

## **April 26, 2018: MassOptions: Connecting Individuals to Services through a Centralized I&R Platform**

Welcome again. This is Nanette and I am with the national I&R support center at the National Association of States United for Aging and Disabilities. I would like to welcome listeners to today's webinar on the MassOptions program for connecting individuals to services through a centralized information and referral or I&R platform. Let me cover a few housekeeping items before we get started. The slides, audio recording and transcript from today's webinar will be posted to the national website within the next several days. Please visit the national I&R support center project on the national website and see our webpage on monthly calls. The web link is also posted in the chat box so it is there for your reference as well if you look in the chat box on your toolbar. All of our listeners are on mute ensuring the webinar to help us reduce background noise. We welcome your questions and comments to the Q&A function that is available on the screen. Please feel free to submit your questions or comments at any time during today's presentation. We will address questions following the slide presentation.

We also have real-time captioning for today's webinar. On your screen you should see a media viewer panel that is on the bottom right where the captioning will appear. You can minimize at this panel you can have it open if you would like to see the captioning. It will not block the side -- slide presentation. You may need to enter your name and organization and click submit in order to view the captioning in the media player. -- The media viewer. Over the past year and a half, part of our grant from the administration for community living, ACL, we have been taking a closer look at the role of technology in supporting information referral and assistance programs and practice. And sharing innovative and promising practices has been one of our goals. Last year we conducted a promising practices contest called technology impact this. To help us learn more from the field and I'm really pleased that we are able to highlight one of our award-winning practices on today's webinar. MassOptions is an online and helpline service that brings together person centered communication and an innovative technology platform. Are presenters today are Jeff Auger whose director of UHealthSolutions and Kerrie Topi, associate director of customer services operations also at UHealthSolutions. UHealthSolutions is the nonprofit business affiliate of the University of Massachusetts medical school that worked in partnership with the Massachusetts executive office of Elder affairs. I am going to turn it over to our two presenters to get started today and I believe Kerrie, you may be going first so let me turn it over to you.

Thank you so much. Everyone thank you for joining a. We are excited to be here both Jeff and I are part of the team that both implemented and now operate the mass options program it is very near and dear to our heart and program that we really enjoy talking about so thank you again for being here. Throughout the next slides were going to be talking a little bit about the technology platform we'll talk about staffing and training, some of the outcomes of the program and lessons learned and things of that nature then as reference that will be an

opportunity at the end to ask questions. We will get started with some background.

MassOptions launched in 2015 with balancing incentive program grants fund from CMS. As I'm sure many of you know, the intent of this is to increase access to long-term services and supports within the community so that individuals can lead a happier and more comfortable life while receiving the support they need to remain at home and out of an institution. That was always the forefront of our mind and anything that we developed for this program to really come back to that very basic but very important point of what our purpose was in the group of individuals that we were looking to serve for this program. We do that through a very strong collaboration between the Massachusetts executive office of Elder affairs with her folks here at UMass Medical School and the team at UHealthSolutions. With all of us working together what we built was the MassOptions program which as reference is a free online and helpline service that signifies access to long-term services and supports for not just the elderly but for individuals with disabilities and their caregivers throughout the state of Massachusetts. Really aligned with that intent of -- as a mentioned previously.

