Executive Office of

Aging & Independence

Your Partners in Aging.

Brand Values

Partnership – we can achieve more together.
Inclusion – diversity strengthens our state and ourselves.
Justice – combatting ageism is core to our work.
Humanity – caring for each other is why we are here.
Community – it supports and sustains us.
Connection – it's the heart of wellbeing and belonging.
Choice – autonomy is the foundation of independence.

Executive Office of Aging & Independence

MEETING AGENDA

9:15 AM – 9:30 AM |REGISTRATION

9:30 AM – 10:30 AM | OVERVIEW OF NO WRONG DOOR (NWD)

- AGE NWD Grant Project
- MassOptions, I&R, and OC within ADRC Referral Process
- Building a Coordinated Seamless Network for a great consumer experience

10:30 – 11:00 AM | MASSOPTIONS AND ADRC ACCESS PROCESS

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- Referral Portal & Warm Transfers Processes

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- Anatomy of a Call
- Customer Service Skills
- Active Listening, PCC, Follow-Up

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- Required Information for I&R and OC
- Key Updates

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May 2026

Executive Office of Aging & Independence

NWD Referral Services Training

NWD ADRC Overview

Your Partners in Aging.

Learning Objectives

- Understand the ADRC/No Wrong Door framework
- Review the current ADRC grant goals
- Define the roles of OC, I&R, and MassOptions
- Explain how programs work seamlessly together
- Support coordinated, person-centered service delivery

Role of an ADRC?

- **Supporting Access to Long-Term Services & Supports (LTSS)**
- **Support individuals** who need assistance in seeking services
- **Simplify and streamline access** to desired LTSS through *"No Wrong Door"* collaborative partnerships
- **Promote consumer-centered approaches**, including:
  - Self-direction
  - Cultural competency
  - Accessibility
- **Empower individuals** to make the best choices for themselves

ADRC Core Functions

- Information & Referral
- Options Counseling
- Streamlined Eligibility
- Care Transitions
- Quality Assurance

Main Access Points

MassOptions – Provides statewide information and serves as an initial access point for individuals seeking long-term services and supports.

ASAPs/AAAs – Provide Information and Referral services, Options Counseling, and coordination of aging services.

ILCs – Provide information, advocacy, and services that support independent living for individuals with disabilities.

Community Partners – Hospitals, social service agencies, and other community organizations that assist individuals in connecting to ADRC services.

Defining The Roles

MassOptions	Information & Referral (I&R)	Options Counseling (OC)
Statewide entry point	Community resource navigation	Person-centered decision support
Customer service & screening	Information, referrals & follow-up	Long-term planning & coaching
Connects callers to programs/services	Resource database expertise	Supports informed decision-making
Warm handoffs to ADRC partners	Connects to community resources	Helps explore LTSS options

Shared Responsibilities

- Consumer-centered support
- Referrals & warm handoffs
- Coordinated access to services
- Documentation & communication
- Supporting the MA NWD System

No Wrong Door (NWD)

- Increase awareness of available long-term services and supports
- Provide objective information, counseling, and assistance for all individuals
- Support informed decisions through person-centered practices
- Connect individuals to public, private, and community resources

Strengthening MA NWD System

STREAMLINED REFERRALS

COORDINATED INFORMATION SHARING

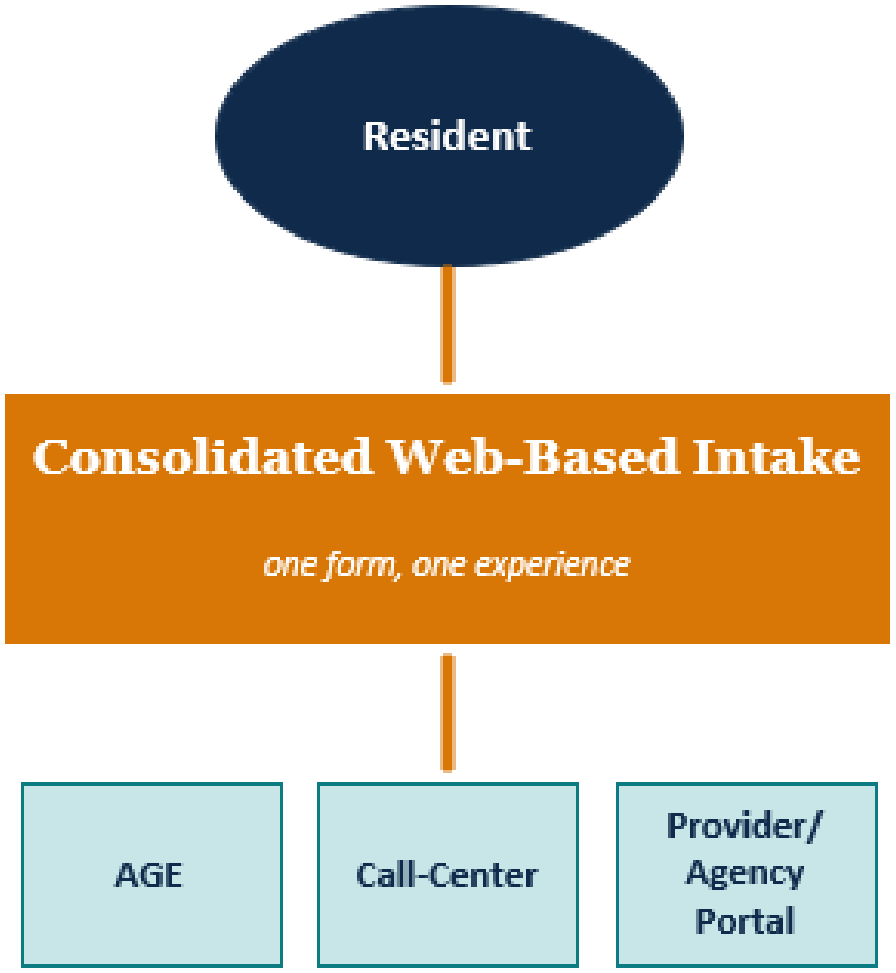
INTEGRATED SERVICE DELIVERY

Supporting a stronger MA No Wrong Door System through modernized technology infrastructure

Emerging Direction of NWD in MA

- Integrated, tech-enabled systems
- Person-centered practices
- Data-driven decision making
- Sustainable funding models

No Wrong Door Technology Planning Grant



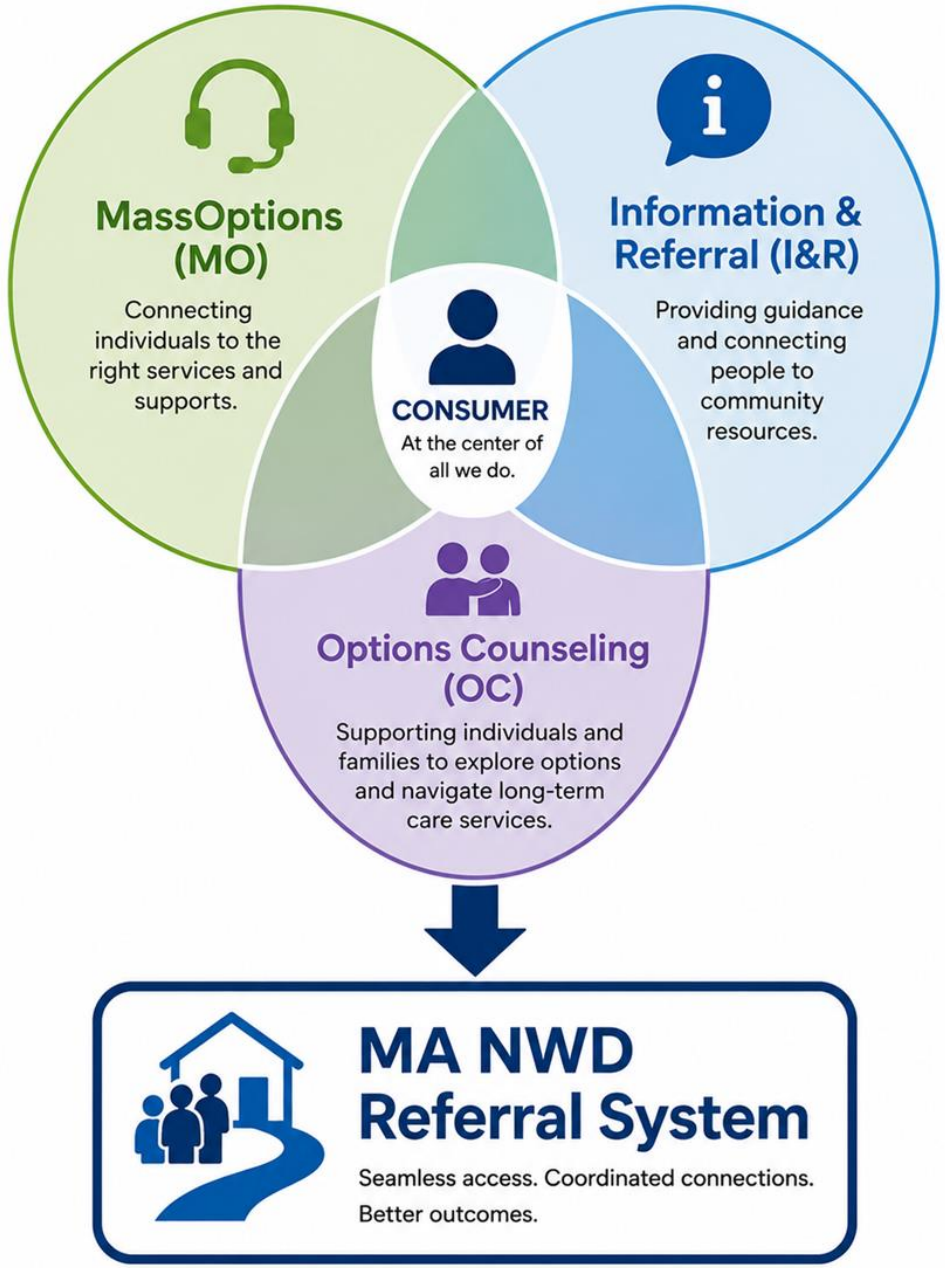
NWD ADRC Grant

WHERE WE'VE BEEN, WHERE WE'RE GOING

Grant timeline at a glance

Supporting Coordinated, Person-Centered Service Delivery

Coordinate	Connect	Support
Integrated referrals	Community partnerships	Consumer choice & goals
Consistent processes	Cross-program collaboration	Informed decision-making
Shared communication	Warm handoffs	Person-centered planning



The New NWD MA

QUESTION & ANSWER

We value your questions and insights!

MassOptions (MO)

MassOptions

Front Door Connection to Long Term Services & Supports (LTSS) throughout Massachusetts

Presented by UHealthSolutions:

Richard Conway, Program Manager

Kerrie Topi, Associate Director

Introduction & Background

- Launched in 2015 under the oversight of the Massachusetts Executive Office of Aging & Independence (AGE) and in tight collaboration between UMass Chan Medical School / UHealthSolutions and Agency Partners
- Program updated periodically throughout the last 11+ years in response to user feedback and LTSS changes

Goal: To create one centralized resource to simplify the connection to LTSS for **older adults, people with disabilities, and their caregivers** in Massachusetts and create a closed loop process.

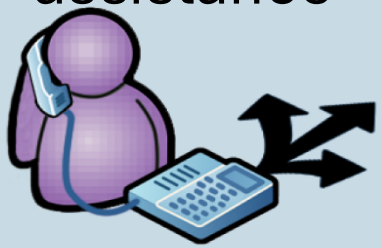
Multidisciplinary Team

- **Executive Office of Aging & Independence (AGE)**
  - Subject matter expertise
  - Continued support & guidance
- **UHealthSolutions**
  - Customer service contact center proficiency
  - Project management
- **UMASS Chan Medical School**
  - Reporting & analytics
  - CRM Development
- **Community Partners**
  - Stakeholder interaction
  - Cross-agency and Community collaboration
  - Ongoing input for updates

forHealth™ at UMass Chan Medical School CONSULTING | UHealthSolutions™

Referral Form Process

Consumer reaches live agent for assistance



Needs are identified and clarifying questions asked

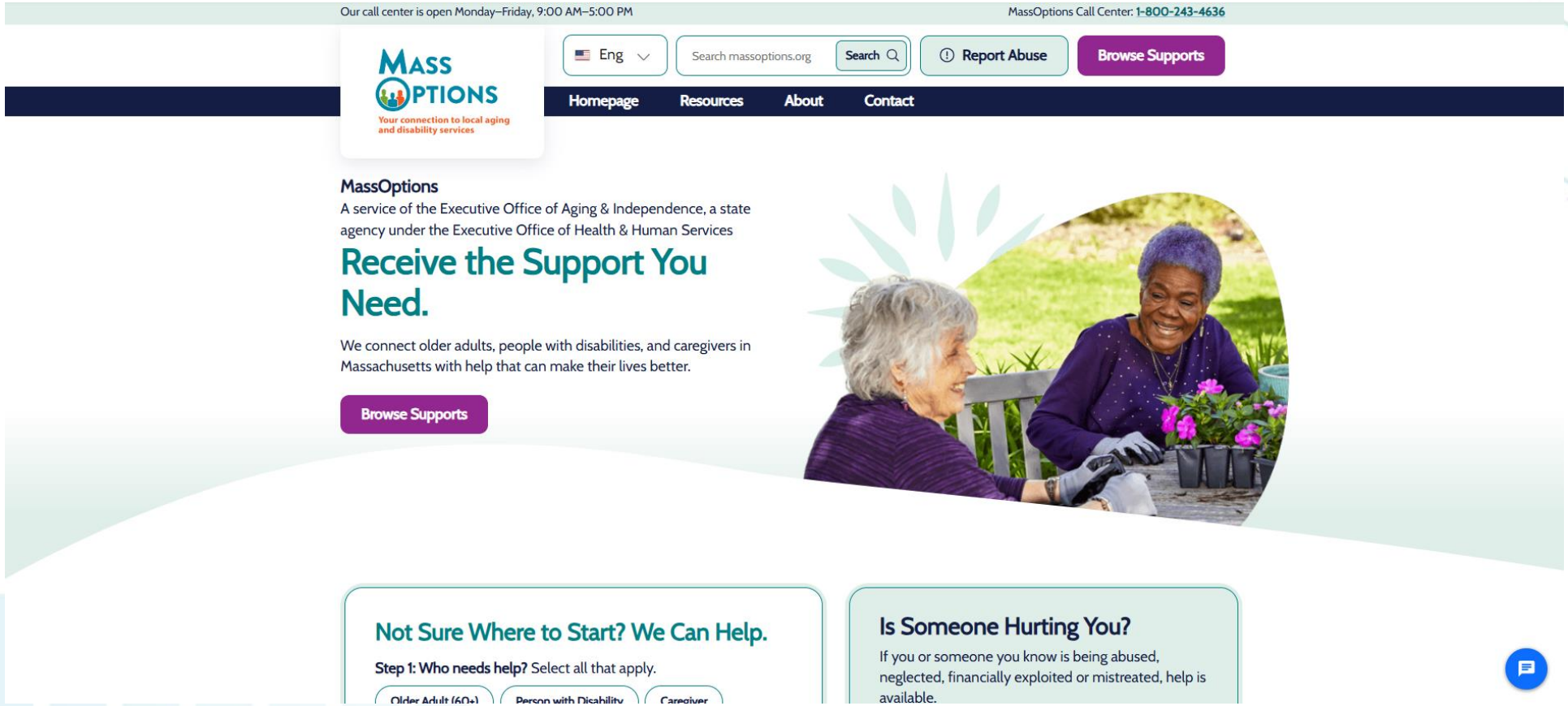
Do we have Permission to share information?

