



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.



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

- Review of MassOptions Operations
- Referral Portal & Warm Transfers Processes

11:00 AM – 11:15 AM | BREAK

11:15 AM – 12:00 PM | UPDATED MASSOPTIONS & ASSISTED INTAKE MECHANISMS

- MassOptions Resources
- Assisted Intake Process
- Role within ADRC

12:00 – 12:30 PM | LUNCH (BROWN BAG: OPEN CONVERSATIONS)

12:30 – 12:45 PM | NETWORKING ACTIVITY

12:45 – 2:00 PM | NWD REFERRAL SERVICES FRAMEWORK

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

2:00 – 2:45 PM | FUNCTIONAL COMPONENTS OF I&R AND OC

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

2:45 – 3:15 PM | Wrap-Up Q&A

May 2028





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

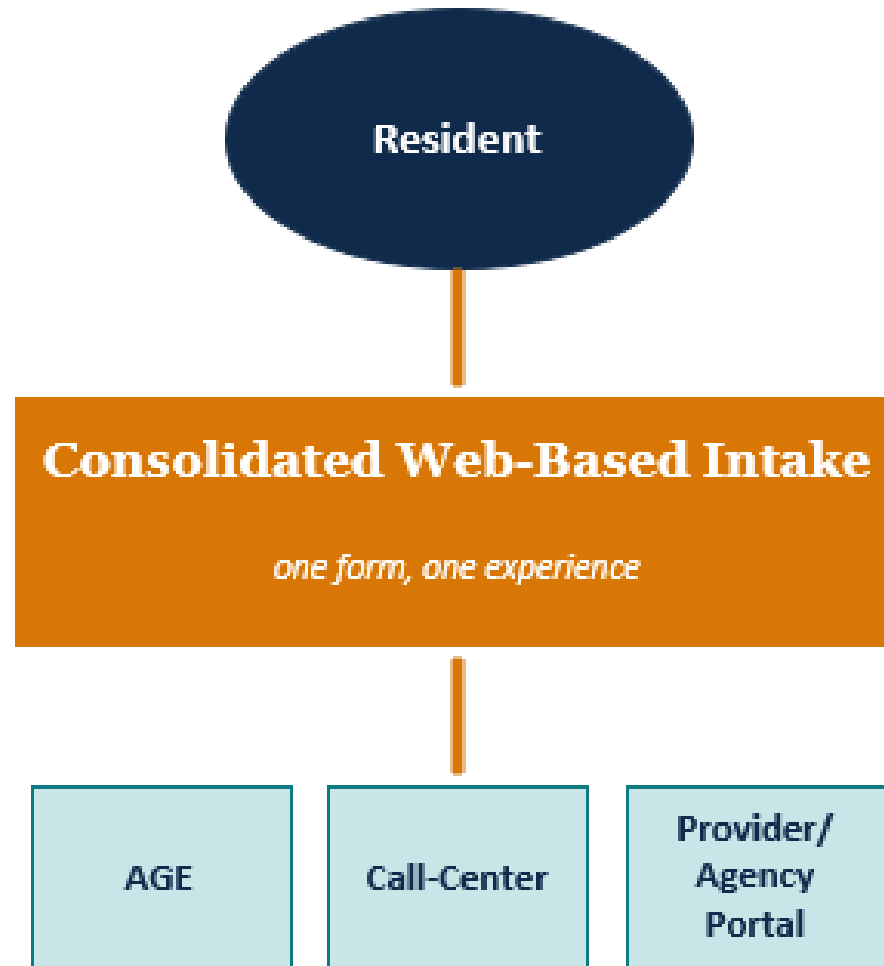


Data-driven decision making



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

Integrated referrals

Consistent processes

Shared communication

Connect

Community partnerships

Cross-program
collaboration

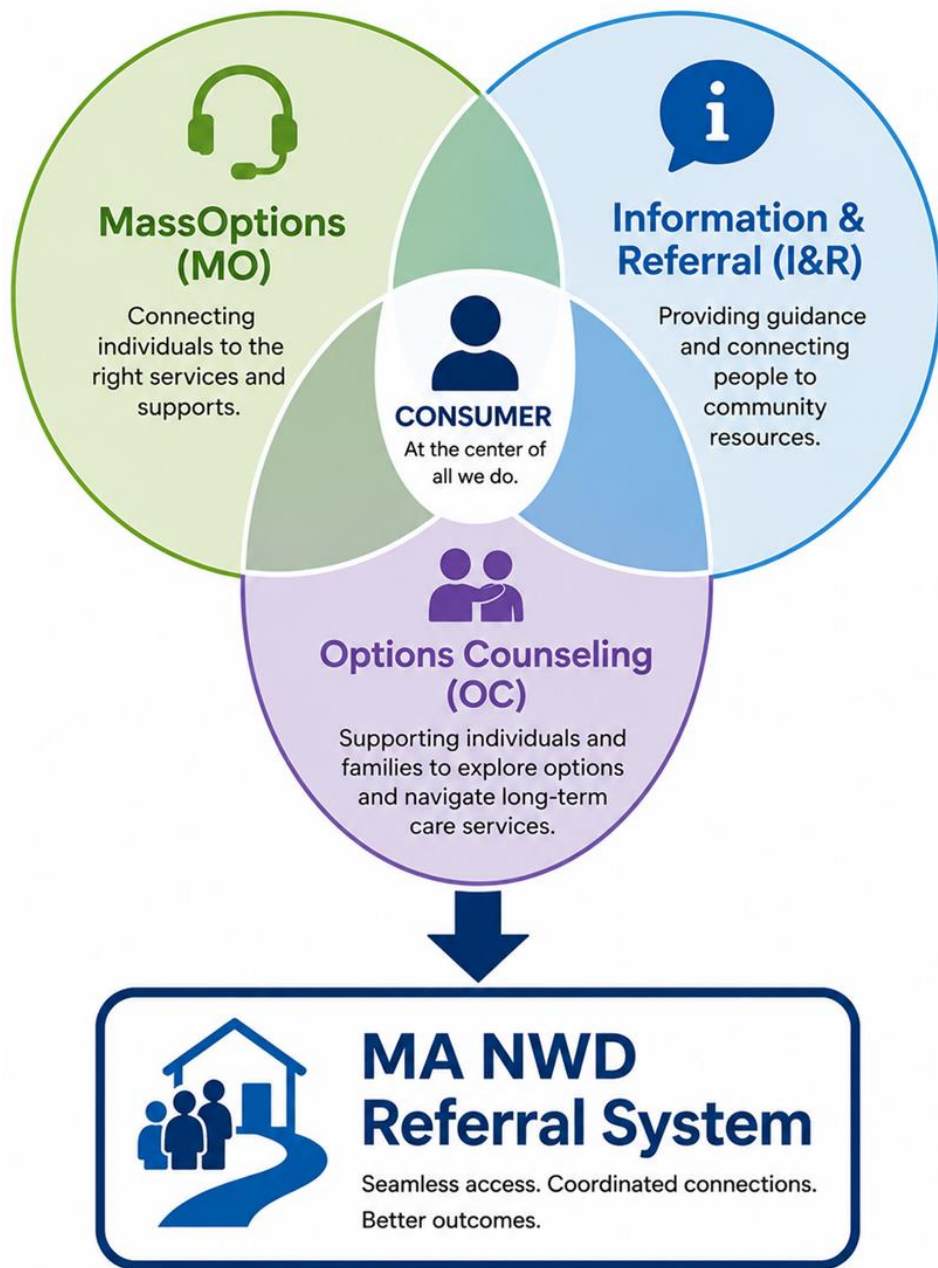
Warm handoffs

Support

Consumer choice & goals

Informed decision-making

Person-centered planning



The New NWD MA





QUESTION

— & —

ANSWER



We value your
questions and insights!

