

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES AND
NC AREA AGENCIES ON AGING

PERFORMANCE REVIEW: INFORMATION AND OPTIONS COUNSELING
Part I: Program Verification

Agency:
Agency Staff Interviewed:

Date:

Signature of Reviewer:

PROGRAM DEFINITION – (Complete Questions 1- 3 last)

1. Agency provides Information. (III A&B) Yes No
2. Agency provides Assistance. (III A&B) Yes No
3. Agency provides Options Counseling. (III C) Yes No

(1-3 must be “yes” to be in compliance with the Information and Options Counseling Service Standards)

CLIENT ELIGIBILITY

4. Persons served are age 60 years of age or older or are acting on behalf of a person 60 years of age or older. Yes No N/A
(IV.B.) (i.e. Client Record, Promotional materials, Service Policies, etc.)
Documentation reviewed/Comments:

MARKETING AND SERVICE PROMOTION

5. Agency can show evidence that it promotes the Information, Assistance and Options Counseling components of this service. (V.C.) (i.e.) Media, PSAs, fliers, newsletters, brochures, presentations, etc.) Yes No N/A
Documentation reviewed/Comments:

SERVICE PROVISION

6. Agency has records to show collection of information to state the problem/concern of the individual. Yes No N/A
(VI.B.1) (i.e. Client Record, Information Log)
Documentation reviewed/Comments:
7. Agency has records to show that an individual received information related to stated problem/concern. Yes No N/A
(VI.B.2.) (i.e. Client Record, Information Log, etc.)
Documentation reviewed/Comments:

8. Agency records show that an individual was referred to appropriate services. (VI.B. 3) (i.e. Client Record, Information Log, etc.)
Documentation reviewed/Comments: Yes No N/A
9. Agency records show evidence that the Agency researched information in order to meet the client's needs. (VI.B.4.) (i.e. Updated resource file connected with case, Worker's explanation of worker's process)
Documentation reviewed/Comments: Yes No N/A
10. A plan exists stating outcomes expected for clients receiving Assistance. (VI.B.5.) (i.e. Client Record, etc.)
Documentation reviewed/Comments: Yes No N/A
11. Agency records show how staff coordinated services to meet the client's needs. (VI.B.6) (i.e. Client Records, etc.)
Documentation reviewed/Comments: Yes No N/A
12. Agency records show follow-up. (VI.B.7.) (i.e. Client Records, etc.)
Documentation reviewed/Comments: Yes No N/A
13. Agency records show how staff advocated on behalf of an individual or group of individuals. (VI.B.8) (i.e. Letters of Support, Client Records, Presentations, etc.)
Documentation reviewed/Comments: Yes No N/A
14. Agency has process for receiving initial inquiries for Options Counseling. (VI.C.) (i.e., Verbal explanation or written procedure)
Documentation reviewed/Comments: Yes No N/A
15. Agency delivers Options Counseling in the setting and by the method desired by the individual. (VI.C) (i.e., Client Records, etc.)
Documentation reviewed/Comments: Yes No N/A
16. Agency records show at least one in-person meeting for Options Counseling or documents in-person meeting was "declined by individual". (VI. C) (i.e., Client Records, etc.)
Documentation reviewed/Comments: Yes No N/A
17. Agency records show the 4 Options Counseling components were conducted (personal interview, facilitated decision support process, action plan developed unless declined, follow-up) (VI.C) (i.e., Client Records, etc.)
Documentation reviewed/Comments: Yes No N/A

COMMUNITY PARTNERSHIPS AND SERVICE COORDINATION

18. Evidence exists that the Agency has cooperative working relationships with key service provider agencies. (VII.C.1.)
(i.e. letters of agreement, minutes of collaborative activities, joint committees, fliers, community events, joint publications, client records)
Documentation reviewed/Comments: Yes No N/A
19. Evidence exists that the Agency has coordinated services with other provider agencies on behalf of clients. (VII.C.2.)
(i.e. documentation in client record, phone calls to providers, copies of referral forms, letters of agreement between agencies, etc.)
Documentation reviewed/Comments: Yes No N/A
20. Evidence exists that the Agency has provided training on the Options Counseling service to its community partners.
(i.e. training log, sign-in sheet, agenda, PowerPoint) (VII.C.3.)
Documentation reviewed/Comments: Yes No N/A

