



Commonwealth of Massachusetts

Executive Office of Elder Affairs

State Plan on Aging

To the Administration for Community Living

2018-2021

Charles D. Baker, *Governor*

Alice F. Bonner, Secretary

October 2017



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
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Dear Friends and Colleagues:

On behalf of the Executive Office of Elder Affairs, I'm pleased to present the Massachusetts State Plan on Aging ("the Plan") for Federal Fiscal Years 2018 through 2021. The Plan serves as the structure for shaping the policy development and programs Elder Affairs will pursue to advance its mission and vision. Our mission is to promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers. Our vision is that older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community of the Commonwealth.

As the designated State Unit on Aging, Elder Affairs serves as administrator of the Plan and the principal agency of the Commonwealth to mobilize the human, physical, and financial resources available to develop, implement, and evaluate innovative programs for older adults and their caregivers. Elder Affairs also serves as a major advocate for the needs of older adults, individuals with disabilities, and their caregivers. The Plan places the voices of older adults, individuals with disabilities, and their caregivers at its center.

The Plan aligns with Elder Affairs' three strategic priorities:

- 1) Promote aging in place, also known as aging in community. The Center for Disease Control defines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Our goal is to enable older adults and individuals with disabilities to remain in their homes and neighborhoods.
- 2) Create livable communities. Our goal is to promote healthy living and community integration at every age by helping communities become more "age-friendly" and "dementia friendly." An "age-friendly community" supports community standards for inclusion, access, safety and engagement to benefit people of all ages. A "dementia friendly community" is informed, safe, and respectful, and enables people living with dementia and those who care about them to live full, engaged lives.
- 3) Build an adequate "careforce." The "careforce" refers to the combination of direct care (paid) workers and unpaid (family and other) caregivers. Our goal is to develop a stable and well-trained direct care workforce and give families access to the resources they need to care for individuals at home.

Sincerely,

A handwritten signature in cursive script that reads "Alice Bonner".

Alice F. Bonner



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Verification of Intent

The Massachusetts Executive of Elder Affairs State Plan on Aging is hereby submitted for the Commonwealth of Massachusetts for the period October 1, 2017, through September 30, 2021. 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 on 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 elders and their caregivers and in so doing, supports the State Plan on Aging.

The Massachusetts State Plan on Aging for Federal Fiscal Years 2018 through 2021 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/Assistant Secretary for Aging, Administration on Community Living, U.S. Department of Health and Human Services.

Alice F. Bonner, Secretary

Executive Office of Elder Affairs
Commonwealth of Massachusetts

July 1, 2017

Date



The Massachusetts Executive Office of Elder Affairs

The Massachusetts Executive Office of Elder Affairs (Elder Affairs) became one of the nation's first cabinet-level agencies responsible for addressing the needs of elders in 1971. Originally a small advocacy agency, Elder Affairs assumed its mandate to fund services in 1973 with the passage of legislation creating the Office. Today, Elder Affairs manages services to thousands of elders across the Commonwealth through state and federally funded programs.

The Massachusetts State Plan on Aging 2018-2021 (State Plan) lays a foundation for shaping the policy development, administration, coordination, priority setting, and evaluation of State activities related to the objectives of the Older Americans Act (OAA) of 1965, as amended. The State Plan serves as a valuable tool and blueprint in disseminating programs, services and opportunities to support a comprehensive and coordinated system for serving elders and their caregivers in the Commonwealth. The work to build greater capacity for home and community-based services (HCBS) is revealed in Elder Affairs' vision.

Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.

Through the statewide elder network, Elder Affairs provides services locally via 22 Area Agencies on Aging (AAAs), 26 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 elders in need of services that include home care and caregiver support, nutrition programs, protective services, health and wellness services, housing options, SHINE counseling (Serving the Health Insurance Needs of Everyone), dementia and elder mental health services, and counseling programs for elders with limited English proficiency (LEP).

The growth in the elder population compels examination of existing programs to measure their efficiency and effectiveness in meeting the goals set by older adults. As people age, they generally have changing requirements for health care services and delivery systems, housing, long term care, transportation, economic well-being, socialization, nutrition, family and community support, and security. At the same time, many individuals prefer to live independently, directing their lives to the fullest extent possible, and participating in work and civic events as respected and valued members of society.

With guidance and direction from Elder Affairs, the elder network's commitment to older adults and individuals with disabilities is evidenced in the values we embrace.

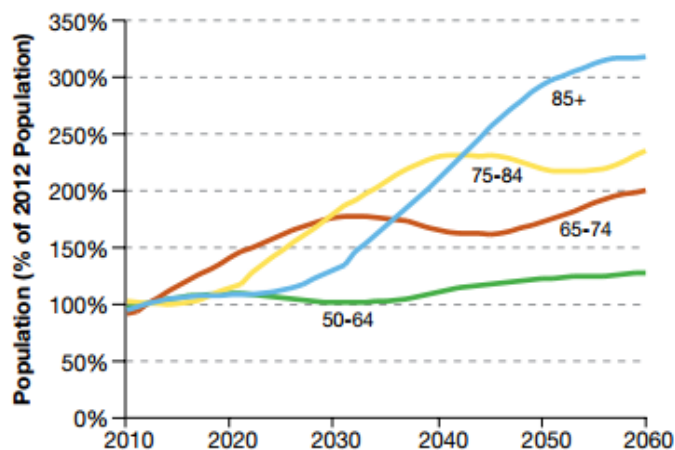
- We value growing older.
- We value choice, including the choice to live in the community.
- We value the contributions that older adults and individuals with disabilities make to society.
- We value a person-centered approach that promotes dignity and takes into account the needs, dignity and cultural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



Executive Summary

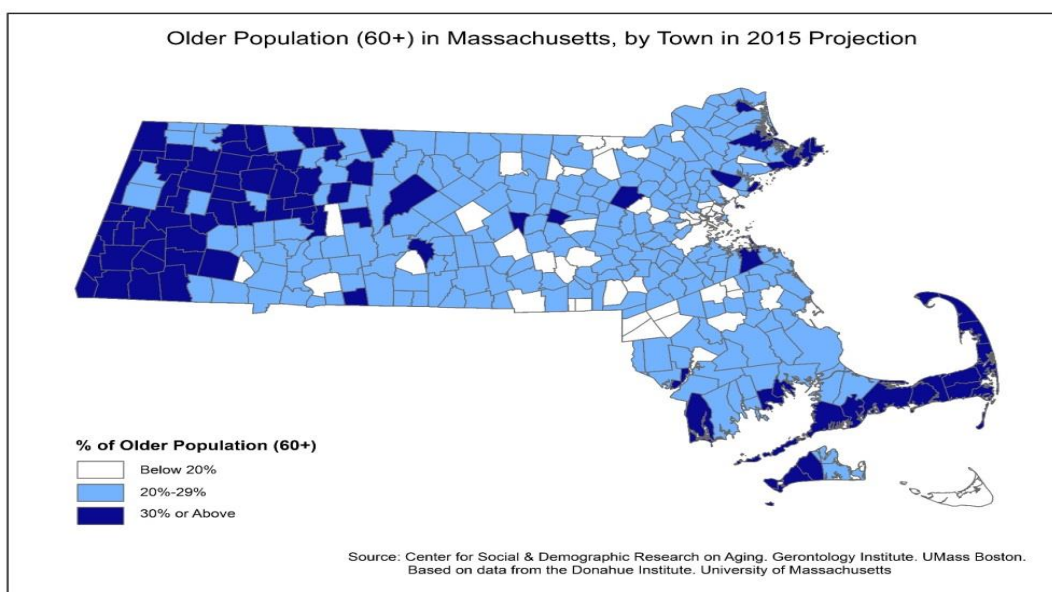
Older adults are the fastest growing segment of the population, both in Massachusetts and nationally. The Commonwealth's 65 and older population is projected to increase from 15% in 2015 to 21% in 2030, according to the 2015 Massachusetts Healthy Aging Data Report. The older population in Massachusetts is also becoming increasingly diverse in terms of race, ethnicity, and language.

The graph below reflects the fastest rate of growth in Massachusetts is in the population aged 85 and over, which is the group most likely to have complex healthcare needs.



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

Elder Affairs continues to prepare for the growing older adult population in the Commonwealth. As the map below illustrates, one quarter of the current population is over 60 in most of our cities and towns.



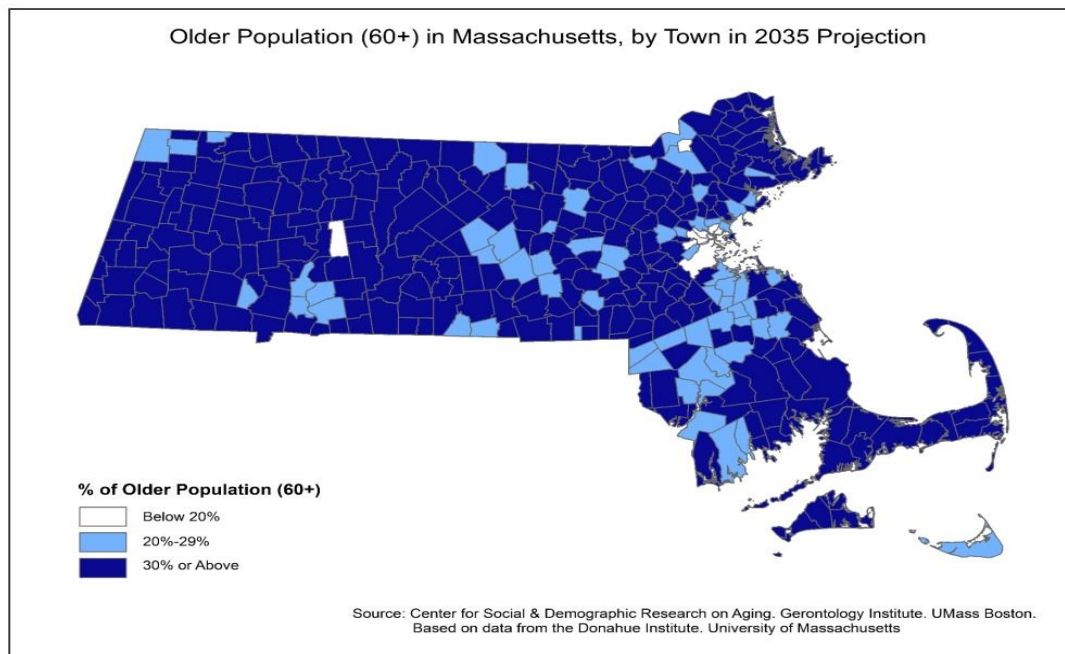
We are an aging society with all of the benefits and challenges this brings.

Older adults in Massachusetts face significant challenges. According to the Massachusetts Healthy Aging Data Report:

- one in three older adults lives alone;
- nearly two out of three older adults have four or more chronic conditions;
- one in eight older adults have dementia; and
- one in three older adults has an annual income of less than \$20,000.

Based on data reported in the Elder Economic Security Standard Index and Insecurity in the States 2016 report developed by the University of Massachusetts Boston Gerontology Institute, older adults in Massachusetts have the second lowest levels of economic security in the nation – due in part to the high cost of living in the state.. The Index defines economic security as “the income level at which older adults are able to cover basic and necessary living expenses and age in their homes, without extra financial assistance.”

As the map below indicates, soon over 30% of the population in virtually every municipality in Massachusetts will be over age 60. Massachusetts was recently identified as the healthiest state in the nation for older adults in the 2016 America’s Health Rankings Senior Report. Massachusetts scores were high due in part to reductions in rates of physical inactivity and smoking, a low rate of



hip fractures, and greater availability of community support for older adults. According to the report, the Commonwealth also has the highest percentage of adults aged 65 and over who have a dedicated health care provider and the highest percentage of adults ages 65 to 75 who are actively managing their diabetes.

In addition, older adults in the state contribute significantly to society in a variety of ways:

- 33% of adults ages 65 to 74 are employed;
- One in four adults aged 65 and over volunteers;
- One in three caregivers are 65 and older; and,
- Approximately 34,000 grandparents in MA are the primary caregivers for their grandchildren.

Looking ahead, Elder Affairs is committed to strengthening programs that support people as they age. The State Plan and OAA services are integrated in Massachusetts with the state funded and administered State Home Care (SHC) Programs. SHC Programs include 26 regional non-profit agencies, known as ASAPs (Aging Services Access Points) that oversee the delivery and coordination of services that help older adults and individuals with disabilities age with independence and dignity in their own homes and communities. In using interdisciplinary care management and in-home support services, SHC Programs offer eligible older adults services that allow them to remain in their homes and communities with dignity and independence and to avoid or delay nursing home placement. An overview of the State FY SHC program follows.

Overview of EOEA Home Care System

HCBS Programs	FY2016 Expenditures	Consumers
Elder Nutrition Program Provides nutritionally balanced meals to seniors either at congregate meal sites or through home-delivered meals.	\$17.5 M	74,000
Home Care Basic / Respite Program Provides supportive services for elders with moderate needs who do not require nursing facility level of care.	\$96.5 M	44,736
Enhanced Community Options Program (ECOP) Serves elders who are clinically eligible for nursing facility care and require more services than available in the Basic Program.	\$55.5 M	11,244
Community Choices Provides intensive services to elders who are enrolled in the Waiver program and who are clinically eligible and at imminent risk of nursing facility placement.	\$161.4 M	8,941



Massachusetts
Executive Office
of Elder Affairs

HCBS Conference – August 30, 2016 | 5



The development and management of community-based programs and services is crucial to the Massachusetts commitment that elders and persons with disabilities have access to the resources they need to live well and thrive in every community. Based on the voices of older adults, individuals with disabilities, and their caregivers, families, and advocates, Elder Affairs has identified three strategic priorities that include:

1. **Promote aging in community (also known as ‘aging in place’).** Our goal is to support older adults and individuals with disabilities to remain in their homes and neighborhoods. Elder Affairs works closely with numerous partners to maintain and improve a wide range of options for housing and services for older adults and individuals with disabilities, and works to address obstacles to aging in community. Current initiatives to promote aging in community include:

- Strengthening local relationships between AAA/ASAPs and Housing Authorities;
 - Convening private housing owners and developers to identify and promote scalable solutions;
 - Working to provide priority access to older adults in certain properties;
 - Gathering data on elder homelessness and holding “surge” events to connect homeless older adults with housing and/or services; and,
 - Collaborating with the Department of Housing and Community Development (DHCD) and other key partners to identify and implement solutions.
2. **Create livable communities.** Our goal is to promote healthy living and community integration at every age. With the growing older adult population, movements to make communities more “age-friendly” and “dementia friendly” are gaining momentum in Massachusetts as well as nationally and globally. An “age-friendly community” supports community standards for inclusion, access, safety and engagement to benefit people of all ages. Elder Affairs is working closely with the Massachusetts Healthy Aging Collaborative (MHAC), AARP, and others to drive, support, and coordinate work around age-friendly communities. A “dementia friendly community” is informed, safe, and respectful, and enables people living with dementia and those who care about them to live full, engaged lives. Elder Affairs and Jewish Family & Children’s Service (JF&CS) with support from Tufts Health Plan Foundation launched the Dementia Friendly Massachusetts Initiative (Initiative) in May 2016. Along with Elder Affairs and JF&CS, the Initiative includes representatives from the Alzheimer’s Association MA/NH Chapter, LeadingAge Massachusetts, the Massachusetts Association of Councils on Aging (MCOA), and the Multicultural Coalition on Aging. The Initiative works closely with these partners and others to align age-friendly and dementia friendly missions.
3. **Build an adequate “careforce.”** The “careforce” refers to the combination of direct care (paid) workers and unpaid (family and other) caregivers. Our goal is to develop a stable and well-trained direct care workforce and give families access to the resources they need to care for individuals at home. The direct care workforce provides an estimated 70-80% of paid hands-on care for older adults and individuals with disabilities. Currently, the rate of workers leaving the direct care workforce outpaces the rate of those entering. Direct care jobs often involve low pay, limited or no benefits, inadequate supervision, and unpredictable/unstable hours. Nearly 50% of this workforce receives some type of public assistance. However, if workers begin to earn more than a certain amount, they may lose benefits such as childcare or housing. This has led to the current crisis: home care organizations are unable to find enough workers to meet the demand. To respond to this crisis, Elder Affairs is collaborating with the Department of Higher Education and other organizations on pilot programs with community colleges and vocational technical high schools to increase recruitment and retention of direct care workers. Elder Affairs is also working with EOHHS and other partners to recruit older adults into the paid direct care workforce through the Personal and Home Care Aide State Training (PHCAST) program, the Senior Community Service Employment Program (SCSEP), as well as older adult career centers and job fairs.

Community-based services under Title III and Title VII are the cornerstone of efforts through both public and private partners that offer a dynamic system of HCBS in Massachusetts. The larger connection to state funded programs, a commitment to elders, their caregivers and individuals with disabilities, and development of programs and services based on consumer and stakeholder input, has created a Massachusetts elder services network that delivers on its vision. Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.



Massachusetts State Plan Context

The State Plan is prepared once every four years for submission to the Administration for Community Living (ACL) within the US Department of Health and Human Services. The State Plan addresses Elder Affairs' role as the leader relative to aging issues on behalf of all older persons in Massachusetts. Elder Affairs executes an array of functions relating to advocacy, planning, coordination, interagency linkages, information sharing, program development, partnering, and monitoring and evaluation. Combined these efforts, together with partners and collaborators, enable older adults and individuals with disabilities to have access to the resources they need to live well and thrive in every community in the Commonwealth.

Elder Affairs' goal is to empower individuals to make their own choices based upon their preferences and desires and to encourage individuals to make a plan for achieving and sustaining quality of life goals, including living in communities with dignity, financial well-being and health. Elder Affairs strives to fulfill its mission:

The Executive Office of Elder Affairs promotes the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

Over the last ten years, Baby Boomers have joined the older adult population. Based on US Census 2010 reporting, the Massachusetts population 85 and over realized a percentage increase of 24.4 percent over 2000, with the population 65 and over marking a 4.9 percent increase from 2000. It is important to recognize this population and plan accordingly. With a forward focus, the elder network strives to develop plans and services for a growing older population, such as healthy aging programs, caregiver support, housing choices, meals and nutrition guidance, transportation availability, employment opportunities, and choices and options for assistance with personal care. Elder Affairs and those involved in the elder network are passionate about their work to allow all people to age with independence and dignity.

The OAA of 1965 established a system whereby authorized program funds flow through State Units on Aging (SUA) (in Massachusetts, the SUA is Elder Affairs) to AAAs where they are used to support HCBS and nutrition services. In Massachusetts, there are 22 AAAs representing a similar number of Planning and Service Areas (PSA). PSAs are collections of communities that any given AAA serves; PSAs in the state range in size and composition from a single city (for example, Boston) to ones that serve over 30 cities and towns. The partnership between Elder Affairs and the AAAs in Massachusetts continues the work championed in the OAA to provide caring, collaboration and commitment.

Elder Affairs promotes information and aging services, and along with our website, www.mass.gov/elders, and www.800ageinfo.com, serves as a resource for elders and their families.



Older Americans Act Core Programs

The OAA provides a framework of information, services and programs that support and enables older adults to live independently as they age. ACL estimates indicate that OAA services reach one in five older adults across the country. Title III and Title VII of the OAA authorizes funding and identifies parameters for operation of programs which serve to expand the opportunities for elders to reside in the community of their choice.

All Americans over age 60 have access to Title III and Title VII services. Over time, amendments have been adjoined that place special emphasis on low income consumers, minority elders, isolated elders (those living alone or are otherwise isolated), elders at risk for institutionalization, people living in rural areas and those with LEP. In Massachusetts, the principal services provided by OAA funding include connecting people with information about available resources and assistance accessing those resources; homemaker and personal care services; home-delivered and congregate meals; caregiver support; preventive health services; legal assistance; transportation; and elder abuse prevention activities.

Elder Affairs, as the designated SUA, is responsible for forecasting and distributing Title III and Title VII funding in the Commonwealth and is charged with the following task:

Each State agency designates planning and service areas in the State, and makes a subgrant or contract under an approved area plan to one area agency in each planning and service area for the purpose of building comprehensive systems for older people throughout the State. Area agencies in turn make subgrants or contracts to service providers to perform certain specified functions.

Communities across the Commonwealth have access to a system that opens up possibilities and service choices in order that older adults have the opportunity to live well and thrive in every community. In maximizing the efforts of the OAA, ACL grants are designed to leverage and complement additional funding from states and local communities. The Commonwealth's effort in this endeavor is driven by a commitment to provide person-centered services to older adults so that the community in which they live is a place to age with independence and dignity. The current federal allotment of over \$31M leverages another \$53.9M in state, local, and other resources and links to a state service network of health care (MassHealth) and home care programs and services.

The Federal Fiscal Year 2017 Title III and Title VII awards to MA include:

<u>OAA Funding Category</u>	<u>Federal FY 2017 Award</u>
Title III-B Supportive Services	\$8.0 M
Title III-C1 Congregate Meals	\$9.7 M
Title III-C2 Home Delivered Meals	\$4.7 M
Title III-D Preventive Health	\$0.4 M
Title III-E Family Caregiver Services	\$3.1 M
Title VII Elder Abuse Services	\$0.1 M
Title VII LTC Ombudsman Services	\$0.3 M
Nutrition Services Incentive Program (NSIP)	\$5.1 M

Title III-B Supportive Services

Title III Part B - Supportive Services Program under the OAA provide for HCBS that fund a broad array of services, enabling elders to remain in the setting of their choice for as long as possible. The program also funds multi-purpose senior centers that coordinate and integrate services for older adults such as congregate meals, community education, health screening, health promotion programs, recreation and transportation. In Massachusetts Title III-B Supportive Services funding is allocated to 22 AAAs. As the model delivery tool for HCBS, Title III-B Supportive Services are person-centered in focus and designed to encourage and assist older adults to use facilities and services available to them and 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.

While Title III-B Supportive Services in Massachusetts includes a diversity of choices available for elder consumers to remain in the community, there are core services that offer a foundation necessary to support aging in community. Toward the promotion of consumer empowerment and choice, the primary Title III-B services in the state include:

- **Information and Referral (I&R):** I&R services are offered at all 22 AAAs as gateways to elder services and programs, and connects elders, disabled adults, their families and caregivers with information, resources and supports necessary for making informed choices. Community connections are advanced through the promotion of programs and services at local health fairs, participation in speaking engagements, panel discussion membership and various outreach events. While I&R 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 elder consumers and caregivers.

A broad knowledge and command of community resources, beyond those coupled to the AAA, is key to an I&R system that provides consumers with answers to inquiries as well as access and opportunities for service. Additional I&R resources include Elder Affairs' family-friendly 1-800-AGE-INFO (1-800-243-4636) telephone line and companion website www.800ageinfo.com for providing the Commonwealth's elders and their families with a one-stop connection to state and local programs and services, even on nights and weekends. The 22 AAAs maintain accessible websites that offer consumers information and options for service in each of the PSA settings.

- **Legal Assistance:** Considered in other sections with the State Plan, legal assistance exists as a critical service in providing the tools necessary for elder consumers to redress legal matters. In providing free legal civil aid, Legal Service Corporations (LSC) work with AAAs and community partners to ensure equal access to justice by providing legal aid to low-income elders, who otherwise would be unable to afford it. In 2016 LSCs delivered legal services to 4,869 elders, with housing and income maintenance representing the top two cases closed problem areas. Other cases closed included those that addressed health, public benefits, and consumer concerns.

Current projects and efforts over the next four years to enhance this vital OAA service centers on focused consumer targeting and includes collaborations with AAAs, LSCs and the Legal Assistance Developer at Elder Affairs to: develop a statewide Senior Legal Helpline (800-342-5297); analyze the existing assessment of the legal assistance network; and assess and revise statewide guidelines for legal assistance and data reporting.

- **Outreach:** As highlighted within the OAA and put in practice across the Commonwealth, outreach to elders is provided to those in greatest social or economic need, with particular attention to low-income older individuals, including low-income minority older individuals. Connecting with socially isolated populations through trainings, listening sessions, and sponsored events helps AAAs reach consumers and connect to populations in need of support and assistance. The network has focused on individuals with LEP in an increased awareness as a targeted population. By ensuring that network services are available to all elders, the network reaches LEP consumers with bi-lingual personnel (both at the AAA and provider level), interpreters, and translated written materials.

Community relationships have been established to help immigrants overcome linguistic, cultural, social and economic barriers in an effort toward community integration. Several AAAs have also recognized the need for reaching elder consumers that are deaf and hard of hearing and encourage personnel to attend American Sign Language classes to improve outreach possibilities. In order to close the divide that can lead to isolation and adopt a person-centered approach, outreach efforts toward integration include culturally diverse lunch programs, assorted telephone language prompts at the AAAs, translated consumer satisfaction surveys, and focused RFP efforts to stimulate provider responses that address diverse linguistic populations.

- **Transportation:** Transportation, including assisted transportation, continues to be a crucial need identified across communities, and while not the primary focus of Elder Affairs mission (within state government) nonetheless must be addressed. The need for transportation services, including coordination and schedule management, surfaces as the top need expressed by elders, caregivers and stakeholders in the Massachusetts 2017 Statewide Needs Assessment (see Attachment H). On-demand transportation and door-to-door assistance persist as an acute need. AAAs have found that medical appointments are the most critical need and while public transportation is encouraged, depending on proximity and availability, private or volunteer approaches are often the only choice for isolated elders. While large cities have greater access to public transportation, AAAs with more rural settings have found this service to be of high concern and in demand.

The network is cultivating and offering new initiatives for transportation in assisting elders where they live and helping them remain as active members of their communities. Addressing the need to provide accessibility with limited funding requires keen planning and management skills. Volunteer driver programs, coalition development with area providers, maintaining valuable connections and service advancements with Regional Transit Authorities, and providing affordable choices promote and encourage elders to remain in their homes and community-based settings. The AAA/ASAPs and COAs remain committed to partner with local transportation providers across the Commonwealth in a significant measure to address transportation demands.

Long Term Care Ombudsman Program (Title III and VII)

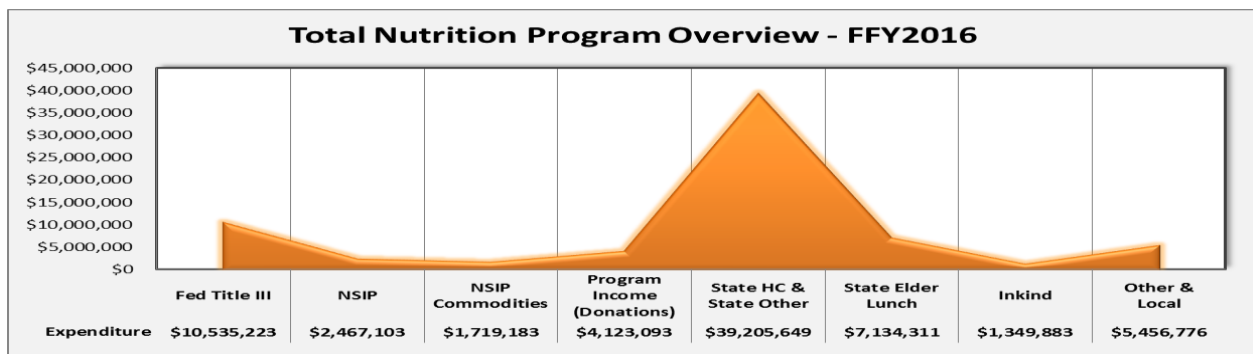
The promotion of elder rights for residents living in long term care facilities is an important goal of Elder Affairs and the AAA/ASAP network. Long Term Care (LTC) Ombudsmen offer a way for residents and their loved ones to voice their complaints and have their concerns addressed so that residents can live their lives with dignity and respect. The Office of State Ombudsman, through the AAA/ASAP network that serve as designated host agencies, provides Title III and VII funding to 22 local program areas to protect the rights of vulnerable elders and work to improve the quality of life and care of residents. While working independently from the balance of AAA programs and services (as the State Ombudsman administers the local programs), the relationship is crucial to advancing the goals of the program.

As visitation of at least every other week is mandated, the development of collaborations with community partners and building relationships across the services spectrum is central to developing the resources for working with residents and families to actively support long term care populations. The LTC Ombudsman program provides extensive trainings, community presentations and panel discussions to educate communities about the rights of residents and the resources available to consumers in long term care facilities. Annual funding for the local programs totals \$1.76M and is garnered from both Title III-B (80%) and Title VII (20%) funding resources.

Title III-C1 and C2 Nutrition Services

In developing and supporting a partnership between Elder Affairs, 22 AAAs, 26 Nutrition Projects, caterers, and volunteers, the Massachusetts Elderly Nutrition Program serves over 9.2M congregate and home delivered meals to eligible elders each year. Title III-C1, Congregate Meals, and III-C2, Home Delivered Meals, combine with other federal, state, local resources and consumer contributions to finance the Massachusetts Elderly Nutrition Program. The shared commitment across partners involved in the Nutrition Program is to help elder consumers maintain their health and independence. Responding to a wide variety of needs in communities across the Commonwealth, the Nutrition Program addresses limited transportation, economic security, health care, and social isolation. As discussed below, these are four of the five needs at the apex of the Massachusetts 2017 Statewide Needs Assessment Project.

The following Federal Fiscal Year 2016 program expenditure data reveals the broad support that is necessary to offer the vibrant Nutrition Program that is at the core of Elder Affairs OAA programs.



Congregate meals are provided at more than 400 congregate meal sites in Massachusetts to senior citizens (age 60 or older) and people with a disability under age 60 who live in housing where congregate meals for elders are served. With congregate meal services directed to those in greatest social and economic need with particular attention to low income minority individuals, the goals of the Nutrition Program are focused:

- Reducing hunger and food insecurity;
- Promoting socialization of older individuals; and
- Promoting the health and well-being of older individuals and delay adverse health conditions through access to nutrition, other disease prevention and health promotion services.

In addition to offering consumer choice through multiple meal selections and promoting important dietary, cultural, and social needs that are met by nutrition services, nutrition sites are encouraged to provide supportive services, primarily through the use of Title III-B services funding, if needed and not otherwise available to participants. The congregate setting provides opportunities for socialization and companionship. It also offers programs related to nutrition – education, exercise activities, health promotion and disease prevention opportunities. Nutrition Programs offer a choice of offerings at congregate meal sites, including:

Elder Breakfast Programs	Special/Celebration Monthly Meals
Traveling Chef Programs	Farmers Market Nutrition Program
Evidence-Based Programs	LGBTQ Community Meal Programs
Elder Brown Bag Program	Site Advisory Council Input
Consumer Satisfaction Surveys/Action	Special Ethnic Meal Programs

The home delivered meals program – for many, “meals on wheels” – is the more recognized component of the Nutrition Program. Meals are provided to elder consumers (age 60 or older) and handicapped or disabled people under age 60 who live in housing facilities occupied primarily by the elderly where congregate meals are served. As is the case with congregate meals, each meal contains at least 1/3 of the current daily Recommended Dietary Allowance of nutrients and considers the special dietary needs of the elderly. In addition to providing meals, the Nutrition Program also provides access to social and rehabilitative services.

Two additional services under the Nutrition Program are crucial to the AAA/ASAP networks effort to promote healthy aging in communities. Nutrition Education (often provided to groups) promotes better health choices by teaching nutrition standards, physical fitness and health care concepts to elder consumers and their caregivers. Nutrition Counseling is individualized guidance to elder consumers on a one-to-one basis, and is provided by a registered dietician. Both services provide crucial support to help elders recognize the importance of healthy aging.

The Nutrition Program seizes opportunities for change and progress. The Massachusetts Nutrition Program takes on leadership roles, with efforts to address program deficiencies, explore changing diets (i.e., gluten free, vegetarian and vegan), expand ethnic-cultural-lifestyle sensitive meals offerings, and provide therapeutic diets to enhance nutrition services to consumers – including consumers with a diagnosis of dementia or other Alzheimer’s diagnosis. Engaged in the larger arena, Elder Affairs is working with Massachusetts Nutrition Projects and ACL to address malnutrition; identifying risks and facilitating solutions to poor nutrition and partnering with ACL to communicate malnutrition issues to a wider audience (see Attachment G). Additionally, Elder Affairs is the only state-wide SUA that participates in the Nutrition

Services Incentive Program (NSIP) Commodities Program. Elder Affairs chooses to receive ACL NSIP funds as a combination of cash and United States Department of Agriculture (USDA) Foods. Each of the Nutrition Projects in developing monthly menus integrates the USDA Foods. As the USDA Foods are received at below market value, and often as bonus (free), the value added to the state-wide program is extensive and unique to the Massachusetts program.

Title III-D Preventive Health Services

Over the course of the last several years the aging network in Massachusetts has pressed forward on delivering on the pledge to promote healthy aging programs and services. Chronic diseases affect about eighty percent of adults age 60 and older. Many chronic conditions are preventable, treatable, or manageable. Elder Affairs joins with community-based organizations to offer programs that give participants the tools to take charge of their health through the dissemination of Chronic Disease Self-Management Education (CDSME) programs. CDSME programs provide a wide array of tools and program choices that can help those living with chronic health conditions and their caregivers learn how to better manage their conditions, develop personal goals, gain confidence and feel more positive about their lives, start and sustain healthier behaviors, communicate more effectively with healthcare providers, and make daily tasks easier.

Title III-D funding is disseminated throughout Massachusetts to provide evidence-based (EB) programs that offer a continuum of opportunities to promote healthy aging. The AAA network in Massachusetts is at the forefront of adopting EB disease prevention programs in empowering older people to be able to easily access a wide variety of existing health care options. EB programs or interventions have been tested through randomized controlled trials and meet the following standards:

1. Effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers;
2. Suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention;
3. Produce research results have been published in a peer-reviewed scientific journal; and
4. The intervention has been translated into practice and is ready for distribution through community-based human services organizations.

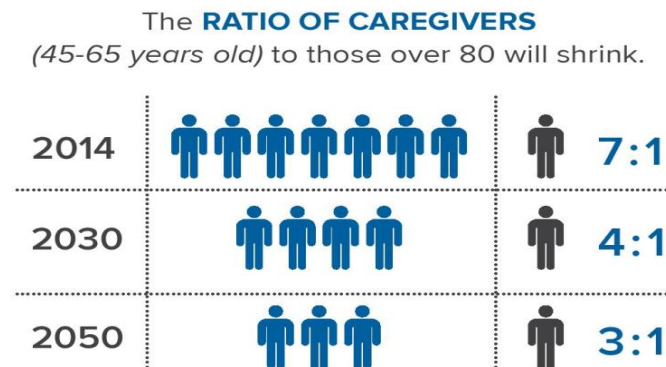
Elder Affairs and the AAAs in Massachusetts have committed over the past few years to promote healthier lifestyles in an effort to help consumers manage their chronic diseases. The Title III-D Preventive Health funding from ACL has been a valuable asset in helping older adults manage their symptoms toward achieving quality of life goals and reducing health costs. Programs, services and information are provided at senior centers, meal sites, and other appropriate locations across the Commonwealth. The train-the-trainer model has been adapted as a powerful method for promoting EB programs as well as generating enthusiasm for expanding programs.

Further supporting a commitment to person centered services, AAAs have found EB programs provide an opening to populations that might otherwise remain isolated or hard to reach culturally. Over the last several years, the network has been successful in cultivating

connections and EB programs are now offered in a number of non-English languages, including Cantonese, French, Mandarin, Portuguese, Spanish, and Vietnamese. Future efforts over the next four years include several AAAs in the planning process to provide non-English speaking EB programs, while other AAAs are anticipating language expansions to capture a wider audience. In the approaching years, EB programs will continue to promote healthy aging programs and services, and foster community-wide collaborations through resource expansion for training and program promotion.