Integrates with CRM

Logic based referral form in CRM to gather call details and **route referral form details directly to agencies** (secure portal)

forHealth CONSULTING at UMass Chan Medical School | UHealthSolutions

Website



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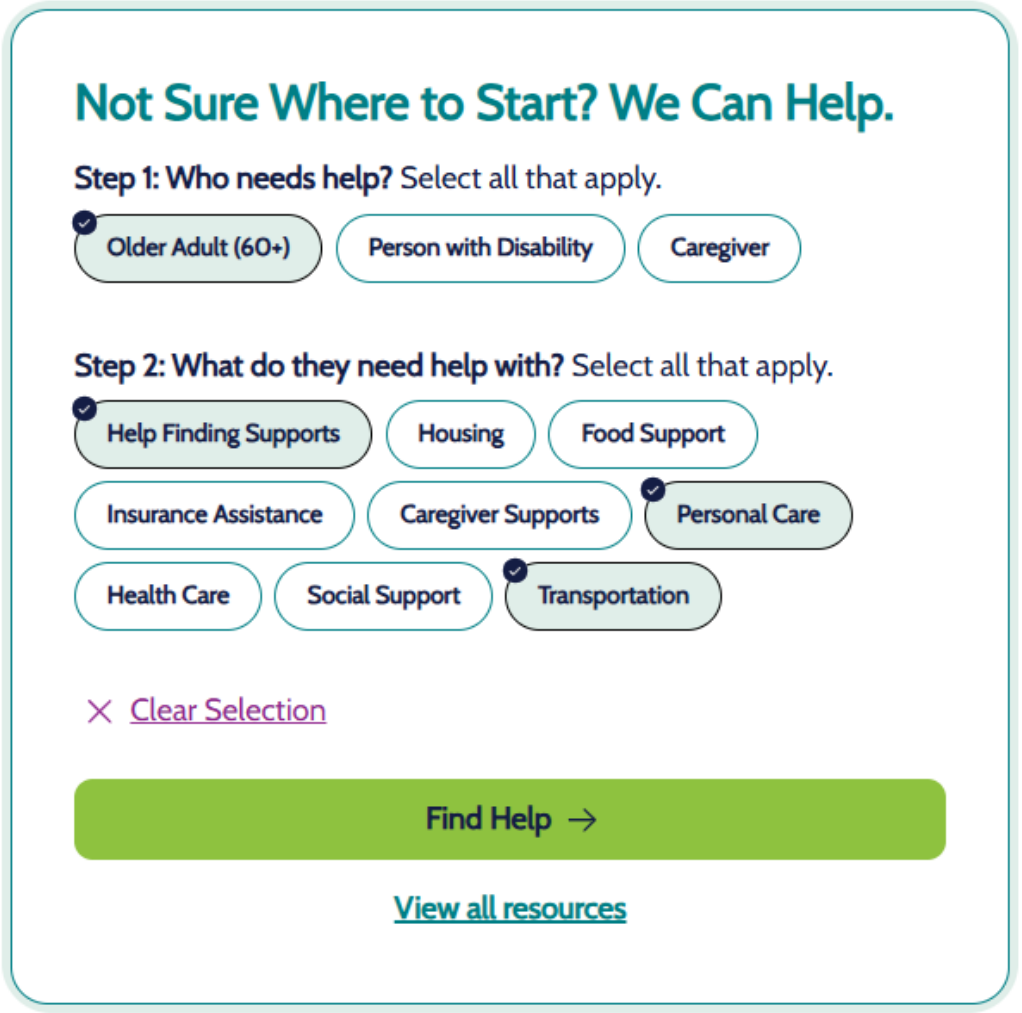
Self-Referral

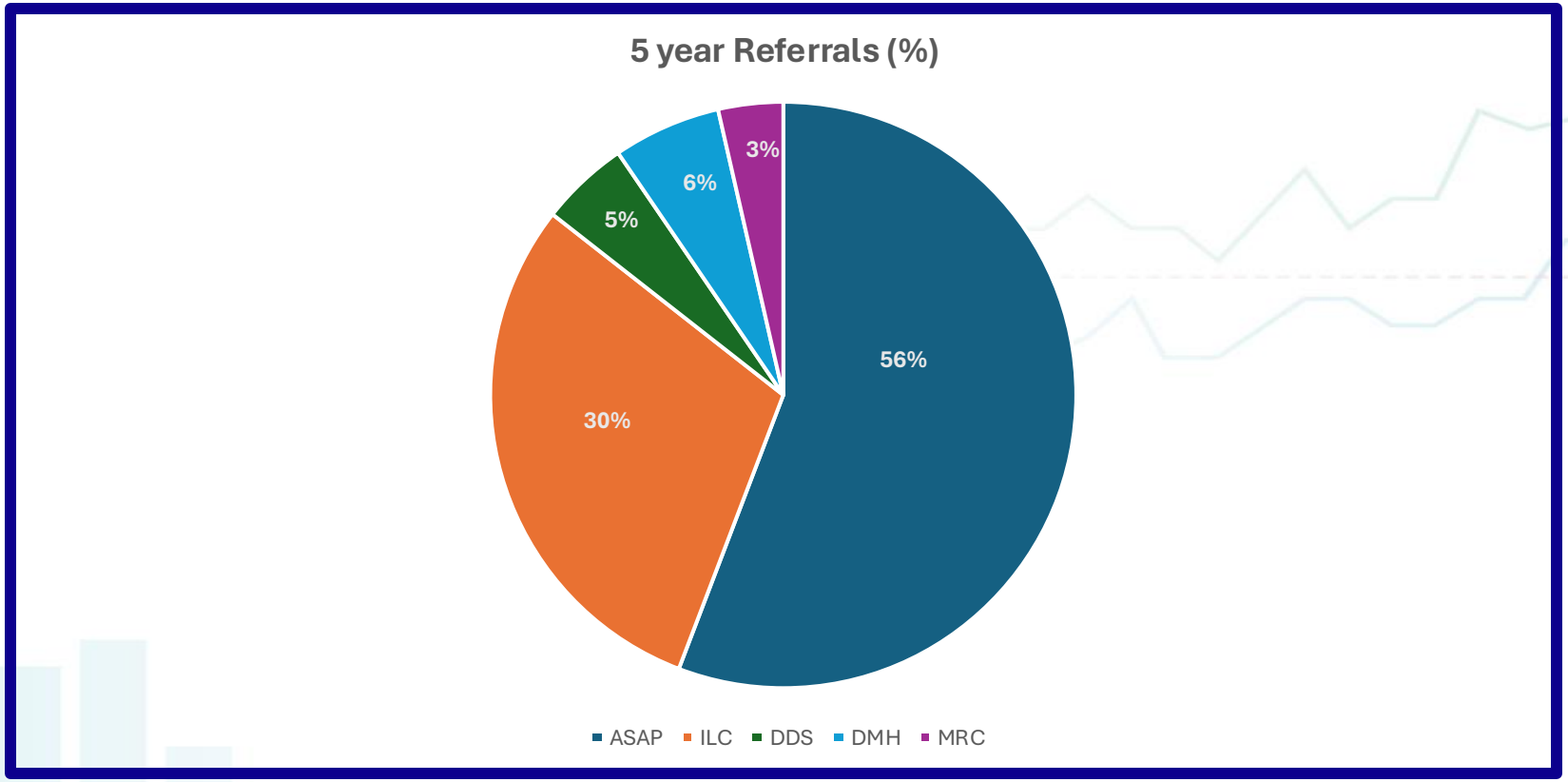


MassOptions Portal

User Access

- Setting up new accounts
- Email link – expires in 24 hours
- Troubleshooting

Referral Analysis

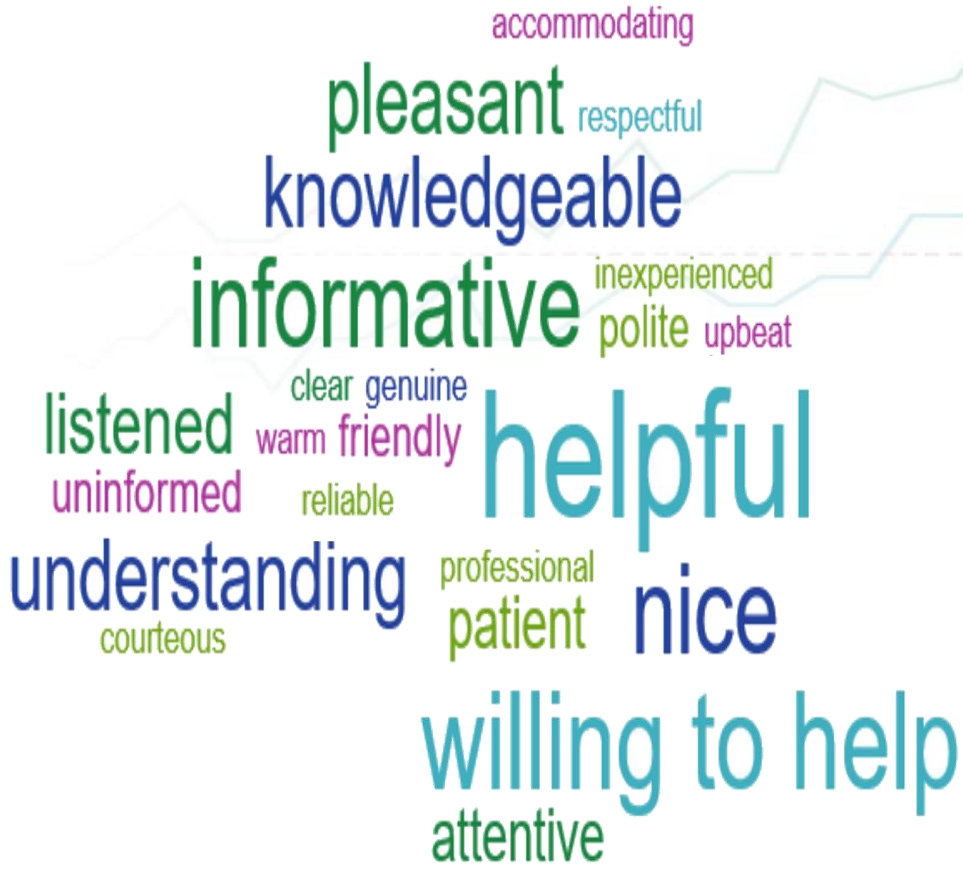


- Aging Service Access Point (ASAP)
- Independent Living Center (ILC)
- Department of Developmental Services (DDS)
- Department of Mental Health (DMH)
- MassAbility (MRC)

Customer Survey Feedback on Website

Key strengths:

- Ease of access
- Centralized location for information
- Attentive and knowledgeable staff
- Multiple helpful resources
- Connection to appropriate agencies



Questions?

Contact:

Richard Conway, Program Manager
Email: rconway@uhealthsolutions.org

Kerrie Topi, Associate Director
Email: ktopi2@uhealthsolutions.org

QUESTION & ANSWER

We value your questions and insights!

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May 2026

We will resume at 11:15 AM

MassOptions Assisted Intake

MassOptions is not just a call center. It is a digital resource as well.

MassOptions is accessible via MassOptions.org

MassOptions as a Resource

MassOptions is a website, and online chat service that helps aging adults, individuals living with disabilities, and their caregivers connect with quality services, agencies, and organizations.

People can connect through **MassOptions.org** for information on which Aging Services Access Points (ASAP), Area Agencies on Aging (AAA), Adult Community Center, or service can best fit an individuals' needs.

