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Massachusetts State Plan on Aging

October 1, 2021 – September 30, 2025



Executive Office of Elder Affairs
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October 2021

Dear Partners,

On behalf of the Commonwealth of Massachusetts and the Massachusetts Executive Office of Elder Affairs, I am pleased to share the Massachusetts State Plan on Aging for 2022 through 2025. Submission of the State Plan on Aging to the U.S. Administration for Community Living is guided by the Older Americans Act of 1965, as amended, and the Commonwealth's work to ensure older people have opportunities to thrive in the communities of their choice. Our collective vision is that the Commonwealth continues to be a great place to grow up and grow older together.

The goals, objectives, and strategies documented in the State Plan on Aging reflect the voices of communities, including older adults, their families and caregivers, as well as community-based organizations and partners in the aging services network. The plan also incorporates and builds upon strategic planning efforts and recommendations, including the blueprint recommendations of the *Governor's Council to Address Aging in Massachusetts*, *ReiMAgine Aging: The Age-Friendly Massachusetts Action Plan*, and the *Massachusetts State Plan on Alzheimer's Disease and Related Dementias*. The broader policy objectives present a comprehensive state plan, which reaches beyond the scope of federally funded programs and services.

Thank you for your continued commitment and dedication to older adults and family caregivers. I look forward to undertaking this work together over the coming years.

With Gratitude,

A handwritten signature in black ink, appearing to read "Elizabeth C. Chen".

Elizabeth C. Chen, PhD, MBA, MPH
Secretary, Massachusetts Executive of Elder Affairs

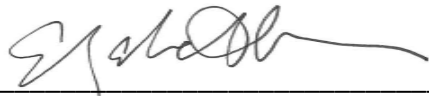
Verification of Intent

The Massachusetts Executive Office of Elder Affairs State Plan on Aging is hereby submitted for the Commonwealth of Massachusetts for the period October 1, 2021, through September 30, 2025. Included are all assurances and activities to be implemented by the Executive Office of Elder Affairs under provisions of the Older Americans Act of 1965, as amended.

As the authorized and designated State Unit on Aging in Massachusetts and in assuming the roles and responsibilities as such, the Executive Office of Elder Affairs is responsible for developing the Massachusetts State Plan on Aging in accordance with the Older Americans Act and associated regulations, policies and procedures as outlined by the Administration for Community Living. The Plan addresses Elder Affairs' role as the leader relative to aging issues on behalf of all older persons in Massachusetts. Each program managed at Elder Affairs, along with each unit within the agency plays a role in the administration and delivery of services to older adults and their caregivers and in so doing, supports the State Plan on Aging.

The Massachusetts State Plan on Aging for Federal Fiscal Years 2022 through 2025 is hereby submitted and has been developed in accordance with all federal statutory and regulatory requirements.

I hereby approve this Plan as His Excellency; Charles D. Baker's designee and submit it for approval to the Administrator and Assistant Secretary for Aging, Administration for Community Living, U.S. Department of Health and Human Services.



Elizabeth C. Chen, PhD, MPH, MBA
Secretary
Executive Office of Elder Affairs
Commonwealth of Massachusetts

July 1, 2021

Date

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Executive Summary

Massachusetts' State Plan on Aging for Federal Fiscal Year 2022-2025 serves as a required response to the Administration for Community Living of the U.S. Department of Health and Human Services, but also acts as the Commonwealth's state-level blueprint of programs, services, and strategic plans. These efforts act in concert to promote aging in community and to help older adults thrive, contribute, and engage. It is our vision that the Commonwealth is a great place to grow up and grow older together.

Our agency uses the multi-year state planning process as a way to understand community needs more deeply, to reflect on the prior years, and to ultimately set priorities, goals, objectives, and strategies for the future. This year, the Executive Office of Elder Affairs (Elder Affairs) completed this process as the Commonwealth is emerging from the COVID-19 pandemic. The six goals listed in this state plan build on the strong foundation of the aging services network and the age- and dementia-friendly movement, which played a pivotal role in keeping older people safe, informed, and engaged during the public health crisis. This plan describes the aging network's current and future priorities for its programs, as well as innovations that were developed during the COVID-19 pandemic that Commonwealth of Massachusetts intends to maintain as we emerge from this crisis.

It is important to note that the goals, objectives, and strategies documented in the state plan reflect the voices of communities, including older adults, their families and caregivers, as well as community-based organizations. The plan also incorporates other strategic planning efforts and recommendations, including the *Governor's Council to Address Aging in Massachusetts* blueprint, *ReiMAgine Aging: The Age-Friendly Massachusetts Action Plan*, and the *Massachusetts State Plan on Alzheimer's Disease and Related Dementias*. The Executive Office of Elder Affairs views the multi-year state planning process as a method to further harmonize broader policy objectives and to present a comprehensive state plan, which reaches beyond the scope of federally funded programs and services.

Massachusetts' State Plan on Aging for Federal Fiscal Year 2022-2025 includes the following goals:

GOAL 1: Support aging in community.

GOAL 2: Strengthen Massachusetts as an Age- and Dementia-Friendly State.

GOAL 3: Empower and support optimal aging.

GOAL 4: Prevent injury, violence, and exploitation of older adults.

GOAL 5: Optimize access to information and services for older adults and improve the consumer experience.

GOAL 6: Ensure quality, equity, and value in person-centered, community-based care.

Each goal includes a series of objectives and strategies as well as estimated outcomes and outputs, which are included in more detail in the [Goals, Objectives, Strategies, and Performance Measures](#) section of this document.

We recognize that this is a continuous learning process. We look forward to continuing to engage with older residents, families and caregivers, local communities, and partner organizations to inform Massachusetts' vision for aging and thriving in community. If you are an older adult, caregiver, or member of the general public and have questions or would like to learn more about our agency's work, we encourage you to contact us through email at aging.conversation@mass.gov or by calling (617) 727-7750. If you are reading this and wish to learn more about programs and services in your area, please contact MassOptions at 800-243-4636 or visit massoptions.org.

Introduction

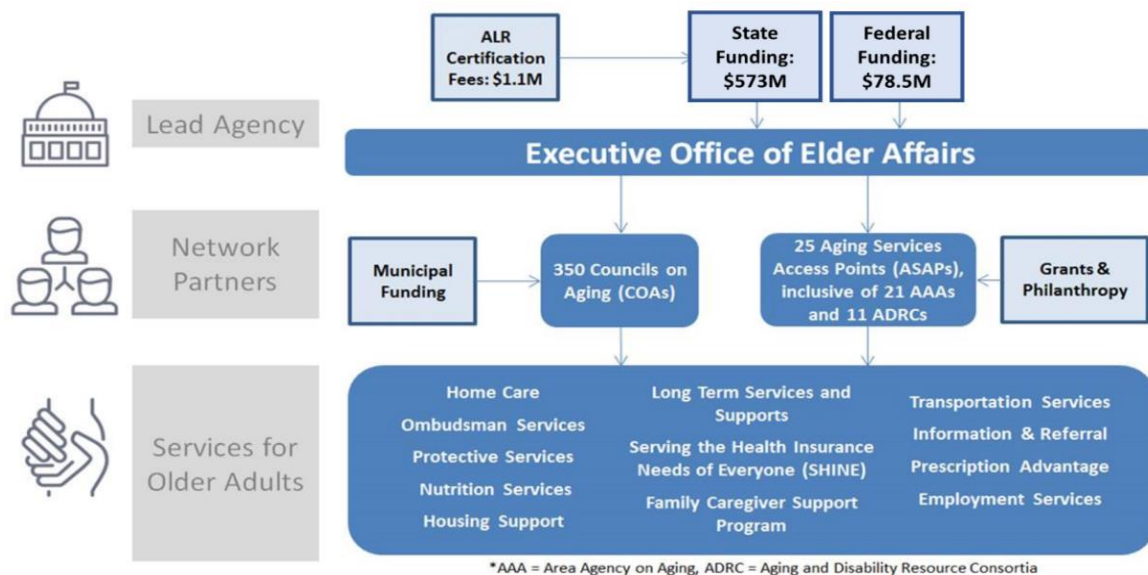
State Unit on Aging

The Massachusetts Executive Office of Elder Affairs (Elder Affairs) is the principal agency of the Commonwealth responsible for mobilizing human, physical, and financial resources to develop, implement, and evaluate innovative programs to that ensure older adults and their caregivers have opportunities to thrive in the communities of their choice.

Elder Affairs became one of the nation's first agencies responsible for addressing the needs of older people in 1971. Elder Affairs assumed its mandate to fund services in 1973 with the passage of M.G.L. c. 19A, §4. Today, Elder Affairs strives to support all 1.6 million older adults in Massachusetts and manages services to hundreds of thousands of older people across the Commonwealth through state and federally funded programs and is located within the Executive Office of Health and Human Services (EOHHS).

Through the aging services network, Elder Affairs provides programs and services locally via 21 Area Agencies on Aging (AAAs), 25 Aging Services Access Points (ASAPs), 350 Councils on Aging (COAs) and senior centers, and 11 Aging and Disability Resource Consortia (ADRCs) in communities across the Commonwealth. This network reaches older adults with services that include home care, caregiver support, nutrition programs, protective services, health and wellness services, housing options, insurance counseling, dementia and behavioral health services, and a variety of other programs and services.

Figure 1. Aging Services Network in Massachusetts



Massachusetts Executive Office of Elder Affairs Mission, Vision and Values

Our **mission** at the Executive Office of Elder Affairs is to promote the well-being of older adults and their caregivers, and help older adults thrive in the communities of their choosing.

Our **vision** is that older adults and their caregivers will have access to the resources they need to live well and thrive in every community of the Commonwealth.

Our **values** include:

- We value growing older.
- We value choice, including the choice to live in the community.
- We value the contributions that older adults and individuals with disabilities make to society.
- We value a person-centered approach that promotes dignity and takes into account cultural identities.
- We value collaboration with our partners, advocates, and other stakeholders.

About this Plan

The motivation behind the development of the State Plan on Aging, 2022-2025 (State Plan), is to lay a foundation for shaping the policy development, administration, priority setting, and evaluation of State activities related to the Older Americans Act of 1965 (OAA), as amended in 2020. The State Plan serves as a valuable tool and blueprint in disseminating programs, services, and opportunities to support aging in community. In establishing the priorities that Massachusetts will engage in over the next four years, the document serves as a vehicle for services currently established as well as a structure to highlight opportunities and long-term plans.

Massachusetts Aging Network and State Plan Environment

The cohort of Americans who are age 65 and older is growing, both nationally and here in Massachusetts. By 2030 all baby boomers in the US will be older than age 65 and 1 in every 5 residents will be at or above retirement age. In Massachusetts, 21% of the state's population is over 60. It is anticipated that in the next decade, over 30% of the population in almost every municipality in the Commonwealth will be over the age of 60. By building connections and expanding partnerships, Elder Affairs continues to embrace the opportunities associated with an aging population.

Area Agencies on Aging

In Massachusetts, there are 21 AAAs representing a similar number of Planning and Service Areas (PSA). PSAs are collections of communities that any given AAA serves. PSAs in the Commonwealth range in size and composition from a single city (e.g., Boston) to ones that serve over 30 cities and towns. The partnership between Elder Affairs and the AAAs continues the advocacy championed in the OAA by developing greater capacity and fostering the development and implementation of comprehensive and coordinated systems and services to serve older adults.

As required within the OAA, the Massachusetts State Plan is prepared every four years and submitted to the Administration for Community Living (ACL) within the US Department of Health and Human Services. In a similar manner, each of the 21 AAAs is required to submit a four-year Area Plan on Aging that describes their efforts, opportunities and proposals that will engage older adults and their caregivers within their PSA. Elder Affairs' collaboration with the AAAs includes advocacy, planning, interagency linkages, information sharing, program development, and monitoring and evaluation toward achieving efficient and quality driven programs and services. Elder Affairs and the AAA network enable older adults and individuals to have access to the resources they need to live and thrive in the Commonwealth.

Statewide Strategic Initiatives on Aging

In addition to providing programs and services through the aging services network, the Executive Office of Elder Affairs conducts strategic policymaking with a wide array of state partners and external stakeholders. Most notably, the Elder Affairs supports three strategic initiatives on behalf of the Commonwealth and the Baker-Polito Administration:

Governor's Council to Address Aging in Massachusetts

In April of 2017, Governor Baker signed Executive Order 576 to create a [Council to Address Aging in Massachusetts](#). The Council was charged with developing a blueprint to promote healthy aging in Massachusetts, and to achieve the goal of making the Commonwealth the most age-friendly state for people of all ages. The [blueprint](#), inclusive of 28 recommendations, was released a year later and focused on four key elements:

1. Improving economic security.
2. Ensuring access and affordability of health and supportive services necessary to maintain maximum health and independence.
3. Promoting age friendly communities.
4. Facilitating connection and engagement.

Promoting access, equity, cultural competency, and inclusion, as well as leveraging innovation and technology, were identified as important cross cutting themes in this work. The recommendations continue to be implemented by a cross-sector team at the Commonwealth, advocacy groups, and other local partners.

ReiMAgine Aging: The Massachusetts Age-Friendly Action Plan

For the Commonwealth of Massachusetts, coordinating and aligning age- and dementia-friendly initiatives into a statewide movement is a natural progression of grassroots work that started over 10 years ago. The strength of the commitment to make the Commonwealth [age- and dementia-friendly](#) comes from over a decade of foundational work laid by municipalities, philanthropies, and community-based organizations. To strengthen and amplify this work, the Commonwealth submitted its application to join AARP's Network of Age-Friendly States and Communities in 2018. The following year, the state submitted its action plan titled [ReiMAgine Aging: Planning Together to Create an Age-Friendly Massachusetts](#) to AARP, outlining the state's vision, goals, and strategies to become an age-friendly Commonwealth.

ReiMAgine Aging incorporates the work of the Governor's Council to Address Aging and statewide partners including AARP Massachusetts, Dementia Friendly Massachusetts, Healthy Living Center of Excellence, Massachusetts Councils on Aging, Massachusetts Healthy Aging Collaborative, Tufts Health Plan Foundation, and many other community and statewide organizations. The plan's six goals include:

1. **Community:** Deepen and strengthen age- and dementia-friendly efforts to be inclusive of all communities and populations.
2. **Information and Communication:** Communicate information in an accessible and user-friendly manner to residents, organizations, and municipalities.

3. **Reframing:** Change the conversation about aging from a “challenge” to an “asset,” increase literacy about issues related to aging, and eliminate ageist images and expressions in language and across social, print, and other media.
4. **Policy and Practice:** Encourage the adoption of age-friendly policies and practices in all sectors.
5. **Economic Security:** Take specific actions to improve economic security of older adults and caregivers.
6. **Sustainability:** Leverage existing structures to sustainably guide and support the work of Age Friendly Massachusetts and partner initiatives.

In May 2021, the Commonwealth submitted the [Year Two Progress Report](#) to AARP, which showcased the strength and resilience of older adults, communities, and the many organizations involved in the age- and dementia-friendly movement.

Alzheimer’s Advisory Council

The Massachusetts Alzheimer's Advisory Council was established under *Chapter 220 of the Acts of 2018* and charged with advising the Executive Office of Health and Human Services and the state legislature on policies around Alzheimer's disease and related dementias. The Council is composed of a diverse panel of caregivers, clinicians, dementia advocates, health care providers, legislators, public health professionals, and researchers. The Secretary of the Executive Office of Health and Human Services serves as Chair to the Council. This role has been delegated to the Secretary of the Executive Office of Elder Affairs since February 2020.

Since its inception, the Council has listened to the voices of individuals affected by dementia and has identified and discussed issues faced by these individuals as well as their families and caregivers. In 2021, the Council published the [Massachusetts State Plan on Alzheimer's Disease and Related Dementias](#) (i.e., Alzheimer's State Plan). The Alzheimer’s State Plan includes seven areas of focus, as well as recommendations and an implementation plan in each of the following areas:

1. Caregiver Support and Public Awareness
2. Diagnosis and Services Navigation
3. Equitable Access and Care
4. Physical Infrastructure
5. Public Health Infrastructure
6. Quality of Care
7. Research

These three initiatives – each with their own priorities and recommendations – complement one another as well as the goals, strategies, and objectives stated in the 2022-2025 Massachusetts State Plan on Aging.

Impact of COVID-19

Like every state in the nation, the aging services network in Massachusetts will be forever impacted by the COVID-19 pandemic. The Commonwealth’s network of state agencies and local partners, as well as the older adults and their caregivers we serve, rose to meet the challenges presented by COVID-19. The network was quick to protect the health and safety of older people in Massachusetts, while innovating new ways of serving them during this unprecedented time.

The early days of the pandemic were marked by uncertainty and fear. During this time, older adults and their caregivers turned to the aging network to help them meet their basic physical, social, and

emotional needs amidst the new physical distancing and other public health requirements. The aging services network helped to apply the general public health guidance to the unique situations that older adults, their families, and direct care workers face on a daily basis. The network also mobilized essential resources such as personal protective equipment, meals, medical supplies and equipment, and direct care services. As the early emergency situation stabilized, the network shifted its attention to supporting vaccination efforts and adapting its other services and supports to be able to function remotely. The aging network was instrumental in planning, executing, and supporting vaccinations for older adults, including those unable to leave their homes. With this close partnership between the aging services network and other state stakeholders, as of June 2021 Massachusetts has vaccinated 1.08M (91%) of people ages 65 and older in the Commonwealth¹. Also during this time, the network has created new offerings and tailored existing services to help older adults be able to continuously do the things they love doing, albeit from a distance.

Amidst this once in a lifetime challenge, the aging network seamlessly managed changes related to its own workforce. Offices and other community buildings that were once bustling pre-pandemic suddenly shut down in March 2020. Those who transitioned to remote work did so quickly and effectively, and those whose work required an in-person presence continued to do so using all safety and health precautions during tremendous uncertainty. As of June 2021, Massachusetts has ended the State of Emergency, as well as lifted most public health guidelines, including capacity limits and other restrictions. The aging network has reopened and continues to bring an increasing number of older adults and their caregivers back into our service locations each day.

The COVID-19 pandemic tested every aspect of our network and required the endurance and strength of older adults across the Commonwealth. There was also tremendous loss and heartbreak during this time. From this depth, Massachusetts emerges from this experience more resilient, more innovative, and more steadfast in the importance of Home and Community Based Services (HCBS). Each of the following sections describes adaptations that were made during the COVID-19 pandemic, as well as policy or operational changes that Elder Affairs is considering retaining permanently.

American Rescue Plan Act of 2021

As of this submission, Elder Affairs is beginning to plan its approach to spending the significant grant funds awarded to the Commonwealth. During the period of this plan, Elder Affairs will be partnering closely with AAAs and other local partners to ensure that we are collectively investing in the core OAA programs and services, as well as widening and deepening our service portfolio for older adults and caregivers. This will also include strengthening existing partnerships and considering new alliances that will make it easier and more accessible to age in community. The American Rescue Plan Act funding is a remarkable opportunity to make meaningful investments that will expand our networks reach and contributions to the people we serve.

¹ June 24, 2021. MA Department of Public Health COVID-19 Dashboard. Weekly COVID-19 Vaccination Report. <https://www.mass.gov/doc/weekly-covid-19-vaccination-report-june-24-2021/download>

Massachusetts State Plan on Aging, 2022-2025 - Context

The Massachusetts State Plan on Aging, 2022-2025 Context provides a view of the Executive Office of Elder Affairs plans, policies, and progress to assure that older adults and their caregivers have access to an aging services network that promotes thriving communities. The Context begins with a review of Older Americans Act core programs and culminates with a look at expressed needs of older adults and caregivers within the Needs Assessment Project.

Older Americans Act Principal Programs

Pursuant to the OAA, Elder Affairs works in partnership with 21 AAAs for planning, policy development, administration, coordination, priority setting, monitoring, and evaluation of community-based activities and programs. The OAA provides access to services which make it possible for older individuals to remain at home, thereby preserving their independence and dignity. Through grant awards, AAAs support a wide range of local services, including needs assessments, service planning coordination, home and community-based support services, legal assistance services, information and referral, home-delivered and congregate meals, family caregiver support services, ombudsman, and transportation services.

Programs and services funded in part by Title III and Title VII of the OAA routinely provide in-home and community-based services to approximately 300,000 older adults and their caregivers in the Commonwealth. The ACL and Elder Affairs connection – drawing on opportunities delivered under the OAA – is a vital partnership in Massachusetts that supports aging in community. Presenting plans and opportunities for development during the 2022-2025 planning period, the following demonstrates valuable support for older adults to access the resources they need to live well and thrive in the community of their choice.

Title III-B Supportive Services



In FFY2020, the AAA network incorporated Title III-B, state, and other resources to provide:

- 392,625 One-way Transportation Trips
- 27,241 Hours of Legal Assistance
- 200,762 Information & Assistance Contacts
- 66,510 Service Outreach Contacts

Title III-B Supportive Services provides access to a range of HCBS that enable older adults to thrive in the community setting of their choice. Title III-B Supportive Services are person-centered and designed to help older adults to access community facilities and services. Title III-B Supportive Services include but are not limited to:

- **Access services** – transportation, case management, and information and assistance
- **In-home services** – personal care, chore, and homemaker assistance; and
- **Community services** – legal services, mental health services, and adult day care

Access Services

Thriving in the community inevitably requires the ability to access essential services through transportation and delivery options. Transportation services help older adults to access Adult Day

Programs, medical appointments, community appointments, and other services. Accessing transportation programs ensure older adults have access to health care providers, grocery and shopping, and important appointments and social engagements. This is an important service that helps older adults to live and thrive in the community. This is especially critical for rural areas with limited public transportation. Recognizing the hesitancy of older adults to food shop during the pandemic, AAAs developed additional grocery shopping services using volunteers and community resources. These services and delivery methods will continue to provide older adults the critical means to access programs and services that preserve living in their communities post-pandemic.

Access to community services is provided by each of the 21 AAAs through Information and Assistance (I&A, or often referred to as I&R, Information and Referral) programs that provide a gateway to services and connects older adults, individuals with disabilities, their families and caregivers with information, resources, and supports necessary for making informed choices. Information on community resources is also promoted through programs and services at local health fairs, participation in speaking engagements, panel discussion membership and various outreach events. While I&A departments exist as the gateway to all AAA programs and services, the larger role is that of community participant in establishing and cultivating partnerships that deliver focused services to older adults, individuals with disabilities, and their caregivers.

In-Home Services

During normal circumstances, social isolation is an ongoing challenge for many older adults. The COVID-19 pandemic magnified the conditions for isolation and physical separation and forced the AAA network to develop new methods to address loneliness and isolation in an environment that restricted face-to-face interaction.

The aging network recognized the necessity to transition standard services from in-person connections to other designs to address the new environment. The aging services network created new methods to maintain and improve consumers' welfare and developed unique opportunities to serve older adults and their caregivers. For example, the aging network used telephone well-being check-ins as a technique for reaching isolated consumers, which will remain as an option post-pandemic. Additionally, in-person visits transitioned to telephone or video visits via Zoom and FaceTime. Routine in-home services required new methods for delivery – especially in several instances where the pandemic created reduced driver and personnel availability. To address this, Elder Affairs created new in-home services that provided care in longer duration or combined multiple functions together to minimize the number of people who needed to enter each home. As described below, the Nutrition program also adapted to provide new and expanded nutritional resources for older adults to have in their home.

While the environment was positioned to create isolation for older adults and their caregivers, the aging services network created possibilities and connections with a commitment to current and future objectives. The use of telehealth video platforms, virtual counseling sessions, loaning or providing tablets to at-risk consumers, and expanding community partnerships to reach larger audiences will be the focus of future strategies as the network recognizes these efforts connect isolated older adults with services and programs. Title III-B Supportive Services funding will be used as a strategic resource to address the unique nature of consumers isolated in their communities. With a focus on person-centered practices, AAAs are committing to reducing isolation by connecting older adults with services and resources. Elder Affairs and the AAAs are exploring strategies over the next year to procure and/or loan tablets, with appropriate IT support, to make it possible for older adults to participate in virtual counseling sessions as well as connect virtually with health care providers, family members, and friends.

The programs, services, and supports provided under Title III-B Supportive Services create an environment that promotes independence, with community services a key support of that mission. To provide older adults the tools to thrive in the community of their choice during the pandemic, the AAA network provided consumers tablets to access therapies and telehealth appointments, as well as developing virtual classes for remote participation of health promotion activities and social engagement efforts. Additional efforts included assisting older adults to acquire adaptive technology in their homes, providing funding to make minor home repairs, offering essential counseling services, and providing legal services to consumers at risk of eviction.

Legal Assistance, an OAA priority service, plays a critical role in promoting autonomy for older adults in the community. In partnership with AAAs, Legal Service Corporations (LSC, see focus area, [Elder Rights – Tools and Resources to Empower](#) below) continues to dispense legal advice and counsel to older adults about their housing issues along with advising aging network providers on how to address the most vulnerable older adults, including those with limited English proficiency. While courts were closed for several months during the pandemic, legal advice was provided to older adults who were facing eviction by telephone and online consultations. In preparing for the post-pandemic legal housing environment, at-risk consumers were identified, provided with stabilization services, and followed to ensure consistent intervention. Additionally, online legal services training and housing rights advocacy will continue to be a goal of the partnership between the LSCs and the aging network.

In commitment to Indigenous people, including American Indian, Alaskan Native, and Native Hawaiian older adults in Massachusetts and in development of continued connections with Title VI of the OAA (Grants for Native Americans), Elder Affairs will continue the established open line of communication with the three federally recognized Tribes in the Commonwealth, including the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah), and the Nipmuc Nation. The Tribes and the AAA in the area, Elder Services of Cape Cod and the Islands, partnered during the COVID-19 pandemic to offer resources and financial support for food to assist older adults in the Tribe who were experiencing food insecurity. The SUA is routinely engaged in communications between the Tribes, AAA, and SUA, including participating in past site visits, discussions, and telephone meetings. In offering a pledge to continue working with the Tribes and the AAA, Elder Affairs will explore possibilities for partnerships within the next four years. Such opportunities include trainings about aging service community programs, continued collaborations on shared commitments across Title III and Title VI, and partnership building to share best practices.

In projecting future plans for Title III-B services generally, Elder Affairs and the AAAs will focus on the following plans and strategies:

- Strengthen existing service infrastructure and improve the quality or availability of services. This may include replacing or upgrading equipment, strengthening the existing workforce or volunteer-force, expanding the number of service locations, and serving more older adults. This will include engaging with communities that have not been connected to the aging services network, providing more tailored services, etc.
- Create new services to meet unmet needs identified by the AAAs – which have not already surfaced from the 2021 Needs Assessment Project – and design new service options to address existing service gaps as appropriate.
- Identify infrastructure investments that will provide long term stability, such as new or upgraded equipment that is necessary to operate OAA programs.

- Expand AAA partnerships with current partners and create new ones to strengthen the availability of aging services statewide. This will include developing and expanding partnerships with ASAPs, Councils on Aging, community agencies, and other local stakeholders.

The COVID-19 pandemic required the AAA network and their providers and partners pivot to new or adjusted methods and practices for providing community services and programs. As the network emerges from the COVID-19 pandemic, and in planning for the next several years, examining and embracing what has worked well during the pandemic will serve the larger goal of supporting aging in community in the next several years.

Ombudsman Programs



FFY2020 data highlights provided under the Long-Term Care Ombudsman Program:

- There are 269 ombudsmen in Massachusetts, serving skilled nursing facilities, rest homes, and assisted living residences across the state, with 11,819 total hours donated by volunteers.
- Of the complaints received during the COVID-19 pandemic, 95% were verified and 71% were resolved or partially resolved by the Ombudsman program (25% were withdrawn and 2% were ultimately referred to other agencies for follow-up).
- The principal complaint categories were Care (32%), Autonomy/Choice/Rights (16%), and Environment (10%).

The advocacy for and promotion of rights for residents living in long-term care facilities is a critical goal of Elder Affairs and the AAA network. The Office of the State Ombudsman provides Title III and Title VII funding to 19 AAAs that serve as designated host agencies for local programs across the state to protect the rights of vulnerable older people and work to improve the quality of life and care of residents in long term care settings. Long-Term Care (LTC) Ombudsmen offer support to residents and their loved ones in voicing complaints and addressing concerns, safeguarding the goal that residents live their lives with dignity and respect. Ombudsmen provide education and orientation to residents, facility staff, and community organizations on many topics, including residents' rights, abuse, neglect, and mistreatment, and how to choose a nursing home, rest home, or assisted living.

In 2020, the Commonwealth changed the reporting relationship of the Office of the State Ombudsman to report to the Executive Office of Health and Human Services (EOHHS), which is the secretariat that oversees Elder Affairs. EOHHS and Elder Affairs partner to ensure this office has the independence it needs to fully serve older adults in Massachusetts.

During the past three years, the Assisted Living component of the Ombudsman program has become fully integrated within the LTC Ombudsman Program and is in the midst of expanding statewide.

Recognizing new partnerships and engagement in long-term care facilities, the Office of the State Ombudsman has entered into an agreement with the Holyoke Soldiers Home to provide ombudsman services as a parallel track to the existing LTC Ombudsman Program. Although the Soldiers Home is governed by a different set of regulations and oversight, the essential tenets of quality of life, dignity, and respect are shared values. Plans include a dedicated Soldiers Home Ombudsman Specialist, who will develop relationships with residents, families, staff, and other stakeholders, and work alongside others to provide individual and systems advocacy as a voice for the residents of the Soldiers Home.

As a result of the LTC Ombudsman program pivoting quickly during the pandemic to a virtual training and certification model for its paid and volunteer staff, the program was able to continue its recruitment during the pandemic. Adopting this best practice, the change has proven to be a model for future training and will continue after the pandemic. Additionally, the LTC Ombudsman program has received funding through the Elder Justice Act for a new recruitment initiative, which will occur during the term of this plan.

The Community Care Ombudsman helps older people who live in the community to review and resolve service complaints. Although funded with state resources, the Community Care Ombudsman provides an important service to older adults and is operationally incorporated with the Title III-funded Ombudsman Programs to provide the broadest possible commitment to elder rights. The Community Care Ombudsman can be reached at (617) 727-7750/711 TTY, and address concerns with the following services:

- Home health care,
- Community-based MassHealth programs,
- Home care funded program, and
- Federal or private pay elder care programs.

Title III-C Congregate (C1) and Home Delivered (C2) Nutrition Services



Title III-C Nutrition Programs, under the administration of the AAA network, reported:

- 9,282,596 Home Delivered Meals Served to 50,884 Eligible Individuals
- 1,044,101 Congregate Meals Served to 23,217 Eligible Individuals
- 5,751 Units of Nutrition Counseling (individual guidance) Provided to 2,410 Consumers
- 1,779 Units of Nutrition Education (group or individual) Provided

The Senior Nutrition Program (as identified in MA) administers and coordinates 29 local nutrition programs throughout the state, routinely serving 9.4 million nutritionally-balanced meals to older adults per year. The FFY2020 experience under the COVID-19 pandemic recorded approximately 10.3 million meals provided to 74,000 older adults. Elder Affairs served 924,000 more meals in FFY20 than in FFY19 due to a decline of meals served at congregate sites and a marked increase in home delivered meals. Funded in part by Title IIIC-1 and IIIC-2, the program includes nourishing meals, screening, education, and counseling, to help older people be nutritionally healthy. Meals are provided at congregate meal sites and through home-delivered meals to people 60+.

The program addresses multiple issues faced by older adults, including poor nutrition, food insecurity, chronic disease, and social isolation. Meals are provided at more than 325 congregate sites and are delivered to older adults in their homes. There are approximately 7,000 volunteer drivers who contribute about 450,000 hours yearly. The program provides multiple culturally-appropriate meals including: Kosher, Russian, Latino, Hindu/vegetarian, Chinese, Caribbean, Southern/traditional, Italian, Haitian, and Cambodian. The program also provides therapeutic meals including modify (low sodium, fat, no concentrate sweets), diabetic, heart healthy, renal, and mechanical soft diet (chop, ground, and puree). Additionally, FFY2020 Nutrition Survey data indicates the following.

- 84% of Home Delivered Meals (HDM) recipients reported that the meals help them to live independently.
- 93% of HDM recipients would recommend the program to a friend.
- 71% of HDM respondents reported it is their main meal of the day.
- 86% of HDM clients reported they are less lonely because of the program.
- 53% of congregate clients reported that the meal contributes to ½ or more of their total daily intake (*circumscribed data per COVID-19*).

ACL also provides Nutrition Service Incentive Program (NSIP) funding to support Title IIIC Nutrition Programs. The NSIP funding provides an incentive to serve more meals and can be used to purchase domestically produced food such as milk, fruit, vegetables, protein products, etc. that are used in a meal.

The ability to pivot and take on new challenges defines the Senior Nutrition Program. That work will continue to define operations and services that will meet the demand of older adults over the next four years. The Nutrition Program adapted its offerings and services in several ways during COVID-19, and with a view to recognizing achievements and also exploring future needs and forecasting responses, community-based nutrition programs are re-focused to address the following issues:

- **New meal options** - Home meal delivery increased by 30% to 30,000 meals daily over the course of the pandemic. Congregate meals programs using “Senior on the Go” buses to provide grab and go offerings and mobile markets (averaging 2,000 meals daily). Going forward, the program will continue to offer flexible options to meet the changing needs of older adults and resume in-person congregate dining whenever possible to provide opportunities for socialization.
- **Higher volume of meals per delivery** - The Commonwealth used Family First Coronavirus Respond Act (FFCRA) funds to distribute seven days of frozen or shelf stable meals to 85,000 older people and participated in the US Department of Agriculture Farmers to Families food box program, completing two rounds of deliveries to over 34,000 older people in need in the community by September 2020. Shelf-stable meals will continue to be provided, and replenished as needed, for older people to have on hand in the case of storms and any other unforeseen disruptions in service.
- **Emergency meal supplies** - In addition to providing shelf stable meals directly to older adults, the nutrition program stockpiled frozen and shelf-stable meals and supplies at the beginning of the pandemic to guard against closures in regional kitchens. This step prevented breaks in service to thousands of consumers when closures were required for deep cleaning and staff quarantine. The program will continue to have an adequate supply of frozen and shelf-stable meals on hand at the distributor and/or caterers in case of disruption to meal services.
- **Wellness checks** - Addressing the challenge during the pandemic to stay socially connected with older adults and their caregivers was a vital effort for the programs. To assist with this, local nutrition programs included daily wellness checks with high-risk consumers, utilized video call technology to record videos with online posting and on local cable access TV, and recorded video calls covering subjects to include cooking and nutrition education. Programs will resume in-person nutrition education when feasible but also plans are in place to continue utilizing technology to offer remote education in benefit to homebound older adults.
- **Social media campaigns** - The Massachusetts Commission on Malnutrition Prevention among Older Adults and partners launched a new social media campaign to promote food access programs and emphasize the need to check on the nutritional health of our older neighbors. The

#BeaNutritionNeighbor had 113 Campaign Placements across Facebook, Twitter, and LinkedIn, and a total 108,000 followers were reached via social media during the Malnutrition Awareness Week 2020. A new social media campaign, with messaging framed around a post-pandemic environment, is being developed for Malnutrition Week 2021 and will be targeted to an even larger distribution group.

The Senior Nutrition Program will continue to collaborate with the AAA network to address both exposed needs and those issues and challenges currently in discovery. As one of the more prevalent consumer-facing services under Elder Affairs umbrella of programs, fine-tuning and adjusting are necessary to deliver satisfactory consumer experiences. The work to re-focus direction that was required in the COVID-19 environment will continue to direct the Senior Nutrition Program in the next four years. The ability to pivot to new demands and environments was critical under the pandemic, and in shaping a post-pandemic environment, the Senior Nutrition Program will evolve as necessary to define, address and confront new challenges and needs.

Title III-D Preventive Health Services



The three commonly offered Title III-D Evidence-Based Programs in FFY2021 included:

- Matter of Balance
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program

The purpose of Title III-D Preventive Health Services is to provide older adults with evidence-based programs to improve health and well-being and reduce disease and injury. Service delivery under Title III-D in Massachusetts is in support of healthy living and promotes healthy choices since many chronic conditions are preventable, treatable, or manageable. Furthermore, offering evidence-based disease prevention and health promotion programs within the AAA network often reduces the need for costly medical involvement in the future. Elder Affairs joins with community-based organizations to offer programs that help those living with chronic health conditions and their caregivers acquire the tools to better manage their conditions. Evidence-based health promotion and disease prevention programs help older adults to access the supports they need to remain healthy and independent.

Many older adults are at risk of falling. In recognition of this reality, Massachusetts established the Commission on Falls Prevention as a statutory body charged with investigating the serious public health issue of older adult falls and recommending strategies to reduce falls/fall-related injuries and the associated health care costs. Web-based resources on Older Adult Falls Prevention, including Commission recommendations, can be found at [Massachusetts Commission on Falls Prevention](#).

Recognizing the role of Elder Affairs and the AAA network in reducing the incidence of older adult falls, the Massachusetts Statewide Needs Assessment Project released PSA correlated data to identify homecare falls assessment. The data identifies current consumers' risk of falling and includes measures to identify referrals to falls intervention programs. In offering solutions, the AAA network is pledging during the 2022-2025 planning period to meet the need to address falls prevention to include services and information at Councils on Aging and senior centers, meal sites, and other appropriate locations across the Commonwealth.

Title III-D funding with Elder Affairs direction is also contributing to a number of other evidence-based services targeted at other needs beyond falls prevention. The Healthy Living Center of Excellence (HLCE) represents a unique collaboration of community-based organizations, aging service providers, health care systems, governmental agencies, and healthcare payors; all with the shared goal of transforming the traditional health care delivery system. Led by a medical care provider (Hebrew SeniorLife), a community-based organization (Elder Services of the Merrimack Valley and North Shore), and an Advisory Committee representing diverse community stakeholders, HLCE represents an integrated delivery system which leverages the expertise and resources of the community to achieve better care, better health, and lower costs. HLCE promotes and inspires older adults and their families to take more active roles in their care, quality, and proven interventions. HLCE's resources can be accessed at healthyliving4me.org.

To ensure widespread dissemination of evidence-based healthy aging programs throughout the Commonwealth and nationally, the HLCE strives to promote medical and community collaboratives in a manner that ensures programmatic fidelity using culturally competent models. Some of the offered programs include:

- A Matter of Balance Program,
- Better Choices, Better Health Program,
- Chronic Disease Self-Management Program,
- Chronic Pain Self-Management Program,
- Diabetes Self-Management Program,
- Healthy Eating for Successful Living in Older Adults,
- Powerful Tools for Caregivers,
- Savvy Caregiver, and
- Tai Chi for Healthy Aging.

In anticipation of additional resources under the FFY2021 American Rescue Plan Act funding release, Elder Affairs will be exploring viable Title III-D program guidance implementations to assist AAAs in building capacity for evidence-based health promotion and disease prevention programs.

