Client Tracking for ADRC Specialists and Dementia Care Specialists
ADRC Operations Manual

I. Introduction

All aging and disability resource center (ADRC) specialists, tribal aging and disability resource specialists (tribal ADRS), dementia care specialists (DCS), and tribal dementia care specialists (tribal DCS) are required to complete client tracking according to state-level specifications to support statewide, consistent reporting by staff. Other ADRC staff such as supervisors or support staff may also need to complete client tracking. Integrated agencies may have some aging staff who also enter information into the same client-tracking system. Other ADRC staff such as benefit specialists, adult protective services, children's waiver agencies, and income maintenance utilize other reporting systems and should not have access or enter data in the client-tracking system used by ADRC specialists, tribal ADRSs, and DCSs.

Staff are required to record details of interactions with individuals and organizations. Information collected during these interactions is then used to manage consumer interactions including follow-up services to consumers. Additionally, data collected during these interactions is reported to the state on a monthly basis. Accurate recording of consumer contacts is critical in order to provide excellent customer service and maintain data integrity.

II. Requirements for Recording Information

A. Definitions

1. Contacts
A contact represents a one-on-one conversation that occurs between a staff member and an individual who contacts the agency (for example, an individual with a concern about themselves or another person, or a call from a community-based agency or provider). A contact may occur in person during a home visit, a meeting at the agency, or at another location; over the telephone; virtually through video conference; through e-mail; or via written correspondence where

information is exchanged. An exchange of information includes interactions when the agency is receiving and providing information or when the agency receives information, but is not providing resource information to the caller. An individual may contact the agency multiple times regarding the same topic. Each interaction is recorded as a separate contact. Every contact between the agency and an individual that includes an exchange of information is entered into the client-tracking database. Staff will report every distinct contact by completing the *Call Type*, *Caller Type*, *Outcome*, and *Call Topics* fields.

Talking with colleagues regarding customer situations is a very important activity; however, this type of contact is not required to be documented in the notes of the customer's record. If it is important to capture key components of these types of conversations, the outcome *Administrative* must be selected. Calling the Department of Health Services for technical assistance is not considered a contact.

Frequently Asked Questions about Contacts

Q: How many contacts are recorded when the ADRC specialist speaks with two different people on a call and each person has needs and is requesting information pertinent to them?
A: These are two separate events in which information was exchanged; therefore, two separate contacts are recorded.

Q: When an ADRC specialist makes a home visit, returns to the office, and submits an application by fax, how many contacts should be recorded?
A: This is recorded as one contact. Sending the fax is an administrative activity and should be added to the notes of the contact record.

Q: How many contacts are recorded if a customer calls twice in the same day and speaks to an ADRC specialist each time?
A: This is considered two contacts because information was collected and shared on each call.

Q: When an ADRC specialist provides a home visit to a customer, then later calls the person with more information, how many contacts is this?
A: This results in two recorded contacts because these are two separate events in which information was exchanged.

Q: Should two contacts that happen in the same day be recorded as one contact?
A: No, only administrative or attempted calls that happen on the same day can be recorded together, with notes for each attempt or administrative activity.

Q: Are multiple emails in one day considered one contact?
A: No, emails are treated the same as calls. Each email exchange is a contact.

Q: If the ADRC specialist calls a physician to gain additional information for the functional screen, is this a contact?
A: Yes, because information is being exchanged, it is considered a contact.

Q: If an email is received on one day and the ADRC specialist replies the next day, should one or two contacts be recorded?
A: This would be treated as one contact and the contact date should be recorded on the date when the ADRC specialist responds.

Q: If an ADRC specialist receives a voicemail message, is this a contact?
A: No, it becomes a contact when the ADRC specialist returns the call and speaks with the customer.

Q: The ADRC has employees that have split positions between adult protective services (APS) and ADRC specialists. Should APS contacts be counted?
A: No, contacts specific to APS investigations are not recorded in the ADRC client-tracking database.

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2. Activities

An activity represents an outreach or marketing event, such as a group presentation or one-on-one conversation, performed by staff. This includes when staff reach out to potential customers or providers for the purpose of marketing (for example, discussions with nursing home discharge planners about the agency or Minimum Data Set Section Q (MDS-Q) referrals, presenting at a Kiwanis meeting about the agency, participation at health fairs). Dementia care specialists report outreach and marketing events in DCS SharePoint. ADRC specialists and tribal ADRS report outreach and marketing events in the client-tracking system.

B. Consumer Record

1. First Name and Last Name

Staff should ask for the first and last names of the caller and the customer. First and last names are key elements in assuring a consistent approach to providing services to the customer over time. It allows staff to identify the customer and be familiar with their needs when they contact the agency in the future. A customer can still remain anonymous if they choose. If a customer does not have a legal last name, staff should enter "no legal last name" in the *Last Name* field. Other than adding an asterisks, as described below, do not include any other labels in the *Last Name* field.

It is extremely important that all staff take special note of how the first and last names are spelled, along with the inclusion of hyphens, apostrophes, or other applicable characters, in order to avoid any duplicate documentation. Duplicate documentation could affect the quality of service provided by the agency and will delay encounter reporting.

If a customer is a frequent caller with repetitious questions, the agency may consider the following strategy to provide a consistent approach to interacting with the customer. Use an asterisk (*) after the customer's last name (**for example, Bill Smith***) and include, in the customer record notes section, a note that provides direction to all staff in effective communication techniques with this customer. Using an asterisk will not affect encounter reporting and will help all staff know that when this customer calls, there is information in the customer record notes section of the customer record that identifies how to provide a consistent approach to this individual.

An agency may also utilize the strategy of including an asterisk in the *Last Name* field and notes in the customer record to notify all staff of potential safety concerns. A decision to use this strategy is at the discretion of agency management.

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Staff should document all contacts from community-based agencies or community partners. The contact does not need to be about a specific customer. When recording contacts from community-based agencies, which are not related to a specific customer, staff should record the community-based agency's name in both the *Caller* and *Consumer* fields, and use the outcome *Community Partners*. In addition, when this outcome is selected, *Gender*, *Date of Birth (DOB)*, *Age Group*, *Disability Type*, and *Ethnic Race* should remain blank because the caller and/or customer is an agency, not an individual. These contacts demonstrate how the agency is a vital component to the community.

