

**Applies to:**  
**ADRC**  
**Tribal ADRS**

## Client Tracking System Requirements

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## I. Introduction

This document outlines client tracking requirements to support statewide consistent reporting for staff at Aging and Disability Resource Centers (ADRC), Tribal Aging and Disability Resource Specialists (Tribal ADRS) and Dementia Care Specialists (DCS) herein referred to as *'agency'* or *'staff'*. Staff will report every interaction using the state approved client tracking database.

## II. Client Tracking Database Lead

All agencies will designate an individual staff to be a client tracking database lead. The duties of the Client Database Lead are as follows:

- Serve as the contact person for communications between the Department and the agency 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 the Department or its designee and implement any improvement projects or correction plans required by the Department to ensure the accuracy and thoroughness of the data.

## III. Timeline for Documenting Contacts

The agency must respond to initial inquiries and requests for information and assistance by the end of the next business day of 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. If necessary, at a minimum, utilize the Call Summary Sheet to log information by hand with all the details and specifics of a contact until it can be entered into the client tracking database. The staff who talks to the caller is the staff who should enter the contact information into the client tracking database. Timely recording of contacts is essential to high quality service.

## IV. Duplicate Documentation

Duplicate client records occur when the same customer is entered in the client tracking system twice due to a different spellings of their name. This eliminates 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/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. These records need to be merged.

All WellSky merge requests should be emailed to the following individuals below. The Area Agencies on Aging (AAA) handle all duplicate documentation. Clear out your duplicates in your database in a timely manner by contacting the individuals below:

- Dane: Angela Velasquez [velasquez.angela@countyofdane.com](mailto:velasquez.angela@countyofdane.com)
- All others (GWAAR): Carrie Kroetz [carrie.kroetz@gwaar.org](mailto:carrie.kroetz@gwaar.org)

If you do not use WellSky, the expectation is that your agency denotes a practice of how to merge the duplicate records. Only Directors or Supervisors are allowed to merge records or contact the local vendor for technical assistance to do so.

## V. Encounter Reporting

This is required to be completed monthly. Every agency, regardless of what system they utilize for their client tracking database, is required to submit these reports on a monthly basis. Each agency has until the 20<sup>th</sup> of the following month to submit and certify the encounter report to the Department. If the 20<sup>th</sup> of the month lands on a weekend or holiday, the encounter data must be submitted by close of business on the following business day.

## VI. Contact Definitions

### A. Contact

A contact represents a one-on-one conversation that occurs between staff and an individual who contacts the agency (e.g., 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, including a home visit, meeting at the agency or 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 both interactions when the agency is receiving and providing information or when the agency receives information but may not be providing resource information to the caller. An individual may contact the agency multiple times regarding the same subject and each interaction is recorded as a separate contact. Every contact the agency has with an individual, where information is exchanged, is entered into the client tracking database. Staff will report every distinct contact by using call type, caller type, outcome, and call topics.

Talking with colleagues regarding customer situations is a very important activity; however, this type of contact is not required to be documented in the customer's notes. 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.

### B. 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 (e.g., discussions with nursing home discharge planners about the agency or MDS-Q referrals, presenting at a Kiwanis meeting about the agency, participation at health fairs, etc.). Dementia Care Specialists report outreach and marketing events in DCS SharePoint; ADRC Specialists and Tribal ADRCs report outreach and marketing events in the client tracking system.

## VII. Recording Activities

### A. Consumer Record

#### 1. First Name/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 fields.

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, etc.) 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 ‘\*’ after the customer’s last name and include a note in the *customer record notes* section that provides direction to all staff in effective communication techniques with this customer. This ‘\*’ 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 on how to provide a consistent approach to this individual. *Example: Bill Smith\**

An agency may also utilize an ‘\*’ and notes strategy to notify all staff of potential safety concerns they should be aware of when interacting with the customer. *Example: Bill Smith\** A decision to use this strategy is at the discretion of agency management.

