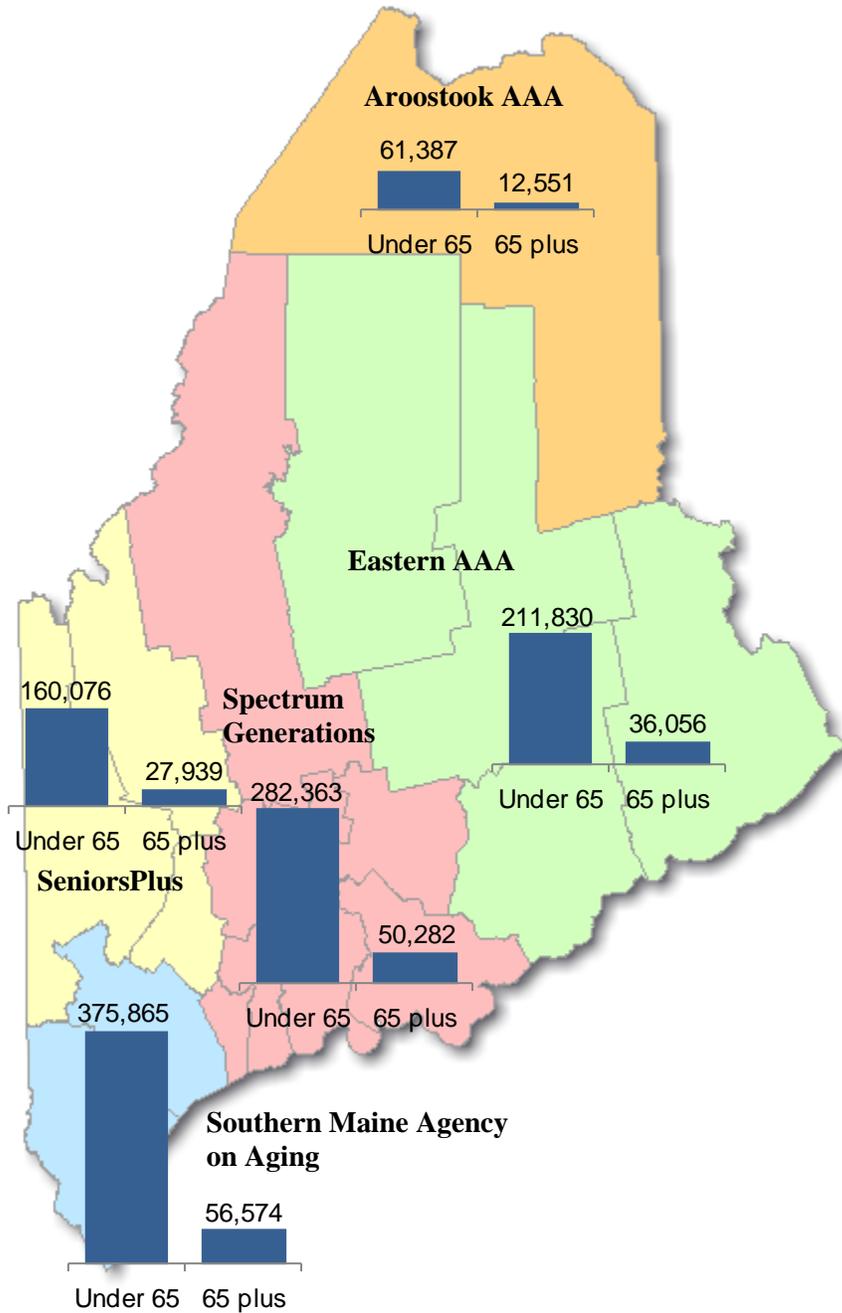
The Community Living Program grant provided the foundation for implementing standardized protocols and procedures for Options Counseling. Much of the work done by the Steering Committee has been used to further refine the standards and develop training materials for staff.