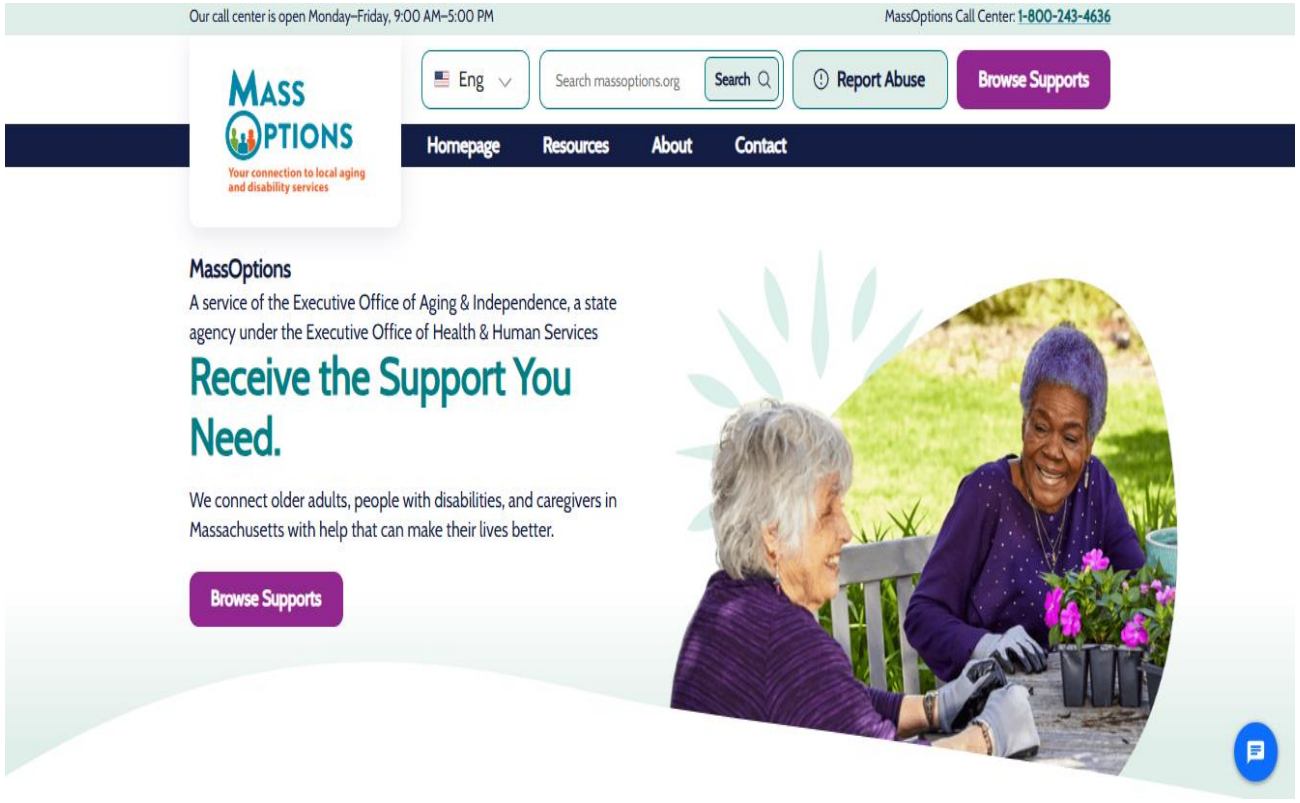
MASS OPTIONS

Your connection to local aging and disability services

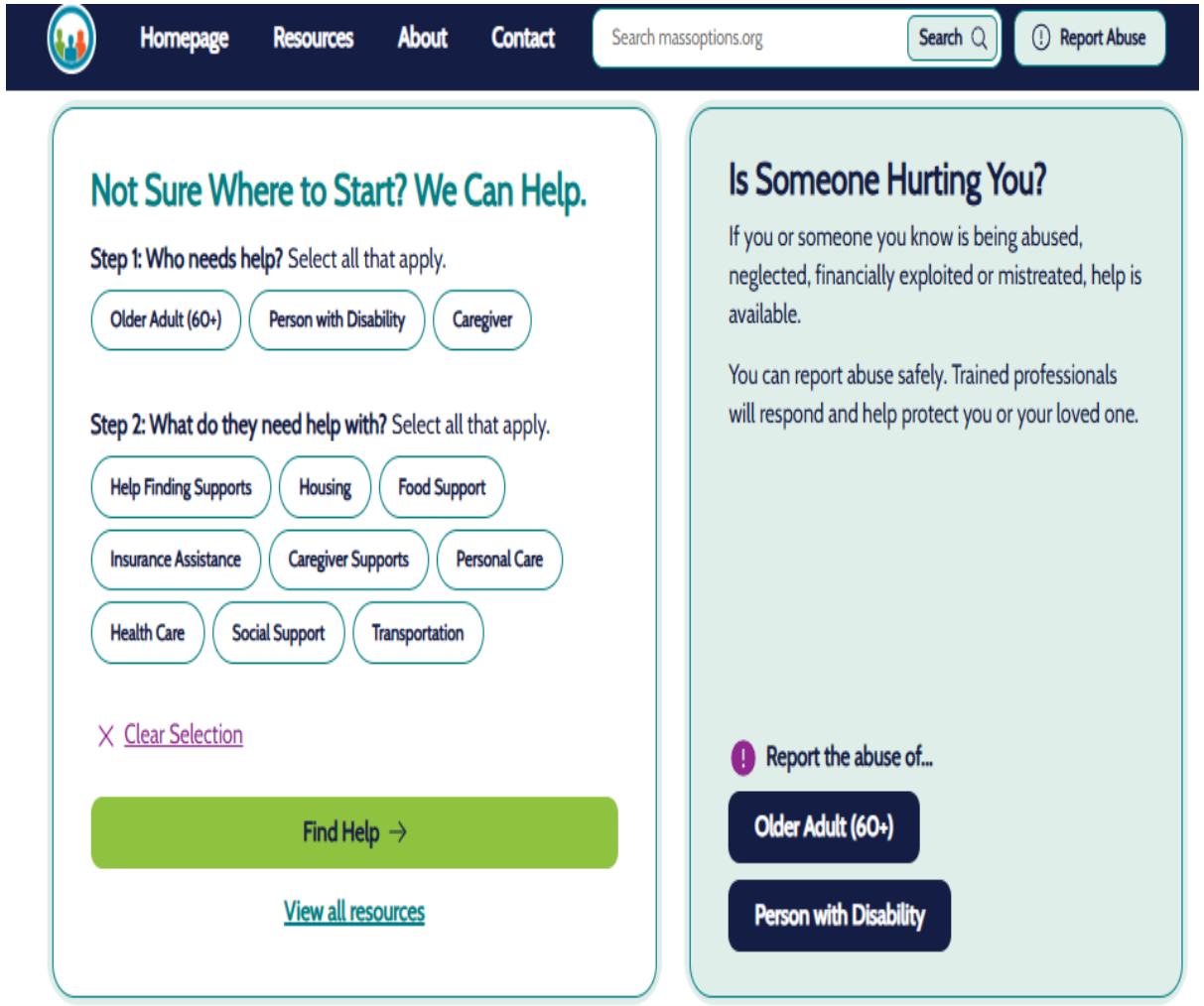
MassOptions.org

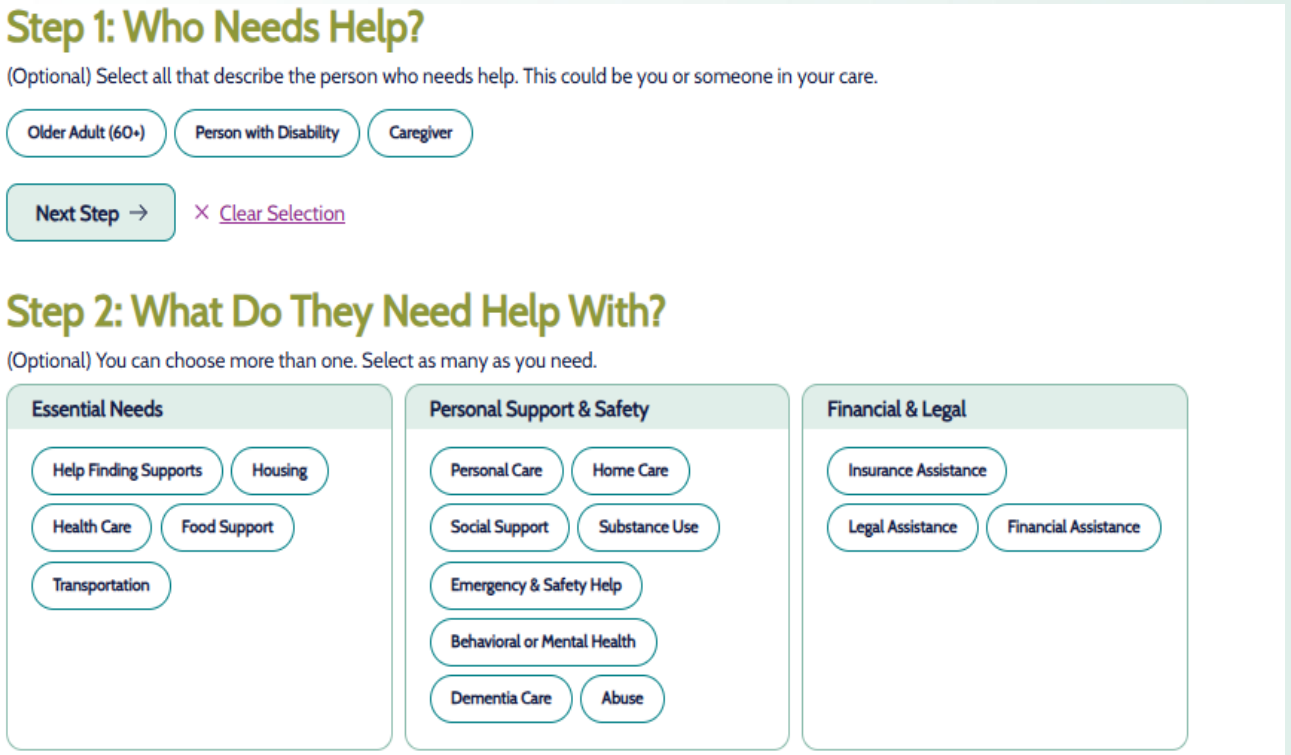
Most commonly searched on MassOptions:

- Financial Assistance
- Home Care
- Housing Services
- Support for Caregivers
- Transportation
- Day Services or Activities
- Food and Nutrition

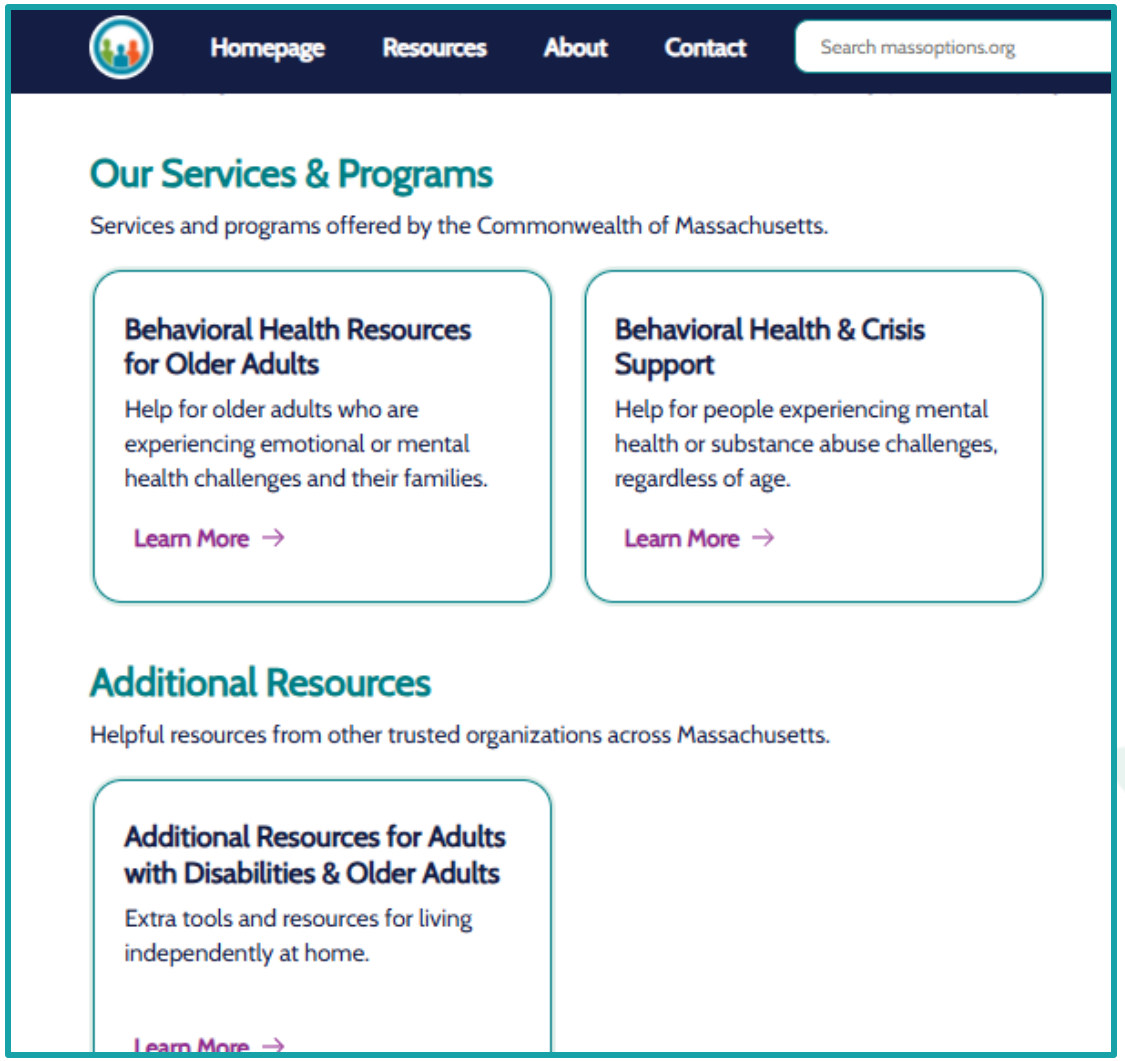


MassOptions.org - Getting Started





Resource Cards - Presented



Assisted Intake Overview – The User's Journey

Phase 1 – Discover Options	Phase 2 – Communicate Needs	Phase 3 – Receive Help
• Search "Help for Older Adults" online • Find MassOptions.org website	• Path A – Fill in the Self Service Referral form (A.K.A. = Assisted Intake Form) • Call MassOptions call center and describe issue/needs. The Call Center Specialist fills out a referral form.	• Receive responses and help from an appropriate agency.

