Introduction

1. Individuals and families, regardless of income, need unbiased and reliable information and counseling.
2. The Aging and Disability Resource Center (ADRC), functions as "a one-stop shop for aging and disability information, programs and services."
3. All ADRC's will have the ability to serve all individuals regardless of income by providing information about, and referrals to, agencies and providers.
4. The goal of the ADRC is to provide individuals with all the information they need to make informed choices and to streamline access to the individual's choice for long-term supports. ADRC improves the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation. ADRC programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long term care needs.

Purpose

ADRC programs will serve as an entry point to publicly administered long term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.

Procedure

1. The providers shall ensure ADRC staff are highly trained professions, completing the ADRC certification and provide expertise to serve diverse private pay consumers;
2. ADRC staff shall:
    a. Provide unbiased customer support;
    b. Enter client information into DAIL approved data system regardless of income level;
    c. Provide advanced counseling and decision support skills through formal assessment, interviewing, probing and exploration of alternatives;
    d. At a minimum, be able to provide information on the following:
        i. Cost of Services – options, service fees and rate scales, opportunity for financial assistance, existing income guidelines and criteria, criteria for spend down.

ii. General Services and Supports – menu of services, how to locate services, range of options availability, alternatives for waiting lists;

iii. In-home Supportive Services – quality assurances, hiring procedures, competency and trustworthiness of home care workers, lists of providers in the community, affordability, and how to locate;

iv. Quality – service selections available to older adults, the extent to which referrals in the database are based on bonding, and policies and procedures for monitoring and accountability;

v. Long Term Services and Supports Planning for the Future – long term care insurance information, guidance with estate planning and estate recovery, and reverse mortgages; and,

vi. Housing – cost, options, assisted living opportunities, moving and relocation services, and financing nursing home placement.

Responsibilities of the Aging Disability Resource Center
The ADRC shall be responsible for planning, organizing, and administering a district-wide service delivery system. Specific terms and conditions are included in the master agreement and are approved by The Department for Aging and Independent Living.

General Requirements

Provider agencies shall:

(1) Provide a plan for meeting the requirements in their contract for the ADRC.
(2) Permit staff of DAIL to monitor and evaluate all ADRC services.
(3) Assure that consumers and families are able to identify and readily locate Aging and Disability Resource Center.
(4) Assure that each paid staff person has received initial and ongoing training to meet training standards and meets staff qualification standards established for each specific service by DAIL. DAIL will develop training standards and provide technical assistance.
(5) Develop and maintain a staffing plan that describes how the ADRC is staffed, including functions of various staff positions, staff qualifications, the number of full-time equivalent positions (FTEs) devoted to each function and the percent of each position's time devoted to its different responsibilities, i.e. current staff may be assigned to the ADRC on a rotating schedule. A provider agency shall establish, at a minimum, one (1) FTE staff and have staffed physical space in each service region. If multiple staff are utilized, the provider must designate one (1) lead contact person. DAIL will develop training standards and provide technical assistance.

General Requirements

<u>DAIL shall:</u>

(1) Be responsible for the statewide administration of the Aging Disability Resource Center. In keeping with the mission of the program, DAIL shall be responsible for providing direction to the providers in effective and efficient administration of the ADRC.
(2) Establish and make available on a statewide basis, policies and procedures essential for administration of the ADRC. DAIL shall provide training and maintain a viable working relationship with the providers through monitoring and technical assistance functions.
(3) Conduct annual field review audits (monitoring) of providers. This review includes both clinical and post payment aspects.

Specific Requirements

<u>DAIL shall:</u>

(1) Develop and revise, as necessary, program and fiscal reporting requirements for the ADRC;
(2) Provide or assist with training , technical assistance in situations where assistance is needed due to problems in coordination with other programs or agencies, and difficult consumer situations and complaints;
(3) Develop reports, and other information to keep administration, legislators, providers and the public aware of the needs and program performance.

Approval

The Department for Aging and Independent Living will approve all policies and procedures including the client and resource directory database.

Procedure:

(1) Policies and procedures will be submitted to the Department for Aging and Independent Living prior to implementation.
(2) All changes to the database template are at the discretion of the DAIL.
(3) Updates to the resource database will be referred to the DAIL administrator prior to inclusion on the web site.

Service Delivery

The service delivery functions of the Aging Disability Resource Center are to provide accurate information, suitable referrals and supportive assistance for consumers in order to link the person to the appropriate service(s) either by telephone or in person.

Procedure:

ADRC staff will understand the standard elements and general flow of interaction to assure that all inquiries are consistent.

