



Aging and Disability Resource Center

September 22, 2022

KIPDA AGING AND DISABILITY RESOURCE CENTER (ADRC)

(This page is reserved for table of contents upon request.)

FOR POTENTIAL CLIENTS AND THE GENERAL PUBLIC

- These policies and procedures can be utilized as a guide on what to expect when contacting KIPDA's ADRC for services or questions about services in the community.
- While these policies and procedures are a solid guide to this service, individuals should be aware that they work in cooperation with other rules, regulations, policies, procedures, and processes that govern this service.



FOR KIPDA STAFF

- These policies and procedures are a guide to daily operations at KIPDA, and they apply to all staff at KIPDA (regardless of division, department, or role) who frequently, occasionally, or even inadvertently engages in ADRC-related duties.
- While these policies and procedures are a solid guide to this service, individuals should be aware that they work in cooperation with other rules, regulations, policies, procedures, processes, contracts, memorandums, etc. that govern this service.



FOR KIPDA PROVIDERS AND CONTRACTORS

- At this time, this is for information-only purposes.
- While these policies and procedures are a solid guide to this service, individuals should be aware that they work in cooperation with other rules, regulations, policies, procedures, processes, contracts, memorandums, etc. that govern this service.



KIPDA AGING AND DISABILITY RESOURCE CENTER (ADRC)

INTRODUCTION

The Aging and Disability Resource Center (ADRC) is a single point of entry also known as a “one-stop shop” for information and assistance with the referral to resources for older persons and individuals with disabilities and/or their caregivers. The objective of the ADRC is to provide individuals with the information they need to make an informed choice and become more knowledgeable on the choices they have for long-term supports. The ADRC improves the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation. The KIPDA ADRC program provides 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. The ADRC has the ability to serve all individuals regardless of age or income.

All other policies, procedures and regulations that govern KIPDA apply to the ADRC as well.

PURPOSE

The Aging and Disability Resource Center (ADRC) 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. When an individual who is not seeking one of these programs calls, the ADRC will refer them to other community resources.

COMMON DEFINITIONS UTILIZED

ADRC - the entity funded by the Division of Aging and Independent Living to administer and provide Aging and Disability Resource Center services.

Adult Protective Services (APS) - the agency designated to ensure the safety and well-being of elders and adults with disabilities who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm and have no one to assist them. APS caseworkers are usually the first responders to reports of abuse, neglect and exploitation of vulnerable adults.

ADRC Coordinator - an individual responsible for the overall management of the program in each Area Development District (ADD). This person may also serve as a Resource Counselor.

ADRC Specialist - the person designated as the frontline ADRC staff to receive calls and requests for information and assistance.

ADRC Specialists or Operators - a person whose primary job duties may include answering telephones and meeting with in-person visitors; offering information, referral and assistance on a variety of topics; determining if a home visit or office visit with a case manager is necessary; documenting calls in the client tracking database; assisting with populating and maintaining the resource database.

Advocacy - a key part of Information and Referral Services used to ensure that callers receive the benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community.

Benefits Counselor - a person whose primary job duty may include offering information about available benefits; providing technical assistance to consumers about how to access benefits; advocating for/assisting with the appeal process for benefits denial; consulting with legal counsel when appropriate.

Consumer/Caller - an individual the ADRC has served and collected identifying information about.

Contact - a communication made in person or by telephone by any person (consumers, caregivers, professionals, etc).

Crisis Intervention - assessing and meeting the immediate, short-term needs of consumers who are experiencing a crisis and contacting the ADRC for assistance. Although the ADRC does not promote itself as a formal crisis intervention center, occasional requests for assistance from consumers in crisis may occur.

DAIL - the Division of Aging and Independent Living of the Kentucky Cabinet for Health and Family Services.

Follow-Up - the requirement that I&R/A Specialists and Benefits Counselors contact consumers needing additional assistance in locating or using services including those consumers in endangerment situations or to assess the overall quality of the service performance.

Futures Planning - the process of planning for one's future long-term care needs. This may involve the provision of information, counseling and resources about retirement planning, financial planning, LTC insurance and reverse mortgages.

Information Provision - information given to a consumer in response to a direct request. Information can range from a limited response (such as an organization's name, telephone and address) to detailed data about community service systems (such as explaining how a group intake system works for a particular agency), agency policies, and procedures for application.