The goal that we really created for this program and still rings true today was to create one centralized and innovative technological resource where individuals could connect to multiple services and be able to create a closed loop process. In the world of long-term services and support which I'm sure many of you already know this it can be very overwhelming world for individuals that need this assistance and often times they need more than just one service was poor in order to remain in their home and to live comfortably without going into an institution. Our goal here was to really provide one vast resource and one best referral for these individuals so that whether they had one support need or 10 support needs they could be serviced by one state agency within Massachusetts that would be able to help guide them through the process of what they needed. Some of the features of the program are the customer service contact center where they would be able to reach agent support that would walk them through the process come engage them in questions that would help them arrive at the best possible referral location for their needs. We also wanted to design a state-of-the-art website where individuals can find resources that they needed for the many supports that exist throughout the Commonwealth for long-term services and supports. On the website we also wanted to make it very easy for an individual to get a referral whether they called it the contact center or whether they initiated a self-service referral where they could put in a very minimal amount of information and still be able to find a local resource that could help them with their needs. We also wanted to supply support -- chat support where individuals in today's world find it much easier sometimes to just connect via check. We we wanted to be able to provide that so individuals could ask questions, get referrals to the chat portal and have a live representative from our contact center on the other side. We also wanted to have a really robust search functionality within the website so that regardless of what topic an individual may be looking for resources on there's a search bar within the website where they can type that in and it would populate all the many resources they have to

do with that particular topic are those individuals. To our email consumers have the ability to both submit questions and receive feedback again from our life agents who are monitoring that email Q and responded to various questions that individuals may have. We also wanted to make our website fully translated in Spanish where this is very common language within Massachusetts you wanted to be able to give individuals that extra layer of accessibility in order to be able to view the website in Spanish as well as in English. >> I talked a little bit about the collaboration between the teams but I want to delve deeper into the multidisciplinary team because it was so crucial to not just implementation of the program but ongoing maintenance of the program. We looked UMass Medical School, what we really able to extract from the two most abundance of content expertise come in that had worked for long-term services and support realm and were able to lend their expertise a building the program. We also had oversight from the project management team who really guided us every step of the way in ensuring we were on line with our deliverables, that we met our deadlines and also able to identify growth opportunities with a platform that was built in the mass options program. We also have very robust reporting and analytics at UMass Medical School team or we can delve deep into the reporting come analyze some of the data coming out of there and improve efficiencies in our program and also build upon them for future programs. We had a great website design team -- very comprehensive and also ADA compliant which was very important. We looked white team here at UHealthSolutions have over 17 years of customer service contact center experience working very closely with Executive Office of Elder Affairs on other programs but we were really able to bring that customer service approach to this program and ensure that we were both advocating and keeping in line with the needs of the consumer from the perspective of a contact center. Then we have a team at the business process solution support team they really helped us to any of the challenges along the way. We really cannot talk about a multidisciplinary team without talking about the crucial role that Executive Office of Elder Affairs played in this program not just in the implementation and sponsorship of the program, but in their continued oversight and guidance with this program. They were continually a guiding force allowing us subject matter expertise every step of the way and really working so closely with us on the various training materials that were built for this program and ensuring we were in lockstep every step of the way. They also engaged our community partners and ensure we had stakeholder interaction. Folks that really delve deep and help us create the referral form that we now know today and really drilled down to the questions that we wanted to be asking individuals that would really result in that best referral I had referred to previously. We did not want to overwhelm consumers with too many questions on a phone call, we wanted to make sure that those questions were sustained and a referral to allow us to get the best referral at the end of the call and the stakeholders had such a large hand in that. They also offered training support as well. Both the team at the Executive Office of Elder Affairs and our community partners would come on-site entering our agents and lend their expertise, be able to share with us the challenges and pitfalls of a long-term services and support community, what some of the pinpoints were for the individuals that were in this

community. All in all, we work closely with one another again not just in developing the program but even today we are referencing these individuals on a daily basis.