Intake Procedure

(1)   Initial contact will occur by walk-in office visit, telephone, e-mail, or TTD/TTY interactions.
(2)   Response to voicemail, E-mail and Web based inquiries will occur by close of business on the next working day. Staff will make drop-in individuals a priority.
(3)   Complex issues/concerns and referral(s) will be the responsibility of a Resource Counselor.
(4)   Inquirers will be encouraged to re-contact the Resource Center if they need further information and/or assistance.
(5)   ADRC staff will utilize the approved DAIL standardized screening tool.
(6)   Screening data will be entered into the SAMS system.

Initial Customer Interaction Protocol

(1) The ADCRC phone will be answered as ADRC and the Provider name (i.e. This is the ADRC at Northern Kentucky AAAIL)

(2) Upon call completion:
   (a) Thank the inquirer for using the ADRC services.
   (b) Encourage the inquirer to contact again at any time in the future for assistance.
   (c) Offer a follow up satisfaction survey by mail or email.

Customer Intake Protocol

(1) Verbal and / or written permission will be obtained prior to making a referral, assisting with obtaining services or advocating for an individual.

(2) The ADRC will document that a referral has been made on behalf of the caller.

Referral Protocol

(1) Referrals will be made to appropriate agencies and/or organizations on behalf of a customer upon request.
(2) Information necessary to process a referral shall include but is not limited to name of person requesting services, age, address, phone number and services requested.
(3) It is the responsibility of the Referral Specialist and/or the Resource Counselor working with the customer to notify the agencies and/or organizations of the referral.

The ADRC will make the referral process simple, consistent and complete to ensure the consumers' needs are met by the referral(s).

(1) Follow-up contact will be made for all clients having presented with complex issues / concerns, to include, but not limited to, those inquirers in endangerment situations. A Resource Counselor is responsible for the follow-up contact.
(2) Staff will assist in identifying and removing whatever practical obstacles exist between the customer and identified service(s) and / or advocate for the individual when requested.

Non-Operating Hours Protocol

(1) The ADRC voice mailbox will be activated during non-operating hours, such as but not limited to evenings, weekends, and holidays.

(2) A voice message on the mailbox will advise the caller the center is currently closed and if the call is an emergency to hang up and call 911, normal operating business hours, and that a message can be left which will be responded to on the next business day. The message will advise that the center is currently closed, normal operating business hours, and that a message can be left which will be responded to by close of next business day.

(3) It is the responsibility of the Referral Specialist or assigned designee to activate both systems at close of business.

(4) It is the responsibility of the Referral Specialist or assigned designee to retrieve and respond to messages in the morning of the next business day.

Quality Improvement

Complaints

The ADRC staff members will perform their assigned duties to all consumers in a timely fashion according to best practices and in a professional manner.

(1)   All complaints and/or concerns about any aspect of the service, including but not limited to personnel, are considered significant. These are to be routed to the Program Manager or his/her designee for effective resolution.

(2)   For internal quality improvement purposes, referrals, including but not limited to complex referrals, will be monitored annually using a simple reporting tool, developed by DAIL, to assess quality of the referral. This internal monitoring process is the responsibility of the Program Manager or his/her designee.

Satisfaction Surveys

(1)   For quality-improvement purposes, consumers will be randomly audited annually using a consumer satisfaction survey developed by DAIL. This process is the responsibility of the Program Manager or his/her designee and a requirement of all programs.

(2)   This survey may be given by phone, email or by postal service.

Monitoring

(1)   Even if state or federal funding is not specifically designated for the ADRC, but is used to support the ADRC, the program will be monitored for quality and service delivery.

Limited English Proficiency (LEP)

The ADRC will strive to provide effective and efficient language services to individuals who are Limited English Proficient (LEP).

Limited English Proficient Client:

The Program Manager or his/her designee will hold primary responsibility of coordinating all language service activities.

(1)   ADRC staff will consult with the Program Manager or his/her designee when a person is identified as requiring LEP services.

(2)   If the person's primary language is any other than English, it will be identified by the ADRC staff and related to the Program Manager or his/her designee in order to start the planning process.

(3)   Interpreter Services will be arranged for all clients who have Limited English Proficiency. The interpreter must be a neutral party and cannot have a vested interest in the client's personal welfare.

(4)   If a client requests that a family member interpret for them, a neutral interpreter will be present to insure that the client's best interests are being considered.

(5)   Contract providers and other community resources will be used for interpreter services, if there are no in-house interpreters available.

(6)   Determination of appropriate language services will depend on individual circumstances and plans can be modified in order to accommodate client need.

