

ADRC Options Counseling Survey Webinar Q&A

Q: Please address why we are working on last year instead of implementing a plan for the coming year. I am certain there must have a reason. Given the nature of the time-consuming analysis of the data (data already entered in 2017 though not tracked by the SUA department) request it would help to know why this approach was chosen?

A: We are looking at recent historical data to glean information about the impact of options counseling services provided. Compelling Reason will be using the information learned from this project to develop recommendations regarding additional data elements we should consider capturing in the future to be able to more easily track this type of information going forward.

Q: Is question 1B and the table data that can be obtained by pulling a report from GetCare?

A: No. Since most of the information documented in the Caretool has been input via narration, it is necessary to read through the notes to answer the questions.

Q: How would the Options Counselor know how long the delay was? We don't follow consumers for a long period of time.

A: For purposes of this survey, please calculate the delay in months from the time that the OC met with the consumer until either 1) progress notes (or other available data) indicate a change in care setting from that indicated by the consumer at the OC visit or in a subsequent follow-up discussion or 2) if no changes were noted from that time on and you have no basis for an estimate, calculate months from the time that the OC completed assessment through December 2017. Please see slide #4 from the power point for a specific example.

Q: Are you concerned about the validity of information that is being tabulated based upon memory?

A: While there will be responses based on memories that may not be accurate, there should be enough data points (thousands of cases reported by dozens of options counselors) so that the results will be meaningful.

Q: How does one answer "unknown"? It seems that if we say "no", but the answer is really "I don't know", then we'd be skewing the results.

A: If the answer is unknown, we encourage you to provide your best estimate, which could be based upon known outcomes from other consumers that were in a similar position.

Q: Are we able to use representative samples for compiling this data?

A: If you had ≤ 50 OC consumers in 2017, please provide data for all of your consumers. If you had > 50 OC consumers, then provide data for as many as you can, but at least 50.

Q: Is this random sample or every Options Counseling record?

A: If you had ≤ 50 OC consumers in 2017, please provide data for all of your consumers. If you had > 50 OC consumers, then provide data for as many as you can, but at least 50.

Q: Does it matter what time of year we met with a client in terms of gauging how long they were delayed in moving to a higher level of care. For example, if we worked with a consumer in December, there will be no way of knowing how many months the client is able to stay living at home, because the intervention just happened.

A: If the length of the delay is unknown, we encourage you to provide your best estimate, which could be based upon known outcomes from other consumers that were in a similar position.

Q: Just because there are not additional records for "Helen" does not mean she's still at home. The family may not follow up if/when "Helen" moves and if the OC is no longer following Helen there would be no more records. Again, not valid just because there is no further notes.

A: You are correct. Short of calling each consumer (and/or their family), there is no way to be 100% sure that the consumers last status we have in our available records is current. Since that is not feasible, we are asking that OC utilize available records to answer this question to the best of their ability.

If you counseled Helen to remain at home and she seemed receptive to that advice, then it is reasonable to count her as delaying her entry into another living situation. The length of the delay could be estimated based upon known delays from other consumers that were in a similar position.

Q: How do we get reimbursed for our time being that many of the options counseling clients are closed?

A: We are not able to offer compensation for completing the survey but we strongly suggest that you take the time to complete it so that we can use the information to substantiate the good work being done in order to educate about the impact of options counseling services and advocate for continued funding for options counseling.

Q: What category would be most accurate if the Consumer died shortly after the OC session? "No change in living situation" isn't the best option.

A: If the consumer died shortly after the OC session, then you should not include any data for that consumer in your response to the survey.

Q: 50 cases per AAA/ADRC or 50 cases per Options Counselor?

A: 50 cases per options counselor.

Q: Will you consider building reports in the care tool that will capture this data in the future? This is incredibly time consuming and difficult to compile.

A: We will be considering all data collection and reporting recommendations that are included in the final report submitted by Compelling Reason.

Q: What about staff that are no longer employed with the agency? Do we exempt those responses?

A: You are encouraged to assign another staff person to complete the survey on behalf of the case manager no longer with your agency. This person should only answer the questions based on the documented information available in the case records.

Q: Three of our Options Counselors are no longer at the agency, so their supervisor will be filling out their worksheets. Hence, there will not be "memory" involved. The only available information is documentation. Is this still preferred, even though a number of the questions may not be answerable based on available documentation?

A: Yes, this is still preferred. The staff person should only answer the questions based on the information documented in the case file.