RESOURCE FILE DEVELOPMENT AND MAINTENANCE

21. Agency maintains a resource file either on computer or manually. (VIII.B.)
Documentation reviewed/Comments: Yes No N/A
22. Agency Resource File has been updated within the last 12 months. (VIII.B.)
Documentation reviewed/Comments: Yes No N/A
23. The profile of each organization includes but is not limited to: a) legal name, common name or acronym, b) address, c) telephone number, d) days/hours of operation, e) service(s)/program(s) provided, f) area served, g) branch offices. (VIII.B.1.) (All must be in place to answer yes)
Documentation reviewed/Comments: Yes No N/A
24. Staff providing Information, Assistance and Options Counseling components have access to the Resource File. (VIII. B.2.)
Documentation reviewed/Comments: Yes No N/A
25. Resource File includes both public and private resources. (VIII.C.)
Documentation reviewed/Comments: Yes No N/A

SERVICE DOCUMENTATION

26. Agency maintains a daily log or tracking system of contacts that includes the date, nature of the concern and action taken. (IX.B.(a) & (b)) (See Attachment A)
Documentation reviewed/Comments: Yes No N/A
27. For persons receiving Assistance, a record/file exists including a) client ID information, b) identification of client needs; c) client plan; d) action taken and/or agency referral made, and date; and e) follow-up contact and date. (IX.B.(c)) (See Attachment A)
Documentation reviewed/Comments: Yes No N/A
28. Agency has written procedures in place to assure confidentiality of client information. (IX. B.(d))
Documentation reviewed/Comments: Yes No N/A
29. For persons receiving Options Counseling, agency maintains a system to document Options Counseling contacts with each individual in paper or electronic format. (IX.C.) (i.e., check client records)
Documentation reviewed/Comments: Yes No N/A
30. For persons receiving Options Counseling, client files have minimum documentation. (IX.C.) (i.e., check client records)
Documentation reviewed/Comments: Yes No N/A

REPORTING & REIMBURSEMENT

31. Agency reports monthly summary of client contacts to the Aging Resources Management System (ARMS). (X.C.1.) (i.e. Compare ZGA 546 report to Agency records)
Documentation reviewed/Comments: Yes No N/A
32. Agency registers clients receiving Options Counseling using the Client Registration Form – DAAS 101 (Long Form). (x.c.)
Documentation reviewed/Comments: Yes No N/A

STAFF COMPETENCE AND SUPERVISION

33. Agency orientation program for Information and Assistance includes at a minimum: purpose and function of I & A; role of the agency; administrative structure and policies for providing the service. (XII.B.1.)
(i.e. orientation schedule, agenda, manual, training notes, etc.)
Documentation reviewed/Comments: Yes No N/A
34. Staff participated in an orientation program. (XII.B.1.)
(i.e. Personnel files, records of training, Attachment B, etc.)
Documentation reviewed/Comments: Yes No N/A
35. Agency has designated staff (either full-time, part-time, or volunteer) to provide the service. (XII.C.1 & C.1.a.)
(i.e. job descriptions, organizational charts, staff roster, business cards, etc.)
Documentation reviewed/Comments: Yes No N/A
36. Agency has at least one certified Options Counselor.
(XII.C.1.a.) (i.e., Check for current certificate)
Documentation reviewed/Comments: Yes No N/A
37. Staff has office space, phone and record keeping/reporting systems. (XII.C.1.b.)
(i.e. daily log, client records, computer system or forms, etc.)
Documentation reviewed/Comments: Yes No N/A
38. Staff designated to provide Information, Assistance and Options Counseling received at least ten hours of training each year. (XII.C.1.c.)
(i.e. Training records, personnel files, Attachment B, etc.)
Documentation reviewed/Comments: Yes No N/A
39. Supervision was provided to all Information, Assistance and Options Counseling staff. (XII.C.1.d.)
(i.e. Personnel Files, etc.)
Documentation reviewed/Comments: Yes No N/A
40. Supervision in assessing the competency of I & OC staff.
(XII.C.1.d.) (i.e. Attachment C and Appendix 11 in I&OC Standards or Personnel Files.)
Documentation reviewed/Comments: Yes No N/A
41. Options Counselor Supervisor completed the Options Counseling Concepts and Standards training. (XII.C.2.c.)
(i.e., Certificate)
Documentation reviewed/Comments: Yes No N/A