(7)   The use of telephone interpreter services is available through "Language Line Services". ADRC staff must receive advance approval from the Program Manager or his/her designee prior to the use of this service.

Staffing

The ADRC will seek to maintain a skilled and knowledgeable staff to ensure the integrity of provided services.

Procedure:

(1) It is the responsibility of the ADRC to assure that the staff is adequately trained in order to perform their basic assigned duties. Such trainings(s) / education may include, but are not limited to seminars; conferences; training sessions and / or literature.

(2) It is the responsibility of each staff person in conjunction with the Program Manager or his/her designee to identify any specific area(s) of training which may include, but not limited to special populations and skill sets that may be deemed necessary to successfully perform assigned duties. Such training(s) / education may include, but are not limited to seminars; conferences; training sessions and / or literature.

(3) It is the responsibility of each staff person to identify and respond appropriately to difficult inquirers / situations.

Crisis, Emergency Inquiries

Emergencies will be addressed by following the protocol. Staff will accept the statements as valid and will not attempt to interpret or question the inquirer's perception or intent. Emergency personnel will be contacted when possessing any doubt as to the necessity of assistance.

(1)   At any point in an interaction when emergency intervention is required, staff will remain calm, assert control over the conversation, and be as directive as is necessary in order obtain / verify the following information, in order of priority:

   (a) The specific location of the person(s) requiring assistance (street address, location on property – e.g. front bedroom, back yard, parking lot)
   (b) The phone number of the person needing assistance or the caller Remember – The inquirer may not be the person(s) requiring assistance.
   (c) The chief complaint of the person requiring assistance

(2)   If interaction is via a phone, staff will contact 911 as determined by agency policy. Note – Staff will not tell the caller to hang up and dial 911.
(3)   Staff will not attempt to substantially diagnose or question the inquirer about the nature of a medical emergency prior to taking decisive action. The first priority will be to ensure that assistance is en route at the earliest possible opportunity. Staff may ask the inquirer about sudden or drastic changes in medical conditions in order to ascertain whether an emergency exists.
(4)   If caller indicates that they do not want or need emergency assistance but staff is concerned about the caller's welfare and believes the caller may be in imminent danger then contact the appropriate police or sheriff's department identifying self as ADRC staff, explain the situation and ask for a "welfare check".
(5)   If interaction is during a home visit staff will first make certain that immediate environment is safe, if environment unsafe move to the closest safe place, then phone 911 with specifics.

Suicidal Person

(1)   In the event that an inquirer threatens harm to themselves or others, obtain as much information as possible in order to dispatch emergency services. Be careful not to alienate the caller. Enlist the aid of a co-worker for collateral phone calls or other assistance.

(2)   Staff must be in firm control of the conversation. Ask questions related to the present suicidal crisis. Be prepared to direct each successive action to minimize imminent potential for harm.

(3)   Points to keep in mind:

(a)   Find out what kind of self-harm the person has done / is doing:

Drugs:
When? What kind? What strength? Usual dose? Mixed with other drugs/alcohol?

Cuts:
Weapon? Where are cuts? How deep?, Bleeding? How much?

Gun:
Loaded? What kind? Where is it?, Anyone else nearby?

(b)   Talking about suicide to a troubled person will not give him/her the idea. The ideas are already there.

(c)   A "garden variety" depression triggers most suicide attempts, not psychosis. Staff should endeavor to look for and emphasize the individualized reason(s) a person may have to live.

(d)   Typical suicides are not impulsive actions; they are preceded by long deliberation. Suicide is often a choice that is contemplated for months, if not years.

(e)   The person who only talks vaguely or threateningly about suicide or makes "feeble gestures" is not interested only in manipulation. The person should be taken seriously. This person requires attention, without which the next suicide attempt may be lethal.

(4)   Keep the person on the phone and talking if possible until help arrives.

Angry Person

In the event of an inquirer who expresses anger toward the staff member, the ADRC, or a referral source, the staff member will:

(1)   Remain calm and patient and not engage in argument
(2)   Work to defuse the inquirer's anger by active listening and by responding empathetically
(3)   Help the inquirer to identify the source of his/her anger and define it
(4)   Endeavor to understand the cause of the anger as the inquirer defines it

(5)	Remain positive and offer assistance in resolving (if possible) the cause of the inquirer's anger
(6)	Explain how the ADRC is able (and unable) to assist its customers
(7)	Offer help wherever possible
(8)	Assist the inquirer in problem-solving
(9)	Follow through with commitments made to the inquirer
(10)	Offer future assistance
(11)	Follow up