2

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

forHealth[™]
CONSULTING
at UMass Chan
Medical School

*U*HealthSolutions[™]

Solutions
iate of UMass Medical School

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

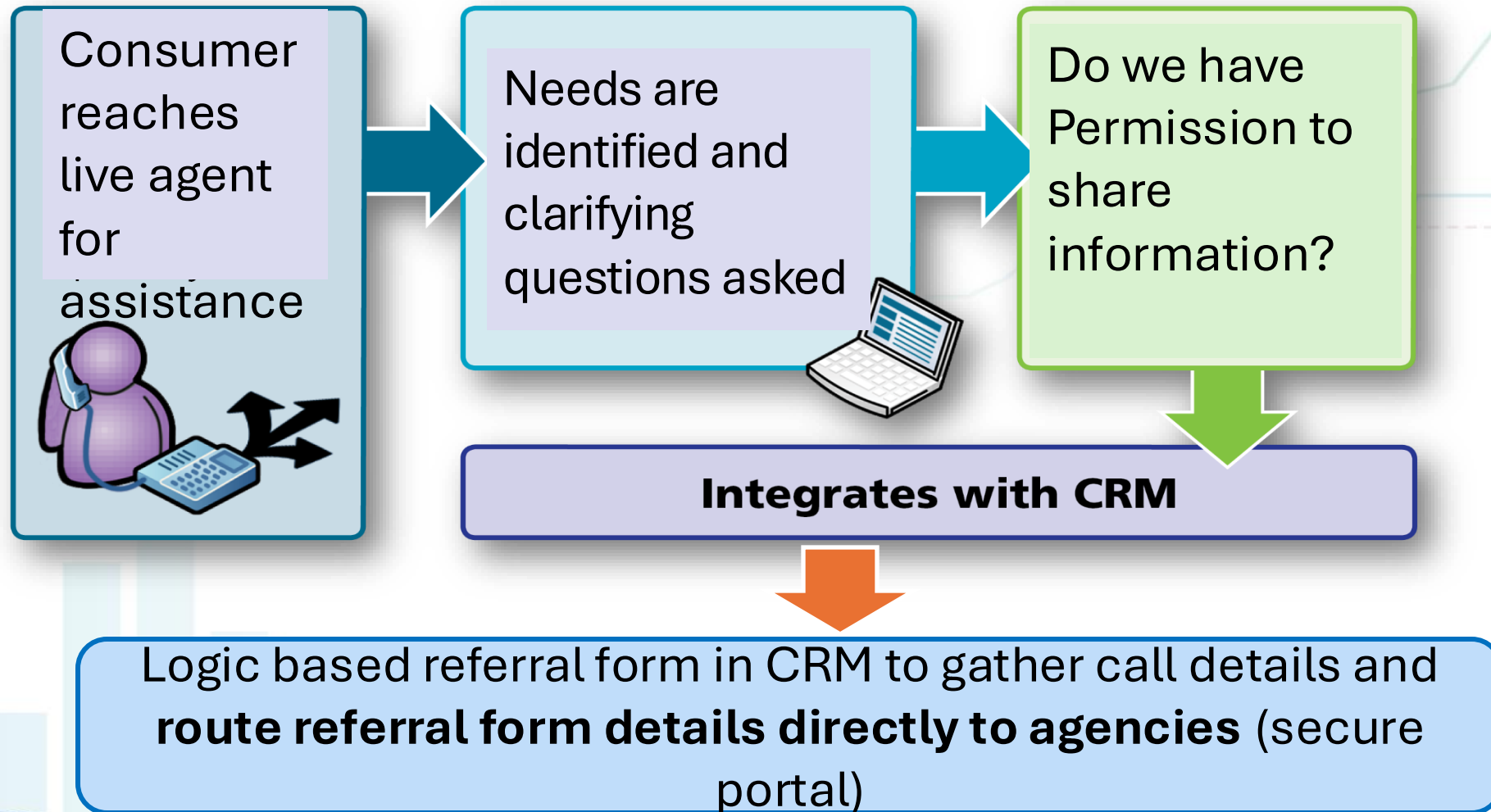
Goal: To create one centralized resource to simplify the connection to LTSS for **older adults, people with disabilities, and their caregivers** in Massachusetts and create a closed loop process.

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

Referral Form Process



Website

Our call center is open Monday–Friday, 9:00 AM–5:00 PM

MassOptions Call Center: 1-800-243-4636



Eng

Search massoptions.org

Search

Report Abuse

Browse Supports

[Homepage](#)[Resources](#)[About](#)[Contact](#)

MassOptions

A service of the Executive Office of Aging & Independence, a state agency under the Executive Office of Health & Human Services

Receive the Support You Need.

We connect older adults, people with disabilities, and caregivers in Massachusetts with help that can make their lives better.

[Browse Supports](#)



Not Sure Where to Start? We Can Help.

Step 1: Who needs help? Select all that apply.

☐ Older Adult (60+)

☐ Person with Disability

☐ Caregiver

Is Someone Hurting You?

If you or someone you know is being abused, neglected, financially exploited or mistreated, help is available.



Self-Referral

Not Sure Where to Start? We Can Help.

Step 1: Who needs help? Select all that apply.

- ☒ Older Adult (60+) ☐ Person with Disability ☐ Caregiver

Step 2: What do they need help with? Select all that apply.