This report identified a number of areas for further focus by the Office of Elder Services and the Steering Committee. These include:

1. The need to develop a system that provides for the integration and exchange of person level data between the State Agencies on Aging and the Maine Office of Elder Services.
2. The importance of developing standards including processes and protocols for Options Counseling. This work may also help to identify other areas where the standardization of processes may enhance the work of the Area Agencies on Aging/ADRCs.
3. The creation of a function/position for facilitating referrals between the Good Health Systems and the Area Agencies on Aging/ADRCs greatly improved the flow of information for families and helped them navigate the Aging Network.
4. The results from the Options Counseling Survey showed that consumers are very satisfied with the service. A number of questions on the survey have been revised in response to some questionable response patterns.
5. As the term Options Counselor, and the functions it performs, becomes a more standard part of the language and vocabulary of the Aging Network, the Steering Committee may want to consider a more coordinated approach to the marketing of Options Counseling Services.

## **APPENDICES**

**APPENDIX A: AREA AGENCIES ON AGING**  
**Census 2010 Population Under and Over**  
**Age 65, by Maine Area Agency on Aging Region**



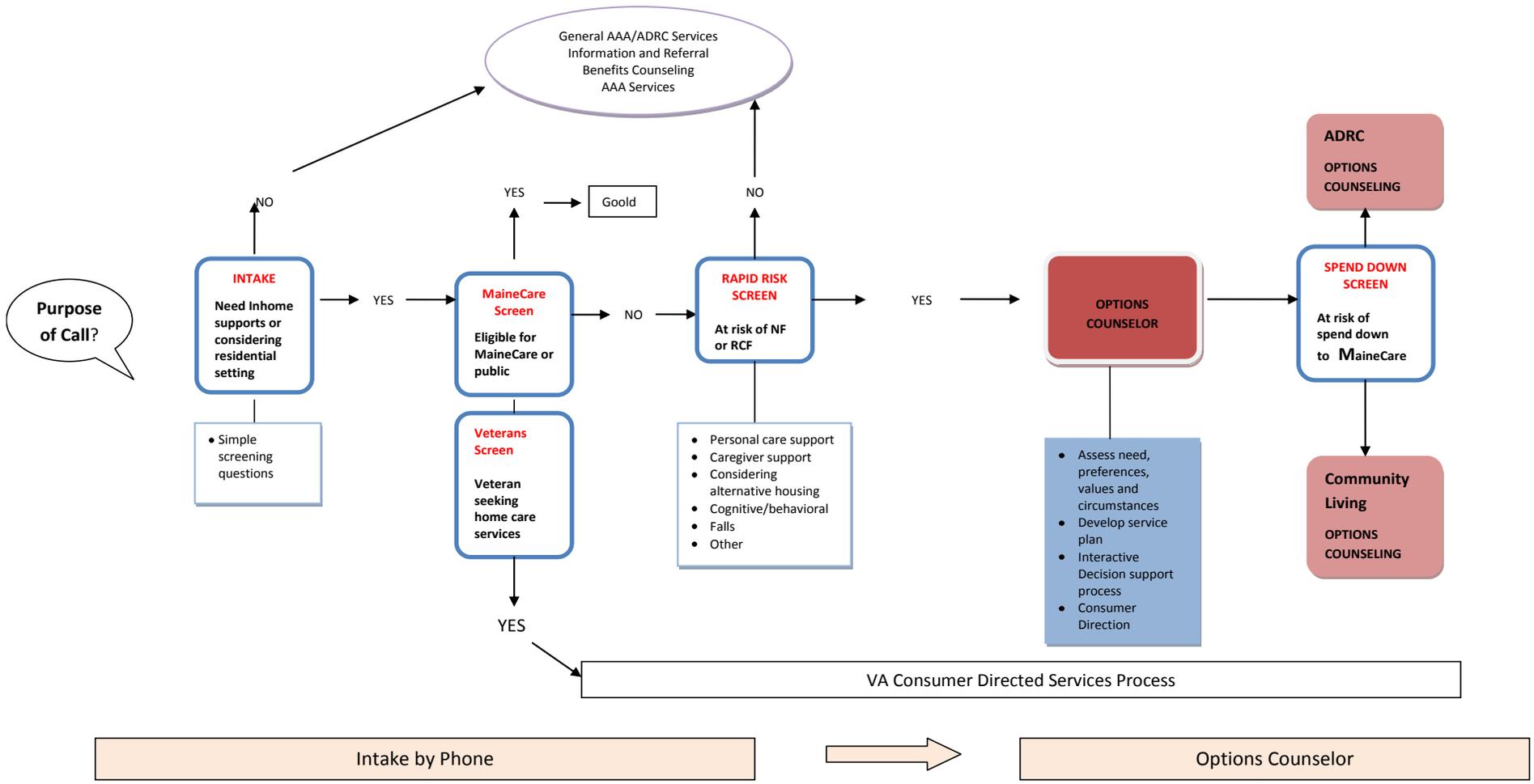
## APPENDIX B: FACILITATED REFERRAL FORM