Profane/Offensive Person

In the event of an inquirer who uses language that the staff member perceives as profane or offensive, the staff member will:

(1)	Be explicit about what the inquirer is saying that the staff member finds offensive or profane
(2)	Inform the inquirer that the staff member will be unable to continue the conversation until the specific profane or offensive language ceases
(3)	Offer the inquirer other word choice / language options to express him/herself that the staff member would not find offensive or profane
(4)	Emphasize willingness to be of assistance
(5)	Set limits and stick to them
(6)	Terminate the interaction once the above conditions are met and the offensive/profane language continues

Threatening Person

In the event an inquirer uses threatening language or issues specific threats to the ADRC staff member, the staff member will:

(1)	Be explicit about the staff member's perception of an issued threat
(2)	Inquire about the nature and motivation of the perceived threat
(3)	Emphasize that the staff member will not accept threats and will take appropriate action to nullify the threat, up to and including police intervention, if required
(4)	Offer positive options
(5)	Offer future assistance
(6)	Offer positive avenues for conflict resolution
(7)	Attempt to preserve the relationship with the inquirer
(8)	Set limits and stick to them
(9)	Terminate the interaction if the above conditions are met and the treats continue

    (10) Take appropriate protective action, depending on the nature of the treat including a report to and / or calling law enforcement, if indicated.

Home Visit

Staff safety always comes before performance of job duties / responsibilities.

Staff members should never hesitate to leave a location or terminate a visit if there is any question that they may be at risk. Attentiveness is the first line of defense.

Procedure:

Staff should plan all visits using the following guidelines:

(1) Schedule an appointment and call ahead to confirm visit.
(2) Know the location of the visit. Be aware of the community and possible areas of concern. Map out the safest and most direct route.
(3) Staff should wear shoes and clothes you can run in, wear minimal jewelry, and do not carry a purse unless absolutely necessary. Keep valuables out of sight. Purses and items of value should be locked in a concealed location prior to leaving for visit.
(4) Carry identification and car keys.
(5) Always leave an itinerary at the primary location and notify the Program Manager or his/her designee of any changes.
(6) Keep vehicle well maintained and gas tank at least half full.
(7) Be aware of and carefully observe the surroundings. Avoid people and groups that seem to be hostile or unruly. Be aware of animals and avoid them if possible.
(8) Choose open parking places so that the car cannot be blocked in if at all possible.
(9) Be aware of one-way and dead-end streets. Try to park in the direction of departure.
(10) Lock all car doors and keep windows rolled up.
(11) Trust your instincts at all times. Be aware of potentially dangerous situations. Do not enter or remain in any environment, such as but not limited to buildings, apartments, or houses, if you suspect an unsafe situation.
(12) If an emergency / criminal situation arises, be aware of the following:

   (a) Type of incident
   (b) Time of incident
   (c) Location of incident; be as specific as possible.
   (d) Description of the individuals involved and names if known.
   (e) Any weapons involved.
   (f) Vehicles involved.

      (g) Direction of flight

(13) Develop and use a distress word or phrase if you feel your safety is in jeopardy while on a visit. The Program Manager or his/her designee is to be advised of this word / phrase.

(14) Document carefully the course of such interactions, from greeting to termination, with specific attention to the nature of the interaction, the staff member's statements and / or directives, the inquirer's responses, and the outcome of the interaction. Additionally, the staff person will notify the Program Manager or his/her designee of the event.

Privacy

ADRC staff will maintain each inquirer's right to privacy and confidentiality of protected health information.

(1) It is the responsibility of each staff member to adhere to the Workplace Privacy and Security Procedures of the provider agency as written.

(2) When the inquirer is not the person for whom services are requested, generalized referral information about community services may be given to a third party without a release of information.

(3) An inquirer who has not knowingly given his/her phone number may not be contacted or identified by using the caller identification function of the phone system. **The only exception** to this is in the event of an emergency, when the caller ID is the only available method of identifying the caller or the caller's location.

Resource Database

The Aging Disability Resource Center database shall be a collection of local community information as comprehensive as possible that identifies resources, services and providers in areas relevant to the long-term care needs and issues of older adults, adults with disabilities, and their caregivers. The following disclaimer applies:

Disclaimer: No recommendation or endorsement is intended or made of any product, service, or information by its either inclusion or exclusion. While all attempts are made to insure the correctness and suitability of information under our control and to correct any errors brought to our attention, no representation or guarantee can be made as to the correctness or suitability of that information or service presented, referenced, or implied. The ADRC is not responsible for any decisions made or actions taken by inquirers as a result of the information obtained.