Inquirer - someone who approaches the ADRC either by phone, e-mail, or in-person to receive information, assistance and/or referral to resources for older persons and persons with disabilities and/or their caregivers.

Level One Screening – a DAIL-approved standardized screening tool used to determine an individual's initial eligibility for available services in the community both federally, state and privately funded.

New Contacts - the total number of telephone and in-person contacts made to the ADRC by individuals who have contacted the ADRC during the current fiscal year.

Options Counseling - some combination over time of the following activities: provision of information, making referrals, counseling, assisting with applications, advocating, home visits, short-term case management, and conducting needs assessments and reassessments.

Short-Term Case Management - case management used to stabilize consumers and their families in times of immediate need before they have been connected to ongoing supports and services. It often involves more than one follow up contact.

Total Contacts - the total number of telephone and in-person contacts made to the ADRC. This number includes repeat contacts.

Quick Calls- these are calls that have a simple answer, and do not require a level one screening.

Unit - one (1) contact for ADRC information, assistance or referral; or one (1) event for ADRC group presentation/ media event.

SERVICE DELIVERY

Policy: The service delivery functions of the ADRC 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.

KIPDA will have call center staff available to answer calls and/or listen to messages and respond as required. Anyone at KIPDA could assume this duty temporarily or permanently. KIPDA staff will understand how to distinguish between calls that require a referral to an ADRC specialist, and how to answer caller questions as appropriate when there is not a need to refer to other staff.

Procedures:

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

PRESCREENING

Policy: Each caller to the ADRC will receive the best possible service from whichever staff member answers the phone.

Procedures: Sometimes callers have quick or simple questions that can be answered immediately at prescreening time by just about any staff member who answers the call. During the prescreening process, the call taker will determine the disposition of the call, and will determine if the call needs to be referred for the intake process. Calls will be entered into the appropriate approved data system.

INFORMATION, INTAKE, AND REFERRAL PROCEDURE

Policy: An initial screening using the DAIL ADRC Level One Screening tool (available from KIPDA upon request) will be completed at the time of inquiry for appropriate calls in order to gather the information and document the need for referral and assistance. "Quick calls" do not require this level of screening.

Procedures:

- Completing a Level One Screening will allow the ADRC Specialist to complete 3 different units of services. One (1) unit of Information & Referral, one (1) unit of Intake & Assessment, and one (1) unit of ADRC Medicaid. If the specialist goes into in-depth long-term planning or short-term case management then an addition unit of Benefits Counseling will be included.
- Only one (1) level one screening a month can be completed for each client.

- Initial contact will occur by walk-in office visit, telephone, e-mail, the website or TTD/TTY interactions.
- The ADRC will be available to all callers during the hours of 8:00am-5:00 Monday thru Friday (except for official state holidays and when KIPDA is closed due to weather, other emergencies or administrative reasons).
- The ADRC will have a dedicated On-Call Specialist on the phones each business day, to answer incoming calls and triage for immediate need. This individual will screen each caller and transfer to another ADRC staff if the caller is in immediate danger or need. A level one screening will be conducted at the time of call with immediate resources to be given, a follow up call will be made to complete any applications the caller is eligible for later.
- Response to e-mail, voicemail, and web- based inquiries will occur by close of business the next working day.
- Staff will make walk-in individuals a priority.
- When possible, a minimum of three (3) resource options will be provided to the caller even when service applications are completed.
- ADRC Specialist will utilize a variety of resources for resources and information assistance. These tools include but not limited to internet-based search engines, Metro United Way 211 resource database, and United Community, etc.
- Individuals will be encouraged to re-contact the ADRC if they need further information and/or assistance.
- ADRC will input all data collected in several data systems if applicable:
 - a. Servtracker
 - b. SAMS
 - c. STARS
 - d. MWMA
 - e. Any other databases as required
- Core data will be obtained during the initial contact and throughout subsequent interaction(s) as appropriate. Each interaction is recognized as unique and requiring professional skill and judgment to guide the flow in a manner that is responsive to the situation.
- An explanation(s) will be given as to the need for and pertinence of the question(s) to the request for information and / or assistance.
- When appropriate, in-depth information will be obtained in order to identify underlying issues and / or determine additional service needs.
- Verbal and / or written permission will be obtained prior to making a referral, assisting with obtaining services or advocating for an individual.