Definitions: **Client:** .....the person referred to a AAA/ADRC by the Assessing Services Agency's **Referral Facilitator (RF)**  
**Consumer:** .....person who wants an assessment, or for whom an assessment is requested by another  
**Primary Caregiver:**.....a person who has a significant personal relationship with another person and who, primarily, is responsible for providing a broad range of assistance to that person

<b>Assessing Services Agency's Information:</b>			
Referral Facilitator (RF):	Date of Referral for Assessment:	Date RF makes first call:	
RF's Phone:	Referral Source:		
<b>Information about Consumer</b> Consumer is the Client <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Consumer's Name:	Consumer's daytime phone#:	Best time to call:	
Consumer's Address:			
Gender of Consumer: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	MeCare assessment ID:	
<b>Information about Primary Caregiver:</b> Caregiver is the Client <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Caregiver's Name:		Caregiver's Address:	
Caregiver's daytime phone#:	Caregiver's email:	Relationship of Caregiver to consumer:	
Caregiver is <i>court-appointed</i> Legal Guardian for Consumer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Caregiver gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Caregiver lives with Consumer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Caregiver is a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver has the following legal rights over the Consumer: ( <i>check all that apply</i> )			
<input type="checkbox"/> Power-of-Attorney <input type="checkbox"/> Health care POA <input type="checkbox"/> Financial POA			
Caregiver's Race: press F1 for definition		Caregiver's Ethnicity: press F1 for definition	
<b>Reason for Referral to AAA/ADRC</b>			
Person is not eligible for an Assessment because: select from drop-down			
Specify "other"			
Person has dementia/cognitive impairment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Person is a Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Referral Information</b>			
Has Client given his or her permission for referral to AAA/ADRC?: click drop-down			
If yes, date referred to AAA/ADRC:			
Client referred to: click for drop-down		Specify "other":	
Name of client for ADRC to call:		Best time to call:	
Primary Reason for Referral: click for drop-down list		Specify "other":	
RF's Synopsis of Client's Needs:			
<b>Consumer Needs Identified</b>			
<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> Consumer-Direction Info	<input type="checkbox"/> Health Insurance Counseling	
<input type="checkbox"/> In-Home Support: Homemaker	<input type="checkbox"/> In-Home Supp't : Personal Svcs	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Medicare Information Only
<input type="checkbox"/> Nutrition Information Only	<input type="checkbox"/> MaineCare Application assist	<input type="checkbox"/> Options counseling	<input type="checkbox"/> Veterans' Options
Other Client needs:			
<b>Caregiver Needs Identified</b>			
<input type="checkbox"/> Alzheimer's Specific Support	<input type="checkbox"/> Caregiver Education	<input type="checkbox"/> Health Insurance Counseling	
<input type="checkbox"/> Caregiver Support Group	<input type="checkbox"/> Caregiver Respite	<input type="checkbox"/> Consumer-Direction Info	<input type="checkbox"/> Medicare Information Only
<input type="checkbox"/> Nutrition Information Only	<input type="checkbox"/> MaineCare Application assist	<input type="checkbox"/> Options counseling	<input type="checkbox"/> Veterans' Options
Other Caregiver needs:			
Other pertinent information:			
<b>AAA/ADRC Outcome Information (to be emailed back to Assessing Services Agency when completed)</b>			
AAA/ADRC Staffer:	Staff email:	Staff Phone#:	
Date Client Contacted:	Date sent back to Assessing Services Agency:		
Outcome of ADRC Contact: click for drop-down			
Specify Other Outcome or Additional Comments:			
Resource Materials Mailed?: <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, note in what category:      specify "other":	

# APPENDIX C: FLOWCHART OF OPTIONS COUNSELING TRIAGE

## Decision Flow for Community Living Options Counseling



## APPENDIX D: INTAKE SCRIPT

Referral Date: \_\_\_\_\_ Consumer ID: \_\_\_\_\_ Setting:  Phone  In-office  Home

