



TCAD Telephone Reassurance Guidelines

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Program Purpose

Engaging with the community and showing *Care Through Conversation* is important as feelings of social isolation and loneliness persist throughout the older adult population during the COVID-19 outbreak. The purpose of the Tennessee Commission on Aging and Disability (TCAD) Telephone Reassurance program is to provide support to all older adults and caregivers across the state during the COVID-19 crisis. Care through Conversation seeks to promote social connectedness and positive interaction with Tennessee's older adults and caregivers. Telephone reassurance will engage older adults in conversation and assess their needs including but not limited to access to meals, groceries or essentials, and medications.

Language and Program Promotion Note:

The purpose of Care through Conversation is to reduce social isolation and loneliness in Tennessee's older adults and caregivers. However, language to promote the program will avoid terms including social isolation and loneliness to avoid further making someone feel isolated, stigmatized or pitied. Therefore, when promoting the program to the public, in an effort to recruit caregiver and older adult participants, language will focus on how this program is focused on promoting social connectedness and positive interaction in older adults and caregivers across the state of Tennessee.

Program Overview

1. Any older adult or caregiver can sign-up by completing an online form (Formstack) or calling (615)253-4307 (goes to STATE STAFF 1). If STATE STAFF 1 gets a call with someone wanting to register for telephone reassurance, STATE STAFF 1 will complete the online form for the caller.
2. STATE STAFF 2 extracts the forms from Formstack and sends to STATE STAFF 3 each morning.
3. STATE STAFF 3 houses registry (all completed forms) in Excel Spreadsheet.
4. STATE STAFF 3 separates registrants by county and sends to STATE STAFF 4.
5. STATE STAFF 4 matches registrants with volunteers.
6. STATE STAFF 4 distributes registrant/volunteer match lists to STATE STAFF 3. STATE STAFF 3 has initial contact with registrant and provides assigned volunteer name and phone number.
7. Volunteers make weekly calls and complete the appropriate Registrant Questionnaire Form with EACH call.
8. Completed Registrant Questionnaire Forms are submitted through a separate online form (Formstack).
9. STATE STAFF 2 extracts these forms and sends to STATE STAFF 1 AND 3. STATE STAFF 3 updates the registry and STATE STAFF 1 ensures additional services are received if needed.

Staff Involvement and Contingency Plan

Current staff involved: 4 STATE STAFF MEMBERS

If demand exceeds current staff capacity to timely manage the telephone reassurance program, other staff can participate and assist where needed.

Areas where additional staff could step in if needed:

- Assisting STATE STAFF 3 in Formstack submission review and registry updates
- Assisting STATE STAFF 4 in volunteer and registrant matching
- Assisting STATE STAFF 1 in answering calls from individuals wanting to register for telephone reassurance

Program Registration and Removal

All older adults or caregivers in Tennessee can sign up for the TCAD Telephone Reassurance Program: Care Through Conversation by completing an online form or calling (615)253-4307. Current clients may already receive telephone reassurance through various processes already in place at the local level. Current clients can sign-up for this telephone reassurance program in addition to their current services if they choose to do so.



Required information for sign-up will be similar to the Participant Registration Form (PRF). All completed forms will be directed to STATE STAFF 3 who will house the telephone reassurance registry. STATE STAFF 3 will separate registrants by county and delivery to STATE STAFF 4.

Online Form

The online form will be on the tn.gov/aging website. The online form will include questions similar to the Participant Registration Form (PRF) and additional questions directly relevant to the Telephone Reassurance Program.

“Care Through Conversation: TCAD Telephone Reassurance Program Registration Form

We recognize that older adults and caregivers are facing many hardships due to COVID-19. We want to show you care through conversation and make sure your needs are met during this very difficult time. Each week, we can have a volunteer call and check on you or a loved one. During these calls, we will check-in, assess your needs, and see if there is any way we can better assist you. At minimum, our volunteers will conduct one call a week, but you can request more if you need it. If you would like to be added to our telephone reassurance registry, please submit the registration information below:

	Drop Down	Answer Type
I am filling out this form on behalf of..... *		Myself, Another Individual (depending on this answer, the terms and conditions will change)
	If "Another Individual" What is YOUR name? Please continue to complete the rest of the information with the individual's information who you are wanting to register.	write-in
First Name*		write-in
Last Name*		Write-in
Preferred Name		Write-in
County*		Drop-Down of counties in TN
Date of Birth*		Format: MM/DD/YYYY
Phone Number*		Formatted as (xxx)xxx-xxxx
Please Confirm Phone Number*		Formatted as (xxx)xxx-xxxx
Email Address		Write-in
What is a good time of day for our volunteers to call? *		Drop-down (morning, afternoon, evening)
I would like to be contacted as.... *		Drop-Down (Older Adult; Caregiver)
Do you have memory loss that interferes with daily life? *		Yes/No
	Do you have a diagnosis of dementia or Alzheimer’s disease?	Yes/No
In the event we are unable to contact you, we can		yes/no



initiate an emergency contact check and welfare check. Would you like to opt into the emergency contact and welfare service? (additional information will be required) *		
	Emergency Contact Name*	write-in
	Emergency Contact Relation*	(Spouse, Child, Other – Fill-In)
	Emergency Contact Phone Number*	Formatted as (xxx)xxx-xxxx
	Street Address*	write-in
	City*	write-in
	State*	drop down of states
	Zip Code*	write-in
Terms and Conditions		Based on if they select myself/other at top
	<p>I agree to the terms and conditions of the TCAD Telephone Reassurance Program on behalf of myself.</p> <p>Terms and Conditions</p> <p>PLEASE NOTE: These terms and conditions are available in a downloadable pdf form at the bottom of this webpage and can be accessed at any time.</p> <ul style="list-style-type: none"> • I declare that I am an older adult or a caregiver of an older adult. • I allow the information on this form to be used in statistical reports, which will NOT contain any information that could lead someone to identify me personally. • I consent that my contact information can be given to a fully vetted TCAD volunteer. • I will strive to answer phone calls from program staff or volunteers, if I miss a call, I will return their voicemail in a timely manner. • I understand that failure to answer or return a call from three (3) separate consecutive call attempts from the program volunteer will result in a call from the program staff. • I understand that if I fail to answer or return a call from the program staff, I may be removed from the program. • I will, at all times, maintain an appropriate relationship with the volunteers and program staff that contact me. If I create a situation which makes the volunteers or staff uncomfortable and a complaint is filed, I may be removed from the program and may not be able to re-sign up. There are not appeal rights to be reinstated for this program if I removed due to a complaint. 	e-signature box



	<ul style="list-style-type: none"> • If I am removed from the program, I will be notified of program removal by email, if no email address is provided, I will be notified by the phone number provided. • If I am removed due to no contact and would like to resign up, I can resubmit the online registration form at www.tn.gov/aging or by calling (615)253-4307. • I understand that if I opted into the emergency and welfare service and if three failed attempts are made to contact me, the volunteer may reach out to my emergency contact to verify my safety. • I understand that if I opted into the emergency and welfare service and two failed attempts are made to contact my emergency contact (if listed), the volunteer may contact local law enforcement to conduct a welfare check. • I understand that I can lodge a complaint by contacting Ondria Stevenson at Ondria.M.Stevenson@tn.gov or (615)253-4549 in the event that I feel I am being discriminated against due to my race, creed, color, sex, age, or national origin. * 	
	<p>I agree to the terms and conditions of the TCAD Telephone Reassurance Program on behalf of another individual.</p> <p>Terms and Conditions</p> <p>PLEASE NOTE: These terms and conditions are available in a downloadable pdf form at the bottom of this webpage and can be accessed at any time.</p> <ul style="list-style-type: none"> • I declare that the individual is an older adult or a caregiver of an older adult. • I am responsible for making the individual aware of the terms and conditions I have agreed to on their behalf. • I allow the information on this form to be used in statistical reports, which will NOT contain any information that could lead someone to identify me personally. • I consent that this contact information can be given to a fully vetted TCAD volunteer • I understand that the individual is expected to answer phone calls from program staff or volunteers, and if a call is missed, the individual will return their call or voicemail in a timely manner. • I understand that if the individual fails to answer or return a call from three (3) separate consecutive call attempts from the program volunteer will result in a call from the program staff. • I understand that if the individual fails to answer or return a call from the program staff, they may be removed from the program. 	e-signature box