Title III-E Massachusetts Family Caregiver Support Program



FFY2020 service data recorded under the Family Caregiver Support Program includes:

- 2,418 Total Caregivers were Provided Services
- 2,178 Caregivers received 6,500 Counseling Units (one session per participant)
- 313,565 Information Services were provided to 2,283 Individuals

The Massachusetts Family Caregiver Support Program (MFCSP), funded through Federal Title III of the OAA, provides a range of support services to family and informal caregivers to assist in caring for loved ones. The program serves individuals caring for a spouse, relative, or friend aged 60 and older, or a younger individual with dementia-related disorders, and grandparents aged 55 and over caring for children 18 or younger, and grandparents or other relatives (including parents) caring for an adult with a disability. After an in-depth assessment of the caregiver's needs, the program provides information about available services, assistance in accessing services, individual counseling, support groups and

caregiver training, respite services, and other supplemental services on a limited basis (such as transportation, personal emergency response systems, adaptive equipment, and other services).

Approximately one million family caregivers provide care to older adults every year in Massachusetts. Family caregivers face their own economic risks due to incorporating this additional role into their lives. Caregiving can take many forms, including caring for an older parent, a partner diagnosed with a serious illness, or a child living with a disability. Caregiving involves helping someone with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) such as eating, grooming, medication management, grocery shopping, and financial management.²

Elder Affairs has engaged with AAAs, employers, employees, and the general public to provide resources to support caregivers and to celebrate the role of caregivers. Focused on promoting person-centered supports and in developing tools and services that address caregivers' needs, the following features of the MFCSP address current practice and adoption of best practices for future program approaches, including:

- **Engaging with Employers to Support Family Caregivers:** Since 2018, Elder Affairs has been engaged with the Massachusetts Business Roundtable, Massachusetts eHealth Institute, and several other employers who are dedicated to supporting family caregivers in the workplace. This cross-sector "[Massachusetts Caregiver Coalition](#)" publicly launched in November 2019 to generate increased awareness of caregiving as a workforce opportunity. The Coalition hosted a series of five free webinars during the COVID-19 pandemic to raise awareness, share stories and provide practical resources to support family caregivers. The series ended with a special one-year anniversary webinar during Family Caregiver Month in November 2020 and reflected on why and how employers can support their caregiving employees.
- **The [Massachusetts Employer Toolkit](#)** publication raises awareness of family caregiving as a workforce opportunity and provides employers with resources and ideas for supporting their workforce.
- **Proclaiming Family Caregivers Month:** Each November, the Commonwealth declares Family Caregivers Month, with Elder Affairs and the AAA network promoting the proclamation that promotes and celebrates family caregivers.
- **Revising the Caregiver Assessment Tool:** In 2020, the MFCSP began using a new Caregiver Assessment Tool to better enable caregiver specialists to learn more about the caregiver's situation and discuss strategies to relieve their concerns. This assessment is more focused on the caregiver compared to the prior assessment that was focused on the needs of the care recipient.
- **Adopting COVID-19 Lessons Learned:** MFCSP adapted to COVID-19 in numerous ways. First, they increased the number of virtual touchpoints with family caregiver, including conducting wellness checks. Second, they provided enhanced supports and services to caregivers during the pandemic (e.g., purchasing or lending technology, dropping off care packages, and facilitating additional support groups for caregivers). Elder Affairs continues to support the caregiver specialists who administer the program, through regular outreach, workgroups and monthly newsletters with helpful resources and tools to support the caregivers in their program.

Technology changes are becoming more advanced and current tools help family caregivers and their families to align multiple demands with available services. These include websites, apps, sensors, devices, and digital health platforms. Technology helps caregivers find what they need, stay organized, and connect with others. It also helps older adults and those living with disabilities stay independent. In

² <https://www.caregiver.org/caregiving>

foresight of technology that can assist family caregivers, the following state resources present possible connections:

- [MassMatch](#) connects people to Assistive Technology for help with communication and mobility.
- [The Massachusetts eHealth Institute](#) is the designated state agency for health technology.
- [Massachusetts Broadband Institute](#) aims to make affordable high-speed Internet available to all homes, businesses, schools, libraries, medical facilities, government offices, and other public places across the Commonwealth.

With the intensity of care needs increasing, caregivers can fall into an economically insecure situation due to reducing their employed working hours to accommodate higher caregiving demands, paying for professional care to supplement their own caregiving capacity, or neglecting their own health care needs, which may have increased due to lack of time for self-care.

Elder Affairs and the AAA network will partner to use data, collaborative designs, pandemic lessons learned, and best practices to lead the MFCSP into the 2022-2025 period. Efforts that address the often-demanding work on caregivers and the older adults in their care.

ACL Discretionary Grants and Linked Resources

In addition to OAA formula grants, ACL issues discretionary grants and other funding sources to provide a fuller offering of programs and opportunities to promote community living. ACL discretionary grants are primarily directed at expanding opportunities support older adults to age in the community of their choice. The following discretionary grants provide opportunities to develop person-centered programs and services for older adults and their caregivers.

Aging and Disability Resource Consortia (ADRC): No Wrong Door Network

The Aging and Disability Resource Consortia (ADRC) began in 2002 as a jointly sponsored national initiative funded by ACL and the Centers for Medicare and Medicaid Services (CMS). The goal was to create visible, trusted places in the community that provide a coordinated system of information and access to long term services and supports for individuals, family members and providers, regardless of age, disability, or income. The Massachusetts ADRC model specifies collaboration and equal partnerships between ASAP/AAAs, Independent Living Centers (ILCs) and other community-based agencies including organizations that support veterans, behavioral health providers, Councils on Aging, organizations serving people with intellectual and developmental disabilities, recovery learning communities, community health centers, local housing authorities, hospitals and many other local health and social service agencies and providers.

The primary mission of the statewide ADRC model is to ensure consumer access to services through a “No Wrong Door” (NWD) process creating a seamless, coordinated system of information delivery and access to community-based, long term services and support programs.

The creation of the Options Counseling program has strengthened the collaboration between the partnership agencies. ASAP/AAA and ILC staff are working closely together to create and provide service to the public, with increased knowledge of community-based options and more sensitivity to previously less familiar populations. Through the increased sharing of information among all ADRC partners, individuals receiving Options Counseling are assured comprehensive, skilled assistance. Elder Affairs and the Massachusetts Rehabilitation Commission (MRC) administer the ADRC model in partnership with 11 ILCs and 26 ASAP/AAAs. There are 11 regionally based ADRCs in Massachusetts.

With sustained support from ACL, Elder Affairs and MRC are helping the ADRCs to increase utilization of assistive technology to help support consumer goals, improve capacity to provide person-centered counseling and planning, and deepen their collaboration with the Department of Mental Health to promote access to behavioral health resources throughout the aging and disability community. Additionally, collaborations with regional housing providers foster on-site peer-to-peer support groups for people with behavioral health issues.

ADRC No Wrong Door COVID-19 Relief Project

The purpose of this grant is to support the efforts of Massachusetts' Aging and Disability Resource Consortia (ADRC) to respond to COVID-19, and to continue to offer information, referral, and access to home and community-based services and supports and care transitions during the COVID-19 pandemic. Progress to date includes provision of assistive and communication technology to consumers and aging and disability service staff to facilitate case management, personal protective equipment to consumers and staff to facilitate face-to-face encounters, and delivery of food and other necessities. Additional funding has been spent on training in Assistive Technology for aging and disability network staff.

While there are no formal plans to continue grant activity after the project period, COVID-19 related protocols and services—such as delivery of necessities to the homebound or phone and video-based counseling where travel is challenging—may continue beyond the pandemic and will benefit from resources and protocols established under this grant.

Senior Community Service Employment Program (SCSEP)

Improving the economic security for older adults and caregivers in Massachusetts is a central endeavor that aligns with empowering and supporting optimal aging. In educating older adults on the benefits of working longer and supporting efforts to improve training and skill development in older workers, Elder Affairs and the AAA network are promoting community-based living. The Senior Community Service Employment Program (SCSEP) provides job training and placement for people who are age 55 and over, Massachusetts residents, and meet income guidelines. The program is funded under Title V of the OAA through the U.S. Department of Labor. Enrollees are placed in temporary training assignments where they gain valuable on-the-job work experience and training needed to gain employment. The SCSEP program is operated by three contracted vendors, including one AAA.

In June 2020, the US Department of Labor awarded an \$889,000 State Older Workers Demonstration grant to Elder Affairs to support innovative or unique approaches to training, customer service, and capacity building. The grant aims to improve service delivery for older unemployed individuals and is tasked with improving training and employment outcomes. Elder Affairs is developing, implementing, and evaluating a holistic training and job readiness program designed to prepare older low-income workers for successful remote employment. This program is exclusively focused on helping older workers find remote jobs, defined as an employment relationship where the primary work location is the older adult's home, versus a shared physical office location. Given the COVID-19 pandemic, Elder Affairs is forecasting that remote employment is a particularly important opportunity for older workers to remain in the workforce longer and will lead to increased economic security as they age.

As services roll out over the next few years, successful outcomes will include either Unsubsidized Employment or placement in an On-the-Job Training (OJT) program that will lead to Unsubsidized Employment. The program will address known barriers to successful remote work for older adults by offering access to technology, technology support, intensive case management and peer support, training, and job search activities. Elder Affairs' conviction is that these interventions can make meaningful improvements to jobseekers' capacity (e.g., technical skills, soft skills, confidence, etc.) for

remote work. The intention of this program is not only to help program participants find jobs, but also to add to the national conversation about innovative ways to evolve the public workforce development system and aging network services for this population specifically.

Serving the Health Information Needs of Everyone (SHINE)

The SHINE (Serving the Health Insurance Needs of Everyone) Program (known at the Federal level as State Health Insurance Assistance (SHIP) Programs) provides free health insurance information and counseling to all Massachusetts residents with Medicare and their caregivers. People who have Medicare or who are about to become eligible for Medicare can meet with a counselor to learn about benefits and options available. A counselor will review programs that help people with limited income to pay health care costs. SHINE Counselors answer questions about Medicare and help consumers make decisions about benefits and help individuals, including:

- Understand their insurance coverage,
- Find the right coverage for the individual,
- Find ways to save money on prescription drugs and health insurance,
- Help apply for programs that will lower costs, and
- Select the Medicare prescription drug plan that covers an individual's medications.



In Massachusetts, there are currently 13 SHINE Regional Programs that supervise and train over 500 volunteer health benefit counselors. The SHINE counselors provide free, accurate, and unbiased information and assistance regarding health insurance and benefits to older adults, Medicare beneficiaries with disabilities, family members, and professional caregivers. SHINE counselors work at senior centers, aging service agencies, hospitals, and other community locations. Local SHINE counselors can be reached at by calling MassOptions at 1-800-243-4636. Supplemental funding was provided to SHINE to cover the costs of providing services under the constraints of the COVID-19 pandemic. Funding supported purchase of laptops, tablets, and cellphone and mobile power devices for SHINE volunteers to facilitate remote counseling, subscriptions to web-based interfaces, office supplies and postage, travel costs, translation and transcription services and personal protective equipment.

Associated programs that support SHINE efforts include:

Medicare Improvement for Patients and Providers Act (MIPPA) – The MIPPA program supports states and tribes through grants to provide outreach and assistance to eligible Medicare beneficiaries to apply for benefit programs that help to lower the costs of their Medicare premiums and deductibles. The purpose of the program is to reach out to populations that are under-enrolled in needs-based benefits programs such as Medicare Savings Programs, the Low-Income Subsidy, MassHealth, Medicare Advantage, Medicare Parts A, B, C and D, and Prescription Advantage, and provide them with timely, accurate information and decision support regarding these programs. MIPPA grants provide targeted funding to SHINE, AAA, and ADRC programs. Progress to date includes recruitment and training of multilingual SHINE counselors from Councils on Aging and other community agencies in regions with large non-English speaking populations, recruitment of counselors from the disability service community, and transition to remote counseling during the pandemic.

Financial Alignment Model Demonstrations for Dually Eligible Individuals – Funded by the US Centers for Medicare and Medicaid Services, the purpose of this grant is to augment the Massachusetts Financial Alignment Model, which combines Medicaid and Medicare funding to contract with Integrated Care

Organizations (ICOs) to provide comprehensive care for adults 21 to 64 years old who are eligible for both programs. Three ICOs in Massachusetts, known as One Care plans, provide delivery and management of all covered medical, behavioral health care and LTSS in nine of Massachusetts' fourteen counties. The program promotes an increased capacity to provide decision support surrounding One Care, integration of One Care info throughout all SHINE training and activity, recruitment of counselors from the disability community, and cross referrals from the disability service network.

Massachusetts Senior Medicare Patrol (SMP) Program – SMP is a statewide partnership between community-based organizations and mainstream agencies. Funded through ACL, the objective of the program is to reach and educate Medicare and Medicaid beneficiaries, family members, caregivers, and professionals on the importance of being engaged healthcare consumers to prevent healthcare errors, fraud, and abuse. The Massachusetts SMP Program at www.masmp.org or 800-892-0890 is designed to provide education and resources on how to address healthcare errors, fraud, and abuse for Medicare and Medicaid beneficiaries, family members, caregivers, and professionals, with a focused effort on reaching individual with limited English proficiency, Indigenous people, and other hard-to-reach populations. The program helps consumers with understanding their Medicare Summary Notices (MSN), helping decipher the Explanation of Benefits (EOB) document, and can help guide consumers through questionable medical charges. The MA SMP encourages all participants to be involved in their own healthcare.

COVID-19 Support from the Administration for Community Living

A discussion of ACL resources would not be complete without reporting the significant funding associated with the OAA, Title III and the response to the COVID-19 pandemic. Following directly on the heels of the pandemic, ACL released several Title III linked funding resources designed to help states and AAAs manage under a difficult environment. While several COVID-19 related funding resources are included in the body of the State Plan, the following awards to Massachusetts were distributed via the Intrastate Funding Formula (see Attachment C) to AAAs and relate directly to Title III programs and present the gravity of the pandemic and the significant response by ACL.

- **Families First Coronavirus Response Act (FFCRA)** – FFCRA allocated Title III funding to Massachusetts under Congregate Nutrition (IIIC-1) and Home Delivered Nutrition (IIIC-2) services in the amount of \$5.0M. The ACL funding recognized that in the COVID-19 pandemic new funding would be needed to help communities support older adults in staying healthy, safe, and independent. Under the Major Disaster Declaration, Massachusetts seized optimal pricing and maximum product availability to allot \$1.1M of FFCRA funding to purchase more than 569,000 Emergency Meals Supply (HDMs) – that in turn was distributed to the AAA network based on an as needed basis. The flexibility under FFCRA allowed for a speedy acquisition of the meals, that permitted the AAA network to rapidly address demand from both home delivered meal consumers, as well as a growing demand from congregate meal consumers that were “newly” homebound.
- **Coronavirus Aid, Relief, and Economic Security (CARES) Act** – The CARES Act provided supplemental funding for programs authorized under the OAA and was awarded for the unprecedented events connected with the pandemic. The CARES funding was provided to assist Elder Affairs and the AAA network to address the growing demand for services and assistance due to the pandemic. Funding was allocated under Title III-B Supportive Services, Home Delivered Nutrition Services under Title IIIC-2, Title III-E Family Caregiver Services, and Long-Term Care Ombudsman Services (under Title VII). The total CARES Act funding totaled \$16.7M. Approximately 54% of CARES funding was allocated to the AAA network for Home Delivered

Nutrition Services, supporting the continued demand for meals from April 2020 to September 2020.

- **Consolidated Appropriations Act 2021, Supplemental Funding** – The aim of this funding was to address the demand for home delivered nutrition services that realized a significant increase in meal consumers and required pandemic related costs that would otherwise not be necessary. The Supplemental funding included \$3.5M earmarked for Title III-C2 Home Delivered Nutrition services. The Supplemental Funding continued to address the demand for Home Delivered Nutrition Services in the AAA network and helps Nutrition Programs with unforeseen costs related to COVID-19, i.e., Personal Protective Equipment (PPE), packaging costs around “Grab-n-Go” meals, paid drivers as needed, outlays related to social distancing, and the higher costs associated with a home delivered meal (packaging, transport, etc.).
- **Consolidated Appropriations Act 2021, Expanding Access to COVID-19 Vaccines** – The funding stream arrived through a partnership between the Centers for Disease Control and Prevention (CDC) and ACL to help increase vaccinations among older adults and people with disabilities. ACL provided funding to expand access to COVID-19 vaccines by providing \$1.0M to Massachusetts.
- **American Rescue Plan Act (ARPA)** – ARPA funding provides for activities authorized under the OAA for the following services: Title III-B Supportive Services, Nutrition Services under Title IIIC-1 and Title IIIC-2, Title III-E Family Caregiver Services, Title III-D Preventive Health Services, and Long-Term Care Ombudsman Services (under Title VII). The total ARPA funding totals \$29.2M. ARP funding provides a unique opportunity for Elder Affairs and the AAA network to address unmet needs. While the current demand for programs and services will remain, the funding will allow possibilities for program enhancement and new activities, equipment (meal production/delivery, tablets, etc.), and development of new partnerships to expand community-based services and supports. Elder Affairs and the AAA network are partnering to use the APR funding to customary Title III programs and services, as well as in development of innovative opportunities to support older adults, individuals with disabilities, and their caregivers to thrive in the communities of their choice.

Person-Centered Planning and Programs

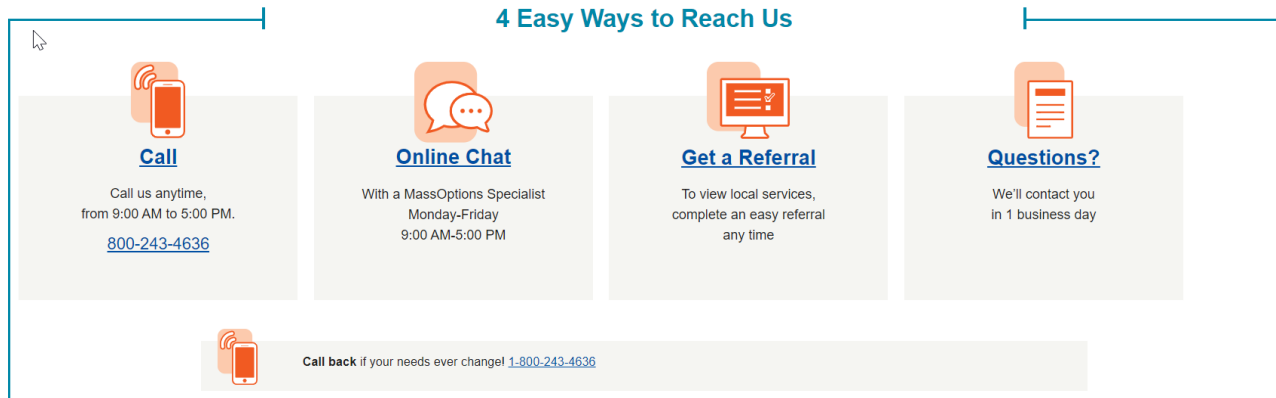
As people grow older, they likely want to be able to live as independently as possible, in cities and towns where contributions are respected and valued, and changing needs are supported. The aging services network operates through the lens of a person-centered approach. Plans and services are in support of the recipient of services to be involved in making decisions about their life and require flexible services and support to suit the person’s wishes and priorities. The work includes taking into account each person’s life experience, age, gender, culture, heritage, language, beliefs, and identity and placing the recipient of services at the center of decision making. While Massachusetts applies a person-centered lens to all programs and services available to older adults and their caregivers, the following resources, programs, and services focus on placing the care recipient at the center in designing services and supports, especially in promoting our vision of self-determination and self-direction to support optimal aging in community.

MassOptions (1-800-243-4636)

MassOptions is a free telephone and website resource of the Massachusetts Executive Office of Health and Human Services. MassOptions connects older adults, individuals with disabilities and their caregivers with agencies and organizations that can best meet their needs and help people thrive in the setting of their choice. MassOptions works with Aging and Disability Resource Consortia (ADRCs) and AAAs/ASAPs, as well as state agency partners such as Elder Affairs, MassHealth, the Department of

Developmental Services (DDS), the Massachusetts Rehabilitation Commission (MRC), the Department of Mental Health (DMH), and other Health and Human Services state agencies.

Figure 2. Mass Options Contact Points



Designed to emphasize consumer choice, help people navigate various networks, and as a crucial element in the No Wrong Door philosophy, MassOptions customer service representatives can be reached toll free, at 1-800-243-4636. Specialists are also available to chat online Monday through Friday from 9am – 5pm at www.MassOptions.org.

Councils on Aging/Senior Centers

The 350 Councils on Aging (COAs) are the community focal points for social and support services for older adults, families, and caregivers in cities and towns in Massachusetts. These municipal agencies help develop local priorities, serve as advocates, and offer opportunities for older adults and their families to access programs, services, and activities. Examples of programs and services at the COAs include information and referral, outreach, transportation, meals (congregate and/or home-delivered), health insurance information benefits counseling (SHINE), fitness, recreation, and wellness programs. In several communities, COAs serve as the only public social service agency and assist people of all ages in accessing public benefits. They may also serve as a link to support older adults and others in case of local emergencies. COAs across the state are innovative in services and programs to best fit their residents, including creating partnerships to offer behavioral health services in the home, introducing home modification programs, and actively involving local age- and dementia-friendly efforts.

Each COA determines its own priorities based on unique local circumstances, resources, and interests. Volunteers play an integral service role in COAs with approximately 24,500 volunteers statewide providing nearly 49,000 hours per week of essential support as well as providing a platform for civic engagement and connection to the community.

With a focus on person-centered planning Elder Affairs and the Massachusetts Councils on Aging (MCOA) leadership team has been meeting weekly since March 2020 to understand the unique needs communities and older adults are experiencing due to the pandemic. Although many senior centers closed their physical buildings during the COVID-19 pandemic, many COAs remained open and maintained the most essential service needs of their communities by providing wellness checks, offering transportation and technology services, delivering meals, and supporting application assistance for public benefits, among other services.

MCOA established a Reopening Task Force to plan for next steps in reopening senior centers across the state. Elder Affairs participated in discussions with the task force and provided input and guidance from

the Department of Public Health on how to work closely with local boards of health on developing reopening guidance for local senior centers, including providing a Reopening Planning Tool. The MCOA Reopening Task Force has demonstrated a significant amount of thoughtful planning from COAs and senior centers across the Commonwealth in its guidance surrounding rebuilding communities, working together with other municipal agencies and most importantly, prioritizing safety and sustainability during every stage of the ongoing effort to reopen. Local plans to reopen senior centers also include the guidance and recommendations outlined in the [Governor's Reopening Plan](#).

Housing Options

Elder Affairs provides service oversight, guidance and information sharing on housing options for older residents, including assisted living, congregate, and supportive housing. Additional housing resources are also provided on affordable housing and emergency housing. Massachusetts recognizes that a person-centered approach must include presenting a combination of housing options and services that offer flexible services and supports. At the center of housing services, older adults have opportunities to live in a continuum of care that helps older adults to thrive in their communities. The following information represents housing options that are supported by Elder Affairs for older adults in community settings:

Assisted Living Residences (ALRs)

Assisted Living Residences (ALRs) offer a combination of housing, meals, and personal care services to adults for a monthly fee that includes rent and services. ALRs do not provide medical or nursing services and they are not designed for people who need serious medical care on an ongoing basis. This model is intended for adults who may need some help with activities such as housekeeping, meals, bathing, dressing and/or medication assistance and who would like the security of having assistance available on a 24-hour basis in a home-like and non-institutional environment. The underlying philosophy of assisted living is to provide services to residents in a way that enhances their independence, dignity, privacy, and individuality. Residents have the right to make choices in all aspects of their lives. As administered by Elder Affairs, the Assisted Living Certification Program is responsible for the certification and regulatory oversight of the private ALRs across the Commonwealth.

Continuing Care Retirement Community (CCRC)

Continuing Care Retirement Community (CCRC) is a model that provides housing, personal services, and health care, usually at one location. CCRCs are a lifestyle choice – an option for people interested in an active community with lifelong learning opportunities that offers the amenities and services they are interested in now, as well as health care and supports that they might need as they age. As the health needs of a resident changes, the resident will have access to different housing and services on the campus. Services may include nursing and other health-care services, meals (normally in a dining environment), housekeeping, emergency help, personal care help, and other activities and services. Elder Affairs collects specific operational documents available for consumers, but does not have oversight or relationships with CCRCs, except under circumstances where an ALR is located at the CCRC location. Additional resources on CCRCs are available at [Continuing Care Retirement Communities](#).

Congregate Housing Program

Congregate Housing Program integrates housing and support services for older adults and individuals with disabilities. The model involves a shared living environment where each resident has a private bedroom, but shares one or more of the following: kitchen facilities, dining facilities, and/or bathing facilities. Elder Affairs' state funding supports a Congregate Housing Coordinator who provides group living support, referrals to services, and structured social activities. In fostering a person-centered

environment, Coordinators work with the housing providers to ensure a stable environment and to foster a sense of community. There are currently 43 Congregate Housing sites in Massachusetts with the capacity to house 543 units.

Supportive Housing Program

Supportive Housing Program is designed to offer support to residents of subsidized housing while allowing them to maintain their independence. It provides residents with access to onsite supports such as coordination and linkages to services, 24/7 emergency response, congregate meal programs, and social activities. Elder Affairs contracts with AAA/ASAPs to fund Supportive Housing Coordinators who act as Resident Service Coordinators for specific housing properties owned and operated by Local Housing Authorities (LHAs). The Supportive Housing Coordinators help residents access community resources, work with the LHAs, oversee a 24/7 emergency response system, facilitate a meals program, and develop and implement planned activities that are stimulating and beneficial for all residents. There are 41 Supportive Housing sites around the state with 6,111 units available.

In supporting the foundation of person-centered planning that promotes independence, self-determination, and self-direction, the SFY2021 Elder Affairs budget included time-limited funding for ten new Supportive Housing sites. Specific housing properties/partners eligible for funding were predetermined by Elder Affairs based on data from the Massachusetts Department of Housing and Community Development. The public housing properties were identified for expansion because they have the highest need for services: the residents do not currently have access to any state-funded service coordinators and the properties have the highest number of units/residents. The new sites will be operational by July 1, 2021.

State Home Care Program

At the center of the person-centered planning that employs a person's wishes and priorities, the state funded Home Care Program provides critical support for residents to age safely and proactively in their communities. Elder Affairs' home care programs are delivered through contracts with ASAPs – 18 of which are colocated with an AAA. An ASAP care manager connects with older adults and their caregivers in developing a care plan that authorizes and coordinates services provided by provider agencies, ensures interdisciplinary review of consumer needs, wishes, and service planning, reassesses the consumer's status at mandated intervals, responds to consumer and/or caregiver concerns as they arise, and facilitates access to information and referral as appropriate. Eligible older adults may receive a wide array of services depending on their needs and asks. The Home Care Program provides services to eligible older adults intended to support their needs in the areas of activities of daily living³ (ADLs), and instrumental activities of daily living⁴ (IADLs), as well as social contact and support, enabling them to remain at home. Specific services available from subcontracted providers include personal care, homemaking, adult day health, chore, companion, home health services, grocery shopping, laundry, personal emergency response system, supportive day care, Alzheimer's/Dementia coaching, environmental accessibility adaptations, translation, and medical transportation.

The State Home Care Program served approximately 65,500 older residents in State Fiscal Year 2020.

- The average age of a consumer is 80.4 years old. 20% (13,237) of consumers are over age 90 and 586 consumers are over age 100; more than half live alone.

³ Activities you usually do during a normal day such as getting in and out of bed, dressing, bathing, eating, locomotion in the home, mobility in and out of bed/chair, toilet use incontinence management, and using the bathroom.

⁴ Activities related to independent living, include preparing meals, managing money, medication management, shopping for groceries or personal items, performing light or heavy housework, laundry, locomotion outside the home, transportation use, and using a telephone.

- Over 36% (23,503) of consumers are clinically eligible for nursing facility care and approximately 55% (36,147) of consumers served were not eligible for MassHealth. The Home Care Program effectively delayed the need for those consumers to spend down and move to a nursing facility.
- Consumers have averaged 3 years in home care while being at a nursing facility level of care. The State Home Care Program provides services to meet the needs and preferences of consumers while saving the Commonwealth significant resources.
- 41% of consumers have a behavioral health condition and more than one-fifth of consumers (22.1%) reported falling recently.

In the course of the COVID-19 pandemic, Elder Affairs worked with the ASAP network to adjust in-home visits, reassessments, and annual re-determinations for case management and nursing to be conducted through alternative means (e.g., telephonically or by remote video technologies). Service modifications to existing services were adjusted to be provided telephonically or through video conferencing technologies through qualified, contracted providers to ensure social and emotional support to consumers continues during the public health emergency. Services permitted for adjustment during COVID-19 included: Companion, Complex Care Training & Oversight for Medication Management and Home Health Aide Supervision, Peer Support, Alzheimer's/Dementia Coaching, Evidence Based Education Programs.

As Massachusetts prepares for a post-pandemic environment, Elder Affairs' work continues to enhance and strengthen home care programs to include new or modified existing services in meeting nutritional needs for older adults through bulk distribution methods for home delivered meals, added snack packs for delivery, nutritional supplements, wellness checks for older adults, and necessity shopping to provide items to consumers in addition to groceries. Additional efforts include providing assistive technology devices and data/internet access to increase consumer access to telehealth services, virtual monitoring and communication systems for wellbeing and safety concerns, and adult day health remote services. Actions also include increased service rates to provide for staffing and care requiring full personal protection equipment for COVID-19 positive home care consumers needing continued care in the home.

Options Counseling

Options Counseling (OC) is a gateway for many older adults and people with disabilities to receive community services and supports. Recording 5,571 closed cases by 83 options counselors in State Fiscal Year 2020, the program was launched throughout the Commonwealth in 2010, and provides residents and caregivers with objective information on long-term services and supports (LTSS) and helps in evaluating their options. This two-pronged approach at the center of person-centered services – information sharing and decision support – can make the difference between people remaining in their homes, or other preferred residential settings, and placement in a nursing facility. Many individuals who have worked with a trained counselor have successfully transitioned to, or remained in, a community setting of their choice. As the program has become more firmly established statewide, it has become increasingly recognized by state leaders, providers, and the community at large as a useful and effective resource that educates consumers about the range of available program and service options and housing. OC also helps consumers identify and connect to the resources that are most relevant and relate to their wishes, with State Fiscal Year 2020 data indicating 4,517 closed cases provided by 83 options counselors.

In connection to a person-centered foundation, OC counselors better understand individual goals, needs and strengths, and can provide more effective tailored information, as well as support to connect

individuals to resources, provide screening for benefits, and assist with filing applications for health insurance, housing, and benefits. Through this hands-on help, OC counselors fill gaps in the support systems and have become increasingly active in settings that are more diverse and seen as a valuable resource by professionals. OC counselors have also become a part of the health care team in certain settings. For example, some OCs have established hours at physicians' practices. Others receive referrals from hospitals through a dedicated email address allowing discharge planners to send a secure message from their laptops. OC counselors also work with the Councils on Aging to hold office hours and continue to work with nursing and rehabilitation facility residents to facilitate discharges to a less restrictive setting.

In meeting challenges posed by the COVID-19 pandemic, OC counselors pivoted to remote methods to assist individuals and families, relying primarily on telephone conversations and email, supplemented by a more restricted number of virtual visits. In meeting challenges and sharing resources, the OC program met the desire for many individuals to remain in place, to restrict contact, and to delay exploring options during an emergent situation. The OC counselors will continue to adapt to changing expectations and guidelines resulting from COVID-19. As communities begin opening post-pandemic, the program will continue to be guided by a person-centered commitment that connect consumers to needed resources.

Prescription Advantage

Prescription Advantage (PA) is a state sponsored prescription drug insurance plan available to Massachusetts residents ages 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines. PA helps to fill gaps in coverage; for people not eligible for Medicare, PA provides primary prescription drug coverage.

In January 2020, Massachusetts prioritized new funding to expand several Medicare Savings Programs (also known as "MassHealth Buy-in" programs). These programs help older residents and people living with disabilities save money on their Medicare coverage. The program expands eligibility to 130% of the federal poverty level (FPL) and lowers older adults' out-of-pocket health care costs. From January through June 2020, 4,098 PA members were determined eligible for the Medicare Savings Program, and transitioned to receive improved benefits. The expansion reduces health care costs and improves economic security for 40,000 low-income older adults.

Senior Nutrition – Medical Nutrition Therapy (MNT)

While Senior Nutrition, including congregate and home delivered meals, was already highlighted in prior sections of the Massachusetts State Plan, additional person-centered planning work deserves to be recognized in this section.

Engaging in a person-centered focus, the Senior Nutrition Program began to offer Medical Nutrition Therapy (MNT) at participating AAA/ASAPs in 2017. MNT includes nutrition counseling for diabetes and chronic kidney disease (non-dialysis) and is a Medicare Part B benefit for older adults. There is no cost to the individual to receive counseling, and Registered Dietitians providing the service are eligible for Medicare reimbursement. This additional revenue stream has enabled all participating AAA/ASAPs to hire additional Registered Dietitians. MNT grew to include 10 AAA/ASAPs in 2019 that have provided 250 CMS MNT visits conducted through home visits, nutrition clinics at COAs, or nutrition meal sites. COVID-19 pandemic challenges effected many MNT programs to provide telehealth visits by phone or videoconference depending upon the client's technology comfort. MNT programs continue to engage older adults in 2021 and are planning services for future periods, with a direction toward more telehealth MNT sessions until resumption of in-person visits.

Recruitment and Retention of the Direct Care Workforce

Supporting training, education, and career ladder programs to promote professional direct care workforce development is important to supporting individuals aging in the community. The direct care workforce provides an estimated 70-80% of professional hands-on care for older adults and individuals with disabilities. The industry reports that only 1 out of 6 professionals hired every quarter are retained. Elder Affairs' work in this area is guided by three key questions:

1. What supports do we need to build so that a diverse, vibrant, and well-trained direct care workforce can deliver the care that allows residents to age with dignity in our communities?
2. Can we create stronger career ladders with more predictable career paths similar to other health care professionals?
3. What can we do to reduce the isolation that working alone can sometimes create for individuals who provide direct care in homes?

The Commonwealth included a SFY2019 budget line item, that provided \$10M to fund increases to wages, salaries, or other compensation-related expenses for direct care workers delivering homemaking, personal care, and home health aide services. Of this, \$4.1M is dedicated specifically to workers delivering homemaking and personal care services and \$5.9M to workers delivering home health aide services. Partnering with the MassHealth Office of Long-Term Services and Supports (OLTSS), the funding was distributed in the form of a rate add-on, in addition to the standard billable rate paid for each service, from April 1, 2020, to June 30, 2020.

In addition to these rate changes, Elder Affairs has also invested in the professional development of the direct care workforce. Recent initiatives include:

- Elder Affairs' partnership with UMass Boston converted the Personal and Home Care Aide State Training (PHCAST) to an online curriculum available on demand. Launched in 2021, this first-in-the-nation online training standardized training for the first 40 of the 85-hour curriculum, and reduced barriers to entry associated with inflexible schedules, in-person attendance, and enrollment fees. From January to June 2021, there were 541 online PHCAST learners with a 63% completion rate, and 95% course satisfaction score.
- Estimates reveal that 70% of all Massachusetts residents who reach the age of 65 will need help with activities of daily living. Today's lesbian, gay, bisexual, transgender, and questioning (LGBT) older adults are less likely than the general population of older adults to have partners, children, and family who can provide caregiving supports, and are often estranged from their families of origin. As a result, LGBTQ+ people are as a group at higher risk of premature institutionalization. In response to this issue, the Commonwealth enacted the *Act Relative to LGBT Awareness Training for Aging Services Providers* in 2018 – a first-in-the-nation law that requires all state funded or licensed providers of services to LGBTQ+ older adults complete training on providing meaningful care to LGBTQ+ older adults and ensure their access to services. Working with Fenway Health and members of the Massachusetts LGBT Aging Commission, Elder Affairs developed online training in accordance with the 2018 requirement. In early 2020 the LGBTQ+ Aging Online Training was finalized; this course is an interactive training that strives to prevent and eliminate discrimination based on sexual orientation and gender identity and expression. This training will help providers support older residents and their caregivers.

Elder Rights – Tools and Resources



Recognizing that older adults are valued members of communities across the Commonwealth, Elder Affairs and the aging network support advocacy, programs and services that ensure elder rights – especially for those older adults in greatest social and economic need. In Massachusetts, by utilizing state,

Title III and Title VII resources, protective services are always offered and provided based on the wishes of the older adult and employ the philosophy of utilizing the “least restrictive, appropriate intervention”. The protection of elder rights is critical to helping individuals stay engaged and thrive in communities with protection and support. While the pandemic created new complications for service delivery, Elder Affairs and the AAA network continued to maintain their commitment to promoting elder rights through services, program management, and consumer advocacy. The following speaks to the support and work that Massachusetts is doing to promote rights for older people.

Protective Services (including OAA Title VII)

Elder Affairs is required to administer a statewide system for receiving and investigating reports of elder abuse and to provide needed protective services to adults aged 60 and older who are living in the community. To fulfill this responsibility, Elder Affairs has a Centralized Intake Unit which is responsible for taking reports on a 24/7 basis. There are 19 designated Adult Protective Services (APS) Agencies across the Commonwealth, which are responsible for screening elder abuse reports for jurisdiction, conducting investigations, and developing a service plan to alleviate the abusive situation. The designated APS agencies, in alliance with the Central Intake Unit, are responsible for receiving reports of abuse, neglect, self-neglect and financial exploitation of older adults (age 60 and older living in the community) from mandated and non-mandated reporters.

When determined that a filed report outlines a reportable condition, a PS caseworker is assigned to investigate the situation. If abuse is confirmed, the caseworker offers the older adult a choice of services designed to alleviate or end the abuse. Throughout a case, whether during the investigation phase or during open casework, the rights of competent older adults to accept or decline a particular course of action (self-determination) are protected. Additionally, Elder Affairs provides conservator and guardianship services through four Guardianship agencies and provides a Money Management program through the local AAA/ASAPs, to help older people in needing assistance managing their finances.

In 2016, Elder Affairs applied and was approved for a grant from ACL for the development of a standardized APS training curriculum and the implementation of the screening instrument – to assess an individual’s capacity or ability to make decisions – identified as an Interview for Decisional Abilities (IDA). Elder Affairs launched the first stage of a comprehensive basic training program in 2018, with all members of the APS workforce in Massachusetts (directors, managers, supervisors, and caseworkers) required to complete the training requirements. The first stage included three different topics:

1. Interview for Decisional Abilities (IDA),
2. In-person sessions on Basic Training on Investigations, and
3. Online unit on the Protective Services regulations (651 CMR 5.00)

The second stage of the project began in September 2019 when Elder Affairs acquired a Learning Management System for online training, including translating the classroom training to online content. This resulted in unlimited access to the training program by the APS workforce. The current APS workforce started the online training in May 2020 with online format that includes tests for each

module/topic, with learners required to achieve a passing score to progress through the curriculum. The online training allows new employees the opportunity to access the materials immediately upon hire, and current staff members benefit from access to a review of all or selected topics.

During the COVID-19 pandemic, Elder Affairs released program guidance addressing the ability to conduct in-person visits in a manner that provided safety to the protective services worker and the older adults they serve. Safety was assessed on a case by case basis and considered the alleged abuse/neglect reported and the COVID-19 exposure risk factors. This led to interviews being conducted over the phone, video conference, or outdoors. Some protective services workers made the initial introductions at the front door then conducted the rest of the interview by phone or tablet given to the older adult to lay eyes on the individual's situation. Due to the nature of the cases, some interviews were conducted fully in person, with appropriate protective equipment for staff.

Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act of 2021

A Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act of 2021 grant award from ACL, in connection with the Elder Justice Act Section 2042(b) of Title XX of the Social Security Act, provides nearly \$1.9M for Elder Affairs to facilitate APS expansion of current operations. Principally, the 2021 ACL funding will be used to enhance and expand current operations to better serve APS clients, through:

1. Reducing workers hesitancy to engage with clients during COVID-19 while also improving and supporting remote work.
2. Mitigating abuse, neglect, and financial exploitation by enhancing APS ability to respond and investigate allegations during and after the pandemic through program analysis, risk assessment tools and enhanced training; and
3. Mitigating social isolation and improve APS response through enhanced technology for clients and staff.

The CRRSA award will also be used to develop the critical work necessary to create an advanced training program for the APS network. Working with the University of Massachusetts Medical School (UMMS), the partnership entails developing a second edition to the APS training program. With a goal of converting current training resources to online format – using the Moodle Environment (a free and open-source learning management system) – the work will enhance APS workforce production. The ACL grant also provides for a new service plan section of the Massachusetts APS system. This update will improve the capacity of Elder Affairs and the APS network to monitor services used in the APS system, determine barriers to service provision, and track cases to determine reasons for delay (i.e., court issues, service concerns, and other reasons).

Additionally, the 2021 award enhances the partnership with ACL's APS Technical Assistance Resource Center (TARC) in linking federal, state, and local partners' use of data and analytics, research and evaluation, and innovative practices and strategies to enhance program effectiveness. Elder Affairs' affiliation with APS TARC provides for improved reporting of data through the National Adult Maltreatment Reporting System (NAMRS), assists with program evaluation and identifying promising practices, supports communities of practice among ACL grantees, and provides technical assistance to Massachusetts APS programs. APS TARC also allows program staff access to webinars and ensures Elder Affairs' ability to track participation. The work to create an advanced training program and expand such training to the APS network is an important target during the 2022-2025 planning period.

Long Term Care Ombudsman Program

As presented above under the “Older Americans Act Principal Programs”, the LTC Ombudsman is an advocate working to resolve problems related to the health, welfare and rights of individuals living in nursing homes, rest homes, and assisted living facilities. Funded under Title IIIB and VII resources and presented as working to empower elder rights, Ombudsmen offer a way for residents to voice their complaints and work towards resolution with staff. In focusing on elder rights, during the COVID-19 pandemic and Public Health Emergency, the LTC Ombudsman Program surmounted many challenges in support of residents, who had little or no access to those who would normally provide support and champion consumer rights. Initial visiting restrictions were met with advanced communication capabilities through video-conferencing platforms, Face Time, and telephone visits, as well as outdoor and “clean room” visits as infection rates allowed.

Ombudsman programs advocated to ensure virtual and compassionate care visits, working with facilities to provide enhanced communication and follow current guidance around visitor protocols. The Ombudsman Program was an important source of support to residents and their families, listening to their stories, and advocating to support vital human connections for residents. In support of this connection, consultations with residents, families, and staff increased by 167% over pre-pandemic levels, reflecting the important work of advocating for the rights of residents and families. While initially limited in on-site visits, Ombudsmen were nonetheless an essential resource for residents and their families in navigating through the public health emergency. Ombudsmen also played a role in advocating for systemic change by representing the voices of the residents in balancing visitor and infection control restrictions with the risks of social isolation.

Funded in part by Title VII of the OAA, the LTC Ombudsman Program supports rights for older people as an advocate through the development of training/education, partnerships and advocacy, allowing for a wider reach in promoting and supporting elder rights. Examples of the work that will continue into the 2022-2025 planning period includes:

- Working closely with the Attorney General’s Fraud Division, meeting regularly to share information on trends and patterns.
- Partnering with the Legal Services network at both the state and local levels. State Ombudsman Staff will meet, at least annually, with Legal Services representatives and other advocates to share information, discuss changes, examine new legislation and initiatives, and share expertise across teams. Additionally, local ombudsman programs and local legal services meet regularly to review and share information and provide support.
- Continuing to partner with Adult Protective Services to work together on both individual and organization issues at both the state and local levels. Both programs function within the limitations of their regulations and confidentiality requirements in addition to sharing the basic tenant of the individual’s right to self-determination.
- Developing trainings, schedules, and new partnerships to participate in educational opportunities around abuse/neglect/misappropriation at facilities, addressing staff during orientations, and meeting with facility Resident Councils to review Residents’ Rights, including the right to be free from abuse, neglect, and mistreatment. The program empowers residents to address issues as they arise and supports residents in reporting instances of abuse or assisting them to do so. Additionally, local programs are in development of presentations and materials

to provide agency staff and community members about the role of the Ombudsman Program and how the program works to protect Residents' Rights.

- Connecting with the Massachusetts Department of Public Health (DPH), the State Attorney General's Office, advocacy and provider organizations to plan and conduct seminars promoting rights for older people with relevant stakeholders, including facility leadership.

Community Legal Services

The attention to and expansion of justice programs and services for older people by Elder Affairs and the AAA network offers and encourages an environment that promotes elder issues, fosters valuable service programs, and facilitates community efforts that support the rights of older adults. Partnership development across community organizations is focused on a variety of approaches to accomplish elder justice objectives. By implementing multiple approaches to spread knowledge and awareness of abuse of older people, the aging network sets a high priority on legal services for elder consumers, primarily those in greatest social and economic need.

In meeting the OAA requirement for priority services, a minimum 9% of Part B funding is made available for legal services. Each AAA is held to an individual maintenance of effort. The total funding for this important service ranges from 9 to 27% of Title IIIB dollars across the network. The significance of this approach is the realization of over \$1.2M of Title III-B legal assistance grants to Legal Service Corporations (LSC). The LSCs are non-profit organizations that provide equal access to justice under the law for older adults. By providing free civil legal assistance to those who otherwise would be unable to afford it, LSCs partnership with the AAA network ensures that older adults have the income, health care, and services they need to live independently in communities across the Commonwealth.

The COVID-19 pandemic imposed new complications for service delivery and the AAA network continued their commitment to promoting elder rights through services, program management, and consumer advocacy. While the Commonwealth administered a moratorium on evictions and foreclosures in April 2020, the AAAs and LSCs recognized that plans to address housing concerns needed to be in place post-pandemic. The AAA/LSC partnership will focus on addressing increased housing related legal cases that developed during the pandemic. In recognizing future issues and addressing fundamental tenant rights, property owners and housing authorities will be bound to follow state laws and regulations.

The AAA/LSC network will prepare for a post-pandemic environment by identifying at-risk consumers (chiefly relating to housing concerns), providing them with stabilization services, and following their progress to ensure consistent intervention. As a standard strategy to engage older adults and engage community partners, LSCs are in the process of preparing to work with AAAs and COAs to provide training and education for staff on housing rights and available housing assistance programs. Additional AAA/LSC network efforts include preparing for the FFY2022 grant cycle to develop opportunities to promote elder justice practices and plans, including:

- Addressing housing management complaints and barriers to service delivery.
- Administering Money Management Programs in AAA networks to provide a bill payer and representative payee system to protect the rights of older adults that would otherwise be unable to effectively oversee their finances.
- Assisting older adults applying for or renewing public benefits such as MassHealth, SNAP, fuel assistance, etc.

- Sustaining community outreach and education practices around elder rights provided to AAA/ASAPs, in-home caregiving agencies, mental health professionals, police departments, homeless shelters, and Councils on Aging.
- Maintaining partnerships with LSCs to promote elder rights around a variety of crucial legal issues; SSA services, Consumer Rights (utilities, cell phones, internet, gas, electric, and water), Finances, Estate/Life Planning, Health, and Income Maintenance.
- Promoting LGBTQ+ older adult rights around legal and elder rights issues, including the importance to have a medical proxy and similar paperwork completed to protect the rights of a longtime companion or partner.
- Trainings that address equality for LGBTQ+ older adults and their families about legal protections against discrimination in housing, access to public spaces (including bathrooms) and healthcare.

In promoting accessibility for older consumers, legal services offer assistance related to public benefits, housing, health insurance, utility issues, age discrimination and document preparation. Additional collaborations in communities complement the work of the LSCs and include PS agencies, hoarding programs, money management services, and the LTC ombudsman program. The work of the LSCs provides elder consumers the protections of fundamental rights and independence, secures access to basic needs, and necessary legal advice and information that improves quality of life. Promoting older adults to remain independent is one of the vital benefits arising from the delivery of advice and counsel from legal service programs. Elder Affairs and the aging network continue to work diligently to provide quality of life protections to vulnerable older adults, those who experience abuse, neglect, and financial exploitation.

Massachusetts Statewide Needs Assessment Project

The top three expressed Areas of Concern from the 2021 Needs Assessment Project include:

- Social Isolation
- Transportation
- Housing

Each SUA is tasked with assessing the needs of older adults, individuals with disabilities, and their caregivers to understand the services and programs they need in order to thrive in the community. Serving as a compass to guide the statewide efforts, the 2021 Statewide Needs Assessment Project (Project) directs the network in developing service plans, programs, and funding decisions. Conducting a needs assessment in each PSA permits AAAs to focus on the community level needs of older adults and their caregivers; the wider collection of all AAA data under the Project provides a picture of needs across the Commonwealth.

The Project includes a three-level data collection approach employed within the network. The **primary level** is information from needs assessment events conducted by the AAAs, with data gathered by the AAAs through community sessions/connections, focus groups and meetings with older adult populations. More than 7,000 older adults and their stakeholders participated in 258 single-and multiple-day needs assessment events conducted by the AAAs from September 2020 through December 2020. The Project Report indicates the top three needs in communities across the 21 AAAs in Massachusetts of Social Isolation, Transportation, and Housing. Rounding out the top five needs

expressed are the topics of Health Care and concerns around Economic & Financial Security. The Summary Report of the Project (see [Attachment G](#)) provides the ideal model for promoting person-centered programs and services over the next four years.

The Projects' **secondary level** provided valuable insights using current data and presented resources to assist decision making for the planning period, 2022 through 2025. Elder Affairs collects data through a number of statewide surveys (collectively referred to as "Data Resources") and shares this information with the AAAs. While this secondary level of the Project is tied to consumers currently engaged at each AAA, the Data Resources provide a method to forecast consumer needs through satisfaction and evaluation methods. Data is critical to making design plans and the Data Resources provides a consumer perspective by older adults and their caregivers on current services and programs. Using the Data Resources allows the AAA network a statewide view into current engagement of those we serve, as well as those that remain underserved and un-served. Elder Affairs and the AAA network will be able to focus resources, highlight our successes, and just as important – identify our deficiencies. The distributed Data Resources were defined by PSA border and included:

- Elder Nutrition Program Satisfaction Survey – FFY20
 - Home Delivered Meals
 - Congregate Meals
- Family Caregiver Survey Results – FFY19
- Family Caregiver Survey Results – FFY20
- Home Care Falls Assessment Data – CY20
- Information & Referral Call Trends Report – SFY20
- Information & Referral Call Trends Report – SFY21
- Information & Referral Consumer Satisfaction Survey – CY19
- Information & Referral Consumer Satisfaction Survey – CY20
- Options Counseling Consumer Satisfaction Survey Results – SFY19
- Options Counseling Consumer Satisfaction Survey Results – SFY20

The use of external resources, data and documents provides AAAs and Elder Affairs a **third approach** to explore the needs of older adults and their caregivers toward facilitating and supporting the development of programs and services. AAAs were expected to use external resources in support of the development of their Area Plans on Aging and may include: Census/American Community Survey Data; Healthy Living Center of Excellence Data; External Resources, Data and Surveys; Professional/White Paper; and Other Resources. These resources assist the AAA network to identify service needs and facilitate and support the development of programs. While this last effort does not include AAA participation per se, the use of resources of this nature is vital to the larger project.

In focusing on engaging older adults and their family caregivers, the Project findings enable the network to develop pointed methods to aptly focus resources, as well as recognizing where Massachusetts needs to make greater efforts in reaching older adult consumers and their caregivers. By using multiple sources to present a story, Elder Affairs is better positioned to target resources to services that benefit older adults, and ensure services are meeting the needs of the consumers we serve. Engaging consumers and their caregivers in rural western Massachusetts, in cities like Boston, Springfield and Worcester, and throughout towns and communities, undoubtedly presents diverse data. Interpreting data toward developing programs and services that connect needs with network goals and objectives is critical to enhancing community-based services. While the Project is an OAA mandate, the wider benefit to Elder Affairs and the AAA network is in presenting a spectrum of needs for older adults and

embracing and delivering person-centered services. Connecting with older adults and their caregivers are at the core of the OAA Title III programs and when linked to high-quality data resources, shape programs and services with older adults needs at the center of all decisions.

Goals, Objectives, Strategies, and Performance Measures

The Elder Affairs senior leadership team and program managers developed goals, objectives, strategies, and performance measures for this State Plan period. The Commonwealth believes that these six goals are foundational to optimal aging and creating programs, services, and communities that not only support older adults but help them thrive.

Massachusetts' State Plan on Aging for 2022-2025 includes the following goals:

GOAL 1: Support aging in community.

GOAL 2: Strengthen Massachusetts as an Age- and Dementia-Friendly State.

GOAL 3: Empower and support optimal aging.

GOAL 4: Prevent injury, violence, and exploitation of older adults.

GOAL 5: Optimize access to information and services for older adults and improve the consumer experience.

GOAL 6: Ensure quality, equity, and value in person-centered, community-based care.

To achieve the components outlined in this section of the State Plan, Elder Affairs will continue to collaborate with the AAA/ASAP network, COAs, age- and dementia-friendly communities, and various partners at the local, regional, and state levels. As the years progress, Elder Affairs will incorporate input from various partners and stakeholders, as well as community leaders, older adults, and family caregivers, to ensure that this strategic plan resonates and adapt where needed.

Following the presentation of the goals and objectives is a section that addresses quality management. The use of data and related information is necessary to monitor quality and promote ongoing quality improvement efforts. While there are multiple approaches in place to allow for a robust system, the overall quality management and improvement system – by nature – continues to evolve and improve.

Goal 1. Support Aging in Community

Objective 1.1: Identify and address obstacles to aging in community.

Strategies:

Elder Affairs is committed to ensuring older adults have the opportunities to thrive in the communities of their choice. In order to identify and address obstacles to aging in community Elder Affairs will continue to work with partners across the Executive Office of Health and Human Services to review the current continuum of care for individuals aging in the community. Additionally, Elder Affairs will support consumer access to information regarding the aging network, including Assisted Living Residents. Elder Affairs will also be mindful of the needs of individual transition from long to care to the community and support those transitions.

Performance Measures:

- Establish a process to gather, collect and review the current obstacles to aging in community, including but not limited to the following: affordable housing options, services, and transition support.

- Improve the access of information for consumers related to options for services, programs, and housing options, including Assisted Living Residences.

Objective 1.2: Increase access to supportive housing with services and increase supports for older adults experiencing or at risk of homelessness.

Strategies:

Elder Affairs will collaborate with the Department of Housing and Community Development to continue to expand supportive services in state public housing. Elder Affairs will also work to strengthen the working relationship and partnerships between the aging network and housing agencies. Elder Affairs will convene healthcare and housing industry leaders to discuss gaps in the housing and services continuum such as supportive housing for older adults with moderate incomes. Elder Affairs will also be mindful of the needs of individuals experiencing homeless and support their transitions to living in a community setting.

Performance Measures:

- Increase the number of supportive housing sites.
- Continue to hold regular forums for both aging network and housing agencies to facilitate discussions and relationship building.
- Establish a process for sharing best practices and ideas for production and operation of supportive housing for moderate-income older adults.
- Continue to partner with the cross-agency collaborative to create and launch a homeless data warehouse to better capture information about individuals experiencing homelessness.

Objective 1.3: Enhance and strengthen home care programs to support aging in the community.

Strategies:

Elder Affairs will continue to adopt changes to the current continuum of care to meet the needs of those who wish to age in the community. Additionally, Elder Affairs will strive to continue to expand home care programs and services, including for those who are currently above the income qualification. Elder Affairs will also work to grow the provider network for home care programs that have recently been added or expanded, including for behavioral health supports and other evidence-based programs.

Performance Measures:

- Review all current home care programs for improvements in accessing programs.
- Review options and increase supports for individuals who are required to contribute to the cost of their care in the state home care program due to income.
- Increase the number of providers within the home care program for a variety of newly added and expanded services.

Objective 1.4: Improve workforce development and training to support individuals aging in the community.

Strategies:

Elder Affairs is committed to developing and training the direct care workforce to support individuals aging in the community. Elder Affairs will support and strengthen training and education programs for the direct care workforce development. Elder Affairs will also expand and promote the online PHCAST

training, including additional modules and language capacity. Elder Affairs understands the fall and importance of a career path and will develop a career ladder for the direct care workforce.

Performance Measures:

- Perform a review of current labor market for the direct care workforce, including a wage and benefit analysis to better understand recruitment strategies.
- Expand online PHCAST training to additional languages using data to inform need.
- Create and launched a marketing campaign for PHCAST.

Objective 1.5: Improve the built environment.

Strategies:

Elder Affairs will continue to promote and support improvements to the built environment that allow individuals to age in community. This will include improving access to transportation and walkable streets and making better use of transportation tools already available with partners at the Massachusetts Department of Transportation. Additionally, Elder Affairs will promote access housing and design with partners at MassHousing and the Department of Housing and Community Development.

Performance Measures:

- Enhance regular trainings and other informational sessions for aging network staff on transportation tools.
- Promote best practices in age- and dementia-friendly communities for walkable streets and other activities.
- Continue measuring and analyzing the impact of the age and dementia-friendly design standards that have been built into housing production requirements.

Goal 2. Strengthen Massachusetts as an Age- and Dementia- Friendly State

Objective 2.1: Support communities in efforts to become age- and dementia-friendly.

Strategies:

Elder Affairs will continue to work with statewide partners and stakeholders, including Tufts Health Plan Foundation, the Massachusetts Healthy Aging Collaborative, AARP Massachusetts, and Dementia Friendly Massachusetts, to spread the age- and dementia-friendly movement to all communities of the Commonwealth. This will be done by deepening and strengthening engagement with Gateway Cities (mid-sized, urban centers across Massachusetts that historically provided residents with good jobs and a “gateway” to the American dream), rural communities, and other underrepresented communities. In addition, Elder Affairs will provide technical assistance by supporting local Councils on Aging through the formula grant and service incentive grant and by creating and deploying tools to assist communities with age- and dementia-friendly efforts.

Performance Measures:

- Increase the number of communities engaged in age- and dementia-friendly work using data to inform need.
- Develop and implement new tools to assist communities with age- and dementia-friendly efforts.

Objective 2.2: Continue to make and report on progress on the Massachusetts State Plan on Alzheimer’s Disease and Related Dementias (2021).

Strategies:

In its first year of implementation of the Massachusetts State Plan on Alzheimer’s Disease and Related Dementias (ADRD), Elder Affairs will work with Council members, stakeholders, and communities to support expansion of programs and service for individuals living with dementia and expand respite opportunities for family caregivers of people living with dementia. Additionally, Elder Affairs will facilitate and strengthen partnerships between ADRD service providers and health care organizations to support individuals living with dementia and their families at all stages of the disease.

Performance Measures:

- Increase the footprint and service offerings of programs for individuals living with dementia (e.g., memory cafés, Alzheimer’s and dementia coaching or counseling).
- Increase the availability of respite options for family caregivers of people living with dementia.
- Increase cross-referral between AAAs, health care providers, and other community-based organizations to benefit people living with dementia and their caregivers.

Objective 2.3: Continue to make and report on progress on the Massachusetts *ReiMagine* Aging Age-Friendly State Plan (2019).

Strategies:

The Commonwealth’s age- and dementia-friendly state plan, *ReiMagine Aging*, outlines six goals and a number of strategies and action steps to implement over a three-year period. As part of the Massachusetts State Plan, Elder Affairs commits to making progress on the implementation of these goals, including reviewing state policies and practices, and embedding aging where possible. Elder Affairs will also grow and sustain the movement by building and strengthening relationships with partners, so they apply an aging lens to their work. By the middle of the State Plan period, Elder Affairs will have developed a second multi-year action plan and will have strengthened the infrastructure to sustain the movement.

Performance Measures:

- Year Three Progress Report is submitted to AARP.
- Second multi-year action plan is submitted and approved by AARP.
- Increase the number of partners to the age- and dementia-friendly movement.

Objective 2.4: Enhance supports for and increase the identification of family caregivers.

Strategies:

Elder Affairs recognizes the critical role that family caregivers play and aims to provide services and supports wherever they are, including their communities and places of employment. Elder Affairs will continue to work with AAAs to improve self-identification of family caregivers and awareness of resources, and also increase supports such as training and respite opportunities. In addition, Elder Affairs will deepen its work with employers in the public, private, and non-profit sectors to recognize and support family caregivers in the workplace.

Performance Measures:

- Increased traffic to the Mass.gov family caregiver website and other digital channels for caregiver engagement at the state and AAA level.

- Increase the number of training and respite opportunities for family caregivers.
- Increase the number of employers committed to support family caregivers via the Massachusetts Caregiver Coalition.
- Increase the number of caregivers served by the program.

Objective 2.5: Reframe the conversation about aging from a “challenge” to an “asset” and reduce stigma surrounding aging and caregiving.

Strategies:

Elder Affairs has long placed an emphasis on reframing aging and eliminating ageist stereotypes, and the COVID-19 pandemic exacerbated this issue in many ways. As part of the State Plan, Elder Affairs will take tangible steps to reduce ageism and promote older adults as valued family members, friends, neighbors, and employees. Elder Affairs will support language and communication training to policymakers, business and technology leaders, and media. In addition, Elder Affairs will increase literacy regarding topics related to aging and caregiving in the media and among influencers so that stories about aging and caregiving stay at the forefront and spread to new channels and consumers.

Performance Measures:

- Number of reframing aging trainings and participants.
- Number of stories and photos framing aging in a positive light in major media publications.

Goal 3. Empower and Support Optimal Aging

Objective 3.1: Improve economic security for older adults and caregivers.

Strategies:

Elder Affairs will support the education of older adults on the benefits of working longer and the importance of saving and retirement planning. Elder Affairs will also support efforts to improve the training and skill development of older workers. Elder Affairs will continue to strengthen and support the Senior Community Service Employment Program (SCSEP), including the use of demonstration grant funds to establish and test a remote employment training program for older workers.

Performance Measures:

- Increased engagement of the aging network on trainings for older workers, as well as retirement planning.
- Review and enhance the current SCSEP structure with a view toward remote and hybrid training and work.
- Establish a remote employment program through a Department of Labor demonstration grant, report on outcomes, and share best practices.

Objective 3.2: Ensure access to services that promote healthy aging, including nutrition and evidence-based programs.

Strategies:

With the goal of ensuring that all older people have access to programs that promote healthy aging Elder Affairs will support increased access nutrition programs, including medically appropriate and culturally competent meals. Elder Affairs will also work to increase access to Medical Nutrition Therapy (MNT) to enhance nutrition assessment and counseling programs to reduce malnutrition. Finally, Elder

Affairs is committed to increasing access and availability of evidence-based programs that support healthy aging, including the expansion of existing programs into additional language.

Performance Measures:

- Increased number of nutrition programs providing medically tailored, as well as culturally competent meals.
- Increased participation in Medical Nutrition Therapy (MNT).
- Increased availability of and participation in evidence-based programs across the Commonwealth through the aging network.
- Increased language options for existing evidenced-based programs.

Objective 3.3: Facilitate connection and engagement for older people and caregivers, including increasing volunteer and work opportunities.

Strategies:

Elder Affairs appreciates and values the importance of connection and engagement for older people, whether it is volunteer, social connections or paid work. Elder Affairs will promote the value of older workers with partners in the business community and at the Executive office of Labor and Workforce Development and will increase opportunity for lifelong learning for older adults and family caregivers. Elder Affairs is committed to partnering with local organizations to promote connection and engagement for older adults and caregivers, including volunteer and multigenerational opportunities.

Performance Measures:

- Increased training of MassHire staff on the value on older workers.
- Increased awareness of older workers within in business community.
- Develop and disseminate best practices for multigenerational and volunteer opportunities for older adults and caregivers within communities.
- Increased promotion of opportunities for lifelong learning and partnership with local colleges and universities within the aging network.

Objective 3.4: Strengthen behavioral health supports for older adults in community.

Strategies:

Elder Affairs recognizes that behavioral health support begins in community, and there is incredible value in creating bridges between the AAA network and behavioral health care system. Employing the [Massachusetts Roadmap for Behavioral Health Reforms](#) as a resource and as part of the State Plan period, Elder Affairs will expand and scale successful AAA programs and interventions that address behavioral health and related issues, such as social isolation and loneliness, and strengthen referral pathways between aging services providers and the health care system. Key to this success is the continued collection of outcomes data for pilot community-based behavioral health programs, such as the AAA's Elder Mental Health Outreach Teams, and the use of data to influence policy and programmatic changes.

Performance Measures:

- Increased referrals between AAAs and behavioral health care providers.
- Increased footprint or number of behavioral health programs for older adults in community.

Goal 4. Prevent Injury, Violence and Exploitation of Older Adults

Objective 4.1: Strengthen the protective services and legal services programs to enhance the protections of older people living in community.

Strategies:

Adult Protective Services is a critical component of Elder Affairs services. During this State Plan period, Elder Affairs will implement improvements to processes and systems in consultation with the AAA network and other stakeholders. Elder Affairs will also find ways to strengthen the workforce's skillset, including enhanced investigation, decisional capacity, and cultural competency training. Lastly, Elder Affairs will find ways to modernize the workforce and enable remote work, including technology upgrades for remote documentation.

Performance Measures:

- Enhancements to Protective Services processes and systems.
- Increased number of investigation, decisional capacity, and cultural competency Protective Services training completions.
- Provision of technology to enable remote documentation and other tasks.
- Increase availability of respite.

Objective 4.2: Increase awareness of abuse, neglect, mistreatment, and exploitation of older people.

Strategies:

In coordination with the AAA network and partnerships at the state, regional, and local levels, Elder Affairs will implement multiple approaches to increase knowledge and awareness of abuse of older people. In particular, Elder Affairs will work with other Health & Human Services agencies (e.g., Department of Mental Health, Disabled Persons Protection Commission) to create a cross-agency training focused on abuse. This training will help direct care professionals, as well as community partners, understand risks and signs of abuse as well as available resources such as Adult Protective Services. In addition, Elder Affairs will conduct a series of media campaigns to improve public awareness.

Performance Measures:

- Increased number of campaigns, presentations, and public service announcements related to abuse of older adults.
- Develop cross-agency training focused on abuse.

Objective 4.3: Support the long-term care and community care ombudsman programs.

Strategies:

The Executive Office of Health and Human Services will work with Elder Affairs as appropriate to strengthen the long-term care ombudsman programs. This includes supporting advocacy for residents in long-term care settings, such as skilled nursing facilities, assisted living residences, and rest homes, and also supporting the recruitment, training, and certification of volunteer ombudsman.

Performance Measures:

- Increased number of long-term care ombudsman volunteers.
- Implement online and virtual training for the ombudsman program.

Strategies:

Strengthen the Community Care Ombudsman Program to include supporting advocacy and resolutions for older adults, people with disability and their families accessing community services and supports through the ADRC.

Performance Measures:

- Decreased number of complaints by ongoing review of the trends of complaints involving ADRC contract agencies.
- Implement revolving case consult training for aging and disability network staff regarding CCO and complaint process resolution.

Goal 5. Optimize Access to Information and Services for Older Adults and Improve the Consumer Experience

Objective 5.1: Maintain and strengthen the aging and disability “no wrong door” network.

Strategies:

Elder Affairs is committed to maintain and strengthen access to the aging and disability network through a “no wrong door” approach. Elder Affairs will review the current consumer experience within the aging network with a lens toward ensuring the experience is equitable and consistent throughout the network. Elder Affairs will continue to support the promotion of MassOptions, the aging and disability online portal and call center. Elder Affairs will also support the training of staff within the aging and disability network on cross-agency referrals.

Performance Measures:

- Conduct and report on a consumer experience project within the aging network.
- Increased calls and referrals to MassOptions.
- Promotion of cross-agency services and supports for all aging network staff through trainings and other forums.

Objective 5.2: Improve the visibility of the aging services network.

Strategies:

Elder Affairs is committed to ensuring that the aging network is well-known and visible across the Commonwealth. Elder Affairs with partners in the network will review the status and perceptions of the aging network with the public. Elder Affairs will also support efforts to market and promote the aging network.

Performance Measures:

- Conduct a full review of the current perceptions of the aging network, through focus groups and other community inputs.
- Create, develop, and disseminate a comprehensive marketing and branding campaign with the AAAs, ASAPs and Councils on Aging.
- Increased online, print, and other materials for the aging network.

Objective 5.3: Review and strengthen diversity, equity, and inclusion work within the aging services network.

Strategies:

Elder Affairs is committed to ensuring diversity, equity, and inclusion throughout the aging network, and therefore will promote diversity, equity, and inclusion trainings within the aging network. Elder Affairs will work to review existing programs, services, and information to ensure inclusivity of all populations. Elder Affairs will also commit to strengthening and expanding partnerships with underrepresented community groups and members.

Performance Measures:

- Increased training opportunity on culture, race, sexual orientation, and gender identity for the aging network.
- Increased partnerships with underrepresented community groups and members across the Commonwealth.
- Increased participation in programs and services by currently underrepresented community groups and members.

Goal 6. Ensure Quality, Equity and Value in Person-Centered, Community-Based Care

Objective 6.1: Set and evaluate performance measures for the aging services network.

Strategies:

As part of this State Plan period, and under new executive leadership, Elder Affairs will reevaluate the performance measures and processes for the AAA network. This includes reviewing current performance and contract standards for the aging network, establishing data measures to ensure all organizations are meeting set standards, and supporting the aging network in transitioning to new measures and requirements. With this objective, Elder Affairs intends to level set expectations for the network while providing technical assistance and support to meeting reporting requirements.

Performance Measures:

- New performance metric framework established.
- All AAAs have transitioned to reporting on new data measures and requirements with support from Elder Affairs.

Objective 6.2: Utilize data and evidence-informed analysis to address issues around quality, equity, and value.

Strategies:

Using data to inform policy and practice is a critical component of continuous learning. Elder Affairs values this process and intends to strengthen its ability to translate data into action that benefits the AAA network, older adults, and their caregivers. In this State Plan period, Elder Affairs will review the current participation in programs and services to better understand who the network is serving and who may be underrepresented in access to programs. This information will be used by Elder Affairs and the AAA network to strengthen outreach, engagement, and inclusion. Elder Affairs will also review and strengthen policies and procedures related to accountability for the aging network to promote equity and value for all.

Performance Measures:

- Use of data to inform outreach and engagement, as well as cultural tailoring of programs and services offered by the AAAs and other community-based organizations.
- Accountability measures defined and reported against on a periodic basis to Elder Affairs.

Objective 6.3: Monitor and support the operations of the aging services network.

Strategies:

As part of its commitment to continuous learning and quality improvement, Elder Affairs will use data to ensure service delivery of Title III funded programs to older people through the Area Agency on Aging network and certify quality of Title III programs through monitoring.

Performance Measure:

- Designation review process completed on-time and with assistance to the AAA network as needed, including remediation and corrective action planning.

Quality Management

Elder Affairs quality management strategy is designed to assure that essential safeguards exist with respect to health, safety, and quality of life for consumers. The aim is to include active quality management systems for promoting and monitoring internal, as well as external, quality across the agency and the aging service network.

The quality management and improvement strategy is based on the following key operational principles:

1. The system is designed to create a continuous loop of quality assessment and improvement, including the identification of issues, notification to concerned parties, remediation, follow-up analysis of patterns and trends, and subsequent improvement activities.
2. Quality is measured using a set of outcome measures, which are based on Elder Affairs mission statement and goals, Centers for Medicare & Medicaid Services assurances, Commonwealth of Massachusetts' regulations, and AAA/ASAP quality oversight activities.
3. The system assesses quality by measuring health and safety for consumers and places a strong emphasis on other quality of life indicators, including consumer access, person-centered planning and service delivery, rights and responsibilities, consumer satisfaction, and consumer involvement.

The following are examples of the quality improvement (QI) activities that Elder Affairs and the AAA/ASAPs undertake; however, among the many different Elder Affairs programs, additional QI activities take place.

Online Data Reports

Elder Affairs and the University of Massachusetts Medical School UMMS have developed a robust online reporting tool, called Home- and Community-Based Services (HCBS) Explorer. Both Elder Affairs and the AAA/ASAPs use these reports, which simplify and streamline report production, making the reports accessible to people with a wide range of technical skills. Using enrollment, assessment, service delivery, and financial data, HCBS Explorer allows for standardized, statewide reporting. In addition, many of the reports contain charts, which show trends for individual AAA/ASAPs, as well as for the Commonwealth of Massachusetts as a whole. Elder Affairs and the AAA/ASAPs also develop and share reports using the WellSky Harmony Advanced Reporting (HAR) application.

Through these reports, Elder Affairs monitors in real time how individual AAA/ASAPs and the overall network are performing. Identified problems with an individual agency's performance or recognized systemic issues are followed-up on accordingly.

Designation Reviews

Elder Affairs conducts onsite designation reviews (audits) of the AAA/ASAPs. Before the onsite meeting, Elder Affairs thoroughly reviews consumer records using online databases. During onsite reviews, Elder Affairs conducts hard copy record reviews and meets with the agency's directors and staff. Additionally, the designation review documents describing the agency's quality management system, including the QI plan, performance management information, QI committee meeting minutes, and consumer and staff satisfaction surveys; Elder Affairs also reviews information on the agency's data reporting, record review processes, and other elements of the quality management system. Culminating in a report, the designation reviews may lead to a corrective action plan process, enabling the AAA/ASAPs to improve their performance in particular areas.

Frail Elder Waiver

Elder Affairs engages in extensive evaluation of its Frail Elder Waiver (FEW) program. Currently, Elder Affairs and the ASAPs track 29 performance measures, covering consumers' health and welfare, service plans, level of care determinations, as well as provider qualifications, financial accountability, and administrative aspects of the program. Elder Affairs and MassHealth report to CMS annually and write a comprehensive report every five years on the results of the performance measures.

Grant Evaluation

Elder Affairs receives various grants, including programs that serve people with dementia and their caregivers, including strategies to increase the dementia capability of home- and community-based services across the state. Elder Affairs, independently and in collaboration with external entities, such as the UMMS and Boston University, evaluate the various grant activities through pre- and post-tests, surveys, interviews, data that is entered into online database, and other methods.

Statewide Meetings

Elder Affairs and AAA/ASAPs hold regular meetings (monthly, quarterly), including for QI directors/managers, home care program and nurse managers, contract managers, other program directors and staff, and executive directors. The meetings address any concerns with performance on quality measures, discuss changes in requirements or QI practices, and introduce new initiatives. Meetings enable Elder Affairs to have regular check-ins with the network on QI issues and requirements. The SUA also has workgroups with AAA/ASAP members to work on various QI and related initiative.

Massachusetts State Plan on Aging, 2022-2025 Attachments

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Attachment A: State Plan Assurances and Required Activities

The Secretary of the Massachusetts Executive Office of Elder Affairs, as official signatory for the State Unit on Aging, hereby commits to performing all listed assurance and activities as stipulated in the Older Americans Act (OAA), as amended in 2020.

OAA Sec. 305, Organization

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—...

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; ...

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other

arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

The Massachusetts Executive Office of Elder Affairs certifies that the following assurances (Section 306 of the OAA) will be incorporated into the 2022-2025 Area Plans on Aging, and therefore will be revealed as required affirmations by the 21 Area Agencies on Aging in Massachusetts.

OAA Sec. 306, Area Plans

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for

which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) provide assurances that the area agency on aging will—

(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared;

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental

and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

- (A) not duplicate case management services provided through other Federal and State programs;
- (B) be coordinated with services described in subparagraph (A); and
- (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
 - (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such

category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provide in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

OAA Sec. 307, State Plans

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project

grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

OAA Sec. 308, Planning, Coordination, Evaluation, and Administration of State Plans

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy

so created by hiring an employee to be supported through use of amounts received under this paragraph.

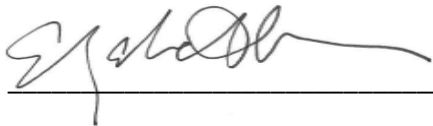
OAA Sec. 705, Additional State Plan Requirements

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...



Elizabeth C. Chen, PhD, MPH, MBA
Secretary
Executive Office of Elder Affairs
Commonwealth of Massachusetts

July 1, 2021

Date

Attachment B: State Plan Information Requirements

The Secretary of the Massachusetts Executive Office of Elder Affairs, as official signatory for the State Unit on Aging, hereby provides the following responses in support of each Older Americans Act (OAA) citation as presented.

Information Requirements

OAA Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Elder Affairs and the AAA network are determined to develop programs and services that provide preference to older individuals in greatest economic and social need. In practice, this commitment originates with the development of a statewide Needs Assessment Project toward determining the needs of older adults and their caregivers and endures through the four-year planning period with the finetuning of operations, budgets, and program administration. The aging network in Massachusetts is driven by five fundamental methods that support targeting preferences under the OAA, through the MA Intrastate Funding Formula; commitment to Voluntary Contribution policies; expansive Outreach practices; special outreach to Isolated Populations; and a commitment to a No Wrong Door philosophy.

Intrastate Funding Formula: A critical theme of the OAA is the importance of developing and providing services and programs that give preference to persons sixty (60) years of age or older in greatest social or economic need. Particular attention is reserved for low-income older individuals, including low-income minority older adults and older individuals with limited English proficiency and persons living in rural areas. The Massachusetts Intrastate Funding Formula (IFF) (see Attachment C) represents the SUA's principal design and assurance in supporting elders targeted under the OAA. In support of older adults in greatest economic and social need, Elder Affairs assigns 47.5% of the IFF on 60+ low-income elders, 20% to 65+ minority elders, 15% to 60+ elders living alone, and 5% to 65+ rural elders – a total of 87.5% of IFF is targeted to older adults in greatest economic and social need. (The balance of the IFF to attain 100% is 10% for 75+ elders and 2.5% to 60+ elders). As the central mechanism for carrying out the Commonwealth's commitment for reaching targeted OAA populations, the Formula leads the AAA network in directing Title III funding to older adult populations across the state that are most in need of services and supports.

Voluntary Contribution Policy: In the delivery of services and programs, the AAA network and their providers are committed to the policy that Title III services are provided without

use of any means test. Through policy review, assessment of collection practices, and monitoring procedures, Elder Affairs and the AAAs support the rules on voluntary contributions. As a fundamental feature of the OAA, the network is made aware of the regulations on this matter and AAAs and providers do not means test for any service under Title III or deny services to any individual who is not able to or chooses not to contribute to the cost of the service. In commitment to the policy and in practice, the voluntary contribution tenet delivers on the OAA ideology that any older adult 60+ is eligible for services. As the ability to pay for a service or pressure to make a fee or payment is absent, older adults and their caregivers are relieved of possible discomfort and can make decisions based on need, and make choices that present the best opportunities for community living.

