

Long Term Care Counseling Task Analysis

Task	SHIBA Task	Minimum Required	Other Resource Task	Notes
Intake and Assessment				
Make sure all materials are available for the counseling session. Note, it is not recommended that LTC counseling be done over the phone, unless it is absolutely necessary. The information is too complex.	X	X	X	This includes publications, pens, scratch paper, CCRs, Volunteer Timesheet, Comment Cards, access to phone, computer, and internet, etc. Other resources may provide some of these items.
Introduce counselor and complete section 1 (Volunteer Information) of the CCR.	X	X		Welcome client, explain SHIBA and role/limitations of counselor, confidentiality policy, that our service is free and unbiased, that we cannot recommend any product; we can only share the options. Note: Other organizations, with which we have formal, signed partnership agreements, may receive training from SHIBA to use this task analysis and conduct LTC Counseling. They may wish to insert their own organizational and data capture requirements into this document.
Determine whose situation will be discussed (if client is the caregiver, they may be discussing their spouse, parents or other family members) Ask for contact and demographic information and complete sections 2 & 3 of the CCR (Client/Beneficiary Contact Information and Client Eligibility/Demographic Information)	X	X		Make sure the Client Name on the CCR accurately reflects the person whose situation is being discussed. The Representative's Name would be the caretaker; the client name would be the person whose situation is being discussed, even if they are not present. Mention that during counseling will be asking personal questions of a sensitive nature. We do this so we can gather the most accurate and complete information possible, so we can describe all options that might be relevant to client's personal situation. Let the client know that they can decline to disclose at any time during the session, however, this may limit the information we are able to share.
Ask client about his or her situation or issues and note them. Ask how they heard about SHIBA. Complete Section 4 (How did you hear about SHIBA?) of the CCR. If they have already been counseled by SHIBA on LTC, ask them who counseled them and what they already have learned.	X	X		Listen patiently. If client needs to vent, let them do so and re-direct after a reasonable amount of time (approx. 10 mins. max). If their expectations of results that are out of line with what we can provide, remind them of our role and let them know we may be able to give them some other resources, later in the counseling session, for other assistance. If they have been counseled by another counselor, see if the notes form that session can be gathered and referred to. See what publications they already have. When listening and taking notes, only include case details that are needed to understand the client's situation. Exclude any opinions of the counselor or other information not directly relevant to the case.

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Ask client any clarifying questions that will help to define which options may be available and which they may be interested in.	X	X		If at any time the client seems to be unable or unwilling to understand the information being shared, for whatever reason (cognitive impairment, mental illness, having a bad day, fatigued, or overwhelmed, etc.), recommend that another session be scheduled to continue. Also recommend they bring a family member, friend, or case worker with them. If they have a case worker, get the case worker's name and number from the client and contact them. Be sure you get the client's permission to contact another person – if permission is granted, note it in section 6 (Case Details) of the CCR
Clarify and rephrase key items so the client issue(s) and questions(s) are well understood and defined. Write them in section 6 (Case Details) of the CCR and note any coverage mentioned in section 5 (Topics Discussed).	X	X		Identifying key questions helps keep the session focused and on point. If the conversation wanders during the session, redirect back to main issues and questions.
Make sure client understands what we mean when we're talking about LTC (i.e. the medical and non-medical support services needed by folks with prolonged illness or disability, often to help perform ADLs and IADLs).	X	X		We help clients understand all their options for paying for LTC, not just insurance, not just nursing home care.
Determine whether the client is looking for options and planning for LTC, already has a plan for LTC coverage, or is currently using LTC and may have a problem with it.	X	X		If client notes that they are interested in planning for LTC, continue to Option A: LTC Options Overview and Planning. If they have made a choice and need more detailed information, already have LTC coverage, or are already are using LTC and have problems skip to Option B: LTC Access and Troubleshooting of this document. In some cases, they may need to cover both Option A and B.
Give the client any publications that may assist in understanding the information.	X	X		Materials can be given out all at once or piece by piece as the information is covered, as appropriate. If counseling on the phone, refer to our website so they can download publications before discussing or mail them the materials afterward.