We want to get into the technology platform. When you are calling MassOptions there's the option for the toll-free line which get to a live agent but there's also an opportunity to receive an abundance of information to the long-term services and support website. There is 24 hour access, consumer accounts, the ability to chat or email with agents at any time that we are operating during business hours. Once you've engaged you have the customer service center whose using a unified CRM to not just record the details of the call but they're also using that in a very robust fashion to be able to determine where an individual may receive the best care and we're going to dive deeper into the specifics of the CRM in upcoming slides. The team at the customer service center also using a robust knowledge management system or KMS or they can share information and be aligned in the information that's being stored within the KMS. Have an integrated provider directory that sits within the CRM and this allows individuals that an individual agents to be able to provide information to callers regarding the referral that they have been provided meaning we are not just handing them a name, we are able to give them a telephone number, and address, the operating hours for the specific referral location that we are going to be sending them to. We also have call recording so we as a management team can go back and ensure our staff are providing the best level of care for these individuals that's possible. That's all supported by our data infrastructure platform so we have a secure data center that houses very little PHI we are collecting on these calls. We have integration with MIDI where and we have very robust reporting analytics that's powered by TrendFinder. We also have our ADRC and state agency secure portal so this is where once we have crafted a referral form was sent directly to the state agency and we will talk about how that works in some upcoming slides.

What we are going to dive deeper to in the next few slides on the website. What is the look and feel of the website, the customer service center come how are we monitoring this, what platform are we using, the CRM, the KMS, how are we logging these calls, what is that referral form process like and how are individuals using the training documents that reside on the KMS. With report and analytics look like and what we are able to do with that information. With the referral exchange portal which I just spoke of how are those referrals getting over to the agencies and how are the used then our closed loop process that is tying it all together.

Some of the features and benefits of this technology platform are centralized, nondisruptive intake services. We are focusing on call resolution and a warm handoff so we are really encouraging our agents to take their time on phone calls with these individuals because they are never rust to hurry up and get to the phone call pick all of our agents are well aware that the quality of the call is the utmost importance and they should be taking their time with each and every caller. At any point where it's applicable they should be warm transferring individual directly to the referral location whenever

possible. We also have very robust reporting and analytics and an interoperable design for easy interfacing with other systems and with applications. A consumer driven, multi channel communications as we spoke about with chat, email, telephone options as well as the website and the integrated CRM.

What you are seeing here is our website on the right-hand side. As you can see it is very pleasing to the eye. We selected these colors specifically. It is an accessible website and we use customer feedback to really design this entire website even down to the color choices and font used that we have for this website. On the top right-hand corner is an opportunity for someone to on this landing page select the chat option if that's how they choose to connect but there are multiple instances throughout the website where they will have the opportunity again. We wanted to make this very easy and provide more -- multiple engagement options for an individual on this website. So they cannot only connect to chat via the website but connect via email and also take part in the self-service referral in the website. Right underneath this green bar where it's a little bit small to see but that's our chat initiation. We have the ability to increase font size knowing that this population may struggle with those types of things. We have the ability to have three different font sizes within the website then right below that is art search function. An individual can input physically anything they may need in regards to the long-term services and supports. And all of the results will display for the individual so they can select what they would like from those list of results. Additionally, Google analytics is running in the background so this website and it's very highly ranked and we are able to extract a number of very useful information about where the traffic is coming from and really depict and use that information in marketing campaigns and to really help the program. Then again this is fully translated in Spanish, all an individual needs to do is click in this corner right here next to the green chap are and they click and Aspinall and everything changes to Spanish for those individuals. Very user-friendly.

What you're seeing is our social media strategy. As you can see the look and feel are very consistent with that of what we saw in the website, the coloring and what have you. Have a campaign to push information out and drive more traffic to the website and this is known to have produced some large numbers with regard to the number of individuals that are coming to the website. This has been a very positive aspect of the program. We have scheduled post and you can see this one with this young looks like a young mother and daughter and it's engaging an individual saying if you're caring for someone that has a developmental delay or need assistance, please call MassOptions you really trying to drill down on some specific things that people may not realize they can receive that sort of help with MassOptions so really trying to highlight for that this meant for them with different posts. We've also have connections to social service agency pages. In the bottom right-hand corner this is a connection to the mass rehabilitation commission but if this were expanded and you were scrolling through the Facebook page you would be able to see other state agency partners as well and be able to connect directly to their

Facebook pages as well to really tie us all together very nicely. Please feel free to go and like our Facebook page. We would very much enjoy having some additional likes on that page.