2. Gender

Gender is a required field for all outcomes other than *Community Partners* and *Outreach/Marketing*. Completing the *Gender* field allows the Department of Health Services to better identify customers who use other DHS programs. Staff are required to ask the customer their gender. A customer may decline to provide their gender. Staff must select one of the following options:

- *Female*
- *Male*
- *Transgender- Female*
- *Transgender- Male*
- *Other*
- *Non-disclose*

Gender should remain blank when selecting the outcomes *Community Partner or Outreach/Marketing* as the contact is from an agency or documenting an activity, not an individual.

3. Date of Birth

Staff should ask for the customer's date of birth. The *Date of Birth* field ties the customer to the database for further inquiries and consistency. The customer can still remain anonymous and decline to provide the agency with their date of birth if they choose.

The *Date of Birth* field should remain blank when selecting the outcome *Community Partner* or *Outreach/Marketing* as the contact is from an agency or documenting an activity, not an individual.

4. Ethnic Race

At least one ethnic race type must be selected for all outcomes other than *Community Partner* and *Outreach/Marketing*. Staff are encouraged to ask the customer what ethnicity or race they identify as. Staff should not make assumptions about a customer's ethnicity or race. If the customer does not otherwise share their self-identified ethnicity or race, or staff did not request ethnicity or race information, staff should select *Missing* and then select the appropriate sub-categories: *Declined to Answer* or *Data Not Requested*. Note that *Non-minority (White, non-Hispanic)* may not be selected in combination with *White-Hispanic*. Also, *Missing* cannot be selected with any other ethnic race type.

The Ethnic Race field should remain blank when selecting the outcome *Community Partner* or *Outreach/Marketing* as the contact is from an agency or documenting an activity, not an individual.

Select as many as apply but at least one:

- *American Indian/Native Alaskan*
- *Asian*
- *Black/African American*
- *Missing* (if selected must also select one of the following two reasons):
  - *Declined to answer* (The customer was asked but chose not to provide information.)
  - *Data Not requested* (It was inappropriate to request information due to situations in the contact or staff did not ask during the contact.)
- *Native Hawaiian/Other Pacific Islander*
- *Non-Minority (White, non-Hispanic)*
- *Other*
- *White-Hispanic*

5. Phone: Home and Mobile

Staff should ask and/or confirm the customer's home and mobile phone numbers. Phone numbers are key elements to ensure staff are able to contact a customer to provide further information or to conduct a follow-up call. Phone numbers may allow staff to identify the customer when individuals have similar names. In addition, phone number information

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can be used when conducting statewide or local customer surveys. A customer can decline to provide a phone number if they choose.

When documenting contacts from community-based agencies, the main and mobile phone numbers should be entered. When phone numbers are provided, a ten-digit number must be entered in the appropriate phone number field(s).

6. Email Address

Staff should ask and/or confirm the customer's *Email Address*. Email addresses allow staff an alternative way to contact the customer to provide further information, or if staff are unable to reach the customer by phone. In addition, email addresses can be used when conducting statewide or local customer surveys. A customer can decline to provide an email address if they choose.

When documenting contacts from community partners, the community-based agency's email address should be entered whenever possible. When email addresses are provided, a minimum of five characters must be entered in the email address field using the following format: x@x.x

7. Address: Home and Mailing

Staff should ask and/or confirm the customer's *Home Address* and *Mailing Address*. Addresses are key elements to ensure customers receive resource information sent to them and for home visits. Addresses may allow staff to identify the customer when individuals have similar names. In addition, address information can be used when conducting statewide or local customer surveys or to indicate areas to conduct marketing campaigns. A customer can decline to provide address information if they choose.

When customer or community-based agency addresses are provided and the *Street Address* field has been completed, the *City* and *State* fields must also be completed. If the street address is unknown and not entered, but the city is known, both the *City* and *State* must be completed. When documenting contacts from community-based agencies or community partners, the community-based agency's main location address and mailing address should be entered.

If a customer indicates that they are homeless, staff should enter "homeless" in the *Address 1* field along with the state in the *State* field.

Any of the following options are acceptable for completing fields in the *Addresses* section:

- If information is entered in any field in the *Addresses* section, then the *State* field **must** be completed
- *Address line 1, Address line 2, City, State*
- *Address line 1, Address line 2, City, State, Zip Code*
- *Address line 1, City, State*
- *Address line 1, City, State, Zip Code*
- *City, State*
- *City, State, Zip Code*
- *State*
- *State, Zip Code*

8. In Poverty

Staff will ask customers if their income falls at or below the current Federal Poverty Level (FPL). In this field, staff will use the dropdown menu to select one of the following: *Don't Know*, *Yes*, or *No*.

People considered to be in poverty are those whose household income is below FPL as defined each year by the Office of Management and Budget, and adjusted by the U.S. Department of Health and Human Services. These poverty guidelines provide dollar thresholds representing poverty levels for households of various sizes.

This field must be completed for all contacts except when the outcomes of *Community Partner* and *Outreach/Marketing* are selected.

Agencies collect customer FPL information for the following purposes:

- To identify customers that may be eligible for certain public programs and benefits
- To provide the geographic distribution of people living in poverty in the community
- To identify if the ADRC or tribe is reaching individuals in poverty and whether or not these numbers are increasing, decreasing, or staying the same
- To allow the ADRC or tribe to inform the public about the number and percent of people living in poverty
- To allow for program planning and evaluation by state and local partners

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9. Lives Alone

Staff will ask customers if they live alone. In this field, staff will use the dropdown menu to select: *Don't Know*, *Yes*, or *No*.

Living alone is defined as a one-person household. Specifically, it is an individual who occupies a housing unit as their usual place of residence and no other person occupies the housing unit as a usual place of residence. If a customer is residing in a skilled nursing facility or an assisted living facility, including a community-based residential facility (CBRF), residential care apartment complex (RCAC), or adult family home (AFH), they are not considered to be living alone because care staff is available to assist. This field must be completed for all contacts except when the outcomes of *Community Partner* and *Outreach/Marketing* are selected.