INITIAL CUSTOMER INTERACTION / CALL TERMINATION PROTOCOL

Policy: Initial Customer Interaction Protocol Policy and Procedures

Call Center staff will always portray professionalism and strive to provide excellent customer service by utilizing professional behavior, skills and attitudes.

Procedures:

1. Initial caller interaction has all the following elements, in no defined order:
2. A greeting – Hello, Good morning, Good afternoon.
3. Announcement of the service – KIPDA Aging & Disability Resource Center
4. Identification of person talking – This is..., my name is...
5. An invitation for the inquirer to speak – How can I help, what can I do for you.

Policy: Call Termination Protocol Policy and Procedures

Call Center staff will, at all times, portray professionalism and strive to provide excellent customer service by utilizing professional behavior, skills and attitudes.

Procedures:

1. Upon termination:
2. Thank the inquirer for using the ADRC services.
3. Encourage the inquirer to contact again at any time in the future for assistance.
4. Offer a follow up satisfaction survey by mail, email or website.

REFERRAL PROTOCOL

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

Procedures:

1. Referrals will be made to appropriate agencies and/or organizations on behalf of a customer upon request.
2. ADRC Specialists will use the United Community referral system as applicable to make, track and follow up with clients who have received referrals.
3. Minimal information necessary to process a referral shall include but is not limited to: name of person requesting services, address, phone number and services requested.
4. It is the responsibility of the ADRC Specialist and/or the Resource Counselor working with the customer to notify the agencies and/or organizations of the referral.
5. 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.
6. 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

Policy: The Aging and Disability Resource Center shall provide information to callers during non-operating hours regarding business hours and how to leave a message for Call Center staff.

Procedures:

1. The Aging and Disability Resource Center 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, 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.
3. It is the responsibility of the ADRC Specialist or assigned designee to activate both systems at close of business.
4. It is the responsibility of the ADRC Specialist or assigned designee to retrieve and respond to messages within both systems in the morning of the next business day.
5. Responses to non-business hour inquiries will be documented in the computer program call log under the record name "Non-business hour inquiry".

LIMITED ENGLISH PROFICIENCY PROTOCOL

Policy: The Resource Center will strive to provide effective and efficient language services to individuals who are Limited English Proficient (LEP). The ADRC Program Coordinator or his/her designee will hold primary responsibility of coordinating all language service activities. All KIPDA programs are required to assist those who seek services, and who have limited English.

Procedures:

1. If the person's primary language is any other than English, it will be identified by the ADRC staff.
2. Language Line or another contracted interpreter third party service will be contacted and used solely as an interpreter between the client and/or representative and the ADRC staff.
3. If a client requests that a family member interpret for them, a neutral interpreter will be present whenever possible to ensure that the client's best interests are being considered.
4. Contract providers and other community resources will be used for interpreter services, if there are no in-house interpreters available.
5. Determination of appropriate language services will depend on individual circumstances and plans can be modified in order to accommodate client need.

CALLER/WALK-IN COMPLAINTS

Policy: 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.

Procedures:

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 Coordinator or his/her designee for effective resolution.
2. The ADRC staff and call center will remain calm and polite during the course of a complaint.
3. Reference the “Challenging Caller/ Visitor” Section of these policies and procedures if necessary.
4. Concerns will be documented in the appropriate data system and other locations as needed.
5. The ADRC Coordinator, the Quality Management Planner, and other KIPDA staff can be involved as needed during the complaint process. Sometimes another person or voice is helpful in resolving a complaint or in helping someone understand the process.
6. If no resolution is reached through verbal communication, the caller can be mailed or emailed the complaint form (featured on the next two pages).
7. Some complaints can be addressed through the Fair Hearing process. These forms are given to individuals who are actively seeking enrollment in many of KIPDA’s programs. KIPDA also maintains a Fair Hearing policy and procedure.

Kentuckiana Regional Planning and Development Agency

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CLIENT COMPLAINT FORM

KIPDA and its providers welcome feedback from clients about any aspect of the services they receive. Please complete this form so that your complaint can be addressed. Clients and participants have a right to file a complaint about a service or treatment through any program in which he/she receives services. If assistance is needed in completing this form, contact KIPDA, Director of Social Services at the address or number provided above. This form shall be submitted to KIPDA within 10 calendar days of when the event occurred.