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, age group, disability type, and ethnicity race should remain blank as the caller/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. Gender allows the Department of Health Services to better identify customers who use other Department programs. Staff are encouraged to ask the customer which gender they identify as. A customer may decline to provide their gender. Due to requirements of the client tracking system, if the customer refuses to provide their gender, staff may use their best judgement and select one. *Gender 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.*

### 3. Date of Birth

Staff should ask for the customer’s date of birth. The date of birth 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. *Date of birth 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 Races

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 was not requested. ‘Non-minority (White, non-Hispanic)’ may not be selected in combination with ‘White-Hispanic’. ‘Missing’ cannot be selected with any other ethnic race type. *Ethnicity and race 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 (Customer was asked but chose not to provide information).
  - Data was 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 assure 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 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 and mailing address. Addresses are key elements to assure 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 entered, the city and state fields **must** also be entered. If the street address field is unknown and not entered, but the city is known, both the city and state must be entered. 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 address line 1 along with the state in the state field.*

Any of the following options are acceptable:

- If any field is entered in the address, then it **MUST** have a state
- Address line 1, Address line 2, city, state
- Address line 1, Address line 2, city, state, zip
- Address line 1, city, state
- Address line 1, city, state, zip
- City, State
- City, State, Zip
- State
- State, Zip

## 8. In Poverty

Staff will ask customers if their income falls at or below the current [Federal Poverty Level \(FPL\)](#). Staff will use the dropdown to select: don't know, yes, or no.

Persons considered to be in poverty are those whose income is below the official poverty guideline as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS. Annually, the US Department of Health and Human Services establishes [poverty guidelines](#) to 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:

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

## 9. Lives Alone

Staff will ask customers if they live alone. Staff will use the dropdown to select: don't know, yes, or no.

Living alone is defined as a one person household. 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:

- Provides a quick and easy way to identify individuals who may need additional support, such as those who may benefit from wellness check.
- Helps to identify vulnerable people, such as in the case of a natural disaster and need for evacuation.
- Allows agency tracking of individuals who may be at a higher risk of social isolation.

## B. Call Record

### 1. Call Type

Call type is 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 (e.g., the Senior Center, local restaurant, etc.) 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 – RCAC, CBRF, Adult Family Home
- Home
- Office: Appointment at the ADRC or Tribal Agency
- Email/electronic (This selection includes mail and other types of written correspondence)
- Hospital
- Office: Walk-in at the ADRC or Tribal Agency
- Other (Outreach events such as health fairs, Adult Day Care presentations, etc. or locations other than customer’s home or agency office, e.g., the Senior Center, local restaurant, etc.)
- Incoming (This selection pertains to a phone call)
- Outgoing (This selection pertains to a phone call)
- Video conference (e.g., 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 section 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 (e.g., staff contacting customer to provide follow-up.) Only **one** category may be selected for a contact; therefore, the following describes a caller type 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’*.

Select **only one** of the following choices:

- Self (caller contacted the agency on their own behalf)
- Legal Decision Maker (i.e. guardian, activated power of attorney for healthcare, durable power of attorney for finance, conservator)
- Caregiver (caller is caring for the customer who is the focus of the contact)
- Relative, friend, neighbor, community member (caller, who is not the caregiver, contacted the agency)
- Agency Service provider (caller contacted the agency on behalf of an organization, e.g., clinic, 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). *When staff return a message, the call type recorded should reflect who made the initial contact.*
- Other (a caller that 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. Staff may also use their best judgment and select the most appropriate age group. The age group reflects the age of the customer, i.e. who the contact is about. Only one age group may be selected for all outcomes other than Community Partners and Outreach/Marketing. *Age group 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 **one** of the following:

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

### 4. Disability Type

Staff are not required to ask 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 disabilities that apply. Unknown may be selected if the customer's disability is not known. *'Unknown' cannot be selected with any other disability type. 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
- 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. 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 *'referral'* is a selected call topic (i.e., 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 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.*

*Abuse and Neglect* – 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.

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

*Adaptive Equipment* – Assistive Technology (AT), AT-kit demonstration, durable medical equipment, loan closet, vehicle modifications, home modifications.

