Commonwealth of Massachusetts

Executive Office of Elder Affairs

Annual Legislative Report FY16

Secretary Alice Bonner

November 2016

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Part 1

Introduction

Pursuant to M.G.L. c. 19A, §12, the Executive Office of Elder Affairs (EOEA) presents its Annual Report for Fiscal Year 2016 to the Great and General Court of Massachusetts.

Mission, Vision, and Values

Our **mission** at EOEA 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. Our **values** include: the value of growing older; the value of choice, including the choice to live in the community; the value of the contributions that older adults and individuals with disabilities make to society; the value of a person-centered approach that promotes dignity and takes into account cultural identities; and the value of collaboration with our partners, advocates, and other stakeholders.

Background

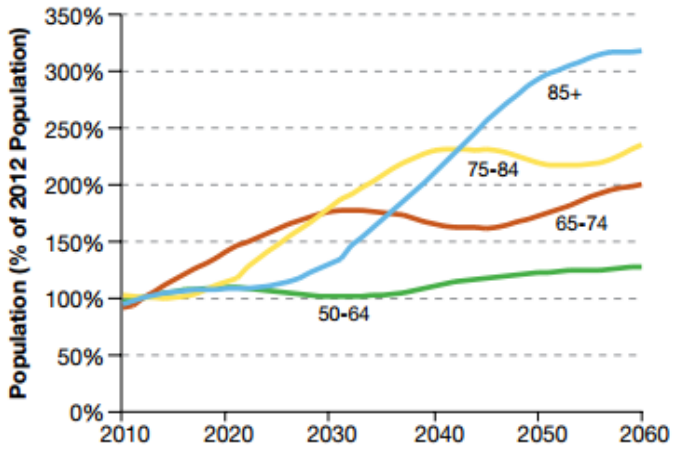
Pursuant to M.G.L. c. 19A, §4, EOEA is the principal agency of the Commonwealth to mobilize the human, physical, and financial resources available to develop, implement and evaluate innovative programs to promote the independence, empowerment and well-being of older adults.

The Older Americans Act calls for each state to establish a state unit on aging (*see 42 U.S.C. 3025*). EOEA is the Commonwealth's state unit on aging. The Administration on Aging promulgated regulations pursuant to the Older Americans Act (*see 45 C.F.R. 1321, sec. 1321.7*), which indicate the mission of the State agency: "The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the State agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, communities throughout the State. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible."

The Demographic Reality

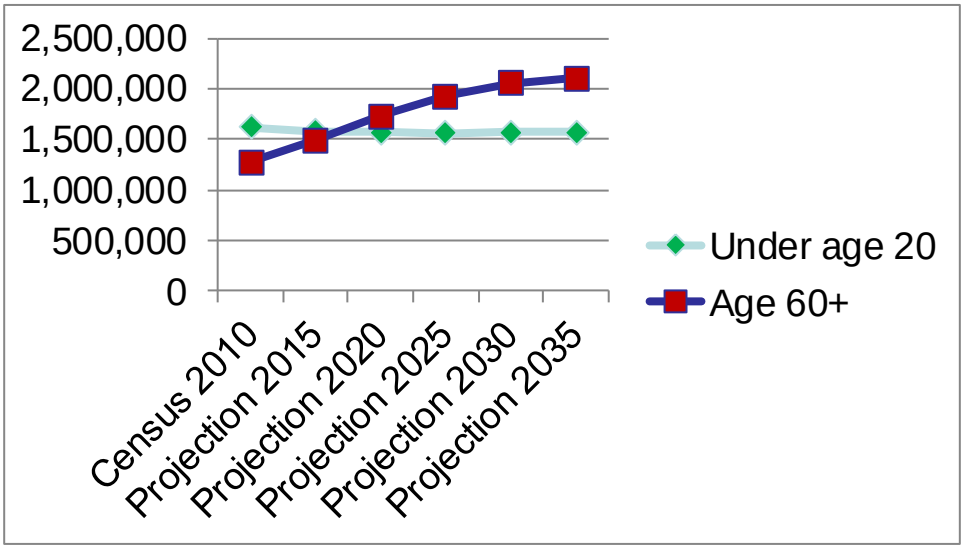
Older adults are the fastest growing segment of the population, both in Massachusetts and nationally. The percentage of the Commonwealth's population aged 65 and over is projected to increase from 15% in 2015 to 21% in 2030, according to the 2015 Massachusetts Healthy Aging Data Report. The older population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

