**ADRC Enhanced Options Counseling Training and Certification Program**

**Frequently Asked Questions**

**Section 1: Vision and fit with current ADRC OC activity and training, and standards development**

**Question:** What is ACL’s vision for the national training and certification program?

**Answer:** The vision for the ADRC OC Training and Certification program is to develop a national workforce of Options Counselors, who through completion of a national training and certification process, are recognized as a distinct and valued professional workforce that supports informed decision-making about Long-Term Services and Supports (LTSS) and serves a key role in streamlined access to supports for all populations and all payers.

**Question:** How will training integrate with activities and training already taking place in the network?

**Answer:** OC Training will be developed collaboratively with Part A grantee states and partners by achieving consensus on what core OC functions, competencies, and training should be. This training will be developed drawing from the best of existing state training materials and materials from other sources as needed. After pilot testing with some or all OCs in the Part A states during the grant period, the finalized core OC training will become the standard training curriculum for all OCs across the country. We anticipate this will replace or supplement some current state training.

**Question:** How does this fit with the OC Standards developed by 19 state grantees from 2010-2012?

**Answer:** The OC Training and Certification Program is a continuation of the National OC Standards Program. It builds on the standards and competencies developed in that program, and continues the work of the 19 state grantees to guide/standardize how Options Counseling is delivered, who delivers it, and under what circumstances.

**Section 2: Method of Training**

**Question:** The mandatory three day person centered training can be very burdensome on budgets and staffing particularly for small ADRCs. Can this training be in a web based format?

**Answer:** The mandatory Person Centered Practice training is an essential part of the core training. It will be piloted as a 3 day face to face training, revised as needed, and then developed as a web based training that could be supplemented with support of a locally based facilitator/ADRC trainer to assist students with small group activities, discussion, and role-playing.

**Question:** Web based, on-line courses are an exciting opportunity. Will all courses be offered in this format?

**Answer:** Yes, all core courses will be offered in a web based, on-line format. Some of the web-based content will be designed so that it could be delivered with support of a locally based facilitator/ADRC trainer who could assist students with small group activities, discussion, and role-playing.

**Section 3: Training content**

**Question:** There is a need to have consistent language across agencies, sites, states. How will this be accomplished?

**Answer:** The use of uniform language across states, agencies, sites, and partners will encourage greater consistency in the support for informed decision making across populations and payers. This will be addressed using a collaborative approach among all partners to come up with the most accepted terms/language as possible.

**Question:** What are the differences between person centered practice and participant/self direction?

**Answer:** Participant/self direction is a service delivery model in which individuals have control over the services and supports they use. Person centered practice, or person centered planning is the foundation for the design of the participant/self direction service delivery model. Person centered practice is an approach that is directed by the person with long-term support needs, and may also include a representative whom the person has freely chosen, or who is authorized to make personal or health decisions for the person. The person centered practice approach identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the person every step along the way from initial contact through to service planning. Agency workers’ (options counselors, support brokers, and others) role in the person centered practice process is to enable and assist the person to identify and access a personalized mix of paid and non-paid services.

**Question:** Will the person centered course focus on Options Counseling or will it be a broad concept?

**Answer:** The Person Centered course will provide both - the broad concept of person centered practice, and have practical application to Options Counselors.

**Question:** Will there be a definition or way to make clear what an Options Counselor is?

**Answer:** Yes. A definition of Options Counseling was developed by the Options Counseling Standards grantees. “ADRC Options Counseling is an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual. Options Counseling includes the following steps: 1) A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs, 2) a facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons, 3) developing action steps toward a goal or a long term support plan and assistance in applying for and accessing support options when requested, and 4) quality assurance and follow-up to ensure supports and decisions are working for the individual.” This definition may be revised if needed by ADRC EOC grantees as they complete work on training and certification, and other components of their grants. **Question:** Will grantees see and provide content for curriculum for person centered practice and other courses before training starts?

**Answer:** Yes. This will be a collaborative process working with the 8 grantee states and partners. In some cases, a course may be piloted before extensive review, as with the first test of the Person Centered Practice course. But after the pilot, the course and feedback about the course will be reviewed by grantees and others to finalize it before it is developed as a web-based course.

**Question:** It has been valuable to states to work together on OC Standards and now on training. How will grantees be involved in developing the training and certification program over time?

**Answer:** The process described by MA during the Options Counseling Learning Collaborative call will be a model for course development. Draft course content, using state/partner materials and information, will be reviewed and evaluated by grantees and partners, as will subsequent revisions, and feedback on pilot tests of training before courses are finalized .

**Section 4: Certification and post training follow-up/Quality**

**Question:** What follow up reporting or on-going training is being considered after the initial training and certification is implemented?

**Answer:** Part A grantees will be expected to report to ACL information about how the initial training is received, how effective it is for new and existing options counselors, and its impact on ADRC goals. The basic training will be revised if needed and potentially more advanced training added to the core package based on this feedback. ACL will work with Part A states and other key stakeholders to determine continuing education requirements for certified Options Counselors.

**Question:** How will the integrity of the OC training and certification program/certified OCs be maintained particularly if states/sites incorporate volunteers or work with programs that claim they are doing Options Counseling?

**Answer:** Later this year, ACL plans to convene a national steering committee of state and national representatives to design the national certification program, how it will be rolled out, administered and monitored over time. Quality control processes and adherence to the national standards will be important items for this committee to address.

Section 5: **Assessment**

**Question:** The proposed approach to training – person centered/directed, motivational interviewing – is very positive. How will this ‘open’ approach reconcile with the push for a standardized assessment?

**Answer:** The person centered/directed, motivational interviewing approach has been shown to get the most complete, person oriented information with which to populate a standard assessment.

**Section 6: Disability related**

**Question:** How will training deal with the critical issues of persons with disabilities that include housing, legal, and medical needs? Will training address younger people with disabilities and those with traumatic brain injury?

**Answer:** The National OC Training Program will build the basic skills required to provide decision support through person centered practice to people both young and old and across disability types. Basic information about critical issues facing all groups will be addressed. Depending on the expertise of the individual options counselors to be trained and their role working within ADRCs, ACL expects that some options counselors will need additional training on more complex issues of specific populations. Recommendations will be provided to ADRCs about where and how they might access advanced training in working with different populations.

**Section 7: Learning Collaborative Approach**

**Question:** Please provide clarification about the interactive nature of the learning collaborative approach?

**Answer:** ACL plans to convene faculty coaching calls on each of the main topic areas of the grant: Medicaid, OC Training and Certification, Care Transitions and MFP, VA and HCBS Opportunities, ADRC Business Model and Sustainability. The smaller groups around these topics will provide opportunities for peer to peer exchange and for states to share what is working and why. The first and second calls focused on Medicaid reimbursement and OC Training and Certification respectively. The “faculty” facilitators for these calls will be grantee representatives with significant experience and success in the topic area. They will keep the calls oriented toward positive actions Part A states can take to accomplish goals. Information about each state’s planned efforts will also be posted on a Part A portal on www.adrc-tae.org.