- ☒ Help Finding Supports ☐ Housing ☐ Food Support
☐ Insurance Assistance ☐ Caregiver Supports ☒ Personal Care
☐ Health Care ☐ Social Support ☒ Transportation

✕ [Clear Selection](#)

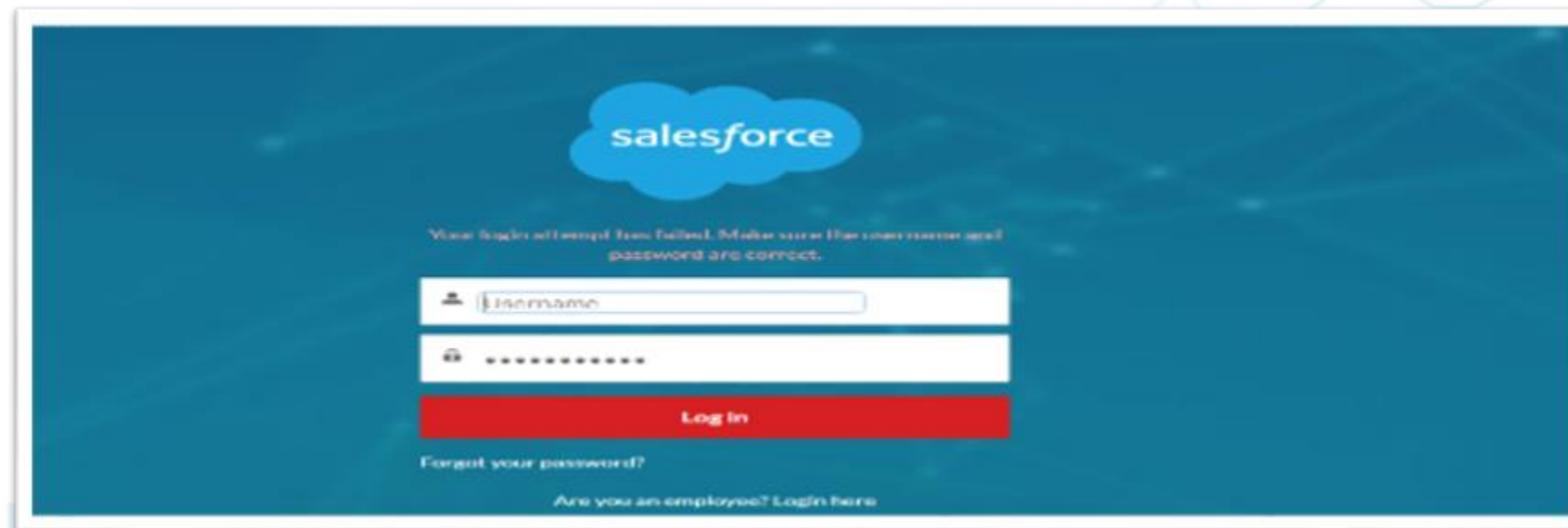
Find Help →

[View all resources](#)

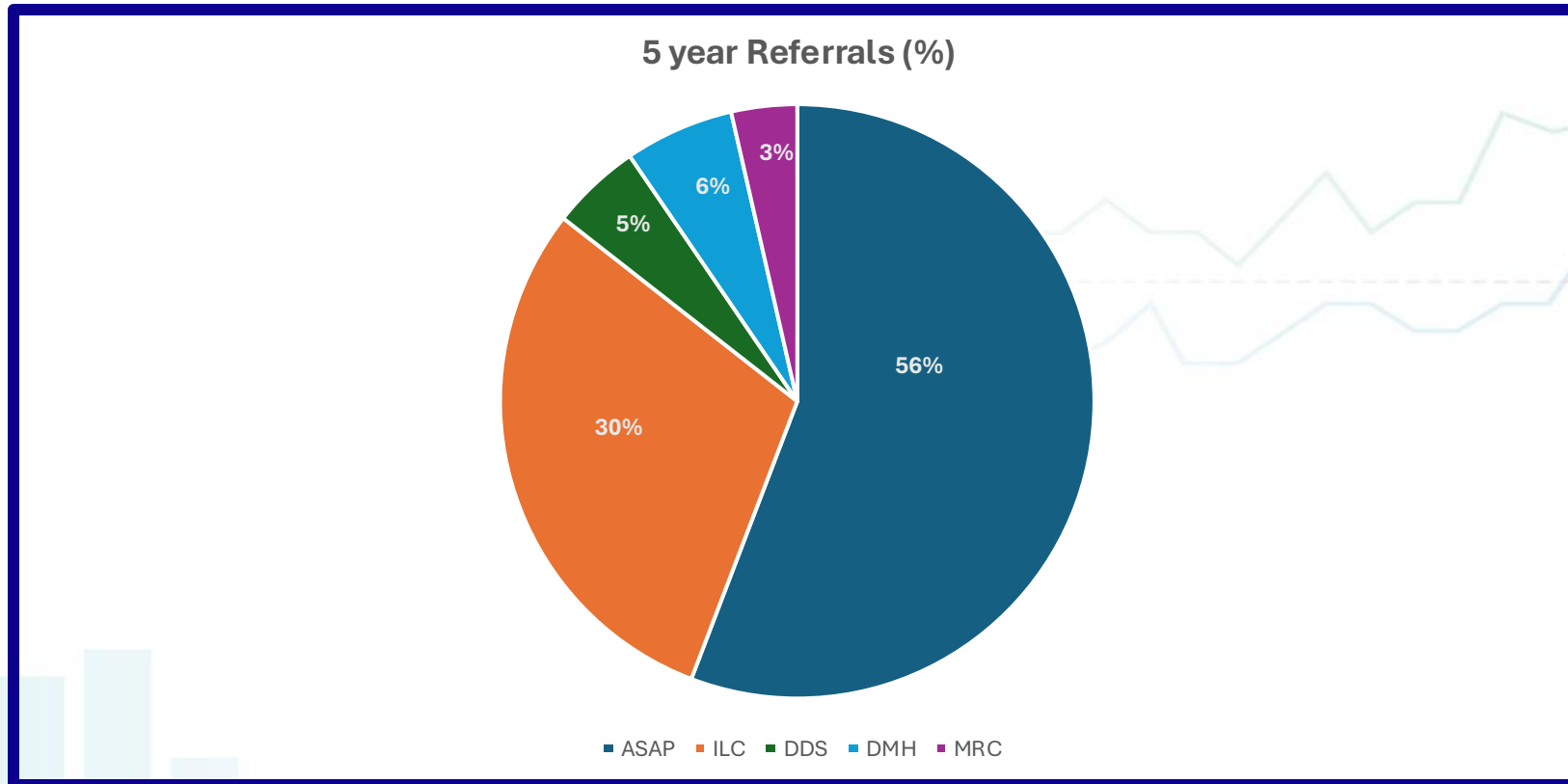
MassOptions Portal

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



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May 2028





Break Time!



Recharge. • Refresh • Connect.



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.

