

# ADRC Staff Policies and Procedures Manual

January 1, 2009

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## 1.00 Introduction to Policies and Procedures Manual for the ADRC

This manual is a resource for staff working in the ADRC serving Calumet, Outagamie and Waupaca Counties. It is intended to be:

- An orientation tool for new ADRC staff,
- An ongoing source of direction for staff, and
- A means to ensure consistent services across the ADRC consortium.

The manual will be reviewed and updated on an annual basis (assigned sections each quarter) to ensure that it is current, accurate and reflective of the practices of the ADRC serving Calumet, Outagamie and Waupaca Counties.

### 1.01 Contact Information

Questions regarding the policies and procedures outlined in this manual should be directed to one of the following:

- ✓ ADRC Project Manager - Nancy Leipzig
- ✓ Branch Supervisors
  - Mary Schlautman – Calumet County
  - Bonne Elias Planner – Outagamie County
  - Donna Siedschlag – Waupaca County
- ✓ Branch Managers
  - Felicia Shaw – Calumet County
  - Tom Stratton – Outagamie County
  - Pat Enright – Waupaca County

### 1.02 Best Practices

Throughout this document, recommendations for activities that are considered “Best Practices” are described in text boxes.

Best Practices are activities that are encouraged as a means to help staff focus on ways to improve ADRC operations, improve relations with other departments, improve relations with the community, and ultimately improve services for consumers we serve.

Date: October 2, 2008  
Review Date: March, 2009

## 2.0 ADRC Program Description

Aging and Disability Resource Centers were first established as pilot programs in Wisconsin in 1998 as part of long-term care reform. The State Department of Health Services (DHS) has expanded the development of ADRCs and has projected that all of the state’s population will have access to an ADRC, either as “stand alone” ADRCs in single counties or ADRCs serving multiple counties or regions.

ADRCs are funded by the DHS with activities related to Medical Assistance “pulling down” funding from the federal government, Center for Medicaid and Medicare Services (CMS). New staff are encouraged to view the DHS “Introduction to Aging and Disability Resource Centers” video for an overview of the state philosophy regarding ADRC development.

#### 2.01 What are ADRCs?

ADRCs are a single point of access for information and assistance with issues regarding long-term care needs for members of our community including:

- Consumers
- Family members and caregivers
- Professionals
- Friend / neighbors / advocates

ADRCs provide access to state and county funded long-term support services as well as early intervention and prevention services to help people prevent illness, disability, or the need for hospitalization or long-term care. ADRCs help adults understand their needs and the full range of options in order to preserve their personal resources and avoid the need for the state long-term support benefit. This is done by providing unbiased information on services available throughout the community. ADRCs serve people without regard to income or assets.

#### 2.02 ADRC Services include:

- Information and Referral
- Information and Assistance
- Options Counseling
- Enrollment Counseling
- Access to Mental Health / Crisis Units
- Short-term Case Management
- Benefit Counseling
  - Elderly (60 and Above)
  - Disability (18 to 59)
- Prevention and Early Intervention Services
- Outreach and Marketing
- Youth Transition Services

#### 2.02 ADRC Philosophy of Service

The Aging and Disability Resource Center Serving Calumet, Outagamie and Waupaca Counties operates under the “RESPECT” philosophy:

- **R**elations between participants, care managers, and providers
- **E**mpowerment to make choices
- **S**ervices to meet individual needs
- **P**hysical and mental health services to help people reach their best level of functioning
- **E**nhancement of participant reputations
- **C**ommunity and family participation
- **T**ools for self determination

ADRC staff strive to provide quality services by:

- Being consumer-focused and being non-judgmental
- Maintaining a friendly and welcoming place to call or visit
- Providing accurate and timely information on services in the area
- Being an unbiased source of information and options
- Helping people preserve personal resources
- Helping people avoid premature or unnecessary use of publicly-funded long term care services
- Meeting with consumers in their community settings when necessary
- Promoting prevention-related activities
- Providing “live transfers” of calls within each location, between locations, and to other resources when possible
- Seeking continuing education on topics related to populations served, the evolving service provider system, and skills needed for the job.

### 2.03 ADRC Mission Statement

**“The Aging and Disability Resource Center serving Calumet, Outagamie and Waupaca Counties offers adults and families a single source for Information/Assistance and individualized service planning to enhance self-sufficiency and quality of life.”**

### 2.04 ADRC Consumers - People served by the ADRC include:

- Older Adults - defined as 60 or older
- Adults who have physical disabilities
- Adults who have developmental disabilities
- Adults who have mental health issues
- Adults who have substance abuse issues
- Young Adults transitioning into the Adult Services System (age 18 or up to 22) - referrals accepted at 17 years 6 months (note that referrals on children below 17 years 6 months may be routed to other service areas of the Department within the county of residency)
- Families / friends / neighbors seeking information on long term support services
- Professionals seeking information on long-term support services

### 2.05 Methods to Contact the ADRC

Individuals may contact the ADRC by telephone, by walking in to any ADRC Branch location, by emailing via the website ([www.yourADRCresource.org](http://www.yourADRCresource.org)) or via individual staff email, or fax, or by mail. Each Branch has a designated individual who receives general email contacts and responds the same day or the following day.

**Best Practice:** As a warm and welcoming environment for people to receive information and assistance, the ADRC strives to ensure that individuals calling or walking in speak to a person in a timely manner. The use of voice mail for receiving initial calls should be avoided as much as possible.

Date: November 25, 2008  
Review date: March, 2009

### 3.00 ADRC Organization

The ADRC is created under agreement between Calumet, Outagamie and Waupaca Counties (See Attachment #4 for ADRC Consortium Organization Chart).

- Resolution that supported the creation and ongoing operation of the Aging and Disability Resource Center Serving Calumet Outagamie and Waupaca Counties have been approved by each respective county board of supervisors.
- The Health and Human Services Boards of Outagamie and Waupaca Counties, and the Human Services Board of Calumet County provides oversight responsibility for the operation of the ADRC in each county. These boards report to their respective county board of supervisors.
- The Project Manager and Directors of Outagamie and Waupaca Health and Human Service Departments and Calumet Human Service Department have overall responsibility for the operation, quality of service and contract requirements for the ADRC. Each Director has assigned supervision and management within their department to operate each ADRC branch location.