Agencies collect living alone information for the following purposes:

- To identify individuals who may need additional support, such as those who may benefit from wellness checks
- To identify vulnerable people, such as in the case of a natural disaster and/or need for evacuation
- To track individuals who may be at a higher risk of social isolation

C. Call Record

1. Call Type

The *Call Type* field refers to the location of where the contact occurred and is a required field for every contact. Only **one** call type may be selected for each contact. If a caller requests to meet in person with staff at a location other than their home or agency office (such as the senior center, a local restaurant, or another location) staff should select the call type *Other*.

Select one of the following choices to indicate the venue in which the contact occurred:

- *Nursing Home*
- *Residential Setting*—residential care apartment complex (RCAC), community based residential facility(CBRF), adult family home (AFH)
- *Home*
- *Office: Appointment at the ADRC/Tribal Agency*

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- *Email/Electronic* (This selection includes mail and other types of written correspondence.)
- *Hospital*
- *Office: Walk-in at ADRC/Tribal Agency*
- *Other* (Outreach events such as health fairs, adult day care presentations, or locations other than the customer's home or the agency office, such as a senior center or a local restaurant)
- *Incoming* (This selection pertains to a phone call.)
- *Outgoing* (This selection pertains to a phone call.)
- *Video Conference* (For example, a contact occurs using video conference rather than in person or over the phone. Contact notes should include information about why a virtual visit occurred rather than meeting face-to-face.)

2. **Caller Type**

   This field documents a caller who contacted the agency on their own behalf or on behalf of someone else. It also reflects instances when staff initiated the contact with a customer or a customer's designee (such as staff contacting customer to provide follow-up). Only one category may be selected for a contact, therefore, the following describes a *Caller Type* field hierarchy: *Legal Decision Maker* would be the highest choice, followed by *Caregiver,* then *Relative/Friend/Neighbor/Community Member*. For example, if the caller is a customer's legal decision maker and relative, staff should select *Legal Decision Maker* as the caller type. If the caller is a customer's caregiver and relative, staff should select *Caregiver*. If a caller is a customer's legal decision maker, caregiver and relative, staff should select *Legal Decision Maker*. **When staff return a message, the caller type recorded should reflect who made the initial contact.**

   Select only one of the following choices:

   - *Self* (The caller contacted the agency on their own behalf.)
   - *Legal Decision Maker* (for example, guardian, activated power of attorney for healthcare, durable power of attorney for finance, conservator)
   - *Caregiver* (The caller is caring for the customer who is the focus of the contact.)
   - *Relative/Friend/Neighbor/Community Member* (The caller, who is not the caregiver, contacted the agency.)

- *Agency/Service Provider* (The caller contacted the agency on behalf of an organization, such as a clinic, or about an MDS Section Q referral.)
- *ADRC/Tribe Contacted Consumer/Designee* (Staff from the agency initiated contact with the customer or their designee.)
- *ADRC/Tribe Initiated Collateral Contact* (Staff from the agency initiated contact with the community-based agency, provider, or other who has relevant information regarding the customer and/or services that may be needed.) For example, if the ADRC calls a clinic to follow up on information about a customer, then this caller type should be selected.
- *Other* (Selected when a caller does not meet one of the above definitions)

3. Age Group

If the customer provided their date of birth, the *Age Group* field will be pre-populated. If the customer declines to provide their date of birth, staff are encouraged to ask the customer's age group based on the available choices in the field's dropdown menu. Staff may also use their best judgment and select the most appropriate age group. The age group reflects the age of the customer (the person that the contact is about). If the ADRC receives a call on behalf of someone who is under the age of 17, the age group of 17–21 should be selected. Only one age group may be selected for all outcomes other than *Community Partners* and *Outreach/Marketing*.

The *Age Group* field should remain blank when selecting the outcome *Community Partner* or *Outreach/Marketing* as the contact is from an agency or documenting an activity, not an individual.

In this field, select one of the following:

- *17–21*
- *22–59*
- *60–99*
- *100 and above*

4. Disability Type

Staff are not required to ask about a customer's disability. They are encouraged to use their best judgment and select the most appropriate option(s). At least one *Disability Type* must be selected for all outcomes other than *Community Partners* and *Outreach/Marketing*. Select all disability options that apply. *Unknown* may be selected if the customer's disability is not known. *Unknown* cannot be selected with any other *Disability Type*. The *Disability Type* selected does not have to match the long-term care functional screen or other program categories. Use the best information that you have available at the time.

ADRCs assist caregivers with caregiving resources for themselves. In these situations, the caregiver is the consumer and a *Disability Type* of *Caregiver* should be selected.

Disability type should remain blank when selecting the outcome *Community Partner* or *Outreach/Marketing* as the contact is from an agency or documenting an activity, not an individual.

Select as many as apply but at least one:

- *Alzheimer's/Irreversible Dementia*
- *Caregiver*
- *Developmental/Intellectual Disability*
- *Elderly (age 60 or older)*
- *Mental Health*
- *Physical Disability*
- *Substance Use*
- *Unknown*

5. Date

The date recorded in the client-tracking system must be the date of the contact, not the date that information is entered by staff into the client-tracking system. Client tracking is a recording of the contact, not a recording of when staff documents the contact(s).

6. Call Topics

Call topics are those subjects discussed during the contact. At least one *Call topic* must be selected for each contact; however, staff should select all topics that apply. If a type of referral is a selected *Call topic* (*Referral for Evaluation, Referral for Financial-Related Needs,* or *Referral for Private Pay Options*), at least one additional non-referral topic must also be selected. The additional *call topic* indicates the purpose of the referral.

Example: The results of a memory screen completed with Bill Smith indicate the need for a referral to a memory clinic or physician for further evaluation, which Mr. Smith agrees to. The *call topics* of *Referral for Evaluation and Alzheimer's and Other Dementia* must both be selected.

List of *Call Topics* and Examples:

- *Abuse and Neglect* can include adults at risk, abuse resources, support groups, adult protective services, child protection, domestic violence, elder abuse, financial exploitation, neglect, sexual abuse, or self-neglect, including the report of scams. (Please see the *Call Records Notes* about how to record these contacts.)

- *Action Plan* is created as part of the options counseling process.