Title III-E Massachusetts Family Caregiver Support Program

In Massachusetts in 2013, approximately 844,000 informal caregivers helped loved ones with daily activities such as bathing, dressing, meal preparation, help with medications, transportation to medical appointments, and paying bills. The hours of care provided by family caregivers in Massachusetts totaled an estimated 786 million, which adds up to an economic value of approximately \$11.6 billion. However, the numbers of available unpaid caregivers are diminishing. Caregivers are struggling under the financial burden of working and caregiving, often going through their own retirement savings or becoming chronically unemployed.



Source: AARP, *The Aging of the Baby Boom and the Growing Care Gap: A Look At Future Declines in the Availability of Family Caregivers*, 2013

The goal of the Massachusetts Family Caregiver Support Program (MFCSP) is to provide person-centered support services to informal (unpaid) family caregivers so they are able to care for their loved ones at home for as long as possible. In order to achieve this, family caregivers need to receive a range of supports and services so they can maintain their health and wellbeing and improve their skills as caregivers. The MFCSP is administered by Elder Affairs in coordination with 22 local AAA/ASAPs throughout the Commonwealth. Total expenditures for Fiscal Year 2016 for the MFCSP totaled \$5.0M including nearly \$2.7M Title IIIIE funding and a total state, local, and elder contribution share of \$2.3M.

Established under the OAA, the program offers the following services to caregivers:

- **Counseling, Education, and Support Groups:** Local programs offer counseling and education aimed at supporting caregivers around making decisions, managing stress and developing person-centered goals. In addition, many local programs have developed capacity to implement support groups and evidence-based caregiver support programs

such as Powerful Tools for Caregivers and Savvy Caregiver (for caregivers of those living with Alzheimer's and Related Dementia).

- Access Assistance: One-on-one information and referral to help caregivers access local services is provided in person or by phone.
- Limited Respite and Supplemental Services: Respite services are provided to caregivers who need emergency respite or temporary relief. Supplemental services such as environmental adaptations, grocery shopping, medical supplies, and transportation among others are also provided on a limited basis.
- Information Services: Outreach to current or future caregivers, in person or through social media tools, is conducted to increase program awareness.

Collaborations with other state agencies and caregiver support initiatives include: the Department of Developmental Services (DDS), the Department of Public Health (DPH), the Massachusetts Lifespan Respite Coalition, the Commission on Grandparents Raising Grandchildren, and the Aging and Disabilities Resource Centers (ADRCs). Elder Affairs has encouraged local programs to offer more targeted outreach to grandparents and older caregivers of children under 18, who have been greatly impacted by the opioid epidemic. Local programs also refer caregivers to disease specific support groups in the community and other educational opportunities or to support groups for grandparents (and older relatives) caring for children under 18 or for adults with disabilities.

In order to improve consistency across the network and to better document program service deliveries, Elder Affairs implemented in the fall of 2016 a new care enrollment that contains all the service categories for MFCSP based on National Aging Program Information System (NAPIS) units of service. The new care enrollment contains service deliveries unique to MFCSP and uses the same units of service as those required by NAPIS. The expected outcomes for the new care enrollment include:

- Reducing caregiver specialist data entry burden;
- Facilitating direct vendor billing;
- Increasing consistency in data entry of service deliveries across the network; and
- Improving integrity of NAPIS reports.

Massachusetts 2017 Statewide Needs Assessment Project and Data Applications

Collecting, interpreting and employing data toward achieving positive results is a core effort performed by Elder Affairs and the AAA network. Data and the consumption of data helps the elder network to accomplish a number of objectives: reveal elder needs and focus on person-centered services; identify strengths and weaknesses; indicate connections between various factors; help to measure progress and improvement; and measure program success. The following identifies two data ventures that Elder Affairs and the AAA/ASAP network are using to attain our goals and objectives: the Massachusetts 2017 Statewide Needs Assessment Project and the HCBS Explorer.

In preparation for the development of State and Area Plans on Aging for FFY2018 through FFY2021, a three-level data collection approach was employed within the network for the

Massachusetts 2017 Statewide Needs Assessment Project (the Project). The primary level is information from needs assessment events conducted by the AAAs, with data gathered by the AAAs through connections, focus groups and meetings with their elder populations. More than 7,000 elders and their stakeholders participated in 258 single-and multiple-day need assessment events conducted by the AAAs from September 2016 through December 2016. The Project Report indicates the top three needs in communities across the 22 AAAs in Massachusetts of transportation, housing, and health care. Rounding out the top five needs expressed are the topics of economic security and concerns around social isolation.

The Summary Report of the needs assessment activities (see Attachment H) details the long-standing practice in Massachusetts of gathering information on the needs of the elder population. The Project serves as the ideal model for promoting person-centered programs and services over the next four years. Focused on engaging elders and family caregivers that we serve, as well as those consumers that remain un-served, the Project findings enable the network to focus resources appropriately as well as recognizing where Massachusetts needs to make greater efforts in reaching elder consumers.

The secondary level for data collection consists of Information and Referral (I&R) Summary Trend Data provided to each AAA. The Trend Data provides a snapshot that identifies various I&R service data including, caller types, referral source, call topics by service, and volume trends. As the initial “step in the door”, I&R statistics provide an invaluable resource for determining needs and benefits decision making as we approach the planning period 2018 through 2021. The third effort in determining the needs of elder consumers and their caregivers is the employment of resources, data, and documents that allows the 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. AAAs use multiple external, as well as internal, resources in support of the services they provide elders and in support of their Area Plan on Aging.

States are currently grappling with a major public policy question: “How do we best meet the surge in demand for long-term services and supports?” A key piece of this puzzle is the effective use of state data. Since 2006, Elder Affairs has leveraged the cloud to capture and manage HCBS delivered through 26 independent ASAPs via our single Social Assistance Management System (SAMS). SAMS is a case management system used to coordinate information and referrals, eligibility determinations, assessments, care planning, service authorizations, and service deliveries of HCBS to elders across the state.

Beginning in 2011, Elder Affairs developed a system to analyze the data in SAMS and combine it with other data sources. This system known as the HCBS Explorer is a collaboration of the Executive Office of Health and Human Services (EOHHS), Elder Affairs, MassHealth, and the University of Massachusetts Medical School (UMMS). Explorer is a business intelligence and analytics tool that uses Tableau software to present SAMS data in a dynamic, powerful, and visual way. Through the partnership between Elder Affairs and UMMS, we have been able to develop a comprehensive and robust reporting system that not only allows for daily operational discovery and direction, but also allows for more complex analytics for quality

assurance/integrity and research. Elder Affairs and AAA/ASAP staff use the information made available via the system to support person-centered services that improve outcomes, ensure quality, and better understand the delivery of HCBS.

Currently Elder Affairs is using Explorer for the following projects:

- Developing a new case management focus area for the AAA/ASAPs. Using predictive modeling techniques, this application identifies home care consumers who are at risk of falling given their medical history and mental, social and demographic factors. Falls among older adults are a leading cause of long-term disability and are often a precursor to hospitalizations and nursing facility admissions; the opportunity to intervene beforehand is critical to improve outcomes for these consumers. Case managers will use the HCBS Explorer's web-based portal to draw down a list of individuals who should be targeted for fall prevention services. Elder Affairs and UMMS intend to expand the model over time to identify individuals who are at risk for other adverse events such as re-hospitalizations and nursing facility admissions.
- In collaboration with several community and research partners, we are targeting on a study to understand the impact of supportive services provided through affordable housing communities on health outcomes for low income seniors. The study will be a cross-sectional evaluation of existing service-enrichment in housing properties and compare the differential impact of the level of service-enrichment on Medicare, Medicaid and long term services and supports (LTSS) utilization.
- Elder Affairs and UMMS are breaking down data silos by integrating data across systems and developing a reporting tool to analyze the integrated information. The partnership has joined Medicaid state plan service and information about the Supplemental Nutrition Assistance Program (SNAP) benefits/usage with Elder Affairs database for elder home care recipients. Linking state plan services with home care and waiver services allows Elder Affairs to determine that services are appropriate given the needs of elders in the community. By examining elders SNAP benefits and usage, Elder Affairs will ensure that community-based elders are able to utilize the benefits they are entitled to and do not encounter barriers such as transportation issues. In addition, the partnership will identify individuals with nutritional risks who are not accessing the benefit.
- Elder Affairs and the federal Center for Medicare and Medicaid Services (CMS) requirements necessitate that the ASAP case managers regularly assess all consumers enrolled in the SHC program to identify concerns about abuse and neglect. Through the TrendFinder tool, Elder Affairs and ASAPs now have access to an interactive report to view their current performance, historical performance, identify consumers who have not been assessed within the past 6 months, and identify consumers vulnerable to abuse and neglect. Elder Affairs utilizes this information to ensure that all ASAPs are assessing their consumers on a timely basis and follows up with underperforming ASAPs.

Through integrated data, Elder Affairs is better positioned to target resources to services that benefit elders, and ensure services are meeting the needs of the consumers we serve. The Title III funding resourced across the Commonwealth provides HCBS to elder consumers and their caregivers in rural western Massachusetts, in cities like Boston, Springfield and Worcester, and throughout towns and communities. Adopting and delivering person-centered services by connecting with elder consumers and caregivers are at the core of the OAA Title III programs

and when linked to high-quality data resources, shape programs and services with elders needs at the center of all decisions. With OAA funding at the core of our efforts, the elder network is poised to continue to set high standards for service and support a mission to set priorities and goals for elders to live vibrant, connected lives in the setting of their choice.



Community Living in Massachusetts – Person Centered Planning

The development of effective, well designed, and beneficial community-based programs and services are one of the hallmarks of the OAA. Effective planning, coupled with services and opportunities for civic engagement and enjoyment provides choices for consumers to thrive in the community of their choice. A person-centered planning approach reinforces Title III community-based services and is the cornerstone for a statewide effort that offers older adults and persons with disabilities choices.

The plans and information provided in the State Plan are designed to support consumer control in assisting elders and their families with answers to questions about services and afford opportunities available to seniors and their caregivers in Massachusetts. The elder network offers any number of programs and services: information about caring for an aging parent; securing help for an elderly neighbor; getting nutritious meals delivered to an elder’s home; getting help parenting a grandchild; or learning more about prescription drug programs for elders. As the agency charged with anticipating and preparing for elders needs over the next four years and beyond, our providence for measuring housing, transportation, economic stability, nutrition, community services and personal security needs for elders and their caregivers is paramount. Elder Affairs will continue working with consumers, advocates, state and federal agencies, private and non-governmental organizations, and academic institutions to develop strategies for helping people to live fulfilling, purposeful lives as they age.

The work to design, develop and promote person-centered community-based services to help elder consumers remain in the community of their choice is our primary priority. Embracing principles for consumer-driven programs and services for older adults and their caregivers, promotes healthy aging and provides services that encourage aging in community. The elements of this framework are outlined in the following sections.

No Wrong Door (NWD) and Aging and Disability Resource Consortia (ADRCs)

Building on the strengths of the existing health and human service network, the No Wrong Door (NWD) system in Massachusetts strives to efficiently provide consumers with streamlined access to LTSS, eliminating the need for multiple referrals through close collaboration across AAAs, ASAPs, Independent Living Centers (ILCs) and other health and human service agencies at the state and local community level. In Massachusetts, the NWD concept is embodied throughout the ADRCs, which provide consumers, regardless of age, disability, or income, with information and referral services, options counseling, and assistance with decision support, service planning, and consumer-directed options regarding LTSS. ADRCs aim to address each individual’s unique needs, goals, and choices to live independent lives in the setting of their choice. Elder Affairs and the Massachusetts Rehabilitation Commission (MRC) administer the NWD/ADRC model in partnership with the ADRCs core members - twenty-six (26) AAA/ASAPs; three (3) free-standing AAAs serving elders age 60 and over; and eleven (11) ILCs serving all ages and

people with disabilities. Memoranda of Understanding (MOUs) among the core members clearly articulate the overall relationship and the NWD expectations and points of accountability related to the ADRC initiative in Massachusetts.

In 2003, Massachusetts was one of the first 12 states funded to develop an Aging Disability Resource Center program, which in Massachusetts is known as Aging Disability Resource Consortia (ADRC). Due to its initial success, in 2006 Massachusetts received a two-year continuation grant from AoA to expand the ADRC model to other regions of the state, aligning closely with the Commonwealth's Community First initiative. Synonymous with the ADRC model, the philosophy of Community First seeks to support and empower older adults and people with disabilities who have long term support needs to live with dignity and independence in the community by integrating systems of community-based LTSS that are person-centered, are high in quality, and provide optimal choice.

In 2012, Massachusetts was one of 8 states to receive the Enhanced ADRC Options Counseling Program Grant from ACL to strengthen NWD/ADRC partnerships, enhance training for ADRC member agencies and community partners, and improve cross-training and referral among ADRC members and community-based partners to better serve consumers. Elder Affairs has consistently engaged state level leadership across the full range of health and human service agencies, and has worked closely with the ADRCs to develop collaboration across targeted community partners, including:

- Behavioral Health Providers
- Community Action Agencies
- Community Health Centers
- Dept. of Developmental Services Area Office
- Dept. of Mental Health Regional Area Office Hospitals
- Intellectual/Developmental Disability providers
- Local Housing Authorities
- Nursing Homes
- Recovery Learning Communities
- COAs/Senior Centers
- SHINE (Serving the Health Insurance Needs of Everyone) Program
- Veteran Service Officers (VSO)

In 2015 and 2016, Massachusetts received supplemental funding from ACL to further enhance the ADRC workforce and promote the NWD system. The 2015 grant provided funding and technical assistance to participate in the development and implementation of a national Person Centered Counseling Training Curriculum (PCCT). The PCCT was developed through the Affordable Care Act, Part A Enhanced ADRC Options Counseling Program Grant. This training consists of 6 online courses, and a 1 day in-person session which, together, provides the learner with information, tools, and skills to support working with older adults and people with disabilities by using a person-centered approach. Over 200 options counselors and other NWD staff across the network participated in and completed the online PCCT. The course includes an overview of the NWD system, and introduction to person centered thinking and practice, strategies for plan development and implementation, and a discussion of populations served and how to coordinate available services across the health and human service system.

Moreover, the 2016 grant continues to support efforts to sustain and strengthen the NWD/ADRC system in Massachusetts by increasing the capacity of the ADRC networks to provide expert, person-centered decision support regarding assistive technology through staff education about the state’s Assistive Technology (AT) programs and the utilization of AT for people with disabilities and their family and professional caregivers.

Current and future efforts under the ADRC model in Massachusetts include:

- Collaboration with the Massachusetts Department of Mental Health (DMH) on an all-day training that addresses “managing behavior” among older adults for ADRC, COA/Senior Center, VSOs and Housing Authority staff.
- A series of community education programs sponsored by the Department of Children and Families (DCF) in support of Grandparents Raising Grandchildren. The series was presented in partnership with the state Attorney General’s office and regional ADRC members, and was attended by ADRC, COA/Senior Center and family caregiver specialists (MFCSP) staff throughout the state.
- Annual statewide meeting of I&R Specialists, representing both the aging and disability partners of the ADRCs. I&R specialists received cross training from the ADRC coordinator, the Department of Veterans Services, the MFCSP, the Director of Options Counseling, MCOA, and the Massachusetts Alzheimer’s Disease Supportive Service Program (ADSSP).
- The Massachusetts State ADRC team (staff from the Elder Affairs and the MRC) routinely presents information about the Massachusetts NWD/ADRC system to other state agencies and community providers.
- ADRCs collaborate with regional LGBTQ organizations to increase outreach and awareness regarding services for older adults and people with disabilities in the LGBTQ community across the Commonwealth.
- ADRC members continue to strengthen relationships with area hospitals to ensure successful transitions and access to community-based LTSS upon discharge.
- Two regional ADRCs were awarded a grant from the DDS to develop Memory Cafés for individuals with developmental disabilities and Alzheimer’s disease and their family caregivers. Partners included local COAs and other community health and human service agencies, state agencies, local businesses and community advocates.

MASS Options (1-844-422-6277)

Launched in November 2015, MassOptions is a free telephone and website resource of the Massachusetts EOHHS in collaboration with the Office of Long Term Services and Supports (OLTSS) and Elder Affairs. MassOptions links older adults, individuals with disabilities, caregivers, and family members to services that help them live

independently in the setting of their choice. MassOptions works with ADRCs and AAA/ASAPs, as well as state agency partners such as Elder Affairs, MassHealth, DDS, MRC, DMH, and other EOHHS agencies. The MassOptions Call Center and website are funded through the 2014 Balancing Incentive Program (BIP) grant from the federal CMS. BIP provides financial incentives to States to increase access to non-institutional LTSS.

Designed to emphasize consumer choice and assist individuals to avoid the frustration of calling multiple agencies and navigating various networks, and as a crucial element in the NWD philosophy, MassOptions customer service representatives can be reached toll free, at 1-844-422-6277 or callers can chat online with a representative seven days a week from 8am – 8pm at www.MassOptions.org.

Community Care Ombudsman

The Community Care Ombudsman program (CCO) was enacted into law in November 1999. This complaint processing service additionally assists all NWD consumers who are having problems and concerns while receiving community services. The CCO program responds to complaints regarding home and health community-based services, including those provided by AAAs, ASAPs, home health agencies, private homemakers, adult day health programs and other community resources such as COAs, visiting nurses associations, and hospice. In addition, the CCO program assists NWD consumers to mitigate any issues they may have when living in public and private housing complexes across the state.

Massachusetts Healthy Aging Collaborative

In 2009, with leadership from Tufts Health Plan Foundation, the MHAC was launched as a network of leaders in community, health and wellness, government, advocacy, research, business, education, and philanthropy who have connected in an effort to advance healthy aging. The Collaborative has adopted a multi-dimensional model that aligns with the World Health Organization’s definition of active aging, supporting activities that “optimize opportunities for health, participation and security in order to enhance quality of life as people age.” As participant focused supportive communities are crucial in achieving and supporting healthy aging, the Collaborative has focused on three aspirations toward achieving that goal.

1. Supporting the creation and sustainability of a network of evidence-based healthy aging programs across the state that can be easily accessed by adults of all ages who have a chronic illness. (The network effort is guided by the Healthy Living Center of Excellence described below and capitalizes on its existing statewide infrastructure of evidence-based programs, including funding from Title III-D resources.)
2. Motivating communities to create environments that support healthy aging through the engagement of both public and private agencies, community organizations, and the community itself.
3. Creating a public awareness strategy to inform the public, policy makers and other key stakeholders about the Collaborative and the healthy aging movement in Massachusetts.

In connecting with colleagues from various experts and leaders in government, academia, provider community and grassroots organizations, including Elder Affairs, AAA/ASAPs, and COAs, the Collaborative promotes healthy aging through evidence-based programs that support healthy communities. The link to the Collaborative is found at <https://mahealthyagingcollaborative.org/>.

Money Follows the Person

The Money Follows the Person (MFP) Rebalancing Demonstration Grant was authorized by the Deficit Reduction Act of 2005 to help states rebalance their long-term care systems from institutional to home and community-based settings. In 2010, the authorization was re-issued under the Patient Protection and Affordable Care Act (ACA). Currently, 41 States and the District of Columbia are implementing MFP Demonstration programs, including Massachusetts, which was awarded a demonstration grant in April 2011.

The MFP Demonstration is a voluntary program created to help elders and people with disabilities who want to move from facility-based care to the community. MFP provides an array of services including case management, assistive technology, orientation and mobility, and transitional assistance services designed to help individuals transition from nursing facilities and other long-stay hospital settings to the community. MFP allows Massachusetts to expand its existing commitment to support community living for elders and people with disabilities. The program builds upon the Commonwealth's substantial commitment to support individuals living in community settings, provides Massachusetts with federal funding to increase the use of HCBS, and works to address barriers that prevent individuals from transitioning from facility settings to the community.

MFP is overseen by the EOHHS in collaboration with MassHealth, MRC, Elder Affairs, the DDS, DMH, partnerships with ASAPs, ILCs and ADRCs, and other community-based organizations throughout Massachusetts. Through this alliance, EOHHS seeks to assist more than 2,000 qualified MassHealth members needing long-term care and supports, and prefer to receive them in community based settings.

Aging in Community

MA is engaged in a number of initiatives to promote both aging in community and age-friendly or livable communities.

Civic Engagement and Employment

Massachusetts encourages civic engagement that inspires older adults, family caregivers and persons with disabilities to become involved in the political process and connect with the issues that affect their community. Civic engagement can take many forms – from individual volunteerism to organizational involvement to electoral participation. The five categories below identify various opportunities in Massachusetts toward fostering civic engagement and presenting opportunities for community commitment. The Elder Affairs webpage, www.mass.gov/elders/civic-engagement/, provides links to various websites and resources in support of civic engagement to work, serve, and learn.

1. Help Getting a Job. With many jobs today using only the internet to post openings, support is provided for electronic job search techniques, tools and connections to online job databases. Information about One-Stop Career Centers (OSCCs) and Unemployment Insurance (UI) are also part of the linked networks.
2. Volunteer Service. Give back to the community through volunteer service. Organizations, commissions, and boards need the talents and wisdom that older adults can offer. The webpage link provides connections to Connect & Serve and other volunteer matching websites, the Governor's boards and commissions application site, the Governor's Public Calendar of Events, and various service organizations.
3. Lifelong Learning. Education need not end after high school or college, since we can learn new techniques and concepts at any age. Lifelong Learning provides consumers with information and resources regarding a wide range of opportunities for developing skills and knowledge base, from community colleges to GED programs to lifelong learning institutes.
4. Paying for Life's Necessities. The cost of community living can be difficult on older adults. Support is often necessary to find connections to organizations and websites that detail eligibility criteria for various federal, state, and local financial assistance programs.
5. Transportation Planning. Transportation to work, a volunteer opportunity, or an appointment or meeting must be available in the community. Part of civic engagement is mobility in the community, with planning for the best utilized low-cost, convenient public transportation choices.

In shouldering a significant role in assisting older adults with Help Getting A Job, Elder Affairs is the recipient and coordinator of the Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA through the U.S. Department of Labor. SCSEP enables low-income individuals, age 55 and older, to engage employment possibilities throughout the Commonwealth. Enrollees are placed in temporary training assignments where they gain valuable on-the-job work experience and training needed to

gain employment in the private sector. Enrollees benefit from training, counseling, and community service assignments at non-profit organizations in their communities, prior to transitioning into the private sector. Participants are placed at eligible training sites for which they are paid minimum wage for 20 hours per week.

Based on recent data, older workers (55-64) make up 16.9% of the Massachusetts workforce. The largest percentage (70%) of SCSEP participants are very low-income individuals at or below the Federal Poverty Rate. The majority of these workers (75%) are ages 55-64 and relies on public assistance. Elder Affairs will continue to work with SCSEP sub-grantees to provide effective training and employment pathways for program participants. The following major efforts will be initiated over the next several years toward developing a workforce system that provides employment opportunities for older workers:

- Identify local employers that have workforce needs and are interested in hiring mature workers.
- Identify most likely jobs and training or certificate needed for job placements.
- Identify low-cost training providers.
- Identify interested participants and place them into relevant training.
- Provide employer incentives, such as on-the-job training.

Governor’s Council to Address Aging

By Executive Order 576, Governor Charles D. Baker in April 2017 established a Governor’s Council to Address Aging in Massachusetts (the Council). The Council is charged with the responsibility of advising the Governor on the development of governmental policies, community resources, best practices, and informal supports that promote healthy aging. Membership on the Council will reflect the Commonwealth’s geographic and cultural diversity. With a membership that includes the Secretaries of EOHHS, Elder Affairs, Labor and Workforce Development, Transportation and Economic Development, the Council will also be comprised of appointments from the Governor that reach representatives of the business community, health care, technology and innovation, municipal leaders, the aging network and caregivers, advocacy organizations and direct service providers.

The efforts of the Council to develop a plan of action to improve public and private efforts to support healthy aging in communities across Massachusetts will include:

1. Setting clear measurable objectives for evaluating progress.
2. Identifying current practices that are efficient and effective in supporting health aging and recommend ways of replicating and extending these practices across communities.
3. Recommending improvements on public awareness of and access to services for older adults and family caregivers; and
4. Recognizing opportunities to promote healthy aging through new programs and projects.

While the Council addresses healthy aging across all age clusters in Massachusetts, Elder Affairs will play a leadership role over the next several years to promote our plans and focus

on recommendations, designs, policies and opportunities to shape and forge a strong commitment to healthy aging, the NWD philosophy, and aging in community.

Initiatives to Address Elder Homelessness

Work in the Commonwealth on the topic of housing includes the Interagency Council on Housing and Homelessness (ICHH), convened by Governor Baker and Lt. Governor Polito in October of 2015. Elder Affairs' work as a member of the ICHH includes a mission to develop an action plan to address chronic homelessness and homelessness among older individuals. Based on state data, 1,411 elders are chronically homeless in a shelter or on the street, and 6,959 elders are in emergency shelters or in transitional housing in the Commonwealth. ICHH efforts include a Committee on Elder and Chronic Homelessness with the DHCD. In 2016, with the support of Elder Affairs and working with community stakeholders, the Committee developed multiple recommendations to help address homelessness among these priority populations. The recommendations focused on the following themes:

- Homelessness Prevention: Support the tenancies of elder and chronic homeless individuals in public and subsidized housing;
- Data: Enhance systems for collecting and sharing data related to homeless systems;
- Housing and Services: Build partnerships to enhance coordination and maximization of housing and service resources;
- Access to Housing: Develop systems to facilitate access to supportive housing by elders and chronically homeless individuals; and
- Models: Expand housing and service options for chronically homeless and elderly individuals.

In effecting person-centered ideas into action, Elder Affairs partnered with the City of Boston, to host three “housing surges”, designed to connect chronically homeless elders with housing and services. The events took place in July and November 2016 and in June of 2017. Each surge was staffed by multiple different agencies across city, state and federal public services, private social services organizations, and faith based entities. In preparation for the events the partners worked together to create a list of chronically homeless older adults, and undertook significant outreach at shelters and throughout the city to spread awareness of the opportunity.

Elders attending the event were given “passports”, which guided them from table to table where they were able to determine their eligibility for various types of support services. Elders were able to meet with representatives from state programs including the Program of All-inclusive Care for the Elderly (PACE); Senior Care Options (SCO); Pay for Success and Community Supports for Persons Experiencing Chronic Homelessness (CSPECH) to determine their eligibility and interest in these programs. The outcomes of the three surges include:

- 417 chronically homeless people invited;
- 139 attended - ranging in age from 50 to 84;

- Of the people that attended, 89 received actual apartments in Boston Housing Authority properties and 16 acquired mobile housing vouchers along with housing search assistance. 25 people had housing in process (documents pending or future appointments);
- Of the people that attended, 34 people enrolled in PACE, 9 people enrolled in SCO, 11 people on OneCare, 45 people enrolled with CSPECH/SIF, and 26 people enrolled in stabilization services provided by HomeStart (a local nonprofit with services not funded through Medicaid);
- 7 person not on MassHealth, completed an application; and
- 8 people enrolled in SNAP benefits.

The surges marked the first time housing and integrated care services have been offered together, and launched a new partnership with the City of Boston toward a concerted focus on the need for affordable housing and the gaps in service that often accompany that demand. While there is a planned surge scheduled for June 2017 in Boston, extending the housing surge concept to other cities in the Commonwealth is currently in development.

Housing Initiatives

In addition to the issues of homelessness among all populations, including older individuals, the ICHH mission also provides a forum where new strategies in support of affordable housing development can be advanced. 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 with substantive initiatives and progress in the development of permanent affordable housing supported by appropriate services which promote health, safety, well-being and self-determination for citizens. The ICHH is co-chaired by the Secretaries of EOHHS and Executive Office of Housing and Economic Development (EOHED) and consists of Secretaries, Assistant Secretaries and Commissioners of the executive branch of state government. An ICHH Advisory Committee also meets quarterly and is composed of agencies, providers, advocates, consumers, and other stakeholders. Members of the public, legislature and their staff are welcome to join these meetings.

Direct connection to housing resources within Elder Affairs' service compilation includes:

Congregate Housing: A model that provides a shared living environment designed to integrate housing and support services. Services are available to aid residents in managing ADLs in a supportive, non-custodial environment. Each resident has a private bedroom, but shares one or more of the following: kitchen facilities, dining facilities, and/or bathing facilities. Congregate Housing is neither a nursing home nor a medical care facility.

Supportive Housing: The Supportive Housing Program was developed by Elder Affairs and the DHCD to create a supportive living environment in state funded public elderly/disabled housing. By pooling resources that are currently being invested by an ASAP and a housing authority in an existing development, frail, low-income elders have an opportunity to access a model of affordable supportive housing that promotes independence and aging in place. The Supportive Housing Program provides residents of

public housing developments with access to an on-site resident service coordinator, group meals, and 24/7 emergency services.

Community living in Massachusetts is revealed in our efforts to develop person-centered initiatives, foster and maintain communities that serve elders, caregivers and persons with disabilities and support consumer choice in developing methods, obligations and alliances in service provision. Elder Affairs and the aging network are focused on promoting community living models, methods that are person-centered in approach and serve as the foundation necessary to fulfill aging in community. The focused vision of Elder Affairs and the AAA/ASAP network, to enable older adults and individuals with disabilities to have access to the resources they need to live well and thrive in every community, is supported by the investment of resources and time, and a pledge to support consumer choice for aging in community.



Other Administration for Community Living Programs

While funding is at the core of the relationship between Elder Affairs and ACL, it is the allegiance rooted in serving elder consumers and their caregivers that is fundamental to our mutual effort. Our collaboration to explore new strategies and plans, explore and analyze the challenges of the consumers we serve, and develop programs that address voids and fill gaps in HCBS is the goal at the vanguard of our mutual effort. Over the years Elder Affairs has considered ACL to be a partner in meeting the challenges in Massachusetts to provide opportunities to populations that might otherwise remain isolated or hard to reach. The following programs present the depth of the partnership that exists between ACL and the Commonwealth, in our continuing effort to build greater capacities in HCBS.

Serving the Health Insurance Needs of Everyone (SHINE)

Serving the Health Insurance Needs of Everyone (SHINE) is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers. The SHINE Program is administered by Elder Affairs in partnership with AAA/ASAPs, social service and community based agencies, and COAs. The program is funded by the CMS. Fourteen regional programs supervise and train over 600 volunteer health benefit counselors to provide information and assistance in many areas of health insurance, including Medicare Part A, Part B, and Part D; Medigap insurance, Medicare HMOs, retiree insurance plans, prescription drug programs, Medicaid, Medicare assistance programs (QMB, SLMB and QI), and other programs for people with limited resources.

The SHINE Program assists older adults and people with disabilities in understanding their Medicare and MassHealth benefits, along with other health insurance options. The program ensures that Massachusetts residents with Medicare and their caregivers have access to accurate, unbiased and up-to-date information about their health care options. SHINE counselors are available throughout the state at local COAs, senior centers, AAA/ASAPs, hospitals, and other community-based agencies.

Anticipated outcomes under the SHINE Program over the next several years include engagement on the following tasks:

1. Consumers and caregivers will have greater access to culturally appropriate health insurance information and assistance;
2. Counselors and consumers will demonstrate increased content knowledge and satisfaction with counseling services;
3. Consumers will have increased access to information and assistance through use of social media and other media; and
4. A sustainability plan will be developed to support the project in the future.

Strengthening Protective Services Grant

Elder abuse in Massachusetts is growing at an alarming rate. During fiscal year 2015, there were 24,978 reports and 7,117 newly confirmed allegations of elder abuse among elders living in the community across the Commonwealth. These numbers represent a 37% increase in the total number of elder abuse reports and a 57% increase in confirmed allegations compared to fiscal year 2011. Moreover, the increasing complexity of cases demands a more consistent, predictable, centralized approach.

Among other factors contributing to the case trend is the number of individuals with cognitive impairment, particularly due to Alzheimer's disease or related dementias. The increasing complexity of Alzheimer's disease or related dementia cases demands that Adult Protective Services (APS) workers be well prepared to work with an elder population. APS agencies are dedicated to the prevention, detection, investigation and mitigation of elder abuse and mistreatment in home and community-based settings throughout the Commonwealth.

In engaging our vision of an enhanced, robust, effective and sustainable APS program that has the capacity to serve the most vulnerable elders in our communities, Elder Affairs was the recipient of a fiscal Year 2016 ACL Elder Justice and Protective Services grant. The proposed interventions will benefit several specific populations, including adults over 60, individuals with cognitive impairment, populations living in low income communities, and areas with multicultural, LEP populations. Additionally, Elder Affairs is looking to address a current shortcoming related to documentation of findings in a manner consistent with national data collection efforts such as the National Adult Maltreatment Reporting System (NAMRS).

The ACL Elder Justice and Protective Services grant adopts the following goals:

1. Improve the overall knowledge, skills, and abilities of APS workers by revising and standardizing a comprehensive, statewide APS core curriculum and worker training program.
2. Improve the ability of APS workers to screen for decisional capacity during the course of an elder abuse investigation and to document outcomes in a manner consistent with NAMRS.

The specific and succinct steps outlined in the grant proposal will directly address gaps in the current APS system and will leverage the strengths and opportunities in Elder Affairs long-standing relationship with the 20 Massachusetts APS agencies. There is positive momentum and a desire among the legislature, community partners, and our own APS workers for enhanced APS worker training in Massachusetts. Elder Affairs' proposed intervention accomplishes this task; by the end of the grant period there will be a fully operational, statewide, comprehensive training program for APS workers based on evidence-informed practices.

Making MA Dementia Capable: Alzheimer's Disease Supportive Services Program

In September 2015, Elder Affairs received an Alzheimer's Disease Supportive Services Program (ADSSP) cooperative agreement from ACL in order to achieve the following objectives:

- Create and sustain a comprehensive dementia-capable HCBS system with NWD access for individuals with dementia and their caregivers.
- Ensure access to a system of culturally competent, high quality dementia-capable HCBS.

Massachusetts proposed the development of dementia training for its NWD staff-professionals most likely to be an individual's first contact with the HCBS system (options counselors, I&R specialists, Medicaid eligibility specialists, etc.). Similarly, the project proposed advanced training for supportive home care aids, case managers, registered nurses and family caregiver specialists working at regional home care agencies, and evidence-based training and intervention for family caregivers. The project also included the piloting of a model for dementia-capable care transitions, and exploring the use of technology to enhance quality of life for individuals with dementia and their caregivers. A special effort is being made to ensure that grant activities are, to the greatest extent possible, culturally and linguistically inclusive in a manner that can be sustained beyond the grant period.

The ADDSP Project ensures that grant activity addresses the needs and concerns of Massachusetts stakeholders with an interest in creating and sustaining a dementia-capable aging service network. The Advisory Committee to the Project includes over 30 members, including individuals living with dementia, family caregivers, professional caregivers, clinicians, researchers, clergy and professional advocates. Lead by an ADSSP Work Group at Elder Affairs, work includes overseeing grant planning and activity, addressing challenges, and integrating grant activity with other Elder Affairs and EOHHS activity throughout the state. Special attention focuses on researching evidence-based caregiver interventions, developing protocols for an evidence-based care transitions pilot, and developing data elements and collection protocols for the evaluation of the grant.