### 3.01 ADRC Consortium Model

The ADRC is a consortium model based upon a Purchase of Service Agreement between Calumet, Outagamie and Waupaca Counties. Calumet County acts as the fiscal agent for the ADRC. The following activities and resources are shared by the three ADRC Branch locations:

- Project Manager services
- Program planning and development
- Budget development and accounting
- Data reporting (Encounter Reporting, Call Reports, MA Time Reporting)
- Resource database
- Disability Benefit Specialist services
- Health and Wellness / Prevention activities
- Marketing and outreach services (promotional items, brochures, website, presentations, etc.)
- Training activities (Unit meetings, ADRC Forums, workshops, conferences)
- Staff expertise
- Toll free (866) line and distribution of calls (calls are routed to the appropriate branch based upon the caller's prefix number, in cases where the prefix number is not from the area, calls are routed to the Calumet Branch on Tuesdays, the Waupaca Branch on Thursdays, and the Outagamie Branch on Mondays, Wednesdays, and Fridays).

### 3.02 Branch Locations and Contact Information

The ADRC has three branch locations:

#### Calumet County

Supervisor:	Mary Schlautman, ADRC Branch Supervisor
Phone:	(920) 849-1451
Fax:	(920) 849-1484
Toll Free:	1-866-739-2372 (ADRC)

Address: 206 Court Street, Chilton, WI 53014  
Hours of operation: Monday through Friday, 8:00 to 4:30  
Closed on County Holidays including Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day and the Friday following Thanksgiving. Christmas Eve, Christmas Day, New Years Eve, New Years Day

Outagamie County

Supervisor: Bonne Elias Planner, ADRC Branch Supervisor  
Phone: (920) 832-5178  
Fax: (920) 832-2113  
Toll Free: 1-866-739-2372 (ADRC)  
Address: 401 S. Elm St., Appleton WI 54911  
Hours of operation: Monday through Friday, 8:00 to 4:30  
Closed on County Holidays including Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day and the Friday following Thanksgiving. Christmas Eve, Christmas Day, New Years Eve, New Years Day

Waupaca County

Supervisor: Donna Siedschlag, ADRC Branch Supervisor  
Phone: (715) 258-6400  
Fax: (715) 258-6409  
Toll Free: 1-866-739-2372 (ADRC)  
Address: 811 Harding St., Waupaca WI 54981  
Hours of operation: Monday through Friday, 8:00 to 4:30  
Closed on County Holidays including Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day and the Friday following Thanksgiving. Christmas Eve, Christmas Day, New Years Eve, New Years Day

Individuals who have hearing impairments utilize the 7-1-1 Telecommunications Relay Service. For more information on 7-1-1, see the Federal Communication Commission website: <http://www.fcc.gov/cgb/consumerfacts/711.html>

Date: November 25, 2008  
Review Date: March, 2009

**4.00 Governance**

The ADRC is served by an Advisory Committee generally reflecting the ethnic and economic diversity of the ADRC service area and representing all consumer groups served by the ADRC.

4.01 Advisory Committee Composition and Duties

The ADRC Advisory Committee is comprised of 12 representatives (4 from each county) appointed by their county board of supervisors as follows:

- Three members are county board members
- Six members are consumer representatives including self-advocates, providers, family members

- Remaining representatives are “members at large” representing the populations served by the ADRC

The duties of the Advisory Committee are to review and revise the ADRC Mission Statement, monitor quality, address unmet needs, potential new community resources, and other tasks to provide assistance and support to the ADRC. The Advisory Committee serves to advise to their respective county Health and Human Services / Human Services Board regarding activities of the ADRC.

#### 4.02 Advisory Committee Membership

Terms on the ADRC Advisory Committee are staggered, with members having either a one year, two year or three year term. No member may serve more than six consecutive years on the committee. To ensure appropriate representation on the Advisory Committee, each county recruits committee members with the following characteristics:

##### Calumet

- A member of the Calumet Co. Board of Supervisors
- A member representing people with physical disabilities
- A member representing people with substance abuse issues

##### Outagamie County

- A member of the Outagamie Co. Board of Supervisors
- A member representing adults with developmental disabilities
- A member representing the business community

##### Waupaca County

- A member of the Waupaca Co. Board of Supervisors
- A member who is a consumer advocate
- A member representing adults with developmental disabilities

#### 4.03 Advisory Committee Meetings

The ADRC Advisory Committee generally meets on the second Thursday of alternating months at 3pm. Meetings are open to the public and follow open meeting rules including being posted publicly, and allowing for public participation as part of each agenda.

Date: October 2, 2008

Review Date: March, 2009

### **5. 00 ADRC Staff**

Staff working within the ADRC are employed by their respective county or contracted for services. Staff positions are funded by the ADRC contract with DHS, by Older Americans Act funding, or by other sources.

## 5.01 Staffing Plan

- ADRC Branches have Information and Assistance Specialists with various backgrounds and expertise areas. I & A Specialists are employees of their respective counties. The ADRC contract with DHS requires that at least one Information and Assistance Specialist meets the Alliance of Information and Referral Systems (AIRS) certification standards and be AIRS accredited. AIRS is a professional membership organization that provides credentialing of individuals and ongoing updating of standards for Information and Referral / Assistance Organizations.
- ADRC Branches have Elderly Benefit Specialists employed by each respective county. EBSs are trained, supervised and follow program guidelines provided by The Elder Law Center of the Coalition of Wisconsin Aging Groups.
- ADRC Branches have Disability Benefit Specialists (DBS) contracted as employees through Valley Packaging Inc. (VPI). DBS staff are trained, supervised, and follow program guidelines provided by Disability Rights Wisconsin.
- The Outagamie and Waupaca ADRC Branches have ADRC Assistants who work with ADRC consumers and Economic Support (ES) Units to assist individuals with MA applications. They receive referrals for assistance from I & A, Benefit Specialists, and ES workers (who specialize in assisting the elderly, blind, and / or disabled) and help consumers who need assistance throughout the process of applying for MA and related benefits (e.g., Food Share, Badgercare Plus). ADRC Assistants are contracted employees of VPI.
- As fiscal agent for the ADRC, Calumet County contracts with the Project Manager and with VPI for the DBS, ADRC Assistants and the Health and Wellness Coordinator. The Project Manager participates in the selection process and acts as the contract manager for the VPI contract.
- Branch Supervisors act as consultants and provide support to contracted staff to ensure the terms of the State / County ADRC contract are met, that day-to-day operating requirements are met, and to ensure that each branch office provides quality services.
- Branch Supervisors have other responsibilities in their job descriptions beyond the operation of the ADRC including oversight of Older Americans Act programs, Elderly Benefit Specialist Programs, Nutrition Programs, Volunteer Programs, Transportation Programs, and other assigned duties.
- ADRC Branches ensure that consumers contacting the ADRC have access to Adult Protective Services; Elder Abuse and Neglect Services, Mental Health and Substance Abuse; Crisis Intervention Services; Economic Support Services; Long Term Support, and the array of services provided by counties based on consumer need. Immediate access to these county services varies based on wait lists, the availability of state and federal funds, and the required county funds need to match to support these services.
- The ADRC submits staffing documentation to DHS annually to reflect current staff assigned to the ADRC.