1. This complaint is regarding the following:

A. Agency name: _____

B. Name of person: _____

2. Person filing the complaint:

A. Name: _____

B. Mailing address: _____

C. Telephone number: _____

3. Complete this section if you are filling this form out for someone else:

A. Your name: _____

B. Your mailing address: _____

C. Your telephone number: _____

4. Please provide details of your complaint. Describe what happened. When did it happen? Where did it happen? Who was involved? Please continue on back if necessary.

5. How do you suggest the complaint be resolved? Please continue on back if necessary.

Completed by: _____ Date: _____

(Print Name)

OFFICE USE ONLY

This form was received by: _____ Date: _____

The service provider is responsible for informing the client of the outcome of the complaint within 5 business days.

Please document actions that were taken to investigate the complaint and your recommendation for its resolution.

Summary of the outcome of the complaint:

CALL CENTER STAFFING

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

Procedures:

1. It is the responsibility of the ADRC to ensure 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. Each staff person shall receive initial and on-going training and shall meet staff qualification standards.
2. All new ADRC Specialists will complete comprehensive training that includes webinars, one on one instruction, and shadowing within three (3) months of appointment as an ADRC Specialist.
3. It is the responsibility of each staff person in conjunction with the Program Coordinator 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.
4. It is the responsibility of each staff person to identify and respond appropriately to difficult inquirers / situations.
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 (FTE's) devoted to each function and the percent of each position's time devoted to its different responsibilities.

CRISIS / EMERGENCY INQUIRIES

Policy: 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.

Procedures:

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 call, staff will then transfer the caller to 911 and stay on the line until the natural conclusion of the call. **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 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 the interaction is during a home visit staff will first make certain that the immediate environment is safe, if the environment is unsafe, move to the closest safe place, then phone 911 with specifics.
6. Staff will scrupulously document, in writing, the course of the call from greeting to termination, with specific attention to the caller's statements and how staff interpreted them, staff's responses and directives, staff's perceptions, staff's actions and the outcome of the call.

SUICIDAL PERSON

Policy: In the event a caller threatens harm to self, 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.

Procedures:

1. In the event that an inquirer threatens harm to self, 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. The National Suicide Prevention Hotline is 1.800.273.8255. When possible, staff should email other staff for assistance while on the phone with a potentially suicidal caller.

Points to keep in mind:

- 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?

- Talking about suicide to a troubled person will not give him/her the idea. The ideas are already there.
 - 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.
 - 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.
 - The person who only talks vaguely or threateningly about suicide or makes feeble “gestures” is not interested only in manipulation and should be taken seriously. This person requires attention, without which the next suicide attempt may be lethal.
3. Keep the person on the phone and conscious if at all possible until help arrives.
 4. Staff will scrupulously document, in writing, the course of the call from greeting to termination, with specific attention to the caller’s statements and how staff interpreted them, staff’s responses and directives, staff’s perceptions, staff’s actions and the outcome of the call.

CHALLENGING CALLER/ VISITOR

Policy: In the event of an inquirer who expresses anger toward the staff member, the Resource Center, or a referral source, staff will refer to the following protocol.

Procedures:

1. Remain calm and patient; do not engage in an 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.
12. Staff will document such calls to the Program Coordinator, specifically attending to the nature of the conflict, what the caller wanted, how the staff intervened, and what resolution was reached.

PROFANE/OFFENSIVE PERSON

Policy: In the event of an inquirer who uses language that the staff member perceives as profane or offensive, the staff member will refer to the following policy.

Procedures:

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.
7. Staff must scrupulously document the course of the call, from greeting to termination, with specific attention to the nature of the offensive or profane language, staff's statements, the caller's responses, and the outcome of the call.

THREATENING PERSON

Policy: In the event a caller uses threatening language or issues specific threats to the ADRC staff member, the staff member will follow these procedures.

Procedures:

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.
11. Staff must scrupulously document the course of the call, from greeting to termination, with specific attention to the nature of the perceived threat(s), the caller's statements, staff's perceptions, staff's statements, and the outcome of the call.

HOME VISIT PROTOCOL

- A. Policy:** Staff should plan all visits with safety in mind. Staff safety shall always come 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.