Outreach: The networks' efforts to reach out to diverse populations also indicates commitment to providing services to older individuals with greatest economic need and older individuals with greatest social need. In run-up to the four-year planning period, Elder Affairs and the AAAs took great care to generate outreach and participation opportunities for OAA targeted populations through the mandated four-year Needs Assessment Project. While older adult and caregiver participation was a concern during the COVID-19 pandemic period, the AAA network developed unique outreach methods and practices, marketed needs assessment activities, and reached out to both isolated Title III consumers and their communities at large.

Each AAA uses its unique personality and assets to reach isolated elders. Television/cable, radio, and newspaper media were used as outreach mechanisms in several of the larger (geographic) Planning and Service Areas (PSA) where face-to-face connections are challenging. AAAs with more concentrated PSAs used personal contact through "porch visits", home delivered meal connections (surveys and conversations), Councils on Aging (as available through the pandemic), and housing facilities. AAA's use any number of methods to reach out to elders in isolation and those elders with greatest economic need.

Isolated Populations: During normal circumstances older adults in Massachusetts experience isolation. The COVID-19 pandemic magnified the potential conditions for separation and forced the AAA network to develop new methods to assist older adults experiencing isolation in an environment that restricted face-to-face interaction. AAAs across the Commonwealth arrived at new ways to maintain and improve consumers' welfare and develop unique opportunities to serve older adults and their caregivers. Telephone well-being check-ins was an often-used technique for reaching isolated consumers – a practice that is expected to continue. Additionally, the network recognized early on the necessity to transition standard services from in-person connections to other designs – that standard service provision had to be refined to meet a new environment. In-person visits transitioned to telephone or video visits via Zoom and FaceTime. While the environment was positioned to create isolation for older adults and their caregivers, the AAA network adapts to minimize the pressures that created those circumstances.

As Elder Affairs and the AAAs reach out to targeted populations, we are committed to providing culturally competent services. By addressing limited English proficiency (LEP)

consumers with bi-lingual providers, offering interpreters, and translated written materials the network ensures that services, connections and contacts are wide-ranging in nature. Outreach and contact with socially isolated populations, including LEP consumers and LGBTQ+ older adults, through trainings, listening sessions, and sponsored events advances the AAAs connection to the populations in need of support and assistance. Additionally, as conveyed below under Section 307(a)(3), outreach to rural elders remains a concerted effort for those AAAs with isolated, rural populations.

No Wrong Door: As a practical response to using mechanisms that reach targeted populations, the methods that provide information, resources and services must be straight-forward and easily accessible. As presented by ACL, “...No Wrong Door (NWD) Systems empower individuals to make informed decisions, to exercise control over their long-term care needs, and to achieve their personal goals and preferences.” In delivering on the NWD philosophy, MassOptions connects older adults and caregivers to local aging and disability services. With four easy methods to connect – telephone call, online chat, referral completion, and questions (one business day response) – the system connects older adults, individuals with disabilities and their caregivers with agencies and organizations that can best meet their needs. Trained MassOptions specialists provide fast, personalized attention that empowers consumers to make informed choices by making access to community services and supports easier. The development of NWD methods streamline access by eliminating the need for multiple referrals, and thereby providing consumers a clearer route to programs and services. While beneficial to all older adults, MassOptions as detailed under Person Centered Planning – Empower and Support Optimal Aging within the body of the State Plan, is a critical, but basic tool available to assist OAA targeted populations in attaining needed services.

OAA Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Assistive technology (AT) is any device that enhances or expands a person's ability to live more independently. Many different items are considered assistive technology, including adaptive computer equipment, walkers, hearing aids, memory enhancement aids, print magnifiers, wheelchairs, vehicle modifications and more. Additionally, some home modifications and vehicle purchases also considered assistive technology. Technology changes are becoming more advanced and current tools help family caregivers, older adults and their families to align multiple demands with available services. These include websites, apps, sensors, devices and digital health platforms. Technology helps caregivers find what they need, stay organized, and connect with others. It also helps older adults and those living with disabilities stay independent.

The COVID-19 pandemic provided an impetus for AT toward addressing social isolation and ensuring older adults and their caregivers had access to resources. AT trainings were provided by MassMatch – the Commonwealth’s AT program managed by MRC) – that

supported ADRC's in assisting consumers with fundamental assistance (e.g., helping an older adult use a computer, smart phone, etc.). Additionally, the Elder Affairs' State Home Care Program launched an Assistive Technology service for home care consumers and a Robotic Pets service for eligible home care consumers. AT was also in play under the MFCSP within Elder Affairs review with funding to pay for assistive technology as part of supplemental services. Sometimes that technology was for the caregivers themselves (like a video monitoring system for loved ones with wandering issues) or for the care recipient (like a music player).

In addition, identified resources for older adults and their caregivers include:

- [MassMatch](#) connects people to Assistive Technology for help with communication and mobility.
- [The Massachusetts eHealth Institute](#) is the designated state agency for health technology.
- [Massachusetts Broadband Institute](#) aims to make affordable high-speed Internet available to all homes, businesses, schools, libraries, medical facilities, government offices, and other public places across the Commonwealth.

Additional Commonwealth engaged assistive technology resources include:

- Services available under the Massachusetts Rehabilitation Commission, including the Massachusetts Assistive Technology Loan Program (MATLP). The Program is funded through state and federal grants and is operated by Easter Seals Massachusetts. MATLP gives people with disabilities and their families access to low-interest cash loans so they can buy the assistive technology devices they need. The program offers better interest rates than a traditional bank loan, and repayment lengths are based on the expected useful life of the device purchased. More information is located at www.massalternativefinance.org.
- The Massachusetts Commission for the Blind (MCB) directs an Assistive Technology (MCB AT) program (www.mass.gov/service-details/assistive-technology-for-the-blind-at) that provides critical computer and adaptive equipment training to consumers to increase, maintain, or improve their functional capabilities. Provided primarily to Vocational Rehabilitation (VR) consumers, AT services include deployment and training on usage of software program and/or devices such as screen readers that turn regular computers into talking personal computers. AT also includes the process used in selecting, locating, and using technology to perform activities of daily living independently, or even with assistance. MCB can assist with the following forms of technology.
 - Screen Magnification Technology - Closed Circuit Television, Screen Magnification Software, and Screen Readers and Voice Technology
 - Braille Embossers and Refreshable Displays - braille embosser and/or refreshable braille display
- The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) provides accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities throughout Massachusetts are fully accessible to persons who are deaf and hard of hearing. MCDHH provides consumer information on assistive technology and lists

organizations that accept and distribute gently used hearing aids at www.mass.gov/service-details/financial-assistance-exchange-and-recycling-programs-for-hearing-aids-and-assistive. Recycling hearing aids is an excellent means of helping people who would otherwise be unable to benefit from this necessary, but expensive technology. The MCDHH website lists several options available regarding financial assistance for hearing aids and identifies programs that loan equipment and others that provide refurbished equipment.

OAA Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

The AAAs in Massachusetts are required to address their activities around long-range emergency preparedness plans within their Area Plans on Aging, 2022-2025 (AAA Plans). AAAs communicate plans, activities, and collaborations that address the unique circumstances for emergency planning in the PSA they serve. As a vital participant within the community, each AAA shoulders responsibility in preparing policies and procedures for implementation during an emergency. Plans ensure that communications regarding preparation for emergency management are shared with the community, while realistic expectations regarding the agency's role and capacity are considered. AAAs, according to their respective plans, establish and maintain relationships with local or regional emergency personnel such as police, fire, hospitals, and the American Red Cross, and ensure evacuation plans are reviewed and updated annually.

Additionally, AAA Plans focus on emergency preparedness on a more micro level with a review of procedures in place for more conventional disruptions. AAAs collaborate with CoAs, senior centers and other organizations that provide Title III services to plan for, establish priorities under and implement emergency strategies. AAAs and their providers, including CoAs, are required to review, evaluate and modify practices, as needed, in the context of short-term daily crises, including fire drills, building access issues, heating/cooling system malfunctions, temporary building relocations, and any other upheaval that suspends services to elders on a short-term basis. While this effort is more routine in nature, well developed and planned responses to crises, regardless of the magnitude, are key to the continuation of services to and the well-being of older adults and their caregivers.

Shared responsibility is essential in developing sound emergency preparedness plans, (also see response to Section 307(a)(29) below). With Elder Affairs guidance, the elder network has joined efforts to prepare and communicate a statewide effort in the face of disasters and emergencies. Each AAA is required to have in place a Continuity of Operations Plan (COOP) which details the policies and procedures for implementation during an emergency. In connection with requirements as detailed in the OAA, emergency management plans for frail and homebound elder consumers, vendor communications, and service restorations are required as part of the AAA Plans. Agency closures, delayed

starts, cancelled meals, service interruptions, protective issues and other emergency situations (snowstorm, ice storm, hurricane, water main break, flooding, electrical issues, phone issues etc.) are examples of disaster situations where a COOP plan would be launched by the AAA to provide disaster relief service delivery, stoppage and continuity as the situation dictates.

- There are several core components of continuity planning as practiced and implemented under the COOP plans, including:
- Defining mission essential functions
- Identifying critical staff to carry out mission essential functions
- Identifying interdependencies critical to mission essential functions
- Identifying critical systems required for mission essential functions
- Designating alternate facilities where mission essential functions can be implemented
- Identifying appropriate and lawful orders of succession
- Defining delegations of authority
- Identifying essential records that are required to support mission essential functions or are required to by law to be maintained.
- Ensuring resources, such as fly-away kits, are maintained and available to support COOP activation.

The distinct elements of COOP plans vary across all 21 AAAs based on any number of factors including, geographical setting, size of at-risk populations, volunteer capacity, strength of community partnerships, and communication promotion and infrastructure. The SUA has established procedures for AAAs to follow in the event of agency closings, delayed starts, service interruptions, and similar events associated with both temporary and long-term service interruptions. Communication links are established and maintained for emergencies for Home Care, Nutrition, Council on Aging, Protective, and I&R services. The teamwork between Elder Affairs and the AAAs is crucial to maintain communications and provide briefs for the Secretary of EOHHS, Governor's Office and/or the Administration for Community Living.

In practice, the planning for emergencies was no more engaged than during the COVID-19 pandemic. The collaboration, commitment, and messaging were critical at the start of the pandemic and in follow through that included ongoing guidance, action plans, and open communications to align with the aging networks' commitment to ensure continuity to programs and services during emergency responses.

OAA Section 307(a)(2)

The plan shall provide that the State agency will —

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). [Note: those categories are access, in-home, and legal assistance.]

As required under the Older Americans Act, Section 307 (a)(2)(C), Elder Affairs has established a minimum proportion of the funding received by each AAA in the state under

Part B of the Act, be mandated for the provision of certain priority services; access, in-home and legal services. As part of the annual monitoring review, Elder Affairs confirms that each AAA meets the priority services requirements as assigned. The following indicates the minimum funding percentages for priority services.

Access Services	two (2) percent of Part B funding available.
In-home Services	two (2) percent of Part B funding available.
Legal Services *	nine (9) percent of Part B funding available.

** The legal services percentage is based on a minimum standard plus an individual maintenance of effort required separately of each AAA.*

OAA Section 307(a)(3)

The plan shall—

(B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Elder Affairs defines rural as those communities with less than 100 persons per square mile. As applied to the Massachusetts Intrastate Funding Formula (see Attachment C), there are six AAAs with rural populations, with a discernable amount in Berkshire and Franklin counties, and parts of Hampden and Hampshire counties. Based on the Census report, [The Older Population in Rural America: 2012-2016](#), in Massachusetts 9.1% of the older population (65+) live in rural areas; as a comparison, the same report indicates 8.0% of all ages live in rural areas. Elder Affairs remains committed to working with identified AAAs in connecting with and serving older adults and caregivers that reside in rural communities.

The networks efforts on this strategy are supported within the Massachusetts Intrastate Funding Formula – comprised of six basic components that are weighted relative to the significance of each component within the total formula – 5% of the Formula is assigned to the proportion of persons living in rural towns within the State. The AAA network and Elder Affairs is committed to focus on isolated elders in rural communities through outreach methods that target this population. The AAAs that cover Berkshire and Franklin counties are especially aligned with meeting the particular needs of rural older adults with services that include, cable television broadcasts, monthly newsletters, grocery shopping and delivery, and targeted and telephone outreach.

In accordance with ACL directives, Elder Affairs assures that expenditures for services to rural elders in the Commonwealth over the four-year State Plan period will not be less than the amount expended for such services for fiscal year 2000. Based on prior State Plan

submissions, the fiscal year 2000 base figure for rural elder expenditures is \$585,750.00. Based on 2020 data from the Massachusetts care management system, Title III and state funded services to rural older adults – using zip codes as the sorting factor – totaled more than \$12.5M in services, with the vast majority of those services under congregate and home delivered meals, personal care, and transportation. If current Title III funding trends hold constant, we are projecting for fiscal years 2022, 2023, 2024 and 2025 that expenditures for rural elders reach \$12.8M, \$13.0, \$13.2M, and \$13.4M per year, respectively.

OAA Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

As required by the OAA and in support of Elder Affairs’ mission to provide access to services for all older adults 60+ and over, the aging services network focus on rural older adults helps to identify and provide services to geographically isolated elders. The Massachusetts Rural Policy Advisory Commission indicates that rural areas are dealing with issues such as: small, aging and often declining populations; limited fiscal resources and staffing constraints; inadequate infrastructure and mobility options; and acute public health challenges. Through the work of the Commission to gather information and design recommendations, six key issues were identified:

1. Demographic trends and declining populations are the single biggest challenge in rural areas.
2. Enhancing rural competitiveness depends on upgrading the infrastructure in rural areas.
3. Economic opportunities and workforce needs are different in rural areas and require different strategies.
4. Rural areas have unique housing needs, which are not being met.
5. Education and health care – known as strengths statewide – can be significant challenges in rural areas.
6. Rural communities struggle to achieve equal access to funding resources and have difficulty attracting professional staff.

Rural isolation has significant impacts on the quality of life of rural residents. Social and geographic isolation of rural areas present a variety of challenges to residents, especially as it relates to accessing state-sponsored services and the overall delivery of social services. Demographic trends are a challenge for rural areas and can result in a greater need for public and non-profit services for older adult populations. The engagement of isolated rural elders through outreach efforts and program planning is critical to the larger effort to support older adults thriving in the community of their choice.

Current programs and services engaging with rural older adults include socialization and wellness activities, benefits counseling – including SHINE counseling, volunteer recruitment, and transportation services. Some of the common solutions include public forums, encouraging representation on AAA Advisory Councils, information and benefit

fairs, targeted needs assessment and research endeavors, and mass media, newspaper and community service notices. Serving rural populations, as well as localities that are geographically isolated and difficult to serve, remove barriers to access. Solutions vary across the associated AAAs, but the effort to develop unique solutions and reach isolated elders fulfills the commitment to serve older adults residing in rural, isolated areas.

OAA Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

The following figures represent the Massachusetts 60+ population for each of the highlighted populations as extracted from the Census 2010 (using 2019 ACS Estimates):

American Indian & Alaska Native	3,261
Native Hawaiian	100
Asian	65,213
Black or African American	86,407
Hispanic or Latino Origin	83,146

Additional targeted demographic data of the Massachusetts 65+ population obtained from the American Community Survey (ACS) 2019 5-Year Estimates include:

Low-income Minority Older People (65+) (Below poverty level.)	140,052
Older People with Limited English Proficiency (65+) (Ability to Speak English Less Than “Very Well”.)	169,553

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

In pursuit of the OAA mandate to advocate for and address the financial and social needs of vulnerable older adults in the Commonwealth, Elder Affairs and the AAA network are committed to identifying vulnerable populations and provide services that help isolated individuals remain in the setting of their choice. Determining the needs of low-income older adults and their caregivers in developing programs and services that focus on this population is intertwined within the missions, designs and services presented by Elder Affairs and the AAA network. As previously presented, the Title III Core Programs are designed to link services with targeted populations – primarily through the Intrastate Funding Formula – the following programs offer additional resources for low-income older adults and their caregivers in the Commonwealth.

Prescription Drug Assistance: Prescription Advantage provides prescription drug coverage for Massachusetts residents ages 65 and older, as well as younger people with disabilities who meet income and employment guidelines. The program is a state-sponsored prescription drug program that provides financial help to lower prescription drug costs.

Prescription Advantage supplements prescription drug benefits by helping to pay for medications covered by Medicare Part D or creditable coverage plans. Membership category determines when Prescription Advantage benefits begin; at that time, members pay no more than Prescription Advantage co-payment amounts. Prescription Advantage provides financial assistance to members based on their income and assistance they may receive from Medicare. Depending on income, Prescription Advantage assigns members to a membership category which determines the level of benefits the members receive.

MassHealth Office of Long-Term Services and Supports (OLTSS): MassHealth, the Commonwealth of Massachusetts' Medicaid Program, through its Office of Long-Term Services and Supports (OLTSS) provides a robust system of care for members of all ages who need services to enable them to live with independence and dignity in their daily lives, participate in their communities, and increase their overall quality of life. These services include the following Community-Based Long-Term Services and Supports (LTSS) and Facility-Based LTSS through the state plan, as well as Other Covered Services covered through the ACOs and MCOs:

- **Community-Based Long-Term Services and Supports:** Adult Day Health, Adult Foster Care, Continuous Skilled Nursing (may be provided by Independent Nurses or Home Health Agencies), Day Habilitation, Group Adult Foster Care, and Personal Care Attendant Program (PCA).
- **Facility-Based Long-Term Services and Supports:** Nursing Facility Services (over 100 days) and Chronic Disease Rehabilitation Hospital Services (over 100 days)
- **Other Covered Services:** Chronic Disease Rehabilitation Hospital Services (for the first 100 days), Nursing Facility services (for the first 100 days), Durable Medical Equipment (DME), Orthotics and Prosthetics, Oxygen and Respiratory Therapy, Hospice Services, Home Health Agency (except Continuous Skilled Nursing), and Therapies (including Physical Therapy, Occupational Therapy and Speech Therapy).

Medicare Savings Programs/MassHealth Buy-in Program: Beginning on or after January 1, 2020, Massachusetts expanded several Medicare Savings Programs (also known as "MassHealth Buy-in" programs). These programs help older residents and people living with disabilities save money on their Medicare coverage. A Massachusetts resident with limited income and assets, who is eligible for Medicare, may qualify for a Medicare Savings Program that will pay monthly Medicare Part B premium, which is now deducted from your Social Security benefit. In certain cases, a Medicare Savings Program may also pay out-of-pocket Medicare Part A and Part B costs and Part A premium. As of the January 1, 2020, the income and asset limits for the Medicare Savings Programs are increasing, meaning more people will be able to get help paying for Medicare.

Senior Housing Resources: The following information is presented to highlight a range of housing options and possible financial support opportunities for low-income older adults in Massachusetts.

Supportive Housing combines housing with services for older adults and people with disabilities. Supportive Housing Coordinators help residents access community resources, work with the local housing authority, oversee a 24/7 emergency response

system, arrange for meals, and plan social activities. Supportive Housing Coordinators also manage issues that arise in housing to foster stability and a sense of community. The private apartments include a bedroom, bathroom, and kitchen/dining area. Residents have a lease with the local Housing Authority that runs the building. There are 41 Supportive Housing sites around the state with 6,060 units available.

To be eligible for Supportive Housing, applicants must meet financial eligibility guidelines and pass any housing authority screening (e.g., criminal records, housing history, etc.). Additionally, applicants must meet the following determinations:

1. “Elderly” as defined by the housing agency (either age 60 and older or 62 and older, depending on the type of housing), or
2. Have a documented disability

Congregate Housing is a shared living arrangement that combines housing and services for older adults and people with disabilities. Coordinators work with the housing providers to ensure a stable environment and to foster a sense of community. Congregate Housing does not offer 24-hour care or supervision. At every site each resident must have their own bedroom. Residents may share kitchen, dining, and bathroom facilities. There are currently 43 Congregate Housing sites in Massachusetts with the capacity to house 561 residents. To be eligible for Congregate Housing you must be either:

1. “Elderly” as defined by the housing agency (either age 60 and older or 62 and older, depending on the type of housing)
2. Non-elderly and disabled (with a documented disability)

Residents must meet financial eligibility guidelines for the housing and pass any screening criteria (e.g., criminal records, housing history, etc.) used by the housing agency to process applicants. Additionally, Congregate Housing residents must:

- Be able to take part in a shared living environment.
- Be capable of independent living and not need 24-hour care to carry out activities of daily living.
- Be medically stable and oriented to person, place, and time.
- Not exhibit behaviors which would be a disturbance to other Congregate Housing residents.

Assisted Living Residences (ALRs) offer a combination of housing, meals and personal care services to adults for a monthly fee that includes rent and services. Assisted Living Residences are not the same as licensed nursing facilities, often referred to as “nursing homes,” “skilled nursing facilities,” or “nursing and rehabilitation facilities.” ALRs do not provide medical or nursing services and they are not designed for people who need serious medical care on an ongoing basis. The subsidy programs listed below are available in Massachusetts to qualified individuals. It is important to note that not all ALRs provide these subsidies:

- Group Adult Foster Care (GAFC) – GAFC is a MassHealth funded program. For information on the GAFC Program, please contact the MassHealth Customer Services line at 1-800-841-2900.
- Supplemental Security Income – Category G (SSI-G) – This is a subsidy program administered by the Social Security Administration (SSA) and supplemented by the Massachusetts Department of Transitional Assistance for people residing in ALRs. Potential ALR residents are encouraged to talk to SSA directly through the field offices sites to determine if they might be eligible for SSI-G benefits. A list of SSA offices may be found at www.socialsecurity.gov/otherssasites.
- Veterans' Administration Aid and Attendance Benefit – VA Aid and Attendance Benefits may be available for Veterans and/or surviving spouses. For more information on this benefit, contact the Boston Regional Benefit Office at 1-800-827-1000.
- Other income qualifying programs – Some ALRs provide reduced rates for low or moderate income residents.

Circuit Breaker Tax Credit: A Massachusetts taxpayer ages 65 or older that owns or rents his or her principal residence may qualify for the circuit breaker credit if he or she meets the eligibility requirements. While the credit is based on property taxes, the state government, not the city or town, pays the credit. The credit is for senior homeowners and renters who meet income limits and other eligibility requirements. The Department of Revenue annually adjusts the assessed value threshold limit by using a cost-of-housing adjustment that reflects the change in the average assessed value of single-family homes in Massachusetts from the previous calendar year.

Options Counseling Program: Options Counseling is a free service that can help an older person, an adult of any age with a disability, their family members, or caregivers make decisions on supportive services if they don't know where to turn. Finding help with personal care, household chores, transportation, nutrition or medication management, can be challenging and Options Counselors can provide information on the range of resources available and ensure that you, your family or caregiver understand the options, can make an informed choice, and decide the next step to take. Options Counseling Services can be reached through www.MassOptions.org or toll free at (800) 243-4636. Counselors under the program offer the following:

- Serve adults with a disability
- Serve older adults age 60+
- Are available by telephone, in-person or email/web
- Can be provided at home, at an agency, a hospital, rehab or nursing facility
- Provide unbiased information on long term supportive services and resources
- Can be provided in one meeting or over a series of meetings
- Ensure that you retain control over the process
- Provide decision support
- Help determine next steps to take

MA Attorney General's Office: The Attorney General's Office can help with elder issues

including financial exploitation, scam prevention, long-term care, housing, and more, with staff dedicated to helping elders, their families, and their friends. An Elder Hotline is available to answer questions and connect older adults with resources, at (888) AG-ELDER or (888) 243-5337; TTY: (617) 727-4765. Additional resources through the Attorney General's Office include:

Elder Abuse Reporting can be filed 24 hours a day either online at <https://www.mass.gov/how-to/report-elder-abuse> or by phone at (800) 922-2275. Elder abuse includes physical, sexual, and emotional abuse, caretaker neglect, financial exploitation and self-neglect. Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community by reaching the Massachusetts Elder Abuse Hotline at (800) 922-2275. Reporting abuse of a person with a disability under the age of 60, should be directed to the Disabled Persons Protection Commission at (800) 426-9009. To report abuse of a person by nursing home or hospital, call the Department of Public Health at (800) 462-5540.

Attorney General's Medicaid Fraud Division investigates and prosecutes health care providers who defraud the Massachusetts Medicaid program, known as MassHealth, and reviews reports of abuse against patients in long-term care facilities.

Mass Bank Reporting Project is a public-private partnership among the Executive Office of Elder Affairs, the Attorney General's Office, the Massachusetts Bankers Association, the Office of Consumer Affairs and Business Regulations, and the Division of Banks. Following a formal training, each participating bank designates an individual to be responsible for developing bank protocols and reporting in cases of elder financial exploitation. Banks can also provide customer outreach through pamphlets, posters, billing inserts, and community programs. The goals of the project include:

- Commitment to prevention through education,
- Rapid and coordinated response,
- Simple protocol for reporting that maintains confidentiality; and
- Greater cooperation during the investigation.

Older Adult Employment: The following presents opportunities for older adults interested in remaining in the job market. While generally appointed to all older adults, the programs are especially targeted to low-income minority older individuals and low-income minority older adults with limited English proficiency.

MassHire Career Centers offer a variety of employment-related services for job seekers of any age and businesses across the Commonwealth. Job seekers can get a variety of helpful services including working with experienced career counselors, attending workshops and short-term training, developing a resume, writing cover letters, and more. Currently there are 28 MassHire Career Centers across Massachusetts. Services provided to job seekers include:

- Job search assistance and access to online job listings
- Career counseling

- Coaching on job search skills
- Workshops on a variety of job search strategies
- Access to resources including: PCs, reference materials, resume building software, and economic data
- Networking groups
- Specialized services for Veterans, dislocated workers, workers with disabilities, and other special groups

Senior Community Service Employment Program (SCSEP) is a program administered by Elder Affairs and funded under Title V of the OAA, through the US Department of Labor. The SCSEP program helps low-income job seekers age 55 and older develop the skills and self-confidence to get jobs and become financially self-sufficient. Administered by Elder Affairs, SCSEP partners with AAA/ASAPs and MassHire Career Centers to offer older adults searching for employment valuable on-the-job work experience and training needed to gain employment in the private sector.

Section 307(a)(21)

The plan shall —

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

A review of the 2010 Census data reveals Native American/American Indian populations in each of the twenty-one AAAs. The Census' 2019 American Community Survey indicates that American Indian and Alaska Native population in Massachusetts is 0.2% of the 60+ older adult population – with an estimated 60+ population of 3,261. Current data from the states' care-management system indicates 326 Native Americans were provided services under both state and Title III service programs. While Native American elders are spread across the state, there are elevated concentrations in the southeast region of the state, Cape Cod and Islands, Boston (Jamaica Plain area), Merrimack Valley, and the cities of Springfield and Worcester. Historically, Elder Affairs has not been the recipient of OAA Title VI funding, however, the aging services network completes outreach and service delivery to Native Americans.

The AAA (Elder Services of Cape Cod and the Islands) that includes the two federal recognized tribes, the Mashpee Wampanoag Tribe and the Wampanoag Tribe of Gay Head (Aquinnah) of Massachusetts, is committed to engagement with the tribes. There is an open line of communication between the Tribe, AAA, and SUA, including past visits and telephone meetings. The AAA has formally reached out to the Elder Nutrition program of the Aquinnah and Mashpee Wampanoag Tribe during the COVID-19 pandemic offering resources and financial support for food to assist Tribal Elders who were experiencing food insecurity. In highlighting coordination across Title III and VI, the AAA provided the Mashpee Tribe with \$2,500.00 CARES funding in June 2020 to help tribal elders who experienced food insecurity. In addressing suspension of tribal elder group dining

programs and assisting with meals and food pantries, Title III funding was provided to both the Aquinnah and Mashpee Tribe in the spring of 2021.

The AAA that includes the city of New Bedford (Coastline Elderly Services) has awarded Title IIIB funding to the Mashpee Wampanoag Tribe for several years to coordinate transportation services to the Tribe's Mashpee Community Center. Older adults are also transported for medical appointments, both local and long distance. Collaboration during the pandemic included the Mashpee Wampanoag Tribe assisting the AAA with delivery of food to elders. Additionally, the AAA assists the Tribe with writing applications to the Massachusetts Department of Transportation for mobility assistance vehicles. Both named AAAs continue to be in touch with the SUA and the Tribes. In advance of the Statewide Needs Assessment Project, Elder Affairs reached out to both AAAs above to discuss targeted outreach. Additionally, the Aquinnah and Mashpee Tribes will be encouraged by the SUA and AAAs to apply for future Title IIIB and Title IIID funds in the FFY 2022-2023 upcoming grant cycle.

In a more universal view, AAAs across the Commonwealth report accounts of services to Native American older adults. Assistance to Native American older adults runs the domain from personal care, chore and home delivered meals to adult day health, PERS with fall detection, and offerings on community support information. AAAs are encouraged to include Native American older adults in focused outreach (including needs assessment efforts), education and information sharing with Native American community leaders, and sharing of opportunities under Title III programs. Elder Affairs will continue to pursue coordination of programs and services with Native American Tribes and older adult Tribal members through outreach, coordination, and consensus building. The SUA continues to council AAAs to embrace tribal organizations and Native American elder consumers through Advisory Council membership, Title III service award proposals, attentive service planning approaches, and culturally sensitive connections.

OAA Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

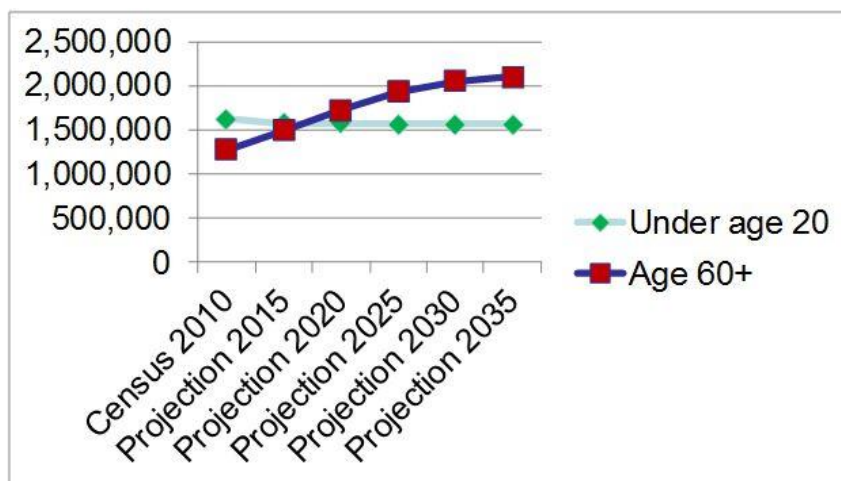
(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

In approach to the ten-year period beginning FFY2022, Massachusetts and the aging services network are alert to the impact that additional populations of 60+ older adults will have on the infrastructure and service mechanisms that guide our current work. Older adults are the fastest growing segment of the population, both in Massachusetts and nationally. The Commonwealth is at an inflection point, where for the first time in our history, we have more residents over the age of 60 than under the age of 20. The percentage of the Commonwealth's population aged 65 and over is projected to increase from 15% in 2015 to 21% in 2030.

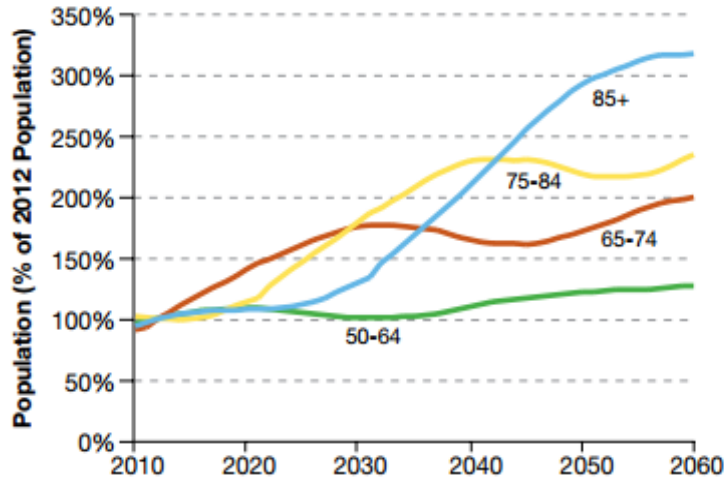
Figure 1 illustrates that in Massachusetts, the projected growth for the population under age 20 is flat, while the projection for the population aged 60 and over continues to climb. According to Figure 2, this projection varies depending on the age segment of the older adult population with the sharpest growth in the percentage of people over the age of 85. By 2060, there is expected to be a three-fold increase in the percent of the population age 85 and over. This is largely due to increasing life expectancy, continued low birthrates, and expected low rates of relocation to Massachusetts.

Figure 3. Projected Massachusetts Population Growth for Age 60+ and Under Age 20



Source: University of Massachusetts Boston Gerontology Institute, 2016

Figure 4. Projected Massachusetts Population Growth by Age Groups



Source: AARP, *Across the States Profile of Long-Term Services and Supports MA Report*, 2012

Elder Affairs continues to embrace the opportunities associated with a growing older adult population in the Commonwealth. As the maps below illustrate, 21% of the state's population is over 60. Soon, over 30% of the population in virtually every municipality will be over the age of 60.

Figure 5. Population Percentage of Massachusetts in 2016

Map 2

Percentage of Population Age 60+ Years

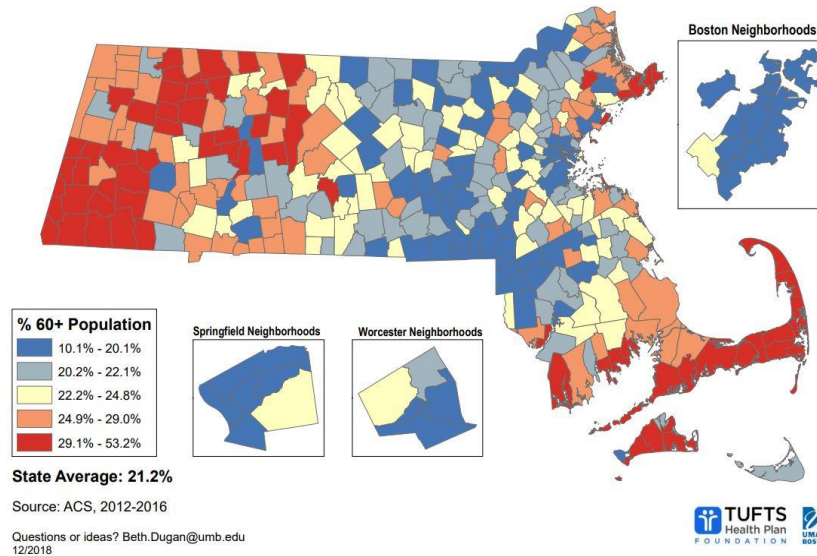
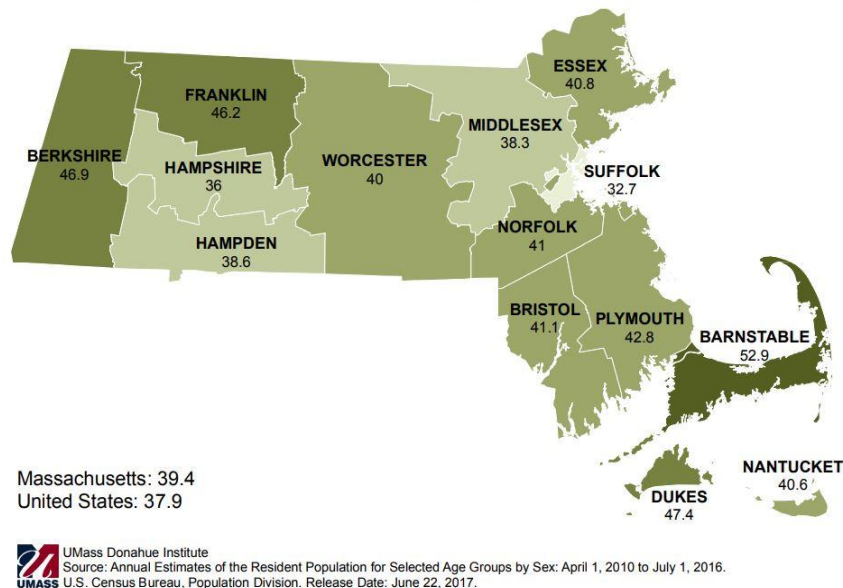


Figure 6. Map of Massachusetts with Median Age

Estimated Median Age by Massachusetts County, 2016



As the average age of the Commonwealth increases, we benefit from the involvement, experience, and knowledge of the older adult population in every aspect of our community and economy. The Commonwealth has seized the opportunity to identify current effective and efficient practices, gaps in services, and opportunities to support healthy aging. This affirmative vision is driven by the programs and services that assist older adults to thrive in the communities they live. In throwing a wider net, the Age Friendly Massachusetts – ReiMAGine Aging work (see Attachment’s E and F) identifies the following ideas and resolutions on addressing a growing older adult population:

1. The aging services network and partners in other sectors have continued to culturally tailor materials to reach more diverse aging populations. Examples include implementation of the Spanish version of Savvy Caregiver and translation of new MBTA resources into languages other than English.
2. The age- and dementia-friendly movement engaged partners outside of the aging services sector, including partners in transportation, housing, public health, and business.
3. Communities highlighted the need to engage older adults in new and creative ways. The AARP Massachusetts and University of Massachusetts Boston Task Force to End Loneliness and Build Community launched the Reach Out Massachusetts (#ReachOutMA) campaign to raise awareness about the benefits of social connection. As part of the Reach Out Massachusetts (#ReachOutMA) campaign, four Massachusetts Mayors delivered messages to their communities highlighting the need to reach out and connect with older adults.
4. The number of age-friendly employers and businesses continues to grow, including Tufts Health Plan and the Boston Red Sox receiving an age-friendly employer designation through RetirementJobs.com. The Massachusetts Caregiver Coalition launched among employers in November to encourage a workplace that embraces family caregivers.
5. Various initiatives were implemented to improve the built environment and upstream determinants that impact aging. Examples include updated adaptability design standards for state-funded senior housing in the draft 2020-2021 qualified allocation plan and

engagement with the transportation advocacy community and innovation sector to strengthen mobility for older adults.

6. Increases to the FY20 State Budget led to the creation of two new Elder Mental Health Outreach Team (EMHOT) programs as well as funding increases across all four Naturally Occurring Retirement Community (NORC) programs. Both aim to reduce social isolation and loneliness and support people living with behavioral health needs.
7. The circle of partners engaged in the age- and dementia-friendly movement continues to increase with many non-traditional partners and sectors, such as the business community, transportation, housing, and technology and innovation, adopting an aging lens.
8. The Massachusetts Department of Transportation (MassDOT) awarded bonus points for communities that included older adult planning activities in their Shared Winter Streets and Spaces funding application. Amherst, Shrewsbury, and Tewksbury were awarded grants to advance age- and dementia-friendly efforts.
9. Elder Affairs convened an informative and engaging discussion with the Massachusetts Association of Regional Planning Agencies (MARPA). The discussion was instrumental in raising awareness among Massachusetts municipal and regional planners around the characteristics, importance, and benefits of incorporating age- and dementia friendly design into physical infrastructure such as streets and outdoor spaces; parks and recreational areas; and commercial and residential buildings.
10. The Baker-Polito Administration expanded the income and asset limits for the Medicare Savings Program (MSP) in late 2019, which reduces out of pocket health care expenses older adults incur for prescriptions and copays. In 2020, the first year of expanded eligibility, approximately 10,000 older adults enrolled in the program for the first time and another 10,000 received enhanced benefits. In total, enrollees accessed an estimated \$70 million in new benefits.