## 5.02 Lines of Supervision

Executive Steering Committee is comprised of the three Directors of each Human Service / Health and Human Service Department. The responsibilities of the Executive Steering Committee include:

- Directing the Project Manager
- Ensuring that the ADRC meets the terms of the State / County Contract
- Budget development and oversight (Calumet County is lead as the fiscal agent for the ADRC)
- Approves policy and procedure for the consortium
- Other duties as directed or required.
- The Executive Committee meets on an as needed basis, generally monthly to address issues presented to them.

The ADRC Core Workgroup is comprised of ADRC Branch Supervisors, Division Managers, Project Manager, and Health and Wellness Coordinator. The responsibilities of the Core Workgroup include:

- Creating, updating the ADRC Policy and Procedure Manual
  - Oversight of day-to-day operations such as workflow, assignments, and compliance with the ADRC State Contract and internal county policies and procedures
  - Ensuring the mission of the ADRC is fulfilled
  - Grant writing
  - Administration of special projects
  - Program planning/design
  - Data reporting
  - Other duties as assigned
- The ADRC Advisory Committee serves to advise their respective County Board of Supervisors, Health and Human Services / Human Services Boards, and ADRC / LTC Advisory Committees. (See Chapter 4 for details on the composition and duties of the Advisory Committee).
  - Within each County Department, the operation of the ADRC is assigned as a position on the Department's Organization Chart. Management level staff, supervisory staff and line staff are then assigned by the Directors the responsibility to manage, supervise and operate the ADRC within each county system.

## 5.03 Staff Coverage

Normal operating hours are 8:00 to 4:30, Monday through Friday with the exception of legal holidays recognized by each county. After-hour appointments may be arranged through contact with specific ADRC staff. Each Branch provides the base services during hours of operations including:

- The ability for a consumer to talk to an Information and Assistance Specialist
- The ability for a consumer to leave a message or request a call back if all available staff are committed at that point in time

- Access to emergency protective services or information on how to receive emergency services if the call is after hours, holidays and weekends.

Each branch location has crossed-trained a sufficient number of staff in each Department to ensure at minimum these core services are provided throughout the hours of operation of the ADRC.

Best Practice: Staff in the ADRC make every attempt to address the full scope of needs the consumer presents in a welcoming and unhurried manner. This is especially important when consumers call or walk in to the ADRC during peak hours, when the ADRC is not fully staffed, or when staff are out of the office on calls.

#### 5.04 New Employee Orientation Policy

Each county and subcontracting agency will provide orientation for new staff members according to their respective policies.

- Each staff member assigned to the ADRC will have an orientation to the daily operating policies and procedures within that branch location with their Branch Supervisor to include introductions to co-workers, orientation to IT systems, daily workflow, as well as coordinating orientations to related departments (such as Economic Support, Adult Protective Services, Crisis / Mental Health, Veterans Benefits, etc.)
- Each staff member will have an orientation to the ADRC with the Program Manager to include
  - a. Review the ADRC Policy and Procedure Manual
  - b. Review of the ADRC State Contract
  - c. Orientation on ADRC philosophy
  - d. Orientation on prevention-related activities

#### 5.05 Conflict of Interest Policy

Staff should avoid situations that create a conflict of interest.

- A conflict of interest is present whenever a person or entity involved in a relationship with a consumer has a personal interest in the situation or has the potential to benefit by a particular decision, outcome or expenditure related to the relationship. The interest or benefit may be real, perceived or possible. The benefit may be positive or negative.
- Staff should consult with their supervisor to determine if a conflict of interest exists.
- Whenever competing interests are identified, action must be taken to limit, mitigate, or eliminate the conflict. That action will be developed and implemented dependent upon the specific situation encountered, most usually through the use of an alternative staff person.
- When a conflict of interest is identified, at minimum, the consumer should be made aware of the potential of a conflict of interest when that situation is determined and included in decisions to either minimize or eliminate the potential of a conflict.

- The following can help prevent a conflict of interest from taking place:
  - No employee will use their position for personal or financial gain of themselves, their family, or another person.
  - No employee shall solicit or accept for themselves, their family or another person any gift, campaign contribution, gratuity, favor, service, promise of future employment, loans, entertainment or other things of monetary value from the person who has or is seeking services through the ADRC.
  - ADRC staff should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political or business interests.
  - ADRC staff should not engage in dual or multiple relationships with consumers or former consumers (examples include but are not limited to business relationships or transactions, personal relationships, etc) or in which there is real or potential harm to the consumer.
  - When ADRC Staff provide services to two or more people who have a relationship with each other, ADRC staff must clearly identify who is to be considered the “consumer” and the role and the nature and professional obligation to the various individuals who are receiving services.
  - Contracted employees of the ADRC will follow conflict of interest policies specified in the Purchase of Service documents (contracts) which define the roles and responsibilities of the contracted employees.

#### 5.06 Training policy

Because of the collaborative nature of the ADRC, training and orientation takes place with a number of individuals within the ADRC and related county departments who focus on various areas of importance.

- Branch Supervisors and Managers of the ADRC create training and workplan in accordance with their respective agency, utilizing the I & A Options Counseling Toolkit provided by DHS and the training needs checklist developed by DHS (see Attachment #2)
- For contracted employees, their employer works with the ADRC Project Manager to create a training and work plans for their ADRC staff.
- The ADRC Project Manager coordinates ADRC Forums, quarterly training events for all staff within the ADRC. Additional training may be required as needed.
- EBS and DBS staff are encouraged to attend training offered by their supervising legal agency as well as ADRC Forums (quarterly staff trainings)

#### 5.07 Reporting Requirements

ADRC staff are required to provide documentation regarding a variety of activities including (but not limited to)

- Consumer interactions and case notes in county client data bases; TCM / Hot Line (Calumet and Outagamie) or DRI / ICC (Waupaca). The ADRC tracks initial calls based upon the topic or reason for the call in TCM / DRI.