- *Adaptive Equipment* can include assistive technology (AT), AT kit demonstration, durable medical equipment, loan closet, vehicle modifications, home modifications.

- *Addictions* includes gambling, substance use disorder services, support groups for addictions, referral for substance use disorder services.

- *ADRC or Tribal Complaints* regarding the ADRC (agency or staff), tribal ADRS, or tribal DCS. The outcome *Complaints/Advocacy* should also be selected.

- *Alzheimer's and Other Dementia* includes Alzheimer's and other related dementia, memory screens.

- *Ancillary Service* includes dental, vision, and hearing needs such as hearing aids, dentures, and/or glasses. Interpreter services (includes both sign language and foreign language translator services). Incontinence or disposable medical supplies.

- *Animals* includes pet services or service animals.

- *Assisted Living (AFH, CBRF, RCAC)* includes assisted living center information, referral for assisted living and other information related to assisted living.

- *Attempted Follow-up* is an attempt by staff to contact a customer to provide follow-up and communication did not occur for reasons such as the customer was not home or the email was undeliverable. *Attempted Follow-up* must be used along with the outcome *Attempted Contact*.

- *Budget Assistance* includes budget counseling, credit counseling, representative payee, and other assistance with managing financial resources.

- *Caregiving - Adult CG of Elder or Person with Dementia* includes caregiving by an adult (18 years or older), for an elderly person (60 years or older), or an adult (18–59 years) with any stage of dementia. Caregiver education, support groups, counseling, respite service, supplemental goods and services, adult day care.

- *Caregiving - Elder CG of Child or Disabled Adult* includes caregiving by an elderly relative (55 years or older) of a child (0–18 years), or of a disabled adult (18–59 years). Caregiver education, support groups, counseling, respite service, supplemental goods and services, adult day care.

- *Caregiving - Non-Elder CG of Dsbld Non-Elder Adult* includes caregiving by an adult (18–54 years) of a disabled adult (19–59 years). Caregiver education, support groups, counseling, respite service, supplemental goods and services, adult day care.

- *Community I&R* includes Eldercare locator, hotlines, helplines, or care management.

- *Complaints (other)* regarding an MCO, IRIS consultant agency, fiscal employer agent, transportation provider, or other providers. The outcome *Complaints/Advocacy* should also be selected.

- *COVID-19* includes related discussion. Staff may select this topic alone or along with other topics to provide further information regarding the customer's inquiry.

- *Day Programming* includes adult daycare or day programs to support for customers to remain in their homes as an alternative to residential placement.

- *Education* includes adult education, post-secondary education.

- *Emergency Preparedness* includes Federal Emergency Management Agency (FEMA) evacuation site information or other emergency preparedness.

- *Employment* includes unemployment, vocational supports, employment resources.

- *End of Life* includes bereavement support, burial trust, funeral, hospice, and other end-of-life services.

- *Food* includes congregate meals, emergency food, farmer's market program and/or voucher, home delivered meals, initial meal assessment, or other.

- *Health* includes exercise, wellness, senior aquatic programs, medication management, general health questions.

- *Health Promotion* includes health promotion activities, programs, health education, prevention strategies and supports, care transitions, chronic disease self-management, and evidence-based prevention programs.

- *Homeless/Risk of Homelessness* includes when a customer is homeless or at risk of becoming homeless.

- *Home Services* includes chore services, personal care, companion care, personal emergency response service, Safelink Wireless program or similar programs, day programming, and supports for customers to remain in their homes as an alternative to residential placement.

- *Housing* includes accessible housing, home repair, homeless services and supports, independent housing, low-income housing, subsidized housing, moving assistance, transitional housing, emergency rent assistance.

- *ILSP Information* is specific to the Independent Living Supports Pilot, a grant-funded program operated in 16 counties. This topic includes program outreach and marketing, discussions with people who are considering whether to apply for ILSP, and assistance with the application process.

- *ILSP Service Plan Development* is specific to the Independent Living Supports Pilot, a grant-funded program operated in 16 counties. This topic includes completing ILSP enrollment, creating or updating the service plan, and following up with program participants. This call topic should not be used for discussion with applicants who are found ineligible for ILSP.

- *ILSP Transition* is specific to the Independent Living Supports Pilot, a grant-funded program operated in 16 counties. This topic includes discussion with ILSP participants about their transition to other programs after ILSP is completed, and administration of the post-pilot survey.

- *Identified as Lonely* includes the customer's subjective and distressing feeling of social isolation, often defined as the difference between actual and desired level of social connection.

- *Income Maintenance* includes communication with or referral to the income maintenance consortia.

- *Informed Customer of Confidentiality* includes when staff have informed a customer that the information they share with the ADRC or tribal ADRS is kept in confidence and may be shared, when needed, with the customer's permission.

- *Insurance* includes long-term care insurance, private health insurance.

- *Legal Services* includes notarization, ABLE accounts, special needs trusts, advanced directives, estate planning, guardianship, and legal referral for discrimination, citizenship, immigration, landlord-tenant issues, or eviction.

- *LTCFS Notice of Delay Letter Sent* includes recording the date the LTCFS Notice of Delay letter was sent to a customer.

- *MDS Section Q Referrals* includes referrals from skilled nursing facilities on Section Q of the Minimum Data Set (MDS) received by the ADRC MDS-Q referral system. These would have been referred to the agency via fax or the current electronic system. Use this topic when making an initial contact to schedule an appointment, discuss the referral, and for the first face-to-face contact. Do not select *MDS Section Q Referral* as a topic for any additional contact that is required with the customer. Customers may be referred to the agency via the MDS referral process on more than one occasion. Whenever an MDS referral is made to the agency, the *MDS Section Q Referral* topic should be used as described for any new or repeat referrals initiated by the skilled nursing facility. Referrals from skilled nursing facilities outside of the ADRC MDS-Q referral system should be marked a *Non MDS Section Q*.

- *Medical Home Care* includes medical home care needs such as nursing care or certified nursing assistant care.

- *Mental Health* includes case management, crisis services, mental health and psychiatric services and supports, support groups, recovery services, referral for mental health services, and other mental health needs. This topic may also be selected when discussing a customer's mental health in general, but the customer is not referred to a specific resource.