	<ul style="list-style-type: none"> • I understand that the individual is expected to, at all times, maintain an appropriate relationship with the volunteers and program staff that contact me. If the individual creates a situation which makes the volunteers or staff uncomfortable and a complaint is filed, the individual may be removed from the program and may not be able to re-sign up. There are not appeal rights to be reinstated for this program if the individual is removed due to a complaint. • If the individual is removed from the program, the individual will be notified of program removal by email, if no email address is provided, the individual will be notified by the phone number provided. • If the individual is removed due to no contact and would like to resign up, they can resubmit the online registration form at www.tn.gov/aging or by calling (615)253-4307. • I understand that if I opted the individual into the emergency and welfare service and if two failed attempts are made to contact the individual, the volunteer may reach out to the emergency contact to verify the individual's safety. • I understand that if I opted the individual into the emergency and welfare service and two failed attempts are made to contact the emergency contact (if listed), the volunteer may contact local law enforcement to conduct a welfare check. • I understand that the individual can lodge a complaint by contacting Ondria Stevenson at Ondria.M.Stevenson@tn.gov or (615)253-4549 in the event that the individual feels they are being discriminated against due to race, creed, color, sex, age, or national origin. * 	
*required		
Message after submitting:		Thank you for your submission! If you need additional information, resources, or services for yourself or an older loved one in Tennessee, call the Tennessee Commission on Aging and Disability at 1-866-836-6678 or email us at TN.Aging@tn.gov "



Registrant Initial Contact

After STATE STAFF 4 has matched Registrants and Volunteers, STATE STAFF 4 will send designated TCAD staff the lists of new matches. TCAD staff (STATE STAFF 3) will make initial contact with all program registrants. TCAD staff will call to provide the registrant with the volunteer name (and phone number if available) that will be contacting them throughout the duration of the program. During initial contact, TCAD staff will inform the registrant that all volunteers have been background checked and have signed confidentiality forms. The volunteer should begin making calls within a week of initial contact.

TCAD staff will also call to inform the registrant of any change in volunteer, should a volunteer become unable to continue program calls.

TCAD staff will tell STATE STAFF 4 when they have completed initial contact with the registrants so she can inform the volunteers.

Call outline:

- Good afternoon, my name is ___ and I am calling from the Tennessee Commission on Aging and Disability. Is this _____?
- We received your registration submission for the TCAD Telephone Reassurance Program: Care through Conversation.
- I am calling to verify that you are still interested in being involved in this program?
- You have been matched with a volunteer that will give you your first call within the next week. Our volunteers have been background checked and have signed confidentiality forms. If there is a change in your volunteer, a staff member from TCAD will give you a call.
- If you have a pen and paper, I can give you the volunteer's name and phone number (if available) so you know who to expect a call from.

Volunteer Change

Voluntary Removal

If a registrant would like to no longer receive weekly calls, they can inform their volunteer. The volunteer will inform Sidney Schuttrow who will inform Kieme Eligwe. Kieme Eligwe will mark the individual as on hold on the telephone reassurance registry, after calling to verify that they do indeed want to be removed.

Forced Removal

Per the terms and conditions, a Care through Conversation participant may be removed from the program for two reasons:

1. **No Contact:** A participant may be removed from the program if they are unable to be reached. A participant is defined as "Unable to be reached" if they have three consecutive failed attempts of contact by the volunteer followed by one consecutive failed attempt of contact by the Care through Conversation Coordinator. Consecutive attempts will be made over a period of time longer than a week. In the event an individual will be removed, a final attempt will be made to notify the individual of removal by phone or email. An individual removed for no contact may resign up.
2. **Complaint:** A participant may be removed from the program if they violate the Terms and Conditions regarding appropriateness towards volunteers and staff and receive a complaint. An individual will be notified of program removal by email if provided or by phone if no email is available. There are not appeal rights to be reinstated for this program if the individual is removed due to a complaint.



Volunteer/Call requirements

Volunteers need to submit an online form at <https://www.tn.gov/aging/learn-about/volunteer-opportunities.html> which is directed to STATE STAFF 4. STATE STAFF 4 will screen each volunteer. Eligible volunteers must then complete an online training which will be made available to them through STATE STAFF 4. The volunteer training was developed by STATE STAFF 1 and guided by the Alliance of Information and Referral Systems (AIRS) standards.