*Addictions* – Gambling, substance abuse services, support groups for addictions, referral for substance abuse services.

*ADRC or Tribal Complaints* – 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* – Alzheimer's and other related dementia, memory screens.

*Ancillary Services* – 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* – Pet services or service animals.

*Assisted Living (Adult Family Home (AFH), Community-Based Residential Facility (CBRF), Residential Care Apartment Complex (RCAC))* – Assisted living center information, referral for assisted living and other information related to assisted living.

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

*Caregiving - Adult CG of Elder or Early Dementia* – Caregiving by an adult (18+ yrs.) for an elderly person (60+ yrs.) or an adult (18-59 yrs.) with early onset dementia. Caregiver education, support, counseling, respite service, adult day care.

*Caregiving - Elder CG of Child or Disabled Adult* - Caregiving by an elderly relative (55+ yrs.) of a child (0-18yrs.) or of a disabled adult (19-59 yrs.). Caregiver education, support, counseling, respite service, adult day care.

*Caregiving - Non-Elder CG of Dsbld Non-Elder Adult* - Caregiving by an adult (18-54 yrs.) of a disabled adult (19-59 yrs.). Caregiver education, support, counseling, respite service, adult day care.

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

*Complaints (other)* – Complaints regarding a MCO, IRIS Consultant Agency, Fiscal Employer Agent, transportation provider, or other providers. The outcome ‘*Complaints/Advocacy*’ should also be selected.

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

*Education* – Adult education, post-secondary education.

*Emergency Preparedness* – Federal Emergency Management Agency (FEMA)/Evacuation site information or other emergency preparedness.

*Employment* – Unemployment, vocational supports/employment resources.

*End of Life* – Bereavement support, burial trust, funeral, hospice, and other end of life services.

*Food* – Congregate meals, emergency food, farmer’s market program/voucher, home delivered meals, initial meal assessment or other.

*Health* – Exercise/wellness, senior aquatic programs, medication management, general health questions.

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

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

*Housing* – Accessible housing, home repair, homeless services/supports, independent housing, low-income housing/subsidized, moving assistance, transitional housing, emergency rent assistance.

*Income Maintenance* – Income maintenance consortia.

*Insurance* – Long-term care insurance, private health insurance.

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

*MDS (Minimum Data Set) Section Q Referrals* – Referrals from skilled nursing facilities on Section Q of the MDS. 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 a 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.*

*Medical Home Care* – Medical home care needs, such as, nursing care, certified nursing assistant care.

*Mental Health* – Case management, crisis services, mental health/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* – 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* – Nursing home information, five-star quality reviews, rules regarding nursing homes, Ombudsman.

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

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

*Public Benefits (other)* – 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* – Camps, community recreation programs, cultural opportunities, telephone reassurance, senior centers, and other recreation/socialization opportunities.

*Referral for Evaluation* - Referral to a community-based agency or provider for the purpose of an evaluation, (e.g., 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, etc.) *When selecting this call topic, staff must select one non-referral call topic to indicate the purpose of the referral.*

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

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

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

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

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

*Transportation* – Medical transportation, non-medical transportation, public transportation and other transportation.

*Unmet needs* are defined as 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.

- Unmet Need – Funding (Long Term Care Services)
- Unmet Need – Accessible Housing
- Unmet Need – Assisted Living (AFH, CBRF, RCAC)
- Unmet Need – Private-pay case management
- Unmet Need – Dental
- Unmet Need – Employment
- Unmet Need – Home Care
- Unmet Need – Home Care (non-medical)
- Unmet Need – Housing
- Unmet Need – Lack of non-English written materials (*must be selected with another topic*)
- Unmet Need – Medication Management

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

*Veterans* – Veteran programs, benefits specific to veterans and spouses, dependents, survivors and family.

*Volunteer Opportunities* – Places in the community to volunteer, Retired & Senior Volunteer Program (RSVP), Foster Grandparent program.

*Voting* - Voter registration information, voter ID, assistance with travel to a voting site, voting site information, etc.