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Option A: LTC Options Overview and Planning				
Ask lifestyle preference and future planning questions. Note them in section 6 (Case Details) of the CCR.	X	X		<p>Questions include:</p> <ul style="list-style-type: none"> ● Does client already have a plan to pay for LTC? If so, what is it? If married, is it the same for both partners? ● Does this client have children or other family members that can take care of him or her later in life? ● Does this client have assets to protect? ● Does this client have any health conditions that will get worse in time? ● Does their family have a history of chronic illness that requires/ed LTC? ● Do they have personal belief systems that affect their choices and preferences (i.e. do not believe in accepting “charity”)? ● Etc. <p>Only include case details that are needed to understand the client needs. Exclude any personal opinions of the counselor or other information not directly relevant to the case.</p>
Define LTC and discuss any health care coverage that people often mistake for LTC (or think that it will cover LTC needs).	X	X		<p>The following do not cover LTC, but are often mistaken for LTC:</p> <ul style="list-style-type: none"> ● Medicaid (medical or short-term disability) ● Medicare (health plans and supplementary insurance) ● Employer health plans (retiree or active employee plans) ● Private health insurance ● Disability (short-term and long-term) ● Social Security (SSI/SSDI) ● L&I ● Etc.
If the client thinks something they already have (or are thinking about getting) will pay for LTC, provide clarification.	X	X		

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Give a list of where to find current costs for basic LTC and give estimates on how much these costs are expected to rise in the future	X	X		<p>"In 2001, the most recent year for which the National Association of Insurance Commissioners (NAIC) published statistics, the national cost of nursing home care was almost \$5,000/month. Folks interested in finding the costs of long-term care services in their own areas may wish to call around to local facilities, or check with their local Department of Social and Health Services (DSHS) Home and Community Services office."</p> <p>Also check: http://www.naic.org/index_ltc_section.htm</p>
Explain the four general options for financing LTC, including what they are and who may qualify. Mention folks may use more than one option. Note any items covered in section 5 (Topics Discussed).	X	X		<p>These are:</p> <ul style="list-style-type: none"> • Doing nothing: Mention that: <ul style="list-style-type: none"> ○ LTC may not ever be needed ○ Anyone may choose to do nothing • Medicaid: Mention that: <ul style="list-style-type: none"> ○ This is payment of costs from the State DSHS program, and may include payment for institutional care, in-home care, and the COPES program ○ Folks with low income and assets who meet a DSHS "category" (such as aged, blind, or disabled) may qualify • Personal Finances: Mention that: <ul style="list-style-type: none"> ○ These may include settlements, savings, loans, investments, and reverse mortgages (or using home equity) ○ Folks willing to do financial planning and who have assets may want to explore this • LTC Insurance: Mention that: <ul style="list-style-type: none"> ○ This is an insurance plan which covers some or all LTC costs, and may be private or employer-sponsored ○ Folks who are healthy enough to pass a health screening, and who have assets to protect may want to explore this.

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Check for client comprehension of what's been discussed.	X	X		Ask client which option(s) interest them and why. Help them with things to think about. Check to see if they understand what's been shared. Clarify key concepts again, if needed.
If client has enough information, skip to the final section, Closing and Follow Up. If they would like to continue the conversation in more detail, continue with Option B: LTC Access, Use, and Troubleshooting.	X	X		Again, if the client is unable to grasp the information shared or appears fatigued, recommend that another session be scheduled. Also recommend they bring a family member, friend, or case worker with them if they appear to need help making decisions.
Option B: LTC Access, Use, and Troubleshooting				
Check to make sure the client is interested in exploring in more detail the options for LTC, already has a personal plan for LTC, already has a LTC insurance policy or is enrolled with DSHS, and/or is currently using LTC and may have a problem with it.	X	X		If client notes that they need a general overview or are interested in planning for LTC, go back to Option A: LTC Options Overview and Planning. If they have made a choice and need more detailed information, already have LTC coverage, or are already are using LTC and have problems skip continue through this section, Option B: LTC Access and Troubleshooting of this document. In some cases, they may need to cover both Option A and B, so make sure they understand the basics before counseling this section.