Our customer service center is supported by a very robust telephony program. We are able to route calls to designated staff and that's really based on their skill set and priority level where that comes in very handy is with our bilingual staff so as I mentioned Spanish is very common language here in the base state and we are able to separate audio levels for individuals that have proficiency in Spanish to be at a higher level in those call cues than that of the English cues so we are able to play around with that which is really nice. The other area where it's extremely helpful is in cross training. What we have done here is the contact center is we cross trained individuals on different programs meaning MassOptions may be another program that we operate here and we may put individuals at a lower priority that are working a different program so they can help with overflow should MassOptions experience a spike in volume. All of those things have been very helpful. We also have easy viewing of real-time information about each queue and each specialist so we as a management team are able to view service levels, were able to view how many agents are in queue we have the appropriate number available to be handling call volumes. We can move her things around just very user-friendly. This integrates with our CRM which is great from an agent perspective as well. The CRM will automatically pop information for agents when a call comes in through MassOptions and if it's a repeat caller, the contact is already built and we can refer to past calls that they may have made into the contact center. Very helpful for the agent.

The CRM and KMS I want to delve deeper into both of those, or agents use these on a daily basis. The CRM platform it was customized specifically for MassOptions so it is not just a repository to record and store the details of a call although it certainly used in that fashion as well. But what we were able to do was to build and embed the referral form that I spoke of earlier directly into the CRM. When a caller is on the line with an agent and they are going through this series of questions the agent is filling out the referral form and at the end of that referral form the CRM has automation that tells them what the best referral location is for that individual. Based on their specific answers that they provided. Once the individual provides us with the permission to share that information come of that information is transmitted directly to the referral location. That enables an individual to not have to repeat those same answers to the referral location they are going to. It has helped tremendously in allowing individuals to not feel so overwhelmed by the process of getting the help they need. In addition to the referral form questions, we designed that so it did not have to be completely filled out. He tried to make it user friendly and a sense of an individual may want to opt out and maybe does not want to answer all of the questions and there's about 12 of them but should an individual feel overwhelmed halfway through and did not want to finish the referral form, the logic was built in that we can provide a referral for that individual based on the answers that they have divided. It does not have to be completed fully in order for them to get the help they need. Which is really

great. For our KMS which is web-based, this is where we are housing all of our policies and procedures, are called guides, training materials, any key documentation, thinks the executive office of Elder affairs send our way to have us have an awareness of maybe some campaigns going on or changes with anything you care or Medicaid related that we should know about. That frequently requested phone numbers. What this is really desperate has allowed us to do is be aligned with the information that we are able to provide to consumers what they are calling us so that between all agents they are providing the exact same answers because they are all referencing this KMS site. >> This is a snapshot of our reporting and analytics. What you are seeing here is a snapshot just of our website but our portal provides one-stop access to program metrics for not just the website but for customer service center and for our CRM. Is display metrics not just on vocals but on emails, chats, the number of referrals, where those referrals went meaning which state agencies they've gone to and website visitor traffic and behaviors. A little bit hard to see with this picture on the screen, but what we've captured is a screenshot of the statistics for the week of the website of website hits. We are able to see how many users total come how many of those users were new users and how many were returning users. How did they arrive at the website? Did they come in directly to the URL, were they linked from another site? Did they linked to social media or a paid campaign which would be any of our Mac -- marketing campaigns? It go so far as to tell us detail on how many individuals hit specific pages within the website. What that does for us it really enables us to determine which pages are the most useful and where we can maybe afford to do some updating were changes that may make sense. It really helps us deliver some of that decision support information because we were able to drill so deeply into this data. It's also accessible not just to ourselves here at UHealthSolutions but her folks at the Executive Office of Elder Affairs also have access to all of this reporting so while we give them routine reporting on many of these aspects at any point, they can go in and they can view these statistics regarding website, customer service center or CRM at any time for any parameters or dates they're looking for and can really have a good snapshot of what's going on with the program.