Assisted Intake Referral Form:

A Guided Intake Experience:

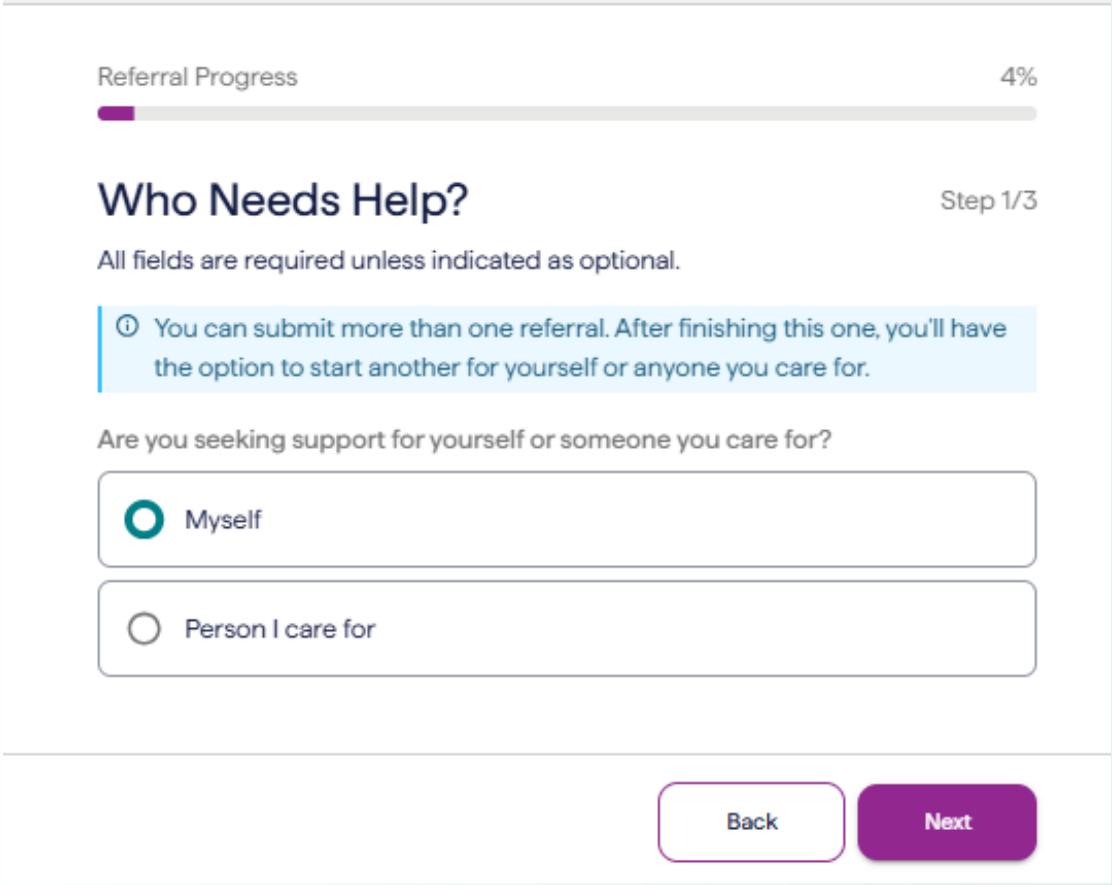
- Uses plain language to guide users based on who they are and what they need
- No prior knowledge required about services offered by The Executive Office of Aging & Independence (AGE)

Self-Service First Approach:

- Enables users to complete intake/screening fully online
- Automatically routes completed intakes directly to the correct agency

Accessibility & Equity:

- Fully WCAG and ADA-compliant (Web Content Accessibility Guidelines & American Disability Act)
- Multilingual, senior-friendly interface



What is the AGE Assisted Intake?

The AGE Assisted Intake is located in Phase 2 of the User's Journey. It is the self-serve referral channel meant to be used by constituents who want to receive services from AGE and their sister agencies.

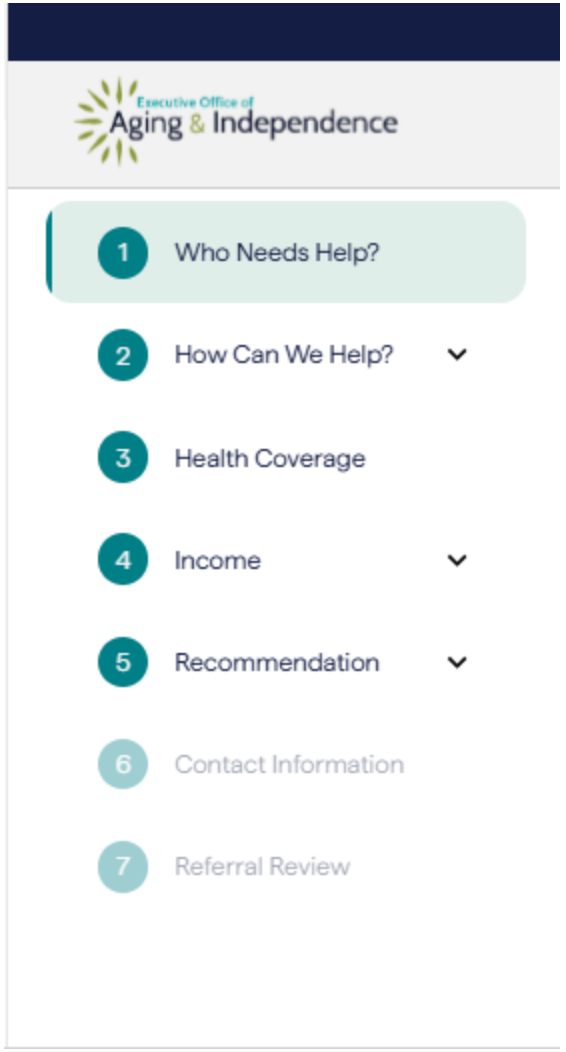
The following section details the main flows the user goes through when using the Assisted Intake.

Assisted Intake Structure Overview

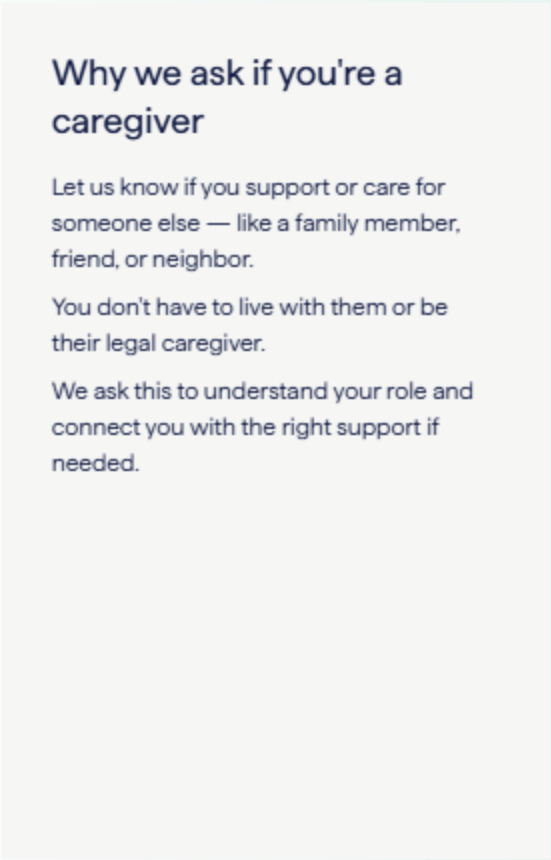
Section 1: Who Needs Help?	Asks for basic context on the individual that needs help.
Section 2: How Can We Help?	Asks detailed questions about the problems the individual is facing and what they need help with.
Section 3: Health Coverage	Asks about the individual's healthcare coverage. Filling in this information is optional.
Section 4: Income	Asks for information on household income. Filling in this information is optional.
Section 5: Recommendation	Displays recommended services based on answers to previous sections.
Section 6: Contact Information	Asks for contact information so agencies who receive the referral can follow up.

Designed for Ease of Use

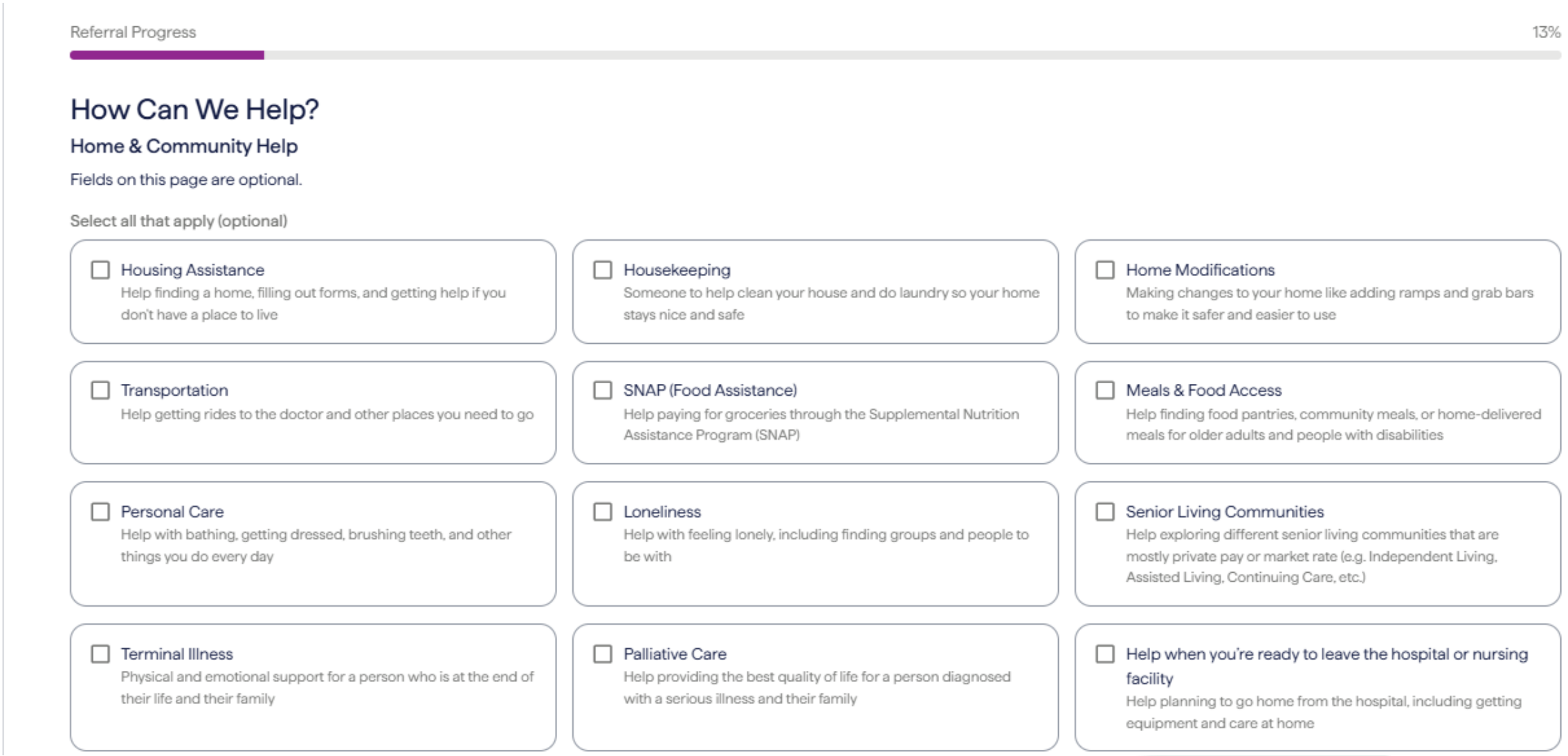
The user can see where they are in the process



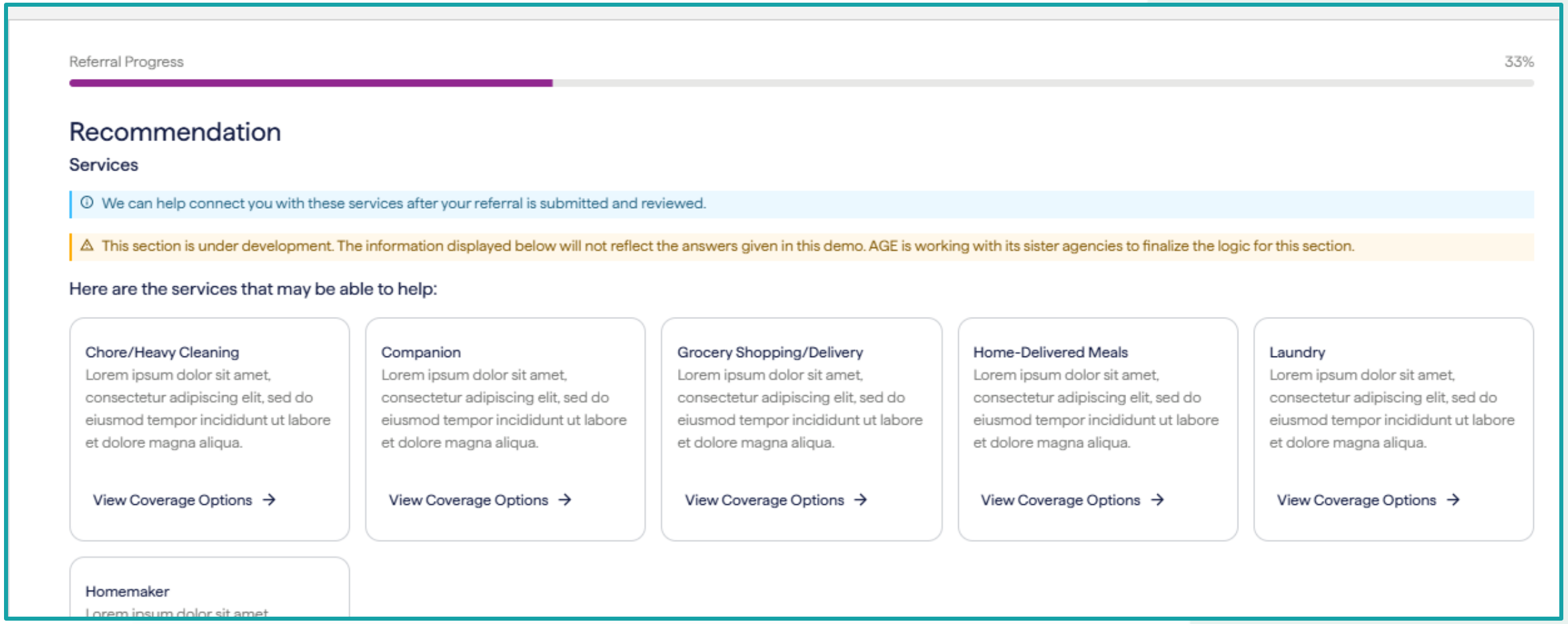
Helpful descriptors to the right of selection choices