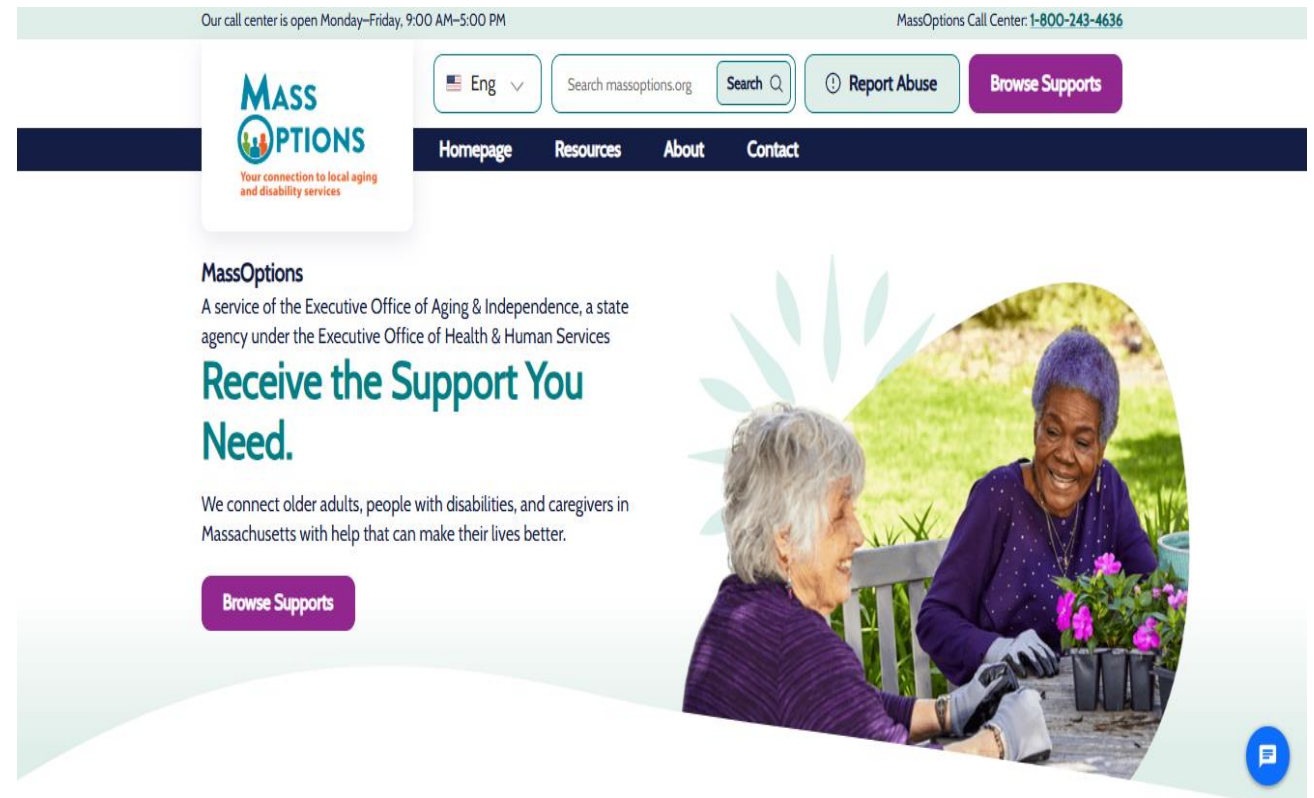
People can connect through **MassOptions.org** for information on which Aging Services Access Points (ASAP), Area Agencies on Aging (AAA), Adult Community Center, or service can best fit an individuals' needs.



**Your connection to local aging
and disability services**

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



Not Sure Where to Start? We Can Help.

Step 1: Who needs help? Select all that apply.

Older Adult (60+) Person with Disability Caregiver

Step 2: What do they need help with? Select all that apply.

Help Finding Supports Housing Food Support
Insurance Assistance Caregiver Supports Personal Care
Health Care Social Support Transportation

× [Clear Selection](#)

Find Help →

[View all resources](#)

Is Someone Hurting You?

If you or someone you know is being abused, neglected, financially exploited or mistreated, help is available.

You can report abuse safely. Trained professionals will respond and help protect you or your loved one.

! Report the abuse of...

Older Adult (60+)

Person with Disability

Step 1: Who Needs Help?

(Optional) Select all that describe the person who needs help. This could be you or someone in your care.

Older Adult (60+) Person with Disability Caregiver

Next Step →

× [Clear Selection](#)

Step 2: What Do They Need Help With?

(Optional) You can choose more than one. Select as many as you need.