42. Options Counselor Supervisor has a copy of each Options Counselor's certificate on file. (i.e. review file) (XII.C.2.c) Yes No N/A
Documentation reviewed/Comments:
43. Options Counselor Supervisor annually reviews each Options Counselor's client records using the Documentation Checklist. (i.e. review completed documentation checklists) (XII.C.2.c) Yes No N/A
Documentation reviewed/Comments:

Please explain any questions with extenuating circumstances or N/A answers:

Notes:

Part II: Fiscal Verification

Agency:

Date:

Agency Staff Interviewed:

Signature of Reviewer:

1. At the time of the visit, Agency could show documentation of expenses equal to the portion of grant funds utilized to date. Documents reviewed/Comments: Yes No N/A
2. Agency budget shows HCCBG monies used to support (including match) the I&OC service. Documents reviewed/Comments: Yes No N/A
3. If positions are funded, Agency shows I&OC designated position(s) and % of position(s) funded for I&OC. Documents reviewed/Comments: Yes No N/A
4. Any HCCBG expenses for I&OC can be attached to a function of the I&OC service. Documents reviewed/Comments: Yes No N/A
5. If the agency has collected consumer contributions, the ZGA 370 YTD matches the agency's financial records. Documents reviewed/Comments: Yes No N/A
6. At the time of the review, utilization levels are consistent with Block Grant budget projections for the fiscal year. If not, describe any extenuating circumstances and/or planned adjustments. Yes No N/A

Attachment A: Service Documentation

CLIENT DATA OR RECORD REVIEW: Used to support monitoring decisions for client eligibility, service provision, and service documentation in Part 1: Program Verification.

1. Information

Request all data on log (or other tracking system) for a given month. Sample 1/10 of contacts (or a maximum of 36) for all staff persons handling Information contacts. The maximum per staff member should be 12 (of 36 total). Since agencies maintain their documentation in different ways, adjust the sampling technique to fit the system. Just make sure a mixture of staff entries from multiple days of the month are included.

This tool is designed to document sample review by staff member (or handwriting) so that patterns of errors can be analyzed easily. If data is missing from more than 20% of sampled contacts, then corrective action may be needed.

For each of the contacts sampled, check (☐) if the data exists.

STAFF PERSON #1

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Nature of concern												
Action taken												

STAFF PERSON #2

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Nature of concern												
Action taken												

STAFF PERSON #3

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Nature of concern												
Action taken												

2. Assistance

Assistance clients are those individuals who received planning, coordination, follow-up or advocacy activities. Request all client records (or information maintained on an automated tracking system). Use a random sample of 1/10 of the agency’s Assistance records (or a minimum of 10 client records); if there are less than 10 records, review all. Make sure that a least one record maintained by each staff member providing “Assistance” is included in the sample. Look for trends by staff person.

Items 1-8 should be found in each record. If absent in more than 20% of records, corrective action may be needed. Items 9 and 10 should be found in record, based on the assistance requested/indicated. If not included in more than 20% where requested/indicated, corrective action may be needed.

For each of the records sampled, check () if the data exists.

