

Follow-Up Policy

Last revised: July 2025

This policy applies to aging and disability resource center (ADRC) specialists and Tribal aging and disability resource specialists (Tribal ADRSs), herein referred to as “staff.”

Purpose

Staff are expected to follow up with customers in some situations after providing information and assistance or options counseling to determine outcomes and to provide additional assistance in accessing services as appropriate.

Follow-up is an important component of the agency’s customer service. Follow-up is strongly associated with customer satisfaction, and 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 additional opportunity for staff to address customers’ needs in greater detail.

Definition

Follow-up is the act of contacting customers who have received information and assistance or options counseling. Follow-up encounters are made to determine if the customer’s needs were met and whether additional assistance is needed.

Follow-up is not an encounter that occurs naturally through the progression of options counseling, such as calling a customer with the results of their long-term care functional screen or calling a customer to schedule enrollment counseling after their Medicaid is approved. Follow-up is an encounter initiated by staff that was planned and agreed to previously by the customer.

If staff arrange a follow-up encounter with a customer but the customer initiates contact prior to the arranged date to let staff know their needs were met, that is considered completion of follow-up.

Procedure

Identifying when follow-up is needed requires professional judgement.

Follow-up should be offered when any of the following has occurred:

- Information has been sent to the customer.
- Staff recognize a need for options counseling and offer it. The customer declines options counseling but agrees to information and assistance and follow-up.
- 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.
- The customer's situation involves a crisis, emergency, or endangerment.
- Staff identify health-related social needs, such as food, housing, transportation, health care, or other concerns about essential safety.
- 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. If the customer declines to be contacted for follow-up, document this in a case note and do not attempt follow-up. If the customer consents to follow-up, the customer should agree to an estimated timeframe in which staff will contact them. The timeframe should take into consideration the action steps staff will follow up on. For instance, if staff gave the customer information on transportation options for an appointment the following week, follow-up should occur before that appointment. If staff gave the customer information on affordable housing and want to ensure the customer follows through with completing applications, follow-up should be scheduled after allowing enough time for the customer to complete applications. Follow-up attempts and encounters should be documented in the state reporting and case management system.

Staff can use the state reporting and case management system to schedule reminders to complete planned follow-up.

At a minimum, staff should attempt to follow up with the customer by phone on two separate occasions. If the staff is unable to reach the customer after two attempts, then staff should send a letter to the customer if the agency has their address. If the staff does not have the customer's address, staff should attempt an additional phone call. These are minimum standards. Local agencies may choose to have more intensive procedures.

Staff should not follow up with customers who have been enrolled in or referred to a publicly funded long-term care program. These customers should work with their managed care organization (MCO) or IRIS consultant agency (ICA) to identify services and supports to meet their needs. Continued contact from the staff after referral or enrollment might create confusion for the customer about which agency they should work with to develop a plan to meet their long-term care needs.