

Follow-Up Policy

Last revised: December 2022

This policy applies to aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as “agency” or “staff.”

Purpose

Staff are expected to follow up with the people who contact them for information and assistance. Follow-up is also a required step of options counseling to determine outcomes and to provide additional assistance in locating or using services as appropriate.

Follow-up is an important component of the agency’s customer service. Not only is follow-up strongly associated with customer satisfaction, but it also allows staff to ensure a customer is getting the information and assistance they need. Customers often come to the agency with complex questions and concerns; follow-up is an opportunity for staff to address customers’ needs in greater detail.

The agency does not need to follow up with customers who have enrolled in a publicly funded long-term care program.

Definition

Follow-up is the act of making contact with customers who have received information and assistance or options counseling. Follow-up contact is made to determine whether the customer’s needs were met and whether additional assistance is needed. For customers that elected to have a written action plan, follow-up contact is made with them to check on the status of their action plan.

Procedure

Identifying when follow-up is needed after providing information and assistance requires professional judgement. During ongoing discussions and review of customers’ situations by staff, a supervisor or colleagues can be used to support appropriate follow-up. When unsure whether follow-up is needed, it is best to follow up with the customer. Follow-up is a required

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step of options counseling; it should always be provided after the options counseling visit and should be noted in the customer's action plan, when applicable.

Follow-up should occur after providing information and assistance when any of the following has occurred:

- There is a concern for the customer's safety.
- Information has been sent to the customer.
- The customer making the inquiry has multiple concerns or risk areas.
- A need for options counseling is recognized but the offer for options counseling was declined.
- ADRC staff have a concern that the organization to which they have referred a customer may not be able to provide the needed service in a way that is satisfactory to the customer.
- A referral is made to a new or unfamiliar service or provider. This does not apply if the new provider is a managed care organization (MCO), IRIS consultant agency (ICA), or fiscal employer agency (FEA).
- The customer's situation involves a crisis, emergency, or endangerment.
- Basic needs of food, clothing, or shelter were identified as primary issues.
- A customer appears to be unable to proceed with the information independently and has declined options counseling.
- The customer appears to be unsure of the information that the agency provided.
- The staff are aware that the customer's next steps involve a long or complex process.

It is important to ask for the customer's permission to follow up with them. During a follow-up contact, staff should first ensure that they are speaking to the correct person to maintain confidentiality.

Agencies should consider implementing procedures to remind staff of the need to place follow-up calls. This could be done using software or other approaches that are appropriate for the agency.

At a minimum, staff should attempt to follow up with the customer by phone on two separate occasions. If the agency is unable to reach the customer after two attempts, then staff should send

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a letter to the customer if the agency has their address. If the agency does not have their address, staff should attempt an additional phone call. These are minimum standards. Local agencies may choose to have more intensive procedures.

All follow-up contacts must be recorded in the client tracking database using the outcome “Provided Follow Up.”

The agency does not need to follow up with customers that have been enrolled or are referred to a publicly funded long-term care program, because the customer will be working with the MCO or ICA to identify services and supports to meet their needs. Continued contact from the agency after referral or enrollment may create confusion for the customer about which agency, they should be working with to develop a plan to meet their long-term care needs.