Staff document the purpose of the initial call with the Call Topics Listing (see Attachment #1)

- EBS staff document consumer-related activities in SAMS.
- DBS staff document consumer-related activities in their DHS data base.
- ADRC staff document their activity related to MA recipients and programs through 100% MA Time Reporting, an Access data base submitted monthly to DHS in order to receive funding from the Federal government related to that activity (also known as the MA “match” of 40% for the cost of that activity which is allowed by the MA Program). The match is crucial funding for the ADRC and helps fund the services provided.
- ADRC staff who are engaged in I & A activity have statistics pulled from their respective client data bases which is submitted to DHS on a quarterly basis. “Encounter Reporting” was initiated in 2008 and will serve to support the cost model and expenses incurred by ADRCs in state budgets.
- ADRC staff have access to the State of Wisconsin ForwardHealth data base to determine if consumers are enrolled in state programs (Medical Assistance, BadgerCare, FoodShare, etc.). New ADRC staff who need to access the Portal need to request access using the following process:
  1. Go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)
  2. Click on the green “Partners” button in the middle of the screen.
  3. Click the "Request Secure Partner Site" link in the middle of the page. (Staff should follow the directions on the next page to complete their request for access)

For all users that “Request Access”, it may take up to a week to get your account set up – once DHS has processed your request you will receive emails with further instructions.

Date: December 16, 2008

Review Date: June, 2009

## **6.0 Information and Assistance**

Information and Assistance is a professional service provided by ADRCs, and ranges from providing information and responding to requests, to in-depth conversations that take place over time regarding an individual’s concerns and challenges. I & A Specialists provide the general public, particularly adults who are elderly or have disabilities, with information and assistance to a wide range of community resources; help inform and educate consumers and families about their options; assist in connecting them to programs and services, including public and privately funded options.

### **6.01 Essential Duties of I & A Specialists include:**

- Fulfilling a “customer service” role, ensuring that the consumer experiences a welcoming atmosphere and consumer satisfaction is achieved

- Using telephone skills (professional greeting, warm tone of voice, courteous and appropriate language) and interviewing techniques using active listening skills (over the phone, in-person, and via email) to build rapport with an unhurried attitude.
- Performing home visits at a time and place that best meets the consumer's schedule
- Gathering sufficient information to accurately identify and clarify the caller's problems and needs, explores needs beyond the presenting problem, looking at short and long term solutions, checking in with the caller and summarizing their request
- Searching through the resource database, directories, and other sources to identify, evaluate, and select potential programs and services, using creativity in finding options, providing inquirer several options but helping to prioritize instead of overwhelm,
- Providing specifics on eligibility and the process to apply for services (public and private) and resources, assisting individuals in connecting with a resource if they are unable, and providing advocacy
- Developing and communicating an effective consumer-driven action plan with the consumer
- Providing short-term case management per this policy
- Determining if follow up is needed based on 6.04 of this policy
- Providing information about the publicly funded long-term care system and assisting consumers throughout the eligibility determination process including initiating (and when possible, completing) the Long Term Support Functional Screen within 14 days of the time when the consumer requests or accepts of the offer of a screen
- Providing assistance (or referring to the ADRC Assistant) in completing Medicaid applications and other public benefit programs (e.g., FoodShare) if needed
- Collecting preliminary financial information (including medical and remedial expenses) and refer to Economic Support Unit for financial eligibility determination
- Participating in various transition activities designed to help youth who have a disability transition from school to the adult service system
- Participating in program development, marketing and outreach activities including representing the ADRC at public information events
- Participating in prevention activities, classes and other initiatives
- Participating in Quality Assurance / Quality Improvement projects and activities
- Representing the ADRC to the community at large through professional interaction, public speaking, media presentations, and participating in community advisory groups as requested

Best Practice: Staff should evaluate their conversations with consumers on a regular basis focusing on the following:

- \* Greeting
- \* Sincerity
- \* Verified Information
- \* Attentiveness
- \* Volunteering Information
- \* Assured action would be taken
- \* Good Listening
- \* Prepared to take a message
- \* Polite
- \* A Smile in your voice
- \* Speaking Clearly

***Ask yourself... "Would I call myself back?"***

## 6.02 Options Counseling

Long-term care options counseling is an extension of the I & A process. This service is focused on consumer education and is often provided when an individual is planning for or experiencing a life change. These life changes may include surviving a traumatic event such as a car accident, a medical event such as a stroke, or the transition from school-based services to programs for adults with disabilities.

Options Counseling is a decision-support process whereby consumers are assisted to evaluate and weigh their long-term care options. Examples of decision support include assistance evaluating housing options, assistance sorting through home care and personal care options, as well as helping a consumer decide to move or stay in their current residence. To be effective in providing this service, it is important to take the time needed to fully understand each individual's strengths as well as needs. In order to ensure continuity in service delivery, options counseling is generally provided by the same I & A Specialist that began the process with the consumer.

Best Practice: When conducting Options Counseling, I & A Specialists should coordinate sessions that include family or advocates of the consumer in order to receive the most thorough and accurate information as well as to ensure that others involved with the consumer hear and help them understand the options available and support them in their decision process.

## 6.03 Enrollment Counseling

One of the roles of the ADRC is to support consumers who are eligible for publicly funded long-term care to learn about their choices and assist them in accessing the program selected. At present, this includes community-based waiver programs. It is proposed that in 2010, Family Care, Partnership, and IRIS (and possibly PACE) programs may be available in Calumet, Outagamie, and Waupaca Counties which will add to the role of I & A Specialists. Visit the DHS website on long-term care reform for more information on these programs:

<http://dhs.wisconsin.gov/managedltc/generalinfo/index.htm>

When managed care programs become available, I & A Specialists will need to be well-versed in the managed care long-term care options as well as services available with the Medical Assistance card. It is important to note that approximately 80 – 85% of all initial contacts made to ADRCs do not result in a referral for publicly-funded long-term care.

#### 6.04 Follow Up

It has been determined that consumer satisfaction in ADRC services is greatly improved when ADRC staff follow up with consumers after they have referred the consumer to another resource. Follow up is defined as the ADRC staff initiating contact with a consumer or their representative to ensure that their reason for contacting the ADRC was satisfied and whether additional needs or concerns exist. It can be a proactive means to address situations before they rise to the level of being urgent needs or lead to situations that put consumers at risk.

Follow up is provided in situations when I & A Specialists have concerns their consumer does not have the capabilities to follow through with referred contacts or to determine the effectiveness of referral. Follow up is provided with the permission of the consumer and / or in situations where the consumer will benefit from such action. It may occur with family or professionals when consumers provide a signed release of information. Staff will use available resources to “flag” a consumer as needing follow up within the client database, inform supervisors, and document all follow up activities.

Follow up should take place when staff are involved any of the following situations:

- Staff identified that the consumer has limited capacity to understand and use the referral information provided, including memory problems, cognitive disabilities, acute or chronic health conditions, limited or marginal family support, and the willingness of the consumer to accept the needed services.
- Staff identified that the consumer has multiple concerns
- Staff recognized that the consumer is overwhelmed with information and / or their current situation
- Staff identified that the consumer may have a problem with the organization to whom they are referred including possibly having a negative history with that organization or being unfamiliar with the service or provider
- Staff identify a crisis, emergency or an endangering situation
- Staff recognize that the basic needs of food, clothes, or shelter are primary issues
- Staff recognize that the consumer is unable to proceed with the information independently and has an inadequate support system
- Staff recognize that the consumer is unsure, upset, or disappointed

Best Practice: Consumers report that they are more satisfied with the service they receive from ADRCs when staff provide follow up after providing referral resources to the consumer. During this follow up activity, staff can confirm that the consumer received and understood the information, answer any questions they may have, and determine if there are further needs.