Targets under the ADSSP Project include plans to provide basic dementia training to a minimum of 200 options counselors, information and referral specialists and Medicaid Eligibility Specialists. The anticipated outcomes of the project include:

1. An increase of dementia-related skills, knowledge, and competency among professionals caring for individuals with dementia;
2. The development of a dementia-capable care transitions pilot with the potential for continued sustainability;
3. An increased rate of prevention or delay of nursing home placement among individuals with dementia who wish to remain in the community;
4. A reduction in caregiver stress and an increase in informal caregivers' capacity to provide care; and
5. The creation of dementia-specific care plans to promote appropriateness and consistency of services.

Model Approaches for Legal Assistance Grant

The role of legal services in the larger Title III services compendium is significant in Massachusetts, with \$1.2M of OAA funding and a non-Federal match of \$1.0M. Legal services play an important role in the larger determination to provide assistance and advice in the

communities where elders live. Elder Affairs recognizes that gaps exist in providing legal services. In addressing service gaps and after taking a second look at our efforts, Elder Affairs applied for and was awarded an ACL Phase II Model Approaches to Statewide Legal Assistance Systems in 2016.

The Phase II funding builds on Phase I activity to promote expertise and accessibility of legal services throughout the Commonwealth. In partnership with the Volunteer Lawyers Project (VLP) of the Boston Bar Association, this opportunity allows Massachusetts to continue and expand support for implementing well integrated and cost effective legal service delivery systems that maximize the impact of limited legal services to elder consumers in greatest need. The focal feature of the partnership is a Senior Legal Helpline (800-342-5297) hosted by VLP that provides free legal information and referral services to Massachusetts residents who are 60 years old or older.

The goal of the Phase II grant is to develop a statewide legal service delivery system that promotes the expertise and availability of legal services for older adults, and increases consumer access to those services. Successful achievement of this goal will rely on implementation of the following objectives:

1. Assess the capacity of the legal service delivery system to meet identified priority legal challenges impacting older adults in the most social or economic need and develop recommendations to address systemic weaknesses.
2. Establish collaborations among aging/disability and elder rights and services networks to enhance access to effective legal responses to elder abuse, neglect and financial exploitation.
3. Develop and sustain a statewide service delivery system that effectively integrates low cost, high quality services that address the most pressing legal needs of targeted older adults.
4. Develop innovative outreach and targeting strategies to reach underserved adults.
5. Reassess statewide legal service delivery standards and guidelines, and revise and enhance them to ensure effective, high quality legal services delivery to targeted older adults.
6. Complete a framework for a statewide legal data collection/reporting system to measure program, outcomes and impact on the independence, health and financial security of older adults.
7. Establish and implement a statewide legal training agenda on priority legal issues for Helpline staff and other interested professionals and advocates in the legal and elder rights networks in collaboration with the National Legal Research Center and the National Consumer Law Center.

With the launch of the Senior Legal Helpline on February 1, 2017, services became accessible to all regions in Massachusetts. Callers are screened for eligibility for direct intake with legal services programs and have the option of speaking to an advocate live or leaving a message for a call back. Consumers can also walk into the VLP office or any of the sponsored court based clinics, which offer on-site advice on specific legal topics during regular hours (usually weekly)

at over ten locations throughout the state. In moving forward toward achieving measurable outcomes, the Phase II accomplishments to date include:

1. Internal and external surveys and listening sessions conducted and analyzed by Elder Affairs to inform the development of a Legal Needs and Capacity Report.
2. Launch of the Senior Legal Helpline represents the flagship component of the effort to develop integrated low-cost mechanisms for legal service delivery, as does the wide availability of court-based clinics throughout the state.
3. Promoting better capacity to serve non-English speaking populations by translating educational and promotional materials into the most commonly spoken languages.

Program Sustainability

A unique characteristic of Title III funding and the administration of OAA programs is the leverage of non-Federal dollars. Beyond strictly a match requirement, ACL promotes and advances the importance of non-Federal funding to build and enhance Title III programs and services. The Massachusetts commitment to program development and service promotion, many of which were initiated by ACL efforts or grants, is in keeping with the appreciation of what inducement to funding, standards, and efforts can achieve. Program sustainability, in the form of adoption of service values and commitment to resources, is crucial to promoting services that are at the core of the Massachusetts mission to promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers. The following initiatives and programs point to the Massachusetts elder network capacity to leverage funding and principles to advance HCBS in the communities where elders choose to live.

Dementia Friendly Initiative

An estimated 5.4 million people in the United States and more than 120,000 Massachusetts residents are living with dementia, which is a general term for changes in thinking such as memory loss and difficulty planning and communicating. Dementia may be caused by Alzheimer’s disease or other conditions. Despite the widespread impact of dementia, lack of information, fear, and stigma can prevent those affected from feeling safe, socially connected, and able to thrive in their communities.

By working together, we can make strides in supporting individuals living with dementia as well as their friends and families. A “dementia friendly community” is informed, safe, and respectful, and enables people living with dementia and those who care about them to live full, engaged lives. In addition, Elder Affairs and partnering organizations are developing infrastructure to better support caregivers of individuals living with dementia as part of the Dementia Friendly Massachusetts Initiative and with funding from the ADSSP grant from ACL.

In Massachusetts we are building upon the work of the Age-Friendly movement, which benefits people of all ages by supporting community standards for inclusion, access, safety and engagement. In this way, communities that are age-friendly and dementia friendly embrace everyone – younger people, older people, individuals with and without dementia, and individuals with disabilities of all kinds.



Elder Affairs and Jewish Family & Children’s Service (JF&CS) of Boston are convening a group of organizations to begin to chart a direction for building a dementia friendly Massachusetts. Participants include citizens from all walks of life, faith leaders, first responders, businesspeople, town government members, and more. Massachusetts is an “early adopter state” in the dementia friendly communities movement – more cities, towns, cultural groups, and other self-defined communities are becoming involved every day. Please click on the following link to watch an introduction to the Dementia Friendly Initiative, <https://www.youtube.com/watch?v=PkgX3jkfxkA>; additional information can be found at www.DFmassachusetts.org.

Falls Prevention Coalitions

Statistics show that about one third of people over 65 will fall each year – rates are higher for people over 80 and for those who live in a nursing home. Reducing and preventing falls for elder consumers is a focus of the AAA network in Massachusetts. Work across the Commonwealth aims to provide consumers and family caregivers the steps needed to pro-actively reduce the chance of suffering a serious fall with four major actions to consider.

1. Review your medications with your health care provider or pharmacist.
2. Have your vision checked.
3. Change your behaviors when moving around and find ways to get more exercise for strength and balance.
4. Modify your home for safety.

While falls prevention emerged as a means to elders living healthier lives, and Title III-B and III-D funding has played a vital role in that progress, the formation of the Massachusetts Commission on Falls Prevention (MCFP) initiated a concerted effort in 2012 to develop a statewide inventory of evidence-based falls prevention programs. The comprehensive study of the effects of falls on older adults and the benefit of reducing the number of falls was instrumental in molding partnerships to move forward. The MCFP recommended strategies to build infrastructure to ensure that falls prevention programs were evidence-based and high quality, sustainable, adequately funded, and accessible to all communities.

Building on progress from ACL funding, Elder Affairs and the AAA network partner to promote falls prevention through evidence-based workshops, initiatives to prevent falls, identifying risks, and educating consumers and caregivers on falls prevention. The use of Matter of Balance and Tai Chi workshops (several offered in Cantonese and Mandarin) have been effective in alleviating the fear of falling, identifying fall hazards and faulty habits, and teaching coping strategies. An extensive and varied outreach effort at senior housing sites, health centers, COAs, and assisted living facilities helps to promote and spread falls prevention evidence-based programs.

In union with the AAA/ASAP network, Massachusetts care managers identify consumers at risk for falls as part of a consumer's assessment, with referral and follow-up provided as needed. Additionally, many AAAs offer traditional programs associated with health, fitness and well-being that, while not evidence-based in nature, promote falls prevention including, fitness and exercise classes, yoga classes, music therapy, stretching programs, and minor home repair services.

Healthy Living Center of Excellence



Since 2004, Elder Affairs has been working with community based agencies throughout Massachusetts to deliver healthy aging programs. This collaboration has produced a statewide delivery network to provide CDSME programs to help older adults and people with disabilities avoid hospitalization and remain independent in their communities, and has developed several sustainable business models for reimbursement from public and private health insurance. The delivery network, the Healthy Living Center of Excellence (HLCE) – www.healthyliving4me.org, 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.

HLCE is led by a medical care provider (Hebrew SeniorLife), a community-based organization (Elder Services of the Merrimack Valley (ESMV), an AAA north of Boston), 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. As a development from the MCFP work above, a two year award from ACL in 2014 to ESMV, through HLCE, and in partnership

with Elder Affairs and DPH sought to implement evidence-based falls prevention programs in all counties within the State. Significant progress has been made to embed and sustain falls prevention programs within the elder services and public health networks, including with health care partners and community organizations.

The HLCE 2016 grant report indicates the following findings:

- More than 90 community based partners have joined the “provider network”, reaching more than 3,764 participants coming from every county of the Commonwealth.
- Of the 3,764 participants, 2,923 completed the intervention, attending at least 5 of the 8 sessions, resulting in a MA completion rate of 78.8%.
- Of the 2,923 participants reporting data:
 - 83% reported that the program either improved or maintained their confidence in reducing their fear of falling.
 - 88% reported their confidence in finding a way to get up if they fall was either improved or maintained.
 - 90% reported their confidence in finding a way to reduce falls either improved or maintained.

An ACL grant through 2018 has been awarded to HLCE to build upon current efforts by providing supportive programming for people with depression and behavioral health needs, expansion of third party payors providing payment for CDSME programming, increased referrals from participating third party payors, and greater program participation from linguistic and cultural minorities, homebound individuals, and disabled adults. Elder Affairs partnership ensures success through the engagement of COAs, AAA/ASAPs, ADRCs, home care providers, YMCA’s and other agencies through the aging and human service network to connect their consumers to HLCE programs.

Evidence-based healthy aging programs have strong potential to improve the quality of life for people with chronic disease and other health risk factors, and to lower the strain on Massachusetts health care system as our population ages. Emerging collaborations between Elder Affairs and HLCE include managing the training and integration of evidence-based caregiver support programs throughout the aging service network. Elder Affairs looks forward to collaborating with HLCE to make these programs an integral and permanent component of the network of services for older adults and people with disabilities. The success of HLCE continues and includes integration of the following goals:

1. Significantly increase the number of older adults and adults with disabilities in underserved areas and populations who participate in evidence-based self-management support programs; and

2. Implement innovative funding arrangements, including contracts, partnerships, and collaborations with one or more sustainability partners to support evidence-based self-management programs during and beyond the grant period, while embedding programs into an integrated, sustainable evidence-based prevention program network.

Options Counseling

Options Counseling (OC) is a gateway for many elders and people with disabilities to receive community services and supports. Launched throughout the Commonwealth in 2010, OC provides residents and caregivers with objective information on LTSS, and help in evaluating their options. This two pronged approach – information 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 both educates consumers about the range of available program and service options and housing. OC also helps consumers to identify and connect to the resources that are most relevant to them.

The program now provides counseling services to over 5,000 Massachusetts residents each year, and while most are age 60 and over, there has been an increase in the number of people who are under age 60 benefiting from the service. In its earliest years, the program served a small number of individuals who were under age 60, but as the program has grown, the outreach and service to this age group has increased significantly. During the most recent state fiscal year, a full-quarter of OC consumers were under the age of 60. Not only are people across the life-span empowered to make an informed choice, but a strong majority (92%) reported that they were better able to identify ways to maximize their resources as a result of counseling.

The state continues to provide new opportunities for options counselors to build their knowledge and skills; promote consistent person centered counseling and effective service delivery; standardize data collection and reporting; and refine our understanding based on a thoughtful analysis of the information collected. These energies allow us to continue to evaluate how and where we can be most effective in helping to maximize peoples' choices, while also preserving resources.



Elder Justice

Elder Affairs' partnership with AAAs and the aging network continues to focus on a variety of approaches to accomplish the goal of ensuring the rights of vulnerable elders. Through a combination of state, Title III and Title VII resources, Protective Program services are always offered and provided based on the wishes of the elder and employs the philosophy of 'least restrictive, appropriate intervention'. Strategies focus on elder neglect and abuse prevention, advocating for elders' rights within long-term care facilities, and the continuing support of legal services for elders. Protecting the most vulnerable elders, those who experience abuse, neglect and financial exploitation is the hallmark of the Protective Program.

Protective Services (including Title VII)



Elder Affairs is required by Massachusetts law to administer a statewide system for receiving and investigating reports of elder abuse and for providing needed protective services to adults aged 60 and older who are living in the community.

To fulfill this responsibility, Elder Affairs has designated 20 Protective Services (PS) Agencies across the Commonwealth who are responsible for screening elder abuse reports for jurisdiction, conducting investigations, and developing a service plan to alleviate the abusive situation. Previously, the 20 Designated PS Agencies were also responsible for receiving elder abuse reports during business hours while a statewide Elder Abuse Hotline took reports during non-business hours. Starting June 30, 2017 Elder Affairs is launching a centralized intake unit that will receive elder abuse reports 24 hours a day/7 days a week, the local PS Agencies will no longer receive elder abuse reports directly from the public. Elder Affairs expects the move from a localized intake system to a Central Intake Unit will lead to an increase in reporting as it is a much simpler process. In 2017 Elder Affairs made its first submission to ACL's National Adult Maltreatment Reporting System (NAMRS), and data integrity was noted as the main issue with the Massachusetts submission. With the implementation of the centralized intake unit, Elder Affairs expects an increase in quality and consistency of the data collected during the initial report which should lead to more detailed and accurate NAMRS submission in 2018.

Elder abuse includes physical, sexual and emotional abuse, neglect by a caregiver, financial exploitation and self-neglect. The program also 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 has recently deployed regional FAST (Financial Abuse Specialist Teams) project, which are multidisciplinary teams comprised of professionals from financial services, law, and other disciplines which provide assistance to protective services workers when investigating allegations of complex financial exploitation.

In State FY 2017, the PS program received approximately 30,000 elder abuse reports. Massachusetts expects the number of elder abuse reports rise during the next few years as the elderly population continues to grow and the public becomes increasingly aware of the importance of protecting vulnerable adults. To address the increase in elder abuse reports Elder Affairs is working on a multifaceted approach to improve the effectiveness of the Commonwealth's Protective Service's program. The first component of this strategy is a focus on process redesign and standardization. This included the centralization of the elder abuse report intake units, but also includes major regulatory changes regarding how investigations are conducted. In 2017 Elder Affairs changed the PS regulations so that elder abuse investigations may, in some circumstances, be conducted without an elder's consent going forward. Elder Affairs has also embarked on a major program integrity initiative that utilizes financial incentives and penalties to increase the overall quality and consistency of the PS program.

The second component of the Elder Affairs approach to improve the PS program is to strengthen workforce support and training for PS workers and supervisors. With support from Title VII resources and a grant from ACL, Elder Affairs will be retraining the entire PS workforce in 2018 with a newly developed comprehensive PS training curriculum. This curriculum was developed by using the ACL funded MASTER APS training program as a base and adding Massachusetts specific modules. Additionally, Elder Affairs, with funding from ACL, will be sending a group of PS supervisors to New York City to receive specialized training on a cutting edge decisional capacity screening tool that was developed by Weill Cornell Medicine College and the New York Elder Abuse Center. These PS supervisors will then conduct trainings on using the screening tool for the PS workforce.

The third component to the PS improvement strategy is to strengthen the state guardianship and fiduciary services program. Elder Affairs has noticed an increased demand for fiduciary services in elder abuse cases and is exploring best practices from across the country to increase both the quality and availability of individuals to serve as fiduciaries. Finally, Elder Affairs is seeking to strengthen overall elder care eco-system in Massachusetts to help prevent elder abuse. For example, Elder Affairs is the lead agency in one of four states invited to participate in a national collaborative of leading experts and implementers in the field of elder maltreatment/abuse. Funded through an initiative of the John A Hartford Foundation, experts from MA, CA, NY and TX will develop a prototype (model) that leverages the potential for healthcare professionals and systems to protect the growing number of older Americans at risk of maltreatment. This effort, over a two year period, will pilot and specifically identify and assess the feasibility of the most promising practices to identify older adults at risk for maltreatment, appropriately refer them to services, and wherever possible ensure they receive the services they need to be truly safe at home.

Long Term Care Ombudsman Program

As addressed above under the "Older Americans Act Core Programs," a LTC Ombudsman is an advocate for residents living in long term care and assisted living facilities. Ombudsmen offer a way for residents and their loved ones to voice their complaints and have their concerns addressed so that residents can live their lives with dignity and respect. While revealed under Title III-B services as a key component of AAA services, it is as germane to promoting elder

rights under Title VII funding that the LTC Ombudsman program be included within Elder Justice.

- The LTC Ombudsman works closely with the Legal Services network at both the state and local levels. State Ombudsman Staff meet, at least annually, with Legal Services representatives and other advocates to share information, discuss changes, new legislation and initiatives and to benefit from each parties expertise. Local ombudsman programs and local legal services meet regularly to review and share information and provide support.
- Ombudsman and Adult Protective Services work in 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.
- Local Ombudsman staff has been trained on reporting requirements under the Elder Justice Act and have in turn provided information to facilities (on a regular basis to those facilities with significant turnover) Facilities are encouraged to establish relationships with the local police departments and to maintain ongoing dialogue with them. Facilities have reported mixed responses from local police departments. During regular visits to the facilities ombudsmen monitor the required posting of staff rights and responsibilities.
- Local Ombudsman programs routinely participate in abuse/neglect/misappropriation at facilities. There has been a decline in the number of trainings the program has had the capacity to provide in recent years, primarily due to other demands on the program staffs time. It is the intent of the program to work towards increasing the number we are able to participate in.
- The State Ombudsman’s office is a partner with the DPH, the state Attorney General’s office, and both the for profit and the not-for-profit provider organizations in planning and conducting training seminars developed for administrators and other administrative staff.

Additional information on the LTC Ombudsman program, including resident’s rights, can be found at www.mass.gov/elders/service-orgs-advocates/ltc-ombudsman/.

Community Legal Services

Elder Affairs and the AAA network set 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 nine percent of Part B funding is made available for legal services. The important benefit, that each AAA is held to an individual maintenance of effort, realizes a legal services funding range (of Title III-B dollars) across the network from nine to 27 percent. The importance of this policy in the Commonwealth is the realization of over \$1.2M of Title III-B legal assistance grants to legal service corporations (LSC). With eight LSCs serving the 22

AAA network, legal services plays a key role in ensuring that elders have the income, health care and services that they need to live independently in the community.

In promoting accessibility for elder consumers, legal services offers assistance concerning 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 for basic needs, and necessary legal advice and information that improves quality of life. Promoting elder independence is one of the vital benefits arising from the delivery of advice and counsel from legal service programs.

In promoting and expanding elder justice programs and services, Elder Affairs and the AAA network offers an environment for promoting elder issues, fostering valuable service programs and facilitating community efforts that support the rights of elder consumers. Partnerships across community organizations are focused on a variety of approaches to accomplish elder justice objectives. Elder justice, the protection of an abused or exploited elder, the advocacy for a LTC consumer, or the legal representation provided by LSCs, creates an environment that ensures the rights of vulnerable elders. Elder Affairs and the aging network continue to work diligently to provide quality of life protections to vulnerable elders, those who experience abuse, neglect and financial exploitation.









Goals, Objectives and Strategies

In an effort to ensure positive outcomes and continuous improvement, Elder Affairs core value continues to be its commitment to consumer involvement, teamwork, collaboration, cooperation and respect; and to managing services in a person-centered, outcome focused manner. The Elder Affairs senior leadership team, working with program managers, surveyed programs to develop goals, objectives and strategies that will continue to expand access to programs and insure program integrity across Elder Affairs. While objectives and strategies are threaded throughout the State Plan in support of specific goals, what follows is a complete inventory of Elder Affairs' goals, objectives and strategies covering the State Plan period.

Presented are six goals and the objectives, strategies, measures and targets to assess program effectiveness and agency efficiencies. As goals depict Elder Affairs' commitment to our vision, measures and targets are current designations that will likely evolve as we realize modifications that more fully focus on providing programs and services that meet the needs of our consumers. In promoting our achievements, including accepting change and redirection when necessary, the work of Elder Affairs and the aging network in Massachusetts will continue to be person-centered and committed to providing the resources older adults and individuals with disabilities need to live well and thrive.

Following the presentation of the goals, objectives and strategies 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 continues to evolve and improve.

Elder Affairs Goals, Objectives and Strategies

<p><u>GOAL #1</u> Support Aging In Community</p> 	<p><u>GOAL #2</u> In Response to Evolving Demographic Changes, Support Caregivers and Make Massachusetts Dementia Capable</p> 	<p><u>GOAL #3</u> Empower Healthy Aging</p> 
<p style="text-align: center;"><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Identify and address obstacles to aging in place. 2. Improve the health outcomes of elders receiving housing with supportive services 3. End elder homelessness. 4. Enhance home care programs to support aging in the community. 	<p style="text-align: center;"><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Make Massachusetts dementia capable. 2. Develop and empower the community LTSS workforce, including unpaid caregivers. 	<p style="text-align: center;"><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Reduce malnutrition and food insecurity. 2. Implement healthy aging and prevention programs. 3. Advance the status of older workers and senior volunteers. 4. Improve the economic stability of elders. 5. Address mental and behavioral health issues among elders in community-based settings.
<p><u>GOAL #4</u> Prevent Injury, Violence and Exploitation of Older Adults</p> 	<p><u>GOAL #5</u> Strengthen “No Wrong Door” Access to Aging and Disability Services</p> 	<p><u>GOAL #6</u> Ensure Quality, Value, and Person-Centered, Community-Based Care through Data-Driven, Evidence-Informed Methods (HCBS Explorer)</p> 
<p style="text-align: center;"><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Achieve optimal effectiveness in protecting elders. 2. Increase awareness of elder abuse, neglect, mistreatment and exploitation. 3. Ensure LTC Ombudsman Program is compliant with new federal regulations. 4. Improve the assisted living ombudsman program. 	<p style="text-align: center;"><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Ensure that consumers receive accurate and consistent community LTSS information regardless of the entities they call or visit. 2. Improve the visibility and functionality of the Aging and Disabilities Resource Consortia. 	<p style="text-align: center;"><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Utilize evidence-informed analysis to address issues around quality and value. 2. Monitor and support the operations of the aging services network.

GOAL #1 - SUPPORT AGING IN COMMUNITY		
Objective #1 – Identify and address obstacles to aging in place		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Clarify EOEA (Elder Affairs) role in housing.	Role defined and shared	9/2017
Convene and/or encourage communities to establish multi-stakeholder coalitions on issues around aging, including housing-related challenges.	# of communities in discussions about becoming age friendly	At least 2 new communities will be working on age friendly designation each year
Build working relationships with state and private housing agencies.	# of initiatives with other state and private agencies	At least 1 new private housing agency will partner with EOEA
Post assisted living residence (ALR) biannual re-certification findings on EOEA's website.	Up to date info on website	Post all findings in 2017
Revise consumer guide on assisted living and distribute it to the industry.	Completed updated guide	Distribution in 2017
Build and strengthen partnerships between elder service agencies and affordable housing providers	# new projects or pilots as a result of this initiative	At least one new program or pilot over the life of the State Plan
Objective #2 - Improve the health outcomes of elders receiving housing with supportive services		
Strategy	Associated Measures & Targets	
Short Description	Measure	Target
Analyze, quantify and document health outcomes associated with EOEA's current supportive housing (SH) and congregate housing (CH) programs.	In development	7/2019
Objective #3 - End elder homelessness		
Strategy	Associated Measures & Targets	
Short Description	Measure	Target
Develop and implement a plan for ending elder homelessness.	#s of homeless housed	400

Objective #4 – Enhance home care programs to support aging in the community		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Enable Home Care Program consumers who are nursing facility eligible to age in their communities.	# of consumers with activities of daily living (ADL) needs who remain in the community with home- and community-based services (ECOP, Home Care Basic Waiver, and Choices). (Frequency: Monthly) (Source: SIMS)	16,000 to 17,000
	Length of stay (LOS) of nursing facility-eligible consumers who remain in the community with home- and community-based services (ECOP, Home Care Basic Waiver, and Choices). (Frequency: Monthly) (Source: SIMS)	1.3 years
	Length of stay (LOS) of consumers who remain in the community with home & community-based services (Home Care Basic Non-waiver, and Respite Over income). (Frequency: Monthly) (Source: SIMS)	1.4 years

Increase opportunities for consumers to transition from nursing facilities to the community via the Comprehensive Screening and Service Model (CSSM) program.	# of older adults discharged home from nursing facilities through the CSSM program. (Frequency: Quarterly) (Source: SIMS)	400 consumers per quarter (1,600/year) (60-65% of residents referred discharged to community)
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GOAL #2 - IN RESPONSE TO EVOLVING DEMOGRAPHIC CHANGES, SUPPORT CAREGIVERS AND MAKE MASSACHUSETTS DEMENTIA CAPABLE

Objective #1 – Make Massachusetts Dementia Capable

Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Create and sustain a comprehensive dementia capable, culturally competent, high quality home and community based services system with No Wrong Door access for individuals with dementia and their caregivers (<i>Alzheimer's Disease Supportive Services Program Grant</i>)	Measures and targets are specified in the ADSSP project's evaluation plan.	Measures and targets are specified in the ADSSP project's evaluation plan.
Co-convene the Dementia Friendly Massachusetts Initiative with Jewish Family & Children's Service to support and accelerate the creation and expansion of dementia friendly communities across Massachusetts (DFMI)	% of communities in MA committed to working toward becoming dementia capable	33% of MA cities, towns, faith-based or other communities

<p>Collaborate with others on the MA Antipsychotic Reduction Taskforce Cross-Setting Project to identify and take steps to reduce inappropriate use of antipsychotic medication use in consumers with dementia residing in community settings. Contribute to the development of the final report, which is due on 4/1/17.</p>	<p># of individuals with dementia living in community based settings who receive an antipsychotic medication without appropriate clinical indication or documentation. (Medicare claims + self-report)</p>	<p>Measures to be developed by 1/2018</p>
<p>Work with key stakeholders to <u>register</u> individuals at risk of wandering before an incident has occurred.</p> <p><i>Key stakeholders are members of the Silver Alert Workgroup (representatives from EOE, Alzheimer's Association, MA State Police, MA 911 and MA Association of Chiefs of Police) as well as Councils on Aging and municipal police departments.</i></p>	<p>% increase in the # of MA municipalities where wanderer's alert registration programs have been implemented by police departments</p>	<p>20% increase from 8/2016 through 7/2017. Increase by an additional 2% per year.</p>
<p>Work with key stakeholders to implement Silver Alert protocols through mandatory training for patrol officers and other first responders.</p> <p><i>Key stakeholders are members of the Silver Alert Workgroup (representatives from EOE, Alzheimer's Association, MA State Police, MA 911 and MA Association of Chiefs of Police)</i></p>	<p>Ongoing</p>	<p>9/2021</p>
<p>As a member of the Committee on Dementia Capable care in Acute Care Settings, convened by the MA Department of Public Health, address issues and craft a strategy for achieving dementia capable care in all acute care settings in MA.</p> <p><i>The Committee includes representatives from EOE and other Health and Human Service agencies, medical professionals and advocates.</i></p>	<p>Completed report with recommendations</p>	<p>By 9/2017</p>
<p>Test and implement a new decision-making capacity tool to better equip Protective Service workers to assess decisional capacity of elders who may have Alzheimer's Disease and Related Disorders (ARD) (State Grant to Enhance Adult Protective Service)</p>	<p>In development</p>	<p>4/2018</p>

Objective #2 - Develop and empower the community LTSS workforce, including unpaid caregivers		
Strategies	Associated Measures & Targets	
Description	Measure	Target
Create a recruitment pipeline of home health workers.	# of home health workers recruited/ trained/ placed annually	300
Create a retention pipeline of home health workers by convening Job Fair 2.0.	Improve City of Lowell, average annual home health worker retention rate	Increase retention from 65% to 70%
Identify, investigate and implement targeted solutions and career advancement opportunities for community LTSS workforce.	# individuals completing PCA pre-employment training	In SFY17 - at least 144 individuals
	# of trained facilitators completing the newly enhanced ABCs for Direct Care Workers	At least 25 facilitators trained in 3rd training (by 1/1/2017)
	# consortium partners	In SFY17, at least 10 partners: UMMS, community colleges, trade associations, and WIB
Investigation and documentation of the cliff effect (i.e., a caregiver's loss of public benefits outweighing the positive benefits of increased earnings); and potential cross-agency solutions to the cliff effect.	% individuals enrolled in PCA pre-employment training who are receiving public benefits (pilot)	At least 50%
	# individuals receiving benefits training and counseling through the PCA pre-employment training	At least 50 individuals
	# employers informed about benefits training opportunity for direct care workers	At least 10 employers

Identify respite resources for caregivers	White paper on gaps in respite	9/2021
<p>Monitor, provide technical assistance and support the Implementation of Savvy Caregiver Training in Massachusetts.</p> <p>(In addition to supporting caregivers, this initiative contributes to Objective #1: "Make MA dementia capable.")</p>	<p># of community partners offering Savvy Caregiver</p> <p># of Savvy Caregiver Practitioners Trained</p> <p># of ADRD Family Caregivers completing Savvy Caregiver Program, Powerful Tools for Caregivers, and DVD training</p> <p># of Practitioners completing Master Trainer Certification</p>	<p>30</p> <p>60</p> <p>1250</p> <p>8</p>
Partner with the Massachusetts Technology Collaborative to make certain technology solutions available to elders and their caregivers.	Role defined and shared	Continues through life of State Plan, with initial target of 7/2019

GOAL #3 - EMPOWER HEALTHY AGING		
Objective #1 - Reduce malnutrition and food insecurity		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Ensure all seniors who participate in meal program in MA have at least one nutritious meal with socialization, information regarding food assistance and appropriate nutrition education counseling regardless of the funding source by reporting all meals served in MA quarterly.	The average number of attendees per day at meal sites (include OAA Title III, ADH, PACE, COA and housing)	6,000 quarterly reporting
	% of home-delivered meal recipients who reported that the meals help them to live independently. (Annually)	80%
Increase access to Medicare Medical Nutrition Therapy (MNT) to enhance nutrition assessment and counseling programs to reduce senior malnutrition in Massachusetts.	% of targeted individuals with diabetes and/or chronic kidney disease who received Medical Nutrition Therapy (MNT).	80%
	% of all individuals served by EOEA programs, who have been identified as having a Nutrition Screening Initiative (NSI) greater or equal to 6, who received MNT.	60%

Improve consumers' ability to prevent or manage hypertension through sodium values posted on menus via computerized nutrition analysis in conjunction with Nutritionist led education sessions on interpreting the information.	% of congregate meal consumers who achieve a high score (above eighty) on post-education evaluation.	75%, biannual reporting
Ensure that elders make better use of SNAP benefits.	# of elders contacted by EOEA about SNAP. # of elders whose SNAP EBT balance went down because EOEA contacted them.	25% per year through State Plan period 300 elders
Objective #2 – Implement healthy aging and prevention programs		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
EOEA staff to serve on Commission on Falls Prevention within the Department of Public Health.	Role defined and shared	Continues through life of State Plan
Develop and implement falls protocols for home care program consumers.	% of Home Care consumers assessed every six months for fall risk/frequency (quarterly) (SIMS)	93%
Expand the number of Council on Aging consortia (formal and informal) providing outreach, information sharing and community supports.	# of COA consortia	Target is 21 by 7/2018
Objective #3 - Advance the status of older workers and senior volunteers		
Strategies	Measure	Target
Develop, implement and evaluate a Volunteer Caregiver Respite Training Program.	# of volunteers trained and placed as respite volunteers in homes	10 volunteers
	Creation of quality measure(s) for volunteer respite caregiver training program	In development
	Caregiver support outcome measure	In development

	Positive volunteer experience outcome measure	In development
Collaborate with partner agencies to plan and participate in AARP's event entitled, "Job Seekers 50+: Skills & Resources for Success."	Present at conference	10/2017
Establish roles for interns and volunteers over the age of 55 at EOEA and partner agencies.	# of interns and volunteers that are over the age of 55 and placed at EOEA and partner agencies by 3/31/17	8
Implement program improvement requirements of United States Department of Labor (USDOL).	# of staff trained on Person Centered Counseling	5
Collaborate with other state agencies to complete and implement the "Workforce Innovation and Opportunity Act (WIOA) Massachusetts Combined State Plan for the period of July 1, 2016 through June 30, 2020, Effective: July 1, 2016."	Role defined and shared	6/2020
Objective #4 - Improve the economic stability of elders (by helping them attain the best health insurance and prescription drug coverage possible)		
Strategies	Measure	Target
Improve the economic security of Medicare beneficiaries by assisting them with their public benefit applications.	# of screenings for public benefits by calendar year (CY)	42,000 (CY2017)
	# of Medicaid public benefit applications submitted by calendar year	7,580 (CY2017)
	Potential financial savings by calendar year	\$122,000,000 (CY17)
Decrease number of applications that are denied due to Prescription Advantage not receiving necessary documentation.	application denials	50% reduction
Align Prescription Advantage Call Center into compliance with Language Access Policy.	% of all Prescription Advantage call center calls that are from non-English speakers. (June - Aug 2017)	5% increase in non-English speakers

Objective #5 - Address mental health and behavioral health issues among elders (in community based settings)		
Strategy	Measure	Target
Develop interventions for elders with mental health or behavioral health issues in community-based settings.	#s of community eldercare workers trained in elder mental health	700

GOAL #4 - PREVENT INJURY, VIOLENCE AND EXPLOITATION OF OLDER ADULTS		
Objective #1 – Achieve optimal effectiveness in protecting elders (from abuse, neglect, mistreatment and exploitation)		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Implement improvements to investigatory processes and systems.	% decrease in the monthly average number of days required to complete an investigation during SFY18.	5%
	% decrease in the monthly average number of days required to complete an investigation between June 30, 2018 and December 31, 2019.	5%
Develop and implement a business process redesign of the Commonwealth's protective services system.	% increase in the % of cases with a reduced level of risk (SFY17-18)	3-5%
Implement a consistent approach to the intake and screening of elder abuse reports.	% decrease in the range in variation of abuse reports screened in/out across the PS network (SFY17-18)	10% decrease

Design, implement and evaluate mandatory trainings for PS workers.	% of PS workers per agency that complete comprehensive EOE training.	90%, through 12/2018
Develop and implement assessment tool for PS workers and supervisors.	% of PS workers and supervisors that have completed assessments.	90% through 12/2018
Implement Financial Abuse Specialist Teams (FAST) in select regions.	Number of FAST meetings held in each of the 5 regions in FY2018	1
Objective #2 - Increase awareness of elder abuse, neglect, mistreatment and exploitation		
Strategy	Associated Measures & Targets	
Short Description	Measure	Target
Implement multiple approaches to increase knowledge and awareness of elder abuse.	Increase in total number of elder abuse reports (SFY16-17) and (SFY17-18).	5% increase
Objective #3 – Ensure LTC Ombudsman Program is compliant with new Federal Regulations		
Strategy	Associated Measures & Targets	
Short Description	Measure	Target
Review and revise statute, regulations, policies and procedures, training curriculum and certification protocols for compliance with new federal Final Rule	Plan submitted to and approved by ACL	1/1/2018
Objective #4 – Improve the Assisted Living Ombudsman Program		
Strategy	Associated Measures & Targets	
Short Description	Measure	Target
Assess options for bringing the assisted living ombudsman program into compliance with federal requirements as part of the Long Term Care Ombudsman Program.	List of potential options	12/1/2018

GOAL #5 - STRENGTHEN “NO WRONG DOOR” ACCESS TO AGING AND DISABILITY SERVICES

Objective #1 - Ensure that consumers receive accurate and consistent community LTSS information regardless of the entities they call or visit

Strategies	Associated Measures and Targets	
Short Description	Measure	Target
<p>Improve the visibility of and consumer access to community LTSS through the MassOptions cross-agency training, call center, website and public awareness campaign.</p>	<p>Monthly average or median # of new website users and monthly average or median # of returning website users (Monthly) (Source: MORE Advertising, Google Analytics)</p> <p># of referrals from the MassOptions call center to MassOptions participants (ADRCs and state agencies). (Sources: MassOptions call center data; SAMS Data; ADRC Interface Exchange Reports)</p>	<p>new users: 800 per month Returning users: 800 per month</p> <p>100 referrals per month</p>
<p>I&R Strategy: Support infrastructure for providing I&R in telephonic and electronic formats for older adults, individuals with disabilities, and their families.</p> <p>a) Ensure quality through training staff and auditing provider compliance with I&R contract requirements. Collect training data and review consumer contact records.</p> <p>b) Conduct consumer satisfaction surveys; and compile data results in calendar year statewide summaries.</p>	<p>% of I&R departments that achieve a grade of 80% or above in meeting the standards if the Alliance of Information and Referral Systems (AIRS) and National Association of States United for</p>	<p>100%</p>

	<p>Aging and Disabilities (NASUAD).</p> <p>% of callers across the aging network who rate customer experience for Information and Referral services as good or excellent in assisting them to access the long term services and supports they may need.</p>	95%
<p>Coordinate curriculum development and training delivery for the Person Centered Counseling Training Program's online and in-person training.</p>	<p># of training participants who completed training by 12/31/16.</p>	200
<p>Provide educational and training opportunities to Options Counselors in 2016 and 2017.</p> <ul style="list-style-type: none"> a. Hold core Options Counseling Training for new counselors and offer as a refresher for existing counselors. b. Organize regional Educational Meetings for Options Counselors. Hold the meetings at 3 locations in the state. 	<p>The percentage of individuals in the Options Counseling Program Consumer Survey that answered "yes" to the question: "Overall, were you better able to make informed decisions about your long-term support needs after speaking with the counselor?"</p> <p>Of those individuals who were looking to make a change in their situation, the percentage who answered yes to the question "Did the information and support given by the counselor help move you toward the change you sought?"</p>	<p>90%</p> <p>88%</p>

Objective #2 – Improve the visibility and functionality of the Aging and Disabilities Resource Consortia		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Assess the public awareness needs of ASAPs and ILCs and implement initiatives designed to enhance their visibility. This is considered “Phase II” of BIP’s public awareness activities.	# of consumers who contacted an ADRC agency as a direct result of BIP’s (Phase II) public awareness initiative(s). (Sources: data fields in SAMS and in WILD).	50 consumers
Ensure that ADRCs develop and maintain relationships with the ten targeted categories of community based organizations (CBO) and agencies as stated in their Scope of Services.	% of ADRCs that exhibit an adequate quantity and quality of interaction with the 10 targeted categories of CBOs.	80%
Improve activities and collaboration among ADRC partners (ILCs and ASAPs). a) Implement activities and initiatives that promote the utilization of the ADRC electronic interface. b) Encourage and support all ADRCs to participate in regularly scheduled learning forums that include ASAP/AAA and ILC staff (e.g. I&R, FCSP, OC , Case Managers, CoA, ILC staff, SHINE and others as determined by the ADRC members) to share information and best practices.	% of ADRCs that routinely use the ADRC interface. % of ADRCs that participate in regularly scheduled learning forums.	100% 100%

GOAL #6 - ENSURE QUALITY, VALUE, AND PERSON-CENTERED COMMUNITY BASED CARE THROUGH DATA-DRIVEN EVIDENCE-INFORMED METHODS (HCBS Explorer)		
Objective #1 - Utilize evidence-informed analysis to address issues around quality and value		
Strategies	Associated Measures & Targets	
Short Description	Measure	Target
Develop a suite of reports from the HCBS Explorer and use them to identify quality issues.	Reports developed	Continues through life of State Plan

Develop plans to address quality issues identified from HCBS Explorer data.	In development	Continues through life of State Plan
Objective #2 – Monitor and support the operations of the aging services network		
Strategies	Associated Measures and Targets	
Short Description	Measure	Target
<p>Ensure service delivery of Title III funded programs to elders through the Area Agency on Aging network and certify quality of Title III programs through monitoring.</p> <ul style="list-style-type: none"> a) Review annual Area Plan Update from 22 Area Agencies on Aging for adherence to Federal regulations, standards and established guidelines. b) Review annual Federal elder consumer data report - National Aging Program Information Services (NAPIS) Report - from 22 Area Agencies on Aging for compliance with standards and instructions. 	# of persons receiving Older American Act (OAA) Title III services.	300,000

Quality Management

Elder Affairs quality management strategy is designed to assure that essential safeguards are met 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 elder 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, CMS assurances, Commonwealth 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.