Essential Needs

Help Finding Supports Housing
Health Care Food Support
Transportation

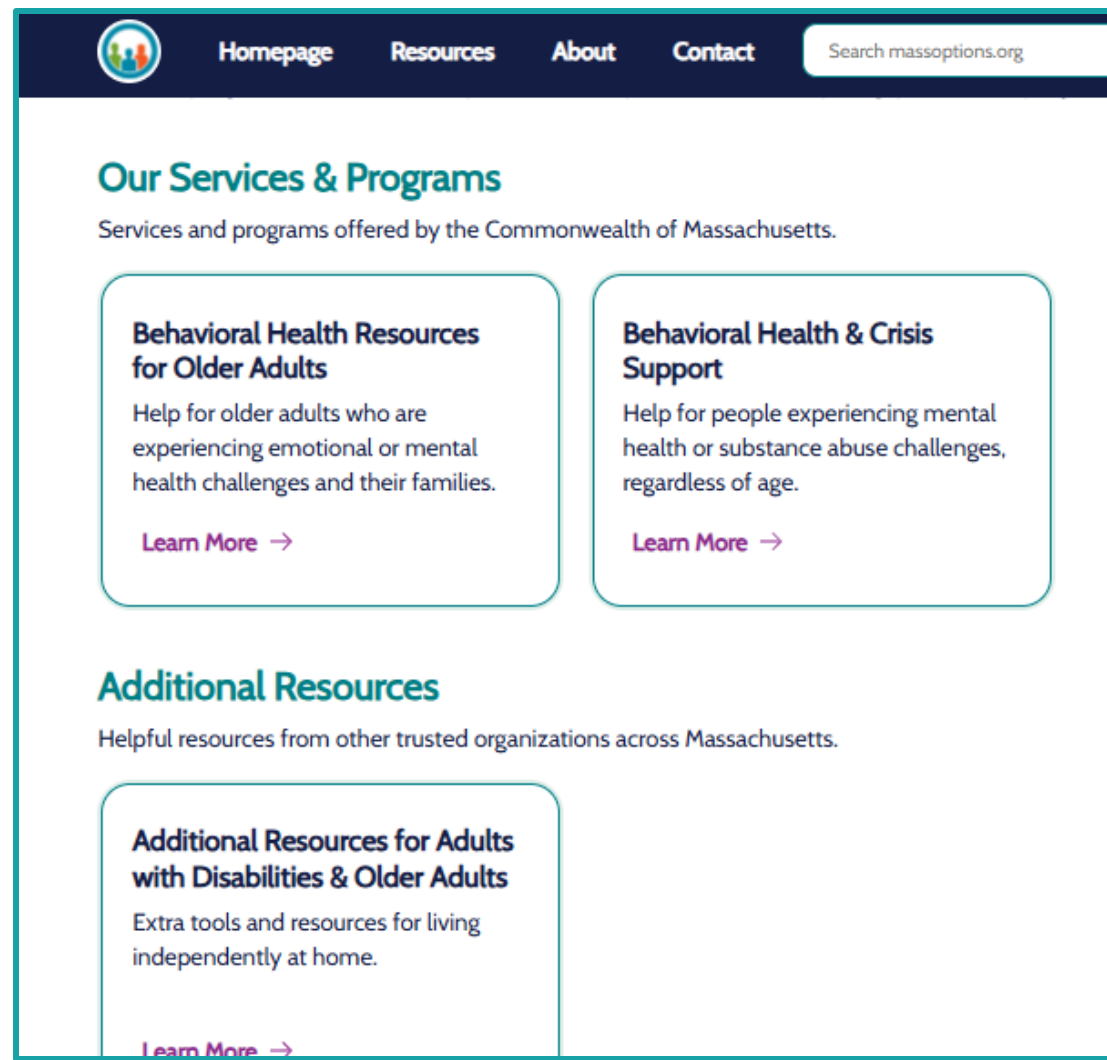
Personal Support & Safety

Personal Care Home Care
Social Support Substance Use
Emergency & Safety Help
Behavioral or Mental Health
Dementia Care Abuse

Financial & Legal

Insurance Assistance
Legal Assistance Financial Assistance

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

The screenshot displays a web form titled "Assisted Intake Referral Form". At the top, a "Referral Progress" bar shows 4% completion. The current step is "Who Needs Help?", labeled as "Step 1/3". A note states: "All fields are required unless indicated as optional." A light blue informational box contains the text: "You can submit more than one referral. After finishing this one, you'll have the option to start another for yourself or anyone you care for." The main question is "Are you seeking support for yourself or someone you care for?". There are two radio button options: "Myself" (which is selected) and "Person I care for". At the bottom right, there are "Back" and "Next" buttons.

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.

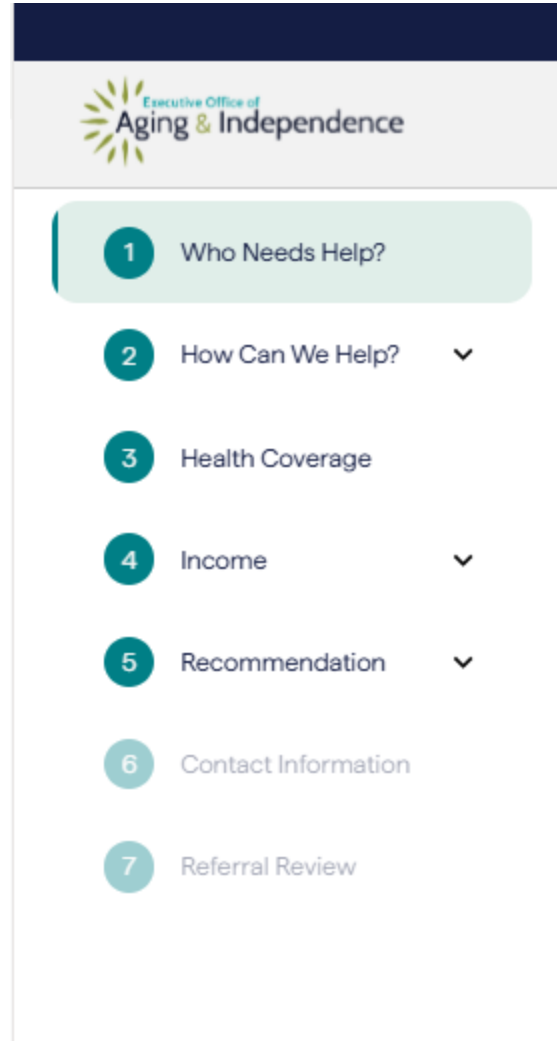


Section 6: Contact Information

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

Why we ask if you're a caregiver

Let us know if you support or care for someone else — like a family member, friend, or neighbor.

You don't have to live with them or be their legal caregiver.

We ask this to understand your role and connect you with the right support if needed.

The User Can Select Needs

Referral Progress

13%

How Can We Help?

Home & Community Help

Fields on this page are optional.

Select all that apply (optional)

☐

Housing Assistance

Help finding a home, filling out forms, and getting help if you don't have a place to live

☐

Housekeeping

Someone to help clean your house and do laundry so your home stays nice and safe

☐

Home Modifications

Making changes to your home like adding ramps and grab bars to make it safer and easier to use

☐

Transportation

Help getting rides to the doctor and other places you need to go

☐

SNAP (Food Assistance)

Help paying for groceries through the Supplemental Nutrition Assistance Program (SNAP)

☐

Meals & Food Access

Help finding food pantries, community meals, or home-delivered meals for older adults and people with disabilities

☐

Personal Care

Help with bathing, getting dressed, brushing teeth, and other things you do every day

☐

Loneliness

Help with feeling lonely, including finding groups and people to be with

☐

Senior Living Communities

Help exploring different senior living communities that are mostly private pay or market rate (e.g. Independent Living, Assisted Living, Continuing Care, etc.)

☐

Terminal Illness

Physical and emotional support for a person who is at the end of their life and their family

☐

Palliative Care

Help providing the best quality of life for a person diagnosed with a serious illness and their family

☐

Help when you're ready to leave the hospital or nursing facility

Help planning to go home from the hospital, including getting equipment and care at home

Recommended Services

Referral Progress

33%

Recommendation

Services

🕒 We can help connect you with these services after your referral is submitted and reviewed.

⚠️ This section is under development. The information displayed below will not reflect the answers given in this demo. AGE is working with its sister agencies to finalize the logic for this section.

Here are the services that may be able to help:

Chore/Heavy Cleaning
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

View Coverage Options →

Companion
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

View Coverage Options →

Grocery Shopping/Delivery
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

View Coverage Options →

Home-Delivered Meals
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

View Coverage Options →

Laundry
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

View Coverage Options →

Homemaker
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

View Coverage Options →

Executive Office of Aging & Independence

45

Consumer Choice

Referral Progress

46%

Contact Information

Step 1/4

All fields are required unless indicated as optional.

Would you like us to connect you with the agencies that can help?

☒ Yes, please connect me

☐ No, I will contact the agencies myself

Back

Next

Let us help you take the next step

Based on your answers, we've identified services that may be available to you or the person you care for.

If you select "Yes, please connect me," we'll share your information with the appropriate agencies so they can follow up with you directly.

If you choose "No, I will contact the agencies myself," we'll provide you with the necessary contact details so you can reach out on your own time.



QUESTION

— & —

ANSWER



We value your
questions and insights!