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<p>If the client wants to discuss the option(s) in greater detail, continue. Discuss option(s) that best apply that they may have missed. Provide definitions and examples of the strategies included in each option and review key points to think about with each strategy. Write them in section 6 (Case Details) of the CCR and check any coverage mentioned in section 5 (Topics Discussed).</p> <p>If you identify topics that are not listed on the CCR, fill them in any additional items discussed under Other in section 5 (Topics Discussed).</p> <p>If the client requests information that is beyond our scope, note that that information is beyond our level of training and expertise and that later in the session we can provide some resources to check out to get those questions answered accurately and completely. See the final section, Closing and Follow Up, for information on how to make referrals.</p>	X	X	X	<p>Discuss points to think about of each option, listed below, based on to their preferences, future predictions, health, and other key factors. If they are not interested in a particular option, do not cover it, unless you suspect they do not understand the options completely, and then gently recommend you review other options.</p> <ul style="list-style-type: none"> • Doing nothing: Points to think about: <ul style="list-style-type: none"> ○ If LTC is needed in the future, doing nothing may increase the chance that clients won't have control over financial and health decisions made on clients' behalf • Medicaid: Points to think about: <ul style="list-style-type: none"> ○ May cover gaps in Medicare ○ May require folks to spend down assets and impoverish themselves to qualify ○ If folks want to transfer assets to others in order to qualify, it may require folks to meet legal time frames ○ May affect folks' choices of providers and care sites • Personal Finances : Points to think about: <ul style="list-style-type: none"> ○ May or may not keep pace with LTC cost inflation ○ May or may not be protected if folks have financial emergencies ○ May affect inheritance for heirs (i.e. reverse mortgages use using home equity) • LTC Insurance: Points to think about: <ul style="list-style-type: none"> ○ OIC requires insurers to provide certain consumer protections ○ Insurers may raise rates on classes of policy holders ○ Insurers may go out of business ○ Insurance may cover only some needs ○ Plan coverage may or may not keep pace with inflation and changes in medical and LTC fields ○ Plan premiums may or may not be affordable

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<p>If the client is interested, discuss cost and access, in greater detail, of their preferred options.</p> <p>Provide basic access information, such as where to go to apply, what information will be needed, etc. Again, if the client requests information that is beyond our scope, note that that information is beyond our level of training and expertise. See the final section, Closing and Follow Up, for information on how to make referrals.</p>	X	X		<p>Cover the following:</p> <ul style="list-style-type: none"> ● Doing nothing: May cost nothing now, but may increase the chance that clients won't have control over financial and health decisions later in life ● Medicaid: Often requires clients to impoverish themselves to qualify. Clients with Medicaid may still have to pay a monthly cost toward their care. Clients may contact their local Home & Community Services offices for details on what they would have to pay. ● Personal Finances: May require time and money to plan for and put in place. ● LTC Insurance: Will have premiums, and premiums may increase significantly over the lifetime of the policy. Clients may contact their local agent or broker for details on current premium costs. Also, clients may have to cover the costs of care themselves during any elimination period (similar to a deductible) and for any pre-existing condition wait periods
<p>If client wants to file a complaint or report possible fraud, record as such information as possible and follow the SHIBA HelpLine Complaints Process. Explain to client how it works and what to expect. Complete section 7 (Is this a complaint?) of CCR and check Yes that it is a complaint.</p>	X	X		<p>See attached Complaints Process. Also, share with client who you believe has jurisdictional authority or responsibility to resolve the issue. Make sure all names are spelled correctly and complete information is given. SHIBA staff will process the complaint and report it to the proper authorities for resolution. Share with the clients that we cannot guarantee that the complaint will be resolved to the client's satisfaction, but we will make sure it is reported to the correct entity</p>
<p>If client has a current LTC policy for which they have questions, ask client to show or describe it. Review it and answer basic questions. If client has additional questions outside of counselor's scope, make appropriate referral, detailed in the Closing and Follow Up section.</p>	X	X		<p>If client has any health conditions that will get worse in time, let client know this may affect their ability to change insurance policies. If client needs further clarification, refer them to an outside resource</p> <p>Basic LTC Insurance policy information includes the description of common policy provisions listed in the <i>LTC Planning Workbook</i>:</p>