New online data reports: Elder Affairs and the 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 AAAs/ASAPs, as well as for the Commonwealth as a whole.

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 26 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 a number of regular meetings, 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 as a whole on QI issues and requirements. The SUA also has workgroups with AAA/ASAP members to work on various QI and related initiatives.

Performance management: In 2015, the Secretary of Elder Affairs and the leadership team, with staff input, underwent a process to review its mission, vision, and values. Subsequently, goals, objectives, performance measures, and initiatives were identified. Since then, a project manager has convened regularly scheduled performance management meetings to discuss progress on these measures and initiatives. In these meetings, Elder Affairs management and personnel report to the Secretary and discuss any risks associated with achieving their measures' targets and initiative milestones. The performance management process shapes a structure in which Elder Affairs continually improves programs that serve elders and people with disabilities across the Commonwealth.



Massachusetts State Plan on Aging, 2018-2021 – Attachments

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Attachment A: State Plan Assurances and Required Activities

The Secretary of the Executive Office of Elder Affairs, as the official signatory for the Massachusetts State Unit on Aging, hereby commits to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

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-- except as provided in subsection (b)(5), designate for each such area (planning and service 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)(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.

(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.

The Massachusetts Executive Office of Elder Affairs declares that the following assurances (Section 306) will be incorporated into the 2018-2021 Area Plans on Aging, and thus be revealed as required affirmations by the twenty-two designated Area Agencies on Aging in Massachusetts.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall—

(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 who are victims of 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.

(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; 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;

(9) 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 2000 in carrying out such a program 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.

(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;

(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;

Sec. 307, STATE PLANS

(a) Each such plans shall comply with all of the following requirements:...

(3) The plan shall...

(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...

(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...

(9) The plan shall provide assurances that 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 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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) 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.

(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;...

(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.

(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;

(C) 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.

(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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) 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.

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.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(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.

REQUIRED ACTIVITIES

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—

(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; and

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

Sec. 306 – AREA PLANS

(a) Each area agency will:

(6)(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 health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(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;

Sec. 307(a) STATE PLANS

(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.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF 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;

(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). Note: “Periodic” (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(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 an area agency on aging, by a 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.

(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.

(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).




Alice F. Bonner, Secretary

July 1, 2017

Date

Executive Office of Elder Affairs
Commonwealth of Massachusetts



Attachment B: State Plan Information Requirements

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

Information Requirements

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 preserves the OAA mandate that funding be made available for the provision of services to persons sixty (60) years of age or older with preference in service delivery to older persons in greatest social or economic need. Particular attention is reserved for older individuals with limited English proficiency and elders living in rural areas. As the central mechanism in support of serving elders targeted under the OAA, Elder Affairs preserves 82.5% of the Intrastate Funding Formula on components that address isolated (live alone and rural) elders (20%), low income elders (47.5%), and minority elders (20%). This decision enables the targeting of Title III funding to elder populations across the state that are most in need of services and supports.

A second approach used to focus services on elders with greatest economic and greatest social need is the use of diverse outreach methods. Elder Affairs and the AAAs have taken great care to generate outreach and participation opportunities for OAA targeted populations through the mandated four-year Needs Assessment Project, as well as annually throughout the duration of the State Plan period. Each AAA uses its unique personality to reach isolated elders. Television/cable, radio, and newspaper media are used as outreach mechanisms in several of the larger Planning and Service Areas (PSA) where face-to-face connections are challenging. AAAs with more concentrated PSAs will use personal contact through Councils on Aging, congregate meal sites and housing facilities. AAA's use any number of methods to reach out to elders in isolation and those elders with greatest economic need.

Additionally, 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 reach. Outreach and contact with socially isolated populations, including LEP consumers and LGBTQ elders, through trainings, listening sessions, and sponsored events advances the AAAs connection to the

populations in need of support and assistance. Furthermore, as conveyed below under Section 307(a)(3), outreach to rural elders remains a concerted effort for those AAAs with isolated, rural populations; especially PSAs in the western part of the State, and to a lesser degree in central Massachusetts.

The ongoing work to present and perfect the NWD philosophy in the Commonwealth is an added effort that delivers on the networks goal to serve older adults in greatest social and economic need. The development of NWD methods streamlines access by eliminating the need for multiple referrals, and thereby providing consumers a clearer route to programs and services. By designing a single eligibility determination and enrollment process, consumers would no longer have to navigate multiple agencies and systems to secure services and benefits. While beneficial to all elder consumers, the NWD approach as detailed under Community Living in Massachusetts within the body of the State Plan, streamlines access by eliminating the need for multiple referrals and delivers on an array of long term support services that promote the independence of elders and individuals with disabilities in the community.

As identified in the OAA and pertinent regulations, the twenty-two (22) AAAs, and their providers, are cognizant of the policy that Title III services are to be provided without use of any means test. Through policy review, assessment of collection practices, and monitoring procedures, Elder Affairs and the AAAs reinforce the rules on voluntary contributions. As a key fiscal resource and elemental 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. The voluntary donation policy and the procedures in place to request, transport (as needed), deposit and record donations is disseminated and espoused across all pertinent Title III program categories.

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.

Each of the 22 AAAs in Massachusetts is required to complete and implement plans that address activities for long-range emergency preparedness within their Area Plans on Aging, 2018-2021 (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 elders and 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.

The distinct elements of COOP plans vary across all 22 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.

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. Provide specific minimum proportion determined for each category of service.)

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.

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, through the administration of the Massachusetts Intrastate Funding Formula (see Attachment C), defines rural as those communities with less than 100 persons per square mile. Based on this definition and according to Census 2010, the total population of rural elders, 60+, residing in 66 communities across the Commonwealth, totals 20,984; the number of rural elders who are 65+, totals 13,672 elders. Rural elders, 60+, represent 1.65% of the total elders in Massachusetts.

In addition to our continuing assurance to address the unique needs of rural elders in the Commonwealth, Elder Affairs remains committed to working with targeted AAAs in identifying and serving persons 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.

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 2016 data from the SIMS system, services to rural elders – using zip codes as the sorting factor – totaled more than \$1.3M in services, with the vast majority of those services under congregate and home delivered meals. If current Title III funding trends hold constant, we are projecting for fiscal years 2018, 2019, 2020 and 2021 that expenditures for rural elders reach \$1.325M, \$1.350M, \$1.375M, and \$1.4M per year, respectively.

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.

The characteristics of elder consumers living in rural locales are unique and are often more difficult to address, with amplified limitations for health and social services in rural settings. There are many common traits that distinguish rural elders from their urban counterparts; including being in poorer health, having lower incomes – with a better chance of being poor, possessing less formal education, limited or reduced access to health care and social services - including elder day care centers, and limited public transportation. Additionally, given the lack of transportation choices, rural elders are more likely to rely on family or friends for transportation or have a greater dependence on cars; creating additional problems if the ability to drive diminishes.

As required by the OAA and in support of Elder Affairs’ mission to provide access to services for all elders 60+ and over, the elder network focus on rural elders helps to identify and provide services to geographically isolated elders. Six of the 22 AAAs contain populations of elders defined as rural, that is, those areas containing less than one hundred persons per square mile. The Massachusetts aging network holds a tradition of highlighting services for rural elders and current efforts will strengthen resources for isolated elders.

In support of Elder Affairs’ efforts to focus resources and services on rural elders, the Massachusetts Intrastate Funding Formula assigns 5% of Title III funding to elders 65+ living in rural communities - those communities with less than 100 persons per square mile. Additionally, the six AAAs containing rural populations have consistently maintained great efforts to reach out to and engage rural elders. The network works to engage isolated elders through outreach efforts and program planning that supports socialization and wellness activities, benefits counseling, including SHINE counseling, volunteer recruitment, and transportation services.

Elder Affairs will continue to foster and encourage communication, coordination and partnerships that enable AAAs with rural elder populations to identify and provide services to isolated elders. AAAs with rural elder populations are directed to explain within their Area Plans 2018-2021, approaches for addressing the unique needs of this population. Serving rural populations, as well as localities that are geographically isolated and difficult to serve, create barriers to access for elders. Solutions vary between AAAs, but the effort to develop unique solutions and reach isolated elders fulfills the commitment to serve older individuals residing in rural, isolated areas. 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.

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+ elder population for each of the highlighted populations as extracted from the Census 2010 (using 2015 ACS 5 Year Estimates):

American Indian & Alaska Native	1,387
Native Hawaiian	100
Asian	45,760
Black or African American	62,401
Hispanic or Latino Origin	55,467

Additional targeted demographic data of the Massachusetts 65+ elder population obtained from the American Community Survey (ACS) 2015 5-Year Estimates include:

Low-income Minority Elders (65+) (Below poverty level.)	25,020
Elders with Limited English Proficiency (65+) (Ability to Speak English Less Than “Very Well”.)	17,217

(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.

Elder Affairs and the AAAs continue to advocate for and commit resources to those most vulnerable populations of elders residing in the Commonwealth. The elder network makes significant effort to locate elders in greatest economic need, physically and socially isolated elders, while placing a particular importance on addressing the needs of low-income elders. The network has also targeted individuals with limited English proficiency (LEP) in an increased awareness as a targeted population. Targeting low income elders for programs and services is woven throughout the mission, efforts and services in Massachusetts.

Title III Community-Based Programs: The aging network continues their commitment to provide the resources under the Title III programs to low-income and low-income minority elders. The Massachusetts Intrastate Funding Formula allocates a combined 67.5% of Title III funding to low-income and minority elders through allocations to the AAAs. Through the distribution of Title III-B Supportive Services, Title III-C Nutrition Services, Title III-D Preventive Health Services and

Title III-E Family Caregiver Services, the aging network is directing services and programs to elders and their caregivers as targeted in the OAA.

Elderly Nutrition Program: Twenty-six nutrition programs located throughout the state serve nearly 9.2M meals to seniors each year. Meals are provided at more than 400 congregate meal sites and are delivered to frail elders in their homes. Nutrition services help to address a number of problems faced by many elders, including poor diets, health problems, food insecurity, financial constraints, and loneliness. Key nutrition services include nourishing meals, as well as nutrition screening, assessment, education, and counseling, to ensure that older people achieve and maintain optimal nutrition health.

As an enhancement to Section 305(a)(2)(E) addressed above and in highlighting State programs that address low-income elders, the following programs illustrate Massachusetts efforts:

Circuit Breaker Tax Credit: A state income tax credit for eligible Massachusetts residents age 65 or older who paid rent or real estate taxes during the tax year. Even though 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.

MassHealth/Elder Affairs Office of Long Term Services and Supports (OLTSS): OLTSS is responsible for the development and oversight of MassHealth services that meet the needs of MassHealth members whose conditions and disabilities require long term supports. These services are available to eligible members of all ages, and are provided in a variety of home, community, and institutional settings. These programs are paid for by state appropriation and receive federal Title XIX funding.

OLTSS manages these programs through contracted networks of eligible providers. OLTSS manages the services, and the providers who supply them, by establishing programmatic and pricing regulations, and monitoring providers' compliance with those regulations. A clinical team reviews and assesses eligibility for services and level of care for individuals participating in MassHealth OLTSS programs including the two capitated programs – SCO and PACE. OLTSS is organized into three units: Fee for Service, Coordinated Care, and Clinicians.

Senior Community Service Employment Program: A program funded under Title V of the OAA through the U.S. Department of Labor, enables Elder Affairs to help employ low-income individuals, age 55 and older, throughout the Commonwealth. Enrollees are placed in temporary training assignments where they gain 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 (title III), if applicable, and specify the ways in which the State agency intends to implement the activities .

A review of 2010 Census data reveals Native American/American Indian populations in each of the twenty-two AAAs. 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 elder network as a whole completes outreach and service delivery to Native Americans. A 2016 distinct count of consumers in SAMS indicates 281 Native Americans were provided services under both state and Title III service programs.

AAAs with indicated Native American populations, including recognized tribal organizations, are cognizant of and work to foster partnerships between mainstream entities and community-based organizations. Certain AAA efforts to include Native American elders include focused outreach (including needs assessment efforts), education and information sharing with Native American community leaders, and sharing of opportunities under the Title III programs. In an effort to foster outreach and inclusion, Elder Affairs encourage 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. The effort to deliver essential aging services and educate underserved, un-served and hard-to-reach Native American elders will continue throughout the life of the State Plan 2018-2021.

Section 307(a)(28)

(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.

The demographics in Massachusetts tell a tale of two elder population groups: healthy, active, economically secure elders over 60 and frail, vulnerable, low income elders over 85. As presented in the Executive Summary within the State Plan body, by 2035 it is estimated that over 30% of the population in virtually every municipality in the Commonwealth will be over age 60. The demographics are changing and Elder Affairs, the Massachusetts elder network, and community players – including those new to the compilation – must expect and plan for this

transformation. In presenting Elder Affairs goals and objectives in the body of the State Plan, the development and directed management of community-based programs and services is crucial to the commitment that elders and persons with disabilities have access to the resources they need to live well and thrive in every community. As presented in the Executive Summary, Elder Affairs sets priorities that meet the challenge head-on to: promote aging in place; create livable communities; and build an adequate “careforce”. These objectives empower Elder Affairs and the elder network to prepare for the wave of elders and coordinate programs and services to meet the attendant demand.

Over the last several Massachusetts’ State Plan submissions, Elder Affairs has been building on progress that is directed at guiding the conversation around the changing demographics in preparation for the anticipated increase in the elder population. Elder Affairs and the elder network have effected significant energies to: collect and use accurate data; push for the development and growth of age-friendly communities; and drive the development of programs and services that speak to all elders. Massachusetts has been a national leader in anticipating and preparing to meet the needs and expectations of older adults. Having led the nation in requiring universal health coverage, the Commonwealth has been developing and enrolling citizens in a variety of person-centered integrated and long term care health plans such as the Program of All-Inclusive Care for the Elderly (PACE), and Senior Care Options (SCO).

In assenting to the Governor’s Council to Address Aging, Elder Affairs’ work reflects the fact that aging is lifelong; that all of us share the journey from the moment of birth; and that early lifestyle choices often impact our path and later life destiny. Elder Affairs is committed to empowering older adults to take control of their lives, armed with information and services that offer them the options they need to live in dignity as respected, vital community members. Looking ahead, Elder Affairs is designed to strengthen programs that support people as they address the changes associated with aging. Addressing a commitment to Community First – policy goals for supporting elders and people with disabilities to remain in or return to community living – the work of the elder network will be compelled over the next ten years to make decisions associated with a growing elder population.

An emphasis on prevention, wellness, and consumer empowerment is crucial to the plans that will play out over the next ten years. The promotion of healthy choices will be offered in programs such as Chronic Disease Self-Management, Falls Prevention, a broad range of Evidence-Based programs, general health screening, health benefits counseling, nutrition, congregate meals, and socialization. Consistent with the Commonwealths commitment to Community First, Elder Affairs will offer elders, their families and caregivers access to LTSS and highlight initiatives to improve the capacity, quality and availability of community-based LTSS. A look forward to successful community-based services requires the collaboration of EOHHS agencies, non-profit (including AAA/ASAPs) and for-profit organizations, the business community, community leaders and individuals. Additionally, as many elders rely on family and friends to provide “informal” care-giving, future endeavors must include initiatives to increase supports and respite for informal caregivers.

There are potential implications across the Commonwealth that a growing elder population will trigger and policy makers will be compelled to address. Concerns around affordable housing, age-friendly infrastructure demands – including transportation demands, and workplace concerns related to family caregivers all point to potential issues requiring policy development and action. While constrained budgets can create limitations for forward movement, the population wave that demands attention is approaching. Possible considerations outside of funding surges include: leveraging communities for local solutions; promoting aging considerations across the development of statewide policy; and encouraging and harnessing innovation and technology. Encouraging healthy lifestyles, along with building partnerships and collaborations to engage elders and develop community alliances will help to alleviate pressure on the needs of a growing elder population.

While future demographic shifts may well change the projected numbers of elders in Massachusetts, Elder Affairs will continue to promote the mandates outlined in the OAA that target elders with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with LEP. The State Plan points to several current, emerging and plausible concepts that will assist Massachusetts to address the anticipated elder population growth.

- Community living and the Aging in Community concept is building partnerships that provide services and energies for: information and service referral; civic engagement and employment; healthy aging collaborations; and housing initiatives.
- Title III funding leverages state and local funding toward service growth and expansion.
- Making Massachusetts Dementia Capable will create informed, safe and respectful communities, enabling people living with dementia and those who care about them to live full, engaged lives
- The NWD policy creates a pathway for elders, caregivers, individuals with disabilities and the general public to connect with appropriate programs and services.
- Data exploration and management will continue to form the foundation that Massachusetts engages to determine changes in demographics, needs of consumers, the

Section 307(a)(29)

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.

The purpose of emergency preparedness management is to provide policy and guidance to ensure the continuance of essential functions during circumstances of serious staff reduction caused by extreme weather conditions, pandemic flu, and other disasters. Conditions that may lead to the activation of an Emergency Management Plan may include:

- Notification from the Department of Public Health (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) of an emergency situation; and
- Local conditions at site or within region (weather, fire, flood, loss of electricity).

The development of 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. In the development of a Continuity of Operations Plan (COOP) and standard operating procedures (SOPs), Elder Affairs defines how to ensure the safety of staff and carry on the essential job functions necessary to ensure the safety and well-being of the elders most in need of our assistance, especially during times of emergencies.

The purpose of a COOP is to provide guidance to all Elder Affairs staff to ensure their safety and protection during an emergency as well as the continuance of essential agency functions in the event that our agency site is inaccessible due to an emergency. The essential functions of the COOP include:

- Provider Notification: Elder Affairs must ensure service providers are notified in a timely manner to activate their own COOPs to continue essential nutrition, home care, protective services, information and referral, and other basic services for frail and homebound elders and sharing any pertinent information relative to the emergency.
- Invoicing and Payment: Ensuring payments to vendors so that they may continue their essential functions.
- Payroll: Ensure continuance of payroll to Elder Affairs employees.
- Information and Technology: Ensure Senior Information Management System (SIMS) remains functional on a statewide basis.

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. Essential services include select home care services, ombudsmen services, nutrition services, information and referral, and protective services provided by 26 regional nutrition programs and 26 regional ASAPs, 22 AAAs and 11 ADRCs.

The exchange of communications during an emergency is crucial to providing accurate and beneficial information to elders, vendors and caregivers. Elder Affairs program directors have been trained to have all essential contact information (phone, email, address) for service providers, stakeholders, other state agency staff, Massachusetts Emergency Management Agency (MEMA) staff, press contacts, legislative leaders, and the Governor's office. A Public Information Officer (PIO) is delegated responsibility for maintaining up-to-date contact with all local media outlets and how to contact that outlet/person in an emergency. The PIO is responsible for receiving and acquiring briefings from emergency response staff as the situation unfolds and throughout the recovery period.

Based on the severity of the situation and the projected duration of the crisis, Elder Affairs Plan ensures that AAA/ASAPs and Nutrition programs are notified in a timely manner to activate their own COOPs to continue essential nutrition and home care services for frail and homebound elders and share any pertinent information relative to the emergency.

During emergencies where telecommunications and information technology systems and applications are breached, essential and preferred services protocols (Notification of Providers, Administration & Finance Operations and Human Resource Functions) will be expected to be in place immediately following restoration. While essential and preferred functions are still deemed necessary to complete, some forms of notification, and/or communication of planned emergency protocols during a prolonged black/brown out or catastrophic event may not be accessible. Upon the restoration of connectivity, developed protocols, communication plans and notification protocols with Providers and AAA/ASAPs will be reestablished immediately following the occurrence and all functions will be retroactive (billing, payments, payroll, consumer intakes etc.) to the first day of the occurrence.

The value of designing and disseminating emergency preparation instructions for individual elder preparation is fundamental to SUA management. Preparing strategies and offering recommendations to individual elders and caregivers across the Commonwealth, a person-centered approach is an essential tool of medical emergency preparation. The following list is available on the Elder Affairs website and is adapted from the Mayo Clinic Senior Health strategy:

1. **Names of the consumer's doctors.** If you don't know anything else, this is probably the most important piece of information. Why? Chances are good that the consumer's doctors can provide much of the rest of the information needed as well as more details about specific health histories.
2. **Birth dates.** Often medical records and insurance information are cataloged according to birth date. This can improve communication in an emergency or crisis.
3. **List of allergies.** Especially important if the consumer is allergic to medication — penicillin, for example.
4. **Major medical problems.** Includes such diseases as diabetes or heart disease.
5. **List of medications.** Particularly important that a doctor know if the consumer uses blood thinners, for example.
6. **Cultural concerns / Religious beliefs.** Important if beliefs might impact care.
7. **Insurance information.** Includes Medicare, MassHealth (Medicaid) and third party coverage. Know the name of the coverage and policy number.
8. **Prior surgery.** List past medical procedures, such as cardiac bypass surgery.
9. **Lifestyle information.** Does the consumer drink alcohol or use tobacco?
10. **Assistive equipment.** Does the consumer use a cane, wheelchair, hearing aid, false teeth, or other durable equipment?

- 11. Health care proxy.** Designating another person to act as the consumer's health care agent with the authority to make all health care decisions (unless specifically limited) for the grantor should he/she become unable to make or communicate those decisions.

Elder Affairs focus on person-centered planning communicates the value of developing emergency preparation procedures across the Massachusetts aging network. Throughout the network plans are developed to assess and provide referrals for consumers who are experiencing a crisis due to a disaster of natural or human origin. Providers are required (in the case of contracts with Elder Affairs) or encouraged to maintain written procedures addressing specific types of emergencies affecting the organization's operations and consumers including power outages, fires, medical emergencies, bomb threats, radiological threats, workplace violence and other incidents that may require different forms of responses. Written procedures are maintained for emergency evacuation of the facility following a disaster that impacts the immediate area surrounding the facility and potentially threatens staff safety. The evacuation procedure designates exits, specifies an assembly area, and includes provisions for ensuring that everyone has left the building. Special arrangements for helping staff or visitors with a disability exit the building must also be addressed.

Section 307(a)(30)

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.

MEMA is the state agency with primary responsibility for ensuring the state's response to disasters. Over the past several years, in coordination with various state offices, including Elder Affairs, MEMA directed a team of officials charged with supporting and coordinating state responses to emergencies at the State Emergency Operations Center (SEOC). In an effort to refocus emergency response planning, strengthen the program and leverage resources, MEMA is currently evaluating the scope of state-level response and coordination.

As currently conceived, the Massachusetts Statewide Mass Care and Shelter Planning Project is a statewide shelter strategy to establish a coordinated approach to the provision of mass care and shelter services. The statewide shelter strategy is intended to help increase overall mass care and shelter capabilities, identify a process to help communities when they are overwhelmed, and better allocate mass care and shelter resources throughout the Commonwealth. The SUA continues to be represented as a partner in presenting the unique needs of elders during emergencies. The plan is that Elder Affairs and the elder network will maintain the present focus of offering strategies and solutions related to sheltering and feeding disaster victims.

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).

(Note: Paragraphs (1) of through (6) of this section are listed below)

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.

In addressing Section 705 (a)(7), Elder Affairs makes 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 III-B and VII Federal funding links with approximately \$23.2M of State Protective Service funding, creating increased opportunities to develop new choices and strengthen the 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.

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 22 designated Protective Services (PS) 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 a seven days a week, 24 hours a day basis. Typically, elder abuse reports are made to PS agencies during normal business hours and to the Hotline during after-hours periods, on weekends and holidays.

Anyone can make an elder abuse report. However, 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.

Developed as a short term crisis intervention program, PS 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 PS if they are abused, neglected or exploited. PS 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 PS 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, PS, 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 PS 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.



Alice Bonner

July 1, 2017

Alice F. Bonner, Secretary

Date

Executive Office of Elder Affairs
Commonwealth of Massachusetts



Attachment C: Intrastate Funding Formula and 2018 Estimated Resource Plan

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). Special emphasis is given to individuals 60+ with the greatest economic or social needs that are identified by the best demographic data available derived from Elder Affairs research and Needs Assessment efforts.

Formula Explanation and Methodology

Elder Affairs distributes Title III funding using the formula as detailed below. The formula is comprised of 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 MA Intrastate Funding Formula represents a methodology that is fair to all AAAs and exemplifies the targeting effort to reach certain elder demographics in the Commonwealth. The MA 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 or 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 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 age 75 and over in PSA	1.00
2. Proportion of persons living alone age 60 and over in PSA	1.50
3. Proportion of low income persons age 60 and over in PSA	4.75
4. Proportion of minority persons age 65 and over in PSA	2.00
5. Proportion of persons living in rural towns age 65 and over in PSA	.50
6. Proportion of persons age 60 and over in PSA	.25

The methodology for using the formula includes the following steps:

- Step One 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.
- Step Two 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 above formula methodology does not apply to program funding under the LTC Ombudsman Program. LTC Ombudsman services in MA are funded from two sources of OAA funding; Title III-B Supportive Service funding and Title VII Ombudsman funding are combined to form the total available funding under the LTC Ombudsman Program. Additionally, the funding distribution of LTC Ombudsman Program funding to the AAAs in MA is rooted in a historical base, with any additional funding that may be available, being awarded to the AAA's based on the number of facility beds located in the PSA.

The following table, "FFY2018 Estimated Title III Resource Allocation Plan", lists the AAAs and their projected FFY 2018 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 FFY2018 and the preceding IFF methodology submitted for approval to the ACL with the MA State Plan on Aging, 2018-2021.

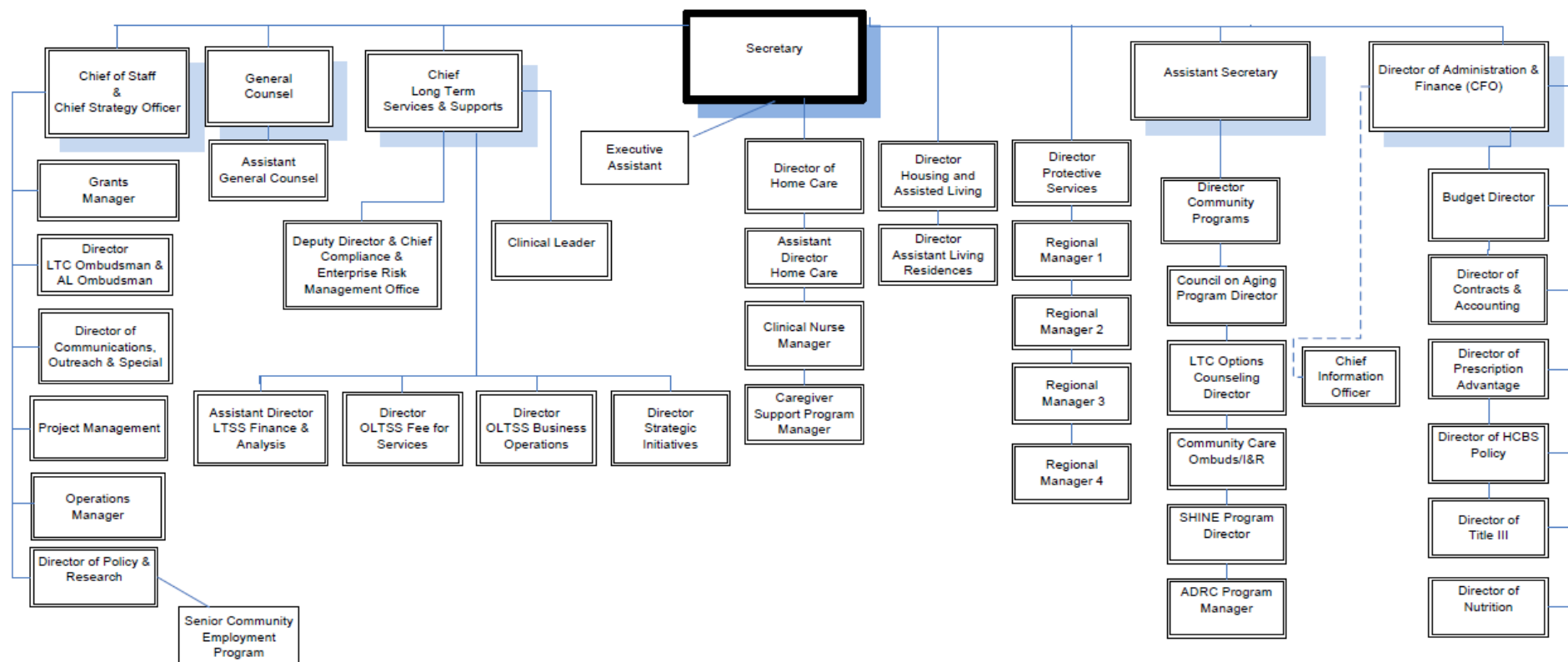
FEDERAL FISCAL YEAR 2018 TITLE III ESTIMATED RESOURCE ALLOCATION PLAN

**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-C CONGREGATE MEAL SERVICES	TITLE III-C HOME DELIV. MEAL SERVICES	TITLE III - D PREVENTIVE HEALTH; EB SERVICES	TITLE III - E FAMILY CAREGIVER SERVICES	LONG TERM CARE OMBUDSMAN SERVICES	TOTAL TITLE III FUNDING
BAYPATH	72,609	183,818	222,193	106,966	12,754	79,247	63,524	741,111
BERKSHIRE COUNTY	91,258	231,031	279,264	134,440	16,030	99,601	66,068	917,692
BOSTON COMMISSION	381,942	966,932	1,168,801	562,674	67,090	416,860	170,210	3,734,509
BRISTOL COUNTY	112,892	285,799	345,466	166,310	19,830	123,213	71,632	1,125,142
CAPE COD & ISLANDS	113,389	287,058	346,987	167,043	19,917	123,756	85,431	1,143,581
CENTRAL MASS	246,919	625,106	755,611	363,759	43,373	269,494	267,335	2,571,597
COASTLINE	81,063	205,221	248,066	119,421	14,239	88,474	44,600	801,084
GREATER LYNN	62,414	158,008	190,996	91,947	10,963	68,120	41,101	623,549
GREATER SPRINGFIELD	137,260	347,491	420,038	202,211	24,111	149,809	71,460	1,352,380
HESSCO	48,240	122,125	147,622	71,067	8,474	52,651	46,931	497,110
HIGHLAND VALLEY	67,884	171,857	207,736	100,006	11,924	74,091	43,857	677,355
LIFEPATH	70,619	178,781	216,106	104,036	12,405	77,076	45,589	704,612
MERRIMACK VALLEY	189,479	479,689	579,835	279,138	33,283	206,802	125,618	1,893,844
MINUTEMAN	78,576	198,926	240,456	115,758	13,802	85,761	52,129	785,408
MYSTIC VALLEY	148,947	377,078	455,801	219,427	26,164	162,565	-	1,389,982
NORTH SHORE	51,969	131,568	159,036	76,561	9,129	56,722	161,217	646,202
OLD COLONY P C	141,985	359,452	128,733	514,934	24,940	154,965	113,177	1,438,186
SENIORCARE	35,807	90,650	109,575	52,750	6,290	39,080	44,739	378,891
SOMERVILLE/CAMBRIDGE	66,889	169,339	204,692	98,540	11,750	73,005	39,168	663,383
SOUTH SHORE	119,357	302,166	365,250	175,835	20,966	130,268	65,465	1,179,307
SPRINGWELL	105,183	266,284	321,877	154,955	18,476	114,799	97,451	1,079,025
WESTMASS ELDERCARE	61,918	156,750	189,474	91,212	10,877	67,576	40,911	618,718
Totals	\$ 2,486,599	\$ 6,295,129	\$ 7,303,615	\$ 3,968,990	\$ 436,787	\$ 2,713,935	\$ 1,757,613	\$ 24,962,668



Attachment D: Executive Office of Elder Affairs Organizational Chart



Executive Office
of Elder Affairs
2018

Attachment E: Aging in Massachusetts



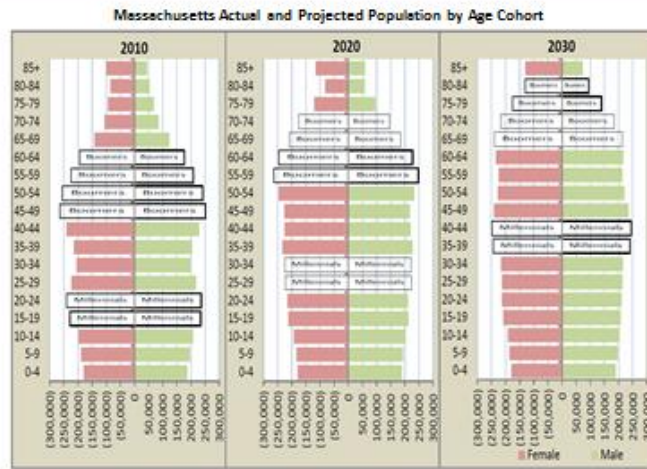
The Demographics



- The Massachusetts population is aging rapidly
- We can prepare now for the future by adapting to this new reality
- *We can celebrate aging!*
- Massachusetts is a vibrant place to grow old if we:
 - Make positive, productive aging possible
 - Leverage the Commonwealth's growing "Longevity Economy"
 - Invest in the workforce and support for family caregivers

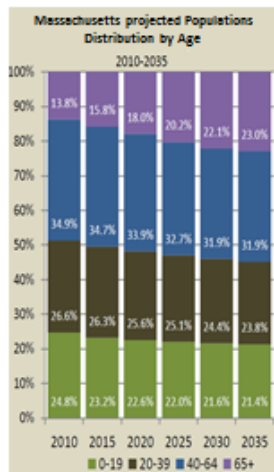


Demographics and Social Changes



Many people will live 30+ years beyond retirement. This will increase pressure on Gen X and Gen Y to support both their parents and their children.