This is our referral exchange portal. I refer to it -- I referred to it a few slides back. When an agent receives that permission to share the information with the agency that they are going to be referring to, this is where it lands for our state partner agencies. They have a view, very similar to what you are seeing here, where the referral is sent automatically in the sent securely. The agency will only see referrals that are meds for their agency. In other words, it is not a central repository where all referrals go and state agencies have to filter through. There only seen one this -- ones that are applicable to their locations. Agencies are able to log in the portal and access all of the referral information discussed on the phone call with our agents. Minimizing the effort for the caller to have to repeat themselves. That transmits even the note section where we can provide some level of detail to the agency so they have a good awareness of what to place on that call. At the agency level the intake staff can take the appropriate action based on what they are seeing on each

referral. It also has the functionality for the agencies to be able to monitor with her or not a successful connection has been made.

The closed-loop process. From start to finish what we are looking at here we are supporting a consumer directed in provider direct referrals. These are coming in via telephone call, perhaps initiating via chat or email, but one way or another we are getting a referral and the customer service center is assisting consumers through that process regardless of what channel they choose to initiate their referral. Upon the consent as I mentioned, the referrals are shared with the agency via the secure portal. The algorithm that we spoke about that's embedded within the CRM is based on age, demographics and their specific needs and the best resources found for those individuals. Two really close the loop and tie it all together, the team here also conducts outbound follow-up calls and this is really to ensure that the consumer received the help they were looking for. About three days after a referral has been completed, we follow-up with them to make sure they have been connected perhaps we were not able to warm transfer an individual because the business -- the state agency was closed at the time. We would still submit the referral but we want to follow up with the individuals and make sure they were able to make contact. I'm happy to report that you have a very high rate of individuals that not just have made contact with that are receiving the help they need and very few and far between we have to intervene and make another call to do a warm handoff or initiate that assistance again. All in all, we are working in stride with the community partners and state agencies.

What we are seeing is customer focused approach. It's a multi channel portal designed for accessibility and responsiveness. The resources that are designed to support the customer needs and the customers always coming first and we are always tying back to simplifying this long-term services and supports for these individuals. We are focusing on call resolution and ensuring that we attempt every time to have a warm handoff and encouraging our agents to really take the time. We are conducting customer surveys which I will look into and if you later slides in using that feedback to make ongoing updates and add additional categories to the program. All of that combined what we have really seen is that the high touch approach has resulted in very strong and positive outcomes. I'm going to turn it over to Jeff for the next couple of slides.

I'm going to speak a little bit about how we went about developing the staffing model to get this program off the ground. Our plan for putting the staff together involved handpicking some of our existing veteran staff from our contact center operation in addition to ringing on some new recruits to getting us to the level of capacity that we need for the launch. This was important for us for a number of different reasons. If you have ever been involved in implementing a new program or project I think it will resonate with you when I say that starting something new from scratch is a very different thing than taking over an existing program or maintaining something that has been running for a while. Where this was a brand-new program in the Commonwealth of Massachusetts we knew it was going to be important to have some members