#### 6.05 Youth Transition Services

I & A Specialists play a key role in helping young adults with disabilities experience a seamless entry into the adult long-term care system. ADRCs provide information to students and their families, school districts, and providers regarding the services of the ADRC and important elements to consider as children enter adulthood. While the outreach efforts may occur at any age, the ADRC accepts referrals at age 17 years, 6 months to begin working with families, conducting functional screens and preparing to apply for various other benefits.

Outreach includes ADRC participation on each county's Transition Action Committees (TACs).

#### 6.06 Adult Protective Services / Crisis / Substance Abuse / Mental Health Emergencies

During the process of providing information and assistance, ADRC staff may recognize that a consumer is in danger. If the following issues exist, staff refer the consumer to the Adult Protective Services / Crisis Unit within their respective Human Services Department:

- Physical abuse of a vulnerable adult (age 18 and above).
- Neglect of a vulnerable adult (age 18 and above).
- Self-neglect of an adult (age 18 and above)
- Financial abuse or exploitation of a vulnerable adult (age 18 and above)
- Emotional abuse of a vulnerable adult (age 18 and above)
- Issues where a vulnerable adult may be incapable of maintaining their care and custody and are at risk of harming themselves or someone else.

**Note that if you feel that the consumer is at risk of immediate and serious physical harm, injury or death, contact 911.** Examples include but are not limited to the following:

- When domestic abuse/physical abuse is occurring while the consumer is on telephone line
- Suicide calls where immediate action is deemed necessary to protect the consumer (example – drug overdose, weapon present, etc)
- An elopement of a consumer with a presumed dementia diagnosis or when other factors such as weather conditions or temperature place the consumer at a high level of risk or harm
- The consumer is in need of immediate medical care – having a stroke, heart attack, heat prostration, hypothermia, state of delirium, found unconscious, etc.

If the call pertains to any of the following, refer the consumer to the Mental Health / Crisis Intervention service within the respective county Human Services Department:

- Suicide threat or ideation
- Questions on a mental health commitment or forcing people to accept services involuntarily or against their will.
- Issues surrounding major mental illness.



**Call 911 in any situation where the consumer or another individual is at risk of serious physical harm, injury or death.**

**6.07 Short-term Case Management**

ADRC services are intended to be of limited duration, typically consisting of one or several contacts with a particular consumer. Situations arise, however, when consumers need short-term case management to prevent them from experiencing homelessness, hospitalization, institutionalization or other dire circumstances. Short-term case management is a proactive means to prevent future crisis for the consumer. Short-term case management may be provided up to 60 calendar days. An extension of 30 days may be granted by the ADRC branch manager when determined necessary.

Case Management is intended to support individuals in the following situations:

- The consumer is not able to understand or make decisions regarding their options for long-term care, or follow through on an action plan
- Additional needs have been identified for the consumer since the initial call
- There are significant changes in circumstances for the consumer since the initial call
- Obstacles / barriers exist that are out of the control of the consumer
- The consumer has limited or no family support or other advocates to act on their behalf.

When determined eligible, consumers should be referred to the county's long-term support unit for continuing services. Case management may be provided repeatedly to consumers contacting the ADRC as their needs change or due to waiting lists for other necessary services.

Date: November 24, 2008

Review Date: June, 2009

**7.00 Benefit Specialist Programs**

Benefit Specialist Programs provide broad access to benefits, entitlements, and legal rights to a large number of older adults and adults with disabilities throughout the state.

- Disability Benefit Specialists (DBS) and Elderly Benefit Specialists (EBS) provide assistance with government benefits and advocacy at no charge to the public.
- They assist people to access the benefits they are eligible to receive and to remain as financially independent as possible.
- The DBS and EBS staff are located in the Aging and Disability Resource Center (ADRC) to support the mission of a one-stop source of information and advocacy.
- The DBS and EBS programs work together to provide benefit program information and counseling to the public and may rely on each other's strengths in knowledge of specific programs.

- They may also collaborate to provide services to consumers who are between 55 and 65 years old, who may have questions about retirement benefits and disability benefits.
- DBS and EBS staff operate under a high standard of confidentiality. Each DBS and EBS staff have access to private office space and a secure place to store their sensitive or privileged documentation.
- DBS and EBS staff obtain signed releases of information and when appropriate, individual agreements with consumers to provide services. Through these agreements consumers may limit the sharing of their information with the other ADRC staff.
- The DBS and EBS staff are required to travel at times and meet in places that accommodate individuals looking for assistance who are unable to visit an ADRC branch office. For example, Benefit Specialists may have regular hours in a community setting as well as meeting with consumers and families in their homes.

#### 7.01 Elderly Benefit Specialists (EBS)

The EBS Program is well-established through the Older Americans Act (OAA) of 1965. EBS staff within this ADRC are employed by their respective counties funded by state and OAA funding. The program is jointly supervised by the ADRC Branch Supervisors and program attorneys at The Elder Law Center as the legal services agency. The Elder Law Center provides the following:

- Training and continuing education
- Supervision of EBS staff by program attorneys
- Consultation with program attorney on certain cases
- Technical assistance
- Documentation requirements
- Guidelines on referrals
- Peer support

EBS staff provide counseling, advocacy, and technical assistance to consumers 60 and older with the following:

- Social Security benefits
- Medicare benefits
- Medicaid benefits
- Other health-care benefits
- Prescription drug assistance plans
- Private insurance plans
- Veteran benefits
- Consumer issues
- Age discrimination in employment
- Homestead tax credit (in Calumet and Waupaca)
- Housing and utility issues
- FoodShare
- General Relief

- Other legal and benefit problems

#### 7.02 Disability Benefit Specialists (DBS)

Disability Benefit Specialists assist consumers between ages 18 to 59 who have physical disabilities, developmental disabilities, mental health issues and / or substance abuse issues. The program is unique to ADRCs through the contract with the Department of Health Services. The program is managed by Disability Rights Wisconsin which provides:

- Training and continuing education of DBS
- Supervision of DBS by program attorneys
- Consultation with program attorneys on certain cases
- Technical assistance
- Guidelines on referrals
- Peer Support

DBS provide counseling, advocacy, and technical assistance regarding:

- Issues affecting a consumer's access to basic income, health care and / or housing
- Social Security benefits
- Private insurance questions
- Medical Assistance benefits
- Housing and utility issues
- Veteran benefits
- FoodShare
- Prescription drug assistance programs
- Other health care benefit issues

Documentation requirements are established by DHS. DBS staff also document contacts in their respective county client data base and complete 100% MA Time Reporting for their activities. The DBSs also provide a monthly consolidated calendar to the Project Manager and Branch Supervisors indicating which location they are assigned to, scheduled days off, trainings and meetings.