- *Non MDS Section Q* includes referrals from skilled nursing facilities, individuals, or families of residents in a nursing home that do not come through the structured Section Q of the MDS assessment process. When recording non MDS Section Q referrals, only use this topic when making an initial contact to schedule an appointment and/or discuss the referral and for the first face-to-face contact. Do not select *Non MDS Section Q* as a topic for any additional contact that is required with the customer. Select the applicable topic based on the content discussed

during that contact. Customers may be referred to the agency for *Non MDS Section Q* on more than one occasion. Whenever a non MDS referral is made to the agency, the *Non MDS Section Q* topic should be used as described for any new or repeat referrals.

- *Nursing Home* includes nursing home information, five-star quality reviews, rules regarding nursing homes, Ombudsman.

- *Other* is items that are not captured in another topic area.

- *Public Benefits LTC Programs* includes IRIS, Family Care, Partnership, Program of All-Inclusive Care for the Elderly (PACE), and Family Care with tribal case management option.

- *Public Benefits (other)* such as FoodShare, low-income energy assistance, emergency fuel assistance, Medicaid (other than for LTC), Medicare, Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Specified Low Income Beneficiary Plus (SLMB+), Senior Care, Social Security Retirement, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Security Income Exceptional Expense (SSI-E), Older American's Act funded programs, including Alzheimer's Family and Caregiver Support Program (AFCSP) and National Family Caregiver Support Program (NFCSP), and tribal services.

- *Recreation/Socialization* includes camps, community recreation programs, cultural opportunities, telephone reassurance, senior centers, and other recreation and socialization opportunities.

- *Referral for Evaluation* to a community-based agency or provider for the purpose of an evaluation, (for example, a referral to a doctor or clinic due to the results of a Memory Screen, a referral to an independent living center for an assistive technology evaluation). When selecting this *Topic*, staff must select one non-referral *Topic* to indicate the purpose of the referral.

- *Referral for Financial-Related Needs* to a community-based agency or program that would assist with financial related needs, (such as Salvation Army for rent assistance or Community Action Program for food vouchers). When selecting this *Topic*, staff must select one non-referral *Topic* to indicate the purpose of the referral.

- *Referral for Private Pay Options* for long term care supports or services. When selecting this *Topic*, staff must select one non-referral *Topic* to indicate the purpose of the referral.

- ***Request for Resource Materials by Consumer or Designee*** such as an agency directory or resource guide, agency newsletter, other agency printed material, specialized handbooks or guides that are provided to a customer or a customer's designee.

- ***Request for Resource Materials by Organization*** such as an agency directory or resource guide, agency newsletter, other agency printed material, specialized handbooks or guides that are provided to a community-based agency or organization (not a customer or a customer's designee).

- ***Safety*** includes concerns about falls, wandering, medication management, driving, or firearms. Providing other safety information.

- ***Socially Isolated*** is the objective experience of having few or infrequent social connections.

- ***Taxes*** includes Homestead tax credit, property tax deferral program, and tax preparation assistance.

- ***Transportation*** such as medical transportation, non-medical transportation, public transportation, and other transportation.

- ***Tribal Programs*** such as the discussion of tribal programs or a referral to tribe to determine eligibility for tribal specific programs.

- ***Unmet Need*** is the lack of or inadequate availability of services and/or supports. The presence of an unmet need may suggest a need for additional service providers or for the community to be more knowledgeable about available public policy to support increased access to services. These are the unmet needs of the community, not the customer. An unmet need should not be selected if a service is available but the customer is uninterested in the resource for any reason. Specific *Unmet Need* choices are:

  - ***Unmet Need – Accessible Housing***
  Unmet Need – Assisted Living (AFH, CBRF, RCAC)
  - ***Unmet Need – Dental***
  - ***Unmet Need – Employment***
  - ***Unmet Need – Home Care***
  - ***Unmet Need – Home Care (non-medical)***
  - ***Unmet Need – Housing***
  - ***Unmet Need – Medication Management***

- o *Unmet Need – Mental Health Services including Case Management*
- o *Unmet Need – Other*
- o *Unmet Need – Prescription Drug Assistance*
- o *Unmet Need – Rent/Mortgage Assistance*
- o *Unmet Need – Transportation*
- o *Unmet Need – Utility Assistance*

- *Veterans* programs, benefits specific to veterans and spouses, dependents, survivors, and family.
- *Volunteer Opportunities* in the community to volunteer, Retired and Senior Volunteer Program (RSVP), Foster Grandparent program.
- *Voting* including voter registration information, voter ID, assistance with travel to a voting site, voting site information.
- *Wellness Check* is making contact with vulnerable customers to check how they are doing.
- *Youth in Transition* is youth with a disability transitioning to adult services.

7. ADRC Outcomes

ADRC Outcomes indicate what activity or action was completed by staff. Every contact entered into the client-tracking database must have at least one outcome attached to the contact to meet state reporting requirements. Select as many outcomes as apply based on the contact, unless noted otherwise.

List of *ADRC Outcomes*, definitions, and examples (where applicable):

- *Administrative (exclusive outcome)*:
  This ADRC outcome pertains to activities, or a one-way exchange of information relating to a customer (for example, scheduling or cancelling appointments, or faxing or mailing information as discussed during a previous conversation or contact). When performing an administrative contact via email or mail, staff would not expect to receive a response. If a response is received, the response will be recorded as a separate contact under the appropriate outcome. If more than one administrative activity occurs in the same day, they can be recorded as one contact with notes indicating each activity completed. When selecting this outcome, it is optional to also select a call topic. When *Administrative* is selected as an outcome, no other outcome should be selected. **Note:** Although

not required, staff may choose to create a contact when the LTCFS is being electronically entered or an enrollment or disenrollment is entered into ForwardHealth. In these instances, the outcome selected must be *Administrative* because there has not been an exchange of information. Select the call type that best reflects the activity being noted. If there is no call type that reflects the activity, select *Other*. The *Caller Type, Age Group, Disability Type, Ethnic Race,* and *Disability* fields are not required when this topic is selected because administrative contacts are not reported to DHS through the encounter system.

Examples:

- o The ADRC specialist faxes information to an IM worker.
- o The ADRC specialist mails a letter to a customer with the results of their long-term care functional screen.
- o The ADRC specialist chooses to add information from internal staff consultation(s), such as with the screen liaison.