OAA Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Elder Affairs manages a portfolio of programs and contracts with a local network of direct care providers. In an event of a major disaster or emergency, the Secretary, upon receiving notification from designated Executive Office of Health and Human Services authority will notify appropriate members of the executive staff. Executive staff responsible for the “essential functions” will notify lead staff within their workgroups and determine the appropriate level of staff to continue operations.

A Continuity of Operations Plan (COOP) identifies mission-critical organizational functions which must continue when normal operations are, or may be disrupted, and provides a framework for the continued operation of these mission essential functions under all threats and conditions. The Executive Office of Elder Affairs COOP provides a framework to ensure continued operation of mission essential functions for up to 30 days when an internal or external emergency impacts the Agency’s facilities, systems, personnel, and/or operations. The COOP addresses all hazards, natural and manmade, and includes climate

change considerations. The Elder Affairs COOP establishes a concept of operations, strategies, and tactics to accomplish the following objectives:

- Ensure that Executive Office of Elder Affairs can perform mission essential functions under all conditions.
- Successfully execute a timely and orderly recovery and reconstitution of mission essential functions by,
 - Identifying key staff needed to continue mission essential functions.
 - Identifying and ensuring access to critical systems needed to support mission essential functions.
- Minimize disruptions to Executive Office of Elder Affairs mission essential functions and operations.
- Ensure that Executive Office of Elder Affairs has an alternate facility where it can carry out its mission essential functions in the event its primary facility is unusable or inaccessible.
- Execute a successful order of succession with accompanying designated authorities should an incident render key leadership unable or incapable of assuming and performing their authorities and/or responsibilities.
- Identify and protect essential records and other essential assets in the event of an incident, and ensure they are accessible at alternate facilities.
- Establish a training and exercise cycle to regularly test and validate continuity of operations plans and procedures.

In the event of an emergency, Elder Affairs' primary goal is to communicate directly with all essential service providers within the elder care system, most importantly, those community-based, direct care service providers who care for frail homebound elder citizens, including individuals with disabilities. Essential services include select home care services, ombudsman services, nutrition services, information and referral, and protective services provided by 28 regional nutrition programs, 25 regional Aging Services Access Points (ASAPs) – of which 18 are Area Agencies on Aging, 3 free-standing Area Agencies on Aging and 11 ADRCs. As presented above in response to OAA Section 306(a)(17), Elder Affairs requires our elder care network develop COOP plans at the local level to ensure that the elder community continues to be served and cared for in the event of a statewide emergency.

In development and in support of long-range emergency preparedness plans, Elder Affairs' policy and practice is to provide notification to – AAA/ASAPs, Councils on Aging and Nutrition Service providers – about advancing emergencies as they are realized. Providers are notified in a timely manner to activate their own COOPs to continue essential nutrition, home care and other basic services for frail and homebound elders and sharing any pertinent information relative to the emergency situation. Contact with municipalities is through Councils on Aging (COAs). COAs maintain lists of most at risk individual participants and work with the town clerks to confidentially match lists of consumers' names who have self-identified as needing additional assistance during disasters via the voter registration survey process.

Effective emergency management requires the coordination and training of staff and service providers. A thorough planning process addresses the expectations and responsibilities of all groups involved. This is the foundation for the Mission Essential Function of Standard Operating

Procedures (SOPs) which defines how safety of staff is ensured and essential job functions are carried on ensuring the safety and well-being of the elders most in need of our assistance, especially during times of emergency situations. A Mission Essential Function will be activated under the following conditions:

- Notification from DPH regarding a virus alert or pandemic event.
- Declaration of a state of emergency by the Governor.
- Notification by the Massachusetts Emergency Management Agency (MEMA).
- Notification by Building Manager of forced closure or evacuation of the building due to unusual events such as fire, flooding, or electrical brown outs/outages.

Given the environment under the COVID-19 pandemic, the SUA has been increasingly more involved with both the broader effort in the Commonwealth, and as the SUA, to both plan for emergencies and react to ongoing and arising conditions.

OAA Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

The Massachusetts Emergency Management Agency (MEMA) is the primary agency that ensures the state is prepared to withstand, respond to and recover from all types of emergencies and disasters. Elder Affairs is a working partner as part of the larger Health and Human Services secretariat to support a team of officials responsible for coordinating and supporting state resources in addressing emergencies. The work of MEMA and its partners provides a framework for state-level emergency management activities and to define how state government interfaces with other emergency management stakeholders, including local and tribal governments, nongovernmental organizations (NGOs), other states, the Federal government, and the private sector.

In February 2021 Elder Affairs engaged in a vulnerability assessment using the State Agency Vulnerability Assessment Survey Tool, which was developed as part of the 2018 Massachusetts State Hazard Mitigation and Climate Adaptation Plan. The self-assessment was completed to help identify agency vulnerabilities to climate change and natural hazards and provides the basis for the development of agency-specific priority actions to strengthen resilience and preparedness to climate change and extreme events. As part of that preparation, Elder Affairs requires its providers prepare COOP and emergency procedure plans, ongoing trainings, and disaster drills. Elder Affairs' conducts yearly reviews of all contractors to ensure compliance of emergency procedures. Additionally, internal communications plans are designed to support telecommuting for Elder Affairs agency staff in the event of weather, emergency, or an unknown disaster. The SUA continues to be a valuable partner within the broader emergency/disaster planning domain to provide important guidance and experience in presenting the unique needs of older adults and their caregivers in time of emergencies.

OAA Section 705(a) Eligibility—

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

In addressing Section 705(a), Elder Affairs offers assurances that the SUA and AAAs are joining resources, strategies and efforts to focus on elder neglect and abuse prevention, elder and public input regarding protective service needs, advocating for elders' rights within long-term care facilities, and continuing support of legal services for elders. Title VII Federal funding of \$109,606.00 is linked with \$30.8M of State Protective Service funding, creating increased opportunities to develop, manage, and strengthen elder rights protection activities in Massachusetts. In addressing the declared assurances, the aging network exercises a range of activities that protect the most vulnerable elders, those who experience abuse, neglect and financial exploitation.

By presenting the following responses to Section 705 within the OAA, Title VII Allotments for Vulnerable Elder Rights Protection Activities, the SUA accepts the OAA Section 705 assurances listed above:

1. Elder Affairs is required by law to administer a statewide system for receiving and investigating reports of elder abuse, and for providing needed protective services to abused elders when warranted. To fulfill this responsibility, Elder Affairs has established 19 designated Adult Protective Services (APS) agencies throughout the Commonwealth to respond to reports of elder abuse. Elder abuse includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation. The goal of protective services is to remedy or alleviate the abusive situation and to prevent the reoccurrence of abuse.
Elder abuse reports may be made to the centralized statewide Elder Abuse Hotline (1-800-922-2275), which operates on seven days a week, 24 hours a day basis. Typically, elder abuse reports are made to APS agencies during normal business hours and to the Hotline during after-hours periods, on weekends and holidays.
2. In the course of APS program administration and more generally as designed within the larger viewpoint of Title III operations, the SUA and AAAs are cognizant of the need to attain public input related to elder rights plans and programs. The aging services network uses a number of the methods for this purpose including the Needs Assessment Project (see attachment H), trend data collected from the state I&R system, APS service data, AAA partnerships with legal service providers, presentations and trainings for community partners, sharing best practices at the consumer level – with a focus on barriers to service – across the PS network, and collaborations with aging service network providers with a focus on elder participation.
3. Elder Affairs and the AAAs identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. The statewide standardized APS training curriculum is such an activity. Used to assess an individual's capacity or ability to make decisions, the statewide training work realizes unlimited access to the training program by the APS workforce. In training the APS workforce, the system creates improved access for

older adults by providing tools to the care managers that secure elder rights.

The APS unit at Elder Affairs consults with AAAs and the local PS departments to identify and prioritize statewide activities aimed at ensuring older adults have access to and are provided with services and systems that protect the most vulnerable elders, those who experience abuse, neglect and financial exploitation. While anyone can make an elder abuse report, the law requires certain professionals to report suspected incidents of abuse. Mandated reporters who fail to make elder abuse reports when appropriate are subject to a fine up to \$1,000. In addition, the law provides mandated reporters with immunity from any civil or criminal liability that otherwise could result from making a report, provided the reporter did not commit the abuse. Persons who are not mandated reporters have the same immunity, as long as they make a report in good faith.

Once an elder abuse report is received, a trained PS caseworker is assigned to investigate the allegations. If the investigation results in the confirmation of one or more types of abuse, the elder is offered an array of services to address the situation. In cases of criminal abuse, the PS agency must make a report to the District Attorney for possible prosecution. An elder who has the capacity to make informed decisions has the right to refuse services. However, court ordered services must be sought on behalf of abused elders who are unable to make informed decisions, and are at risk of serious harm. In addition, protective services must be provided in the least restrictive and appropriate manner possible; in-home and community-based services are given preference over institutional placement.

4. The funding made available under Title VII is used to support a statewide APS program in Massachusetts that totals \$30.9M. The SUA acknowledges that the Title VII funding is used in addition to state funding that is provided at the state level; thereby, the SUA will not supplant the state funding, but instead will add the Title VII funding to the state resources to carry out vulnerable elder rights protection activities.
5. Based on OAA guidance and as the Massachusetts Office of the State Ombudsman reports to the EOHHS, the SUA is committed to the assurance that Elder Affairs will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
6. Elder Affairs makes assurances with respect to programs established for the prevention of elder abuse, neglect, and exploitation, that the SUA is cognizant of OAA language and guidance on this subject, and the relevant Massachusetts law for protective services. In carryout such protective services, the SUA assures that program design, management, implementation, and evaluation tracks to the relevant state and federal laws.

Developed as a short-term crisis intervention program, APS caseworkers work with the elder, family and community agencies offering services that may include: counseling; safety planning; substance abuse treatment; mental health services;

family intervention; homemaker/health aide services; emergency food or fuel; transportation; housing; legal assistance; financial assistance; medical services and therapies; and, advocacy. Casework is provided without regard to income. Additional services are provided at no charge to elders who are unable to pay, although elders who can afford services may be charged all or part of the cost.

All elders (persons 60 and older), regardless of income, living in a community setting are eligible to receive APS if they are abused, neglected or exploited. APS are designed to help elders who have an on-going personal relationship with the abuser. This is significant as elders are most at risk from people that are known to them, such as spouses, adult children, grandchildren, other family members, friends and caregivers. Elders who are victims of random street crime or scams by unscrupulous entrepreneurs are referred to the police and other law enforcement agencies for assistance, but may also be referred to APS for self-neglect if the actions are impacting their ability to meet basic daily needs.

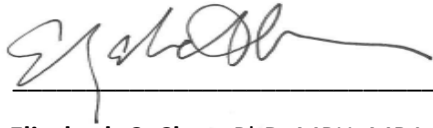
Throughout a case, the rights of competent elders to accept or decline a particular course of action are protected. Consistent with this right to self-determination, an elder who is able to make informed decisions about his/her situation has a right to refuse an investigation, contact with certain individuals, particular services or all intervention. Caseworkers make reasonable attempts to build rapport with elders and break through any existing resistance. However, competent elders have the final say regarding the progress of their cases, no matter how poor the choices may be. The only exceptions to the elder's right to refuse are:

1. When the elder is refusing because of duress or intimidation (for investigation only); or
2. When the elder lacks the ability to make informed decisions or capacity to consent is questionable.

In the selection of service options, priority is given to those services that are least restrictive to the elder's autonomy and freedom. The complexity of elder abuse and the differing needs of each situation require diverse interventions. In-home services are preferred over institutionalization as they are less restrictive. However, guardianship and/or placement, although extremely restrictive, may be the most appropriate intervention for a significantly demented, wandering elder. In addition, APS, based on regulatory authority, may need to seek court intervention in certain high-risk cases, whether to gain access, gather information, assess capacity or provide services.

The APS program provides conservator and guardianship services to a limited number of older adults who have been determined by a court to be unable to manage their financial and/or personal affairs and who are at high risk of further abuse without a guardian/conservator. The program also includes a money management program to help elders in needing assistance managing their finances. Financial exploitation of elders is a growing concern nationally and in Massachusetts. Financial exploitation can involve fraud, scams, tricks, and undue influence by people the individual trusts. Victims of financial exploitation have lost homes, pensions, life savings, had utilities

shut off, and suffered other financial hardships. Elder Affairs currently has a federal grant from ACL to enhance the Protective Services system.



Elizabeth C. Chen, PhD, MPH, MBA
Secretary
Executive Office of Elder Affairs
Commonwealth of Massachusetts

July 1, 2021

Date

Attachment C: Intrastate Funding Formula and Projected Resource Plan

The targeting of identified populations to support community programs and services is an essential element of the OAA and as operationalized in Massachusetts, provides services to older adults and their caregivers. As the first step in realizing this principle, the Massachusetts Intrastate Funding Formula (IFF) targets older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income individuals and those living in rural areas. The purpose of the Massachusetts IFF is to allocate funds in accord with the proportion of potential consumers in each Planning and Service Area (PSA). The source of data for determining each AAA's share of Title III allocations – through the IFF – is the 2010 Census.

As the Census Bureau release of the 2010 Census data occurred in 2013, Elder Affairs has since used the identified demographics to allocate funding under the IFF to AAAs. A commitment to the AAAs was made to continue with the 2010 Census data until such time that the 2020 Census information becomes available. The Census Bureau also releases American Community Survey (ACS) data – a random sample survey. While not used to determine IFF application, Elder Affairs uses the ACS data in various considerations throughout the course of state and Title III/VII operations. ACS data, along with the Needs Assessment data (see Attachment H) and other data resources – along with Census data – tells a story and serves to focus the aging services networks' determination to direct funding to OAA targeted populations. Also, as a supplement to the 2021 Statewide Needs Assessment Project and in preparing for the 2022-2025 planning period, AAAs were also provided PSA level data sets. The PSA data was used as a method to fine-tune Census and ACS data and allowed for quantifying needs of current consumers. The additional data included I&R trend data, consumer satisfaction survey results (nutrition, family caregiver, Options counseling) and consumer falls assessment data.

Formula Explanation and Methodology

Massachusetts distributes Title III funding to the AAA network employing a formula with six basic components that are weighed as to the relative significance of each component within the total formula. The total of the numerical weights for the weighted components of the formula is ten (10). The IFF represents a methodology that is fair to all AAAs and exemplifies the targeting effort to reach certain elder demographics in the Commonwealth. The IFF illustrates the OAA mandate to target funding and services to persons sixty (60) years of age or older with preference in service delivery to older persons in greatest social and economic need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and elders living in rural areas.

Each PSA's formula funding factor is the sum of its individual percent of state totals of the identified population factor times each factor's weight divided by ten. The IFF is used to allocate Title III funding categories, IIIB, IIIC-1, IIIC-2, IIID, and IIIE. The formula is applied to available funding to determine AAA allocations. Specific components of the formula, together with the numerical weight assigned to each include:

<u>Formula Component</u>	<u>Assigned Weight</u>
1. Proportion of persons aged 75 and over in PSA	1.00
2. Proportion of persons living alone aged 60 and over in PSA	1.50

3. Proportion of low income persons aged 60 and over in PSA	4.75
4. Proportion of minority persons aged 65 and over in PSA	2.00
5. Proportion of persons living in rural towns aged 65 and over in PS	0.50
6. Proportion of persons aged 60 and over in PSA	0.25

The methodology for using the formula includes the following steps:

<u>Step One</u>	For each AAA: a. Calculate the 75+ population as a percent of the State's total 75+ population, multiply the results by 1.00. b. Calculate the 60+ living alone population as a percent of the State total 60+ living alone population, multiply the result times 1.50. c. Calculate the 60+ low-income population as a percent of the State's 60+ low-income population, multiply the result times 4.75. d. Calculate the 65+ minority population as a percent of the State's total 65+ minority population, multiply the result times 2.00. e. Calculate the 65+ rural towns population as percent of the State's rural town population, multiply the results times 0.50. f. Calculate the 60+ population as a percent of the State's total 60+ population, multiply the results times 0.25. g. Add the results of Step One (a) through (f) and divide by 10. This is the formula funding ratio.
<u>Step Two</u>	For each AAA, multiply the funds available for distribution times each AAA's formula funding ratio. This figure, then, is the AAA's current year Title III allocation.

The IFF methodology does not apply to program funding under the LTC Ombudsman Program. LTC Ombudsman services are awarded to local LTC Ombudsman programs using two sources of OAA funding, with Title IIIB Supportive Service funding and Title VII Ombudsman funding combined. Additionally, the allocation of LTC Ombudsman Program funding to the local programs is rooted in a historical base, with any additional funding available awarded to the AAAs based on the number of facility beds located in the PSA.

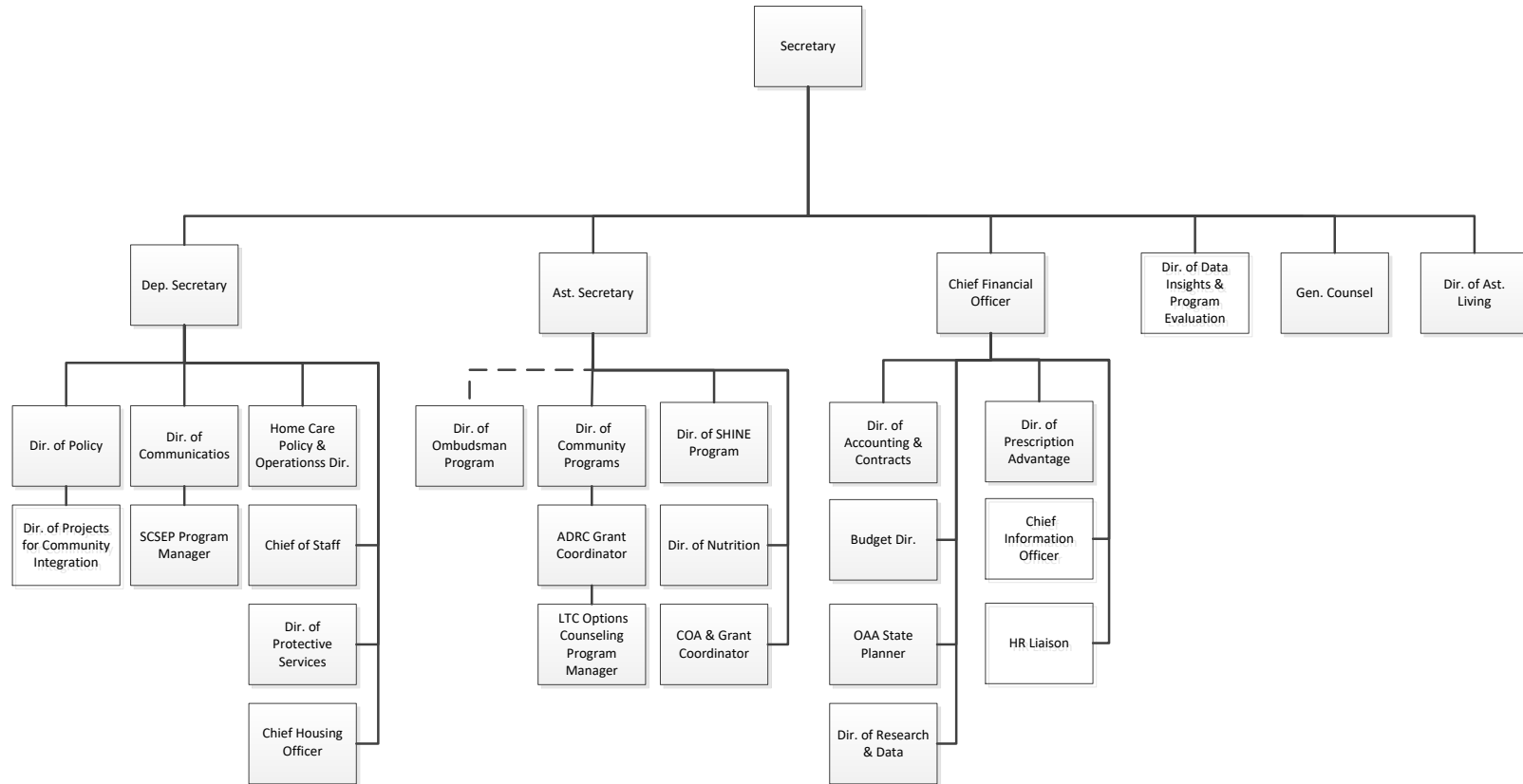
The following table, Federal Fiscal Year 2022 – Title III Standard Projected Resource Plan, lists the AAAs and their projected FFY2022 allocations for services provided under Title III and VII of the OAA. The table represents the distribution of funding based on estimated ACL funding for FFY2022 and the preceding IFF methodology as submitted for approval to ACL within the Massachusetts State Plan on Aging, 2022-2025.

FEDERAL FISCAL YEAR 2022 - TITLE III STANDARD PROJECTED RESOURCE PLAN
AREA PLAN ADMINISTRATION, SUPPORTIVE SERVICES, CONGREGATE MEAL NUTRITION SERVICES, HOME DELIVERED MEAL NUTRITION SERVICES,
PREVENTIVE HEALTH EVIDENCE-BASED SERVICES, FAMILY CAREGIVER SERVICES AND LONG TERM CARE OMBUDSMAN SERVICES

AREA AGENCY ON AGING	AREA PLAN ADMINISTRATION	TITLE III - B SUPPORTIVE SERVICES	Title III - C1 CONGREGATE MEAL SERVICES	Title III - C2 HOME DELIV. MEAL SERVICES	TITLE III - D HEALTH PROMOTION EVB SERVICES	TITLE III - E FAMILY CAREGIVER SERVICES	LONG TERM CARE OMBUDSMAN SERVICES	TOTAL FUNDING
BAYPATH	\$ 79,439	\$ 191,411	\$ 262,602	\$ 131,080	\$ 15,451	\$ 100,017	\$ 65,807	\$ 845,807
BERKSHIRE COUNTY	99,843	240,575	330,052	164,748	19,419	125,707	68,134	1,048,478
BOSTON STRONG	417,870	1,006,875	1,381,359	689,515	81,275	526,120	175,118	4,278,132
BRISTOL COUNTY	123,511	297,605	408,293	203,802	24,022	155,506	74,216	1,286,955
CAPE COD & ISLANDS	124,055	298,916	410,091	204,699	24,128	156,191	88,102	1,306,182
CENTRAL MASS	270,146	650,929	893,027	445,760	52,543	340,128	275,600	2,928,133
COASTLINE	88,688	213,699	293,180	146,343	17,250	111,664	46,226	917,050
GREATER LYNN	68,285	164,535	225,730	112,675	13,281	85,974	82,441	752,921
GREATER SPRINGFIELD	150,172	361,846	496,426	247,795	29,209	189,074	73,887	1,548,409
HESSCO	52,777	127,171	174,469	87,087	10,265	66,450	48,561	566,780
HIGHLAND VALLEY	74,270	178,956	245,515	122,550	14,445	93,510	45,192	774,438
LIFEPATH	77,263	186,167	255,407	127,488	15,027	97,277	46,839	805,468
MERRIMACK VALLEY	264,161	636,508	873,242	435,885	51,378	332,592	296,188	2,889,954
MINUTEMAN	85,968	207,144	284,186	141,854	16,721	108,239	53,900	898,012
MYSTIC VALLEY	162,958	392,655	538,694	268,893	31,695	205,172	-	1,600,067
OLD COLONY P C	155,341	374,301	513,513	256,323	30,214	195,582	116,813	1,642,087
SENIORCARE	39,175	94,395	129,502	64,643	7,620	49,324	46,056	430,715
SOMERVILLE/CAMBRIDGE	73,182	176,334	241,917	120,756	14,234	92,140	-	718,563
SOUTH SHORE	130,584	314,648	431,675	215,474	25,399	164,412	67,986	1,350,178
SPRINGWELL	115,077	277,284	380,414	189,886	22,383	144,889	100,440	1,230,373
WESTMASS ELDERCARE	67,740	163,223	223,927	111,776	13,173	85,289	42,203	707,331
TOTALS	\$ 2,720,505	\$ 6,555,177	\$ 8,993,221	\$ 4,489,032	\$ 529,132	\$ 3,425,257	\$ 1,813,709	\$ 28,526,033
Title III Program Management								
Standard Allocations Projection								

Attachment D: Executive Office of Elder Affairs Organizational Chart

MA Executive Office of Elder Affairs (ELD) Summary Organizational Chart
Updated: 6/28/2021



Attachment E: ReiMagine Aging One-Pager

Massachusetts

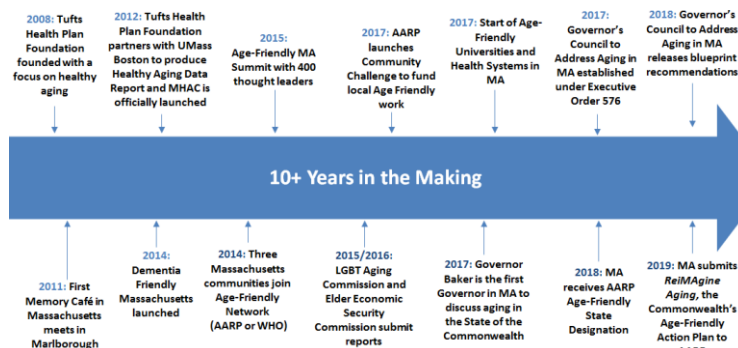
Enrolled in AARP Network of Age-Friendly States and Communities: January 2018

"We need to think differently about aging in Massachusetts. This isn't just about acknowledging a shift in demographics; it's about being intentional in our planning to ensure that those who grew up here, raised families and built communities, can continue to contribute their energy experience and talents where they live and make Massachusetts the most age-friendly state."

- Governor Charles D. Baker, 2018 -

A MOVEMENT, NOT A MOMENT

For the Commonwealth of Massachusetts, coordinating and aligning age-friendly into a statewide movement represents the natural progression of grassroots work that started over 10 years ago. The strength of the commitment to make the Commonwealth age-friendly comes from over a decade of foundational work laid by municipalities, philanthropic, and community-based organizations. In the Commonwealth, the pursuit of age-friendly is a **movement, not a moment**.



MISSION

To **amplify, align and coordinate** local, regional and statewide efforts to create a **welcoming and livable Commonwealth** as residents grow up and grow older together.

VISION

Aging in Massachusetts is reimaged.

The Commonwealth is an accountable partner in supporting communities, embedding aging in all policies and empowering residents with opportunities to age meaningfully in the communities of their choice.

<https://www.mass.gov/lists/age-friendly-massachusetts-action-plan>

AN OPPORTUNITY - DEMOGRAPHIC SHIFT

Total Massachusetts population:

6,742,143

Population over the age of 60:

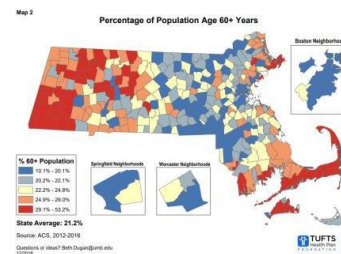
1,428,144

Percentage of population over the age of 60:

21.2%

Massachusetts now has more residents over the age of 60 than under the age of 20.

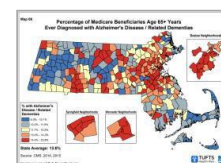
Percentage of Population Over 60



Residents Living With Dementia

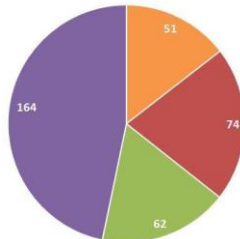
2016
138,268

2025
150,000



COMMUNITY-LED AGE- AND DEMENTIA-FRIENDLY EFFORTS

Age-Friendly Communities
Status of the 351 Municipalities in MA
January 2019



Active Emerging Informed Opportunity

51 Municipalities are Active Age-Friendly Communities

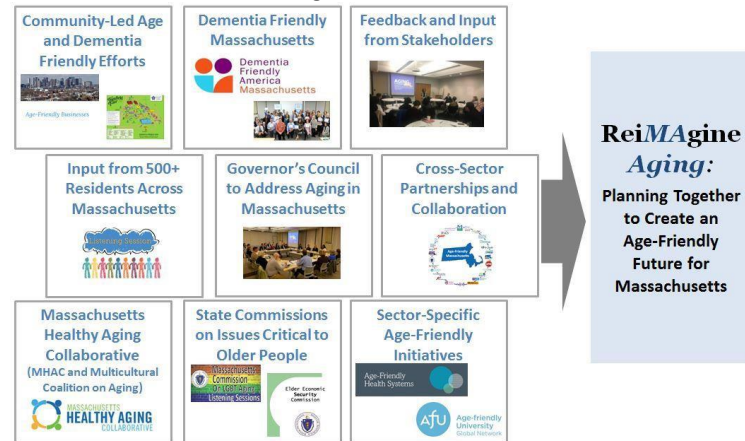
74 Municipalities are Emerging as Age-Friendly

160 Municipalities are Engaged in Dementia Friendly Activities

PARTNERS AND INPUTS

Massachusetts is fortunate to have leaders in multiple sectors – housing, transportation, business, technology, healthcare, philanthropy, education, local government, and aging services – committed to the age-friendly mission.

The statewide age-friendly initiative will amplify and strengthen local and regional efforts through enhanced coordination and collaboration. There have been considerable inputs that have led to the creation of the mission, vision, values and goals of the statewide effort.



VALUES

- To **honor and build** on the priorities communities have already identified
- To **integrate initiatives and leverage existing work** where possible
- To emphasize **access, equity and inclusion** in all elements of assessment, planning and execution
- To **embed the voice and perspective of residents and communities** in all decisions and plans
- To **facilitate collaboration** at the state and community levels to identify barriers, address gaps and align resources
- To **share** data, information, resources and disseminate knowledge
- To encourage advocacy, policy and practices that **embed aging** within and across a broad range of issues and sectors
- To leverage **innovation and technology** where possible

GOALS

1. **Community** – Deepen and strengthen age- and dementia-friendly efforts to be inclusive of all communities and populations
2. **Information and Communication** – Communicate information in an accessible and user-friendly manner to residents, organizations, and municipalities
3. **Reframing** – Change the conversation about aging from a “challenge” to an “asset”, increase literacy about issues related to aging, and eliminate ageist images and expressions in language and across social, print, and other media
4. **Policy and Practice** – Encourage the adoption of age-friendly policies and practices in all sectors
5. **Economic Security** – Take specific actions to improve economic security of older adults and caregivers
6. **Sustainability** – Leverage existing structures to sustainably guide and support the work of Age-Friendly Massachusetts and partner initiatives

<https://www.mass.gov/lists/age-friendly-massachusetts-action-plan>

Attachment F: SUA Roles in Special Councils, Commissions and Committees

Elder Affairs in its role as the Massachusetts SUA is responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all activities related to the objectives of the OAA. The broader role of serving as an effective and visible advocate requires the SUA to actively promote independence, empowerment, and well-being of older people, individuals with disabilities, and their family caregivers. By actively asserting and promoting our role in the Commonwealth, Elder Affairs ensures access to the resources needed to live healthy in every community in the Commonwealth. In advancing a broader role in the communities we serve, the following roles highlight the work that Elder Affairs conducts in promotion of and in support of the SUA role.

Alzheimer's Advisory Council (Chair)

The Alzheimer's Advisory Council was established under Section 16AA of Massachusetts General Law Chapter 6A (Chapter 220 of the Acts of 2018), to advise the administration and the legislature on the Commonwealth's Alzheimer's disease policy. The Advisory Council includes 17 members and conducts public meetings at least quarterly. On February 25, 2020, the Secretary of the Executive Office of Elder Affairs, Elizabeth Chen, became the chair of the Council, which was previously chaired by the Secretary of EOHHS. Additionally, an individual living with dementia joined the Council to assume Elder Affairs' former seat as a council member.

By February 2020, the Advisory Council members identified a preliminary set of goals for the Council to further refine with seven workgroups on specific topics. The workgroups focus on the following seven topics: physical infrastructure, caregiver support and public awareness, quality of care, research, diagnosis and services navigation, equitable access and care, and BOLD (Building our Largest Dementia) infrastructure. In March 2020, the work of the Alzheimer's Advisory Council was placed on hold due to the COVID-19. The advisory council re-launched its work on August 25, 2020. Meeting materials and upcoming meeting postings are available online at [Massachusetts Alzheimer's Advisory Council](#).

Assisted Living Advisory Council (Chair)

The Legislature established the Assisted Living Advisory Council (ALAC) under Section 17 of Massachusetts General Law Chapter 19D. The purpose of the ALAC is to advise the Secretary of Elder Affairs regarding the regulations governing the certification of Assisted Living Residences in the Commonwealth. The ALR certification regulations (651 CMR 12.00) were initially promulgated in 1996 and were most recently reviewed in 2016, resulting in modifications that were enacted in January 2017. The Council includes 9 members and conducts public meetings at least quarterly. The meetings in March and June of 2020 were placed on hold due to COVID-19, with an emergency meeting held in August of 2020. Meeting materials and upcoming meeting postings are available online at <https://www.mass.gov/lists/assisted-living-advisory-council-alac-minutes-agendas-and-annual-reports>.

Commission on Malnutrition Prevention Among Older Adults (Chair)

Malnutrition is a nutrition imbalance that affects both overweight and underweight older persons and is a common issue in acute care hospital settings, nursing homes, and communities. A number of studies have examined the prevalence of malnutrition among hospital patients, and it is estimated that anywhere between 20 and 50 percent of hospital patients are either malnourished or at risk for malnutrition. Up to 50 percent of older adults overall are at risk for malnutrition.

The Commission on Malnutrition Prevention among Older Adults was established by Massachusetts General Law Chapter 19 Section 42 in November of 2016. The Commission is tasked to study the effects of malnutrition on older adults, ways to reduce malnutrition, impacts on health care costs and outcomes, and impacts on quality indicators and maximize the dissemination of proven, effective malnutrition prevention interventions, including community nutrition programs, medical nutrition therapy and oral nutrition supplements, and identifies barriers to those interventions.

Commission on the Status of Grandparents Raising Grandchildren (Member)

The Commission on the Status of Grandparents Raising Grandchildren was established by Massachusetts General Law Chapter 3, Section 69. This legislation calls for a permanent commission on the status of grandparents raising grandchildren which consists of individuals who have demonstrated a commitment to grandparents. The Commission's primary purpose is to serve as a "resource to the commonwealth on issues affecting grandparents raising grandchildren." The Commission's responsibilities include:

- Fostering unity among grandparents raising grandchildren, communities and organizations in the Commonwealth, by promoting cooperation and sharing of information and encouraging collaboration and joint activities.
- Serving as a liaison between government and private interest groups with regard to the unique interest and concern to grandparents raising grandchildren.
- Advising executive and legislative bodies of the potential effect of proposed legislation on grandparents raising grandchildren, as the commission deems necessary and appropriate.
- And identifying issues that are faced by relatives, other than parents, who are raising children.

Currently, the Commission meets monthly at various locations around the state. Further information can be found on the Commission's website at <https://www.mass.gov/info-details/grandparents-raising-grandchildren> and <http://www.massgrg.com>.

Governor's Council to Address Aging in Massachusetts (Member)

The Governor's Executive Order 576 established a [Governor's Council to Address Aging in Massachusetts](#) in April 2017. The Council "shall be responsible for advising the Governor on the development of governmental policies, community resources, best practices, and informal supports that will promote healthy aging in the Commonwealth." Membership on the Council reflects the Commonwealth's geographic and cultural diversity, including multiple state agencies and representatives of the business community, health care, technology and innovation, municipal leaders, the aging network and caregivers, advocacy organizations and direct service providers.

The Council provides a platform to elevate the conversation, think beyond public programs, and to draw on expertise in technology, health care, business, and innovation sectors. After completing statewide

listening sessions, expert panels, and domain-focused workgroups, the Council defined final blueprint recommendations in December 2018. Since then, the Council has been implementing the 28 recommendations and convenes twice a year to discuss progress and ongoing challenges.

One of the first recommendations of the Council was to declare Massachusetts as an Age-Friendly State, join AARP's Network of Age-Friendly States and Communities, and develop a multi-year action plan. This plan, [ReiMAGine Aging](#), was accepted by AARP in 2019 and outlines a set of goals and strategies to make the Commonwealth more welcoming and inclusive of people of all ages. All 28 recommendations of the Council are embedded in this state plan. As of December 2020, there are over 200 communities engaged in age- and dementia-friendly work with 82 certified age-friendly and 55 that have taken dementia friendly pledges. Massachusetts also submitted its [year one progress report](#) (see Attachment D and E) against the Age-Friendly State Action Plan.

In 2020, the Governor's Council to Address Aging in Massachusetts and Age-Friendly Massachusetts continued implementation with a sharpened focus on the needs of older adults and their families during the COVID-19 pandemic. This included an emphasis on understanding the needs of communities disproportionately impacted by COVID-19, promoting the use of age- and dementia-friendly communities as a way to build resilience, and addressing issues of social isolation, technology access, and caregiver support in the workplace.

Interagency Council on Housing and Homelessness (Member)

The Interagency Council on Housing and Homelessness (ICHH) was convened by the Governor in October of 2015. The mission of the ICHH is to provide a forum where new strategies in support of affordable housing development and to address the issues of homelessness among all populations are formulated. These new strategies will enhance the coordination and prioritization of housing resources and services of all types in support of vulnerable populations in the Commonwealth. The ICHH seeks to align the work of all state agencies in affirming the priorities of the Governor's Administration with substantive initiatives and progress in the development of permanent affordable housing supported by appropriate services that promote health, safety, well-being, and self-determination for the citizens of the Commonwealth.

The ICHH is co-chaired by the Secretary of EOHHS and the Secretary of Housing and Economic Development and consists of Secretaries, Assistant Secretaries, and Commissioners of the executive branch of state government. In addition, there is an ICHH Advisory Committee, which also meets quarterly and is made up of agencies, providers, advocates, consumers, and other stakeholders. Members of the public, legislature, and their staff are welcome to join these.

Attachment G: Massachusetts 2021 Statewide Needs Assessment Report

Introduction

In preparation for the State and Area Plans on Aging for Federal Fiscal Years 2022 – 2025, planners across the 21 Area Agencies on Aging (AAAs) were requested to submit statistics based on the Needs Assessment activities conducted for their specific area plans between September 1, 2020 – December 31, 2020. Commencing in the Fall of 2020, all 21 AAAs participated in the collection of data regarding the needs of older adults residing in their particular geographic region. Information was acquired through events from over 12,000 Consumers, Caregivers, Providers, Advocates, Stakeholders, AAA Staff, and others. The various methods of collection enabled a variety of participants to voice perceived areas of concern during each session and ultimately reach an identification of their top three types of needs.

To record activities, AAA Staff utilized an electronic reporting form comprised of three main categories: information collection, participants, and needs. The collection of detailed information outlined the approaches, manners, and methods implemented for each respective session thus providing contextual background. Participant details provide demographic characteristics for various populations. Need choices encompass a range of concern areas (i.e., access to social assistance services, caregiver support, and healthcare) that may be selected, from which the top three needs areas are then identified.