Demographics and Social Changes

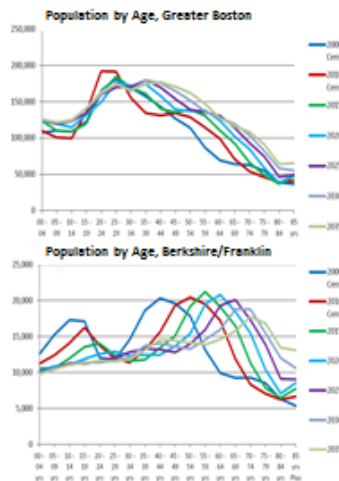


Discussion Points

- While population growth is geographically skewed (signaling urbanization), the projected age breakdown is relatively consistent across the state.

Potential Implications

- Additional affordable housing may be needed for senior population in some areas.
- Age-friendly infrastructure modifications will be in higher demand than ever.
- Workplace expectations and policies will need to accommodate family caregivers.

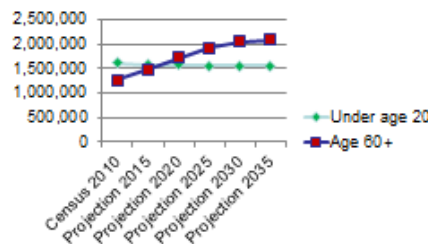
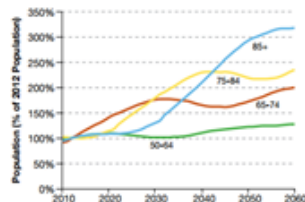


We will have smaller and older populations in many central and western Mass communities.

A Tale of Two Population Groups



- The demographics tell a tale of two population groups:
 - Healthy, active, economically secure seniors over the age of 60 who work, volunteer and contribute to their communities through civic engagement (and who might also be caring for an elderly relative)
 - Frail, vulnerable, low income seniors over age 85 – the fastest growing segment of the older adult population, who may be isolated and in need of LTSS or other resources in order to remain in their homes and communities



Source: AARP, *Across the States Profile of Long Term Services and Supports MA Report*, 2012; University of Massachusetts Boston Gerontology Institute, 2016

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Crosscutting Opportunities



- **Leverage communities for local solutions:**
 - Community compacts to promote innovative models of affordable, accessible housing with services; transportation, physical environment, livable spaces and workforce development
 - Community coalitions to strengthen housing and supports, promote age and disability friendly design, empower and engage people of all ages, create communities that are welcoming and inclusive of those with dementia and their caregivers
- **Aging in every policy:** align strategies across government
 - Healthy living – DPH, EOE, DMH, DHCD, DOT, others
 - Housing – EOHHS, DHCD and quasi-public agencies (e.g. MassHousing)
 - Workforce – DOL, EOHHS, EOLWD, EOE
- **Encourage and harness innovation and technology:**
 - Create and scale new models of housing and services
 - Stimulate innovative models for workforce development and scale best practices
 - Promote the use of technology for healthy aging, workforce and caregiver support

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What Older Adults Want



- I want to:
 - Continue to be healthy, active and productive
 - Age with purpose and stay engaged with my community
 - Age in place with the resources that I need
 - Live in an accepting, inclusive community, free from ageism
 - Be seen as a person first; not as an 'older adult'



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Top 10 Questions and Concerns Older Adults Have about Aging in MA



FINANCIAL

1. Will I be able to keep working and to get job training or career support if I need it?
2. Will I be able to afford accessible housing and services?
3. Will my community have adequate, affordable and accessible transportation?
4. Will I be able to pay for all my expenses?
5. How can I avoid scams and financial exploitation so that I don't lose my life savings?

HEALTH

6. Will I be able to find well-trained and professional home care workers if I need them?
7. Will I be able to find a nursing home that delivers high quality care if I need one?
8. Will I develop dementia? How will we take care of all the people who have it?

GETTING THE HELP I NEED

9. How can I take care of my own needs while caring for my loved one?
10. How can I access information and resources on aging services?

Sources: Feedback from older adults and aging network professionals as heard by EDEA, Elder Affairs Committee Chairs and other legislators, ODAs, DPH, DMH, EOHHS, 2015-2016; 2012 Needs Assessment Surveys in EDEA State Plan on Aging, 2014-2017.

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Implications for the Cabinet



The opportunity to promote positive, productive aging in the Commonwealth has implications across cabinet level secretariats.



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Massachusetts Can Be a Leader in Aging



Aging in place

Support older adults and individuals with disabilities to remain in their homes and neighborhoods



Livable communities

Promote healthy living and community integration at every age



Careforce

Build a stable and well-trained elder care workforce, and support family caregivers

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Attachment F: Elder Affairs Overview Fact Sheet

OVERVIEW FACT SHEET

Vision

Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.

Mission

The Executive Office of Elder Affairs promotes the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

Values

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 the needs, dignity and cultural identities of consumers, their caregivers, and their families.

We value collaboration with our partners, advocates, and other stakeholders

Strategic Goals

Executive Office of Elder Affairs' six strategic goals include supporting aging in community; preparing for evolving demographic trends; empowering healthy aging; preventing injury, violence, and exploitation; strengthening "no wrong door" access to aging and disability services; and ensuring quality, value, and person-centered care.



Programs & Services

Aging Services Access Points (ASAPs)

Aging Services Access Points [administer the Home Care Program](#) which enables thousands of elders per month to age with independence and dignity in their own homes through the delivery and coordination of a variety of services. The network consists of 26 non-profit regional agencies called Aging Service Access Points.

Area Agencies on Aging (AAAs)

AAAs are federally designated community non-profit agencies that receive Older Americans Act funds. The Older Americans Act provides access to services that make it possible for older individuals to remain in their communities, thereby preserving their independence and dignity. Through their grant awards, AAAs support a wide range of local services, including home and community based support services, legal aid services, information and referral, home-delivered and congregate meals, and transportation services.

Councils on Aging (COA)

COAs provide outreach, social and health services, advocacy, and information and referral for elders and their families and caregivers. Some 34,500 volunteers statewide provide essential support totaling nearly 53,000 hours per week in areas such as transportation, nutrition, fitness and recreation, health insurance benefits counseling, health screening, education, supportive day care and many others.

Aging and Disability Resource Consortia (ADRC)

The MA Aging and Disability Resource Consortia (ADRCs) are statewide, trusted places in the community that offer consumers information and access to long term services and supports regardless of age, disability or income. They serve individuals, families and providers by supporting the vision of the Commonwealth's Community First initiative, which seeks to support and empower elders and people with disabilities to live with dignity and independence in the setting of their choice. An ADRC is a partnership between an area's elder service organizations, known as Aging Service Access Points (ASAPs) and an area's Independent Living Center (ILC's) serving people with disabilities. The ADRC enhances collaborations between elder and disability service providers, ensuring there's no wrong door when an elder or person with a disability contacts one of our agencies for assistance and services. The Executive Office of Elder Affairs and the Massachusetts Rehabilitation Commission administer the ADRC model in Massachusetts in partnership with 11 Independent Living Centers and 26 Aging Services Access Points and Area Agencies on Aging. There are 11 regionally-based ADRCs in Massachusetts.

Home Care

The goal of the Home Care program is to assist Massachusetts elders to live in their homes and communities with dignity and independence and to avoid or delay nursing home placement. The Home Care program is operated by the network of 26 Aging Services Access Points (ASAPs), community based non-profits located throughout the state. Care managers work with the elder and family members to assess needs and develop a service plan to meet those needs. The Home Care Programs provide interdisciplinary care management and in-home support services to elders in Massachusetts. Eligibility for the Home Care Program is based on age, residence, income, and ability to carry out daily tasks such as bathing, dressing and meal preparation (functional impairment level). In addition to care management, the home care programs offer a wide array of support services, including:

- Homemaker
- Personal Care
- Home Delivered Meals
- Adult Day Health
- Home Health Services
- Chores
- Grocery Shopping and Delivery

Housing & Assisted Living Programs

- **Congregate Housing** is for people 60+ or people with disabilities who meet financial guidelines. It offers private bedrooms but shares one or more of the following: kitchens, dining rooms, bathrooms. Services are made available to aid residents in managing activities of daily living in a supportive environment.
- **Supportive Housing** provides residents of public housing developments with a range of services: personal care attendants, medication reminders, house cleaning, shopping and daily meals. Like traditional assisted living, services are offered on an as needed basis, 24 hours per day, and are provided by approved vendors.
- **Assisted Living Residences Certification Program** is responsible for the oversight and certification of Assisted Living Residences across the Commonwealth. Administered by the Executive Office of Elder Affairs, the program certifies qualified residences and offers the Assisted Living Ombudsman Program to provide advocacy, information and complaint resolution to consumers.

Information & Referral Services

The Information Services Program, administered by the Executive Office of Elder Affairs, includes the Community Care Ombudsman (CCO) and the Information and Resources Programs (I&R).

- The **Information and Resources Program** provides older adults, individuals with disabilities and their family members with information about resources to any of the myriad of programs one may need. Calls to the 1-800-AGE-INFO telephone line (1-800-243-4636) are connected to one of Elder Affairs' network of 26 ASAPs which are community based non-profits organizations located throughout the state. Inquiries received through the website (www.800ageinfo.com) are distributed to the network agencies for immediate response.
- The **Community Care Ombudsman Program** assists older adults, individuals with disabilities and their family members who are having problems dealing with issues in the receipt of community care services.

Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program is a Federal and State mandated program that offers residents of long term care facilities a way to voice their concerns and have their complaints addressed. Ombudsmen receive, investigate and work to resolve issues so residents can live their lives with dignity and respect.

Massachusetts Aging & Disability Consortia

The Massachusetts Aging and Disability Consortia (ADRCs) are statewide, trusted places in the community that offer consumers a coordinated system of information and access to long term services and supports regardless of age, disability or income. They serve individuals, families and providers by supporting the vision of the Commonwealth's Community First initiative. The goal is to support and empower older adults and people with disabilities who have long term support needs to live with dignity and independence in the community by expanding, strengthening, and integrating systems of community-based long term supports that are person-centered, high in quality, and provide optimal choice.

Massachusetts Family Caregiver Support Program

The Massachusetts Family Caregiver Support Program, which is federally-funded and administered by Elder Affairs, provides a range of support services to assist family and informal caregivers caring for their loved ones at home for as long as possible. The program serves caregivers caring for a spouse, relative or friend over 60 years old or who is living with Alzheimer's, as well as grandparents

over 55 caring for children 18 or younger or 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 gaining access to those 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, etc.).

MassOptions

Mass Options is a free resource that links older adults, individuals with disabilities and their caregivers with long-term services to support their living independently in the setting of their choice. 1-844-422-6277 www.massoptions.org

Nutrition Program

Meals are provided at meal sites and through home-delivered meals to older adults (age 60 or older) and individuals with a disability under age 60 who live in housing facilities occupied primarily by older adults where meals are served. Menu standards are based on current federal and state guidelines, including the latest Dietary Guidelines for Americans and the Dietary Reference Intakes (DRI), established by the Food and Nutrition Board and the Institute of Medicine of the National Academies.

Options Counseling

Options Counseling is free short-term planning service that is available to seniors age 60 and above, and individuals with a disability, age 14 and over, of any income. The service can be provided at home, at an agency or at a health care facility, including a hospital, rehabilitation center or a nursing facility.

Prescription Advantage

Prescription Advantage is the state prescription drug assistance program for older adults and people with disabilities in Massachusetts. Prescription Advantage is available to residents of Massachusetts who are not MassHealth or CommonHealth members, age 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines.

Protective Services

Twenty designated Protective Services Agencies and the Elder Abuse Hotline are responsible for receiving reports of abuse, neglect, self-neglect and financial exploitation of elders (age 60 and older living in the community) from mandated and non-mandated reporters.

When it is determined that a filed report outlines a reportable condition, a Protective Services caseworker is assigned to investigate the situation. If abuse is confirmed, the caseworker will offer the elder 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 elders to accept or decline a particular course of action (self-determination) are protected. Money management and guardianship programs are also a part of protective services.

During the hours of 9 AM to 5 PM, the individual ASAPs receive the calls through the telephone access of 1-800-243-4636 (prompt #4). After hours the Elder Abuse Hotline is accessed by dialing 1-800-922-2275.

Senior Community Service Employment Program

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. This program is funded under Title V of the Older Americans Act 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.

Serving the Health Insurance Needs of Everyone on Medicare (SHINE)

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 elders, disabled Medicare beneficiaries, family members, and professional caregivers. SHINE counselors work at senior centers, elder service agencies, hospitals, and other community locations. To locate a SHINE counselor in your area call: 1-800-AGE-INFO (1-800-243-4636) or go to the website:

www.800ageinfo.com

Office of Long Term Support Services (OLTSS)

Adult Day Health (ADH) is a community based day program providing nursing and therapeutic services and oversight for members in an effort to prevent or postpone nursing facility placement. MassHealth pays for Adult Day Health services for members who need assistance with 1 activity of daily living or one skilled service. Services provided include nursing, therapy, nutrition, dietary counseling, case management, activities, and assistance with activities of daily living.

Adult Foster Care (AFC) is a program that provides daily assistance with personal care and case management oversight by the provider in caregivers home.

Day Habilitation (DH) is a community based day program providing services that focus on skill development. This program is available to members who have a diagnosis of mental retardation or a developmental disability and are able to benefit from skill development. The skill development is based on a service plan that is designed to help the member become more independent in his or her environment.

The Group Adult Foster Care (**GAFC**) program is a MassHealth program that provides personal care services in either a community or assisted living setting to individuals who are elderly and/or disabled. GAFC provides assistance with activities of daily living (ADLs), nursing oversight and care management. Individuals must meet the criteria and guidelines set forth by MassHealth.

Coordinated Care Systems

Program of All-inclusive Care for the Elderly (PACE) is a fully capitated Medicare and Medicaid managed care program serving frail individuals age 55 and over who meet the nursing facility clinical criteria and who, at the time of enrollment, are able to live in the community with supports.

Senior Care Options (SCO): An innovative full-service Medicare and Medicaid managed care program that is being offered to eligible Mass Health members age 65 and over, at all levels of need, in both the community and institutional settings. Qualified senior care organizations have been selected to contract with Mass Health and the Centers for Medicare and Medicaid Services (CMS), and have established large provider networks that are coordinating and delivering all acute, long-term care, and mental health and substance abuse services. Senior Care Options is based on a geriatric model of care, and is available nearly statewide.

The Personal Care Attendant (PCA) Program is a MassHealth program that helps MassHealth eligible members with long term disabilities live at home by providing funding for them to hire Personal Care Attendants (PCAs) to assist them with their personal care needs.

**Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108**

Main Number: (617)727-775 and Elder Abuse Hotline # 1-800-922-2275

Toll Free: 1-800-AGE-INFO (1-800-243-4636) ■ MassRelay 711

www.mass.gov/elders ■ www.800ageinfo.com



Attachment G: Malnutrition Among Elderly in the Community

Malnutrition Among Elderly in the Community: Identifying Risks & Facilitating Solutions

Background

Poor nutrition is common among elders, especially those who have been hospitalized. Reducing malnutrition in the home may lower medical costs, by decreasing risk of readmission or transferring from home to a long-term care facility.^{1,2} Reducing malnutrition can improve quality of life and mobility, while reducing mortality.^{3,4,5}

There are clinical risk factors of malnutrition, and other signs that may be potentially related to malnutrition. Case managers and family/friend caregivers can stay on the lookout for these signs, and connect elders at risk of malnutrition with community nutrition services.

Clinical Risk Factors

Low Weight

A BMI below 18.5, rapid weight loss, or unintentional weight loss.⁶

Muscle & Fat Wasting

A frail appearance with gaunt, sunken features. For example: hollow temples (muscle loss), hollow circles under the eyes (fat loss), or prominent bones.⁷

Bone Loss

Low bone density diagnosed by physician, fractures, or low calcium and vitamin D intake.⁸

Limited Food Access

Empty fridge, shelves, and cabinets in the house. General lack of healthy food, or more junk/processed food is visible. Decreased cognitive status and functional status (physical ability) can reduce elders' ability to plan meals, buy groceries, and prepare food. Limited income makes it even more difficult to get enough and healthy food.^{3,9}

Potentially Related Signs (DEMANDS)

Decreased Appetite

Elders may have nausea, vomiting, difficulty chewing due to loss of teeth and/or poor-fitted dentures, problems with swallowing due to dysphagia, as well as reduced sense of taste.^{3,4}

¹ <https://www.ncbi.nlm.nih.gov/pubmed/16887416>

² <https://www.ncbi.nlm.nih.gov/pubmed/19370584>

³ [http://www.amjmed.com/article/S0002-9343\(05\)01153-8/abstract](http://www.amjmed.com/article/S0002-9343(05)01153-8/abstract)

⁴ [http://www.andjrn.org/article/S0002-8223\(02\)90245-2/fulltext](http://www.andjrn.org/article/S0002-8223(02)90245-2/fulltext)

⁵ <http://ajcn.nutrition.org/content/74/1/6.full>

⁶ https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

⁷ <http://www.eatrightnc.org/assets/greensboromregionalmeeting2015/heather%20pitts.pdf>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920201/>

⁹ <http://www.todaysdietitian.com/newarchives/090115p56.shtml>

Eating Disorders & Dieting

Eating disorders can occur throughout the lifespan, often in relation to life changes. Look out for excess concern with body image and a history of dieting.¹⁰

Mood Changes & Fatigue

Depression is a common problem among elders. Depression and anxiety may contribute to reduced appetite. Fatigue, shortness of breath, lack of mobility (even difficulty getting out of a chair) may also be malnutrition-related.^{3,4}

Abnormal Weight

An overweight elder could in fact be malnourished if he or she eats excess calories from nutrient-deficient foods, or suffers from obesity-related chronic disease(s).^{3,11}

Nutrient-Deficient Beverage & Alcohol Consumption

Excess consumption of alcohol can contribute to nutrient deficiencies, particularly folate. Older people also tend to feel full sooner. Excess intake of beverages, especially sugar-sweetened beverages (even juice) can displace food and limit intake of nutrients.^{3,12}

Disease & Multiple Medications

Chronic diseases may contribute to malnutrition by: Requiring a restrictive diet that may reduce food intake, creating chronic inflammation that increases loss of muscle mass, or reduces the absorption of nutrients into the body. Certain drug side effects may reduce appetite or interact with food and nutrients. Multiple medications may raise a red flag.^{3,4}

Social Environment

Elders may become socially isolated due to loss of spouse or close friends. They may have previously depended on that spouse to cook meals. Some elders may not have family members to support them. Living alone and being homebound makes food preparation even harder.^{3,4}

Suggested Solutions

Upon identifying an elder with risk factors of or signs potentially related to malnutrition, contact the agency's Nutrition Program below. The elder's PCP and their caregiver(s) should also be made aware. Interventions may include: dietary counseling (via home visit), home delivered meals, day center/congregate meal site attendance, nutritional supplements, referral to the SNAP program or other food assistance programs.¹³

¹⁰ <https://www.eatingdisorderhope.com/treatment-for-eating-disorders/special-issues/older-women>

¹¹ <http://www.who.int/nutrition/double-burden-malnutrition/en/>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1829363/#r84>

¹³ <http://defeatmalnutrition.today/>



Attachment H: MA 2017 Statewide Needs Assessment Report

MA 2017
STATEWIDE NEEDS
ASSESSMENT
SUMMARY REPORT

Area Agencies on Aging: Needs Assessment Activities



Executive Office of
Elder Affairs

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Introduction

In preparation for the State and Area Plans on Aging for Federal Fiscal Years 2018 – 2021, planners across the 22 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, 2016 – December 31, 2016. Commencing in the Fall of 2016, all 22 AAAs participated in the collection of data regarding the needs of elders residing in their particular geographic region. Information was acquired through Single and Multiple Day events from over 7,000 consumers, providers, advocates, stakeholders, staff, and others. The various methods of collaboration enabled a variety of participants, inclusive of vulnerable populations, to voice perceived areas of concern for each session and ultimately identify their three principal types of needs.

To record activities, data submitters utilized an electronic reporting form comprised of three main categories: information collection, participants, and needs. The collection of detailed information outlines the approaches, manners, and methods implemented for each respective session thus providing a contextual background. Participant materials, for both details and types, procures essential demographic attributes for various communicating populations. Need choices encompass a range of concern areas that may be selected, from which the top three needs areas are then communicated.

Data statistics indicate the top three major need areas in order of frequency rate are *Transportation, Housing, and Health Care*. Interrelated to each of these are specific item areas for which individuals elaborated on where needs had prevalence. While all AAA sites accumulated Needs Assessment statistics, a singular site employed a distinctive report and did not document their findings through the use of the electronic reporting form. Forthcoming data figures will be representative of the aggregate electronic form summarization.

Results derived from the Needs Assessment Survey contribute to improved focus of resources that will aid communities more efficiently. The potential for improved targeting is raised when the ability to understand communicated ideas, outlooks, and needs can be quantitatively and qualitatively captured. Through analyzation we may identify which services are most critical to enable seniors to age in place. It is crucial that remaining at home and retaining a high quality of life for as long as possible is an option for all individuals. Actualization of this goal increases when the feedback of these results are incorporated with program development, fund allocation, collaboration, and strategy planning. As data from the Census Bureau indicates a projected sharp rise in the aging segment of the population, our communities can ultimately enhance their preparedness.

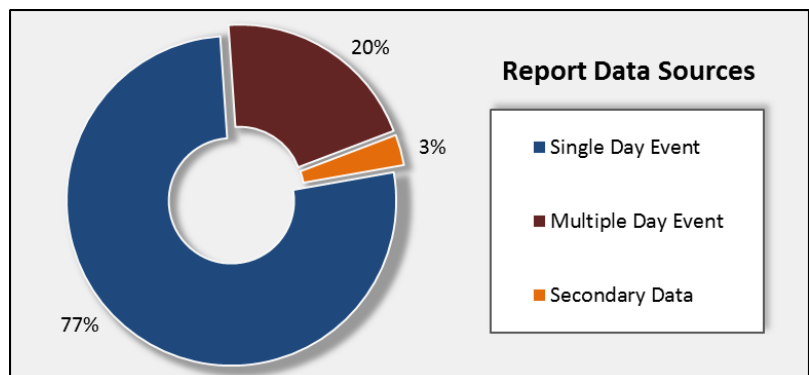
Approaches Utilized for Information Collection

AAA planners reported on information gathering events conducted between September 1, 2016 – December 31, 2016. The statistics of 3 cases reveal events either began before the reporting period or continued after it. **Table 1** specifies the name of the reporting AAA and their associated count of activity events by type. All AAAs conducted Single or Multiple Day events, or a combination of both to bring together information on elder needs.

While these Single or Multiple Day events are the primary sources of identifying elder needs, occasions are observed where ASAPs reference secondary data. Of the 266 submitted activity event reports, 8 secondary items from 4 ASAPs are incorporated in **Table 1**. Examples of secondary data sources with unique captured values include local Community Health Assessment Reports, the MA Healthy Aging Collaborative Data Report, and Census Data from the American Community Survey.

Table 1
Approaches Utilized in Gathering Information on Elder Needs

Primary Data Sources of Need Assessment				
AAA Name	Single Day Event	Multiple Day Event	Secondary Data	Total
BayPath Elder Services, Inc.	11	6	0	17
Bristol Elder Services, Inc.	0	0	0	0
Central Mass Agency on Aging, Inc.	4	0	0	4
Coastline Elder Services, Inc.	8	3	0	11
Commission on Affairs of the Elderly	35	0	0	35
Elder Services of Berkshire County, Inc.	7	0	1	8
Elder Services of Cape Cod and the Islands, Inc.	7	7	0	14
Elder Services of Merrimack Valley, Inc.	1	8	0	9
Greater Lynn Senior Services, Inc.	7	3	1	11
Greater Springfield Senior Services, Inc.	8	3	0	11
Health & Social Services Consortium, Inc.	0	0	0	0
Highland Valley Elder Services, Inc.	8	1	0	9
LifePath, Inc.	12	4	0	16
Minuteman Senior Services, Inc.	5	3	0	8
Mystic Valley Elder Services, Inc.	5	5	0	10
North Shore Elder Services, Inc.	9	1	0	10
SeniorCare, Inc.	14	2	0	16
Somerville-Cambridge Elder Services, Inc.	4	1	0	5
South Shore Elder Services, Inc.	11	1	1	13
Springwell, Inc.	0	0	5	5
WestMass ElderCare, Inc.	10	0	0	10
Total	166	48	8	222



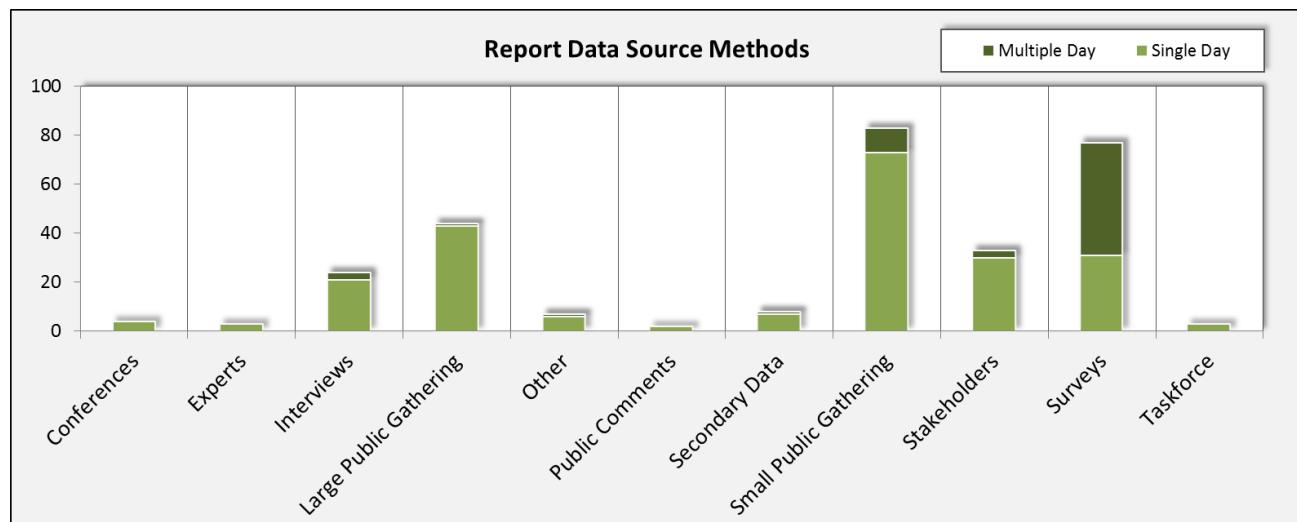
Methods Utilized for Information Collection

Incorporation of the numerous combinations of methods used for data gathering is observed 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*. These may encompass coffee hours, community conversations, discussions, focus groups, meetings, forums, listening sessions, etc. 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).

Small Public Gatherings were the most frequently occurring method of data gathering for Single Day Events at 32.7%. Other substantially represented means of research collection were *Large Public Gatherings*, *Surveys*, *Stakeholder Meetings*, and *Interviews*. Combined, the prevalent manners of Single Day Event method types accounted for 88.8% of the aggregate. In regard to Multiple Day Events, *Survey Administration* was the predominate delivery mode at 70.1%.

Table 2
Methods Utilized for Gathering Information on Elder Needs

Methods Used for Data Gathering			
Type	Single Day Event	Multiple Day Event	Total
<i>Conferences (Including Video)</i>	4	0	4
<i>Experts</i>	3	0	3
<i>Interviews</i>	21	3	24
<i>Large Public Gathering (>15 Participants)</i>	43	1	44
<i>Other</i>	6	1	7
<i>Public Comments</i>	2	0	2
<i>Secondary Data</i>	7	1	8
<i>Small Public Gathering (<15 Participants)</i>	73	10	83
<i>Stakeholders</i>	30	3	33
<i>Surveys</i>	31	46	77
<i>Taskforce</i>	3	0	3
Total	223	65	288
	(N=204)	(N=54)	(N=266)

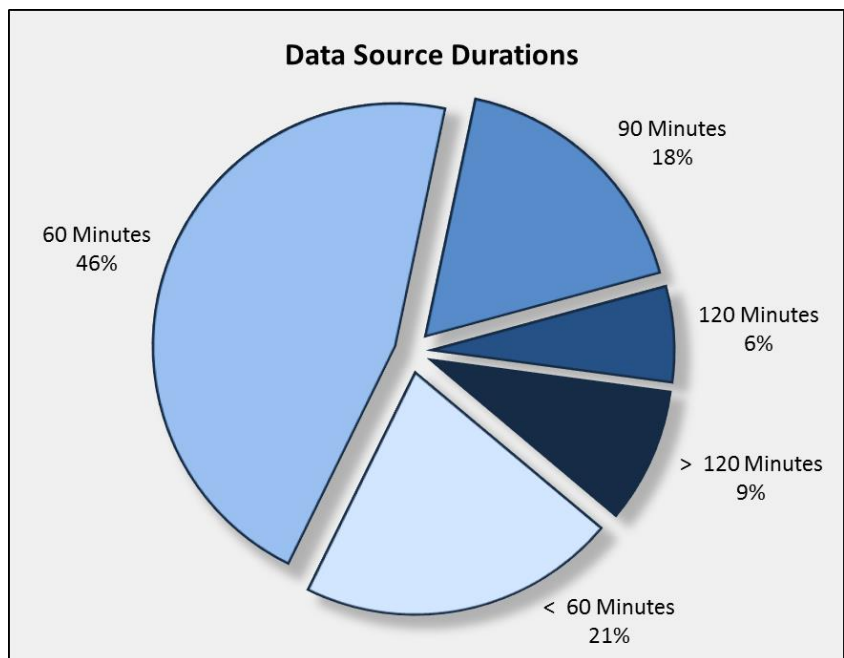


Activity Event Durations

The vast majority, 84.7%, of Single Day Events were completed in durations of 90 minutes or less as depicted in **Table 3**. Additionally, of this grouping 67.2% lasted approximately 60 minutes or less. Sessions occurring for 120 minutes or greater constituted 15.3%. Data confirms that the average event continued for nearly 81 minutes. Comparatively, the recorded activities for Multiple Day Events had ranges in duration from 2 to 99 days; half were completed in 27 or less days. The recorded durations of Single Day Events combined to surpass 256 hours, amounting to 62.5% greater than the Needs Assessment activities conducted in 2012.

Table 3
Duration of Single Day Events

Single Day Event Duration			
Duration	# Occurrences	% Occurrences	Cumulative Total
< 60 Minutes	40	21.2%	21.2%
60 Minutes	87	46.0%	67.2%
90 Minutes	33	17.5%	84.7%
120 Minutes	12	6.3%	91.0%
> 120 Minutes	17	9.0%	100.0%
Missing	15*		
Total	189	100.0%	

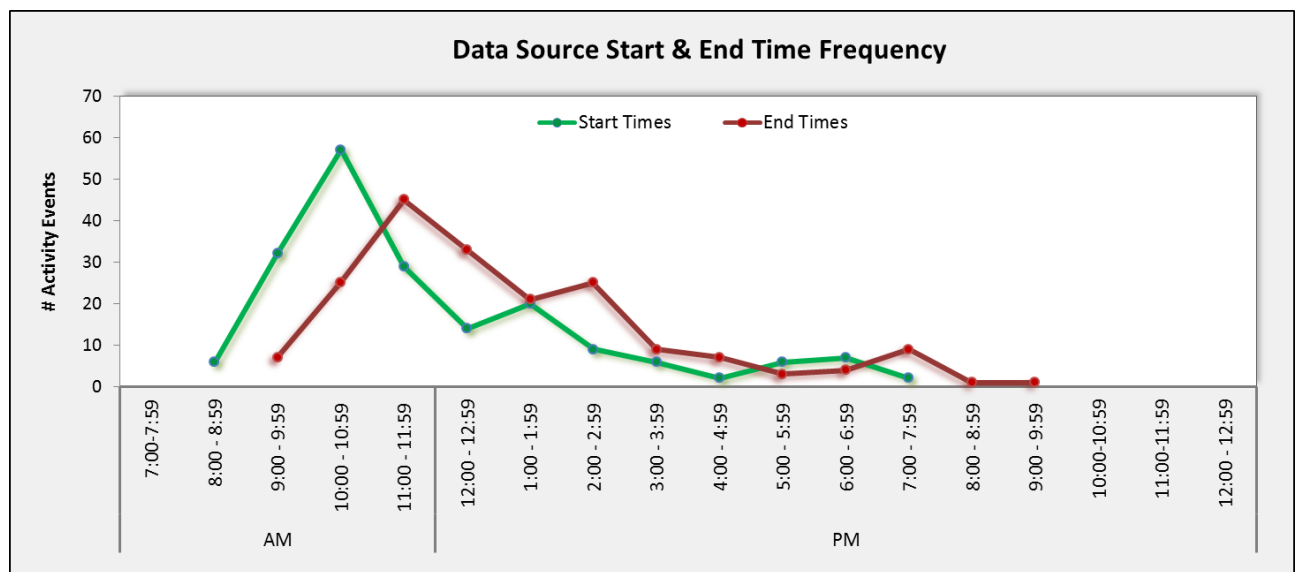


Activity Event Start & End Times

For Single Day Events, the earliest began at 8:00AM and the latest at 7:30PM. Exactly half of all sessions began before and after 11:00AM, with 72.6% commencing before 1:00PM and over 90.0% by 3:00PM. Frequency, start and end times, as well as overall percentages are established in **Table 4**. Afternoon activities, those between 1:00PM and 6:00PM, comprised 22.6%. Evening sessions, those after 6:00PM, had representation limited to less than 5.0%. By 1:00PM, 57.9% of all Single Day Events were concluded. Evening closings, those after 6PM, characterized approximately 8.0%.