Date: October 2, 2008

Review Date: September, 2009

#### 8.0 ADRC Assistants

Due to the workload generated by the ADRC with referrals to Economic Support, the ADRC added staff to assist those consumers applying for Medical Assistance who need help pulling together the documentation and understanding the process. The Outagamie and Waupaca ADRC branches have ADRC Assistants who work with ADRC consumers and Economic Support (ES) Units to assist consumers with MA applications. They receive referrals for assistance from I & A Specialists, Benefit Specialists, and economic support unit workers (who specialize in assisting the elderly, blind, and / or disabled) and help consumers who need assistance throughout the process of applying for MA and related benefits (e.g., Food Share, Badgercare Plus).

**9.0 Accessing ADRC Services**

Easy access to ADRC services is important for both external customers (referred to the ADRC from sources outside of the county system) as well as customers being referred from within county departments and from within the ADRC. The philosophy of the ADRC is that whenever possible, customers first speak with an I & A Specialist to help them determine their needs. In many cases, consumers have multiple issues (often times they don't realize the complexity of their situation until an I & A Specialist helps them to sort through details). The I & A Specialist provides assistance in "triaging" issues and referring them when necessary to appropriate resources within the ADRC, within the county, and within the community. (See Attachment #3 for the ADRC Referral Process Flowchart.)

**9.01 Call Model for External Referrals**

In the Waupaca Branch location, the telephone system routes calls to an I & A Specialist who answers the call directly, responds to emails and walk-ins, helps consumers directly and provides the necessary follow up, home visit, etc. A receptionist is available to back up I & A Specialists if they are not available.

In the Calumet and Outagamie Branch locations, the telephone system sends calls to a receptionist who greets callers, "triages" the call and routes the caller to the most appropriate ADRC staff (I & A, DBS or EBS). For walk-ins, the receptionist greets the consumer and determines who is best able to address their concerns. If that staff person is unavailable, the receptionist lets the consumer know how long the wait may be if they wish to wait, schedules an appointment if possible, or takes a message and has the staff person contact the consumer as soon as possible.

In all locations, consumers may ask for a specialist (I & A, EBS or DBS) by name and be transferred to their line if they don't have the specialist's direct number. Voice mail should be avoided whenever possible – talking to a live person who can answer questions and respond to needs is good customer service.

**9.02 Process for Referrals from County Departments**

Many referrals come to the ADRC through other county units such as Economic Support, Mental Health, Long-term Support, Veterans Service Office, etc. Memoranda of Understandings exist between the ADRC and those units outlining responsibilities of each unit in the process of meeting consumer needs. In situations where the consumer is being referred to the ADRC by another unit whose job it is to address issues on behalf of that person, the referral may go directly to the specialist appropriate to address their needs. In situations where the referring unit has limited information on a consumer's needs, the referral may be more appropriate for an I&A Specialist to assess general needs and provide the assistance and referral as needed.

### 9.03 Process for Internal Referrals

In general, I & A Specialists are responsible for determining appropriate resource options for consumers which may be a resource within the ADRC (EBS or DBS). I & A Specialists inform consumers about what the EBS or DBS service provides and ask the consumer if they would like to be referred to that resource. When referring a consumer to a benefit specialist, the I & A Specialist provides contact and background information and any additional information available to help make the referral as seamless as possible and comfortable for the consumer.

It is understood that consumers may not provide complete information or the “whole story” with any specialist in the ADRC, and referrals may take place from EBS and DBS back to I & A Specialist. Whenever possible, referrals between I&A Specialists, Benefits Specialists, and ADRC Assistants should take place with a warm transfer. Staff on both ends of the referral should reassure the consumer that their referrals has been received and acted upon.

Best Practice: Because many consumers have complex needs and may need the help of several individuals within the ADRC to address those needs, staff should maintain a mindset that there is “**No Wrong Door**” to get their needs met. Our purpose is to understand the consumer’s issues and get them to the most appropriate resource as soon as possible.

Date: November 25, 2008

Review Date: September, 2009

### 10.0 Health and Wellness / Prevention Activities

ADRCs are charged with a mission to help adults who are elderly and / or have disabilities remain as independent as possible for as long as possible. While much of the work of ADRC staff is focused on the financial aspect of independence, Health and Wellness programs focus on the physical and mental health aspects of remaining independent.

The ADRC has a full time Health and Wellness Coordinator who plans, develops, implements, and evaluates prevention programs in order to retain or improve functioning of participants and to delay or prevent the need for comprehensive long-term care. Activities of the ADRC Health Wellness Coordinator include:

- Implementing evidence-based prevention programs and workshops in the three counties such as Stepping On, Living Well with Chronic Disease Self-Management Workshop, Strong Women and others
- Connecting and collaborating with other prevention partners (both public and private sector)
- Promoting health and wellness activities through marketing, presentations, media, and other means
- Promoting a “prevention culture” within the ADRC
- Seeking funds for continued prevention activities

Best Practice: Staff within the ADRC should remain up to date on the workshops being offered through the ADRC website [http://www.yourADRCresource.org/services/health\\_wellness.html](http://www.yourADRCresource.org/services/health_wellness.html) and refer appropriate and interested consumers to prevention workshops.

## 11.0 Marketing and Outreach

In order for the ADRC to effectively serve people, outreach and marketing efforts are developed and implemented on an ongoing basis to make services known to the consumer populations served by the ADRC, as well as their families and advocates. This includes outreach to individuals who are isolated and otherwise hard to reach and to community organizations and service providers in the area. Marketing activities are coordinated by the Project Manager utilizing the services of Willems Marketing.

Marketing activities include:

- Monthly media topics related to our target populations with press releases to all the media vendors within the three counties
- Website that is user-friendly with multiple font sizes and easy navigation, updated regularly: <http://www.yourADRCresource.org/index.html>
- Brochures for the ADRC in English, Spanish, and Hmong (all available on the ADRC website)
- Presentations to faith communities, professionals, businesses, government agencies, ethnic group organizations, advocacy organizations, medical community, and provider organizations about the services provided by the ADRC
- Development and use of logo and to promote name recognition (staff name badges, letterhead, banners, promotional items, etc.)