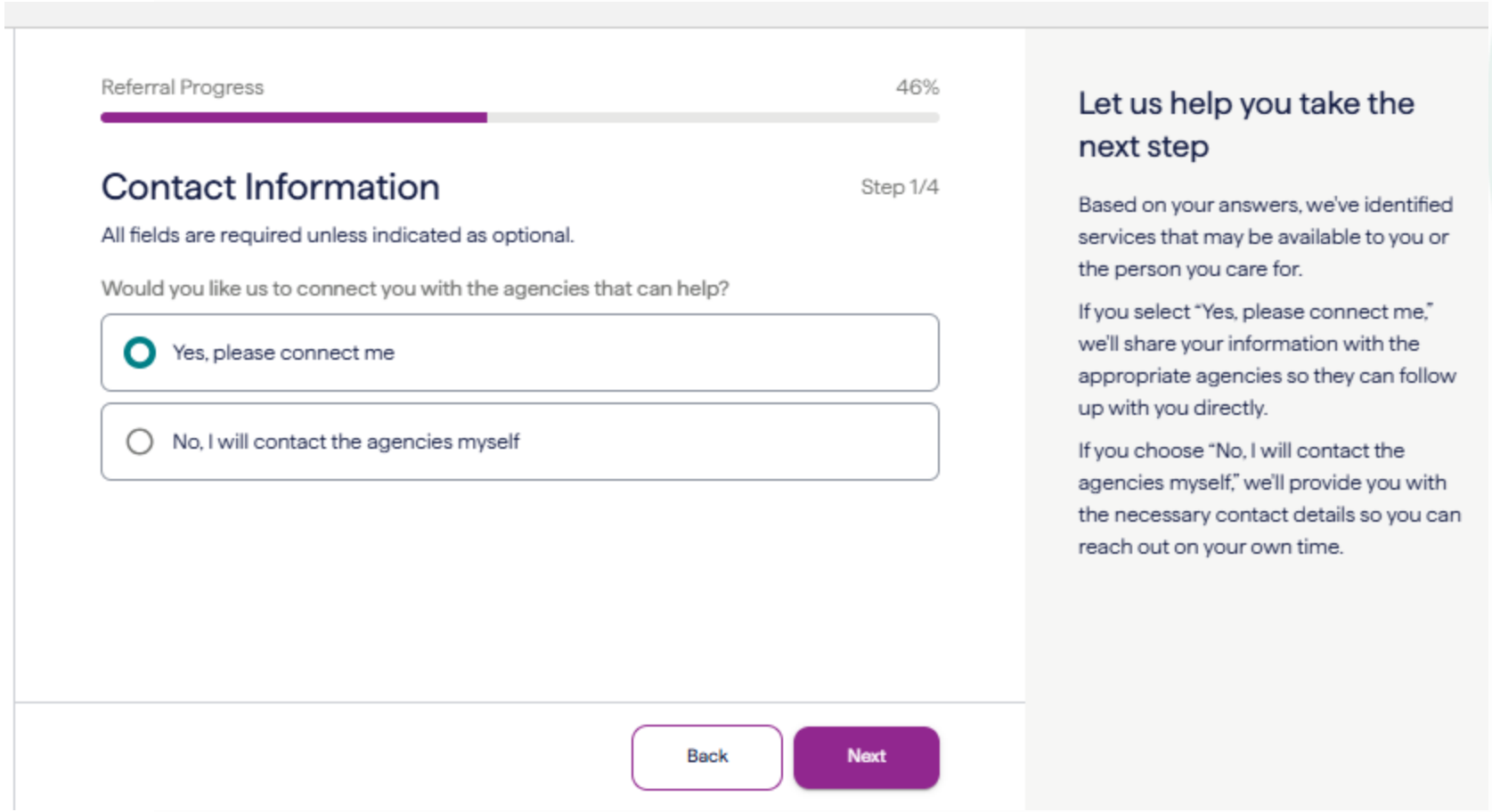
The User Can Select Needs



Recommended Services



Consumer Choice



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May 2026

Lunch Time
Please be ready to resume at 12:30 PM

Activity

Executive Office of Aging & Independence

NWD Referral Services Training

Foundation - Customer Service

Your Partners in Aging.

Learning Objectives

Participants will:

- Review the structure and flow of an effective consumer call
- Strengthen customer service and communication skills
- Practice active listening and engagement strategies
- Apply person-centered counseling principles to consumer interactions
- Recognize the role of follow-up in quality service delivery and consumer outcomes

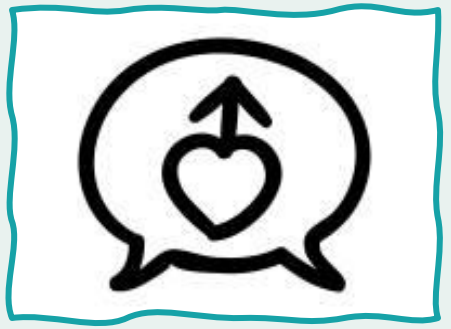
Answering a Call

Thank you for calling [*Name of your Agency*].

My name is _____. How can I assist you today?

Standard Greeting:

Establish Rapport



- Introduce yourself professionally
- Use a calm, respectful, and welcoming tone
- Listen without interrupting
- Show empathy and patience
- Acknowledge the caller's concerns or frustrations
- Use person-centered language
- Make the consumer feel heard, valued, and supported

Asking the Right Questions

Key Intake Questions:

Who needs assistance?

What services are needed?

Location (city/town)?

Urgency of need?

Any eligibility considerations?

Identify Needs

- Ask open-ended questions
- Allow the consumer time to explain their situation
- Clarify concerns and gather relevant details
- Identify immediate, short-term, and long-term needs
- Consider barriers such as transportation, finances, language, or caregiver support
- Confirm understanding before moving forward

Crisis or Urgent Call

Recognizing Urgent Situations:

- Immediate health or safety concerns
- Risk of harm to self or others
- Homelessness or lack of safe shelter
- Domestic violence or abuse
- Urgent medical or mental health needs

If a Call is Urgent:

- Stay calm and listen
- Identify immediate risk
- Connect to emergency resources if needed
- Follow agency protocol

Active Listening

- Listen carefully
- Let the caller explain their situation
- Ask clarifying questions
- Confirm understanding

Clarifying Questions

- Can you tell me a little more about that?
- When did this issue begin?
- What type of assistance are you hoping to receive?
- Just to confirm, are you looking for services in your local area?
- Did I understand correctly that transportation is your main concern right now?

Screening/Assessment

- Gather information to understand the consumer's needs and situation
- Identify concerns, barriers, supports, and urgent issues
- Use respectful, person-centered questioning
- Determine appropriate referrals, services, and next steps
- Document information accurately and objectively

Using Resource Database

Resource Search

- Use database first
- Confirm service area
- Check eligibility requirements
- Verify contact information

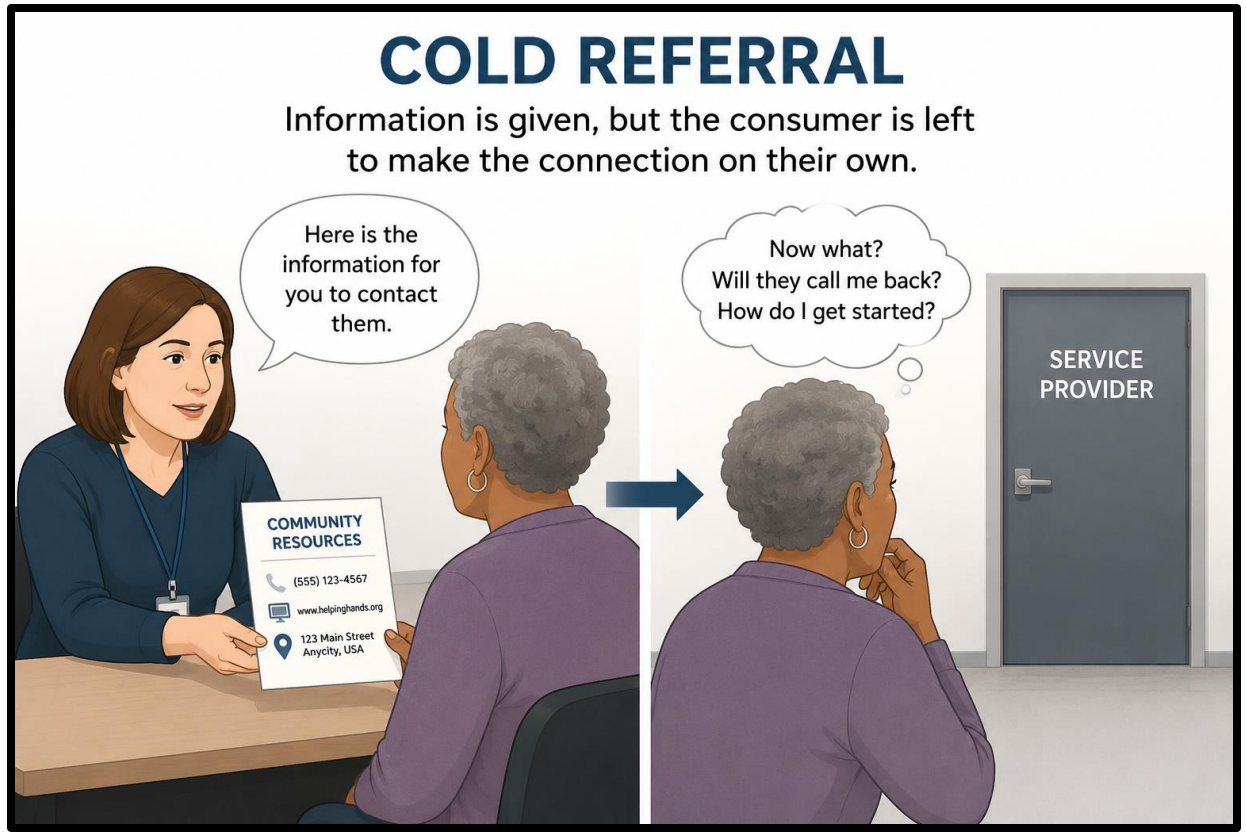
Providing Referrals

- Explain what the service does
- Provide contact details
- Explain next steps
- Offer multiple options when possible

Warm Handoffs

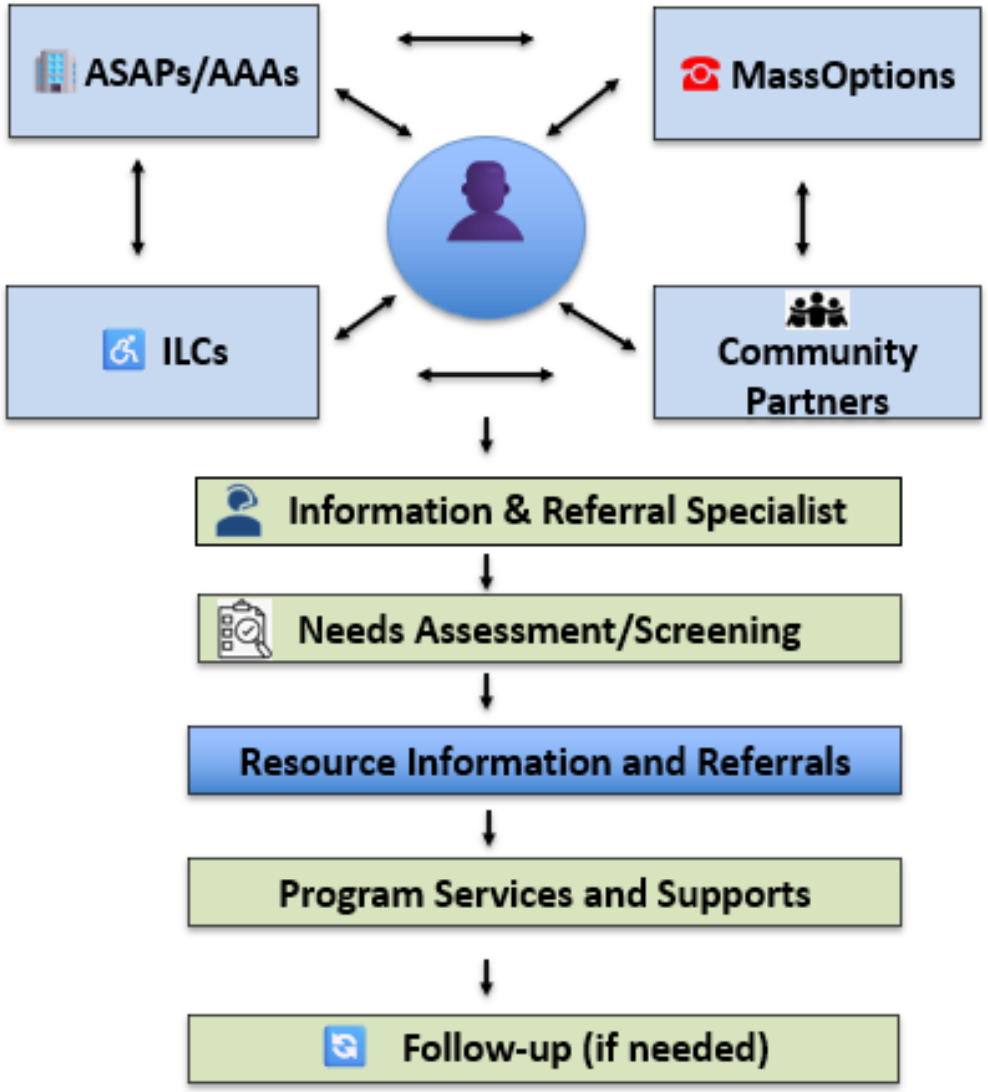
- Connect consumers directly to the appropriate provider, program, or staff member
- Ensure understanding of next steps and expectations
- Share relevant information, when appropriate
- Support coordinated, seamless service connections
- Document referrals and handoff outcomes accurately

Cold Referrals



- Provided contact information - expected to make the connection independently
- Phone numbers, websites, or resource lists
- Limited coordination or direct assistance provided

Call Flow


ASAPs/AAAs
MassOptions
ILCs
Community Partners
Information & Referral Specialist
Needs Assessment/Screening
Resource Information and Referrals
Program Services and Supports
Follow-up (if needed)

Confirm Understanding

- Review referrals, information, and next steps with the consumer
- Confirm understanding and answer questions
- Clarify timelines, follow-up plans, and contact information
- Provide additional support or explanation as needed

Closing the Call

- Confirm referrals provided
- Ask if anything else is needed
- Thank the caller
- Example:

  "Is there anything else I can help you with today?"