Recent statistical information indicates the top five areas of need, in their order of aggregate frequency, are *Social Isolation, Transportation, Housing, Health Care, and Economic & Financial Security*. Interrelated to each of these topics are also specific item areas for which individuals had the ability to elaborate. The forthcoming figures and statistics represent and summarize the electronic submission form data for which all AAAs contributed.

Results from the Needs Assessment Survey contribute to improved focus of resources that will aid communities more efficiently. The improved targeting of services and resources can occur when ideas, outlooks, and needs can be quantitatively and qualitatively captured. Through analyzing data we may identify which types of services are most crucial for the enablement of older adults to successfully age in place. It is imperative that remaining at home and retaining a high quality of life for as long as possible is an option for all individuals. The achievement of this goal increases when feedback from these results is incorporated with program development, fund allocation, collaboration, and strategy planning. As data from the Census Bureau indicates a projected sharp rise in the older adult population, our communities must enhance their preparedness.

Approaches Utilized for Information Collection

AAA planners reported on information gathering events conducted between September 1, 2020, and December 31, 2020. A total of 280 Needs Assessment activities were conducted. Of these 280, 8 events either began before the reporting period or continued after it. **Table 1** specifies the name of the reporting AAA and their count of activity events by type. All AAAs conducted events utilizing an array of communication means to bring together information on the needs of older adults. While events act as

the primary sources of identifying needs, a few AAAs reference secondary data. Of the 280 submitted activity event reports, 10 secondary items from 4 AAAs are incorporated in **Table 1**.

Table 1
Number of Needs Assessment Activities & Data Sources by AAA

Site Events & Data Gathering			
Site	# Events	Secondary Data	Total
<i>BayPath</i>	15		15
<i>Berkshire</i>	18		18
<i>Boston Age Strong Commission</i>	44		44
<i>Bristol</i>	8	1	9
<i>Cape Cod & The Islands</i>	10		10
<i>Central Mass Agency on Aging</i>	15		15
<i>Coastline</i>	6		6
<i>Greater Lynn</i>	11		11
<i>Greater Springfield</i>	8		8
<i>HESSCO</i>	22		22
<i>Highland Valley</i>	11		11
<i>LifePath</i>	8		8
<i>Merrimack Valley</i>	16		16
<i>Minuteman Senior Services</i>	8	3	11
<i>Mystic Valley</i>	15		15
<i>Old Colony</i>	1*		1
<i>SeniorCare</i>	7		7
<i>Somerville Cambridge</i>	25		25
<i>South Shore</i>	9	1	10
<i>Springwell</i>	15	5	20
<i>WestMass ElderCare</i>	8		8
Total	279	10	290

* Note: Value for Old Colony represents a conducted Survey

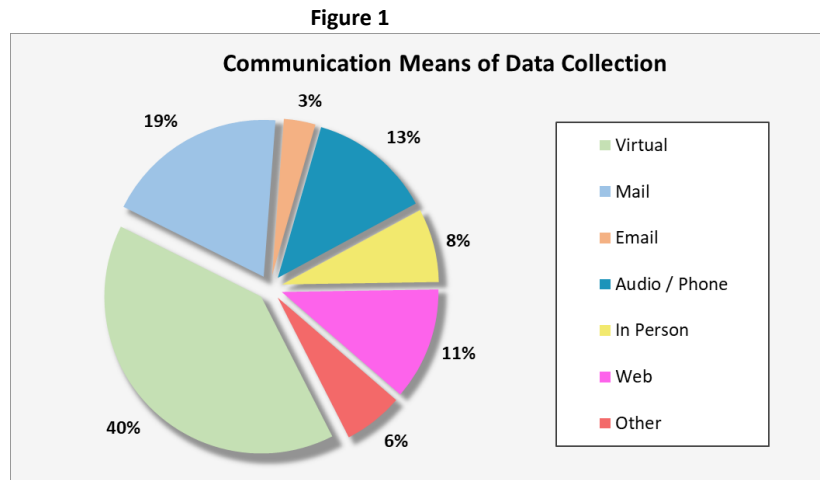
Methods Utilized for Information Collection

The methods used for data gathering are shown below in **Table 2**. Types of events vary from small (fewer than 15 participants) and large (15 or more participants), public gatherings, conferences, and surveys. Activities termed “*Interview*” include direct communication approaches such as reporting in-person, one-on-one, and face-to-face interviews. The classification type “*Survey*” accounts for all modes of administration (e.g., hand delivered, mailed, phone, or web-based). *Surveys / Questionnaires* were the most frequently occurring method of data gathering at 39.8%. Other substantial means of research collection were *Small Meetings / Gatherings* (28.7%), *Interviews* (9.0%), *Large Meetings / Gatherings* (7.9%), and *Conferences* (5.0%).

Table 2
Methods Utilized for Gathering Information on Older Adult Needs

Methods Used for Data Gathering		
Type	Total #	%
<i>Meeting / Gathering: Large (>15)</i>	22	7.9%
<i>Survey / Questionnaire</i>	111	39.8%
<i>Conference (Professional Non-Consumers)</i>	14	5.0%
<i>Meeting / Gathering: Small (<15)</i>	80	28.7%
<i>Expert Input</i>	9	3.2%
<i>Commission / Taskforce</i>	2	0.7%
<i>Interview</i>	25	9.0%
<i>Stakeholder Meeting</i>	4	1.4%
<i>Public Comments</i>	1	0.4%
<i>Secondary Data Source</i>	10	3.6%
<i>Other</i>	1	0.4%
Total	279	

Historically, these sessions would encompass coffee hours, community conversations, discussions, focus groups, etc. However, due to pandemic restrictions, adjustments were made to the usual methods of conducting these sessions. As shown in **Figure 1**, nearly half of all events took place using a *Virtual* method (40%) such as WebEx, Zoom, or another form of online-based communication. Other major methods included *Mail* (19%), *Audio / Phone* (13%), and the *Web* (11%).



Activity Event Durations

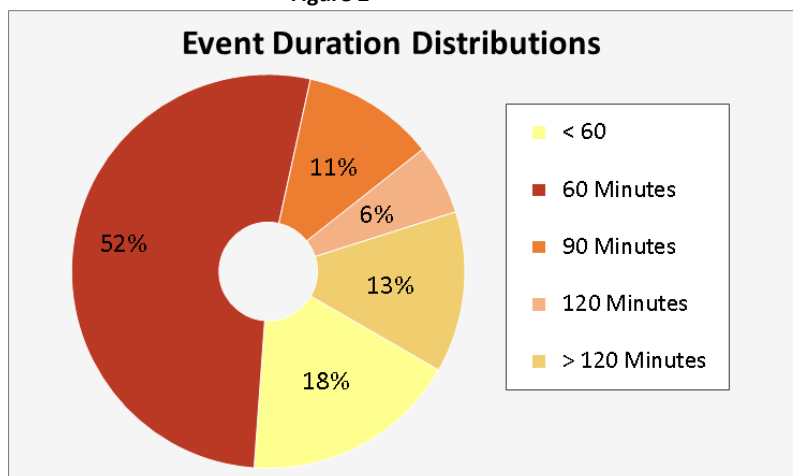
For 174 events, the AAA respondent identified the start and end times of the session. The vast majority, 81%, of events were completed in less than 90 minutes as depicted in **Table 3**. Additionally, 70% lasted approximately 60 minutes or less. Sessions occurring for 120 minutes or greater constituted 13% of events. Data confirms that the average event lasted for nearly 126 minutes. The recorded durations of events combined to surpass 366 hours, amounting to 43% greater than the Needs Assessment activities

conducted in 2017.

Table 3
Duration of Events

<i>Single Day Event Durations</i>			
Duration	# Occurrences	%	Cumulative Total
< 60	31	17.8%	17.8%
60 Minutes	91	52.3%	70.1%
90 Minutes	19	10.9%	81.0%
120 Minutes	10	5.7%	86.8%
> 120 Minutes	23	13.2%	100.0%
Missing	3*		
Total	174	100.0%	

Figure 2



Activity Event Start & End Times

The earliest beginning time was at 6:00AM and the latest at 7:00PM. Exactly half of all sessions began before 11:00AM and half began after 11:00AM, with 66.3% commencing before 1:00PM and nearly 90% by 5:00PM. Frequency, start and end times, as well as overall percentages are shown in **Table 4**. Afternoon activities, those between 1:00PM and 6:00PM, comprised 22.6% of events. Evening sessions, those after 6:00PM, represented less than 5% of all sessions. By 1:00PM, 57.9% of all sessions were concluded. Evening closings, those after 6PM, characterized approximately 8% of events.

Table 4
Start & End Times of Events

Event Start Times			
Start Times	Frequency	%	Cumulative %
6:00 - 6:59 AM	16	8.4%	8.4%
7:00 - 7:59	1	0.5%	8.9%
8:00 - 8:59	15	7.9%	16.8%
9:00 - 9:59	17	8.9%	25.8%
10:00 - 10:59	46	24.2%	50.0%
11:00 - 11:59	17	8.9%	58.9%
12:00 - 12:59 PM	14	7.4%	66.3%
1:00 - 1:59	26	13.7%	80.0%
2:00 - 2:59	16	8.4%	88.4%
3:00 - 3:59	10	5.3%	93.7%
4:00 - 4:59	4	2.1%	95.8%
5:00 - 5:59	5	2.6%	98.4%
6:00 - 6:59	1	0.5%	98.9%
7:00 - 7:59	2	1.1%	100.0%
8:00 - 8:59			
9:00 - 9:59			
10:00 - 10:59			
11:00 - 11:59			
Total	190	100.0%	

Event End Times			
Start Times	Frequency	%	Cumulative %
6:00 - 6:59 AM	11	5.9%	5.9%
7:00 - 7:59			
8:00 - 8:59	1	0.5%	6.4%
9:00 - 9:59	3	1.6%	8.0%
10:00 - 10:59	17	9.1%	17.1%
11:00 - 11:59	38	20.3%	37.4%
12:00 - 12:59 PM	21	11.2%	48.7%
1:00 - 1:59	12	6.4%	55.1%
2:00 - 2:59	29	15.5%	70.6%
3:00 - 3:59	16	8.6%	79.1%
4:00 - 4:59	20	10.7%	89.8%
5:00 - 5:59	8	4.3%	94.1%
6:00 - 6:59	2	1.1%	95.2%
7:00 - 7:59	3	1.6%	96.8%
8:00 - 8:59	1	0.5%	97.3%
9:00 - 9:59			
10:00 - 10:59			
11:00 - 11:59	5	2.7%	100.0%
Total	187	100.0%	

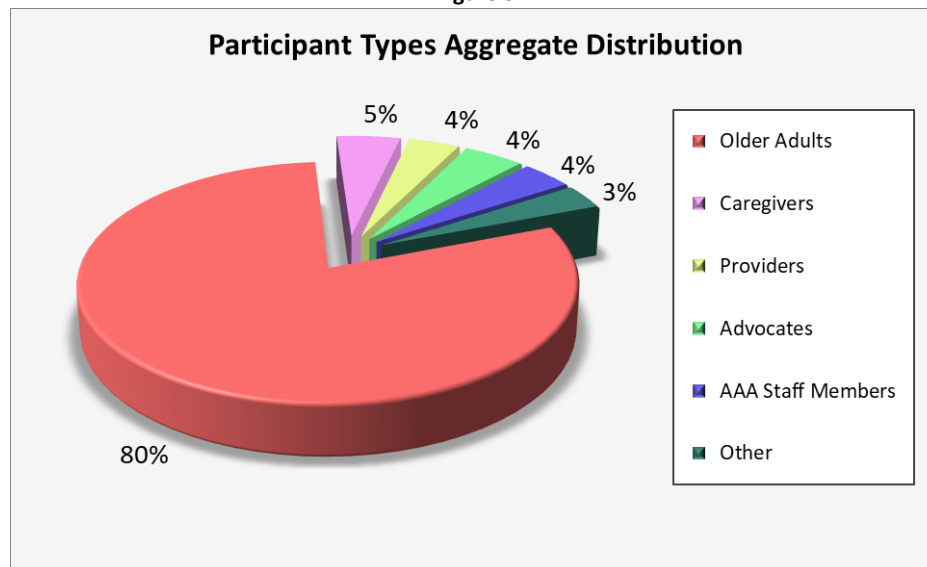
Participants

Collectively there were 12,104 persons in total who participated in 280 events. This population sample is representative of a great 71.1% increase over the preceding Needs Assessment data collection in 2017. The main participant type was *Older Adults* with a reported 9,654 individuals taking part at 74.6% of events. The next largest group by event participation frequency were *AAA Staff Members* attending 32.9% of sessions. While *Advocates* had the least frequent presence at events at only 12.9%, they had the third largest number of participants at a total of 548. As **Table 5** displays, the participant types of *Caregivers* and *Advocates* are the second and third largest representations, respectively.

Table 5
Type of Participants

<i>Types of Participants</i>				
Type of Participants	# Events	%	# Participants	%
<i>Older Adults</i>	209	74.6%	9,654	79.8%
<i>Caregivers</i>	41	14.6%	574	4.7%
<i>Providers</i>	59	21.1%	460	3.8%
<i>Advocates</i>	36	12.9%	548	4.5%
<i>AAA Staff Members</i>	92	32.9%	465	3.8%
<i>Other</i>	44	15.7%	403	3.3%
Total		280	12,104	

Figure 3



Target Populations

Categories indicative of target populations comprise the characteristics: *Race/Ethnicity*, *Linguistic Minority*, *Economic Needs*, and *Social Needs*. **Table 6** presents the frequency distribution of each grouping by their event participation. Individuals identifying as *Black / African American* were present in

nearly 50% of all events held while individuals identifying as Hispanic or Latino participated in 30% of events. The presence of *Limited English Proficient* older adults, advocates, or stakeholders participated in 37.5% of activities; a 12% increase from the FFY2017 data. Predominate non-English languages spoken by participants are noted as *Spanish* (20.7%), *Portuguese* (16.1%), and *Chinese (Mandarin or Cantonese)* (15.4%).

The term “*Greatest Economic Need*” refers to needs resulting from financial incomes at or below the federal poverty level. Older adults with this type of economic need participated in 76.1% of events. *Low Income Minority Older Adults* partook in activities at a rate of 33.2%.

Table 6
Target Populations Attending or Participating in Needs Assessment Events

Target Populations		
Population Types	# Events	% Total Events
Race & Ethnic Groups		
<i>White</i>	215	76.8%
<i>Black / African American</i>	136	48.6%
<i>American Indian / Alaskan Native</i>	35	12.5%
<i>Asian</i>	82	29.3%
<i>Native Hawaiian / Other Pacific Islander</i>	24	8.6%
<i>Multi-Racial</i>	101	36.1%
<i>Other</i>	57	20.4%
<i>Ethnic Hispanic or Latino</i>	84	30.0%
Language		
<i>Target Population Comprised of Linguistic Minorities</i>	105	37.5%
<i>Arabic</i>	19	6.8%
<i>Chinese (Mandarin or Cantonese)</i>	43	15.4%
<i>Haitian Creole</i>	24	8.6%
<i>Hindi</i>	16	5.7%
<i>Italian</i>	16	5.7%
<i>Khmer</i>	19	6.8%
<i>Portuegese</i>	45	16.1%
<i>Russian</i>	27	9.6%
<i>Spanish</i>	58	20.7%
<i>Other</i>	16	5.7%
Economic Needs		
<i>Target Population Comprised of Low Income Elders</i>	213	76.1%
<i>Low Income Elder</i>	104	37.1%
<i>Low Income Minority Elder</i>	93	33.2%
<i>Low Income Other</i>	16	5.7%
Total Events	280	

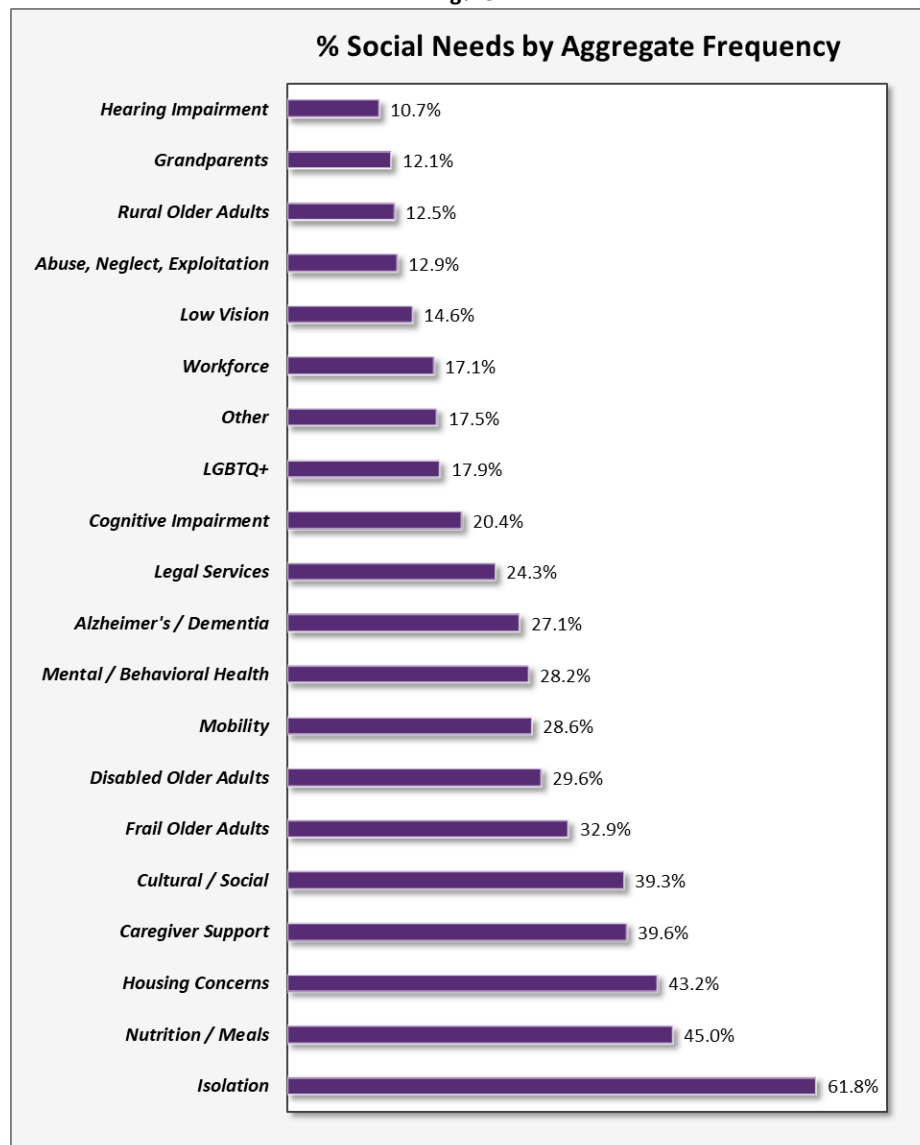
Populations with Social Needs

The term “*Greatest Social Need*” refers to needs resulting from non-economic factors such as physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. **Figure 4** depicts

the frequency of social needs. Sessions typically are comprised of individuals representing different social needs in the same event.

Older adults with *Isolation* concerns had the highest frequency (61.8%) of attendance at activities, a considerable 29.5% increase from FFY2017. The next highest rates were *Nutrition / Meals* (45.0%), *Housing Concerns* (43.2%), *Caregiver Support* (39.6%), and *Cultural / Social* (39.3%). The lowest observed categories of social needs were *Hearing Impairment* (10.7%), *Grandparents* (12.1%), and *Rural Older Adults* (12.5%)

Figure 4



Aggregate Frequency of Concern Area Topics

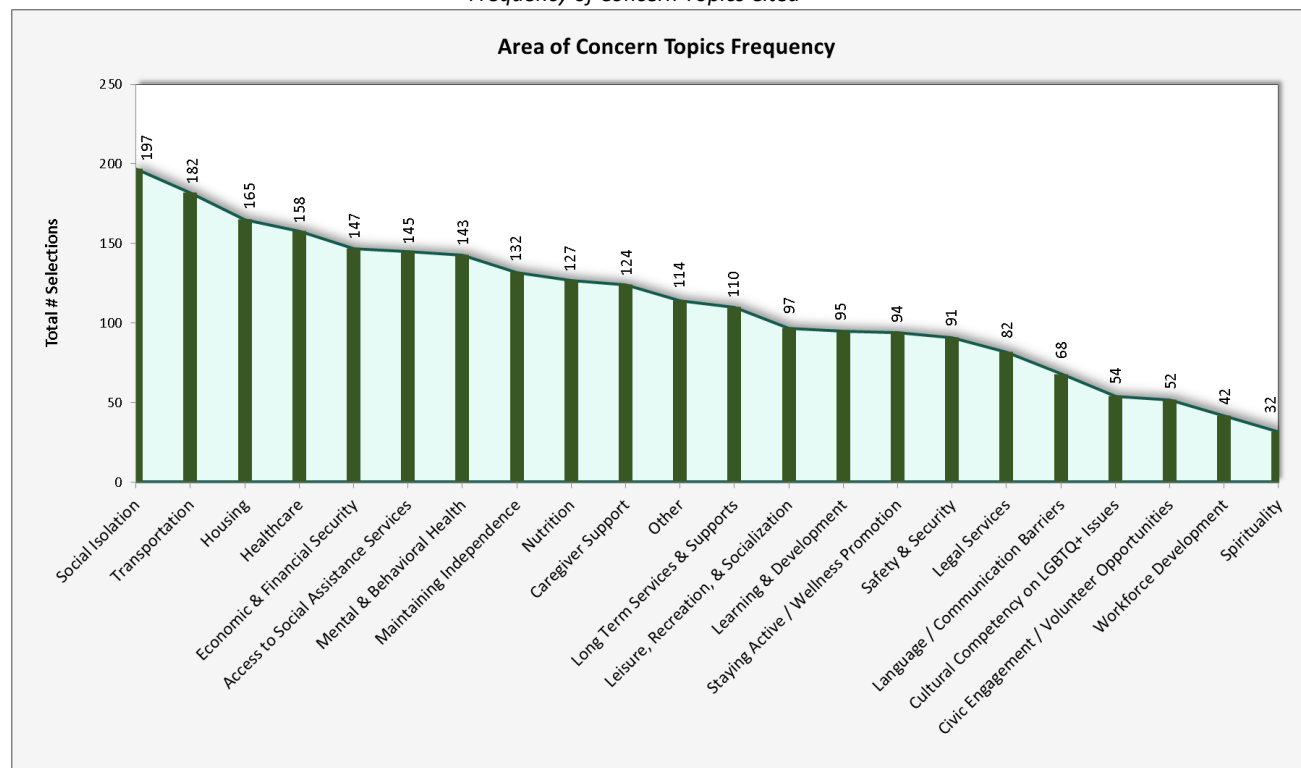
Event session leaders were able to identify areas of concern from 22 available topic selections. Leaders could select as many topics of concerns from the 22 available sections as applicable then identified the

top three areas of need or concern by ranking them #1, #2, and #3. The opportunity existed for elaboration and brief written expansion for specific concerns on each item selection.

For the overall frequency of concern topics cited, **Figure 5** displays categories arranged by order of their assigned prevalence. The numbers reflect the number of Needs Assessment sessions where the topic was identified as a communicated area of concern. The most frequent areas of concern were *Social Isolation* (197 Sessions), *Transportation* (182), *Housing* (165), *Healthcare* (158), and *Economic & Financial Security* (147). Topics expressed the least frequently were *Spirituality* (32), *Workforce Development* (42), and *Civic Engagement / Volunteer Opportunities* (52).

A particular point of note is the drastic upsurge in the concern topic of *Social Isolation*, now viewed as the single most prevalent concern area. Relative to the FFY2017 report, the topic held only the fifth allotment with 51 selections. It is therefore presumable to attribute this uptick to the impacts of the pandemic and the necessary restrictions imposed for safety. However, the duration of these effects on isolation remains uncertain and only future reporting will determine if they return to pre-pandemic levels.

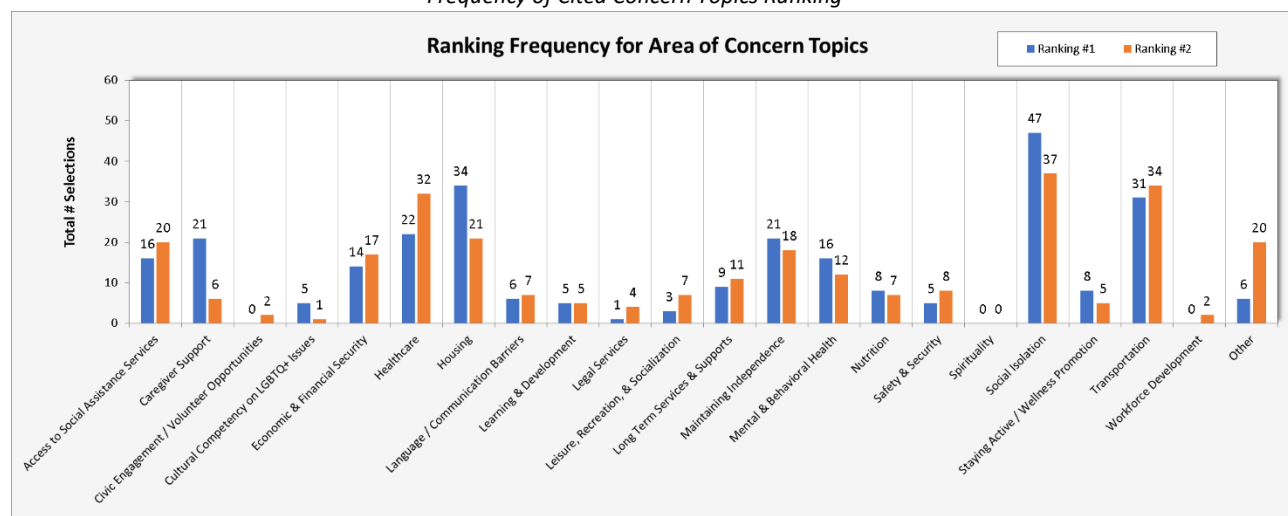
Figure 5
Frequency of Concern Topics Cited



Frequency of Major Concern Area Topics

From each overall list of selected areas of need or concern, participants then communicated their Top 3 Ranking. **Figure 6** displays the topics as they ranked either #1, having the most importance, or #2. Categories are displayed in alphabetical sequence from left to right with the “Other” category located at the end. Topics are assigned numerical values determined by their unique selection in each activity event. The most frequently cited areas of concern Ranked #1 are *Social Isolation* (47), *Housing* (34), *Transportation* (31), and *Healthcare* (22). Similarly, categories Ranked #2 are *Social Isolation* (37), *Transportation* (34), *Healthcare* (32), and *Housing* (21).

Figure 6
Frequency of Cited Concern Topics Ranking



Conclusions

Throughout the Commonwealth of Massachusetts, 21 Area Agencies on Aging employed an assortment of techniques and approaches to gather statistics in regards to the need of older adults. Hosting a variety of events through various methods of communication, as well as referencing and deriving information from secondary sources, the sites compiled their findings and submitted their materials using an electronic-based reporting. Enlightening feedback was able to be collected from 12,104 individuals during the period of September 1, 2020 – December 31, 2020.

These activities and events are able to provide results which highlight current areas of need or concern through utilizing a system of 22 topic choice options. To achieve further detailed insight as to the needs of older adults, the selected priority areas were then ranked to underscore the most important top three.

Recent concerns around social isolation surpassed areas of concern that were previously identified as more significant. Other need areas with the most frequency are transportation, housing, and healthcare.

The concern for *Social Isolation* likely arose from the current pandemic situation. This is an utterly unique situation that cannot be compared to anything experienced in recent times, due to its universal effect on all individuals. While isolation has historically been a concern faced by many older adults, the

necessity to remain distant for health and safety reasons, may have had an amplified stressful impact on this population. Options for battling the feeling of detachment and loneliness may depend on the pandemic; however, internet based activities such as Zoom can forge a sense of community. Through the collection of this data; however, it has been noted that many older adults need increased internet training.

Housing is reported as the next most frequent major concern area. Major issues within this category are the need for more affordable housing and additional senior housing options (e.g., assisted living residences, supportive housing, as well as specialized Alzheimer's, dementia, and retirement communities). Community topics related to pressures from violence, homelessness, drug abuse and discrimination had prevalence. There is a need for supports in defraying housing costs including resource assistance for rent, mortgage, heating, utilities, property taxes, and maintenance. Older adult renters highlighted items such as roommate matching help and resolving tenant issues involving cleanliness, pest control, ventilation, etc. Older adult homeowners expressed needs for help with home repairs and maintenance, yard maintenance, landscaping, snow removal, and home modifications. Ultimately, individuals noted aspirations to remain at home and age in place.

The third leading concern category, *Healthcare*, covered a diverse range of topics. Pain management options, high prescription deductibles and copay costs, educational information, and limited coverage benefits were among the frequently cited concerns. For coverages, specifically inadequate dental and vision coverage had prevalence. Individuals regularly mentioned health insurance as not readily meeting expectations or confidence levels due to eligibility, knowledge of options, and even potential dilemmas created by politics. The lack of doctors or specialists in specific geographic locations, assistance with ancillary services, and observed bias in health care delivery were reported areas of concern. Lastly, feedback emphasized the importance chronic disease management and general patient-centered wellness.

Concern Topics: Specific Needs & Other

Participants were afforded the opportunity to specify particular needs or concerns which they felt were not being adequately met or areas lacking in available categories. Items may be geographically limited or applicable only to certain segments of particular populations such as non-English speakers of one language. Noted below in **Table 7** are the frequently identified needs of the "Other" categories located in the sections of Language, Economic, and Social Needs portions of the Needs Assessment Survey.

Additionally, for each *Concern Area Topic*, individuals also had the ability to expand upon their selection by specifying an exact need area. In total, all 22 selection choices contained expansion statements. The omission of duplications and combination of related categories was enacted for data purposes in order to create **Table 8**.

Table 7

<i>Specify Other Categories: Need Areas</i>		
Other: Language Need	Other: Social Need	
<i>Albanian</i>	<i>Aging Reps & Advocates</i>	
<i>Armenian</i>	<i>Caregiver Support</i>	
<i>Bulgarian</i>	<i>Financial Assistance</i>	
<i>Cape Verdean</i>	<i>General Transportation</i>	
<i>Creole</i>	<i>Harrassment, Homophobia</i>	
<i>French</i>	<i>Healthcare</i>	
<i>German</i>	<i>In-Home Care</i>	
<i>Greek</i>	<i>Limited English Proficiency Elders</i>	
<i>Korean</i>	<i>Loss of Community Connections</i>	
<i>Polish</i>	<i>Maintaining Independence</i>	
<i>Tamil</i>	<i>Pandemic Social Isolation</i>	
<i>Vietnamese</i>	<i>Pandemic Stress (Elders & Caregivers)</i>	
	<i>Rural Outreach</i>	
	<i>Technology & Internet Affordable Access</i>	
	<i>Technology & Internet Training</i>	
	<i>Transportation for Medical</i>	
	<i>Unknown Social Need</i>	
	<i>Unserved Minority Populations</i>	
	<i>Volunteers & Activities</i>	
Other: Economic Need		
<i>Advocates with Similar Needs</i>		
<i>COA Positional Income Diversity</i>		
<i>Low Income Caregivers</i>		
<i>Low Income LGBTQ Elders</i>		
<i>Mixed Incomes</i>		
<i>Unclear Economic Need</i>		

Other Need Categories: Language, Economic, & Social

Table 8
Other Need Categories: Specified Concern Area Topics

Other Categories: Specified Concern Area Topics		
Access to Social Assistance Services Knowing who to call & when services are needed Accessing Food/SNAP benefits Applying for Health Insurance Education regarding resources Resource eligibility Access fuel assistance programs Financial services, eligibility, & requirements	Caregiver Support Programs to pay Family Caregivers Caregiver support groups Educational programs Respite Day Centers & Adult Day Health programs Dementia Balancing work and caregiving Caregiver information and services Grandparents raising grandchildren	Civic Engagement / Volunteer Opportunities Volunteer opportunities Ageism Older adult community involvement Taking part in urban planning Neighborhood changes
Cultural Competency on LGBTQ+ Issues Providers who are open & affirming to serving LGBTQ Finding specific programs/services Community integration Support for dealing with bias	Economic & Financial Security Ability to afford aging in setting of choice Affording taxes, heating, & other bills Assistance with managing finances Food insecurity Info about available services	Health Care City wide "Health Stops" Helping the uninsured Access to hospitals Falls Prevention classes COVID health risks Affordable & adequate insurance Improved mental health coordination Footcare services Out-of-Pocket expenses Dealing with Dementia High prescription costs Technology as a Health barrier Healthcare for LGBTQ Alternative medicine options Home visits from doctors & nurses
Housing Lack of affordable housing Waitlists for public/subsidized units Affordable co-housing for LGBTQ Homelessness Property repairs & upkeep Accessible housing	Language / Communication Barriers Non-Native English speaker help Translation services or devices More information & resources in Spanish Computer & internet access Hard of hearing	Learning & Development Technology training Learning to speak English Recreational opportunities for dementia More training on dementia & Alzheimers Providing new learning opportunities
Legal Services Legal assistance for documents & certificates Education for HC Proxy, POA, end of life care Assistance completing wills Estate planning and general paperwork Risks of eviction since moratoria has lifted	Leisure, Recreation, & Socialization Development of social & rec opportunities Accessing & affording social activities Affordable internet access Lack of socialization opportunities from COVID More information about programs Want reduced rates at Sites/Museums Increased walking trails More outdoor spaces for Seniors Funding for local COAs Lack of intergenerational programs COA outreach to "young Seniors" Socialization in the rural communities	Long Term Services & Supports Accessing Home Care services Better staffing at LTC Facilities Assistance with ADLs Aging in place as a priority Adult Day Health center closings The prohibitive costs for most people Memory loss education / training Shortage of support in rural towns Help with handicap modifications Workforce shortages Not enough hours of help Increased case management
Maintaining Independence Priority of aging in place Assistance with ADLs (chores, dressing, etc) Affordable snow removal in winter Housing modifications as getting older Help with general tasks Upkeep with property: lawn, leaves Balance & mobility issues Housing accommodations like 1st Floor How to remove clutter Updating home safety Shortage of Home Health Aides Keeping up with groceries How to get needed devices	Mental & Behavioral Health Mental health classes & education Affordable counseling services Depression, anxiety, stress Isolation due to pandemic Alcohol & drug abuse How to reduce hoarding Improved emotional support Healthier coping mechanisms Dealing with living alone Resource coordination & outreach	Nutrition Accessing healthy meal options High costs of food Limitations with meal prep Seniors with dietary restrictions Socializing with meals Difficulty getting groceries Delivery assistance importance Stress of food insecurity Proper nutrition

Table 8
Continued

Safety & Security	Spirituality	Social Isolation
Home mods for balance & falls prevention	Finding faith-based activities	Increased problem for non-driving elders
Coping with abuse, neglect, exploitation	Developing opportunities for spiritual growth	Lacking companionship
Dealing with mistreatment	Missing in-person services	Extremely impacted due to COVID
Working with public safety		Accessing technology to help cope
Concern of financial exploitation		Closure of COAs increased disconnect
Personal mobility		Lack of in-person activities
Community safety & crime		Stress & mental decline
Upkeep of outdoor paths & sidewalks		Request to increase phone/internet programs
Spam / phishing calls and Emails		Rural vs. Urban different experience
		Requiring internet access to battle isolation
		Would like regular connections
		Formal & informal supports
Staying Active / Wellness Promotion	Transportation	Workforce Development
Want classes on healthy aging	Access to rides for Appointments	Employers requiring PPE but not supplying it
Information on physical wellness	Finding rides for social activities	Older adult language obstacles
Affordable fitness programs	Seen as a major priority for older adults	Finding opportunities that pay well
Promotion of self-care strategies	More bus / carpool opportunities	Seniors have difficulty obtaining positions
Exercise classes for older adults	Loosing the ability to drive	Support for locating jobs
Caregivers feel they don't have time	Difficulty using the City Buses	
	Difficulty using the Commuter Rail	
	Navigation difficulties for vision impaired	
	Affordability	
	Language barriers	
	Issues with reliability	
	Lack of public transportation	
	Weekend transportation problems	

Attachment H: Massachusetts AAA/ASAP Aging Network

The OAA establishes a system whereby authorized program funds flow through the SUA to AAAs where they are used to support home and community based supportive and nutrition services. In Massachusetts there are twenty-one AAAs representing twenty-two Planning and Service Areas (PSA). PSAs are collections of communities that any given AAA serves; PSAs range in size and composition from a single to city (i.e., Boston) to ones that serve over thirty cities and towns.

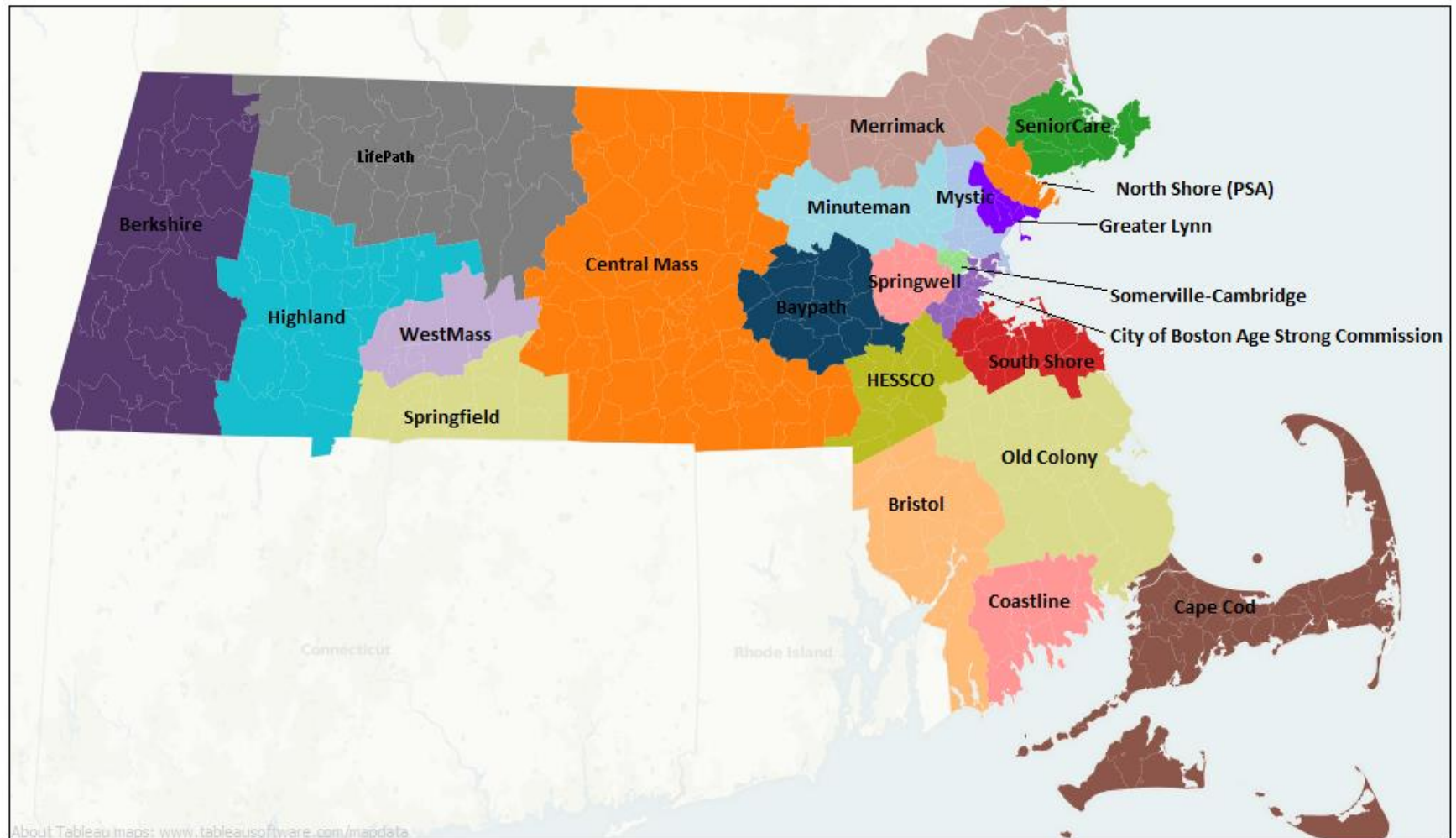
Responsibilities for overseeing OAA activities at the AAA reside with an Area Agency Planner. AAA Planners solicit and contract with private vendors for services, administer the disbursement of funding, monitor programs for regulatory compliance and maintenance of quality, and generally coordinate operation of services and resources.