- Development and promotion of workshops on specific issues such as Power of Attorney documents, Medicare. Caregiver issues, etc. to provide information and make connections to the ADRC
- Participation in various networks (Service Providers, Hmong American Partnership, Casa Hispana)
- “Word of mouth” is the best means of advertising – staff talking about what they do and consumers who are happy with the service they received!

Best Practice: All staff within the ADRC should remember that they are “selling” the services of the ADRC in their conversations with others both in the office and in the community. All staff should have the opportunity at least once annually to represent the ADRC at a presentation, health expo, support group, media interview, or other “marketing” event.

## **12.0 Quality Assurance / Quality Improvement**

The service provided by the ADRC and the level of quality impacts:

- Consumers and families served by the ADRC are more satisfied with their lives and are able to remain or become more independent and have control over their lives because of the ADRC services.
- Communities know about the ADRC, that ADRC builds services, provides education, and links people to services in the community.
- Systems as people are able to make better decisions and avoid entrance into the long-term care system, prevention activities improve health and saves “the system” money, and helps the system work more efficiently as the ADRC helps consumers access benefits they are entitled to receive.

### **12.01 Consumer Satisfaction**

Consumer satisfaction is paramount to the ADRC services. In 2007, DHS contracted with Market Decisions to conduct detailed customer service research with the 18 ADRCs existing throughout Wisconsin. The following areas of service are important to consumers:

- Services need to be customized meaning a consumer’s special circumstances are addressed, their opinions are considered before recommending services, they receive help in making decisions, they receive help with paperwork, and the needs of their family are considered.
- Services must provide guidance meaning that each step is explained clearly, they receive help navigating the system, they feel their needs are important and that staff go “above and beyond” to help them.
- Services must be accessible, referring to hours of operation, parking, a welcoming environment, privacy when talking with a specialist, limited waiting time, convenient locations, accessibility to services, responsiveness of staff, and ease in finding the phone number.
- Services must support decision making meaning that consumers are connected with the services they need, they receive help exploring the choices available, they receive help weighing the pros and cons of each choice, and they feel their personal circumstances were taken into account.
- Services provide a range of information meaning that consumers are able to easily access the information they need and they feel staff are knowledgeable about a wide range of services.

### **12.02 Consumer Satisfaction Surveys**

The ADRC measures consumer satisfaction monthly with a Consumer Satisfaction Survey mailed to 5% of the consumers served by the ADRC (apr. 120 each quarter) with a return rate of apr. 40%. Each branch reviews comments specific to their branch within unit meetings, and follows up on comments made conveying dissatisfaction (when possible – satisfaction surveys are anonymous). The results of all surveys are shared with staff, supervisors, managers, directors, the ADRC Advisory Committee, DHS staff, and any other interested parties.

Consumers are asked the following (with space for additional comments):

- Was the information you received helpful and consistent with what you requested?
- Did the Resource Center respond to your questions in a timely manner?
- Were you treated with respect and courtesy?
- Did you feel the person you talked with understood what you wanted?
- Would you recommend this service to family or friends?
- Can you suggest ways that this service can be improved?
- How did you hear about the Aging & Disability Resource Center?

### 12.03 Complaints and Grievances

The ADRC is committed to the provision of high quality services delivered in a manner which insures that the rights of consumers are protected. Consumers of the ADRC have the right to file a complaint / grievance if they are not satisfied with the service they receive. Each county Human Service Department has internal processes for informing consumers of their rights and their grievance procedure. County complaint / grievance procedures are posted in each ADRC branch location. The following policy is a guideline for staff to follow in the event of a consumer concern or complaint.

Informal Process: Consumers should be encouraged to discuss concerns regarding ADRC services informally with the staff person involved and their supervisor. They may include a personal advocate if they wish. A “concern” means a complaint, disagreement or dispute which a consumer or a person on behalf of a consumer may have with ADRC services or staff which the consumer chooses to resolve through the informal resolution process.

Formal Process: “Grievance” means a statement by a grievant that an action or an inaction by ADRC staff has abridged rights guaranteed to the consumer under s. 51.61, Stats. Formal complaints / grievances must be in writing. The complaint / grievance must clearly describe the concern, the time and place of the incident, those involved, names of witnesses (if any), and the relief the consumer is seeking. The complaint must be signed and dated by the consumer. The consumer may have a personal advocate or a staff person assist them in completing the formal complaint report. Consumers should be provided the appropriate grievance / complaint form from their respective Human Services Department.

Formal complaints / grievances are submitted to:

Nancy Leipzig, ADRC Project Manager and the appropriate county representative:

- Mark Morrison – Calumet County DHS Deputy Director and Complaint Investigator
- John Rathman – Outagamie County DHHS Deputy Director
- Lana Draeger – Waupaca County DHHS Client Rights Specialist

Date: November 25, 2008

Review Date: December, 2009



**Attachment #1**

**ADRC Call Topic / Unmet Needs: Staff document the reason why the caller contacted the ADRC**  
 Effective January 1, 2009

<b>Call Topic / Unmet Need</b>	<b>Description / Explanation</b>
<b>Adult Protective Services</b>	Domestic Violence, Protective Placement Studies
<b>Advocacy</b>	Advocacy organizations, legislators
<b>Benefit Counseling - EBS</b>	
<b>Benefit Counseling - DBS</b>	
<b>Caregiver Support / Respite</b>	Support groups
<b>Chore Services / Home Modifications</b>	Includes exterior projects (window cleaning, hedge trimming, painting, etc.), structural modifications, and maintenance-related projects
<b>Education</b>	Youth Transition
<b>Employment / Vocational</b>	School, Rehabilitation Facilities, Community Employment, Adult Day Care
<b>Enrollment / Disenrollment</b>	Long term support / COP assessment / Family Care / Partnership
<b>Financial</b>	Includes income support, MA, MC, Food Share, SSI, energy assistance, etc.
<b>Guardianship / POA / Conservatorship</b>	Information
<b>Health / Wellness / Prevention</b>	Information / registration for ADRC sponsored workshops and info on other wellness programs
<b>Home Health / personal care</b>	Health related in-home care including bathing, dressing, therapies, skilled nursing, Hospice, adaptive equipment
<b>In Home support</b>	Routine housecleaning, laundry, cooking, shopping
<b>Housing</b>	
<b>Information</b>	Newsletters, directories, support groups, information packets, general ADRC information
<b>Legal</b>	
<b>Life Enhancement / Social / Rec / Volunteer</b>	
<b>Mental Health / Substance Abuse</b>	Counseling services
<b>Medical / Dental</b>	PASARR
<b>Nutrition services</b>	
<b>Preadmission Consultation (PAC)</b>	
<b>Transportation</b>	

**Attachment #2 Aging and Disability Resource Center I & A Checklist:  
An Orientation Guide for I&A Specialists  
(From DHS Resource Centered Vol. 08, Issue 2)**

This helpful checklist is designed to support new I&A Specialists learn about the ADRC, the profession of Information & Assistance, the systems the Specialist will use on the job and their community resources. ADRCs are encouraged to customize this document to reflect their ADRC and their community.