of the team who had been involved in new program launches before and were ready for some of the unique challenges that that product with its. As I mentioned also bringing in some new recruits to get us to the necessary capacity. This allowed for us to have the right acts of talent and also to be able to create a situation that the newer recruits were interspersed among the more experienced employees so that there could be some peer mentoring going on within the operation which was a big help in making sure that the managers, the supervisors, the trainers that were providing assistance and coaching and mentor ship to the team was supplemented by some of those veteran staff who could also be peer mentors. I want to also emphasize that in addition to having the right -- A pop comes up while there are the website and asks them a series of questions to determine what type of experience they're having on the website. We want to go through results of the feedback we received from customers. Most customers first heard about MassOptions online via a search or en masse.gov. Customers also indicated they preferred to look for information on their own before contacting MassOptions which really rings true with what we have seen in our reporting. We have a number of website hits both new users and returning users so that definitely rings true. Some of the key strengths that were indicated from the survey feedback in terms of experience with the call center was it was easy to access, decentralized location for information, that we had attentive and knowledgeable staff and all helpful resources and the connection to appropriate agencies were there for these individuals. All good things and the outcome that we are looking for in these types of surveys. On the pie chart it breaks down the vast majority of individuals are arriving via the Internet with the second-largest segment being referred by other agencies we've had a great network with our community partners to really incite some additional referrals over to us for various individuals. We've got some information materials that have been passed out at various events where elders or individuals with disabilities may frequent to be able to drive more traffic to MassOptions . We also through our marketing campaign have recognized a good chunk of individuals coming into radio and television, newspaper and magazine and smallest of the chunks coming out of a referral from a family member. Really good and useful information for us to have. And how to did people find website, we wanted to dive deeper into this and they're such a high volume of traffic coming in on the website. Just under half are going directly to the website and that really speaks to the marketing campaign and the name recognition of mass options that we have been trying to achieve. The smaller components are being linked from another site, browser search, and other smaller components common to media and the paid search.

Some of the specific testimonials that came out of these customer survey feedbacks are things like it was a good website, it was easy to read and easy to understand because there were a lot of links to take me directly to where I wanted to go. I had one specific question but they answered a lot of questions that went along with them. The homepage is attractive, the tabs on the top can easily navigate and the sidebar. It has a lot of good information on it likes finding services and support. Information about Medicare, mass health, other insurance, care management and caregiver support. All good things to hear when we are

talking about the work we have put into the website and program. I think they call it the word blurb but the larger words are the ones that were said most often from individuals so we can see that some of the bigger words are things like helpful, understanding, knowledgeable, informative, pleasant so all of the goals we were looking to achieve being recognized there. In some of the lessons learned.

What we really learned was the marketing and social media strategy is really essential to the launch because you want that name recognition and just as we saw with the website where about half of them are coming into the website directly, that really speaks to the name recognition and that is really important component of loading a program like this. It's also important to have the multidisciplinary team that has technical operational and programmatic experts. That was so crucial to the success of the program and ongoing maintenance of the program as well. The community and business partners essential to support the multiple components. Your typing durability and scalability that allowed for ease and efficiency for future expansion and configuration. Measured the demand and scale as needed so it is not advised to build the program out so large before knowing what your specific needs are going to be. It is best to start a little bit smaller and ease into the various components that meet your specific needs for your community.

Jeff and I have provided our telephone number, email address for any questions that may come up after the fact. I think the work questions coming through during the presentation but wanted you to have this as well for anything you may think of after the fact.

Weights, Kerrie and Jeff, thank you so much. That's a wonderful presentation. I heard information before en masse options but there's always something new to learn every time I hear this presentation. It is such a rich platform and service and you are right, we did have questions coming through the chat box. One of our listeners actually asked about what CRM stands for and I'm wondering if you can maybe describe that again but also provide a little bit more information. I know within our sector we have such a range of agencies, some that heavily used technology and others that may use an Excel spreadsheet and is simple telephone service so there's lots of different levels of knowledge with some of the kinds of technology tools you talked about.

Sure. CRM is a customer resource management and is essentially what stores not just the call information but also houses and abets the referral form I was speaking of so we are able to do reporting there and able to log and track the number of calls. It really houses a number of different components and data points for each caller so callers name, colors preferred language, age, things of that nature. Nice and secure platform for us to be using. Again, it integrates with our telephony system as well. I think I had seen the question was somebody asked if this was -- if it was proprietary. It is not come it is out-of-the-box but we are able to manipulate it for it our needs with our CRM platform as well as the KMS.

One of our listeners asked about the hours of operation for your center for the chat and for the call center.

Our hours of operation are 8 AM to 8 PM and that is seven days a week.

What happens for after hours?