Call Recap

Opening

- Greet professionally
- Identify ADRC and staff
- Explain confidentiality

Closing

- Summarize information
- Confirm next steps
- Encourage follow-up

Documentation

Document the Call

- Reason for contact
- Needs identified
- Referrals provided
- Any follow-up required

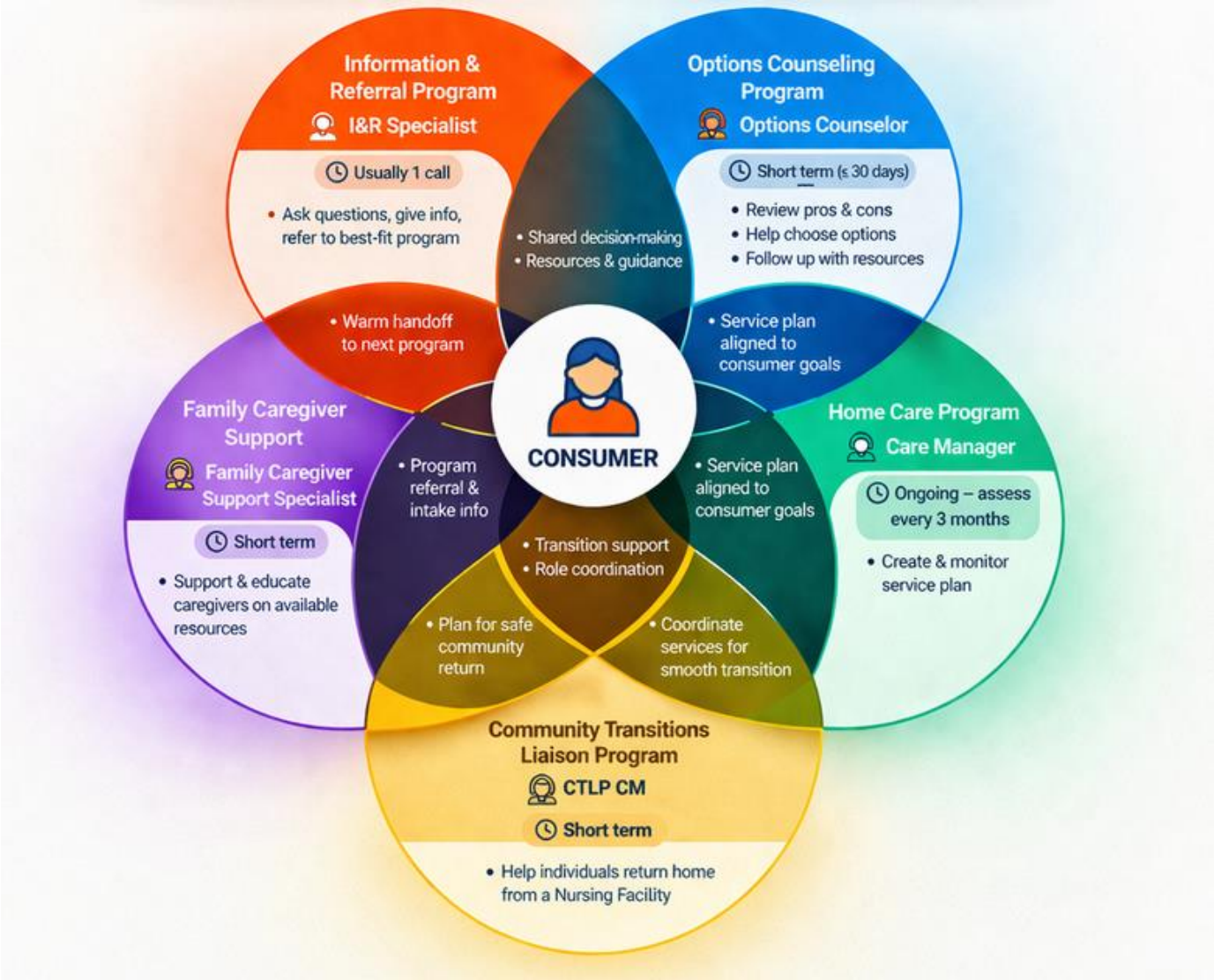
Follow-up

- Check if the caller connected with the referral
- Identify any barriers to accessing services
- Provide additional resources if needed
- Support continued assistance

Cultural Competence

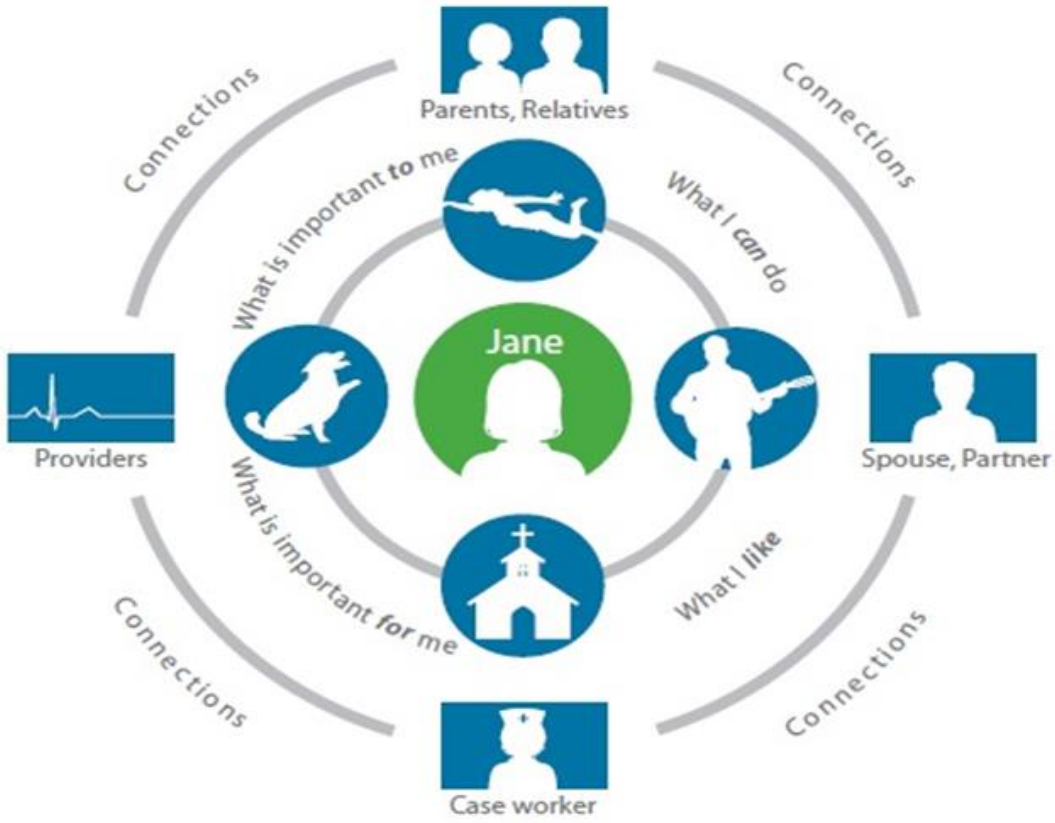
- Treat every caller with respect and dignity
- Be aware of cultural, language, and communication differences
- Avoid assumptions about a person's situation or needs
- Use clear, simple language
- Offer language assistance or interpretation when needed

Where We Are….



- Center of Everything
- Five Programs – One Team
- Built-in warm handoffs
- Overlaps are strengths
- Shared Foundation

Person Centered Counseling (PCC)



Key Principles of PCC:

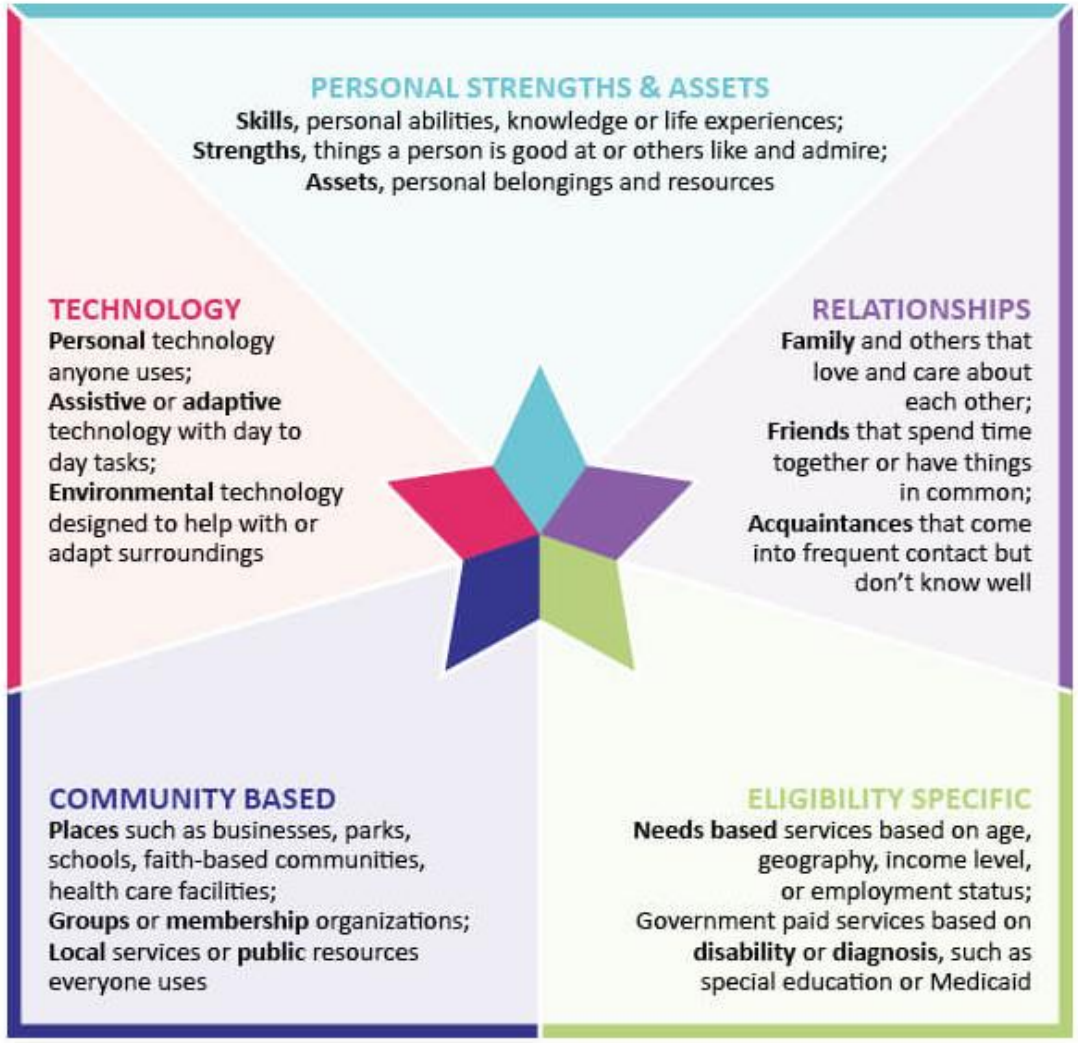
- Focus on the individual's goals, preferences, and strengths
- Promote informed choice and self-direction
- Provide unbiased information about available options
- Support access to community-based services when possible

Donut Forget Me

Remember This?

The Conversation Donut

Integrated Support Star



Build upon:

- Consumer's strengths
- Connections
- Available supports

Identify:

- Meaningful options
- Resources
- Next steps

Quality Assurance

Does Your Agency Do Call/Case Reviews?

- Reflect on call handling and decision-making
- Strengthen assessment and referral skills
- Ensure accurate documentation
- Promote consistent, high-quality service

What We Can Do…

Help every caller connect to the right support every time

QUESTION & ANSWER

We value your questions and insights!

Executive Office of Aging & Independence

NWD Referral Services Training

Functional Components – Required Information & Key Updates

Your Partners in Aging.

Learning Objectives

Participants will:

- Review the functional components of the NWD/ADRC system
- Understand key roles and expectations for I&R and OC
- Discuss required information, processes, and program standards
- Review important updates and statewide implementation expectations
- Support consistent, person-centered service delivery across the ADRC network

Documentation Standards

Accurate & Objective Documentation

- Document factual, clear, and relevant information
- Record information provided directly by the consumer whenever possible
- Avoid assumptions, opinions, or subjective language
- Include important actions, referrals, and outcomes
- Ensure documentation reflects the consumer's situation and needs accurately
- Maintain professionalism and confidentiality in all records

Subjective vs. Objective Documentation

Focus on Facts, Not Opinions.

❌ **Subjective Includes**:

- Opinions
- Assumptions
- Judgmental language
- Non-professional wording

Example: Caller seemed helpless and unable to care for themselves.

✅ **Objective Focuses On**:

- Facts
- Consumer-reported concerns
- Observable information
- Services requested/provided

Example: Caller reported difficulty completing household tasks and requested support services.

Documentation Practice Activity

Scenario: An older adult caller contacted the ADRC requesting assistance with transportation and meal support after experiencing mobility difficulties.