- *Attempted Contact* (exclusive outcome):
This ADRC outcome pertains to an attempt by staff to contact a customer or the customer's designee either by phone, in person, email, or other method, but where communication did not occur (for example, the individual was not home or the email was undeliverable). It is appropriate for staff to document those times when they have attempted to get in touch with a customer or the customer's designee on one or more occasions and yet have not been able. If staff try to contact a customer multiple times or by multiple means within the same day, this should be recorded as one contact only. Future attempts on another day should be recorded as a separate contact or contacts. At least one topic must be selected when choosing this outcome. Select the topic based on what information staff intended to share with the customer. If the topic is unknown, select the topic *Other*. When *Attempted Contact* is selected, no other outcome should be selected.

Examples:
- o An ADRC specialist leaves a message for a customer, requesting that their call be returned.
- o An ADRC specialist attempts to reach a guardian six times, on six different days. Each attempt is entered as a contact with this ADRC outcome.
- o The ADRC attempts to contact a customer for follow-up but does not reach the person.

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- ***Behavioral Mental Health Screens****:*
  This ADRC outcome pertains to activities related to the administration of behavioral mental health screens, such as Cage Adapted to Include Drugs (CAGE-AID) and Center for Epidemiologic Studies Depression Scale (CES-D Scale). This includes all customer and collateral contacts related to the administration of these screens, not just the completion of the screen.

- ***Community Partners*** (exclusive outcome):
  This ADRC outcome pertains to providing information to a community partner (such as an agency, a provider, or a business) who contacts the agency about questions that are not related to a specific customer. In these instances, the caller and customer should both be listed as the community-based agency or provider. Community partners utilize the agency as a vital component of their community, and therefore, it is important to document these contacts. When *Community Partners* is selected as an outcome, no other outcome (with the exception of *Joint Call/Visit with another Agency Staff*) should be selected. **Note:** The *Date of Birth, Age Group, Gender, Primary Ethnic Race*, and *Disability Type* fields must also remain blank as these elements refer to an individual, not an agency or provider.

- ***Complaints/Advocacy***:
  This ADRC outcome pertains to receipt of a complaint about the agency or staff, a long term care program, another agency, or provider. It also pertains to staff-provided information or assistance with next steps, such as providing contact information for the Ombudsman agency, assisting or providing information about how to file a complaint against the agency, sharing information regarding how to file an appeal due to a reduction in services, or providing contact information for the Division of Quality Assurance in regards to a concern with an assisted living facility.

- ***Customer Initiated Follow-up*** (exclusive outcome):
  This ADRC outcome pertains to receipt of a contact from a customer or their designee to provide an update about their current situation. No additional needs are identified, nor is further information and assistance provided. If a customer contacts the agency to provide an update and further information or assistance is needed, the outcome selected should reflect the activity completed rather than selecting the outcome *Customer Initiated Follow-up*. When *Customer Initiated Follow-up* is selected, no other outcome should be selected.

- ***Dementia Care Consultation***:
  This ADRC outcome is selected when a dementia care specialist provided individually tailored education and support to the customer regarding any of the following topics: brain health, benefits of receiving a diagnosis, dementia and related conditions, disease symptom management, strategies for family caregivers of people with dementia, dementia-related crisis prevention, connections to dementia-specific services, and dementia-related home safety.

- ***Joint Call/Visit with another Agency Staff***:
  When meeting with a customer or their designee along with an additional staff member from the same agency, this ADRC outcome should be selected. Only one staff person shall create the call record in this instance. After entering the contact notes, the second staff member should edit the contact notes to include their notes. **This outcome must be selected with at least one other outcome.** When selecting this outcome with the *Community Partners* outcome, the *Date of Birth, Age Group, Gender, Primary Ethnic Race,* and *Disability Type* fields must also remain blank, as these elements refer to an individual, not an agency or provider.

- ***Long Term Care Functional Screen***:
  This ADRC outcome pertains to activities related to the administration (such as speaking with the customer or collateral contacts to gather information) of the Long Term Care Functional Screen (LTCFS), where information is exchanged with a customer, their designee, a provider, or other individuals or organizations involved. When administering an LTCFS, select **both** *Long Term Care Functional Screen* and *Provided Options Counseling* outcomes. If a memory screen is completed as part of the LTCFS, select the *Long Term Care Functional Screen, Memory Screen*, and *Provided Options Counseling* outcomes.

  If a tribe has not elected to provide the service of the LTCFS, the tribal ADRS associated with that tribe should not select this outcome. When the tribal ADRS is present during the LTCFS interview, the outcome *Provided Information and Assistance* should be selected because the tribal ADRS is helping to facilitate the exchange of information.

  Note: Although not required, staff may choose to create a contact when the LTCFS is being electronically entered. In this instance, the outcome must be *Administrative,* as there has not been an exchange of information, and this contact should not be included in encounter data.

- ***Memory Screen***:
  This ADRC outcome pertains to activities related to the administration of memory screens (Mini-Cognistat, Animal Fluency, or AD8). This outcome should be selected when a memory screen has been administered or an attempt was made to administer the screen and an appropriate referral, if necessary, and/or education was provided to the customer and/or the customer's designee.

This includes when a referral is unnecessary because the results of the screen do not recommend it. When discussing what a memory screen is in order to inform or offer this service, this outcome should not be selected. In these situations, staff should select the outcome *Provided Information and Assistance* as a memory screen was not actually administered or attempted to be administered during the contact. Staff would select the topic *Alzheimer's and Irreversible Dementia*.

When a memory screen is conducted outside of the LTCFS, the call notes should indicate whether a referral was made. If a referral was made, the note should include where the customer was referred for follow-up.

If a memory screen is completed as part of the LTCFS, select *Long Term Care Functional Screen, Memory Screen*, and *Providing Options Counseling* outcomes.

- *Outreach/Marketing* (exclusive outcome):
This ADRC outcome pertains to activities involving outreach and marketing, whether for group presentations or one-on-one conversations, performed by staff. This includes when staff are reaching out to potential customers or providers for the purpose of marketing or outreach (such as to inform businesses about dementia-friendly communities, discuss with nursing homes about the agency or MDS-Q referrals, present at a Kiwanis meeting about the agency, or participate at health fairs). If the same activity is performed by more than one staff person on the same contact date, only one staff person shall create the call record. For example, if two staff members work the agency booth at a health fair, only one shall create the call record to document this activity.