There is a voicemail option. Individuals that call the contact center after that can -- after 8 PM can leave a voicemail and the call will be returned the next day.

I was asked it's important for audience to understand that most of the resources that we would be referring a caller to are not available outside of the hours that we are operating and so absent the ability to make that warm handoff, we did not feel it was a good use of resources to extend the hours at all beyond the ones that we are currently operating. I would point out that is important to align your operation with your community partners that you are referring people to.

Absolutely. We have a question so if you want to scroll up a little bit, this is a few questions but I will ask them separately. The first asked how many staff do you have in the call center?

The staff that we have in the call center berries because a lot of individuals are cross trained but we have about 50 people trained on this program specifically.

The next is are they [Indiscernible] certified?

Yes, they are.

Finally, do you use any volunteers?

We do not.

We would love to if you know any.

[Laughter]

We've got one question I will read it and we'll see if it is clear. Somebody might be referring to a specific slide which we are unsure of but he says is this a report on the Beta test of the program? If so, when will it go live and how will its availability be publicized or may known other than with [Indiscernible] agencies?

I'm not sure I understand the question.

For that particular person who asked a question, maybe you want to follow-up. I'm not sure if there was a particular slide number you are referring to so we can understand the question a little bit better.

We have comments, great service and website. Than any chance of merging with one 800 -age info.

Yes. As we are working with the Executive Office of Elder Affairs to implement a lot of the same processes for the number we are having discussions about where it is appropriate to bring the two together versus keep them separate. I do not want to get ahead of that conversation and speak out of turn because there still is some stakeholder engagement discussions that we and the office of Elder Affairs need to have with some of our community partners but that is absolutely part of the discussion.

Great. We've got some more questions coming in so someone is saying I learned of this webinar through someone from the West Coast. Will this program be made available outside of Massachusetts? Maybe you could talk a little bit about your business model too. I think you may have some products that can be used by other agencies?

Sure. I think that what we have done here in Massachusetts could certainly be leveraged and duplicated in other states. We would be happy to talk to anyone who has that interest. We are not currently engaged with any other state's to build this sort of thing out but we would certainly welcome the opportunity to have that discussion. I think that everything we have built is not so customized that it could not be somewhat efficiently replicated to service another group. That is a conversation that we would welcome.

I am going to turn to the Q&A. I was taking questions from the chat but we also have some in the Q&A. The first ask, do area agencies on aging refer individuals to MassOptions for intake and referral or do they continue to complete their own intake process?

I think that really depends on the particular situation certainly some of our partners to refer to us at MassOptions for particular circumstances. But if it's best served in their own agency then I think they would proceed with any needs that would arise from individuals in that fashion. But certainly we have had referrals come through perhaps for people outside of their geographic area and things of that nature and rework closely with them.

I'm going to take on here with the question is something I was wondering about, to stations within the network such as ADRCs. How do specialist distinguish between what do I refer to an ADRC or when do I refer a consumer to a particular service given that ADRCs also provide IM and option counseling type of at what is?

There's an algorithm built into the CRM and it's dependent on the specific needs of an individual so really based on the answers that they provide to the questions that are asked it is not always black and white as I'm sure many people know in the LTSS community. Our agents really I needed to think on their feet as well is because the algorithm may say they should go to and a stop for example but they are hearing what individual is saying and recognizing maybe they are better served at an ILC or maybe they're better served at the mastery of notation commission. They can override that within the CRM because they just need to make note of it so we know the justification of why they altered that referral but certainly there needing to think on their

feet and really have that active listening to be able to depict what the needs are and what the individual is saying to be able to get them to the place they believe is going to help them the best.