Example A

"Caller appeared unable to manage daily life independently and sounded confused about available services."

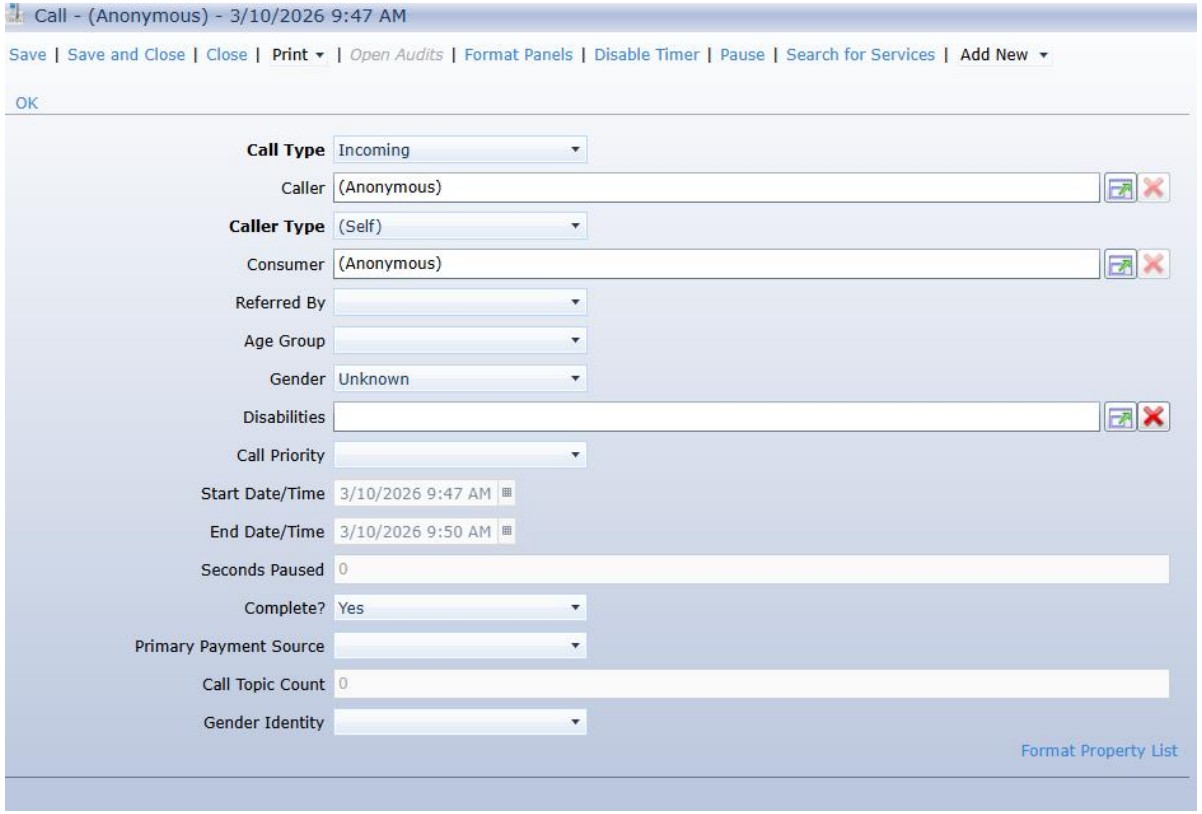
Example B

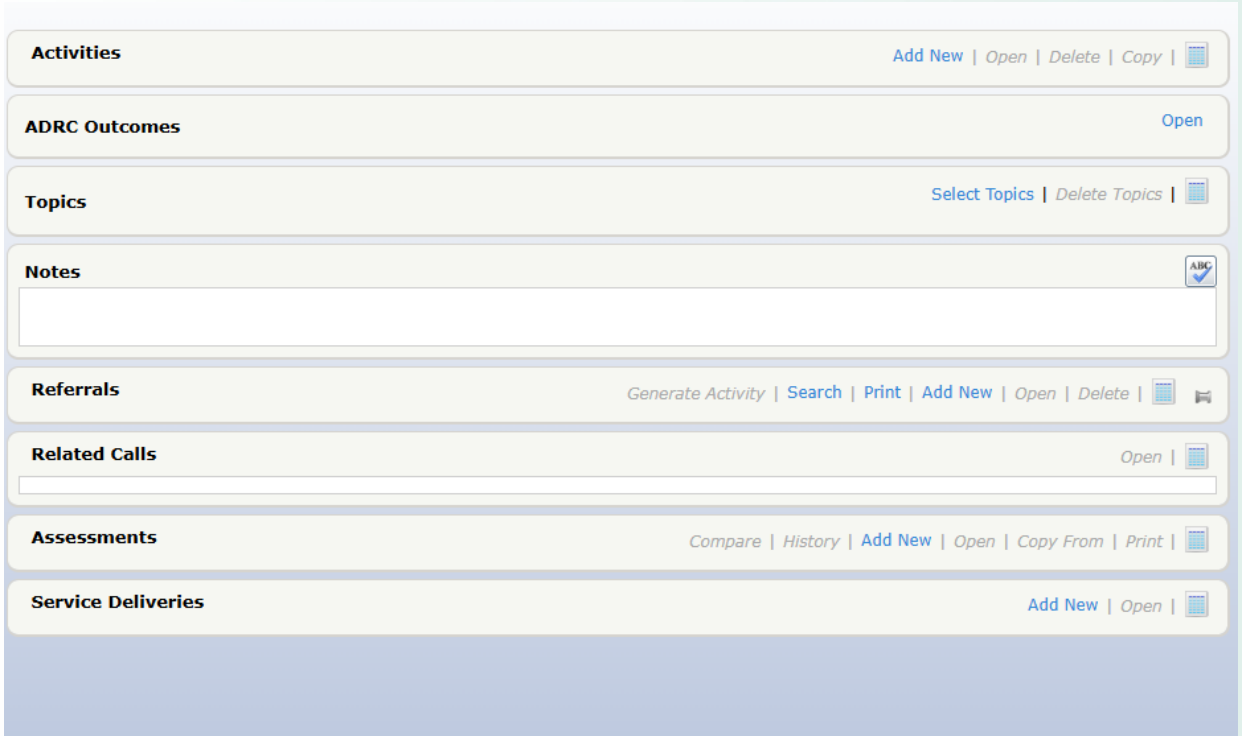
"Caller reported difficulty accessing groceries and medical appointments due to mobility limitations. Information regarding transportation and meal resources was provided."

Required Data Elements

- Consumer information
- Reason for contact
- Needs identified
- Referrals/resources provided
- Follow-up or outcomes
- Accurate case notes/documentation

Documentation in WellSky





Common Errors To Avoid

- Using subjective or judgmental language
- Missing or incomplete case notes
- Documenting vague or unclear information
- Omitting referrals, follow-up, or actions taken
- Inaccurate or inconsistent data entry
- Delayed documentation or late case entry
- Copying/pasting inaccurate or outdated information
- Failing to document consumer-reported concerns or outcomes

I&R Topics

Topics & Categories

Categories
Aging & Disability Resource Consortia (ADRC)
ASAP Services
Behavioral Health
Caregiving & Support Services
Complaints & Advocacy
Diversity & Cultural Services
Financial & Public Benefits
General Information & Referral
Health/In-home Services
Housing
Institutional & Long-Term Care
Insurance & Medicaid/MassHealth
Legal Services
Government Services
Medical Services
Nutrition & Delivery Services
Safety & Emergency Services
Transportation Services
Volunteering

- **19 Categories** to Link for Reporting Purposes
- Focus Groups & Surveying were completed by the field

I&R Call Topic Guide

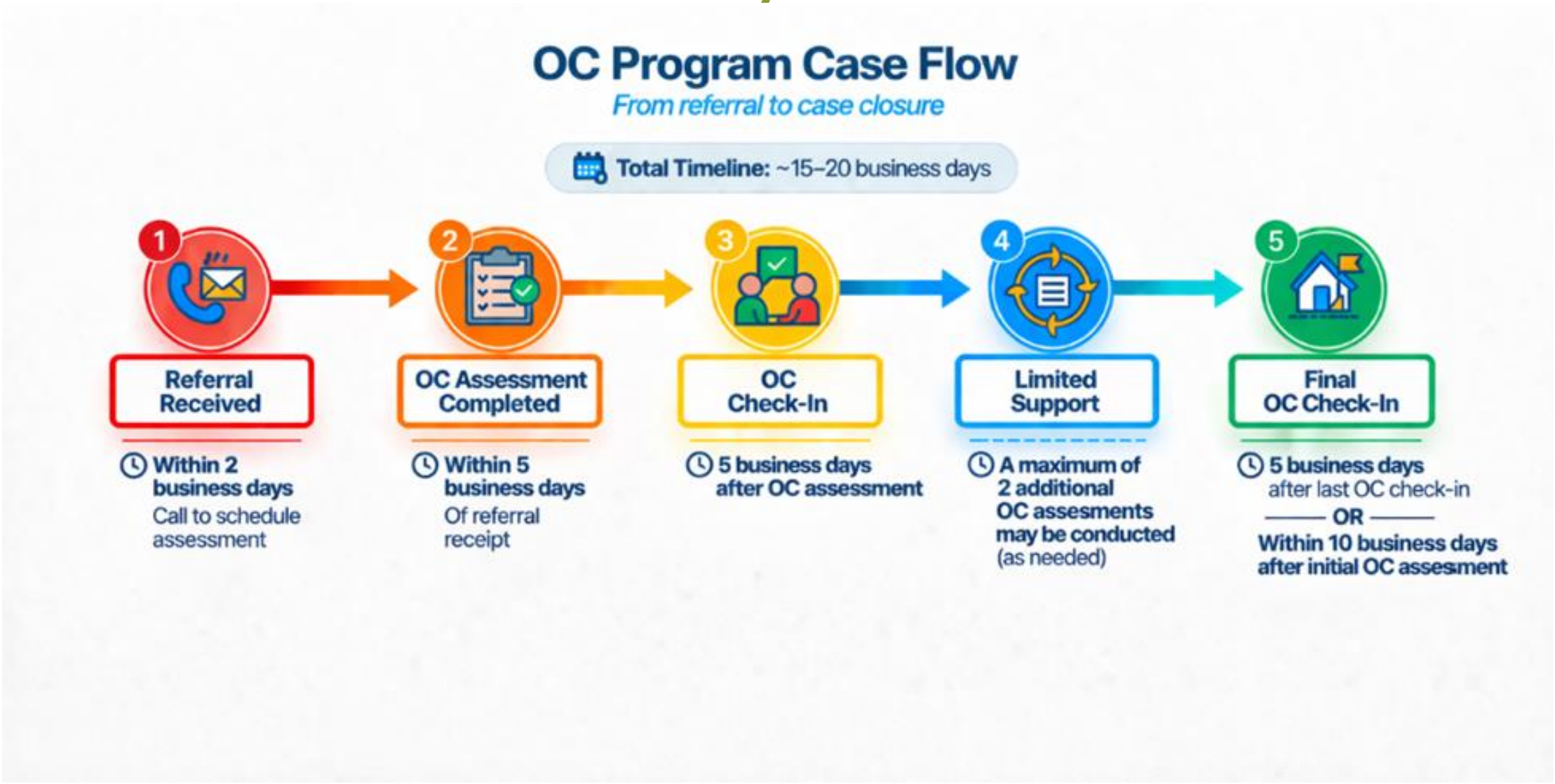
- **218 topics down to 126 topics** (with 18 new topics added)
- I&R Specialists utilize topics as the main reason a call came in

Medications	Medical Services	This topic is used for any Mediation requests, referrals or anytime mediation is discussed with the caller. This includes questions related to their prescriptions, how to take, how to obtain/afford, medication dispensing units, etc.
Memory Disorder Resources	Medical Services	This topic would be checked off when giving information out regarding Alzheimer's/Dementia or any related memory disorder resources that are available to assist the individual/family member/professional.
Money Management Program (MMP)	ASAP Services	This topic is selected when a caller is seeking assistance with managing personal finances, organizing bills, or budgeting support, often for older adults or individuals with disabilities.
Moving Forward Plan (MFP)	Insurance & Medicaid/MassHealth	This topic is selected when a caller is seeking information or assistance with transitioning from a nursing facility or long-term care setting back to community living with supports.
Nutrition Services	Nutrition & Delivery Services	This topic is used for inquiries, information, referrals, assessments, counseling, and other services related to nutrition, healthy eating, dietary needs, and nutrition support programs. ***(Does NOT include HDM's)***
OC - Goal to Stay in Community	OC - Options Counseling	***(OC use only)*** *This topic is selected when an individual living in the community wants to remain at home and needs planning or supports to maintain independence, without immediate risk of institutional placement.*
OC -Goal to Stay in Community-At Risk LTC Admission	OC - Options Counseling	***(OC use only)*** *This topic is selected w* hen an individual wants to remain in the community but is at risk of nursing home placement without additional services and supports, requiring Options Counseling intervention.