Volunteers are expected to call all registrants they are assigned a minimum of once a week. During each call, volunteers will ask the questions from the appropriate form: Older Adult Registrant Questionnaire Form or Caregiver Registrant Questionnaire Form. Volunteers will record all answers and submit the online version of the appropriate form after EACH call. Volunteers are expected to follow-up with TCAD staff if there are any immediate concerns or issues that need to be addressed. All volunteers will be asked to electronically sign a confidentiality agreement which will be sent to them and submitted via FormStack.

Volunteer Confidentiality Agreement Language

TCAD considers the responsibility to protect the privacy and confidentiality of its clients of great importance. TCAD volunteers share this responsibility to maintain the confidentiality of all privileged information either electronic and/or hard copy forms to which they have access and must take all steps necessary to prevent personal and internal TCAD program information from falling into the hands of unauthorized persons. Personal information must not be shared with anyone else except authorized individuals associate with the program you are volunteering for. If you become aware of any personal information that has been lost or misplaced, please contact the program immediately.

This responsibility includes, but is not limited to, the following types of information regarding beneficiaries:

- Names
- Date of birth
- Address
- Contact information
- Medical information
- Reason for signing up for the telephone reassurance program

I agree to the above responsibility regarding confidentiality as a TCAD volunteer.....

[e-signature box]

Emergency Contact and Welfare Checks

If the registrant with an established relationship (call at least conducted one time) does not answer the phone, and has opted into the emergency contact and welfare check service, the volunteer will take the following steps until a call is answered:

1. The volunteer waits an hour and calls the registrant back.
2. The volunteer calls the emergency contact to verify that the registrant is okay.
3. If the emergency contact doesn't answer, call the emergency contact a second time.
4. If the emergency contact still doesn't answer, call the registrant one last time.

If the registrant doesn't answer, call local law enforcement's non-emergency line (NOT 911), and ask for a welfare check.



Care through Conversation

Telephone Reassurance Volunteer Role

- Purpose or Role:** This volunteer role will allow volunteers to engage older adults in conversation and assess their needs including but not limited to access to meals, groceries or essentials, and medications
- Position Title:** Care through Conversation – Telephone Reassurance Volunteer
- Department:** This telephone reassurance program is housed within the Tennessee Commission on Aging and Disability (TCAD)
- Essential Duties and Responsibilities:**
- Call one or more older adults a minimum of one time per week
 - Be willing to call an individual more times per week upon request
 - Ask specific questions provided by TCAD to assess needs of older adults
 - Complete the online questionnaire form provided to you at the end of each call, every time you contact an older adult with as much detail as possible
 - Assist individuals in identifying ways to address unmet needs, including through use of resources provided to you by TCAD
 - Communicate with the Director of Volunteer Services, immediately if you are not able to continue volunteer service or have an urgent need/concern about an older adult you have
- Reports to:** Director of Volunteer Services,
- Appointment Length:** A person can serve in this volunteer position for as long as they are able to perform the essential duties and responsibilities detailed above. While this role was created during the COVID-19 pandemic, we hope this opportunity will be able continue to serve older Tennesseans for the foreseeable future.
- Time Commitment:** The time per call will be dependent on the older adult and their need. We encourage you to be patient and talk with the person as long as needed. We estimate a call may take 15-30 minutes depending on need, longer calls are possible.
- Qualifications:**
- Pass the standard Volunteer Screening
 - Sign online Confidentiality Form
 - Complete training provided
 - Have access to a telephone and internet
- Support Provided:** TCAD provides training, screening, resources and technical assistance to all volunteers. The Director of Volunteer Services is responsible for distributing important information to volunteers to make sure volunteers can complete their role successfully. At any time a volunteer in need of assistance or guidance while working with an older adult should contact the Director of Volunteer Services.



Older Adult - Registrant Questionnaire Form

Date of Call _____

Registrant Name: _____

Registrant Phone Number: _____

Did you speak with the older adult registrant or a caregiver (if caregiver, designate relation)?