Table 4
Start & End Times of Single Day Events

Start Times of Single Day Events				End Times of Single Day Events			
Start Times	Frequency	%	Cumulative %	End Times	Frequency	%	Cumulative %
8:00 - 8:59 AM	6	3.2%	3.2%	8:00 - 8:59 AM	7	3.7%	3.7%
9:00 - 9:59	32	16.8%	20.0%	9:00 - 9:59	25	13.2%	16.8%
10:00 - 10:59	57	30.0%	50.0%	10:00 - 10:59	45	23.7%	40.5%
11:00 - 11:59	29	15.3%	65.3%	11:00 - 11:59 PM	33	17.4%	57.9%
12:00 - 12:59 PM	14	7.4%	72.6%	12:00 - 12:59	21	11.1%	68.9%
1:00 - 1:59	20	10.5%	83.2%	1:00 - 1:59	25	13.2%	82.1%
2:00 - 2:59	9	4.7%	87.9%	2:00 - 2:59	9	4.7%	86.8%
3:00 - 3:59	6	3.2%	91.1%	3:00 - 3:59	7	3.7%	90.5%
4:00 - 4:59	2	1.1%	92.1%	4:00 - 4:59	3	1.6%	92.1%
5:00 - 5:59	6	3.2%	95.3%	5:00 - 5:59	4	2.1%	94.2%
6:00 - 6:59	7	3.7%	98.9%	6:00 - 6:59	9	4.7%	98.9%
7:00 - 7:59	2	1.1%	100.0%	7:00 - 7:59	1	0.5%	99.5%
8:00 - 8:59				8:00 - 8:59	1	0.5%	100.0%
9:00 - 9:59				9:00 - 9:59			
Total	190	100.0%		Total	190	100.0%	



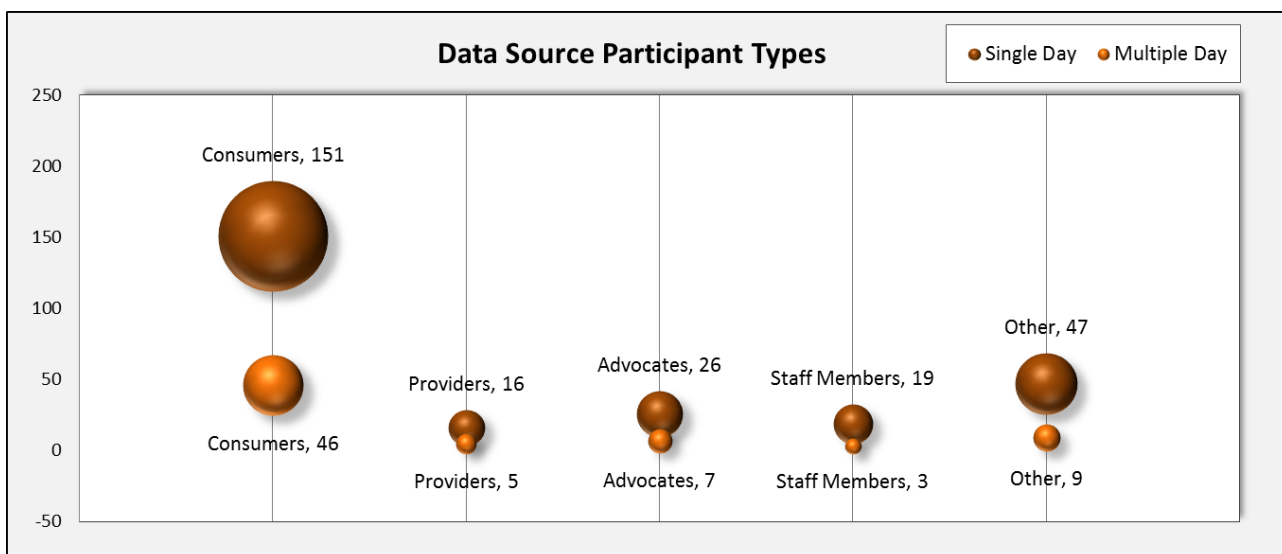
Participants

Collectively there were 7,074 persons in total who participated in the Single Day (3,827) and Multiple Day Events (3,247). This population sample is representative of a 50.5% increase over the preceding Needs Assessment data collection of 2012. The predominate participant type were *Consumers*, reporting 74.0% at Single Day and 85.2% at Multiple Day Events. With a large spectrum of individuals partaking, a significant *Consumer* presence intrinsically allows for varying interests to be simultaneously represented and communicated.

There were similar participant distributions for both Single and Multiple Day events, with comparative percentages weighed against each aggregate, as detected in **Table 5**. In general, the participant classification types of *Other* and *Advocates* are the second largest representations.

Table 5
Type of Participants

Types of Participants					
Type of Participant	Single Day Event	%	Multiple Day Event	%	Total Frequency
<i>Consumers</i>	151	74.0%	46	85.2%	197
<i>Providers</i>	16	7.8%	5	9.3%	21
<i>Advocates</i>	26	12.7%	7	13.0%	33
<i>AAA Staff Members</i>	19	9.3%	3	5.6%	22
<i>Other</i>	47	23.0%	9	16.7%	56
Total Events	204		54		



Vulnerable Populations

Categories indicative of vulnerable populations comprise the elements: *Race/Ethnicity, Linguistic Minority, Economic Needs, and Social Needs*. **Table 6** presents the frequency distribution of each grouping by event type. Individuals of non-majority ethnic groups as well as persons of Hispanic or Latino heritage were present in at least a third of all events held. The presence of limited English Proficient elders, advocates, or stakeholders can be detected in 25.0% of activities. Predominate non-English languages spoken by participants are noted as Spanish, Chinese (Mandarin or Cantonese), and Portuguese.

The term “*Greatest Economic Need*” refers to needs resulting from financial incomes at or below the Federal poverty level. Elders with this type of economic need participated in 96.9% of aggregate events, in contrast with 73.0% during the previous round of Needs Assessment activities prepared in 2012. Low Income Minority Elders partook in activities at a 32.4% rate.

Table 6
Vulnerable Populations Attending or Participating in Needs Assessment Events

Vulnerable Populations					
Population Types	Single Day Event	% Frequency	Multiple Day Event	% Frequency	Total Frequency
Race & Ethnic Groups					
<i>White</i>	168	82.4%	48	88.9%	216
<i>Black or African American</i>	78	38.2%	12	22.2%	90
<i>American Indian or Alaskan Native</i>	8	3.9%	6	11.1%	14
<i>Asian</i>	43	21.1%	14	25.9%	57
<i>Native Hawaiian or Other Pacific Islander</i>	2	1.0%	3	5.6%	5
<i>Multiracial / Other</i>	46	22.5%	16	29.6%	62
<i>Ethnic Hispanic or Latino</i>	46	22.5%	18	33.3%	64
Language					
<i>Linguistic Minority</i>	46	22.5%	18	33.3%	64
<i>Chinese (Mandarin or Cantonese)</i>	15	7.4%	3	5.6%	18
<i>Haitian Creole</i>	4	2.0%	1	1.9%	5
<i>Hindi</i>	2	1.0%	1	1.9%	3
<i>Italian</i>	2	1.0%	1	1.9%	3
<i>Khmer</i>	3	1.5%	3	5.6%	6
<i>Portuguese</i>	9	4.4%	4	7.4%	13
<i>Russian</i>	5	2.5%	1	1.9%	6
<i>Spanish</i>	23	11.3%	13	24.1%	36
<i>Other</i>	8	3.9%	6	11.1%	14
Economic Needs					
<i>Low Income Total</i>	189	92.6%	61	113.0%	250
<i>Low Income Elder</i>	123	60.3%	37	68.5%	160
<i>Low Income Minority Elder</i>	66	32.4%	24	44.4%	90
Total Events		204	54		

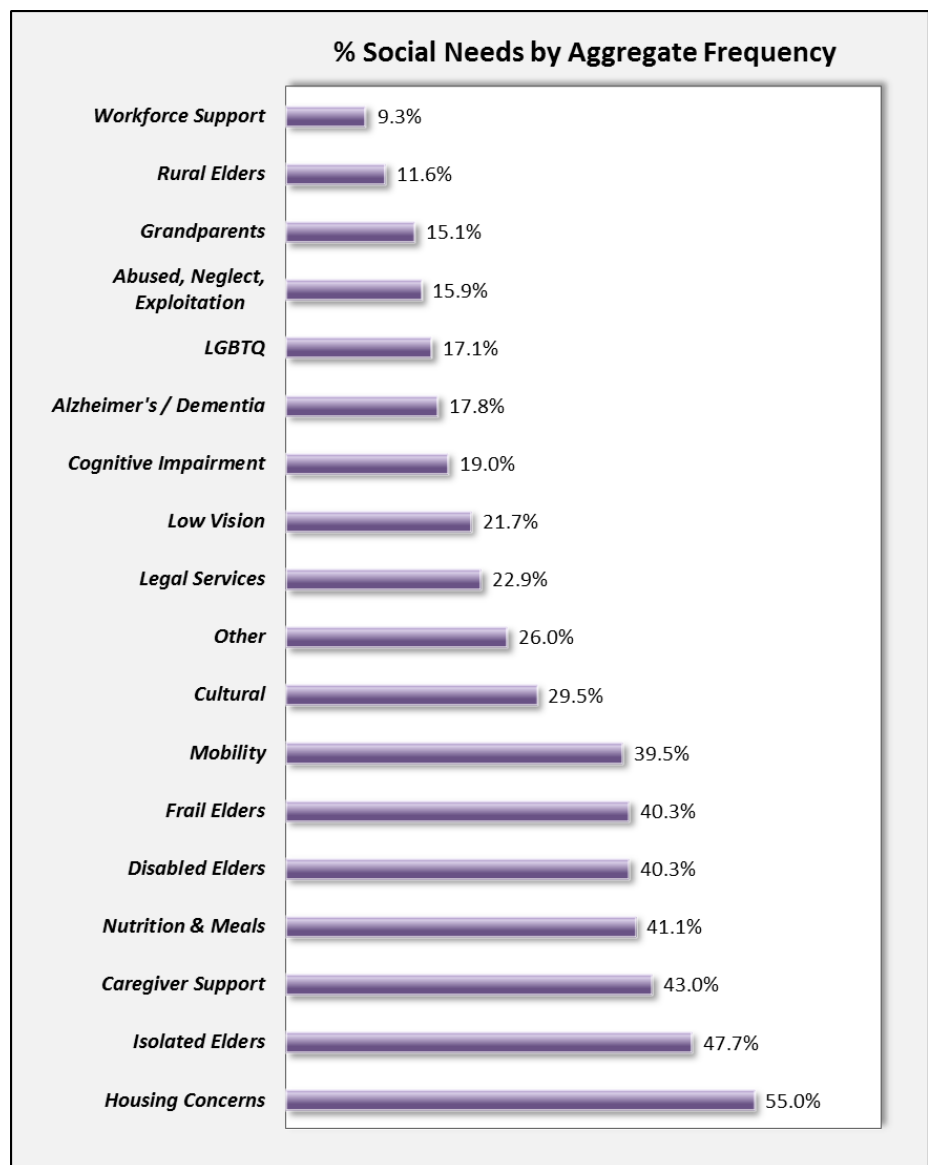
Populations with Social Needs

The term “*Greatest Social Need*” refers to needs resulting from noneconomic factors inclusive of physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. **Figure 1** depicts the frequency rate of Social Needs contributors during Single and Multiple Day Events. Sessions typically are comprised of individuals representing differentiating Social Needs in the same groupings.

Elders with *Housing Concerns* had the highest frequency (55.0%) of attendance at activities. The next highest rates were *Isolated Elders* (47.7%), *Caregiver Support* (43.0%), *Nutrition & Meals* (41.1%), and *Disabled Elders* (40.3%). The lowest observed categories of Social Needs were *Workforce Support* (9.3%), *Rural Elders* (11.6%), and *Grandparents Taking Care of Grandchildren* (15.1%).

Figure 1

Social Needs of Elders Attending or Participating in Needs Assessment Events

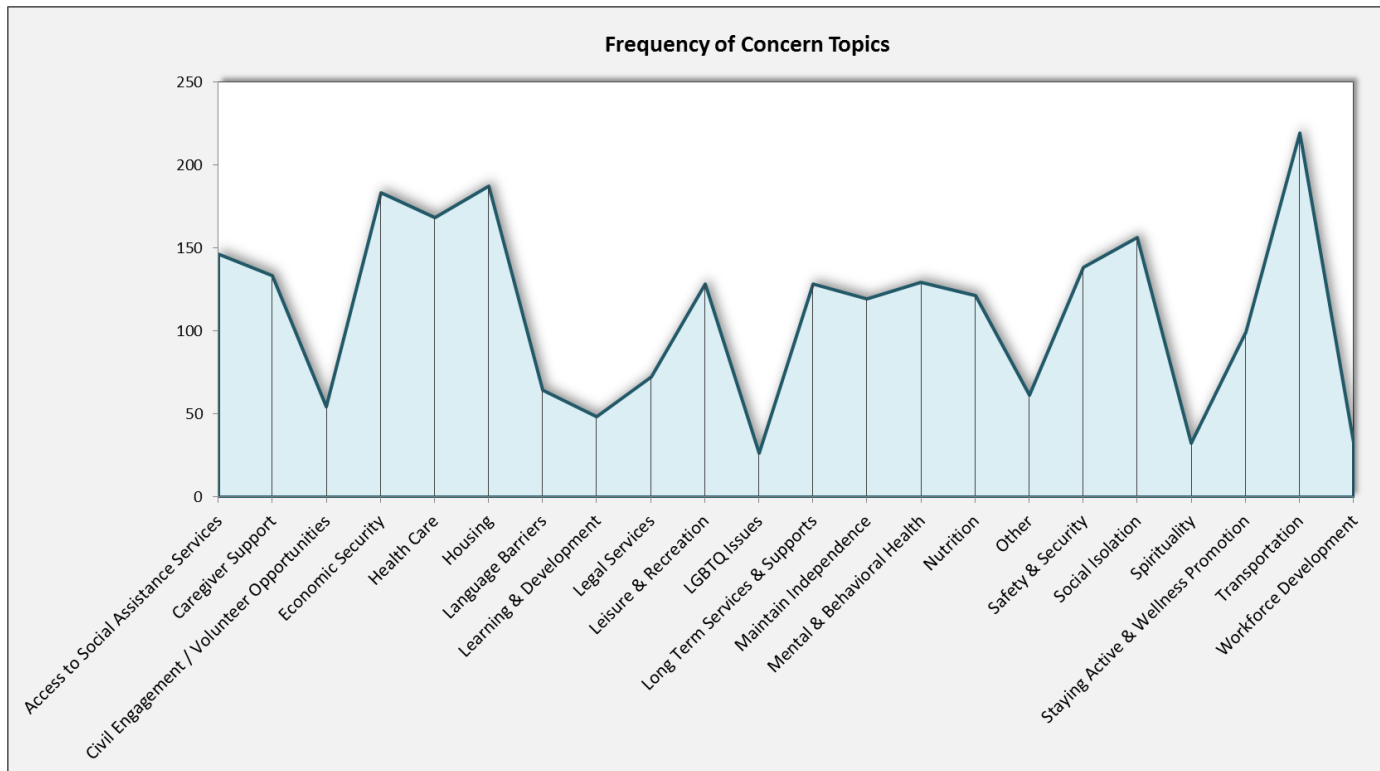


Aggregate Frequency of Concern Area Topics

During both Single and Multiple Day Events, event session leaders were able to identify Areas of Concern from 22 available selections. All applicable item choice categories that were acknowledged or realized through deduction during activity feedback, received an election on the topics listing. Using these voiced categories, the top 3 Areas of Need or Concern were then chosen as Major Areas. For each Major Area, the opportunity existed for elaboration and written expansion for specific concerns.

For the overall frequency of Concern Topics cited, **Figure 2** displays categories in alphabetical sequence from left to right. Topics are assigned numerical values determined by their unique selection in each activity event. The height of the Concern Topic visually assists to discern its frequency valuation. The most frequent areas of concern are observed as *Transportation* (219), *Housing* (187), *Economic Security* (183), *Health Care* (168), and *Social Isolation* (156). Topics expressed the least regularly were *LGBTQ Issues* (26), *Spirituality* (32), and *Workforce Development* (32).

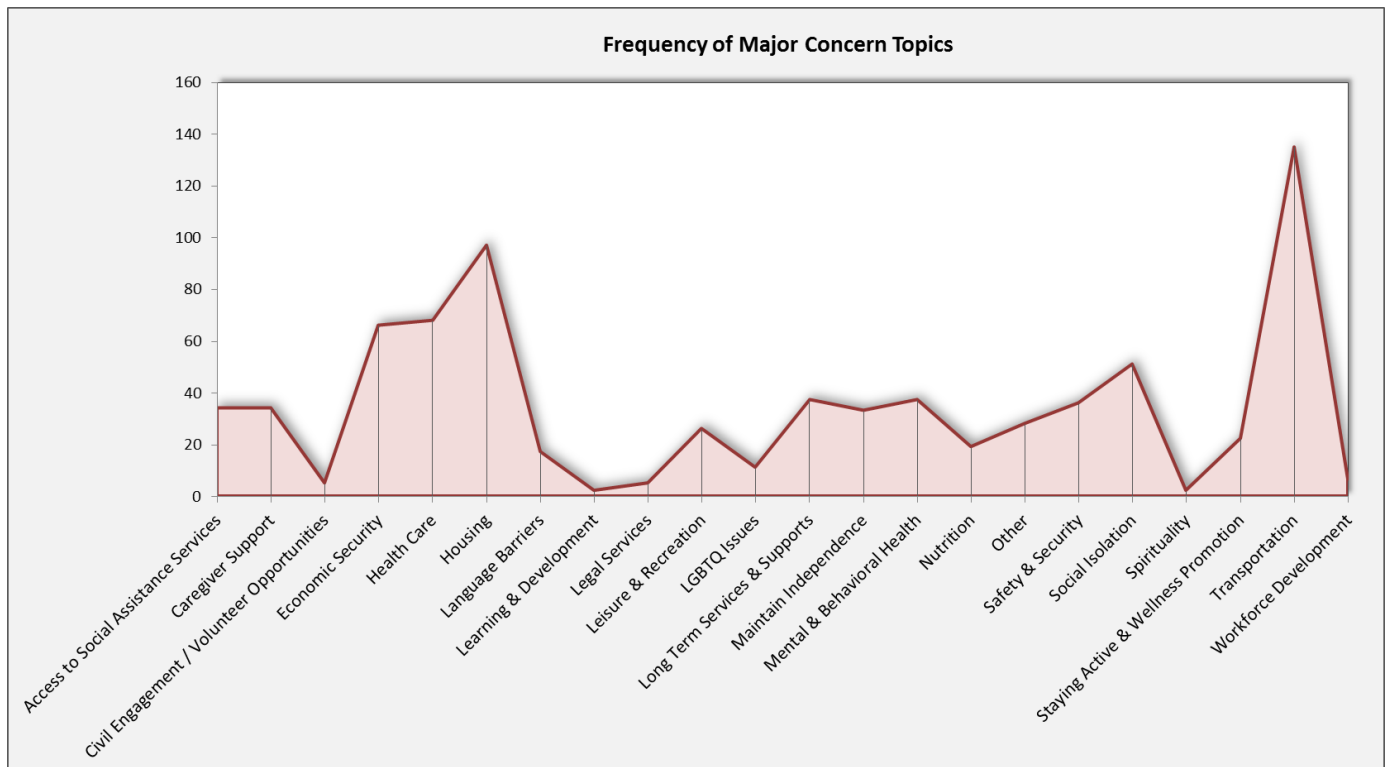
Figure 2
Frequency of Concern Topics Cited



Frequency of Major Concern Area Topics

From each overall list of communicated Areas of Need or Concern, participants selected 3 to then designate as Major Concern Areas. The rate of these, depending on their identification determined during the events, is presented in **Figure 3**. Categories are again displayed in alphabetical sequence from left to right. Topics are assigned numerical values determined by their unique selection in each activity event. The height of the Concern Topic visually assists to discern its frequency valuation. The most frequent areas of concern cited as Major are observed as *Transportation* (135), *Housing* (97), *Health Care* (68), *Economic Security* (66), and *Social Isolation* (51). Key topics expressed the least regularly were *Learning & Development* (2), *Spirituality* (2), and *Civil Engagement / Volunteer Opportunities* (5).

Figure 3
Frequency of Major Concern Topics Cited



Conclusions

Throughout the Commonwealth of Massachusetts, 22 Area Agencies on Aging employed an assortment of techniques and approaches for the attainment of statistics on the subject of Elder needs. Hosting Single and Multiple Day events, as well as additionally referencing and deriving information from Secondary sources, the sites compiled their findings and submitted relevant materials using electronic-based reporting. Enlightening feedback was able to be gathered from 7,074 individuals, inclusive of vulnerable populations, primarily during the period of September 1, 2016 – December 31, 2016.

Data results deriving from these activities and events produced statistics representative of 22 Areas of Need or Concern. Achieving further detailed insight as to the needs of elders, 3 supplemental category derivatives of the original selections were underscored as Major Areas of Need or Concern. Tiering of needs allows for a clearer compisite of trend figures that are the most reflective of the population. Conclusively, the need for Transportation overshadows all other potential categories in both aggregate and specified major areas. Subsequent need areas with the most frequency are Housing and Healthcare.

The concern for *Transportation*, with a rate of 17.5%, encompassess aspects of mobility assistance and public transportation. Mobility assistance includes but is not limited to escorted medical appointments irregardless of regional service area, conducting routine activities, various types of errands, and door to door services. Public transportation comprises a number of aspects such as logistical infrastructure improvements, expanded options for affordability, and operational provider enhancements. Enhancements for operations consist of important need items such as expanded service hours, operators with bilingual fluencies, and out of area or hard to reach geographic locations for medical appointments. Additionally, there is an emphasis for transit providers to keep in consideration the needs of frail, disabled, and other limitations presented by physical as well as cognitive conditions.

Housing, with a rate of 12.6%, is reported as the next most frequent major concern area. Major points of this category are the necessities for more affordable housing and further senior housing options (e.g., assisted living residences, supportive housing, as well as specialized Alzheimer's, dementia, and reitremment communities). Community topics connected 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. Elder renters highlighted items such as roommate matching help and resolving tenant issues involving cleanliness, pest control, ventilation, etc. Elder 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 category, *Health Care*, with a rate of 8.8%, 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 situations. For coverages, specifically partial or very inadequate, dental and vision 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. Instances regarding needs generated by the lack of doctors or specialists in specific geographic locations, assistance with ancilliary services, or observed bias in health care delivery are reported. Lastly, feedback emphasized the importance chronic disease management and general patient-centered wellness.

Concern Topics: Specific Needs & Other

In multiple sections activity event participants were afforded the opportunity to specify particular needs or concerns which they felt were not being adequately met or areas lacking in options. Items may be geographically particular or applicable to certain segments of particular populations such as non-English speakers of one language. Noted below in **Table 7** and **Table 8** 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. To create the table the omission of duplications and combination of related categories was enacted for data quality purposes.

Table 7
Other Need Categories: Language, Economic, & Social

Other Categories: Need Areas																															
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Table 8
Other Need Categories: Specified Concern Area Topics

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Attachment I: Massachusetts 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 MA, there are twenty-two AAAs representing a like number of PSAs. PSAs are collections of communities that any given AAA serves; PSAs in MA 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 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.

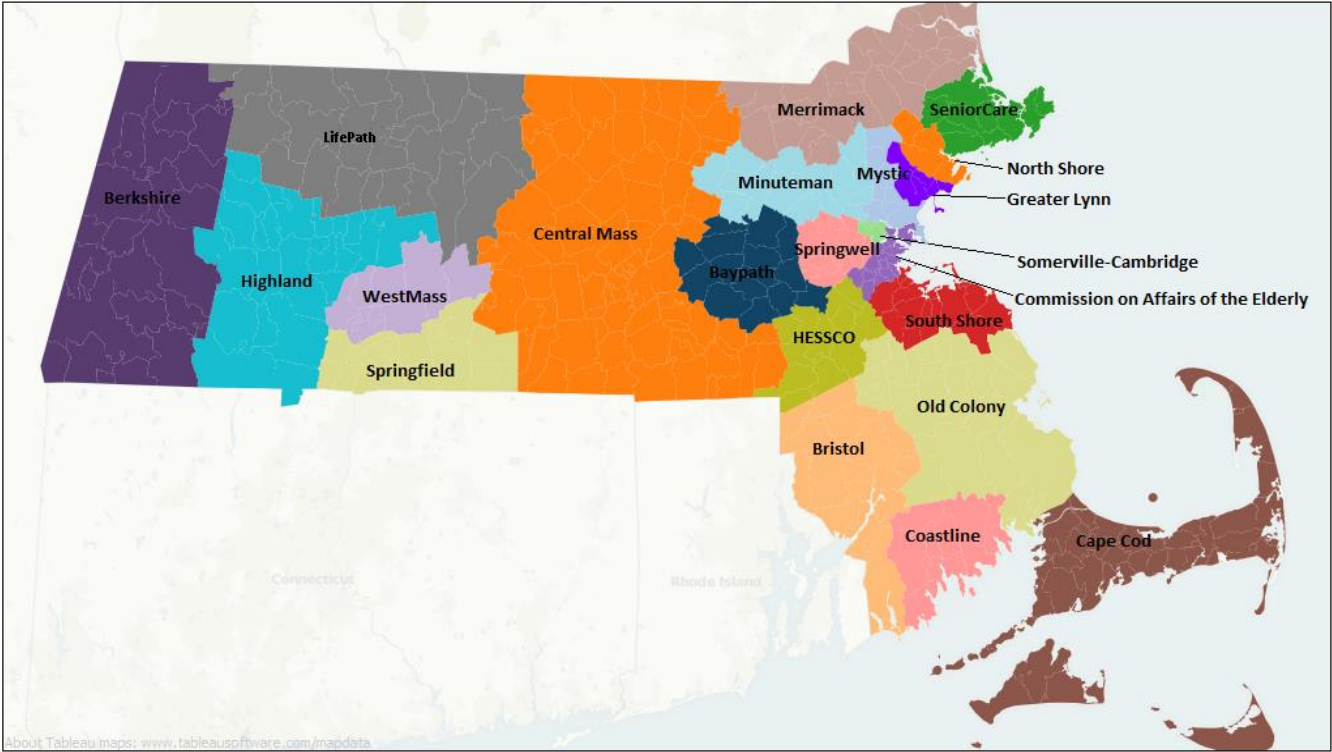
AAAs and the Planners represent the original structure and system for delivering federally funded services to the elders of the nation and the Commonwealth. In MA, AAAs provide services in concert with another group of entities known as Aging Services Access Points, (or ‘ASAPs’, authorized within Section 19A of Massachusetts General Laws), which are often collocated 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 elders remain independent and in their own homes, services that naturally complement those of the AAAs. In MA, there are 26 Aging Services Access Points, 19 of which are collocated with an AAA; seven ASAPs are ‘stand-alone’ entities, leaving three free-standing AAAs that fall outside the ASAP system.

The MA Elder Service Network includes thousands of dedicated volunteers and 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 22 AAAs represented, along with individual maps of the Commonwealth’s PSAs along with their parent AAA and, in most instances, a collocated 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.

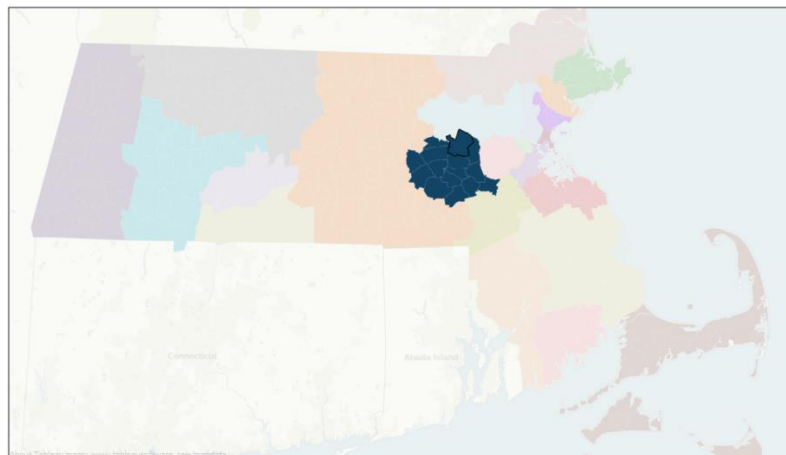
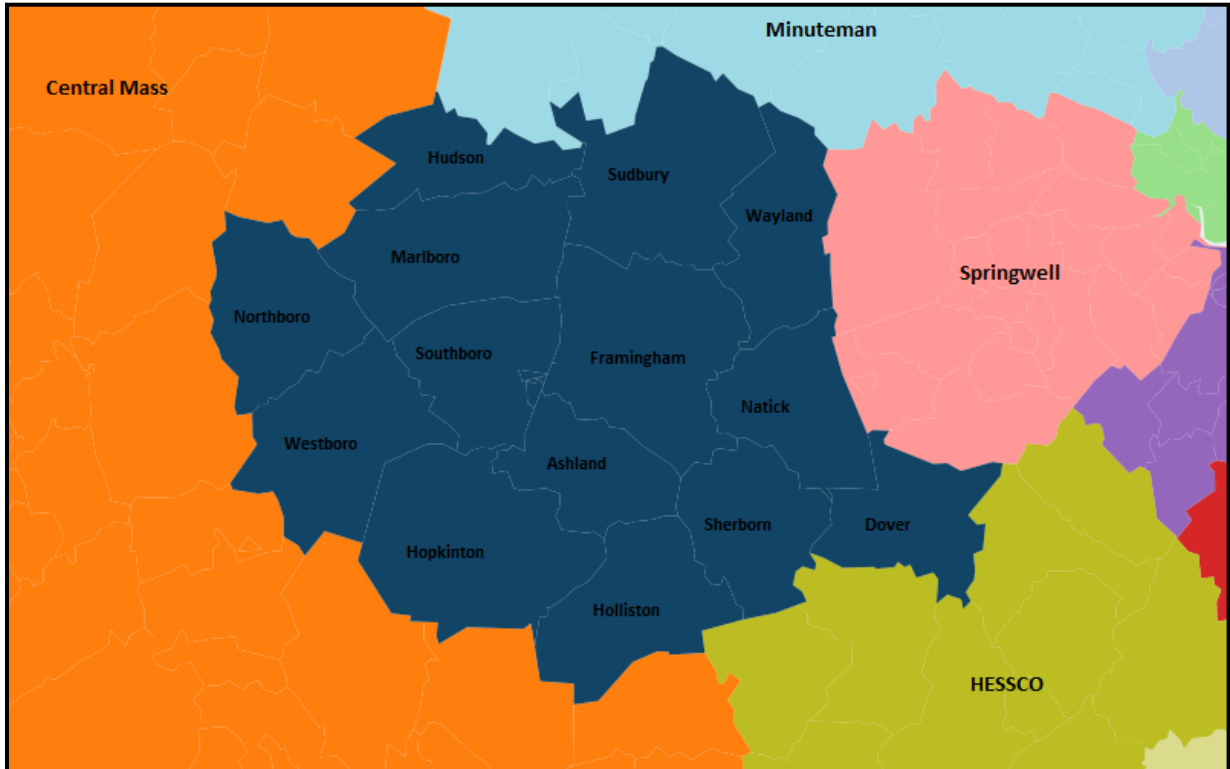
Commonwealth of Massachusetts - Area Agencies on Aging



Baypath Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.baypath.org

33 Boston Post Road West
Marlborough, MA 01752

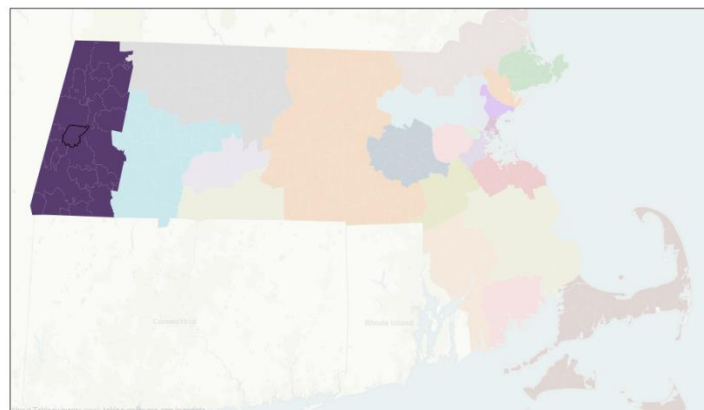
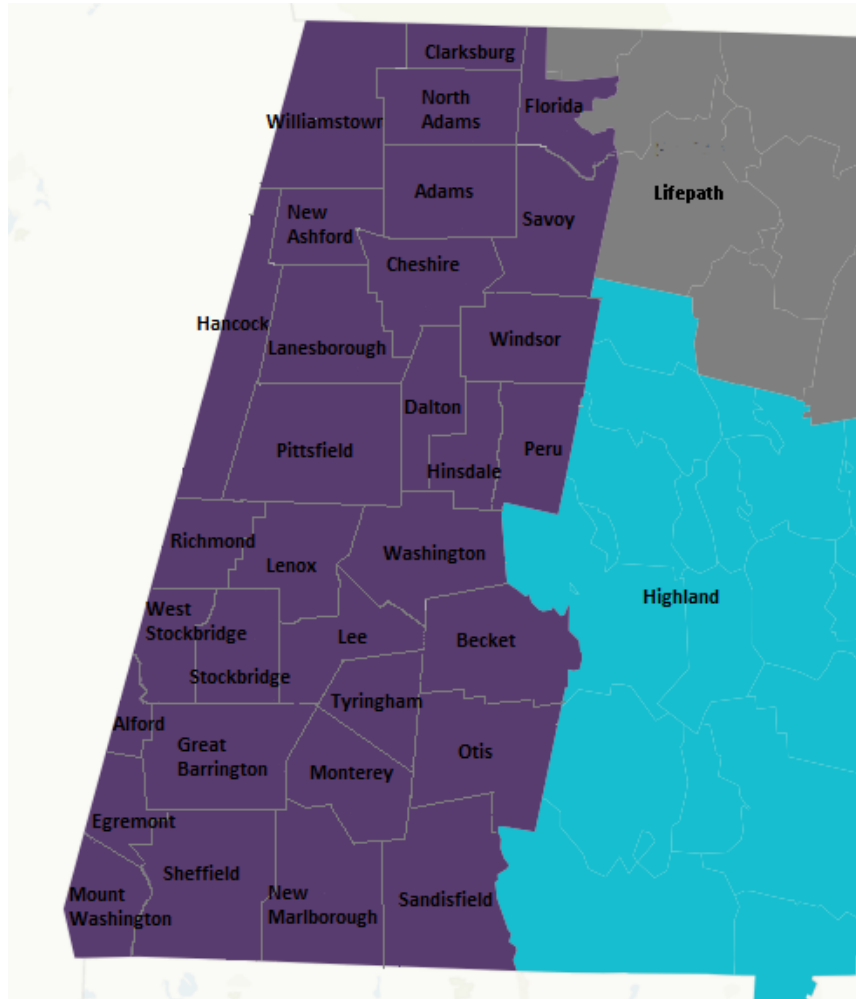
508-573-7200
FAX: 508-573-7222
TTY: 508-573-7282