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- Required Information for I&R and OC
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2:45 – 3:15 PM | Wrap-Up Q&A

May 2028



Lunch Time

Please be ready to resume at 12:30 PM



Activity





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*].

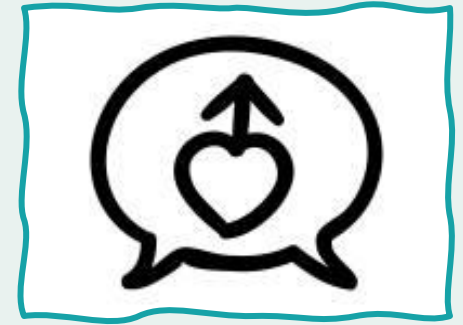


My name is _____. How can I assist you today?

**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

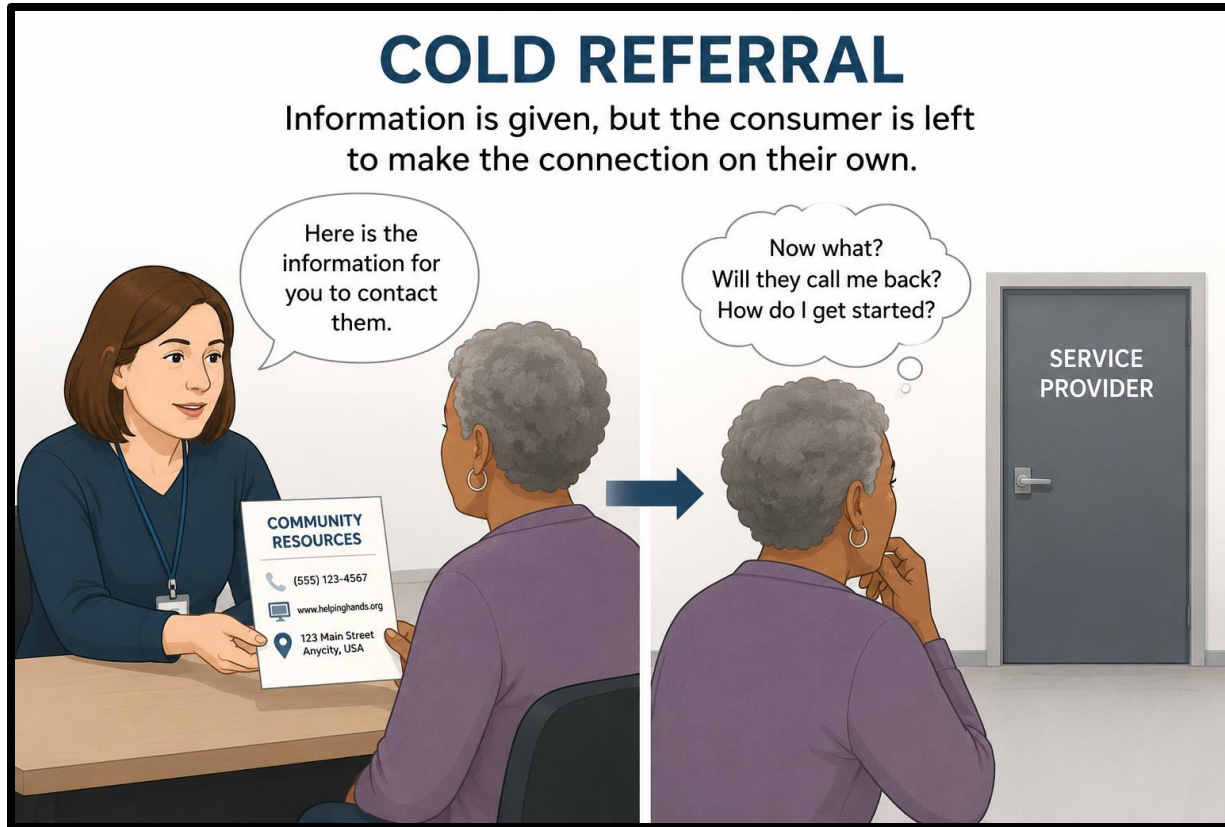
- Explain what the service does
- Provide contact details
- Explain next steps
- Offer multiple options when possible

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

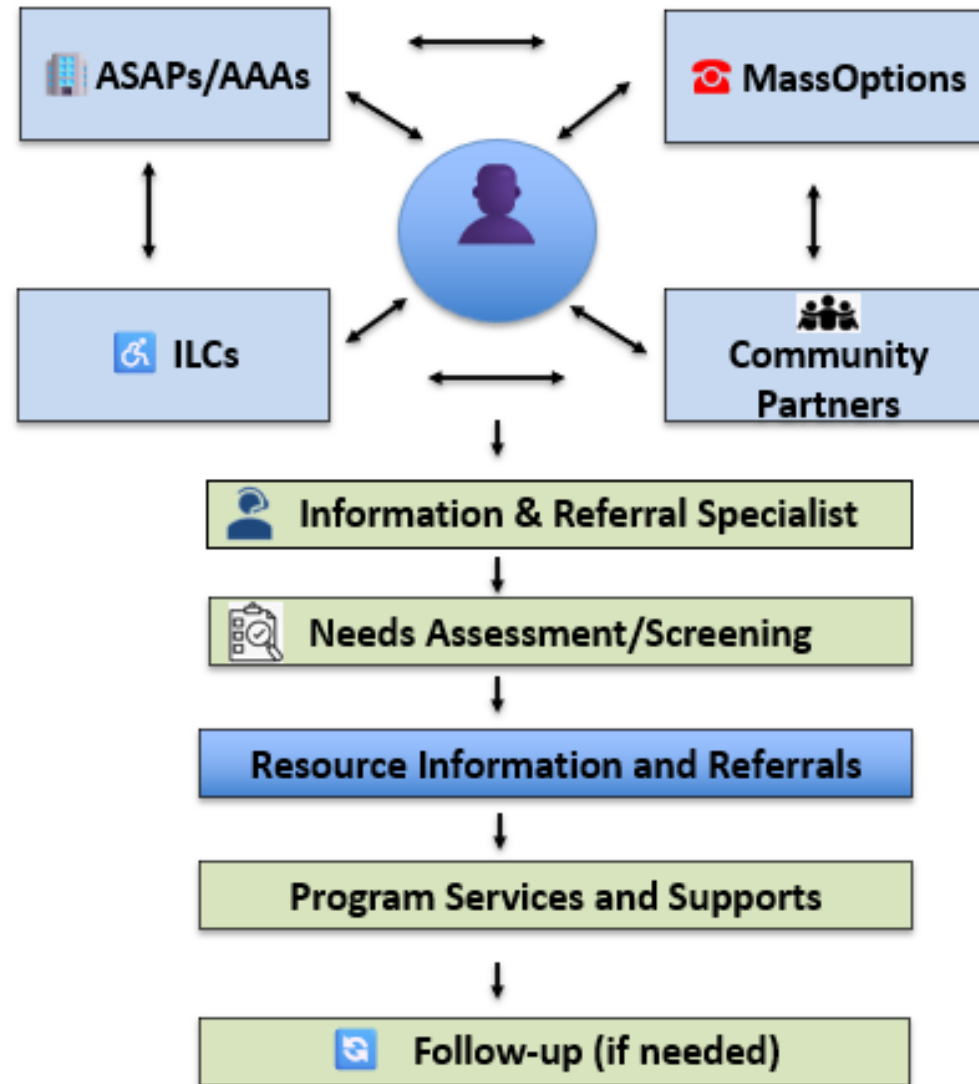


Cold Referrals



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

Call Flow



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....