Program specific

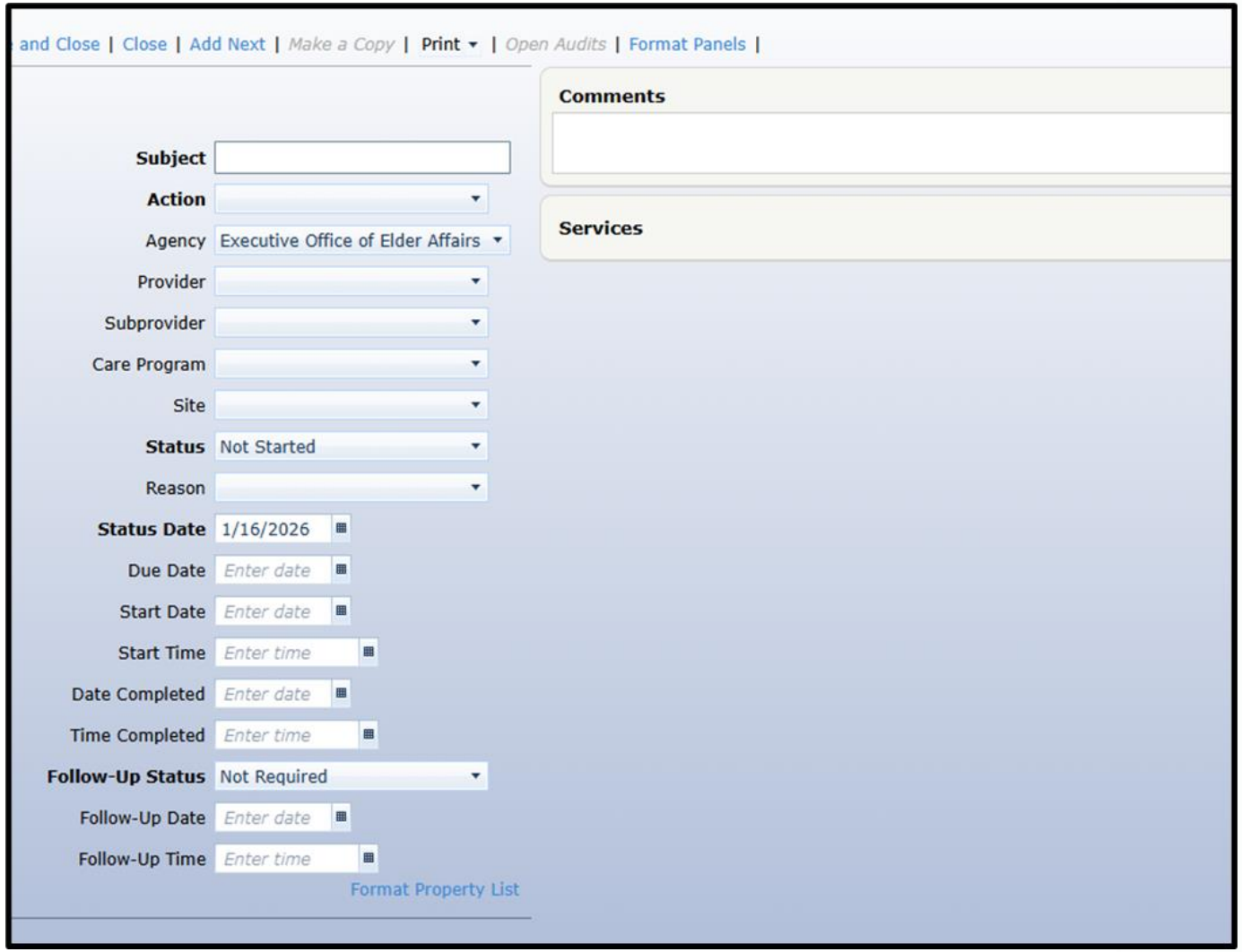
Options Counseling (OC)

OC Cycle



OC is designed to support informed decision-making and short-term coordination, not ongoing case management.

OC Activities & Referrals (A&R's)



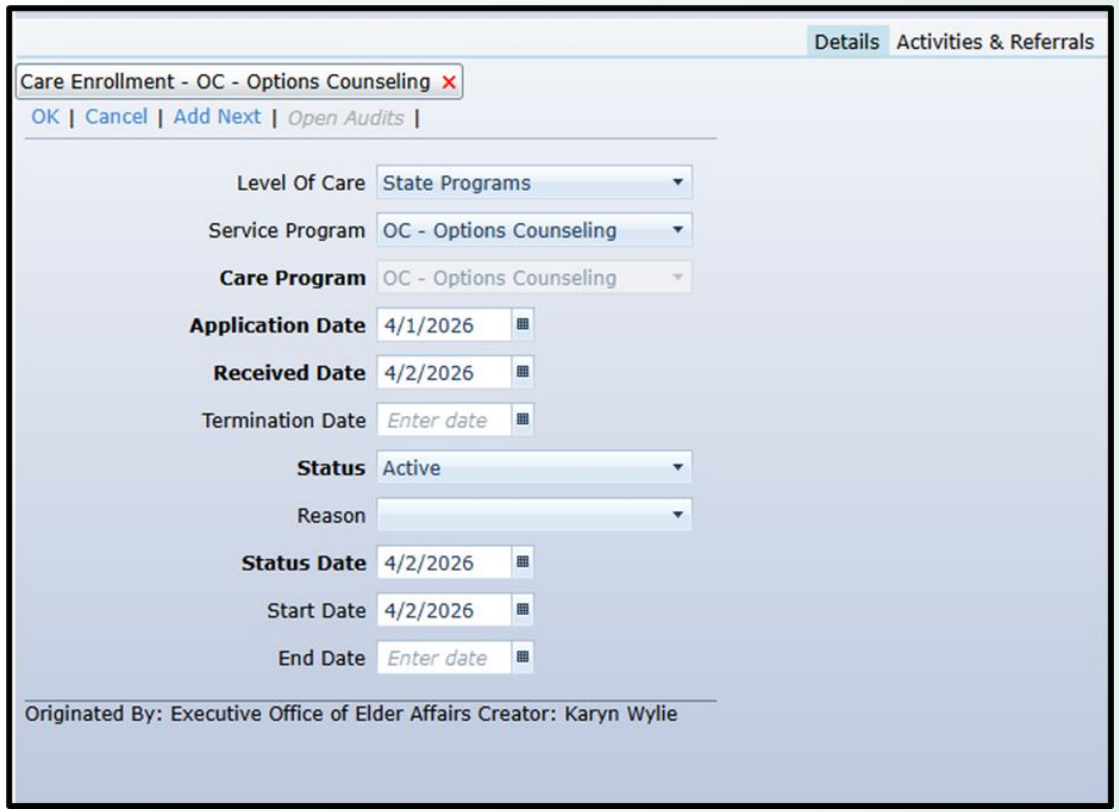
- **Subject** = What is trying to be done (free text field)
- **Action** = Name of the A&R
- **Agency** = <Your Agency>
- **Provider** = Options Counselor Assigned to consumer
- **Status** = Set to Not Started – will be changed to in progress and completed when done
- **Status Date** = Date A&R is being entered
- **Due Date** = Within **2 business days** of receiving an OC referral. OC session within **5 business days** of the initial OC referral. Follow-up within **5 business days** of last OC counseling session.

Why Activities & Referrals (A&R) Matter

- ✓ Documents services provided
- ✓ Supports compliance & QA standards
- ✓ Tracks consumer needs and outcomes
- ✓ Improves continuity of care
- ✓ Supports reporting and funding
- ✓ Identifies service gaps and trends
- ✓ Strengthens person-centered service delivery

Opening OC Care Enrollments

Field	What to Enter
Level of Care	State Programs
Service Program	OC – Options Counseling
Care Program	OC – Options Counseling
Application Date	Day the applicant reached out to your agency
Received Date	Day the OC acknowledged the new OC referral
Status	Active
Status Date	Day OC is completing data entry in A&D
Start Date	Date applicant was deemed eligible and opened under OC Program



Why Closing Enrollments Matters

Field	What to Enter
Level of Care	State Programs
Service Program	OC – Options Counseling
Care Program	OC – Options Counseling
Application Date	Day the applicant reached out to your agency
Received Date	Day the OC acknowledged the new referral
Termination Date	Date consumer is closing out of OC
Status	Use Inactive when closing an OC case. Use Terminated only if consumer expired or moved out of Massachusetts
Status Date	Day OC completes data entry in A&D
Start Date	Date applicant was deemed eligible and opened under OC Program
End Date	Date consumer is closing out of OC

- ✓ Maintains accurate records
- ✓ Supports compliance & QA standards
- ✓ Improves reporting and data integrity
- ✓ Clarifies consumer outcomes
- ✓ Prevents inactive cases remaining open
- ✓ Reinforces appropriate OC service boundaries
- ✓ Supports efficient workflow management

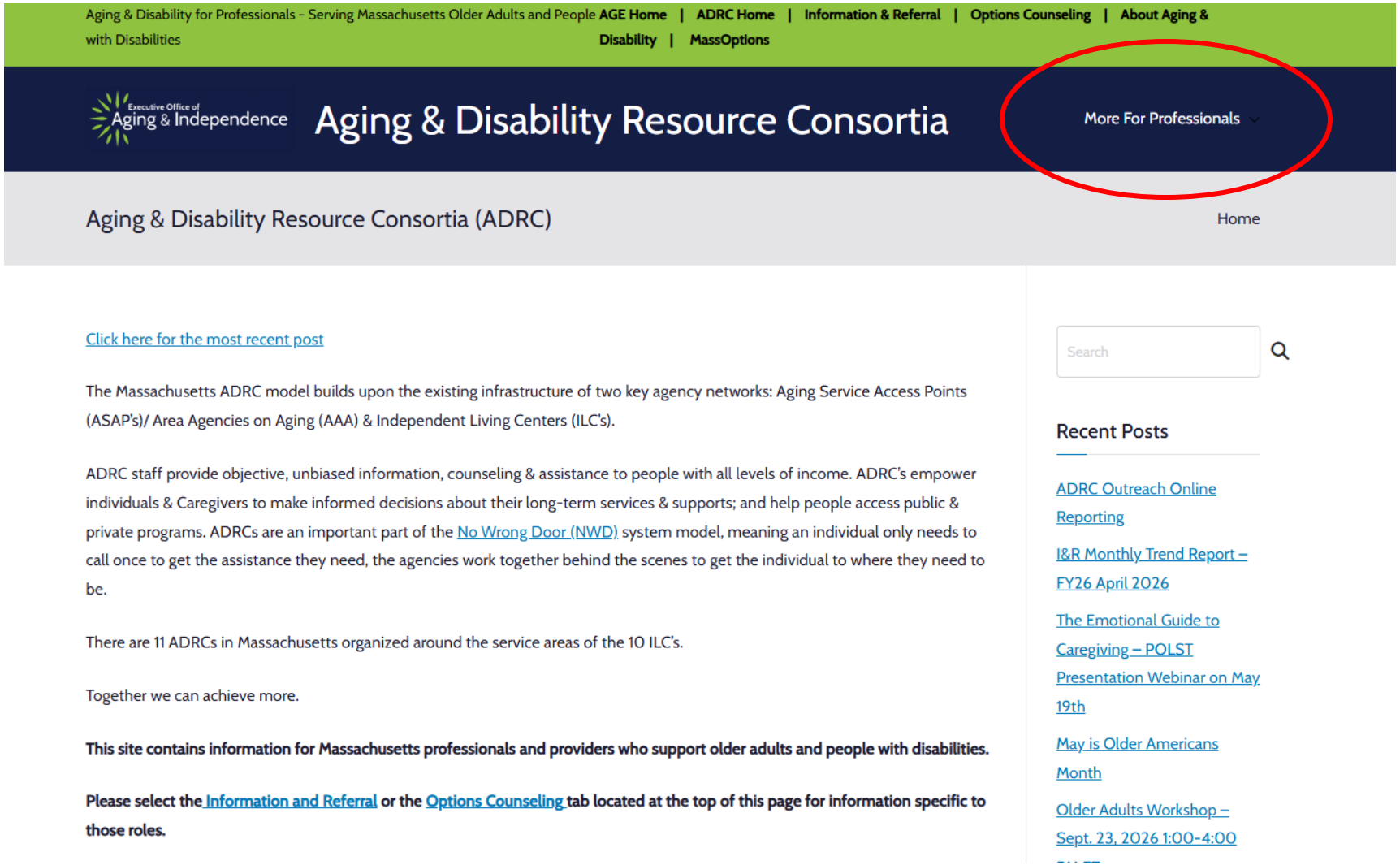
QUESTION & ANSWER

We value your questions and insights!

Aging & Disability For Professionals
(New Blogsite)

Aging & Disability For Professionals

Easier, Faster, Connected



When To Use?

- Give you access the most current updates and resources in one place
- Locate training materials and key documents
- **Go To Spot** - primary communication platform that will also hold upcoming trainings, conferences, reports, learning management opportunities, newsletters, etc.

Easy Access To Each Program

This site contains information for Massachusetts professionals and providers who support older adults and people with disabilities.

Please select the Information and Referral or the Options Counseling tab located at the top of this page for information specific to those roles.

Links to Additional Pages – Click Away

ADRC Resource & Update Hub

Recent Posts

ADRC Outreach Online Reporting

I&R Monthly Trend Report – FY26 April 2026

The Emotional Guide to Caregiving – POLST Presentation Webinar on May 19th

May is Older Americans Month

Older Adults Workshop – Sept. 23, 2026 1:00-4:00 PM ET

Categories

I&R Job Aids & Manuals

Information & Referral

Network News/Announcements

OC Job Aids & Manuals

OC Program Information

Options Counseling

Reports

Trainings/Presentations

Uncategorized

One System, Multiple Ways To Access Help

Quality Assurance & Compliance

Quality In = Quality Out

- Promote consistent, accurate, and person-centered service delivery
- Ensure compliance with ADRC, NWD, Inform USA, and state standards
- Support data integrity, accurate documentation, and reporting
- Identify improvement opportunities through monitoring and review
- Strengthen accountability, service quality, and statewide consistency

Why Does It Matter?

- Supports quality consumer experiences
- Demonstrates program impact and accountability
- Strengthens statewide consistency and compliance
- Promotes continuous improvement across the ADRC network

Quality Is Not A Single Checkpoint → It Is A Continuous Cycle

Supervisors Play A Key Role

- Reinforce standards, expectations, and best practices
- Support quality documentation and compliance
- Coach and guide staff through ongoing training and improvement
- Promote consistency, accountability, and person-centered service delivery
- Help strengthen statewide ADRC network operations

Every Staff Member Plays A Role

- Document accurately and consistently
- Follow program standards and procedures
- Deliver person-centered, quality services
- Participate in training and quality improvement efforts
- Support accurate reporting and positive consumer outcomes

One Network. All Partners. Stronger Together.

"Connecting People & Resources. Building Community."

QUESTION & ANSWER

We value your questions and insights!

THANK YOU!

Stay Connected: www.Mass.gov/Aging

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- Twitter / X: @Mass_Aging
- Facebook: Executive Office of Aging & Independence

Before You Go

Help us close the loop

Scan the QR code before your Commute