*Wellness check* - Making contact with vulnerable customers to check how they are doing.

*Youth in Transition* – Youth with a disability transitioning to adult services.

## 7. ADRC Outcomes

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.

### *Administrative (Exclusive outcome)*

Activities or information, which is provided one way, relating to a customer, (e.g., scheduling or cancelling appointments, faxing or mailing information as discussed during a previous conversation/contact, etc.) 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, no other outcome should be selected.*

**Note:** Although not required, staff may choose to create a contact when the LTCFS is being electronically entered; an enrollment/disenrollment is entered into Forward Health, etc. 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”. Caller type, age group, disability type, ethnicity/race, and disability are not required when this topic is selected because “Administrative” contacts are not reported to DHS through the encounter system.

### *Attempted Contact (Exclusive outcome)*

An attempt by staff to contact a customer or the customer's designee either by phone, in person, email, etc., but where communication did not occur because the individual was not home, the email was undeliverable, etc. 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(s). 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.*

### *Behavioral Mental Health Screens*

Activities related to the administration of behavioral mental health screens, i.e. 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)*

Providing information to a community partner (agency, provider, business, etc.) 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/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, no other outcome, with the exception of 'Joint Call/Visit with another Agency Staff', should be selected.*

**Note:** Date of birth, age group, gender, ethnicity/race, and disability type must also remain blank as these elements refer to an individual, not an agency/provider.

### *Complaints/Advocacy*

Receipt of a complaint about the agency or staff, a long term care program, another agency, or provider, and staff provided information or assisted with next steps (e.g., provided contact information for the Ombudsman agency, assisted or provided information about how to file a complaint against the agency, shared information regarding how to file an appeal due to a reduction in services, provided contact information for the Division of Quality Assurance in regards to a concern with an assisted living facility, etc.)

### *Customer Initiated Follow-up (Exclusive outcome)*

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*

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, dementia-related home safety.

#### *Joint Call/Visit with another Agency Staff*

When meeting with a customer or their designee along with an additional staff from the same agency, this outcome should be selected. Only one staff shall create the call record. After entering the contact notes, the second staff 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 *'Community Partners'*, date of birth, age group, gender, ethnicity/race, and disability type must also remain blank as these elements refer to an individual, not an agency/provider.

#### *Long Term Care Functional Screen*

Activities related to the administration (e.g., talking 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, etc. When administering a 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 *'Long Term Care Functional Screen'*, *'Memory Screen'*, and *'Provided Options Counseling'* outcomes.

If a tribe has not elected to provide the service of 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 & 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*

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 would include 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 long term care functional screen, the call notes should indicate whether or not 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 'Provided Options Counseling' outcomes.*

#### *Outreach/Marketing (Exclusive outcome)*

Activities involving outreach and marketing, whether 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 (e.g., to inform businesses about Dementia Friendly Communities, discussions with nursing homes about the agency or MDS-Q referrals, presenting at a Kiwanis meeting about the agency, participation at health fairs, etc.). **If the same activity is performed by more than one staff on the same contact date, only one staff shall create the call record.** For example, if two staff work the agency booth at a health fair, only one staff 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 (e.g., newspaper articles, TV/radio advertisements, newsletters, billboard advertisements, store flyers, posters, etc.) While these strategies may be provided to multiple people, broadcast on multiple occasions, etc. 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:** Date of birth, age group, gender, ethnicity/race, and disability type must also remain blank as these elements refer to an individual, not an agency/provider.

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

#### *Provided Assistance with Medicaid Application Process*

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 (i.e. QMB, SLMB, or SLMB+). This outcome should **not** be selected when talking about financial eligibility but not providing direct assistance.