Consumer Last Name: \_\_\_\_\_ Consumer First Name: \_\_\_\_\_ Respondent?  Yes   
No

Contact Last Name: \_\_\_\_\_ Contact First Name: \_\_\_\_\_ Respondent?  Yes   
No

1. Is person asking about residential options, thinking about moving from their home?  Yes  
 No
2. Is person asking for ongoing help around the house or help with their care?  Yes  
 No
3. Is primary caregiver unable to continue caregiving at same level of support or expresses feelings of distress, anger or depression because of caregiving?  Yes  
 No

### **Answer to 1 or 2 or 3 = Yes:**

- Yes **If person answered Yes, they meet criteria for options counseling referral.** Refer to (your identified options counselor or appropriate division at your agency: \_\_\_\_\_) for options counseling.
- No If person does not meet options counseling criteria, provide resource information through AAA/ADRC.

### INTAKE OUTCOME:

- Options Counseling Referral  
 Family Caregiver Program Referral  
 ADRC Information Only

NOTE: If this form is not needed and data is collected in SAMs or IRIS, make sure the field for options counseling is checked when Intake conversation results in referral to Options Counselor.

## APPENDIX E: RISK FACTORS

Referral Date: \_\_\_\_\_ Consumer ID: \_\_\_\_\_ Service Planning Date: \_\_\_\_\_ Setting:  Phone  In-office  Home

Consumer Last Name: \_\_\_\_\_ Consumer First Name: \_\_\_\_\_

Respondent?  Yes  No

Consumer Address \_\_\_\_\_ Consumer Phone Number \_\_\_\_\_

Contact Last Name: \_\_\_\_\_ Contact First Name: \_\_\_\_\_

Respondent?  Yes  No

Contact Address (if different) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

### **RESIDENTIAL CHANGE:**

1. Person is asking about residential options, thinking about moving from home, moving in with others.

Yes

No

a. If Yes, check all that apply:  Assisted Living  Residential Care  NF

Other \_\_\_\_\_

### **PERSONAL CARE NEEDS:**

2. Person needs ongoing help around the house or help with their care

Yes  No

### **FUNCTIONAL RISK INDICATORS:**

<p>a. Person needs help with 1 or more Activities of Daily Living (ADL) (bed mobility, transfer, locomotion, eating, toilet use, bathing, dressing ).</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Person has dementia or Alzheimer's diagnosis. <span style="float: right;"><input type="checkbox"/> Yes</span></p> <p><input type="checkbox"/> No</p>
<p>c. Person has challenging behavioral problems (aggression, wandering, agitation) that caregiver is having difficulty coping with.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. Person has difficulty making decisions related to daily living (cues, supervision required or decisions rarely or never made).</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>e. Person needs a structured/supervised environment or has need for supervision due to memory problems, impaired decision making or behavioral symptoms.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>f. Person has incontinence issues that person or caregiver is unable to manage. <span style="float: right;"><input type="checkbox"/> Yes</span></p> <p><input type="checkbox"/> No</p>
<p>g. Person has fallen in the last 3 months that resulted in an injury. <span style="float: right;"><input type="checkbox"/> Yes</span></p> <p><input type="checkbox"/> No</p>

h. Person has a skilled nursing need.	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
i. Person needs help with medication management and administration	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
j. Primary caregiver is unable to continue caregiving at same level of support or expresses feelings of distress, anger or depression because of caregiving.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Person has one or more risk indicators checked above.

Yes  No



**FINANCIAL RISK INDICATOR:**

4. Person expects to need financial help to pay for their in-home supports (e.g. apply for MaineCare or state funded home based care) within the next six months.  Yes  No

Consumer ID: \_\_\_\_\_

- **Options Counseling Category – Check the box below if corresponding Section above had a Yes response.**

1. Residential Change	<input type="checkbox"/>
2. Personal Care Needs	<input type="checkbox"/>
3. Functional Risk Indicators	<input type="checkbox"/>
4. Financial Risk Indicator	<input type="checkbox"/>

**OUTCOME:** Check appropriate category of Options Counseling based on answers given for each section.

**CLP Options Counseling**

Person meets criteria for Community Living Program (CLP) if:

- Section 1 and Section 4 are checked OR
- Section 2, Section 3, AND Section 4 are checked

**ADRC Options Counseling**

Person meets criteria for ADRC Options Counseling if ONLY Section 1 or Section 2 or Section 3 is checked.