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If the reason for review of current situation is cost, refer client to a resource who can review the benefits and help client see where they may reduce costs. See the Closing and Follow Up section. Recommend that they not make changes or cancel anything until they understand fully the ramifications of their future actions.	X	X	x	Also provide any local resources for cost saving such as energy assistance, minor home repair programs, etc. if the sponsor organization has them on hand. Use BenefitsCheckUp® to help identify options. Senior Information & Assistance also and 211 organizations also have extensive lists of resources for low include people. Finally, if they are interested in learning how to save money on their current health insurance or Medicare policies, recommend that they set up another counseling appointment to review those options.
Give tips on preventing fraud and clarify that the client understands the choices are his or hers to make.	X	X		Use the Fraud tip sheet in the <i>LTC Planning Workbook</i> .
Check for client comprehension of what's been discussed.	X	X		Ask client which option(s) interest them and why. Check to see if they understand what's been shared. Clarify key concepts again, if needed.
If client has enough information, skip to the final section, Closing and Follow Up.	X	X		
Closing and Follow Up				
If at any time the client asks a question that the counselor does not know but is in our scope, research the information, either during the session or after, and get back to them. Mark Follow-Up needed in section 6 (Case Details) of the CCR.	X	X		Counselors do not always remember all details and may need to work offline to get all the necessary information. This is OK. If they cannot get back to the client within two business days, ask another volunteer to do so.
If client needs assistance understanding or purchasing a LTC insurance policy, or dealing with a LTC insurance policy rate increase, refer to an appropriate local or statewide resource.	X	X	X	Do not refer to an individual – this would be biased. Refer to associations or groups of licensed sales agents and brokers. The OIC Consumer analysts can also help understand LTC policies or process complaints. Client may make the call from the SHIBA site. If client can't afford appointment with referral resource, provide information about low-cost and free resources.
If client needs assistance understanding coverage or cost or enrolling in Medicaid, refer to an appropriate local or statewide resource.	X	X	X	Refer to local DSHS Home and Community Services (HCS) office, case worker, or DSHS state office. The local Senior Information & Assistance may also be able to help. Client may make the call from the SHIBA site. If client can't afford appointment with referral resource, provide information about low-cost and free resources.

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If client needs assistance developing a living will, durable power of attorney or last will and testament, refer to an appropriate local or statewide resource.	X	X	X	Do not refer to an individual – this would be biased. Refer to associations or groups of elder law attorneys, estate planners, etc. Some local Senior Information & Assistance and other programs may assist with these items. Client may make the call from the SHIBA site. If client can't afford appointment with referral resource, provide information about low-cost and free resources.
If client needs assistance with personal finances, investments, etc, refer to an appropriate local or statewide resource.	X	X	X	Do not refer to an individual – this would be biased. Refer to associations or groups of estate planners, financial planners, bankers, investment consultants, etc. Client may make the call from the SHIBA site. If client can't afford appointment with referral resource, provide information about low-cost and free resources.
If client needs other assistance outside our scope, refer to an appropriate local or statewide resource.	X	X	X	Do not refer to an individual – this would be biased. Refer to associations or groups.
If the client was counseled on the phone, mail them a packet of materials that supports the information shared.	X	X		Highlight key items. If necessary, order items from the Dept of Printing website to be mailed directly to the client.
Give client a Comment Card to fill out, or fill one out yourself based on their verbal input.	X	X		Make sure the Comment Card has the Sponsor and counselor's name on it. Encourage client to give us feedback on how we're doing and how we might improve our service. If counseling on the phone, mail it to them, in their packet (if ordering from the Dept of printing, they will automatically send one with the order). Tell them they can either fill out the card on or off site and mail it in.
Make sure client understands any "next steps."	X	X		If needed list these on the Comment Card or in the <i>LTC Planning Workbook</i> .
Thank the client for coming in and let them know they can call the SHIBA HelpLine again at any time, if they need help.	X	X		Encourage them to recommend their friends to us. Also, if they are particularly adept or seem to be a good match for the local team, ask them to consider volunteering. If they are interested, give them the contact information of the volunteer recruiter and/or an information packet.
Complete the CCR for this session. Make sure all sections are complete, including sections 2 & 3 of the CCR (Client/Beneficiary Contact Information and Client Eligibility/Demographic Information), section 6 (Case Details), section 5 (Topics Discussed).	X	X		Make sure to record total time spent on case, including counseling, research, etc. If counseled by two separate counselors, use two separate CCRs and make sure the second counselor has a copy of the initial CCR to refer to.