Orientation	Date	Comments
<b>Section 1 – Welcome to the ADRC</b>		
Mission of the ADRC		
Services of the ADRC		
Organizational Chart		
<ul style="list-style-type: none"> <li>• Other I&amp;A Specialists</li> <li>• Disability and Elder Benefits Specialists</li> </ul>		
Key Partners		
Confidentiality		
Schedules		
Staff meetings		
<b>Section 2 – Welcome to the Profession</b>		
Role of the I&A Specialist		
<ul style="list-style-type: none"> <li>• I&amp;A and Options Counseling</li> <li>• Enrollment Counseling</li> </ul>		
National Standards		
National Certification		
Advocacy		
Shadowing and mentoring plan		

<b>Section 3 – Learn about Systems</b>		
Telephone system		
Assistive technology for communication (TTY etc...)		
Interpreters		
Translators		
Resource Database		
<ul style="list-style-type: none"> <li>• Inclusion and Exclusion Policy</li> </ul>		

• Printed materials		
Program Participation System (PPS)		
Long-term Care Functional Screen (LTCFS)		
Client Assistance for Re-employment & Economic Support (CARES)		
Medicaid Management Information System (MMIS)		
ADRC Activity Reporting		
Federal Match 100% time reporting		
<b>Section 4 – Know Your Community Resources</b> (The sample listing provided below, please customize for your own use.)		
Adults at Risk		
Aging Unit		
Assisted Living		
Assistive Technology		
Center for Independent Living		
Disease Specific Resources		
Durable Medical Equipment		
Employment Supports/Services		
Food Pantries		
Home Care providers		
Housing options		
Income Maintenance/Economic Support		
Independent Living Center		
Long-term Care Services (public & privately funded)		
Medical Providers		
Mental Health Services		
Nursing Homes		
Personal Care providers		
Prevention		
Substance Abuse Agencies		
Support groups		
Transportation – Specialized		

## Attachment # 3 ADRC Referral Process Flowchart

Effective January 1, 2008

The following process is designed to provide the highest level of consumer service to get consumers the assistance they need in the easiest manner possible. It is understood that consumers are referred to the staff who can best meet their need based on the information provided and when in doubt about where a referral should be routed, they should be routed to I&A. All ADRC staff should remember that there is no “wrong door” within the ADRC when connecting consumers to resources within the ADRC, the county, and the community. Before ending a conversation or relationship with a consumer, all ADRC staff must ask the consumer if they have any further needs or issues that the ADRC could assist with and refer the consumer to the appropriate resource when applicable.

### External Referral Process

**External Referrals** are consumers contacting the ADRC from outside the county.

- Calls / Walk-ins / Emails go to the receptionist(or I & A Specialist in Waupaca Co.) who triages the call to determine county of residence (and age if being referred to EBS or DBS) and whether to route the call to I&A Specialists, EBS, or DBS.



#### DBS / EBS Staff Role

- DBS / EBS greets consumer (or when not available, return their call), discusses the issue with the consumer and helps resolve the issue.
- DBS / EBS offers a referral to I&A Specialist if there are other issues determined by the BS and consumer.
- DBS / EBS refers the consumer to the ADRC Assistant when assistance is needed in completing applications for MA, FoodShare, etc.



#### I & A Specialist Role

- I & A Specialist greets the consumer and discusses issues with the consumer to help them determine their needs.
- I & A Specialist makes appropriate referrals to internal ADRC services (EBS, DBS, ADRC Assistant, Nutrition, Supportive Home Care, Health and Wellness programs, etc.); or to other county services (ES, APS, Crisis, Mental health, etc.); and / or to external resources.
- I & A Specialist enters consumer data into TCM-Hot Line/DRI.
- I & A Specialist provides follow up with the consumer per section 6.04 of this Policy.



#### ADRC Assistant Role

- ADRC Assistant receives MA applicant referrals and contacts consumer.
- ADRC Assistant provides assistance to consumer in their MA application process by phone, email, office visit, home visit, or other means as needed.
- ADRC Assistant compiles the necessary documentation for the application and submits to Economic Support.
- ADRC Assistant offers a referral to I&A Specialist if there are other issues determined by the ADRC Assistant and the consumer.



## Internal Referral Process

**Internal Referrals** are consumers referred to the ADRC from within the county. Consumers who need assistance with long-term care options are referred to I&A Specialists. Consumers who need assistance with benefits or MA applications for benefits are referred directly to the DBS / EBS or ADRC Assistant (for MA applications).

- Referrals from Economic Support are consumers who are within the ADRC target populations and need assistance with their application for MA, FoodShare, and other publicly-funded programs.
- Referrals from Long-term Support Units / Community Care Division are individuals who are coming off the waiting list and need assistance applying for MA.
- Referrals from the Mental Health Units are consumers who need assistance with MA benefits.

Referrals may be made to ADRC staff via email, voice mail, written message, or office visit.

### I & A Specialist Role

- I & A Specialist greets the consumer and discusses issues with the consumer to help them determine their needs.
- I & A Specialist makes appropriate referrals to internal ADRC services (EBS, DBS, ADRC Assistant, Nutrition, Supportive Home Care, Health and Wellness programs, etc.); or to other county services (ES, APS, Crisis, Mental health, etc.); and / or to external resources.
- I & A Specialist enters consumer data into TCM-Hot Line/DRI.
- I & A Specialist provides follow up with the consumer per section 6.04 of this Policy.

### DBS / EBS Staff Role

- DBS / EBS greets consumer (or when not available, return their call), discuss the issue with the consumer and help resolve the issue by telephone, by email, in office visit, home visit, or other means as needed.
- DBS / EBS offers a referral to an I&A Specialist if there are other issues determined by the DBS / EBS and consumer.
- DBS / EBS refers the consumer to the ADRC Assistant when assistance is needed in completing applications for MA, FoodShare, etc.

### ADRC Assistant Role

- ADRC Assistant receives referrals for MA application and contacts consumer.
- ADRC Assistant provides assistance to consumer in their MA application process by phone, email, office visit, home visit, or other means as needed.
- ADRC Assistant compiles the necessary documentation for the MA application and submits to Economic Support.
- ADRC Assistant offers a referral to an I&A Specialist if there are other issues determined by the ADRC Assistant and the consumer.

**Attachment #4 ADRC Consortium Organization Chart**