## APPENDIX F: FOLLOW-UP FORM FOR OPTIONS COUNSELING

AAA Agency: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Service Plan Date: \_\_\_\_\_

Follow-up Due (2 months from Service Plan date) \_\_\_\_\_

Consumer ID: \_\_\_\_\_

Follow-up Setting:  Phone  In-office  Home

Contact Last Name: \_\_\_\_\_ Contact First Name: \_\_\_\_\_ Phone #

\_\_\_\_\_

1. Did consumer/family act upon information we talked about?

Yes  No

2. Did consumer receive services at home or in the community?

Yes (answer #3)  No (answer #4)

3. **If yes**, what services did the person get?

- Homemaker/chore service
- Home-delivered meals
- Therapies (PT, OT, Speech, Recreational)
- Adult Day Services
- Skilled Nursing
- Personal care
- Caregiver Support
- Other \_\_\_\_\_

4. **If no**, what prevented them from getting services?

- Services not available
- Services too expensive
- Consumer refused services
- Consumer moved, no longer needed services
- Other \_\_\_\_\_
- Other \_\_\_\_\_

5. Is person still at home?       Yes       No (skip to #6)
- a. If person is still at home - Are needs being met?       Yes       No
- b. If needs are not being met, does person need assistance with anything related to a need for services?

i. What is needed to meet unmet needs?

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ii. Has consumer applied for MaineCare?       Yes       No

6. If person is no longer at home – What happened?

- Entered hospital
- Moved in with family/friends
- Moved to Assisted Living facility
- Moved to Residential Care facility
- Moved to Nursing facility
- Deceased

7. Additional comments:

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## APPENDIX G: CONSUMER SURVEY RESULTS

The following are results from the Community Living Program (CLP) Consumer Satisfaction Survey. There are 77 completed surveys at this time. We cannot generalize to the fuller CLP population based on this small number but their feedback does give us a sense of what these respondents experienced.

Respondent Counts: Aroostook = 20, SMAAA = 21, Spectrum = 18, Seniors Plus = 18

### N=77 respondents

- I received the information I wanted from the options counselor at (the ADRC).  

Yes = 72	No=0	Unsure=0
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- The information I received was accurate.                    Yes = 66                    No=1                    Unsure=4
- The information I received gave me choices.                Yes = 72                    No=0                    Unsure=1
- I understood the information I received.                    Yes = 71                    No=0                    Unsure=1
- The options counselor helped me understand my service options.  

Yes = 71	No=0	Unsure=1
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- The options counselor helped me develop a plan for my services.  

Yes = 64	No=2	Unsure=5
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- The options counselor helped me understand how much long-term care services would cost.  

Yes = 51	No=7	Unsure=11
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- The options counselor helped me review my insurance to see if it covers long-term care services.  

Yes = 35	No=4	Unsure=5	Not Applicable/No Insurance = 29
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- The options counselor helped me learn how to find services I can pay for myself.  

Unsure=7	Yes = 56	No=6
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- The options counselor was knowledgeable.  

Unsure=1	Yes = 74	No=0
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- The options counselor treated me with respect.  

Unsure=0	Yes = 75	No=0
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- The options counselor listened carefully to what I needed.  

Unsure=1	Yes = 74	No=0
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- The options counselor did not rush me to make decisions.  

Unsure=0	Yes = 63	No= 12
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- The options counselor helped me think through my options.  

Unsure=4	Yes = 70	No=1
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- I trust the options counselor. Yes = 72 No= 1  
Unsure=1
- I am satisfied with the help I received from the options counselor. Yes = 73 No=0  
Unsure=1
- I used the information I received to make decisions. Yes = 68 No=0  
Unsure=4
- I would recommend this service to someone else who needed it. Yes = 73 No=0  
Unsure=1