Procedure:

(1)   The Aging and Disability Resource Center will maintain a database of local community information as comprehensive as possible about resources, services and providers relevant to long term care needs and issues of older adults, adults with disabilities, and their caregivers. The database will be used by the staff to provide information and / or referrals to inquirers on available options within the community. Although inclusion in the database is deemed a privilege, not a right, and remains at the sole discretion of the ADRC, inclusion does not imply endorsement nor does omission indicate disapproval.

(a) General guidelines for inclusion may include, but are not limited to such things as adequately addresses the needs of the target population, provides critical services for the target population, provides services within the region of the local Area Development District, and provides timely updates on information.

(b) General guidelines for exclusion may include, but are not limited   to such things as illegal activities, deceptive business practices, misrepresentation of services, discrimination, patterns of complaints, and violation of federal, state, or local laws or regulations.

(c) The general guidelines will be reviewed by the Program Manager or his/her designee at a minimum of every three years.

(2)   The Aging Disability Resource Center will maintain a current standardized profile of agencies and organizations listed in the resource database.

   (a)   To ensure the integrity and accuracy of the database it is the responsibility of the ADRC staff to enter all descriptive information into the database.
   (b)   The ADRC staff will formally update the resource database annually.
   (c)   The ADRC staff will make revisions and additions to the database throughout the year as needed.
   (d)   The agencies and organizations in the resource database profile shall contain at a minimum, when appropriate, the name, both legal commonly used as well as acronym; main address and branch sites; contact information; hours of operation; and a short summary of available services.

(3)   The information in the Aging Disability Resource Center database will be retrievable alphabetically by organization name, type of service provided, specific target population and geographic location.

   (a)   The agencies and organizations profile will include at a minimum the organization's name and geographic location by county and zip code as well as type of service provided and specific target population when possible.
   (b)   The Program manager and/or his designee are responsible for entering the agency / organization profile into the electronic database.
   (c)   All AAAs will use the same data entry template.

Reports

The Aging Disability Resource Center will collect aggregate data to build a profile of community needs to assist in community wide planning to fill identified gaps in order to serve individuals with appropriate service(s).

Procedure:

  (1)   The Aging Disability Resource Center will use, conduct and analyze aggregate data in order to develop and create reports to identify gaps in services, document insufficient resources, and monitor trends within the community.
  (2)   It is the responsibility of the AAA to develop all aggregate reports requested by the DAIL.

Marketing

All marketing materials will be compliant with the state selected and approved branding and will include the state 877-telephone number and web address. In addition to the state 877-telephone number, providers may add local numbers if they choose to do so.

Procedure:

(1)   DAIL will develop and print the brochure for distribution to the providers.
(2)   Locally developed marketing materials must be approved by DAIL and the Cabinet's Department for Communications.
(3)   Exhibit display will comply with DAIL standard design.

Technology

All providers will have a DAIL approved, technology system for the resource database and client recording.

Procedure:

DAIL will specify the IT system for use by the ADRC

Policy Statement

Individuals and families regardless of income need unbiased and reliable information and counseling. All Aging and Disability Resource Centers (ADRCs) will have the ability to serve private pay individuals by providing information about, and referrals to, appropriate agencies.

Definition

Private Pay consumers are individuals who:

- Have some level of financial resources to devote to long term care services and supports;
- Have incomes above poverty threshold; and,
- May not be currently eligible for public long term care programs.

Procedure

(1) The provider agencies shall ensure ADRC staff are highly trained professionals and provide expertise to serve diverse private pay consumers;

(2) ADRC staff shall:

a) Provide unbiased customer support;

b) Enter client information into DAIL approved data system regardless of income level;

c) Provide advanced counseling and decision support skills through formal assessment, interviewing, probing and exploration of alternatives;

d) At a minimum, be able to provide information on the following:

   i) Cost of Services – options, service fees and rate scales, opportunity for financial assistance, existing income guidelines and criteria, criteria for spend down;

   ii) General Services and Supports – menu of services, how to locate services, range of options, availability, alternatives for waiting lists;

   iii) In-home Supportive Services – quality assurances, hiring procedures, competency and trustworthiness of home care workers, lists of providers in the community, affordability, and how to locate;

   iv) Quality – service selections available to older adults, the extent to which referrals in the database are based on bonding, and policies and procedures for monitoring and accountability;

   v) Long Term Services and Supports Planning for the Future – long term care insurance information, guidance with estate planning and estate recovery, and reverse mortgages; and,

   vi) Housing – cost, options, assisted living opportunities, moving and relocation services, and financing nursing home placement.