    Staff often lead prevention classes and facilitate support groups to assist members of their community. Prevention classes are recurring and typically last for 4–8 weeks. These activities bring recognition to the agency but are not considered outreach or marketing and should be documented by a means other than the client-tracking database.

    Agencies perform many other types of marketing campaigns where there is no direct interaction with the customer (for example, newspaper articles, TV or radio advertisements, newsletters, billboard advertisements, store flyers, or posters). While these strategies may be provided to multiple people or broadcast on multiple occasions, the activity should only be documented once.

    Dementia care specialists report outreach and marketing events in DCS SharePoint. ADRC specialists and tribal ADRS report outreach and marketing events in the client-tracking system.

Note: The *Date of Birth, Age Group, Gender, Primary Ethnic Race*, and *Disability Type* fields must also remain blank as these elements refer to an individual, not an agency/provider.

If the *Outreach/Marketing* outcome is selected, no other outcome should be selected.

- *Provided Assistance with Medicaid Application Process*:
  This ADRC outcome pertains to assistance with gathering and/or documenting medical remedial expenses, and/or completing a Medicaid application. This includes assisting with a Medicaid application for the purpose of applying for a Medicare Savings Program (QMB, SLMB, or SLMB+). This outcome should not be selected when talking about financial eligibility.

  Example:

  The ADRC receives updated asset information for a customer's Medicaid application.

- *Provided Brief or Short-Term Service Coordination*:
  This ADRC outcome pertains to assistance with the coordination of services for a customer over a short period of time. This would include multiple interactions to arrange or coordinate services because the customer lacks a social or family support system or may have multiple needs and requires assistance until private pay or Medicaid funded service(s) are arranged. Once a customer is enrolled in a publicly funded long-term care program, staff should no longer provide short-term service coordination.

- *Provided Disenrollment Counseling*:
  This ADRC outcome pertains to providing information and counseling to assist a customer in the process of voluntary or involuntary disenrollment from a Family Care; Partnership; Program of All-Inclusive Care for the Elderly (PACE); Include, Respect, I Self-Direct (IRIS); or Family Care with tribal case management option. This outcome should not be selected when working with a customer who is switching between publicly funded long-term care programs or selecting a different managed care organization (MCO) or IRIS consultant agency (ICA).

  If a tribe has not elected to provide the service of disenrollment counseling, the tribal ADRS should not select this outcome. When the tribal ADRS is present during the disenrollment counseling contact, the outcome *Provided*

Information and Assistance should be selected because the tribal ADRS is helping to facilitate the exchange of information.

- ***Provided Enrollment Counseling***:
This ADRC outcome pertains to providing information to a customer regarding long-term care program and enrollment options, determining an enrollment date, or referring them to an IRIS consultant agency (ICA). In order to provide enrollment counseling, the customer must first be found eligible for publicly funded long-term care. This outcome should be selected when a customer is switching between publicly funded long-term care programs or selecting a different managed care organization (MCO) or IRIS consultant agency (ICA).

   If a tribe has not elected to provide the service of enrollment counseling, the tribal ADRS should not select this outcome. When the tribal ADRS is present during the enrollment counseling contact, the outcome *Provided Information and Assistance* should be selected because the tribal ADRS is helping to facilitate the exchange of information.

- ***Provided Follow-up***:
This ADRC outcome pertains to a contact with the customer or their designee, to whom staff has provided information and assistance or options counseling, to determine whether the customer's needs were met, the current status of action plan items, and whether additional assistance is needed. If, during the follow-up contact, the customer has additional resource needs, any additional applicable outcomes should also be selected. If a customer has officially enrolled in a publicly funded long-term care program, follow-up is not required. Please refer to the [Follow-Up Policy (P-02923-07)](#) for more information about this activity.

- ***Provided Information and Assistance***:
This ADRC outcome pertains to providing information and assistance to customers and/or their families, friends, caregivers, advocates, and others who ask for assistance on their behalf. This includes listening to the customer, assessing their needs, and helping the customer to connect with service providers or gain information to meet the identified needs. Information and assistance must be provided in a manner convenient to the customer including, but not limited to, in-person in the customer's home or at the agency office as an appointment or walk-in, over the telephone, through video conference, email, or written correspondence.

- ***Provided Options Counseling***:

This ADRC outcome pertains to meeting with a customer to discover their goals, strengths, values, and other pertinent information in order to provide decision support to the customer while they evaluate and assess their long-term care service options (such as evaluating housing options, sorting through home care and personal care options, or deciding to move or stay in their current residence). Options counseling is a person-centered interactive decision-support process that typically includes a face-to-face interaction and is more than providing a list of service providers or programs for people to choose from. The agency shall provide options counseling to customers and/or their legal decision makers. When administering an LTCFS, this outcome should be selected along with the outcome *Long-term Care Functional Screen*.

The options counseling process should cover all elements of the [Options Counseling Tip Card (F-00780)](#) and [Options Counseling (P-03062-02)](#) program.

- ***Referral to ADRC or Tribe***:
  This ADRC outcome is selected when the agency sends a customer referral to another ADRC or tribal ADRS. Also select this outcome when the receiving agency receives a referral from another ADRC or tribal ADRS. If an internal referral is being made for information and assistance by another staff person (such as for nutrition, APS, DBS, or EBS), this is considered a contact and the outcome *Provided Information and Assistance* should be selected, not *Referral to ADRC*. For regional ADRCs, if a referral is being made to another office within the ADRC's regional structure, and the ADRC would like to record the referral, the outcome *Administrative* should be selected, not *Referral to ADRC*.

8. Call Record Notes

This field is used for staff to record any notes or important information about the contact. Notes are required to be entered in every call record. Staff should always review any notes from previous contacts when engaging with a customer who has had a previous contact with the agency.

Call record notes should provide customer-specific information only and should not include personal information about people other than the customer. Notes should be written in a style that is factual, objective, and unbiased. Notes should not include jargon and should be easily understood by others.