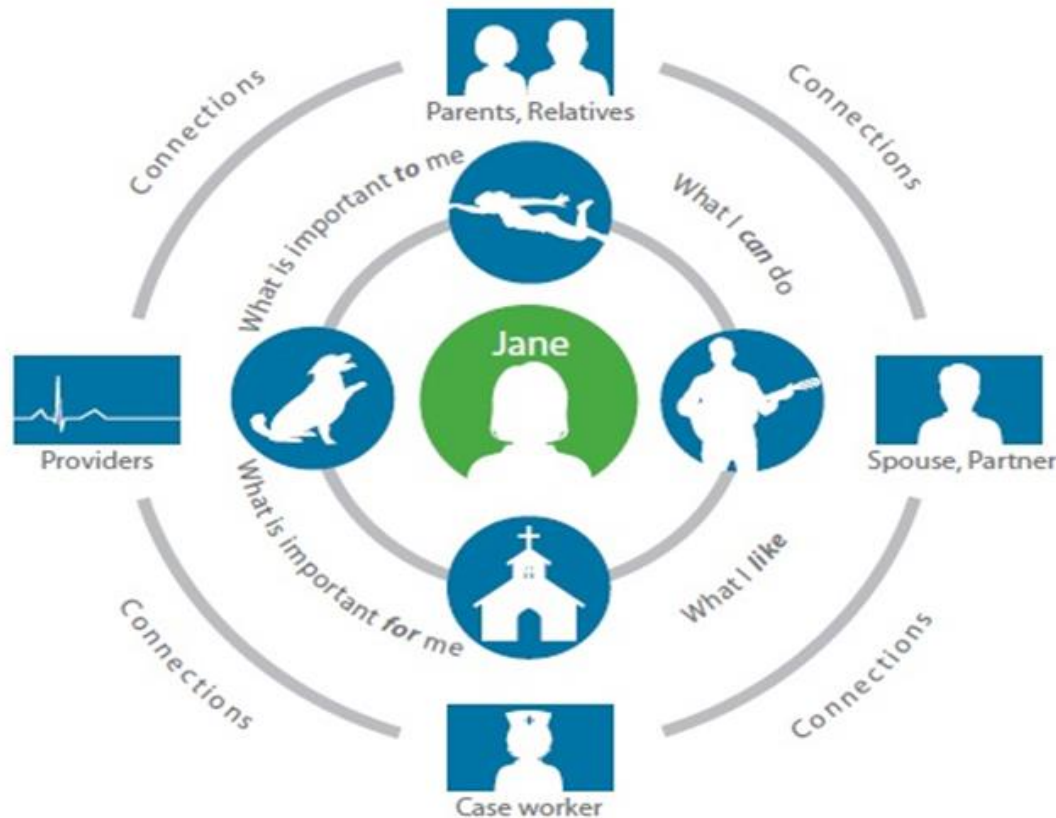


- Center of Everything
- Five Programs – One Team
- Built-in warm handoffs
- Overlaps are strengths
- Shared Foundation

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!

2



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

Call - (Anonymous) - 3/10/2026 9:47 AM

[Save](#) | [Save and Close](#) | [Close](#) | [Print](#) | [Open Audits](#) | [Format Panels](#) | [Disable Timer](#) | [Pause](#) | [Search for Services](#) | [Add New](#)

OK

Call Type Incoming

Caller (Anonymous)

Caller Type (Self)

Consumer (Anonymous)

Referred By

Age Group

Gender Unknown

Disabilities

Call Priority

Start Date/Time 3/10/2026 9:47 AM

End Date/Time 3/10/2026 9:50 AM

Seconds Paused 0

Complete? Yes

Primary Payment Source

Call Topic Count 0

Gender Identity

[Format Property List](#)

Activities [Add New](#) | [Open](#) | [Delete](#) | [Copy](#) |

ADRC Outcomes [Open](#)

Topics [Select Topics](#) | [Delete Topics](#) |

Notes

Referrals [Generate Activity](#) | [Search](#) | [Print](#) | [Add New](#) | [Open](#) | [Delete](#) |

Related Calls [Open](#) |

Assessments [Compare](#) | [History](#) | [Add New](#) | [Open](#) | [Copy From](#) | [Print](#) |

Service Deliveries [Add New](#) | [Open](#) |

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. <i>(Does NOT include HDM's)</i>
OC - Goal to Stay in Community	OC - Options Counseling	<i>(OC use only)</i> 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	<i>(OC use only)</i> This topic is selected when 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)



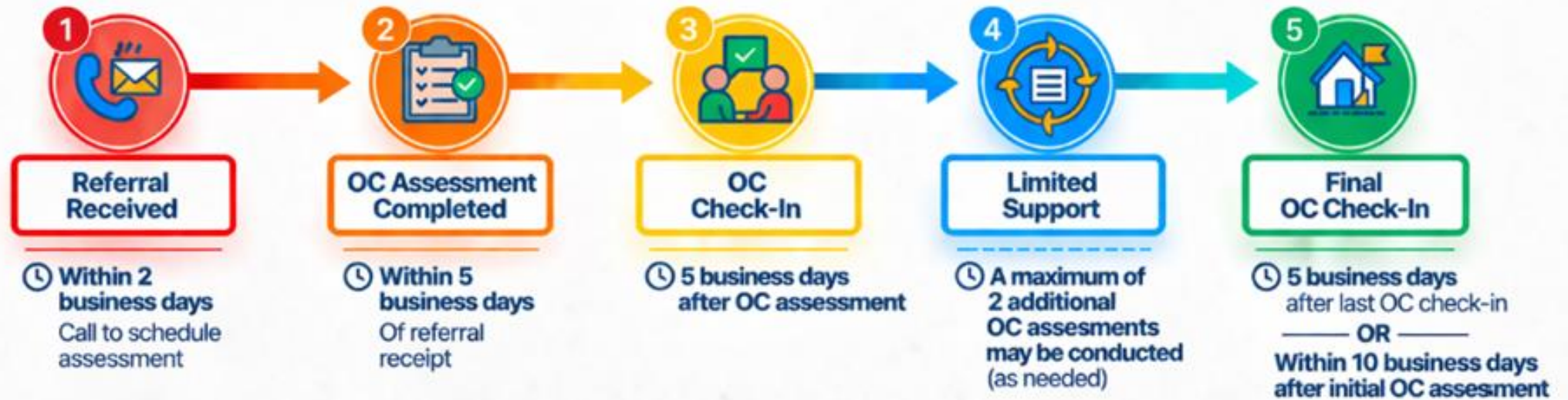
OC Cycle

OC Program Case Flow

From referral to case closure



Total Timeline: ~15–20 business days



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

OC Activities & Referrals (A&R's)

and Close | Close | Add Next | Make a Copy | Print ▾ | Open Audits | Format Panels |