Q: Will you be emailing this PowerPoint presentation?

A: Yes. The PowerPoint presentation will be sent by email to all participants.

Q: Did you want this data as a whole from agency or from each individual staff?

A: The survey should be completed and submitted by each individual options counselor.

Q: For question 3-- we just don't necessarily follow OC cases once the OC intervention is complete, so how would we know if there were homeless after 90 days? We don't do follow up phone calls once the OC is done.

A: Please consult the records you do have available to inform your response to this question. If you provided advice to a consumer that would help him to avoid becoming homeless and he seemed receptive to that advice, then it is reasonable to count him as being in an "Other" living situation (i.e., not homeless or facing eviction) within 90 days after receiving ADRC guidance.

Q: For the purposes of this questionnaire, does "eviction" not need to mean a legal notice of eviction? More of a threat or perceived threat of eviction?

A: Correct – a threat or perceived threat of eviction should be counted as "Facing eviction".

Q: Are we capturing ADRC calls for housing as well as OC?

A: No, for this piece of the project, we are only surveying work completed by an OC.

Q: Does this include clients who are in CareTool because they are OPI Pilot clients?

A: The survey is specific to options counseling cases so if the person is an OPI Pilot client enrolled in options counseling, they should be included in the survey. If they did not receive options counseling services, they should not be included in the survey.

Q: What kinds of things are meant in the other category in question 3?

A: The "Other" category in question 3 refers to all living situations other than homelessness and facing eviction. It includes living at home or in an institution when there are no threats of eviction or possibilities of homelessness on the horizon.

Q: What is Care transitions? OPI?

A: Care transitions is a program offered by some of Oregon's ADRC's to reduce hospital readmissions by building patient and caregiver confidence, improving self-management skills, and coaching patients to take a more active role during transitions from one care setting to the next.

OPI is the acronym for the Oregon Project Independence Program (OPI). Additional information about the program can be found online here:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/OPI.aspx>

Q: The Mult Co/Wa Co/Clack Co Care Transitions program does not work that way... Options Counselors are not "referring" consumers to Care Transitions. Our Care Transitions Program is its own program with its own staff.

A: The survey is specific to options counseling activities so it may be that the answer is zero for the purposes of this survey if your options counselors do not refer or enroll consumers in Care Transitions. However, the Care Transitions work your ADRC is doing is valuable and so Compelling Reason may follow up to inquire more about those activities outside of this survey.

Q: At least in Washington County, CT is not something we refer to as it is a program that "starts" from the hospital Coach from the CT program.

A: The survey is specific to options counseling activities so it may be that the answer is zero for the purposes of this survey if your options counselors do not refer or enroll consumers in Care Transitions. However, the Care Transitions work your ADRC is doing is valuable and so Compelling Reason may follow up to inquire more about those activities outside of this survey.

Q: If we don't know the answer based on the data in CareTool, but we would know the answer based on data in a different data base used by ongoing case managers at S&DS, are we to use the data from the other database. Options Counselors are the only staff who use Caretool, so any follow up information would be in an alternate database, such as Oregon Access.

A: Yes. Staff are encouraged to answer the questions based on all the factual documented information available to them.

Q: If there is no fall prevention program in a particular rural area that OC serves, do we put 0% for both questions?

A: If the options counselor did not refer the consumer to any fall prevention programs, the answer would be zero unless a referral was made to Home Health for an OT or PT evaluation related to fall prevention. Those types of referrals should be counted.

Q: Does the \$1000 refer only to "Other items"? For example, if the value of, say, food benefits amounts to less than that per year do we still include?

A: The \$1000 minimum value applies only to the "Other items" category. For any other category of assistance such as food, then any known or estimated value should be entered.

Q: Can you send a reminder of the due date for responses?

A: Yes. The survey completion date is February 28th. We will send supervisors a reminder.

Q: Can we use NWD funds for this if it is for clients with whom we discussed Medicaid?

A: No.

Q: What happens if we are unable to respond to all of the questions by Feb. 28th?

A: If one of your options counselors is unable to complete the survey by the due date, you can submit a request for an accommodation to Kristi Murphy.

Q: If the OPI client uses an in-home agency, would you use the hourly cost of the service in your calculation?

A: Yes.

Q: If progress notes cannot specify type of abuse/neglect, are we to go by memory in identifying financial vs other abuse?

A: Yes, if you have memory of it.