There are several elements every call record note should contain:

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- The problem or concern the caller or customer is calling about
- The action staff is taking to help resolve the issue, including:
    - The resources discussed.
    - The support or service information provided to the caller or customer.
    - The supports or services the customer may have already tried, current services they are receiving, or informal supports.
    - The need and the customer's willingness to proceed with options counseling, if a need for options counseling has been identified.
- The reason(s) for the caller's or customer's decisions (for example, why they selected a particular service or provider)
- The results of the contact, including the plan for follow-up and any other next steps

Call Record Notes for Referrals of Abuse or Neglect

When recording a report of abuse or neglect in the client-tracking system, staff shall only include the minimum information necessary when recording a contact in which abuse or neglect was reported, observed, or making a referral to APS. The minimum necessary standard is defined as making a reasonable effort to ensure that access to personally identifiable information is limited to the minimum amount necessary to accomplish the tasks at hand.

- Staff will record contacts made to the ADRC or tribe regarding concerns of abuse or neglect and the referral of such contacts to APS or EA.
- Staff will record information regarding a referral to the ADRC or tribe from APS or EA staff which was received pertaining to a customer's need of a service(s) or support(s). This information should not reference that the referral from APS or EA was due to an investigation of abuse or neglect.
- Staff may include information, if necessary, regarding how a specific service or support needs to be provided. Staff may include information, if necessary, about the specific circumstance of delivery of a service or support.
- Staff may include identifying perpetrator information in a customer's contact record only when the perpetrator was found guilty of a crime and there are concerns about how the customer will receive a service(s) or support(s).

Staff must not record the results of an investigation, including:

- If a referral to APS or EA was screened in or out for further follow-up

- Suspected perpetrator
- Details of an investigation
- Results of an investigation being substantiated, unsubstantiated, or unable to substantiate

D. Timeline for Documentation

The agency must respond to initial inquiries and requests for information and assistance by the end of the next business day after receiving the request. Each contact should be logged into the client-tracking database within one to two business days of the date of the original contact. At a minimum, utilize the ADRC Call Summary Sheet (F-01631)
to log information by hand until it can be added to the client-tracking database. The staff member who talks to the caller is the person who should enter the contact information into the client-tracking database. Timely recording of contacts is essential to high quality service.

E. Duplicate Documentation

Duplicate client records occur when the same customer is entered in the client-tracking system more than once, typically due to misspellings of their name. Duplicate records eliminate the effectiveness of collecting first and last names and hinders the agency's ability to track the customer over time. To reduce duplicate records, ask how to spell the first and last name. Also, search for the caller and/or customer each time a new contact is added. Even with attention to the first and last names of customers, there are going to be times when there is duplicate documentation. When duplicate records are discovered, these records need to be merged.

For WellSky users, Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) handles all duplicate documentation. Consolidate the duplicate records in your database in a timely manner by contacting Carrie Kroetz.

If you do not use WellSky, the expectation is that your agency has a designated practice for merging the duplicate records. Only directors or supervisors are allowed to merge records or contact the local vendor for technical assistance to do so.

III. Collaborating with other Aging and Disability Programs

All ADRC staff must be familiar with the required Confidentiality Policy and Procedures (P-02923-06). ADRC customer information within the client-tracking system should only be accessed when it is necessary to perform the duties of the job. Information about a customer with another staff person should only be shared when it is necessary to perform the duties of the job.

Benefit Specialist Programs
It is common to have customers who are served by both ADRC specialists and other staff in the ADRC, such as EBS or DBS. Many ADRCs are integrated with their county aging unit. Although all of these programs require client tracking and data entry, the requirements may vary. Therefore, if an ADRC specialist chooses to use an optional field, it is important to verify that field doesn't have a specific use or specific definition for another program area.

Adult Protective Services

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All ADRC specialists must know the warning signs and must identify customers who may be at risk of abuse, neglect, self-neglect, or financial exploitation and who need adult protective services (APS). Please see *Call Records Notes* about recording an APS report or referral.

IV. Operational Policies and Procedures

A. Statutory References

Wisconsin Stat. §46.283

Federal regulation requires that ADRCs complete client tracking in order to claim Medicaid administrative match funding.

B. Agency Requirements

1. Encounter Reporting

Encounter reporting is required to be completed monthly. Every ADRC, regardless of the system they use for client tracking, is required to submit these reports on a monthly basis. Each agency has until the 20th of the following month to submit and certify the encounter report to DHS. If the 20th of the month lands on a weekend or holiday, the encounter data must be submitted by close of business on the following business day. For more information on encounter reporting, please see the Technology and Systems (P-03062-14) section of the manual.

2. Client-Tracking System(s)

WellSky is the primary client-tracking system used by ADRCs. WellSky is provided by and fully supported by DHS. For additional information about ADRC client-tracking systems, including WellSky or the use of other systems, see the Technology and Systems (P-03062-14) section of the manual.

C. Supervision and Client-Tracking Database Lead

All ADRCs and Tribes with a Tribal ADRS are required to designate an individual staff member to be a client-tracking database lead. The duties of the database lead are to:

- Serve as the contact person for communication between DHS and the ADRC in regards to the client-tracking system, training, and technical issues, and assist the agency to follow the client-tracking system requirements.
- Monitor the performance of and provide guidance to other staff that are entering data into the client-tracking database.
- Train and mentor new staff on the client-tracking database.
- Review and respond to any quality assurance issues detected by DHS or its designee and implement any improvement projects or correction plans required by DHS to ensure the accuracy and thoroughness of the data.

D. Allowable Funding Sources and Expenses

DHS directly funds the state-supported client-tracking system. For ADRCs with approval to operate an alternative client-tracking system, the ADRC is responsible for all costs related to startup and maintenance, including implementation of updates to client-tracking requirements.

E. Policy Requirements

Confidentiality Policy and Procedures (P-02923-06)

F. Training Requirements

All client-tracking system training is located on the learning management system. ADRC staff can access that training by going to the ERI login page.

DHS trainings can be found on the ADRC Training Calendar and Client Tracking Meeting and Training page on the ADRC SharePoint site.

V. Additional Resources and Tools

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[ADRC Call Summary Sheet (F-01631)](#)