Great. We have a couple of questions that touch on a similar topic so I'm going to put them together into these are really questions around how MassOptions is funded and what kind of sustainable funding do you use than a question that asks about funding development than funding your ongoing activities such as staff, phones, websites. You might want to enter those together as I think they are on a very similar topic because

Sure. The initial development and implementation of the MassOptions program was funded in large part why the policy incentives program and supplemented by funding that was made available in the state budget in the Commonwealth of Massachusetts. As we have transitioned and I will make note that the program launched in October of 2014. As we have transitioned out of the development and implementation mode and into ongoing operations in a more stabilized production environment, the funding for the program is being primarily provided through the Commonwealth and because we are operating a number of customer service operations on behalf of the Commonwealth of Massachusetts and specifically the executive office of Elder affairs, we have been able to create a very efficient model of an integrated staffing model and technology platform so that within a single pool of funding we are supporting a number of programs currently.

I don't -- I think I got to hopefully every component of that question, is there anything I missed?

I don't think so. It was really about for the funding sustainability from a development and ongoing operations perspective.

We do have some more questions coming in. One of our reviewers asks because this is a web-based resource and a lot of older adults do not have that type of communication skills, how do you reach those individuals?

Although we do offer the option for those web-based platforms and the initiation of email and what have you, our phone -- was to offer the opportunity for individuals to connect with us via telephone as well. We would be able to help individuals with that platform as well.

I think what we often find is that the consumer that is reaching out on their own behalf will more commonly contact us via the telephone. The caregivers that are acting on behalf of an elderly or disabled loved one are more commonly engaging via the web so there's a pretty clear distinction in the audience that we are reaching.

This is something I've heard from programs too and I think this is part of why there's probably a business case for multi-modality, not that telephone support is ever not in the person-to-person and essential communication but sometimes a different types of individuals with different needs refer different modalities so like my mentioning,

caregivers. They may be doing this more late at night or at different times and may use different modalities or sometimes younger individuals and it sounds like you serve consumers of all ages I have a preference for a chat or many like text. Some I&R programs that serve other people that use only contact them by text so heavy multi modes of contact and actually enable us to serve as an consumers. Some of the things I've heard from the field.

That is what we have seen.

We have a question. Are you working in Massachusetts on a similar platform for information and referral relative to the behavioral health community partners and LTSS VPs?

We are not currently working on a project of that nature. But the Commonwealth does not work with us exclusively so it's possible that something of that nature might be going on but we at this time do not have direct involvement in that.

Okay. We have a question how many unique individuals does MassOptions provides I&R during the calendar year. I don't know if you want to use last year as example if you have that data?

I don't have that data handy. But I could get it out to you after the fact.

You have a general sense of your call volume?

I think if we were putting the web visits together with the calling we are looking at a couple thousand interactions on a monthly basis.

Certainly.

It looks like we have a last question through the chat. It asks if this program and its associated website available to any individual in the Commonwealth and if so, how can I find the link to it?

It is and I think the link for the website was embedded in the presentation. Let me double check. Yes. On page 8 of the slide deck there is a link for our website directly under the snapshot of the website itself.

It will also come right up in Google search if you enter MassOptions in Google.

I was about to say you guys have done a great job with your search engine optimization because you always come up.

Thank you

Happy to hear that and it's accessible to anybody regardless of where you are, anybody can look at the website and you can also go to the Facebook page and like it.

Not that I'm pushing that, but --

Great. I think we are just at the top of the hour, but certainly if there's any additional questions, Kerrie and Jeff's contact information is up on the side and people are welcome to reach out to me too at the I&R center and I'm happy to build additional questions as well. Kerrie and Jeff, I want to thank you so much for coming and joining us again. We had a presentation and a last conference but I really appreciate you coming onto this webinar platform as well since we were able to reach a different audience and coming and sharing information with us about this wonderful platform and an opportunity to really see from an I&R perspective how technology can support our work without in any way taking away from the core functions of person-to-person support. Thank you again so much for joining us today and again, the materials from today's webinar, the slide deck and a transcript will be made available very shortly on the national -- on the website. Thank you for presenters, to all of our listeners including for your great questions and to our capture as well and we wish everyone a very good rest of the week.

Thank you so much for having us.

[Event concluded]