1. Did you receive the assistance you requested during the last call? (if applicable) _____ -
2. Are you able to get your medications at this time? _____

a. If not, do you need assistance with medication pick up/delivery? _____

b. Do you have refills available or do you need to make a doctor's appointment? _____

3. Do you have enough food/necessities to sustain you for the next week? _____

a. If not, do you need assistance with item pick-up/delivery? etc.) _____

b. What necessary items do you need? (milk, bread, paper products, etc).

4. Are you having any other issues that you need assistance with this time?

5. Would you like to receive information about upcoming events you can attend by calling in or online?

a. If so, events information provided: _____

Volunteer Name: _____

Volunteer Phone Number: _____

Did the client indicate a need on the call: _____

If so, were you able to address/meet that need? _____ If not, why not? _____

Volunteer Feedback/Concerns/Observations during call: _____



Caregiver - Registrant Questionnaire Form

Date of Call _____

Caregiver Name: _____

Caregiver Phone Number: _____

1. Did you receive the assistance you requested during the last call? (if applicable) _____
2. Are you able to get your and your care-receiver's medications at this time? _____
 - a. If not, do you need assistance with medication pick up/delivery? _____
 - b. Do you have refills available or do you need to make a doctor's appointment? _____
3. Do you have enough food/necessities to sustain you and your care-receiver for the next week?

 - a. If not, do you need assistance with item pick-up/delivery?
etc.) _____
 - b. What necessary items do you need? (milk, bread, paper products, etc).

4. Do you have a care plan in place if you or your care-receiver get sick? _____
 - a. If not, do you need assistance in creating a care plan? _____
5. Are you having any other issues that you need assistance with at this time?

6. Would you like to receive information about upcoming events you can attend by calling in or online?
 - a. If so, events information provided: _____

Volunteer Name: _____

Volunteer Phone Number: _____

Did the client indicate a need on the call: _____

If so, were you able to address/meet that need? _____ If not, why not? _____

Volunteer Feedback/Concerns/Observations during call: _____



Program Quality Assurance Plan

To ensure program integrity, TCAD staff will conduct randomized calling of registrants and volunteer surveys.

TCAD Randomized Calls

TCAD staff will randomly call 5% (up to 30) of all registrants once a month for the duration of the program to assess program quality and satisfaction. During Quality Assurance Calls, TCAD staff will ask the following questions:

“Good afternoon Ms/Mr. _____, my name is _____ and I am an employee with the Tennessee Commission on Aging and Disability. I am calling to speak with you about how your weekly call check-ins are going with our volunteers....

TCAD Staff Member Making Call	Write-in
Date of Call	mm/dd/yyyy
Registrant First Name	write-in
Registrant Last Name	Write-in
Zip	Write-in
County	Drop-Down of counties in TN
Age	Write-in, number only
Gender	Selection, Write-in
Race/Ethnicity	Selection
Do you feel comfortable and enjoy the time talking with your volunteer?	Matrix 1-5 Selection
Do you feel that having these weekly calls have provided you a sense of comfort or enabled you to remain socially engaged?	Matrix 1-5 Selection
Do you sometimes, often or always feel isolated?	Matrix 1-5 Selection
Do you live alone?	Drop-Down (yes, no)
Have you received assistance in a timely manner?	Drop-Down (yes, no, not applicable)
Was there any assistance you requested that you were not able to receive?	Drop-Down (yes, no)
How did you hear about Care Through Conversation?	Write-In
Would you refer this program to a family member or friends?	Drop-Down (yes, no)
To help us improve is there any positive or constructive feedback you would like to share about the program or volunteer you have been matched with?	Write-in

Volunteer Process Assessment

TCAD staff will send out email surveys to all volunteers to provide anonymous feedback on the process.

County of Residence	Drop Down (list of TN counties)
Age of Volunteer	Write-In, number only
How many registrants have you been contacting per week?	Write-In, number only
Approximately how many calls have you been making per registrant?	1-5
Do you feel you were provided with enough training prior to starting calls?	Drop-down (yes, no)
If not, what would you change?	Write-in



Do you feel you were provided with the skills and resources	Drop-down (yes, no)
If not, why?	Write-In
Do you have any other feedback on this program you would like to provide?	Write-In