Subject	
Action	
Agency	Executive Office of Elder Affairs ▾
Provider	
Subprovider	
Care Program	
Site	
Status	Not Started ▾
Reason	
Status Date	1/16/2026
Due Date	Enter date
Start Date	Enter date
Start Time	Enter time
Date Completed	Enter date
Time Completed	Enter time
Follow-Up Status	Not Required ▾
Follow-Up Date	Enter date
Follow-Up Time	Enter time

[Format Property List](#)

Comments

Services

- **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

Details Activities & Referrals

Care Enrollment - OC - Options Counseling

OK | Cancel | Add Next | Open Audits |

Level Of Care

State Programs

Service Program

OC - Options Counseling

Care Program

OC - Options Counseling

Application Date

4/1/2026

Received Date

4/2/2026

Termination Date

Enter date

Status

Active

Reason

Status Date

4/2/2026

Start Date

4/2/2026

End Date

Enter date

Originated By: Executive Office of Elder Affairs Creator: Karyn Wylie

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!

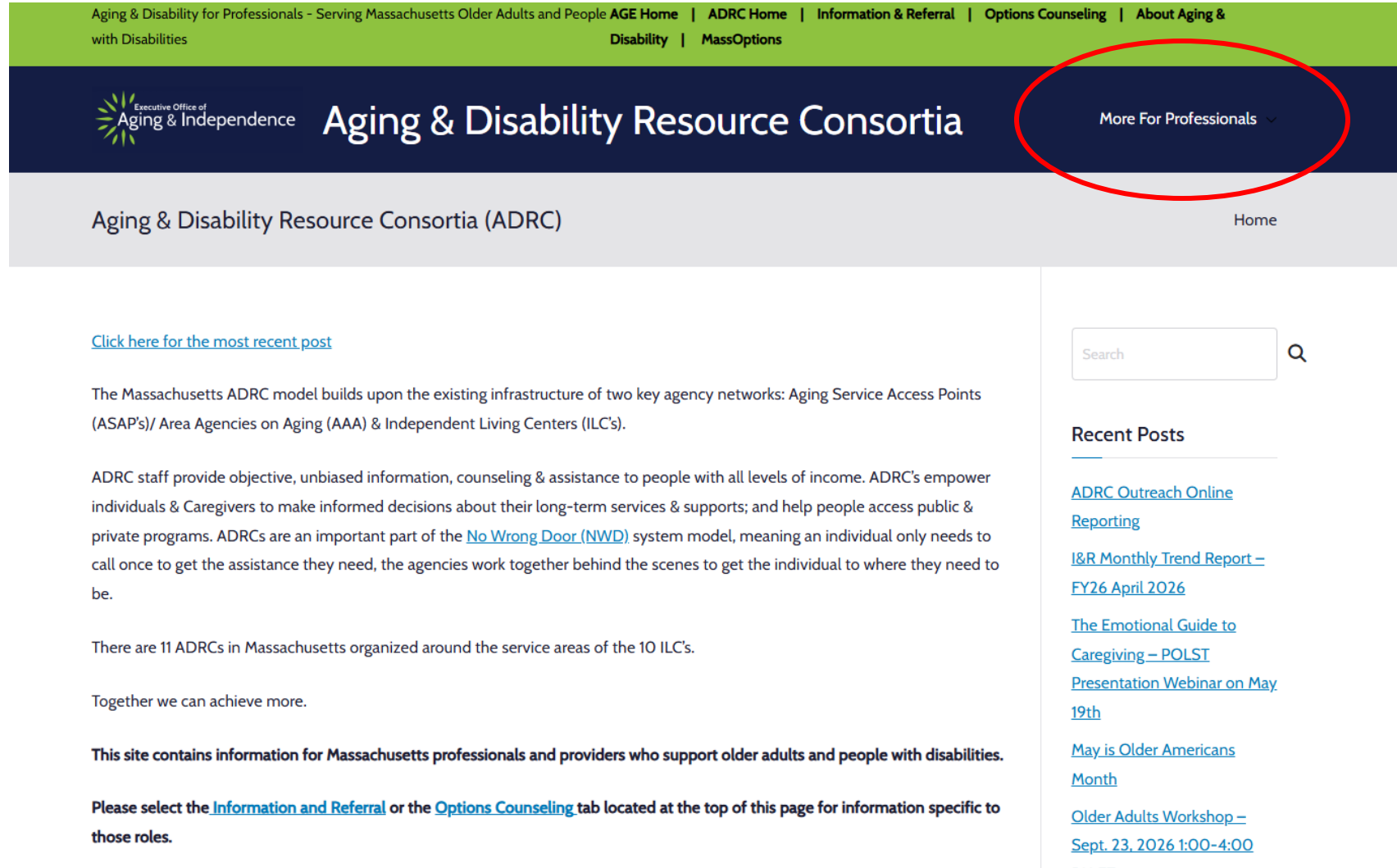
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Aging & Disability For Professionals (*New Blogsite*)



Aging & Disability For Professionals

Easier, Faster, Connected



Aging & Disability for Professionals - Serving Massachusetts Older Adults and People with Disabilities | [AGE Home](#) | [ADRC Home](#) | [Information & Referral](#) | [Options Counseling](#) | [About Aging & Disability | MassOptions](#)

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The Massachusetts ADRC model builds upon the existing infrastructure of two key agency networks: Aging Service Access Points (ASAP's)/ Area Agencies on Aging (AAA) & Independent Living Centers (ILC's).

ADRC staff provide objective, unbiased information, counseling & assistance to people with all levels of income. ADRC's empower individuals & Caregivers to make informed decisions about their long-term services & supports; and help people access public & private programs. ADRCs are an important part of the [No Wrong Door \(NWD\)](#) system model, meaning an individual only needs to call once to get the assistance they need, the agencies work together behind the scenes to get the individual to where they need to be.

There are 11 ADRCs in Massachusetts organized around the service areas of the 10 ILC's.

Together we can achieve more.

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.

Search

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- [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](#)

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



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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!

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THANK YOU!

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Before You Go

Help us close the loop
Scan the QR code before
your Commute