19. Is there something else you would like to tell us about the options counseling services you received?

- The options counselor was very personable, warm and caring individual. Extremely helpful and flexible with meeting time/place. This was very helpful in determining additional support that may be available.
- They were very understanding of our needs.
- I always tell people about them.
- These people know their stuff. Excellent service!
- I cannot say enough about the kindness and knowledge given to us. [They] have provided us with the resources and support so very much needed. Sincerest appreciation and gratitude!
- They took their time. I was never rushed. They were really thorough and professional. I never could have figured this all out. They should advertise more so more people understand all they do.
- A very good service for those in need.
- The counseling services were excellent. The options were very limited as the gross income made it difficult to receive services... put us only \$30-\$50 over income for help!! Not your fault but something has to be done for people who have used their savings and or have none from years of being chronically ill. We now use a home equity loan to pay our medical medicine heating and food. How sad as we have worked so hard for all of our lives and do hope we can stay in our home for as long as we can.
- It was excellent and truly appreciated by myself.
- I am worried going to the appointment because I've never been able to understand any type of insurance. I get nervous very easily. She was just so easy for me to talk to and be able to understand. Wish more folks were available everywhere like her. Thank you for such a great service.
- [Worker] was a pleasure to meet with - very helpful!
- [Worker] is wonderful. There are times she has been the only stable, kind person reaching out to us in some very tough times.
- Excellent resource. Knowledgeable, compassionate counselor.
- Good information

- 19. Is there something else you would like to tell us about the options counseling services you received? (continued)
  - I felt very safe knowing someone had my best interests at heart. Thank you.
  - I have had 2 counselors and am more than pleased with both of them. They have been very helpful.
  - I never knew that [ADRC site] did so much to help the elderly. They are very caring people. I am the daughter of a recipient. Thank you.
  - It helped me get started making decisions on the care I will need in the future. I really cannot thank [worker] for her wonderful help with all the paper work.
  - My counselor not only helped me with a request I had, she also has made my life as a caregiver so much easier by telling me of the other options available to make and to keep my elderly friend in a home-setting awhile longer.
  - Our female counselor was outstanding. She is an extremely dedicated and knowledgeable person.
  - [Worker] did a wonderful job of informing me of the options. She also told me that because my Dad is a veteran when he needs in home services he can get them through the Veterans.
  - Recommended to friend. Wonderful.
  - Thank you for the help received - very much appreciated.
  - The counselors were professional and provided us with information that will help us make the right choices as to any healthcare services we are able to obtain. I am most grateful to this service and the counselors that play a tremendous part in making the system work.
  - The counselor presented all the programs. We decided to think about them. Our family was together (7 adults) listening to her. She was positive, energetic and willing to do all she could to help us. We decided to keep our parent in a nursing home. Otherwise we would have called her and scheduled an appt. to re-discuss all that was offered.
  - The screening and reference checking services are much appreciated and reasonable priced.
  - They were super - very interesting in all they said.
  - To not feel alone is such a relief.
  - [Worker] is a wonderful and caring person and very complete and detailed with her service to me. Thank You!
  - Very kind and to the point!
  - What a great service. This kept my spouse at home.

**APPENDIX H: PRIOR TRAINING TOPICS BY METHOD**

Training Topics	Training Method (Check All That Apply)					
	In-service or On The Job Training or Experience	Webinar	Written Materials	Part of Academic or Degree Program	Part of Certification Program	Other Source (Please Specify)
Maine’s Publically Funded LTC Programs (Home-based Care, Private Duty Nursing, HCBS Waivers)	11	1	5	0	0	0
Financial Eligibility Requirements for Public Programs	9	0	6	0	0	0
Private Pay Options (health & LTC insurances, reverse mortgages, etc.)	5	1	4	0	1	0
Active Listening	7	3	1	2	1	0
Motivational Interviewing	10	1	2	0	3	0
Person Centered Planning	12	3	6	1	3	0

Training Topics	Training Method (Check All That Apply)					
	In-service or On The Job Training or Experience	Webinar	Written Materials	Part of Academic or Degree Program	Part of Certification Program	Other Source (Please Specify)
Developing a Service Plan	9	0	4	4	2	0
Documentation	11	0	5	5	2	1
Options Counseling Standards	9	0	6	1	0	1
Aspects of Aging	10	3	4	6	1	1
Alzheimer's/Dementia	11	2	6	3	1	1
Developmental Disabilities	11	2	5	5	1	1
Physical Disabilities of Young Adults	6	0	2	2	0	0
Community Resources in Your Area	12	1	6	1	1	0
Cultural Sensitivity	10	1	1	2	1	0