Procedures:

1. Schedule an appointment and call ahead to confirm the 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. 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 a visit.
4. Carry change for pay phones or a cell phone, identification, and car keys.
5. Always leave an itinerary at the central office and notify the Program Coordinator or his/her designee of any changes.
6. Keep the 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 can't 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 Coordinator or his/her designee is to be advised of this word / phrase.
14. Staff must scrupulously document 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 will be thoroughly documented.
15. Additionally, the staff person will notify the Program Coordinator or his/her designee of the event.

PRIVACY/CONFIDENTIALITY

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

Procedures:

1. It is the responsibility of each staff member to adhere to the KIPDA confidentiality policy as written in the KIPDA Employee Manual and other KIPDA policies and procedures related to HIPAA and privacy.
2. It is the responsibility of each staff member utilizing portal equipment, such as but not limited to laptops to assure that such equipment is returned to the central office at the close of business each day when possible. The only exception to this is by direct approval of the Program Coordinator or his/her designee.
3. 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.
4. 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.

WORK REMOTELY CONFIDENTIALITY PROCEDURES

1. Any paper documents that contain PHI or other sensitive information will be kept in lockboxes when not in active use.
2. All paper documents should be transported in lockboxes.
3. It is the responsibility of the KIPDA staff member to ensure that any phone conversations with potential clients are in private locations.
4. KIPDA staff members should ensure that any unofficial notes that they may jot down to assist with their work are properly shredded.
5. KIPDA staff should follow other HIPAA/HITECH policies and procedures when working remotely and remain environmentally aware of who might be able to see computer screens, hear conversations, and they should avoid public Wi-Fi in addition other safeguards.
6. KIPDA staff should not use personal devices for KIPDA business. To ensure security, KIPDA staff should only use KIPDA-supplied devices when working remotely.

RESOURCE DATABASE INCLUSION/EXCLUSION

Policy: The Aging and Disability Resource 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 either by its inclusion or exclusion. While all attempts are made to ensure 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 Aging and Disability Resource Center is not responsible for any decisions made or actions taken by inquirers as a result of the information obtained.*

Procedures:

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 Resource Center's 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 Aging and Disability Resource Center inclusion does not imply endorsement nor does omission indicate disapproval.
2. 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 KIPDA region, and provides timely updates on information.
3. 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.
4. The general guidelines will be reviewed by the Program Coordinator or is/her designee at a minimum of every three years.

RESOURCE DATABASE MAINTENANCE

Policy: The Aging and Disability Resource Center shall create and maintain an accurate, comprehensive database.

Procedures:

1. To ensure the integrity and accuracy of the database it is the responsibility of the Resource Center staff to enter all descriptive information into the database.
2. The Resource Center staff will formally update the resource database annually.

3. The Resource Center staff will make revisions and additions to the database throughout the year whenever feasible.
4. The agencies and organizations 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 type of services.
5. 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.
6. The Program Coordinator and/or his designee are responsible for entering the agency/organization profile into the electronic database.

ADRC REPORTS

Policy: The Aging and 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).

Procedures:

1. The Aging and 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 Program Coordinator or his/her designee to develop all aggregate reports.
3. Call Center staff are required to obtain as much information as possible regarding the callers, with particular attention to the type of caller (consumer, caregiver, professional, other or unknown), callers age, disability type associated with the call (physical, MR/DD, mental illness, multiple, other or unknown), and caller's income level. Each individual contact is to be recorded in the appropriate database.
4. It is the responsibility of the Program Coordinator to produce all reports for ADRC requested by DAIL.

SATISFACTION SURVEYS

Approximately monthly, the Quality Management Planner will contact ADRC callers.

- The Quality Management Planner will contact at least ten callers per month to see if they will participate in the telephone satisfaction survey.
- Voicemail messages will be left inviting callers to call back to complete the survey.
- The request-for-survey calls will be tracked and noted in an appropriate database per participant by the Quality Management Planner.
- The Quality Management Planner will keep a log of calls made each month requesting surveys.