#### *Provided Brief or Short-Term Service Coordination*

Assistance with the coordination of services for a customer over a period of time. This would include multiple interactions to arrange or coordinate services because the customer is lacking a social/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*

Providing information and counseling to assist a customer in the process of voluntarily or involuntarily disenrollment from a Family Care, Partnership, PACE, 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 & Assistance' should be selected because the Tribal ADRS is helping to facilitate the exchange of information.*

#### *Provided Enrollment Counseling*

Providing information to a customer, who is found eligible for publicly funded long-term care, with long-term care program and enrollment options, determining an enrollment date, or referral to an IRIS consultant agency (ICA). 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 & Assistance' should be selected because the Tribal ADRS is helping to facilitate the exchange of information.*

#### *Provided Follow-up*

Contact with the customer or their designee, with whom staff has provided information and assistance or options counseling, to determine whether the customer's needs were met, current status of action plan items, and whether additional assistance is needed. This outcome **should** be selected when providing eligibility results for publicly-funded long term care programs. 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](#) for more information about this activity.

#### *Provided Information and Assistance*

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, the agency office as an appointment or walk-in, over the telephone, through video conference, email, or written correspondence.

#### *Provided Options Counseling*

Meeting with a customer to discover their goals, strengths, values, etc. in order to provide decision support to the customer while they evaluate and assess their long-term care service options, (e.g., evaluating housing options, sorting through home care and personal care options, deciding to move or stay in their current residence, etc.) 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 a 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](#) and [Options Counseling Program guidelines](#).

#### *Referral to ADRC or Tribe*

Agency sends 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 (e.g., nutrition, APS, DBS, EBS, etc.), this is considered a contact and the outcome of '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 where staff should record any notes or important information about the contact. This information should 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, unbiased, without jargon and should be easily understood by others.

When recording notes for the outcome of *'Provided Options Counseling'*, capture information about each step of the options counseling process. These steps may occur over multiple contacts. Staff may consider referring to the [Options Counseling Record Review Tool \(F-02583\)](#) to familiarize themselves with the criteria that will be reviewed in an options counseling contact. Additional guidelines for documentation are provided below.

**Options counseling documentation guidelines:**

1. **Identified need** for options counseling and **customer's willingness** to participate in options counseling. This information should be captured in the initial contact note.
2. **Welcome:**
  - a. The customer was informed of the confidentiality policy and that the customer indicated an understanding.
  - b. The customer's need for communication supports and assistive devices needed during the options counseling process. If no supports/devices are needed, the note should indicate that no communication supports or device were needed.
3. **Discovery:**
  - a. Customer's concerns and needs.
  - b. Customer's strengths, goals, values, and preferences.
  - c. The people that are important to the customer and/or the people who currently provide the customer with support, their lifestyle, and current living situation.
  - d. The customer's legal decision maker. If none, indicate the customer is their own legal decision maker.
4. **Decision Support:**
  - a. The resource information provided to meet the customer's identified needs and preferences.
  - b. Customer's response to the resources offered.
  - c. Customer's readiness or reluctance to move forward to create a plan.
5. **Action Plan:** Provide information about what resources are included on the action plan, the timeline and who is responsible for each step. If an action plan was not completed, indicate the customer's decision not to develop an action plan.
6. **Follow-Up** (Include information on at least two of the following):
  - a. Customer's current situation.
  - b. Outcomes since last contact.
  - c. Steps in the action plan that occurred.
  - d. Steps in the action plan that did not occur and why, and how the action plan will be modified.
  - e. Next steps, including if another follow-up call is needed.
  - f. If a follow-up call is not needed, indicate that the customer declined follow-up or note the attempted contacts.
7. **Conclusion:** Indicate the date and reason for the conclusion of options counseling.

**General documentation guidelines:**

Notes are required to be entered for every contact. There are several elements every call record note should contain:

1. The problem or concern the caller/customer is calling about.
2. The action staff is taking to help resolve the issue, including:
  - a. The resources discussed.
  - b. The support or service information provided to the caller/customer.
  - c. What supports or services the customer may have already tried, current services they are receiving, informal supports, etc.
  - d. If a need for options counseling has been identified, indicate the need and the customer's willingness to proceed with options counseling.
3. Why the caller/customer is making the decision they make, (e.g., why they selected a service, provider, etc.)
4. The results of the contact, including the plan for follow-up and any other next steps.