AAAs and the Planners represent the original structure and system for delivering federally funded services to the elders of the nation and the Commonwealth. AAAs provide services in concert with another group of entities known as Aging Services Access Points, (or 'ASAPs', authorized within Section 19A of Massachusetts General Laws), which are often colocated with AAAs. ASAPs were formerly known as "Home Care Corporations", a name that spoke to their principal responsibility of operating the state-funded Home Care Program, a collection of supportive services designed to help older adults remain independent and in their own homes, services that naturally complement those of the AAAs. There are 25 ASAPs, 18 of which are colocated with an AAA; seven ASAPs are 'stand-alone' entities, leaving three free-standing AAAs that fall outside the ASAP system.

The Massachusetts Elder Service Network includes thousands of dedicated volunteers and comprises many public and private organizations throughout the state. Additional public and private non-profit entities contract with Elder Affairs to locally administer other service programs, including the LTC Ombudsman program and the health benefits counseling program, SHINE. The network includes 349 municipal COAs, 290 senior (and drop-in) centers affiliated with COAs, and 25 independent nonprofit facilities (including 18 in Boston, Springfield and Worcester).

On the pages that follow is a full map of the Commonwealth with all 21 AAAs represented, along with the 22 PSAs identified with individual maps of the Commonwealth's PSAs along with their parent AAA and, in most instances, a colocated ASAP. Towns and cities served are named, their physical arrangement among one another shown and, finally, placed within the context of their location in the Commonwealth. Contact information and addresses are also included. Taken together, the maps represent graphic depiction of the elements that comprise the Elder Service Network in Massachusetts. Lastly, the seven 'stand-alone' ASAPs are detailed.

Commonwealth of Massachusetts: Area Agencies on Aging



Area Agency on Aging/Aging Services Access Point

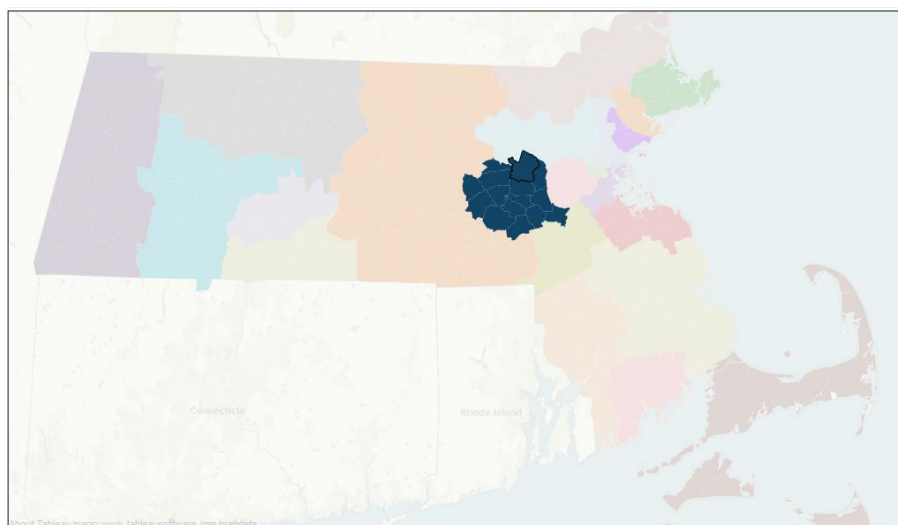
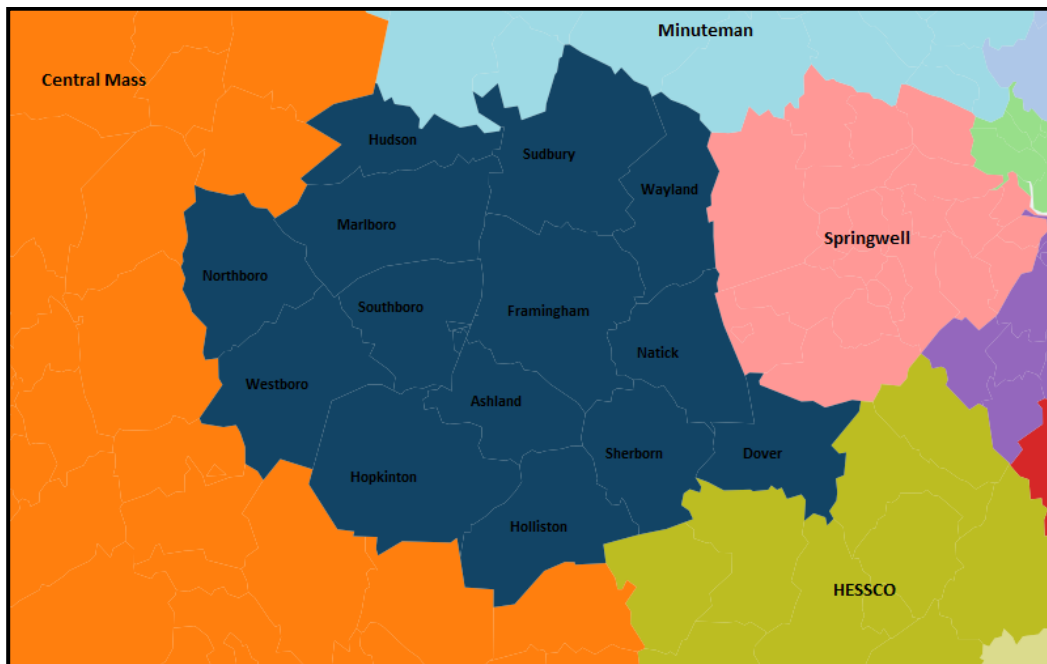
www.baypath.org

**33 Boston Post Road West
Marlboro, MA 01752**

508-573-7200

FAX: 508-573-7222

TTY: 508-573-7282



Elder Services of Berkshire County, Inc.

Area Agency on Aging/Aging Services Access Point

www.esbci.org

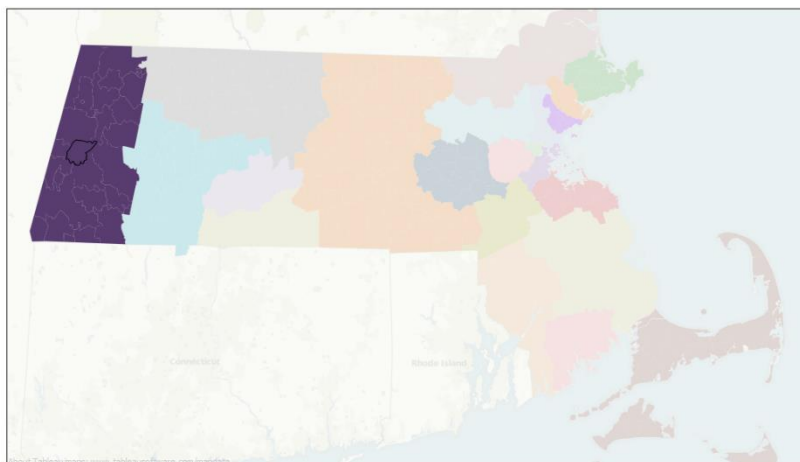
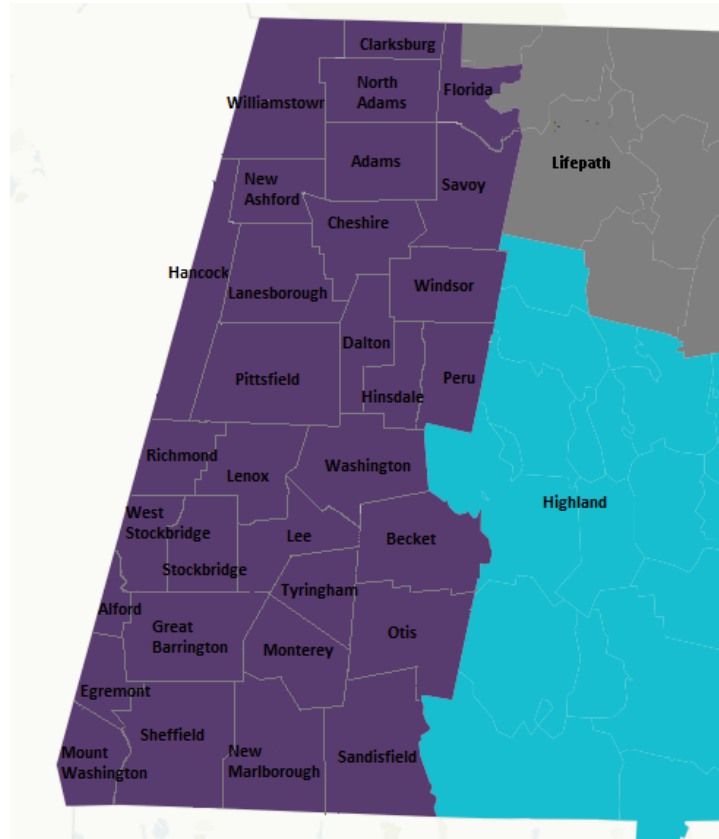
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Pittsfield, MA 01201

413-499-0524

FAX: 413-442-6443

TTY: 413-499-9764



Boston City Hall

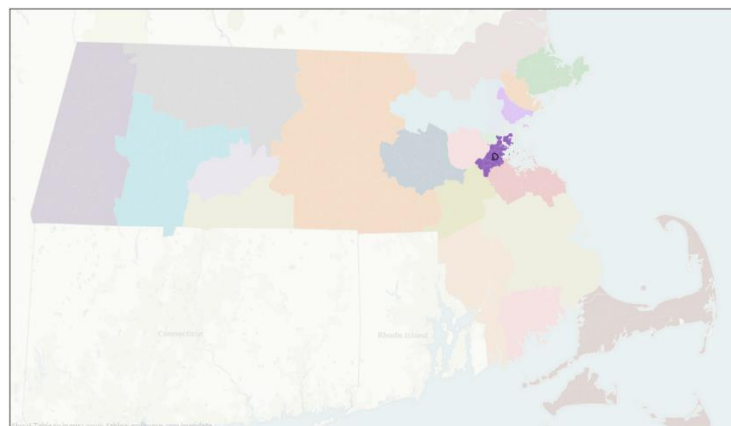
617-635-4366

One City Hall Plaza, Room 271

FAX: 617-635-3213

Boston, MA 02201

TTY: 617-635-4599



Bristol Elder Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.bristolelder.org

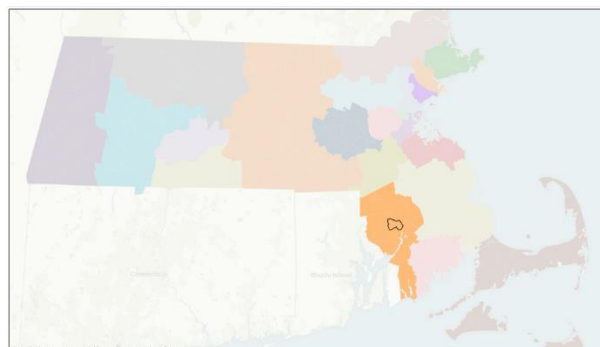
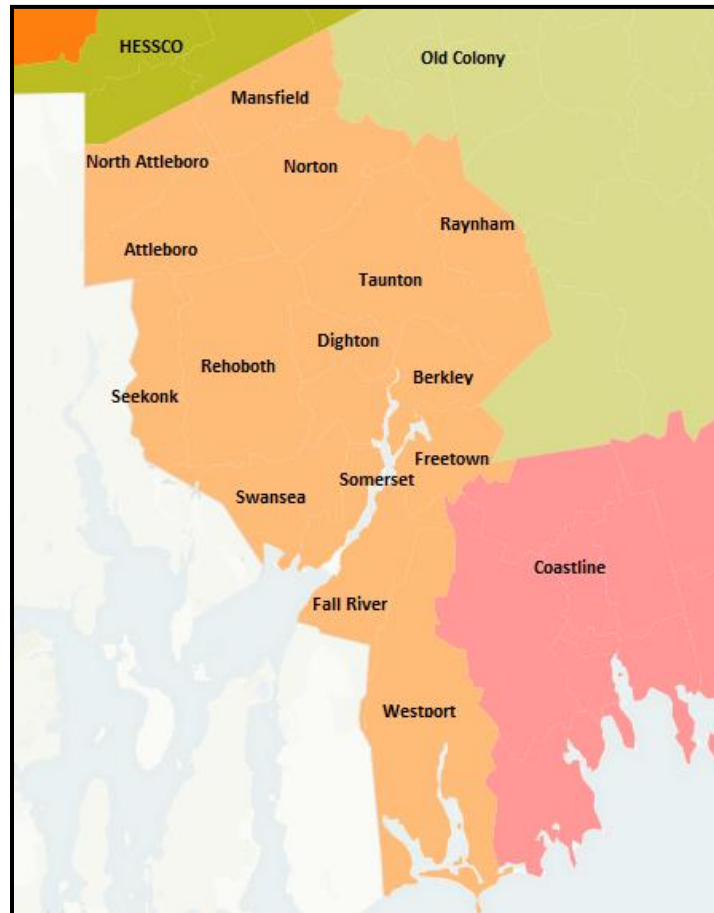
One Father DeValles Blvd, Unit #8

508-675-2101

Fall River, MA 02723

FAX: 774-425-0445

TTY: 508-646-9704



Area Agency on Aging/Aging Services Access Point

www.escci.org

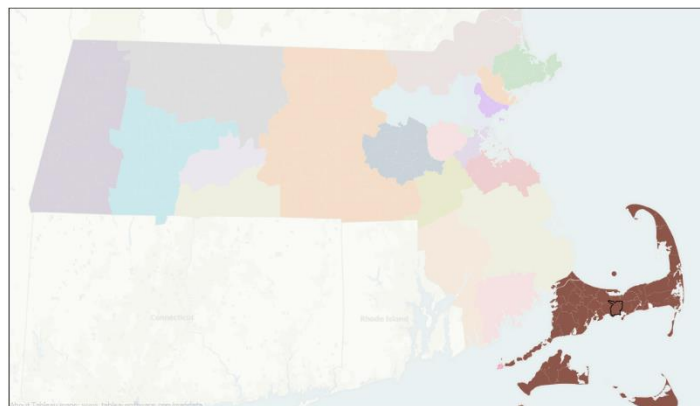
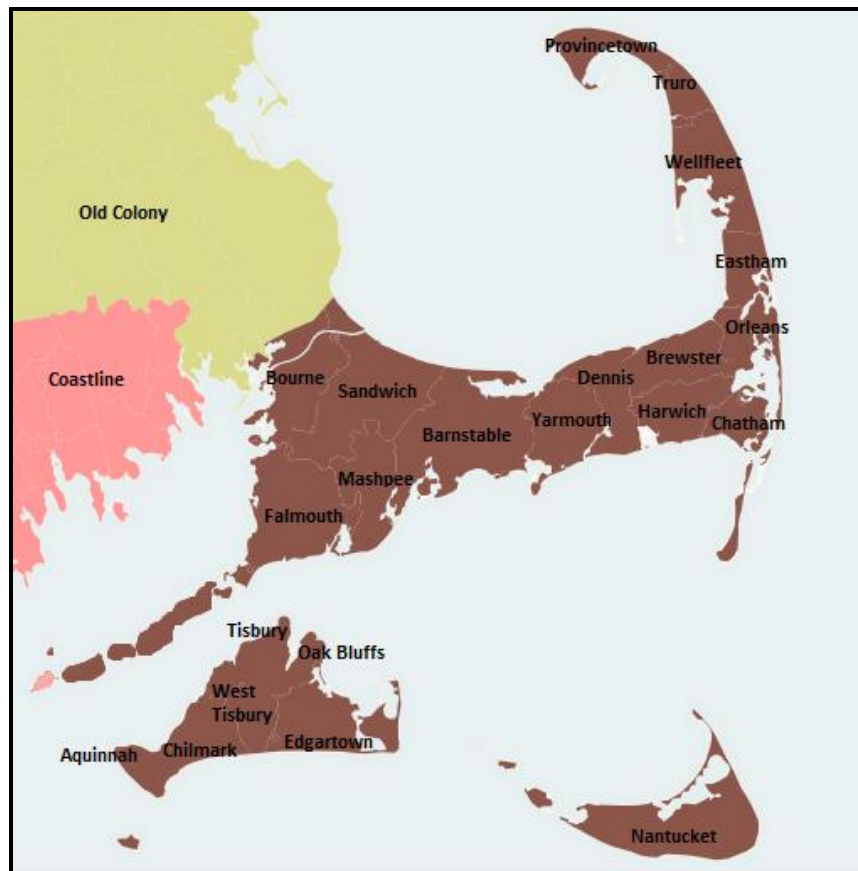
68 Route 134

508-394-4630

South Dennis, MA 02660

FAX: 508-394-3712

TTY: 508-394-8691



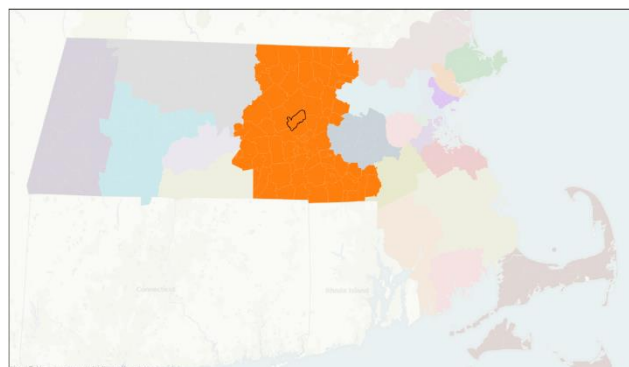
330 Southwest Cutoff, Suite 203

508-852-5539

Worcester, MA 01604

FAX: 508-852-5425

TDD: 508-852-5539



Coastline Elderly Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.coastlineelderly.org

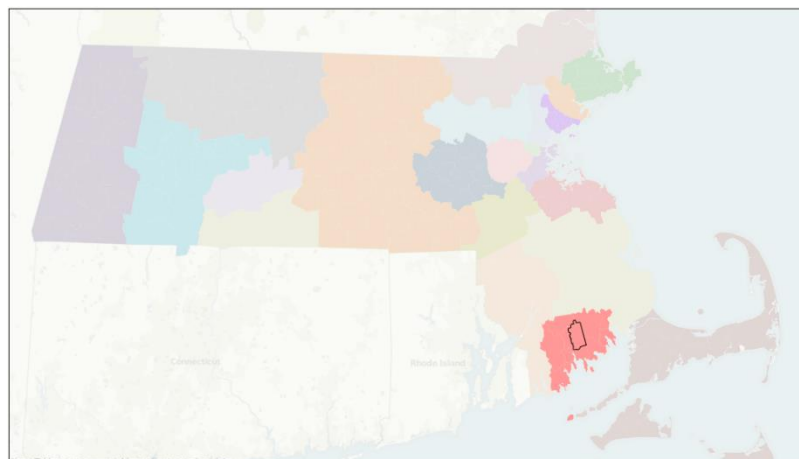
863 Belleville Avenue

508-999-6400

New Bedford, MA 02745

FAX: 508-993-6510

TDD: 508-994-4265



Greater Lynn Senior Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.glss.net

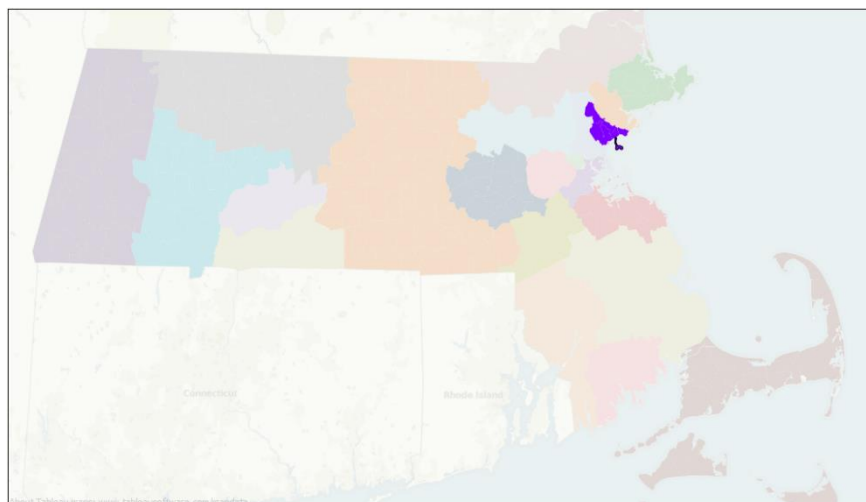
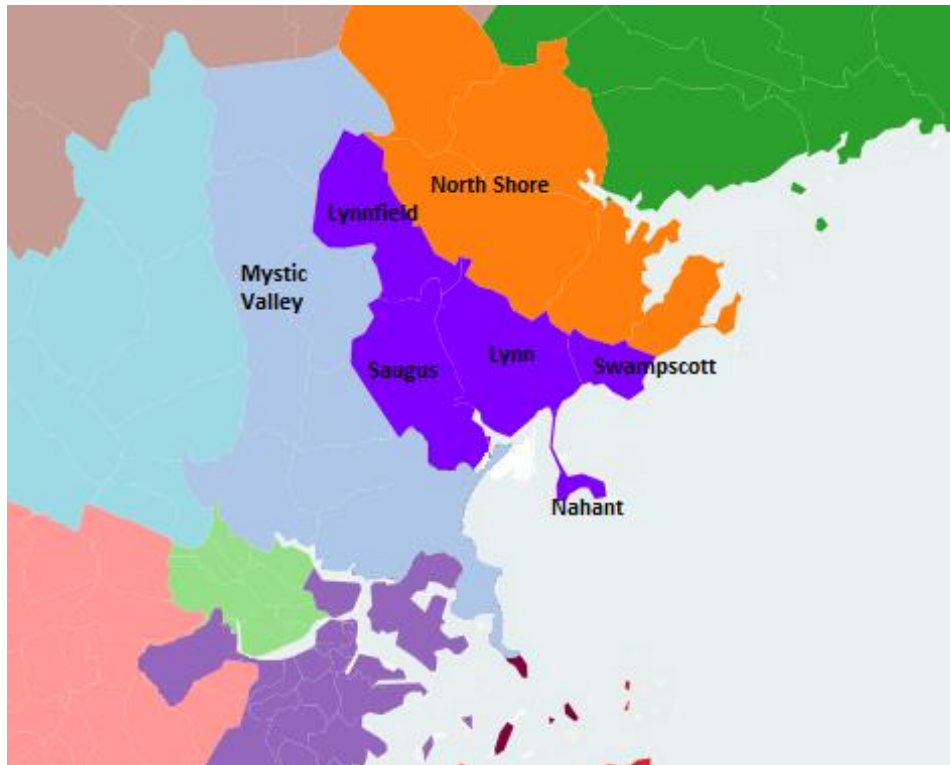
Eight Silsbee Street

781-599-0110

Lynn, MA 01901

FAX: 781-592-7540

TDD: 781-477-9632



Greater Springfield Senior Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.gsssi.org

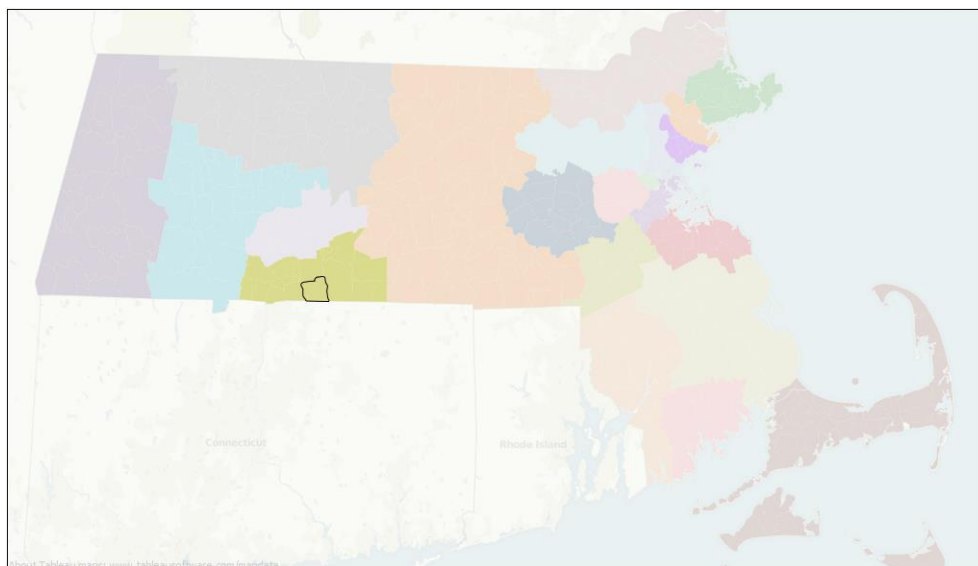
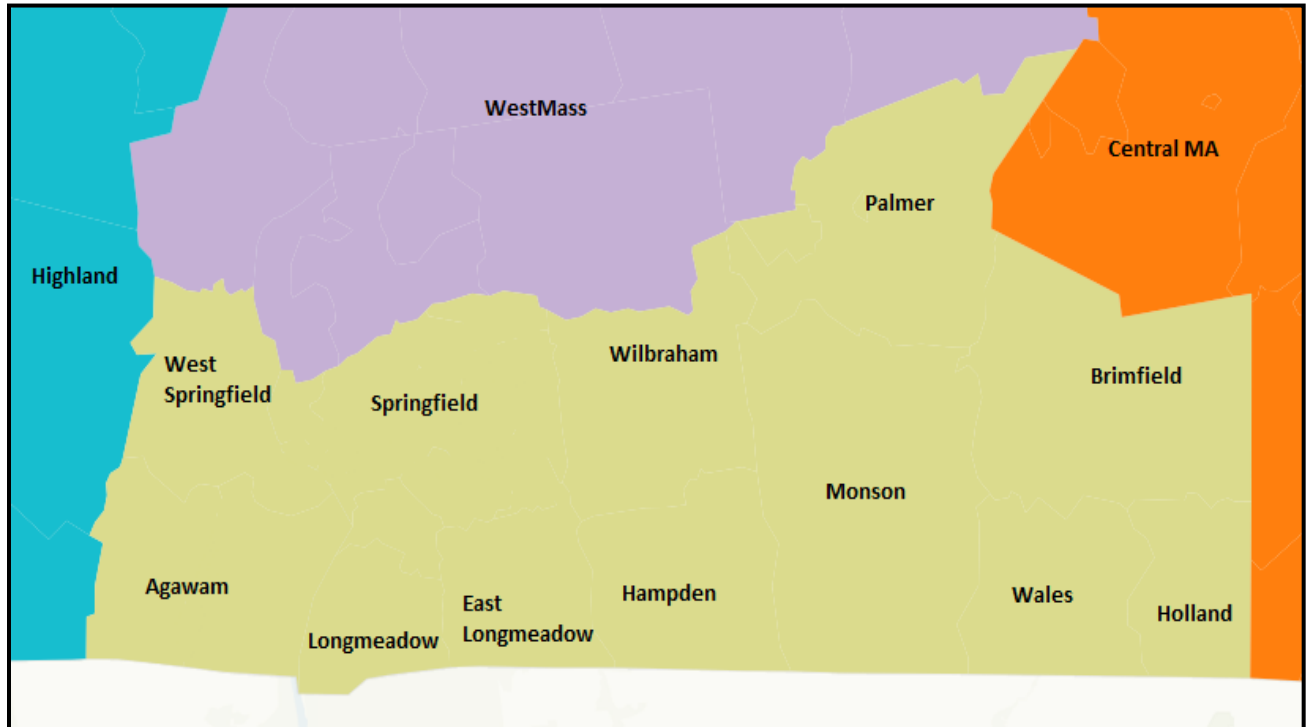
66 Industry Avenue, Suite #9

413-781-8800

Springfield, MA 01104

FAX: 413-781-0632

Mass Relay: 711



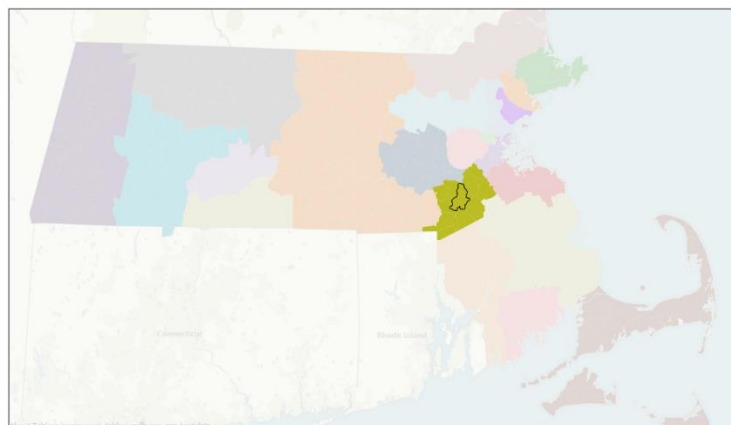
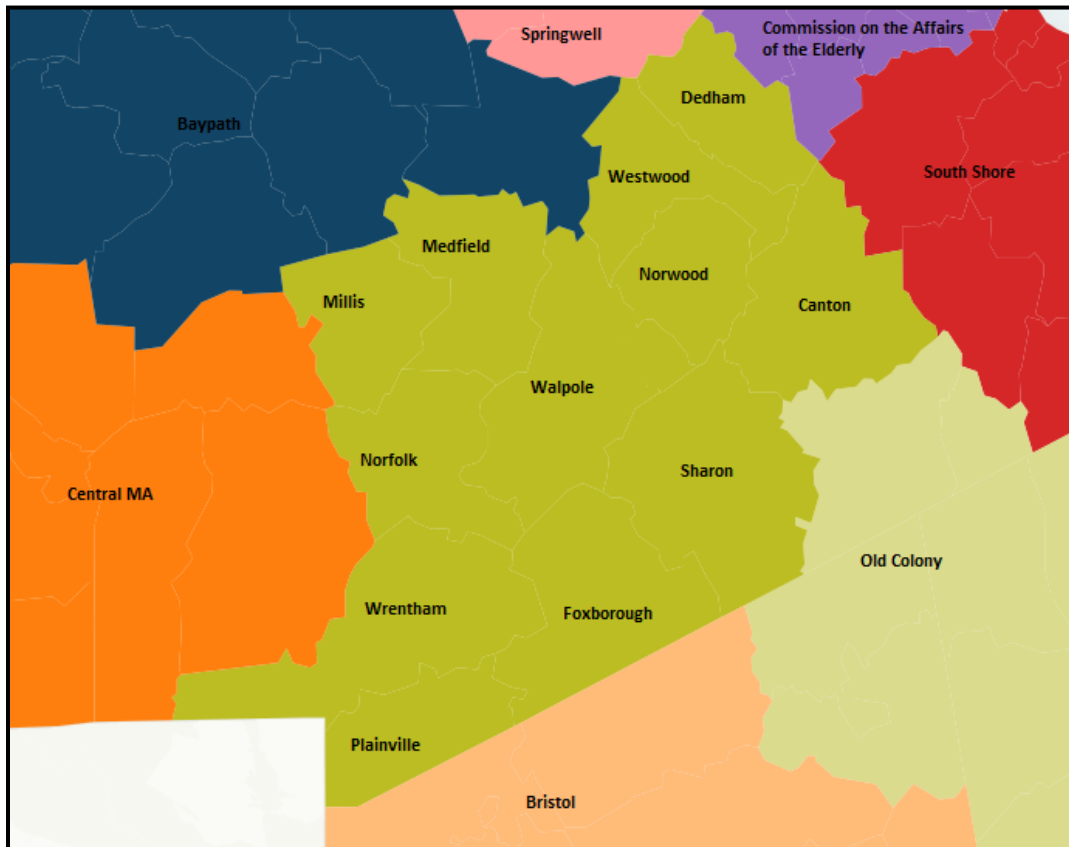
One Merchant Street

Sharon, MA 02067

781-784-4944

FAX: 781-784-4922

TTY: 781-784-4944



Area Agency on Aging/Aging Services Access Point

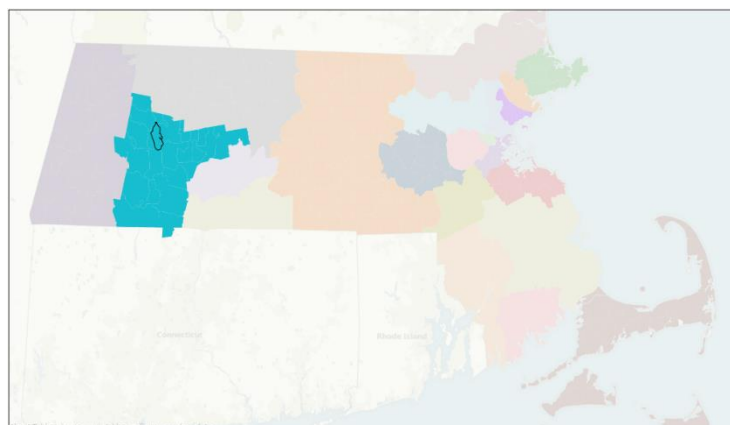
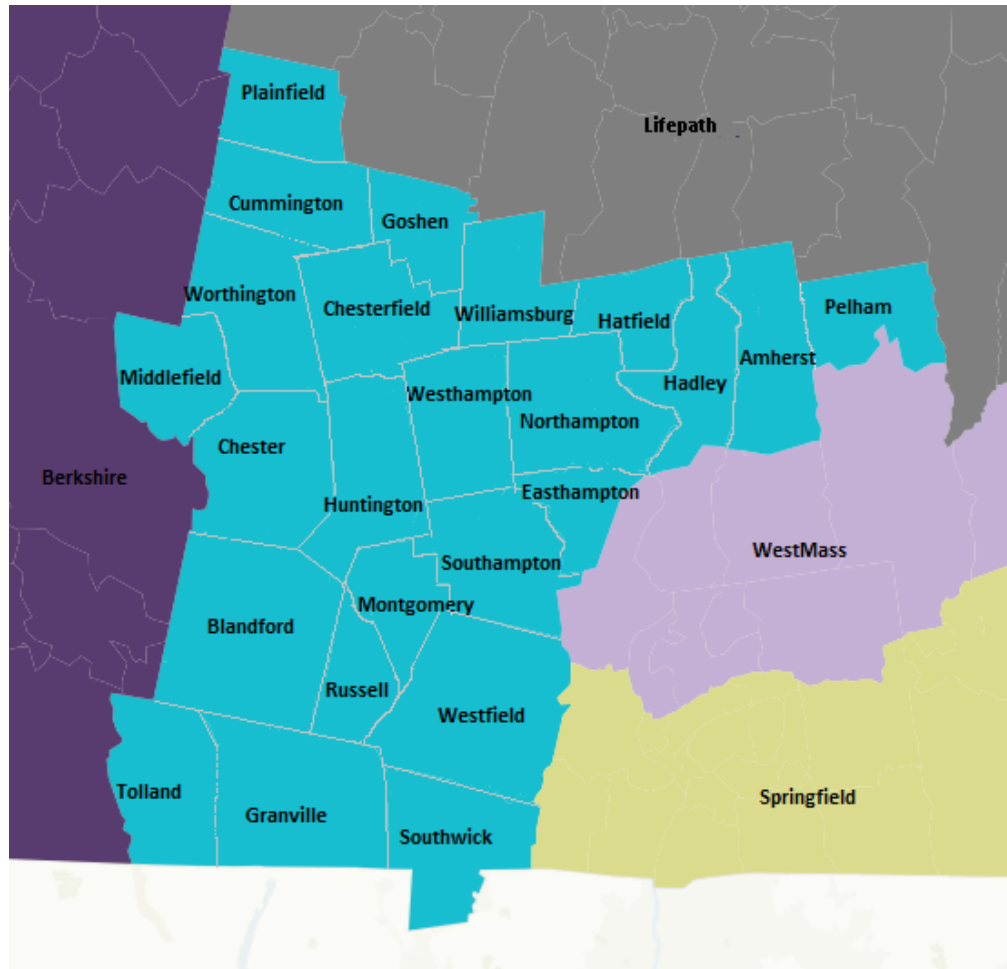
www.highlandvalley.org