	1	2	3	4	5	6	7	8	9	10	11	12
CLIENT INITIALS or LAST NAME												
1. Date of contact												
2. Client ID (name, address, phone)												
3. Client/caregiver age eligible (60+)												
4. Client needs (problems) identified												
5. Info given to address needs												
6. Referral(s) made and date												
7. Client plan exists												
8. Follow-up contact and date												
9. Coordination of services												
10. Individual/ family advocacy												

3. Options Counseling

Options Counseling is a broader, more comprehensive approach to planning for long-term services and supports in which the individual takes the lead in carrying out their personalized action plan. Typically, the Options Counseling process takes 30-90 days. Request all client records (or information maintained on an automated tracking system). Use a random sample of 1/10 of the agency’s Options Counseling records (or a minimum of 10 client records); if there are less than 10 records, review all. Make sure that a least one record maintained by each staff member providing “Options Counseling” is included in the sample. Look for trends by staff person.

Items 1-11 should be found in each record. If absent in more than 20% of records, corrective action may be needed.

For each of the records sampled, check (☐) if the data exists.

	1	2	3	4	5	6	7	8	9	10	11	12
CLIENT INITIALS or LAST NAME												
1. Dates of contact.												
2. Client ID (name, address, phone)												
3. Client age (60+)												
4. Setting & Method of contact noted.												
5. Each contact is dated & amount of time spent recorded.												
6. Summary of contacts provides a clear picture of client’s situation & addresses: preferences & needs, options discussed, & options selected.												
7. Counselor’s initials or signature & date are present for each contact.												
8. Summary or copy of a written action plan (unless declined & documented).												
9. Action plan includes												

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MONITORING TOOL:
 INFORMATION AND OPTIONS COUNSELING

components outlined in Standard IX.												
10. Follow-up outlines client's current situation, outcomes since last contact, whether Action Plan steps occurred, if not, why, & any next steps needed.												
11. Notation & date when Options Counseling ends.												

Attachment B Review of Progress: Information and Options Counseling Staff

Names of I & OC Staff

1. Date began I & A responsibilities				
2. Date began Options Counseling responsibilities				
3. Date orientation completed (mark for first year only)				
4. Annual 10 hours of training completed (specify year reviewed and total number of training hours)				
5. Assessment of competence is addressed by supervisor: date occurrences (i.e. annual review)				

Attachment C
Competencies for I & A Functions Only
 Technical Assistance Tool for Supervisors *(Not Required)*
 Name of Staff Member: _____

COMPETENCIES	Yes (date)	No (date)	Working on (date)
1. Is polite and patient when talking on phone or interviewing client/family			
2. Asks appropriate questions to determine needs			
3. Able to use screening tools well			
4. Uses own skills (or agency tool) to ask probing questions to identify other problems			
5. Conducts in-depth assessment with clients/families who need more than Information			
6. Gives caller/client options for addressing problems; give options for solutions when appropriate			
7. Makes appropriate linkages between needs and available services or other resources			
8. Uses and updates Resource File correctly			
9. Researches resource information or possible resolutions to questions requested by caller/client			
10. Recognizes situations or crises unable to handle and asks for help			
11. Assists clients/families in advocating for own needs with other systems or resources			
12. Recognizes situations that need personal or group advocacy and takes appropriate action			
13. Maintains log/tracking system accurately and completely for Information cases			
14. Develops appropriate plans with clients/families for complex situations (Assistance cases)			
15. Maintains client record/tracking system for Assistance cases with all required information			
16. Notes are succinct and to the point			
17. Maintains client confidentiality in record keeping and in working with others			
18. Establishes follow-up method(s) with clients/families, as appropriate			

Attachment D Site Review

This document must be completed by the Provider for each site. It must be filed at the site for review by the AAA during the performance review process.

Name of Site:

Date:

Provider Review Completed By:

Title:

1. The site is accessible to the target population. Yes No
2. The site is available for walk-in clients. Yes No
3. A room for confidential interviews with clients is available. Yes No

Write any comments.