Elder Services of Berkshire County, Inc.
Area Agency on Aging/Aging Services Access Point
www.esbci.org

877 South St, Suite 4E
Pittsfield, MA 01201

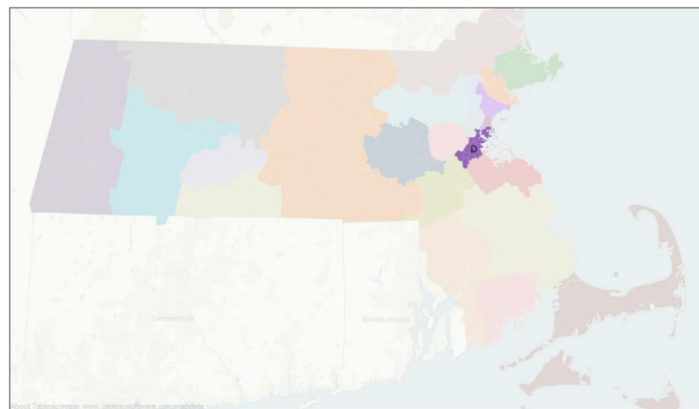
413-499-0524
FAX: 413-442-6443
TTY: 413-499-9764



**City of Boston, Commission on Affairs of the Elderly
Area Agency on Aging
www.cityofboston.gov**

**Boston City Hall
One City Hall Plaza, Room 271
Boston, MA 02201**

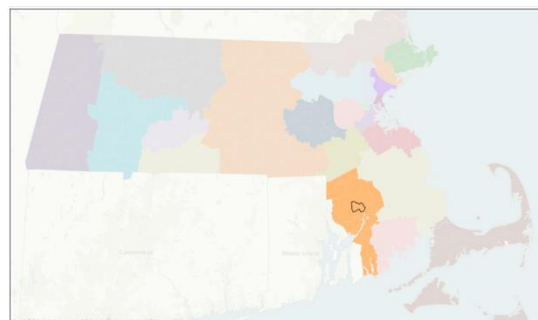
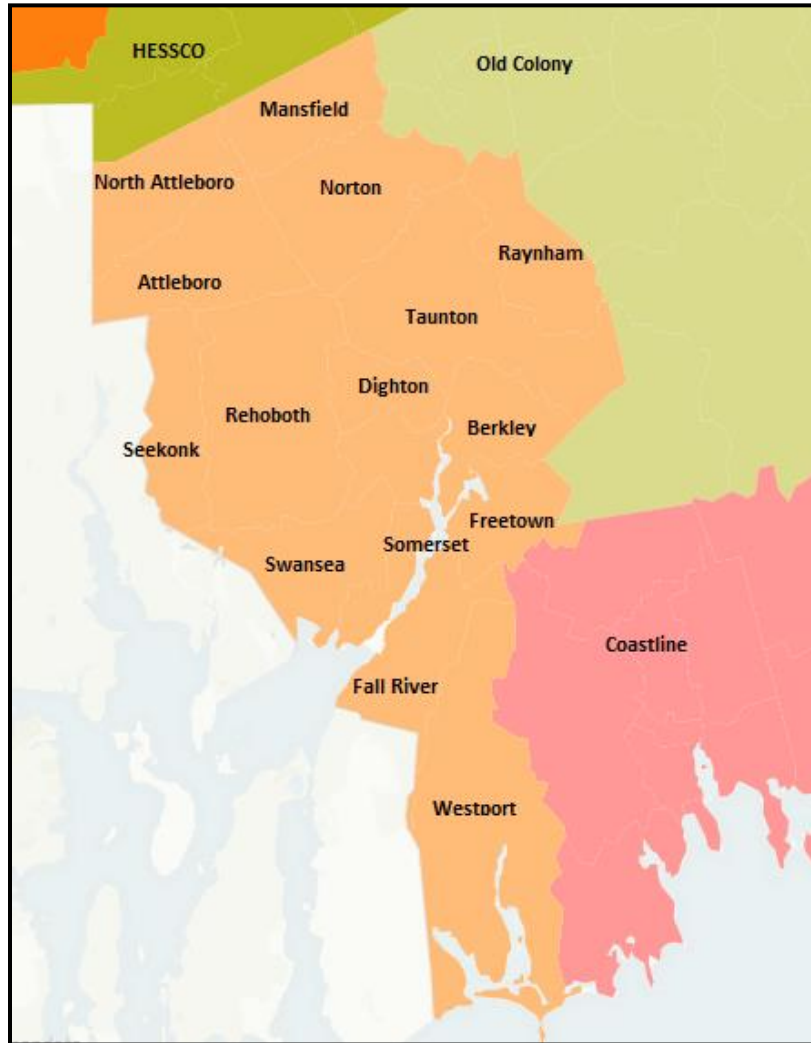
**617-635-4366
FAX: 617-635-3213
TTY: 617-635-4599**



Bristol Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.bristolelder.org

One Father DeValles Blvd, Unit #8
Fall River, MA 02723

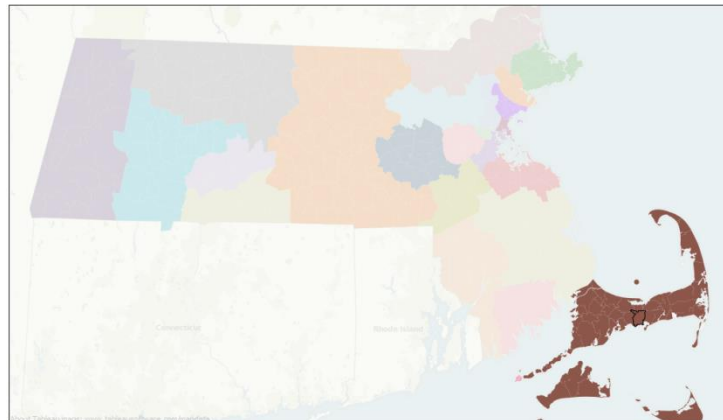
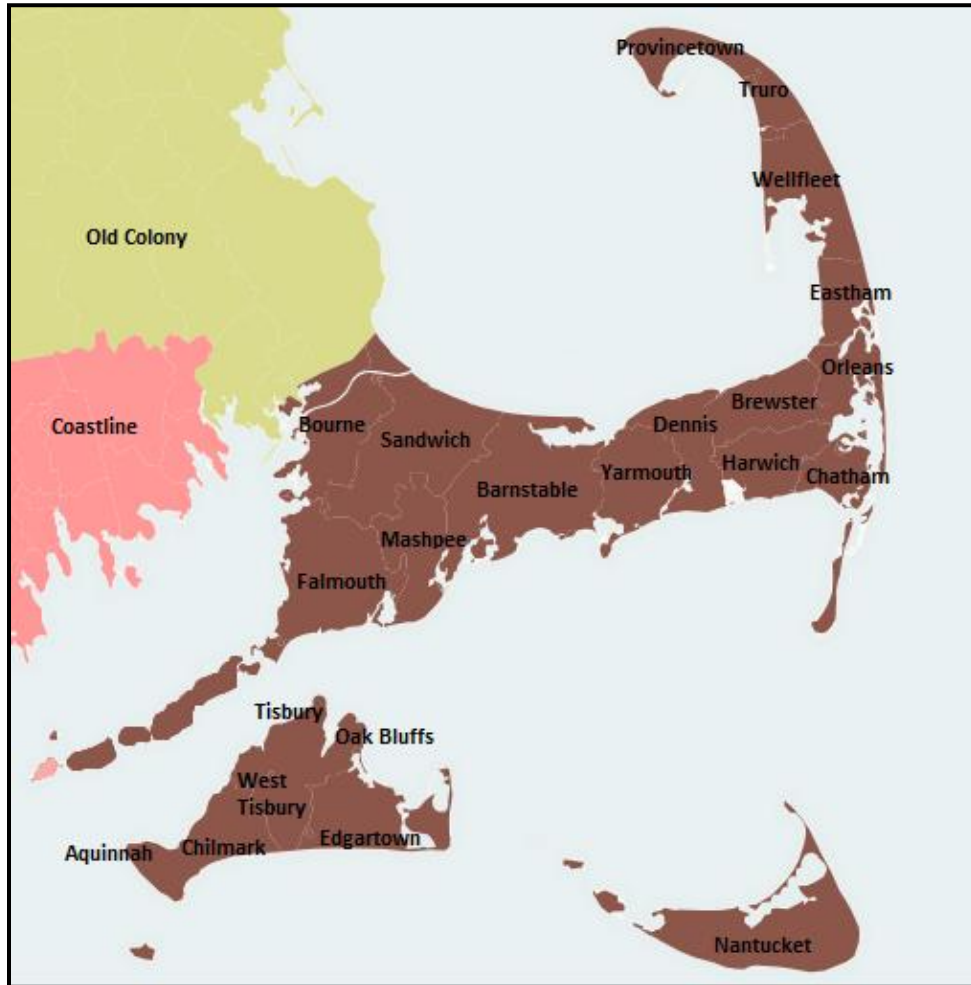
508-675-2101
FAX: 508-679-0320
TTY: 508-646-9704



Elder Services of Cape Cod and the Islands, Inc.
Area Agency on Aging/Aging Services Access Point
www.escci.org

68 Route 134
South Dennis, MA 02660

508-394-4630
FAX: 508-394-3712
TTY: 508-394-8691

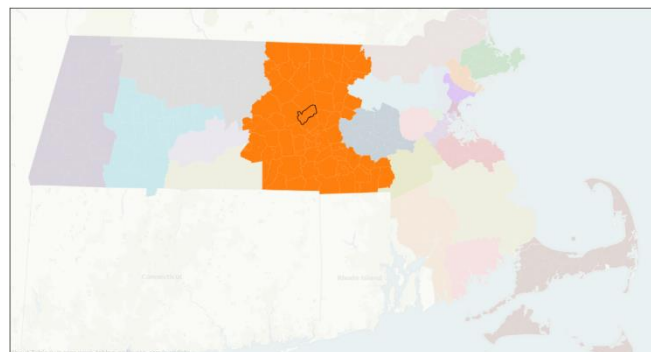
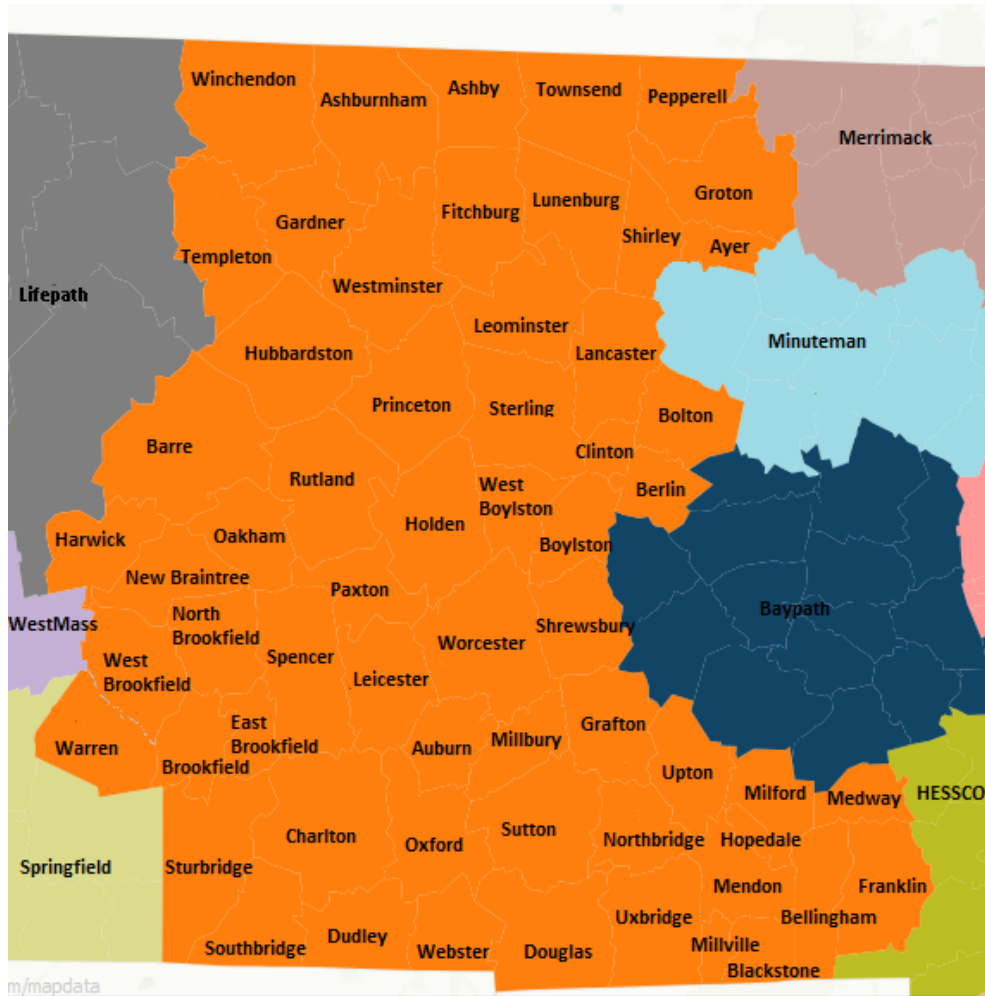


Central Massachusetts Agency on Aging Area Agency on Aging

www.SeniorConnection.org

360 West Boylston Street
West Boylston, MA 01583

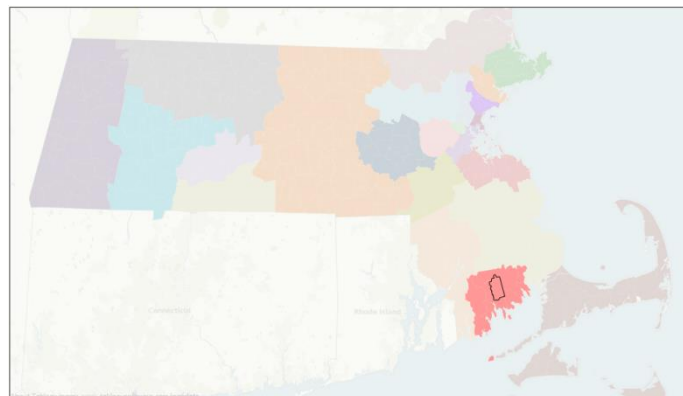
508-852-5539
FAX: 508-852-5425
TDD: 508-852-5539



Coastline Elderly Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.coastlineelderly.org

1646 Purchase Street
New Bedford, MA 02740

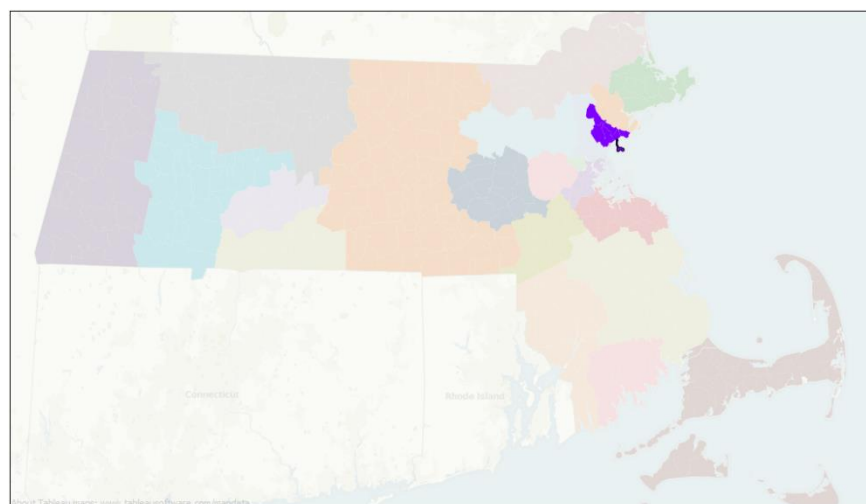
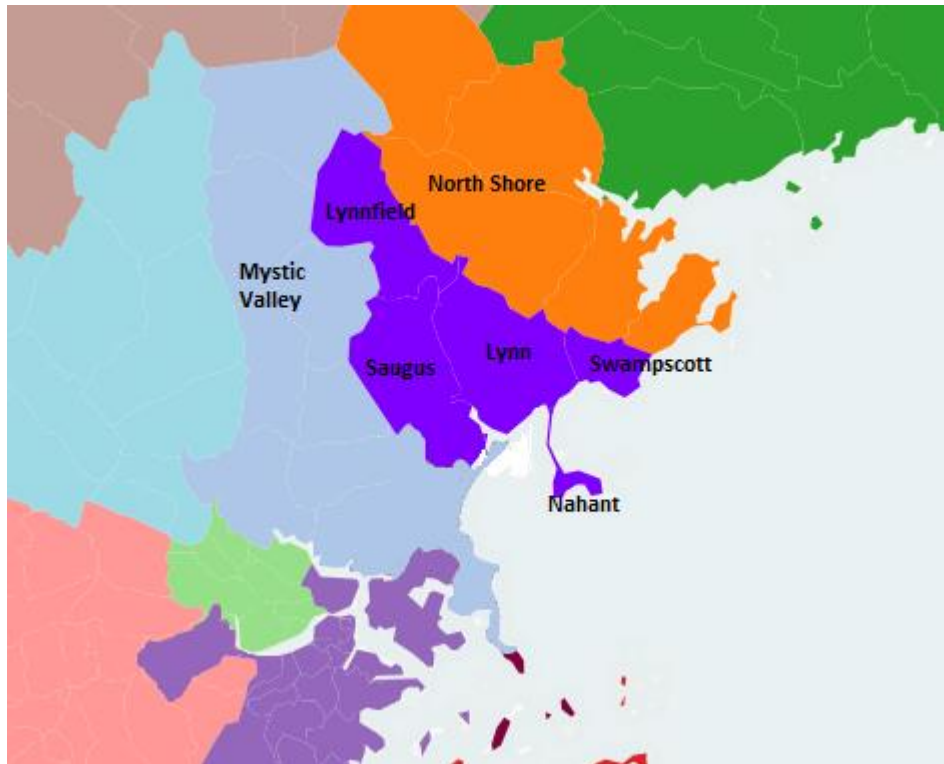
508-999-6400
FAX: 508-993-6510
TDD: 508-994-4265



Greater Lynn Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.glss.net

Eight Silsbee Street
Lynn, MA 01901

781-599-0110
FAX: 781-592-7540
TDD: 781-477-9632

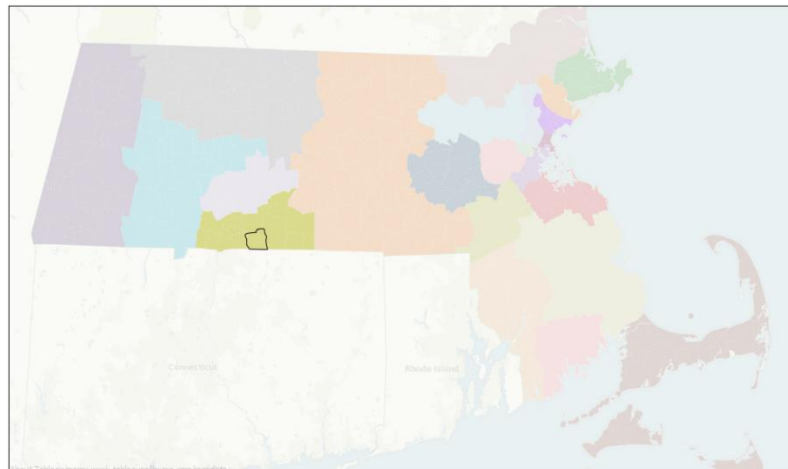
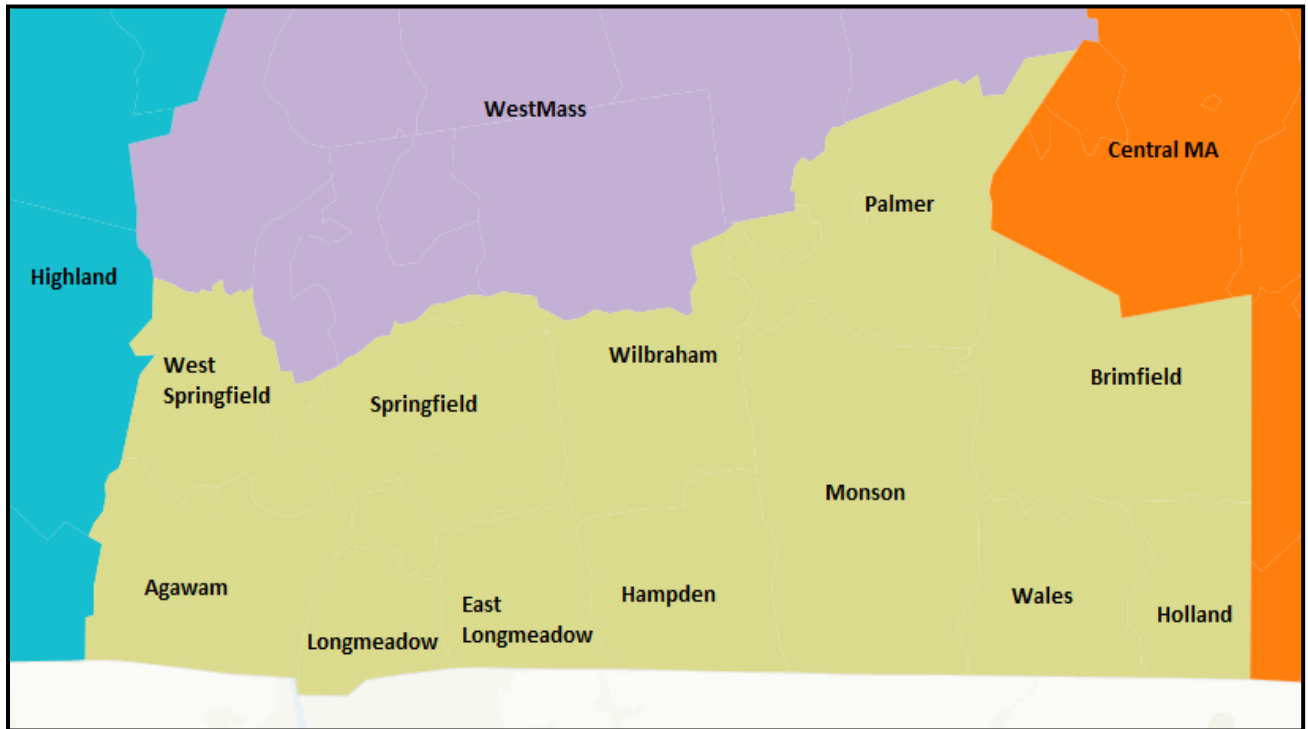


Greater Springfield Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point

www.gsssi.org

66 Industry Avenue, Suite #9
Springfield, MA 01104

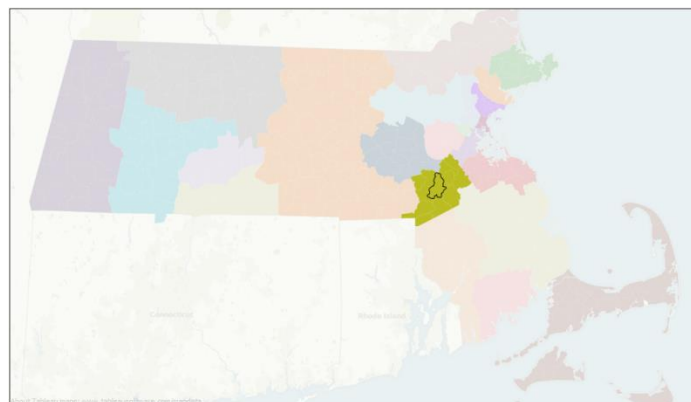
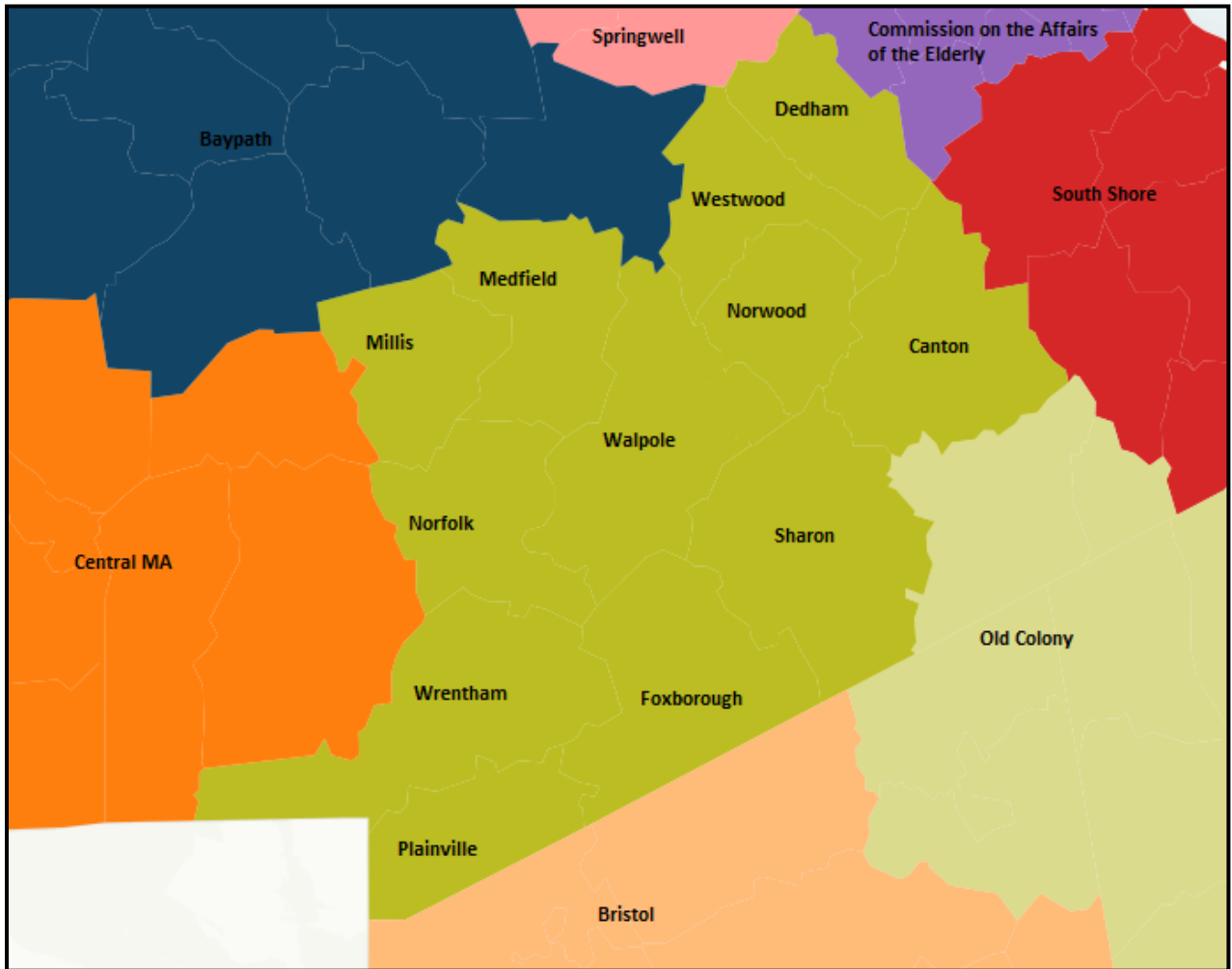
413-781-8800
FAX: 413-781-0632
Mass Relay: 711



Health and Social Services Consortium, Inc. (HESSCO)
Area Agency on Aging/Aging Services Access Point
www.hessco.org

One Merchant Street
Sharon, MA 02067

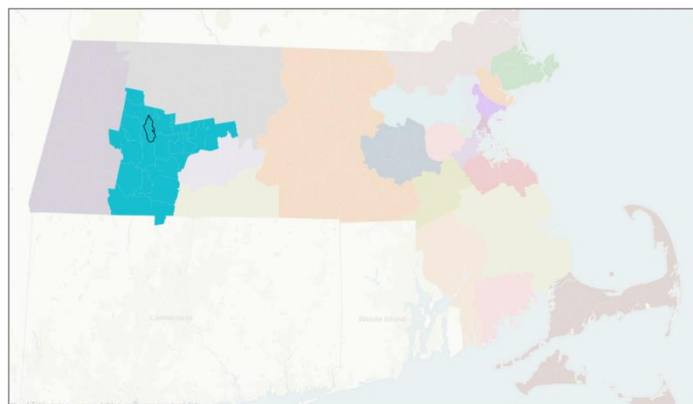
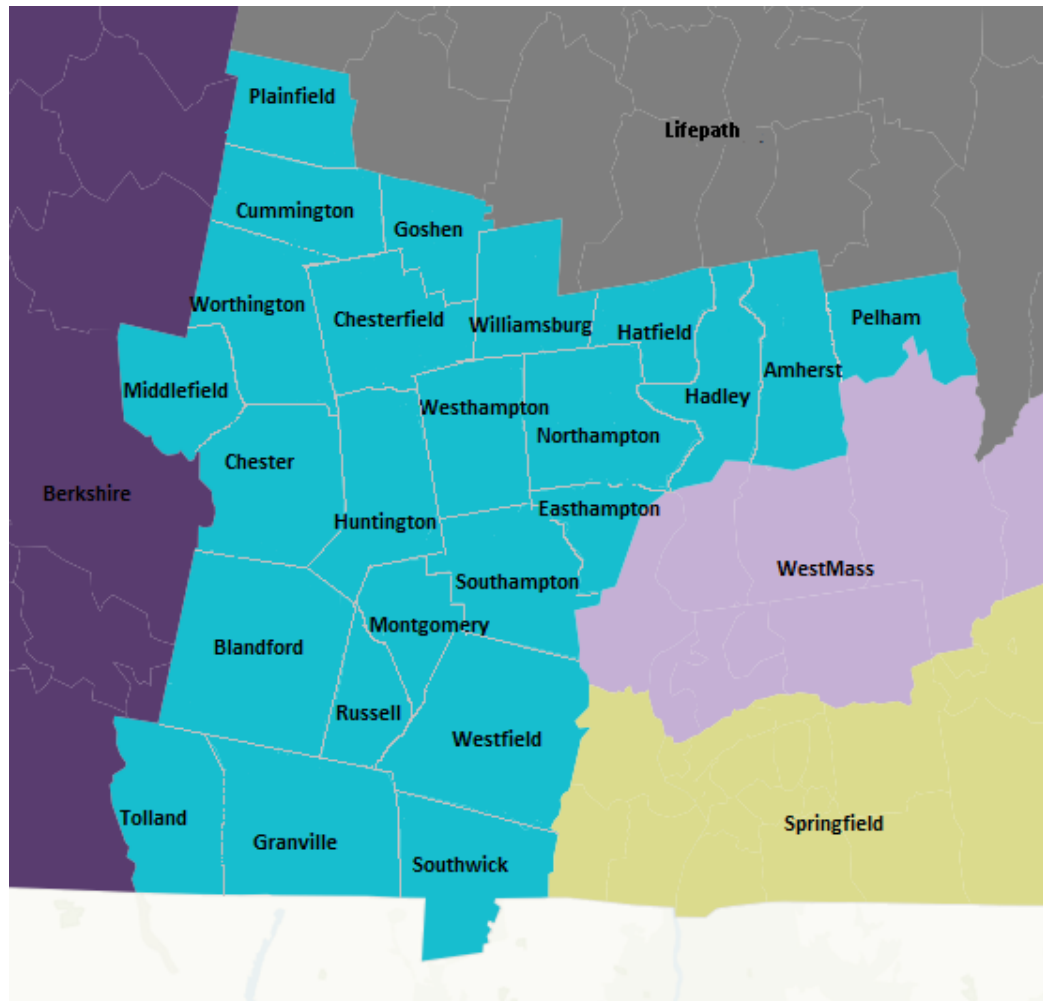
781-784-4944 (V/TTY)
FAX: 781-784-4922
V/TTY: 800-462-5221



Highland Valley Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.highlandvalley.org

320 Riverside Drive, Suite B
Florence, MA 01062-2700

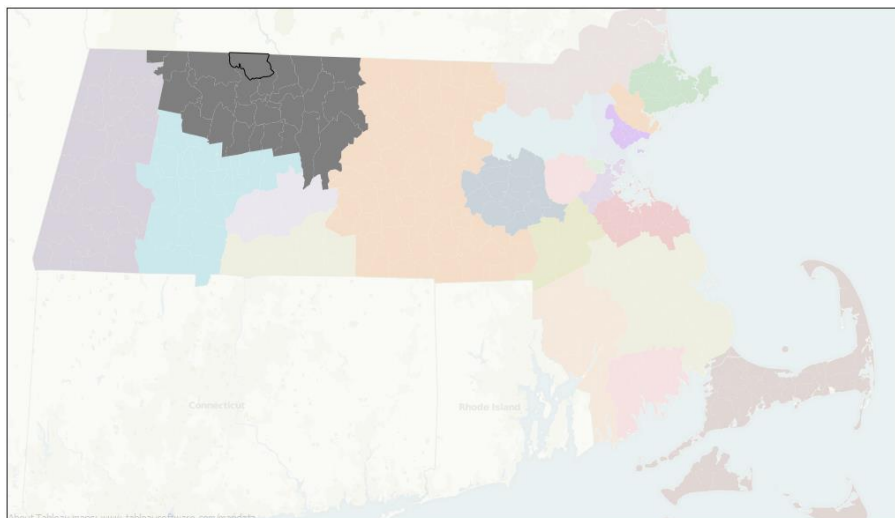
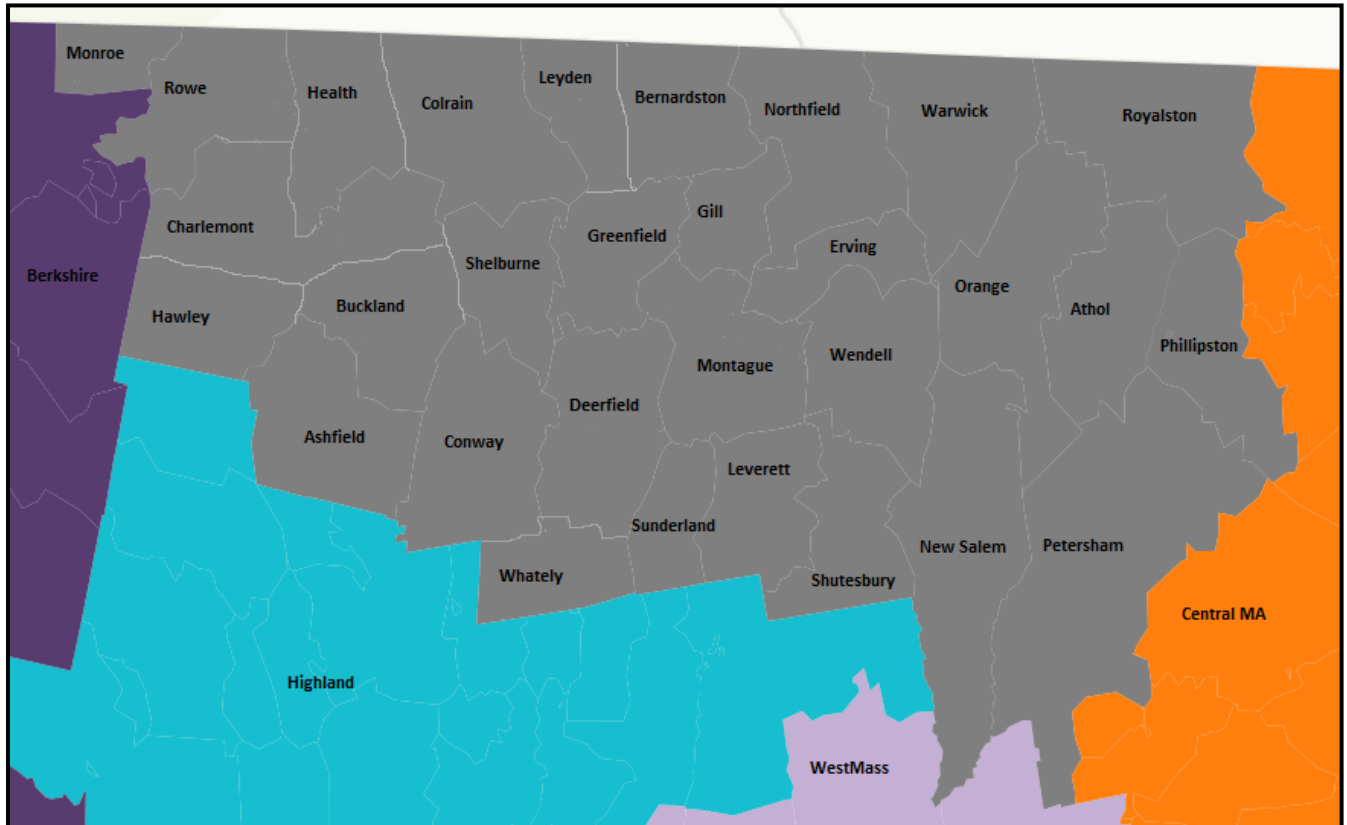
413-586-2000
FAX: 413-584-7076
TDD: 413-585-8160