320 Riverside Drive, Suite B

413-586-2000

Florence, MA 01062

FAX: 413-584-7076



Area Agency on Aging/Aging Services Access Point

www.lifepathma.org

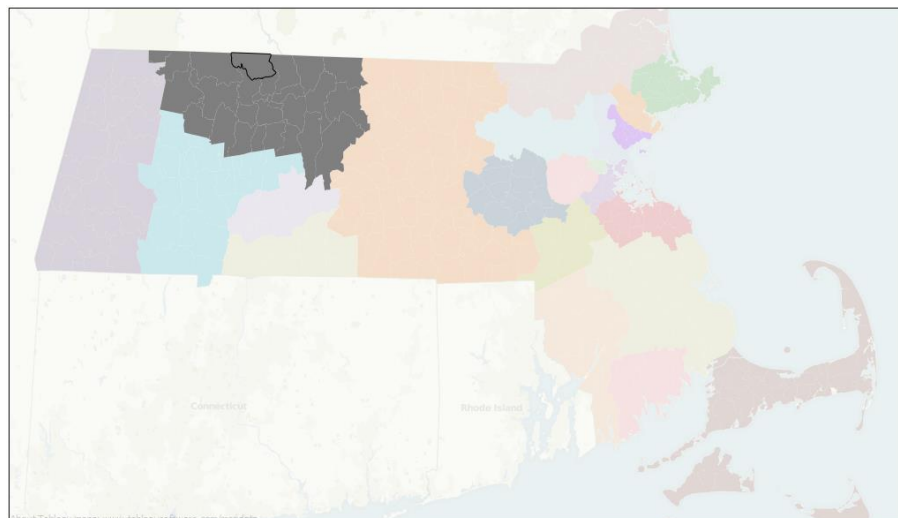
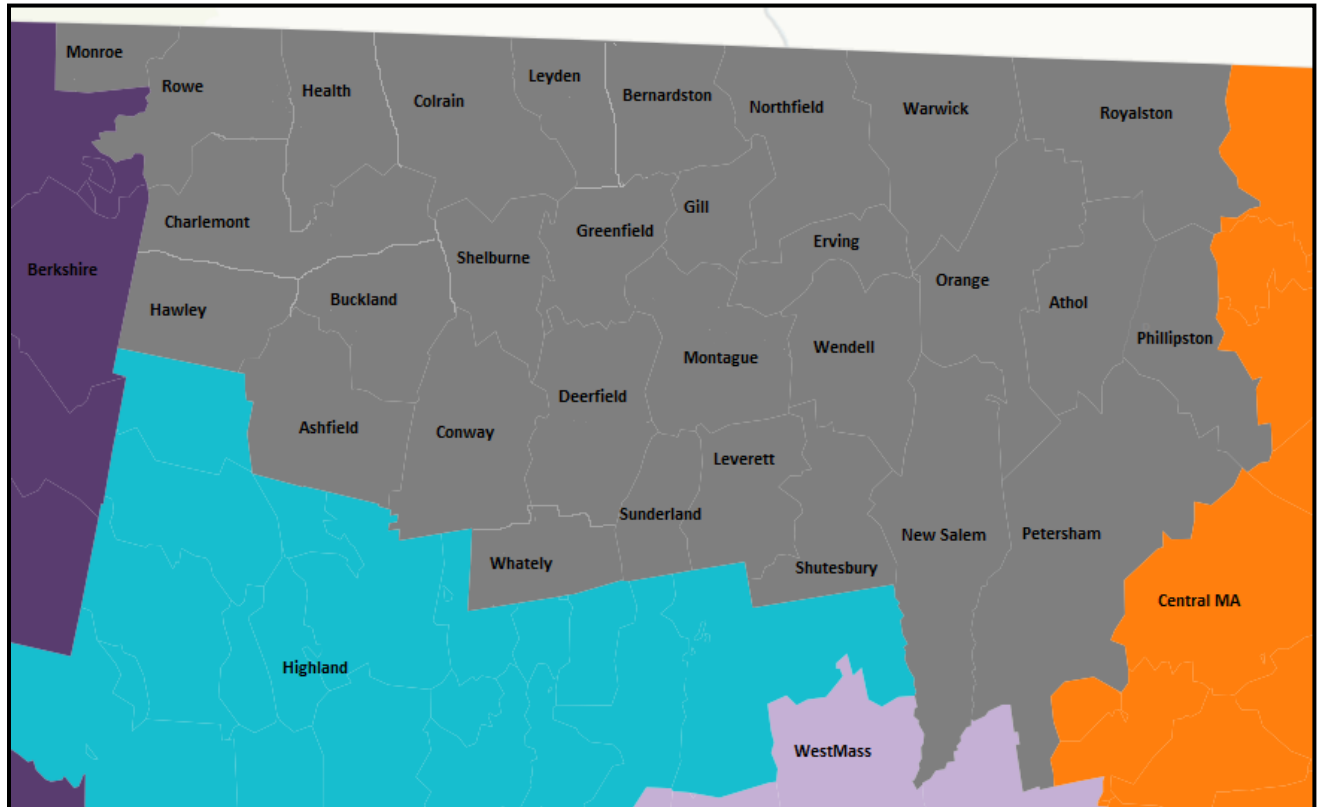
101 Munson Street, Suite 201

413-773-5555

Greenfield, MA 01301

FAX: 413-772-1084

TDD: 413-772-6566



Area Agency on Aging/Aging Services Access Point

Merrimack Valley - Planning and Service Area

www.esmv.org

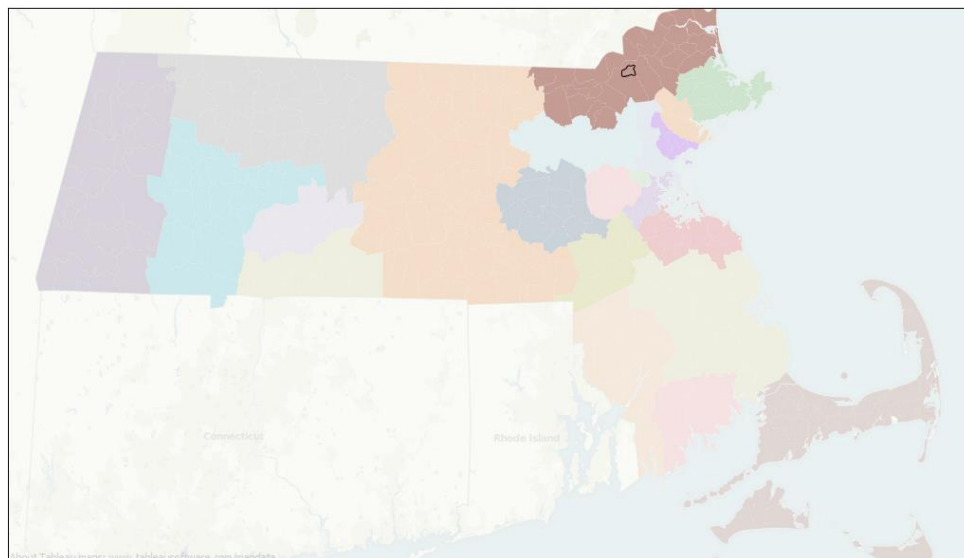
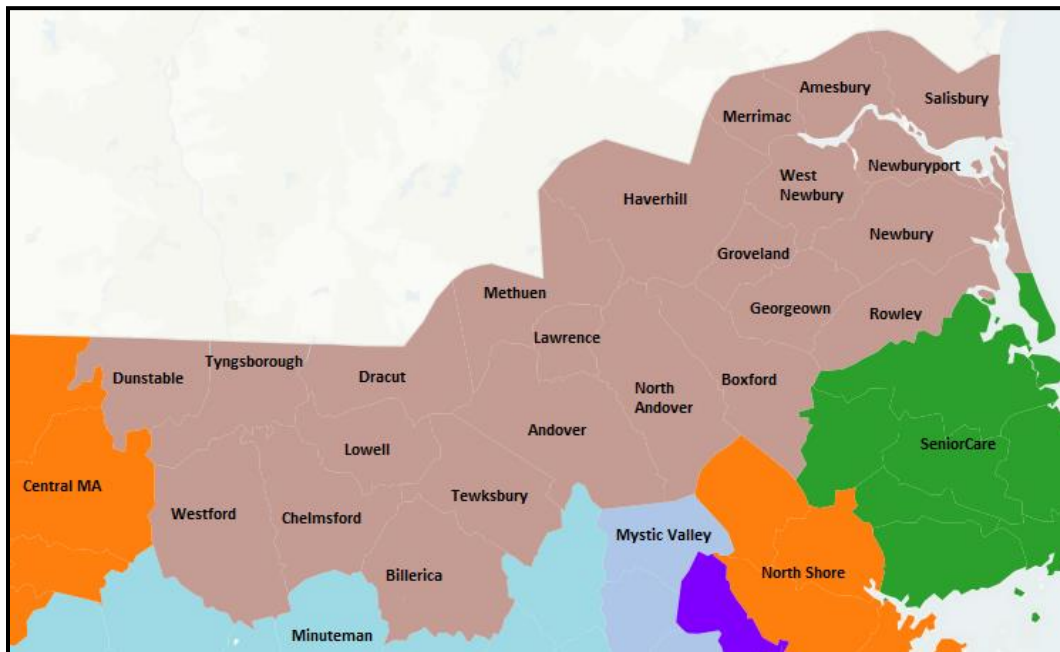
280 Merrimack Street, Suite 400

978-683-7747

Lawrence, MA 01843

FAX: 978-687-1067

TDD: 800-924-4222



North Shore - Planning and Service Area

www.esmv.org

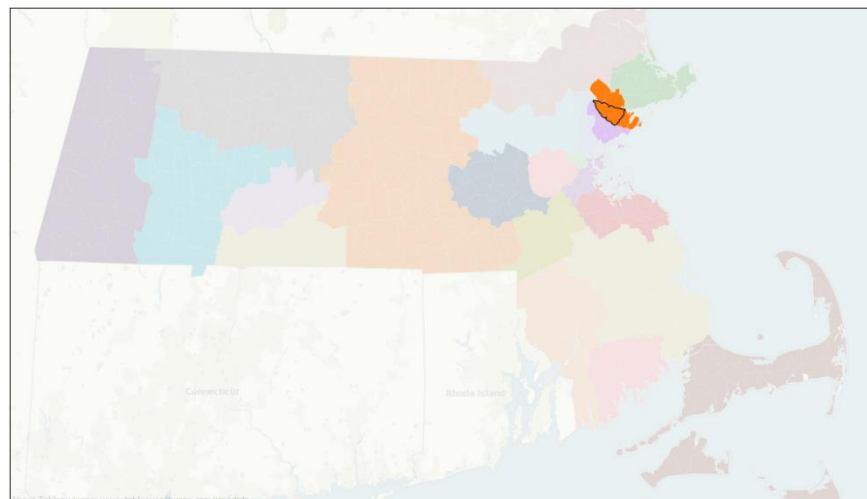
300 Rosewood Drive, Suite 200

978-683-7747

Danvers, MA 01923

FAX: 978-687-1067

TTY: 800-924-4222



Minuteman Senior Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.minutemansenior.org

26 Crosby Drive

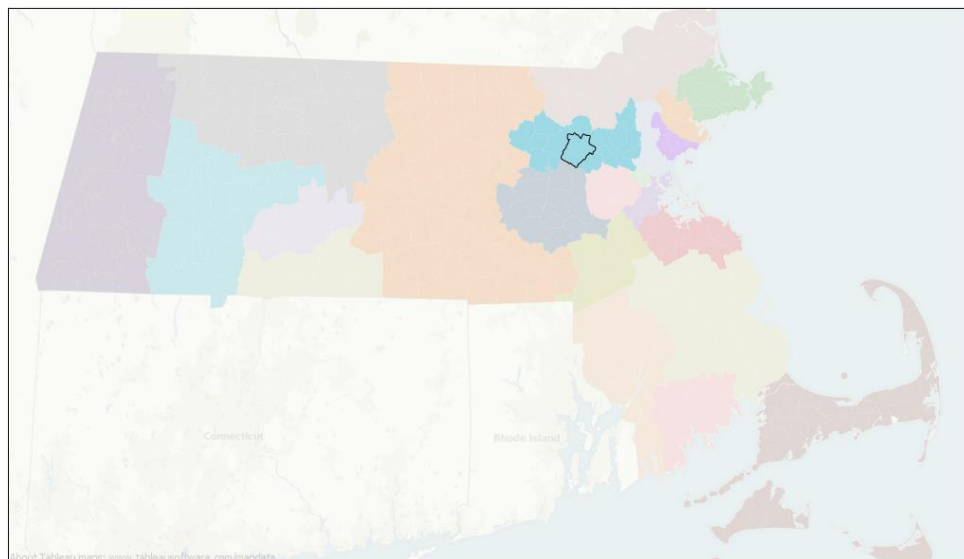
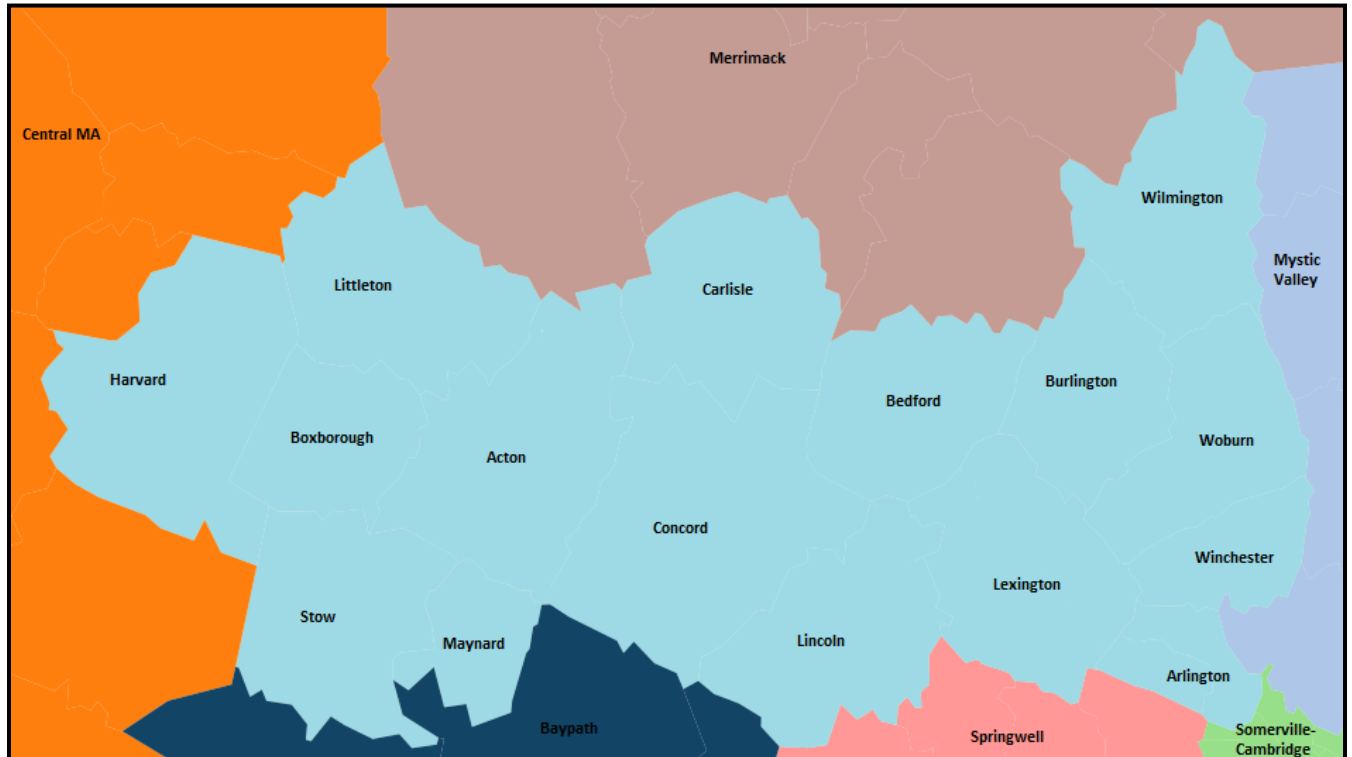
781-272-7177

Bedford, MA 01730

FAX: 781-229-6190

(888) 222-6171

MassRelay 711 or 1-800-439-2370



Area Agency on Aging/Aging Services Access Point

www.mves.org

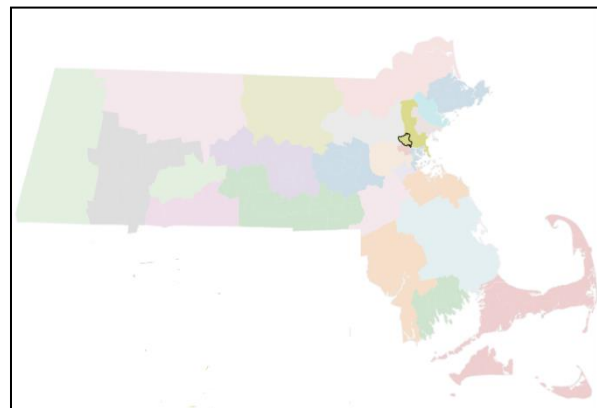
300 Commercial St, Suite 19

781-324-7705

Malden, MA 02148

FAX: 781-324-1369

TDD: 781-321-8880

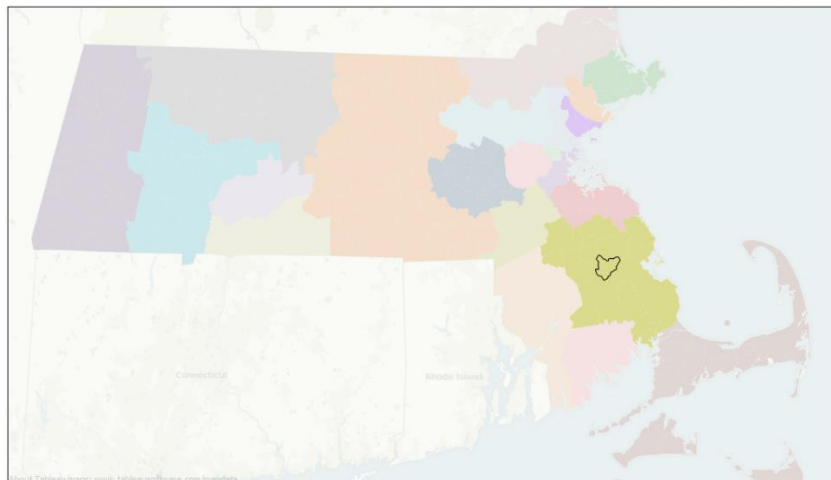
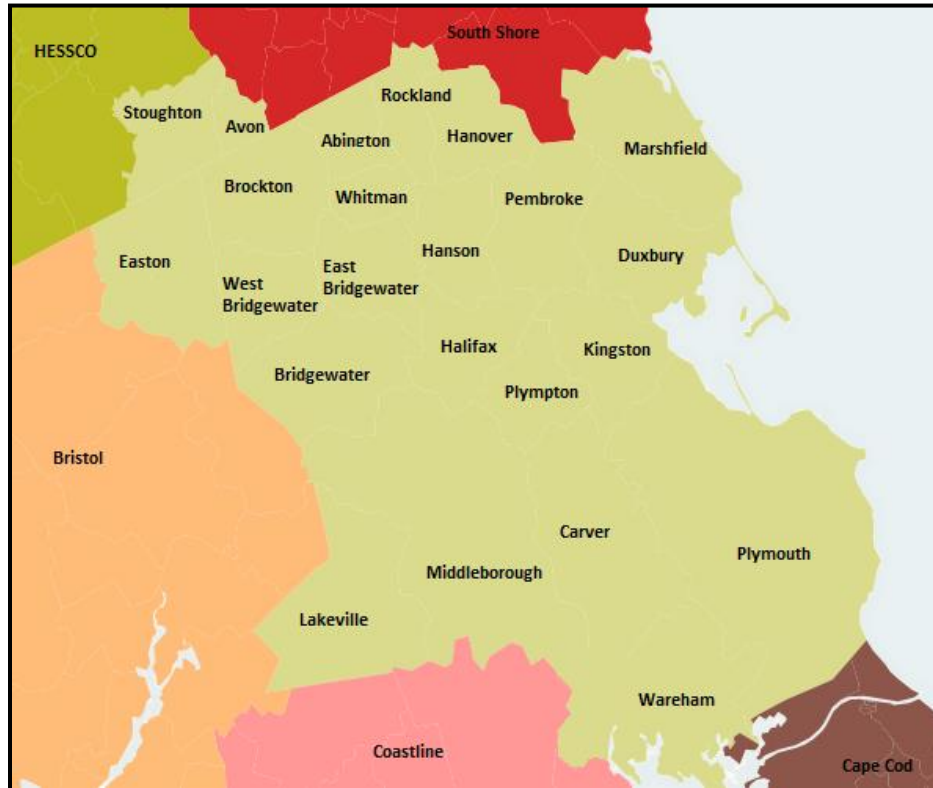


Area Agency on Aging

www.ocpcrpa.org

70 School Street
Brockton, MA 02301

508-583-1833
FAX: 508-559-8768
TTY: 508-583-1833



Area Agency on Aging/Aging Services Access Point

www.seniorcareinc.org

49 Blackburn Center

Gloucester, MA 01930

978-281-1750 or 866-927-1050

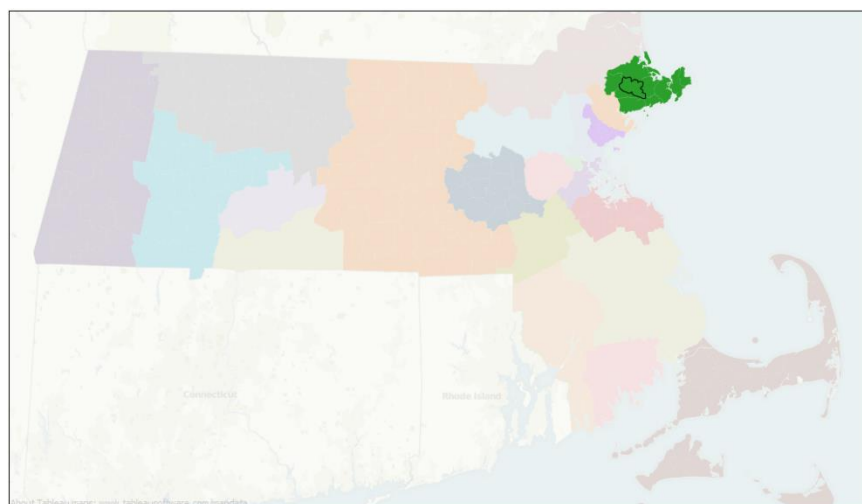
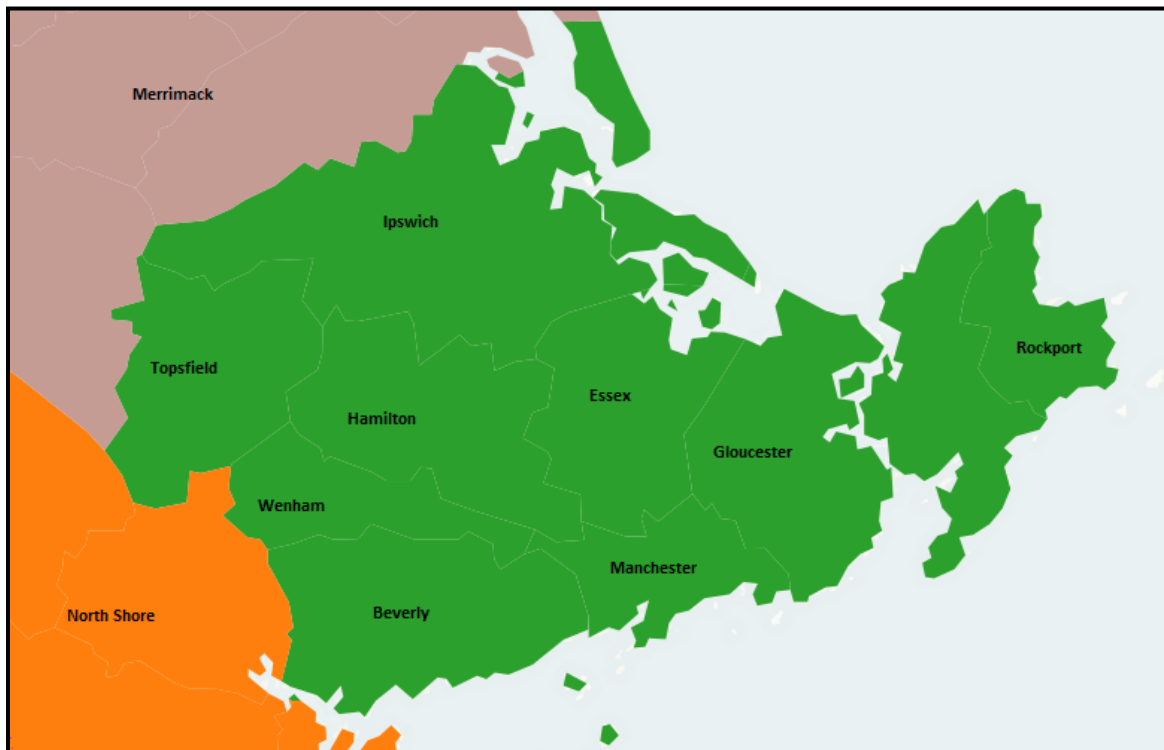
FAX: 978-281-1753

100 Cummings Center, Suite 106-H

Beverly, MA 01915

TDD: 978-282-1836

FAX: 978-969-0358



Somerville/Cambridge Elder Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.eldercare.org

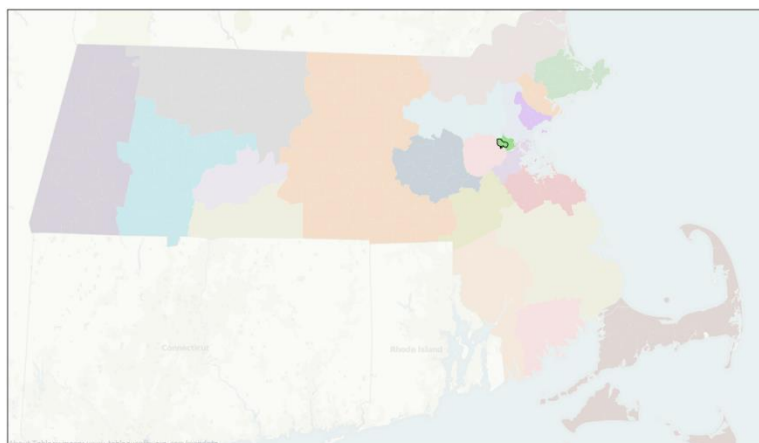
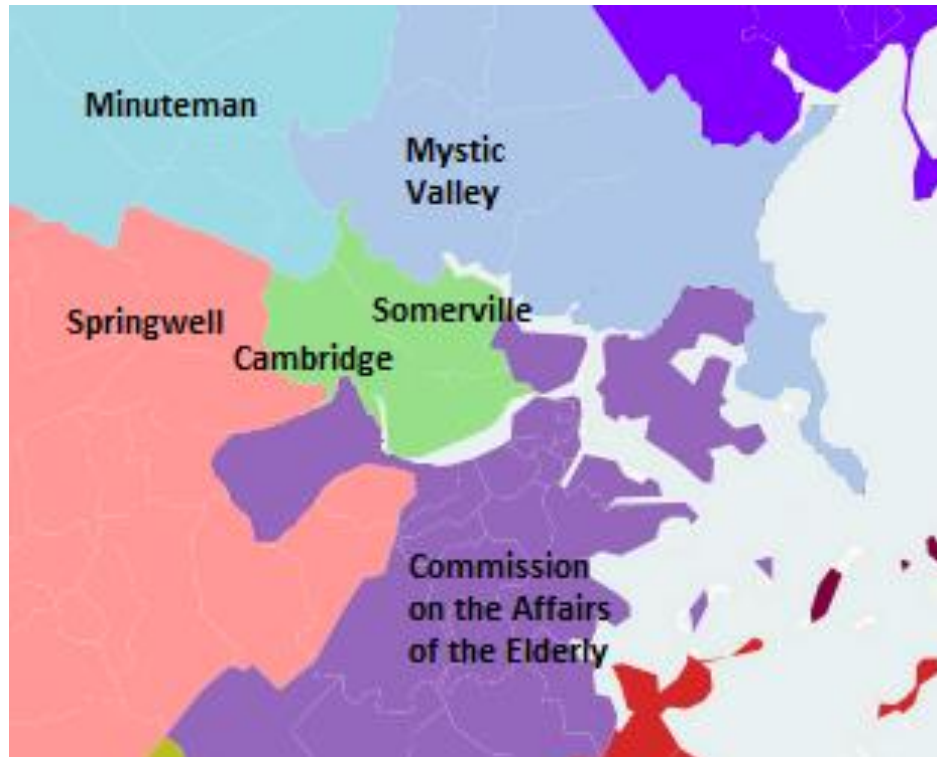
61 Medford Street

617-628-2601

Somerville, MA 02143-3429

FAX: 617-628-1085

TDD: 617-628-1705



South Shore Elder Services, Inc.

Area Agency on Aging/Aging Services Access Point

www.sselder.org

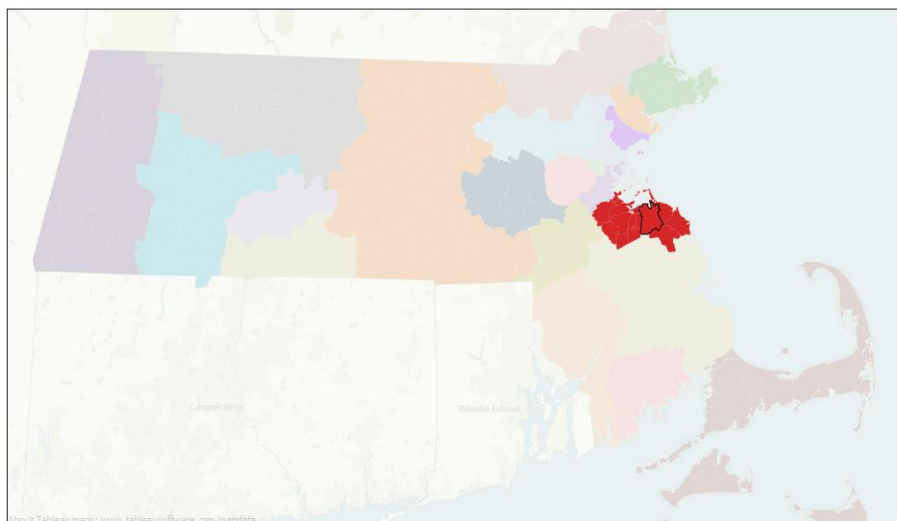
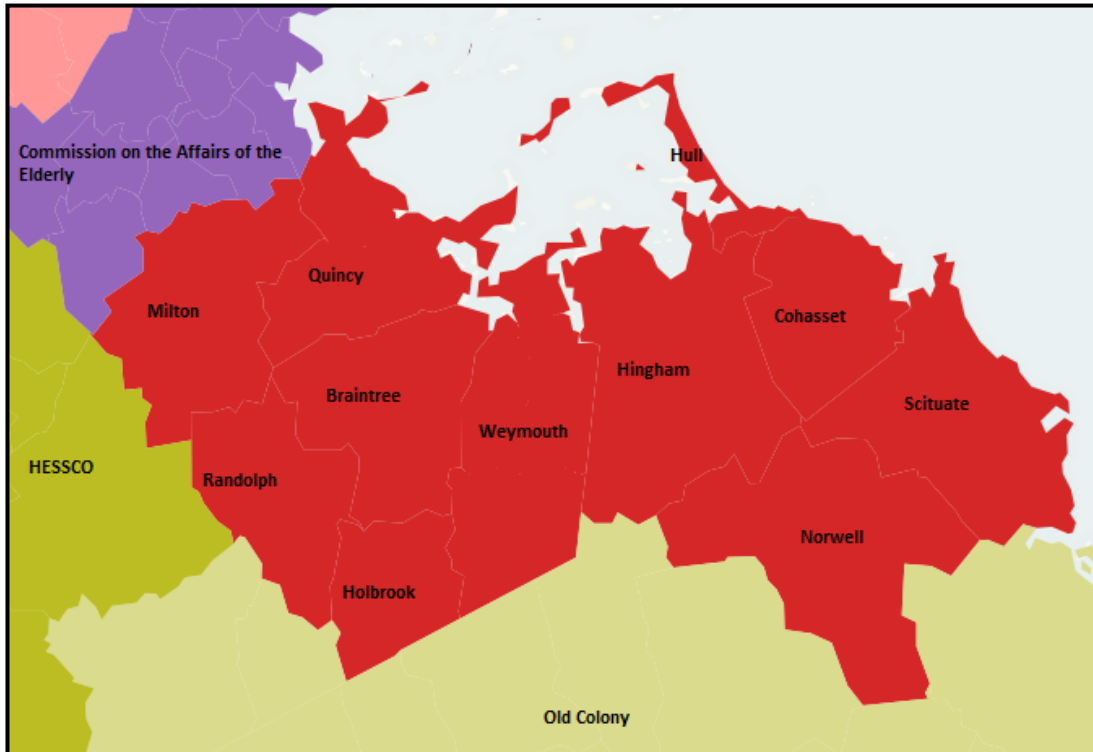
350 Granite Street, Suite 2303

781-848-3910

Braintree, MA 02184

FAX: 781-843-8279

TDD: 781-356-1992



Area Agency on Aging/Aging Services Access Point

www.springwell.com

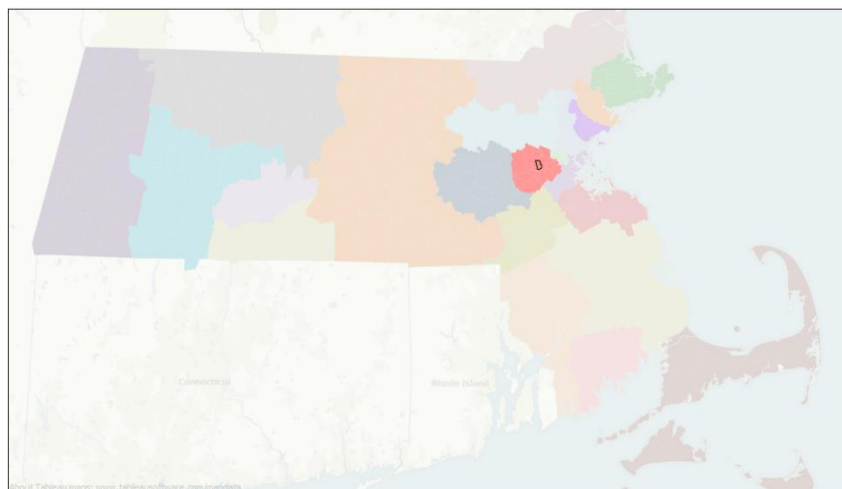
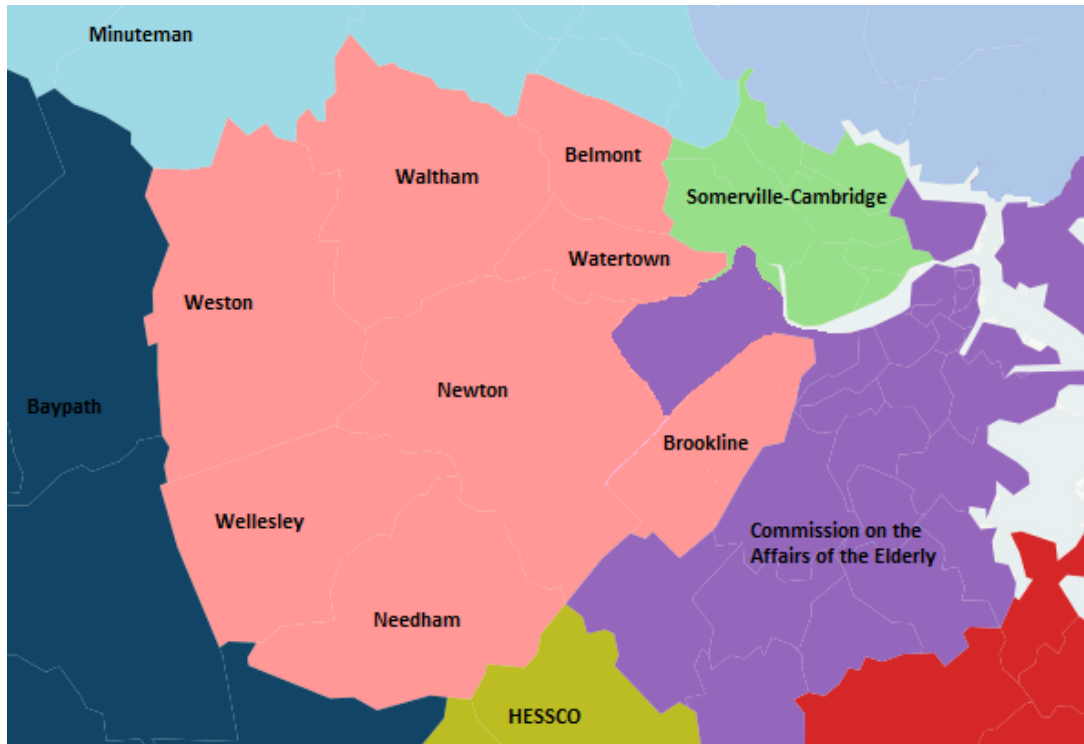
307 Waverley Oaks Road, Suite 205

617-926-4100

Waltham, MA 02452

FAX: 617-926-9897

TTY: 617-923-1562



WestMass ElderCare, Inc.

Area Agency on Aging/Aging Services Access Point

www.wmeldercare.org

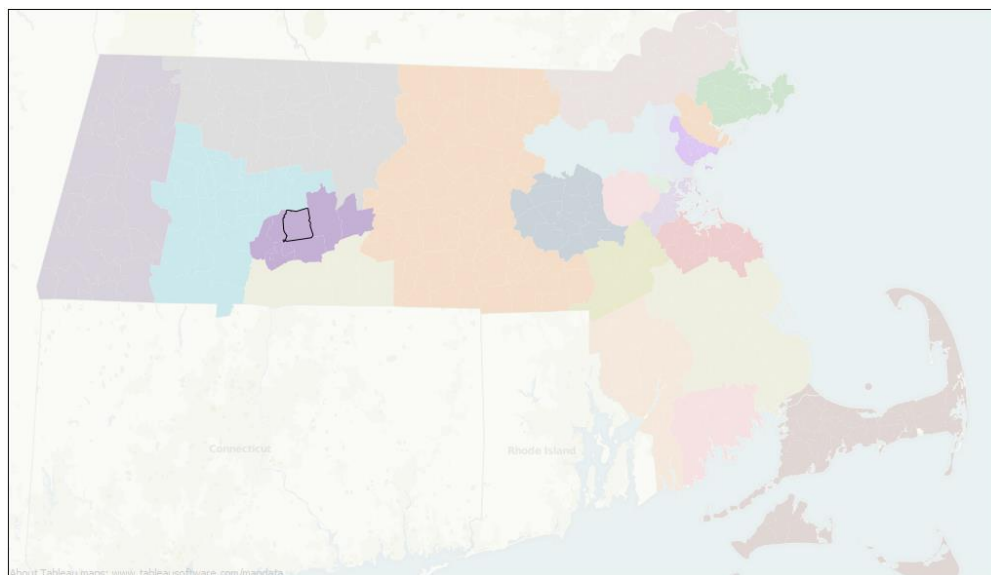
Four Valley Mill Road

413-538-9020

Holyoke, MA 01040

FAX: 413-538-6258

TDD: 800-875-0287



Aging Services Access Points

Listed below are the seven Aging Services Access Points (ASAPs) that do not share physical location with one of the state's twenty-one AAAs. They nonetheless cooperate with the AAA that is geographically proximate. The ASAPs are:

ETHOS

555 Amory Street
Jamaica Plain, MA 02130
(617) 522-6700
www.ethocare.org

Central Boston Elder Services

2315 Washington Street
Boston, MA 02119
(617) 277-7416
www.centralboston.org

Boston Senior Home Care

Plaza Suite 501
89 South Street
Boston, MA 02111-1720
(617) 292-6211
<http://bostonseniorhomecare.info/>

Tri-Valley, Inc.

10 Mill Street
Dudley, MA 01571
(800) 286-6640
www.trivalleyinc.org

Montachusett Home Care Corp.

680 Mechanic Street
Leominster, MA 01453
(978) 537-7411
www.montachusetthomecare.com

Elder Services of Worcester Area, Inc.

67 Millbrook Street
Worcester, MA 01606
(508) 756-1545
www.eswa.org

Old Colony Elderly Services, Inc.

144 Main Street
Brockton, MA 02301
(508) 584-1561
www.ocesma.org

ETHOS, Central Boston Elder Services and Boston Senior Home Care work closely with the Boston Age Strong Commission AAA. The three ASAPs in central Massachusetts, Tri-Valley, Montachusett Home Care Corp., and Elder Services of Worcester Area, receive support and cooperation from Central Mass AAA in Worcester. While the final ASAP, Old Colony Elderly Services, collaborates with Old Colony Planning Council AAA, with both located in Brockton.