TRAINING FOR ADRC STAFF

- ADRC staff will complete 24 hours of training each fiscal year. This training will include the following:
- All ADRC staff will complete AIRS Certification and training within six months of hire (this is being evaluated at the time of this writing)
- All ADRC staff will participant in KIPDA approved or provided training annually on the following topics:
 - HIPAA/HITECH
 - Diversity and inclusion
 - Reaching special and targeted populations
- All ADRC staff will maintain SHIP counselor status and training requirements
- The ADRC and call center staff will receive basic call process training annually
- ADRC staff is required to complete the dementia series starting in FY 2023, and any other trainings defined by regulations, contracts, and other guiding documents.

WAITLISTS FOR SERVICES

Policy: When a potential client or participant must be placed on a waiting list for services, KIPDA will strive to supply this individual with other resources, and will strive to minimize the time on the waiting list.

Procedures: KIPDA's individual programs have different processes for waiting lists. Individual programs should be consulted for specifics on waiting lists for various programs.

VOLUNTEERS

Policy: Any volunteers associated with KIPDA must complete the required background checks, required health checks and the required trainings. These requirements can be found in individual contracts and regulations associated with the specific program.

Procedures: The appropriate regulations will be reviewed and the requirements will be completed before an individual is approved as a volunteer.

Appendix for the ADRC Section of Policies and Procedures

- DAIL Taxonomy

DEPARTMENT of AGING AND INDEPENDENT LIVING (DAIL) TAXONOMY PROVIDED JUNE 2022 for BILLING DIRECTION

Benefits Counseling (1 unit=1 Contact)

The provision of information and assistance designed to help people learn about and, if desired, apply for public and private benefits to which they are entitled, including but not limited to, private insurance (such as Medigap policies), Supplemental Security Income (SSI), Food Stamps, Medicare, Medicaid and private pension benefits. For purposes of this program, Benefits Counseling funded under the Older Americans Act (and SHIP) that is provided to individuals who need help in order to remain in the community, is included in this definition.

Care Coordination and Transition Assistance (1 unit=1 Contact)

A client-centered assessment-based interdisciplinary approach to creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made – usually in a time of crisis – that often determine whether a person ends up in a nursing home or is transitioned back to their home. Individual and families are provided with information they need to make informed decisions about their service and support options, and to help them to quickly arrange for the care and services they choose.

Information Referral and Awareness (1 unit=1 Contact)

The information, referral and awareness function of an ADRC is defined by the ADRCs ability to serve as a highly visible and trusted place where people of all ages, disabilities and income levels know they can turn to for objective information on the full range of long-term service and support options. It is also defined by its ability to promote awareness of the various options that are available in the community, especially among underserved, hard-to-reach and private paying populations, as well as options individuals can use to “plan ahead” for their long-term care. ADRCs should also have the capacity to help individuals be aware of their Medicare benefits and other state and federal programs by partnering with State Health Insurance Assistance Programs (SHIPs) and Benefit Outreach and Enrollment Centers where they exist. Finally, ADRCs should have the capacity to link consumers with needed services and supports, both public and private – through appropriate referrals to other agencies and organizations.

Intake/Assessment (1 unit=1 Contact)

Assistance either in the form of access or care coordination in circumstance where the older person or persons with disabilities and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of Case Management include gathering personal information, assessing needs, developing Plan of Cares, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

Long-Term Care Futures Planning (1 unit=1 Contact)

Provide assistance to individuals who anticipate having long-term care needs to develop a plan for the more distant future. Future planning takes into consideration age, individual preferences, values, health and other circumstances, including the availability of informal supports.

Options Counseling and Assistance (1 unit=1 Contact)

The options counseling and assistance function is defined by the ADRCs ability to provide counseling and decision support, including one-on-one assistance, to consumers and their family members and/or caregivers. The main purpose of options counseling and assistance is to help consumers assess and understand their needs, and to assist them in making informed decisions about appropriate long-term service and support choices – as well as their Medicare options – in the context of their personal needs, preferences, values and individual circumstances. Options counseling and assistance also entails helping consumers to develop service plans and arranging for the delivery of services and supports, including helping individuals to hire and supervise their direct care workers. Individuals and families who receive options counseling should be in better position to make service and support choices that optimally meet their needs and preferences and be able to make better use their own personal and financial resources in the short term and over time.

Outreach (1 unit=1 Contact)

Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

Quick Call (1 unit=1 Contact)

Call from a consumer that requires only brief information such as an address. Does not require a level 1 screening.

Authority: OAA, 42 U.S.C. 12102, DAIL Contract

Requirement: Level One Screening