LifePath, Inc.
Area Agency on Aging/Aging Services Access Point
www.lifepathma.org

101 Munson Street, Suite 201
Greenfield, MA 01301

413-773-5555
FAX: 413-772-1084
TDD: 413-772-6566

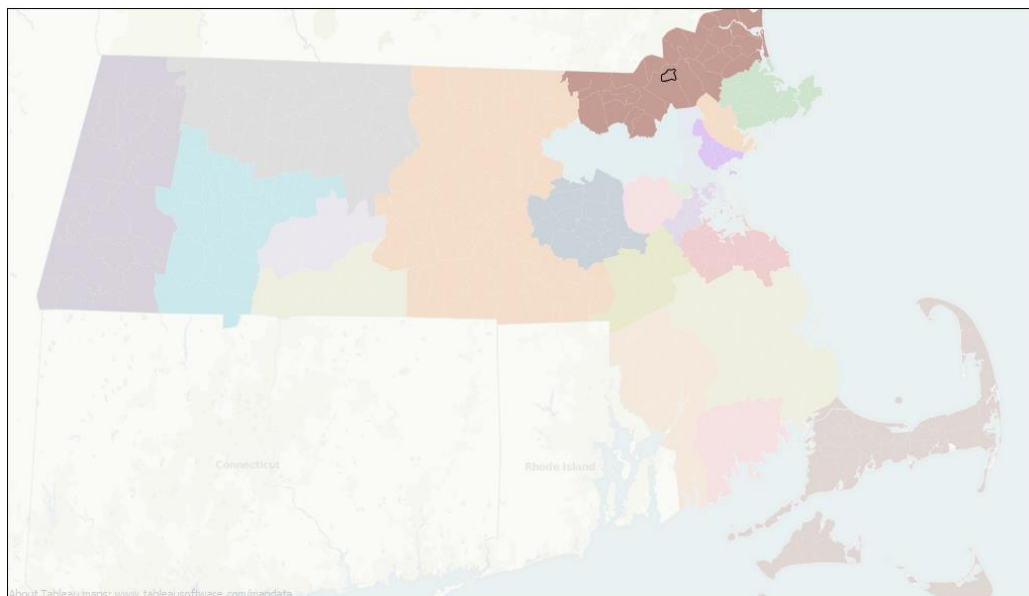
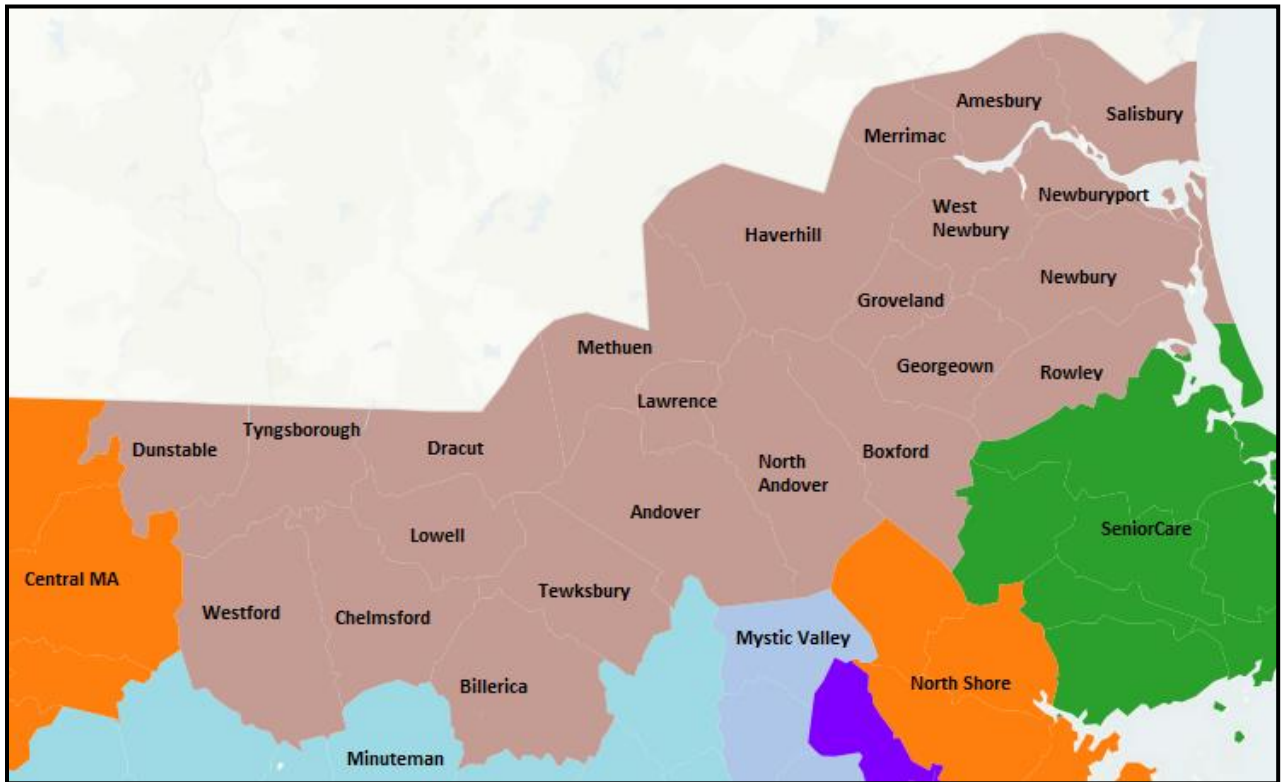


Elder Services of the Merrimack Valley, Inc.
Area Agency on Aging/Aging Services Access Point

www.esmv.org

280 Merrimack Street, Suite 400
Lawrence, MA 01843

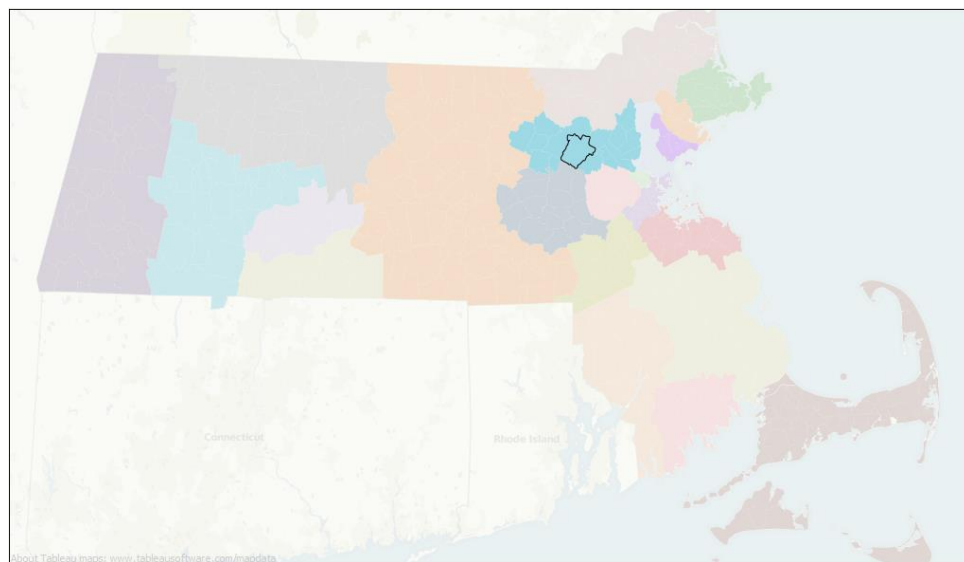
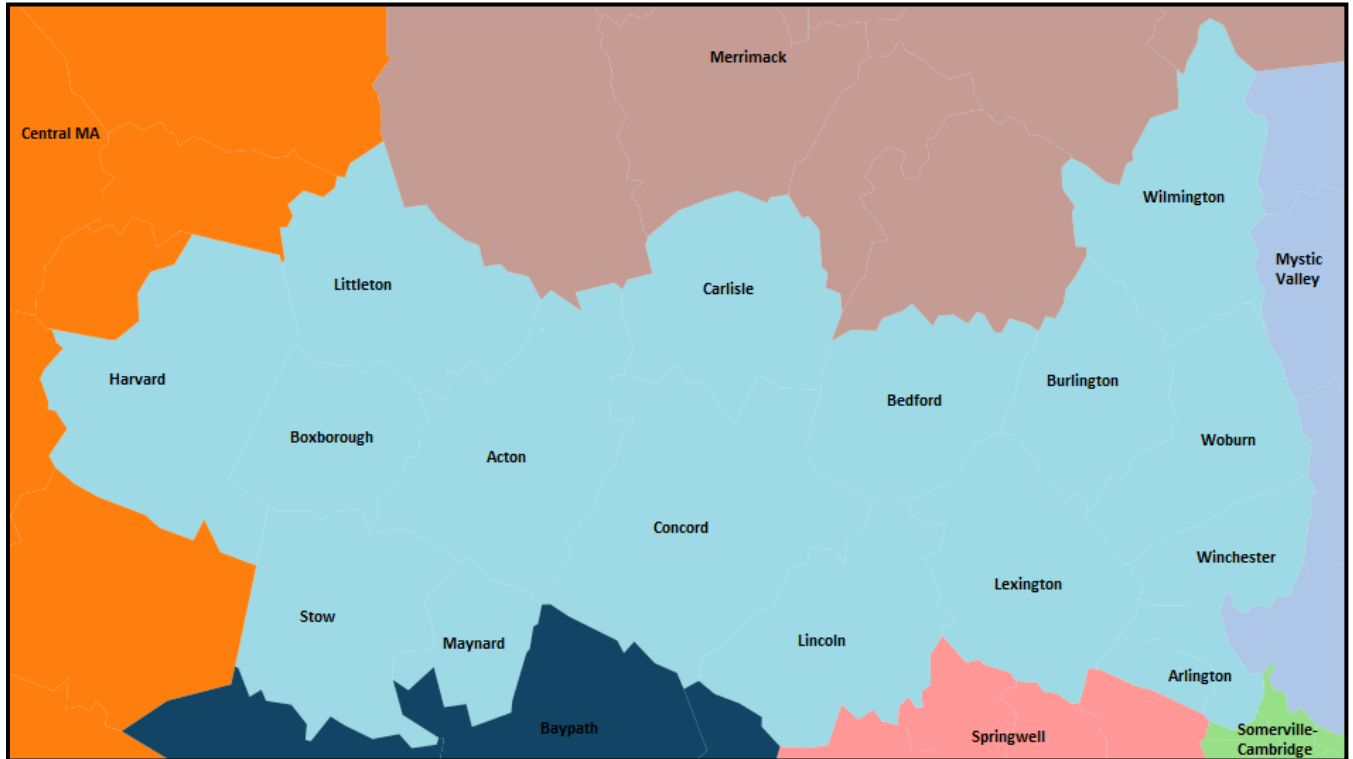
978-683-7747
FAX: 978-687-1067
TDD: 800-924-4222



Minuteman Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.minutemansenior.org

26 Crosby Drive
Bedford, MA 01730

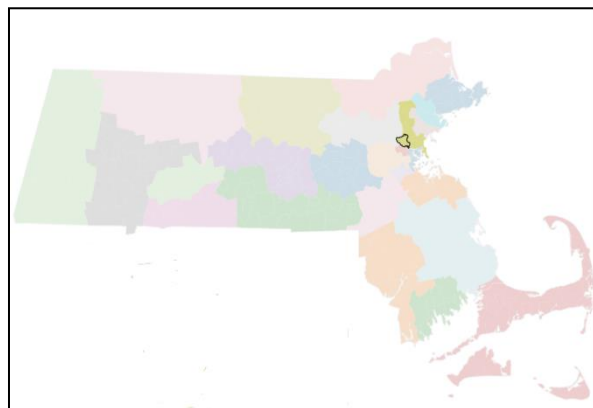
781-272-7177
FAX: 781-229-6190
TDD: 781-275-1285



Mystic Valley Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.mves.org

300 Commercial St, Suite 19
Malden, MA 02148

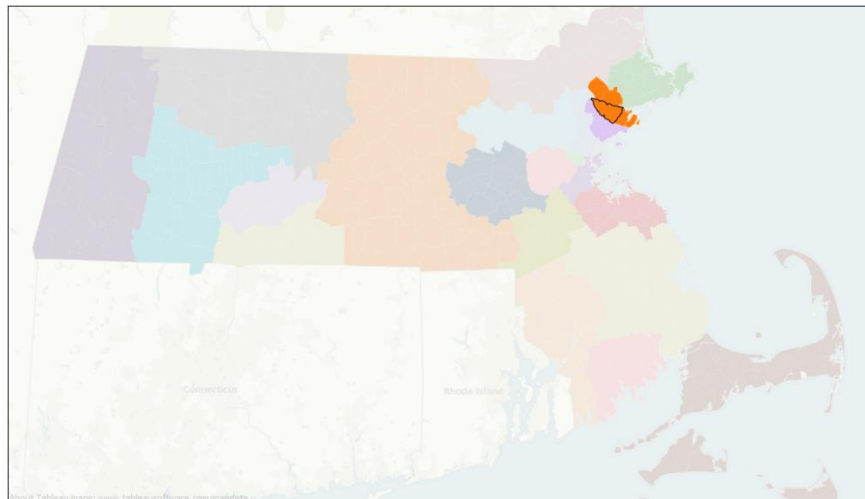
781-324-7705
FAX: 781-324-1369
TDD: 781-321-8880



North Shore Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.nselder.org

300 Rosewood Drive, Suite 200
Danvers, MA 01923-1389

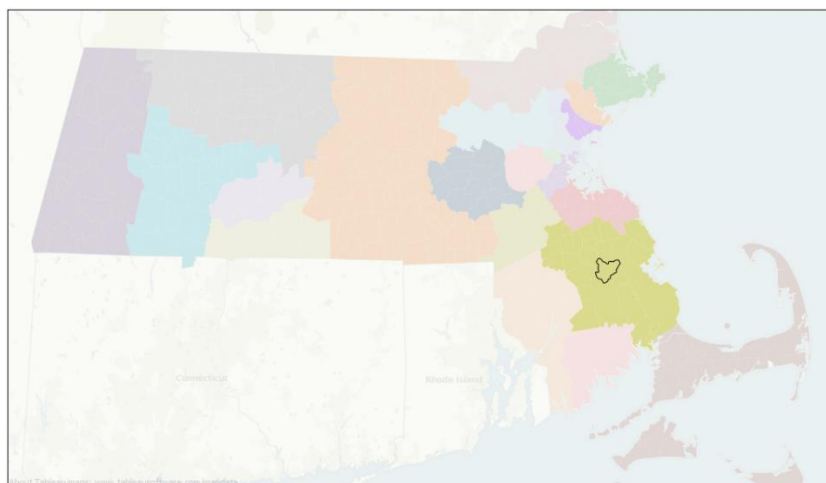
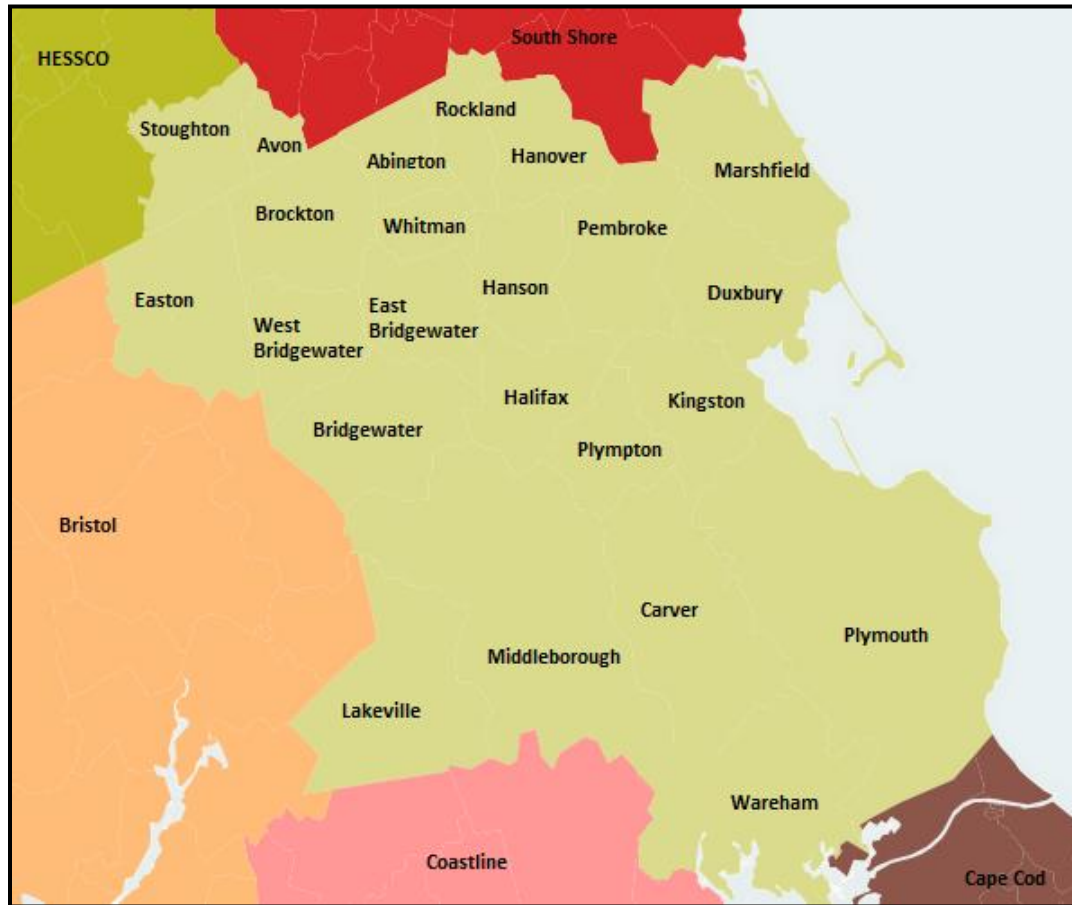
978-750-4540
FAX: 978-750-8053
TTY: 978-624-2244



Old Colony Planning Council
Area Agency on Aging
www.ocpcrpa.org

70 School Street
Brockton, MA 02301

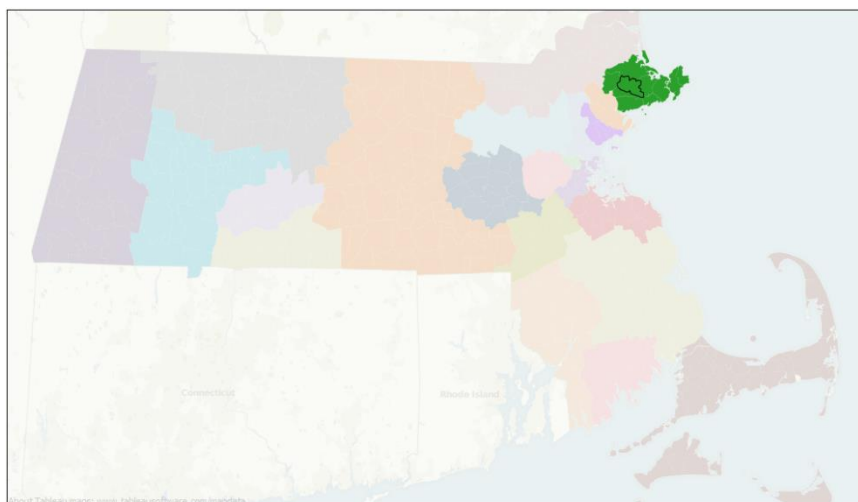
508-583-1833
FAX: 508-559-8768
TTY: 508-583-1833



SeniorCare, Inc.
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

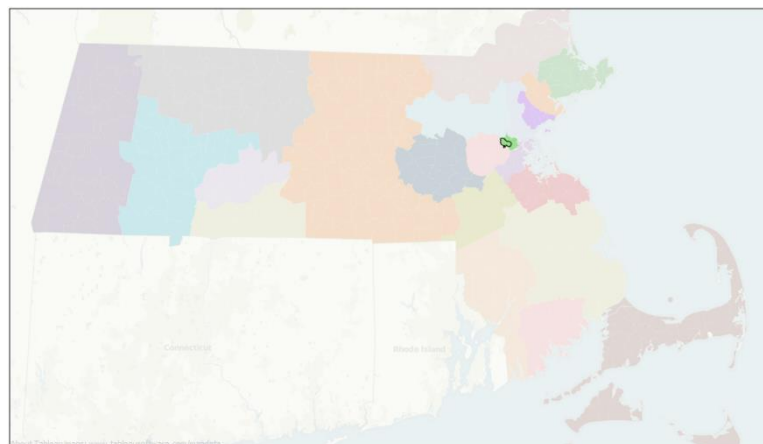
100 Cummings Center, Suite 106-H
Beverly, MA 01915
TDD: 978-282-1836
FAX: 978-969-0358



Somerville/Cambridge Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.eldercare.org

61 Medford Street
Somerville, MA 02143-3429

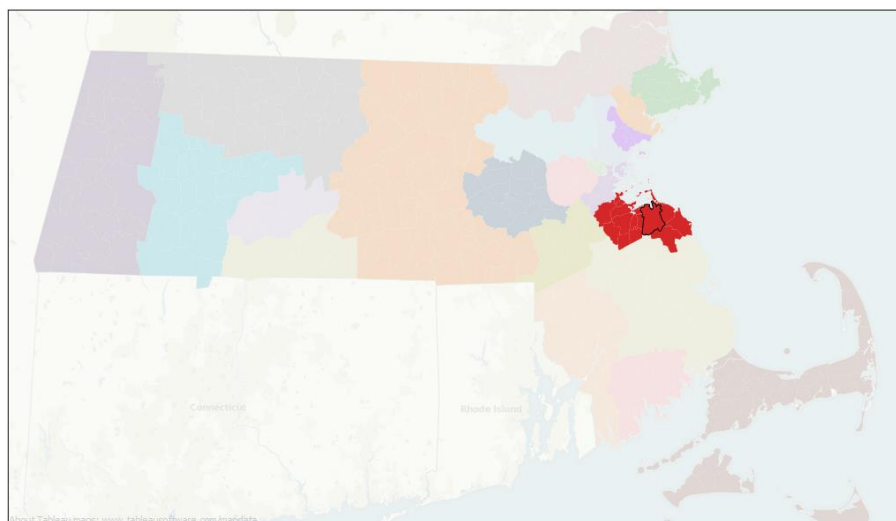
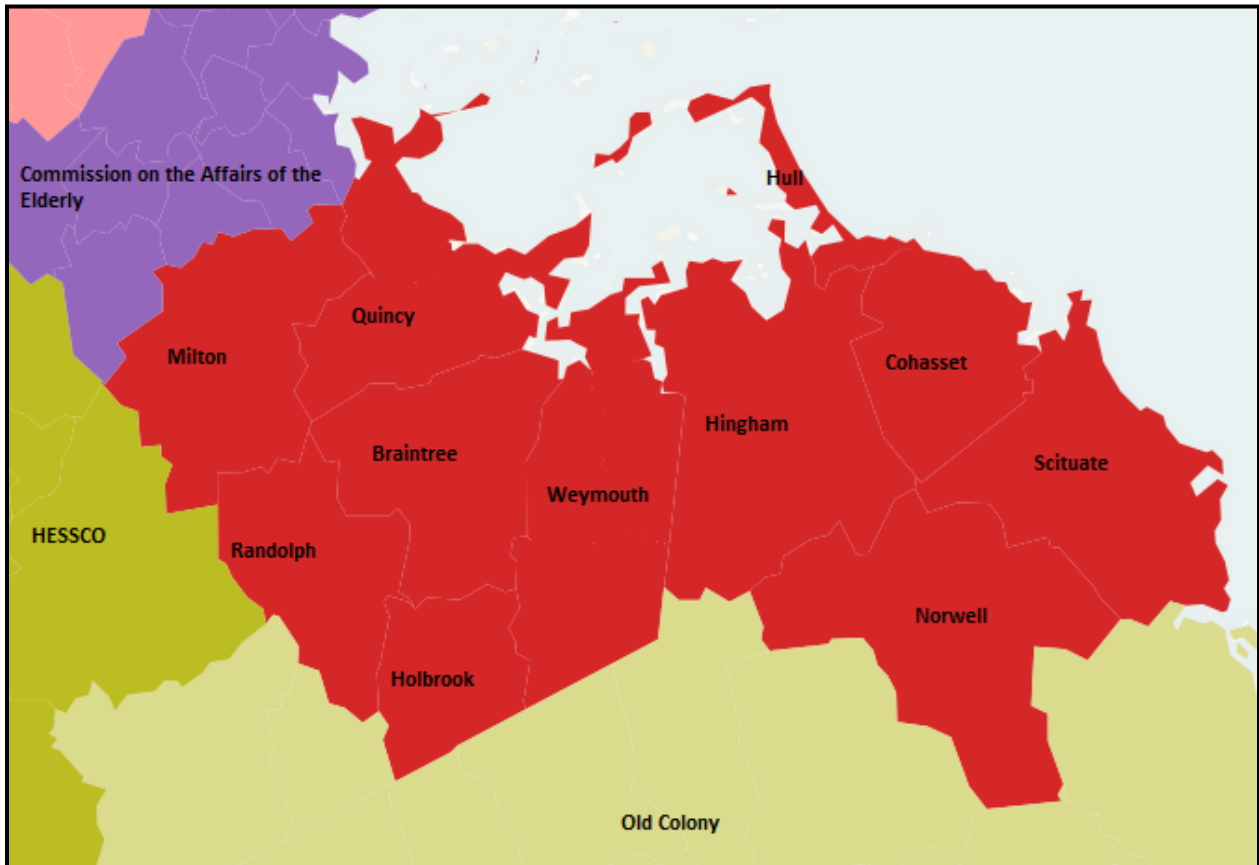
617-628-2601
FAX: 617-628-1085
TDD: 617-628-1705



South Shore Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point
www.sselder.org

1515 Washington Street
Braintree, MA 02184-7546

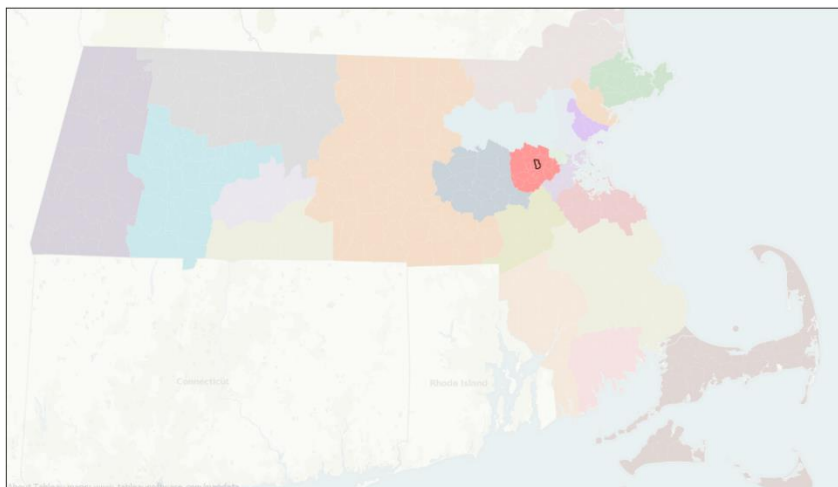
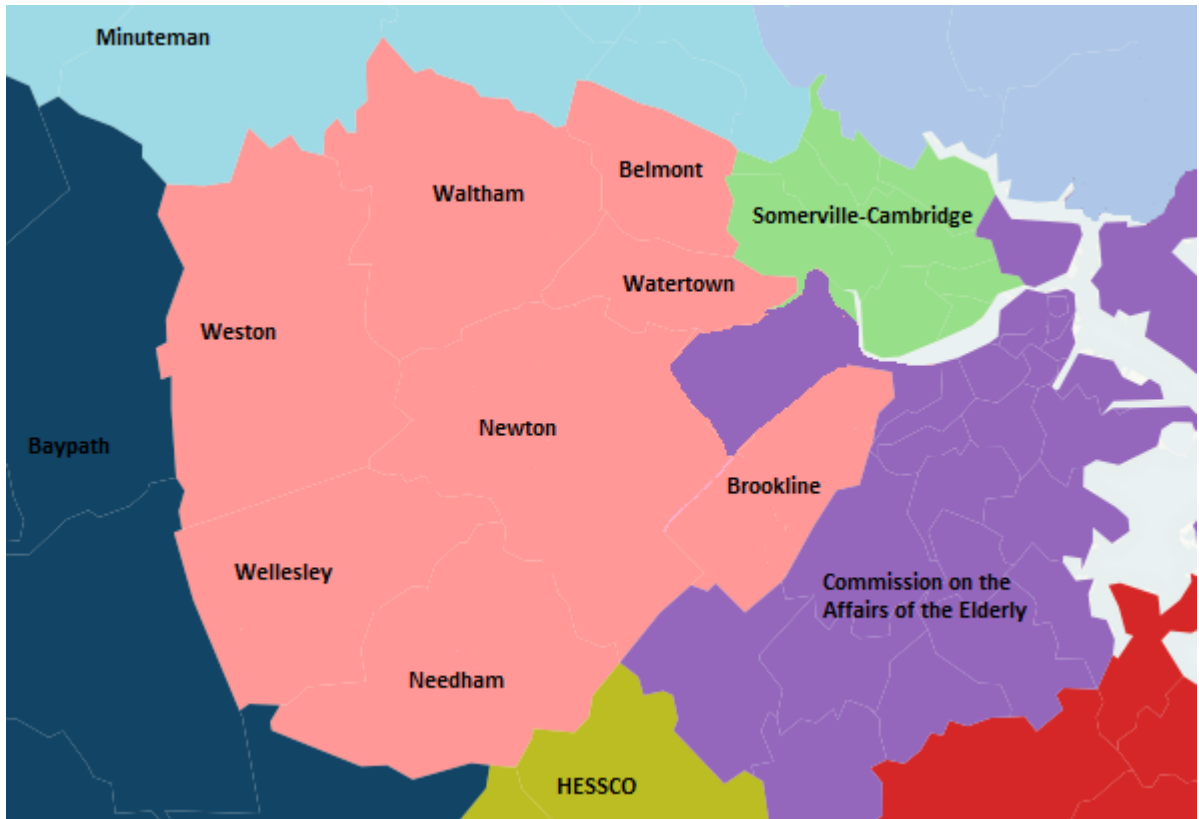
781-848-3910
FAX: 781-843-8279
TDD: 781-356-1992



Springwell, Inc.
Area Agency on Aging/Aging Services Access Point
www.springwell.com

307 Waverley Oaks Road, Suite 205
Waltham, MA 02452

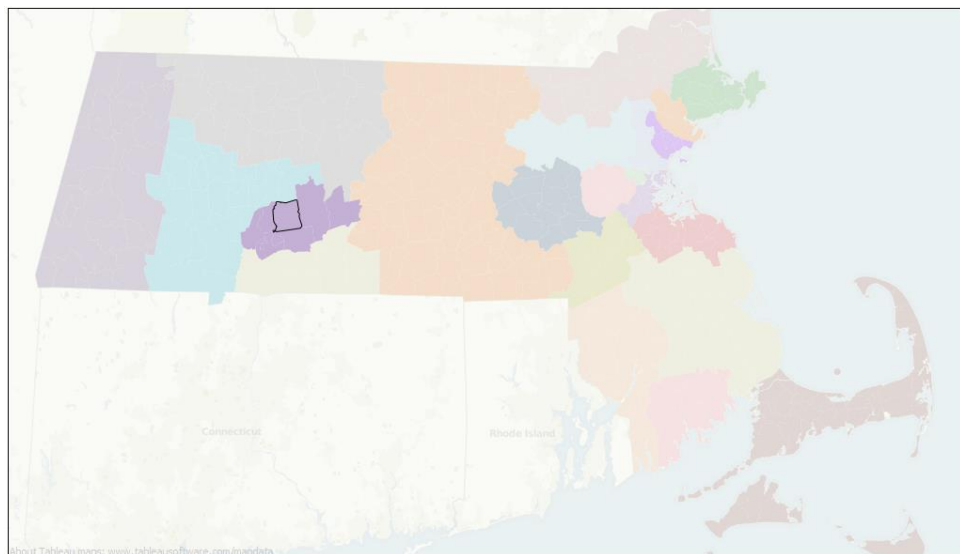
617-926-4100
FAX: 617-926-9897
TTY: 617-923-1562



WestMass ElderCare, Inc.
Area Agency on Aging/Aging Services Access Point
www.wmeldercare.org

Four Valley Mill Road
Holyoke, MA 01040

413-538-9020
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-three 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.elderinfo.org

Central Boston Elder Services
2315 Washington Street
Boston, MA 02119
(617) 277-7416
www.elderinfo.org

Boston Senior Home Care
Lincoln Plaza Suite 501
89 South Street
Boston, MA 02111-1720
(617) 292-6211
www.elderinfo.org

Tri-Valley Elder Services, Inc.
10 Mill Street
Dudley, MA 01571
(508)949-6640
www.trivalleyinc.org

Montachusett Home Care Corp.
680 Mechanic Street—Suite #120
Leominster, MA 01420-4402
(978) 537-7411
www.montachusethomecare.com

Elder Services of Worcester Area, Inc.
67 Millbrook Street, Suite 100
Worcester, MA 01606
(508) 756-1545
www.eswa.org

Old Colony Elderly Services, Inc.
144 Main Street
Brockton, MA 02301
(508) 584-1561
www.oldcolonyelderservices.org

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