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



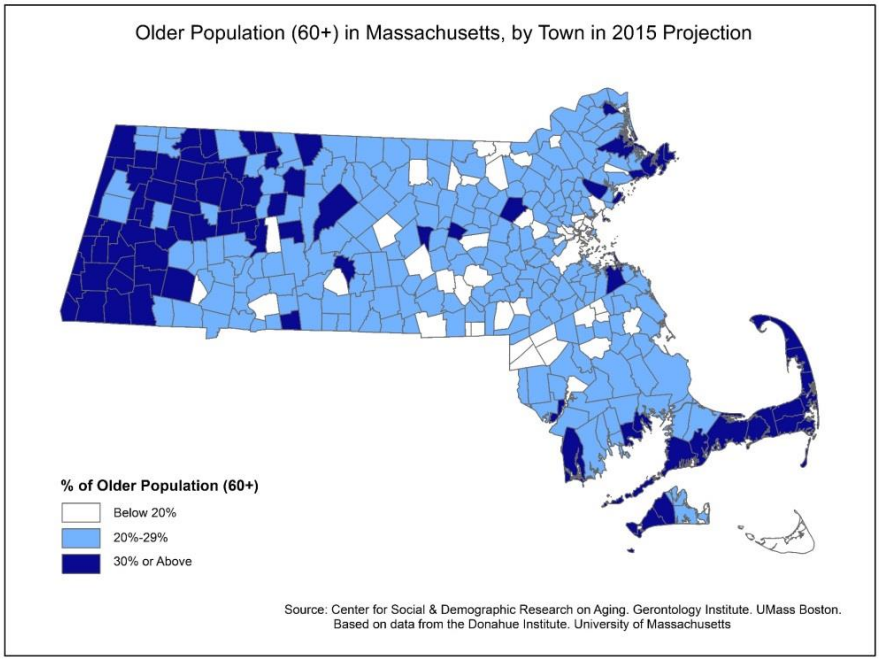
Source: AARP, *Across the States Profile of Long Term Services and Supports MA Report*, 2012

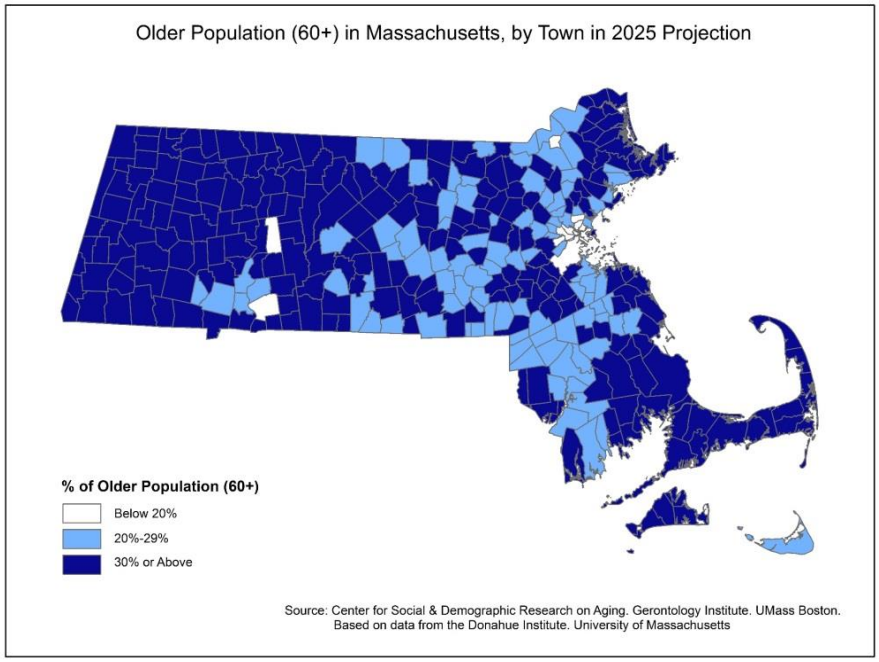
The next graph (below) shows that in Massachusetts, the projected growth for the population under age 20 is flat, whereas the projection for the population aged 60 and over continues to climb. These projection lines will not cross again.



Source: University of Massachusetts Boston Gerontology Institute, 2016

EOEA continues to prepare for the growing older adult population in the Commonwealth. As the maps below illustrate, one quarter of the current population is over 60 in most of our cities and towns. Soon, over 30% of the population in virtually every municipality will be over age 60.


Older Population (60+) in Massachusetts, by Town in 2015 Projection
% of Older Population (60+)
Below 20%
20%-29%
30% or Above
Source: Center for Social & Demographic Research on Aging. Gerontology Institute. UMass Boston.
Based on data from the Donahue Institute. University of Massachusetts


Older Population (60+) in Massachusetts, by Town in 2025 Projection
% of Older Population (60+)
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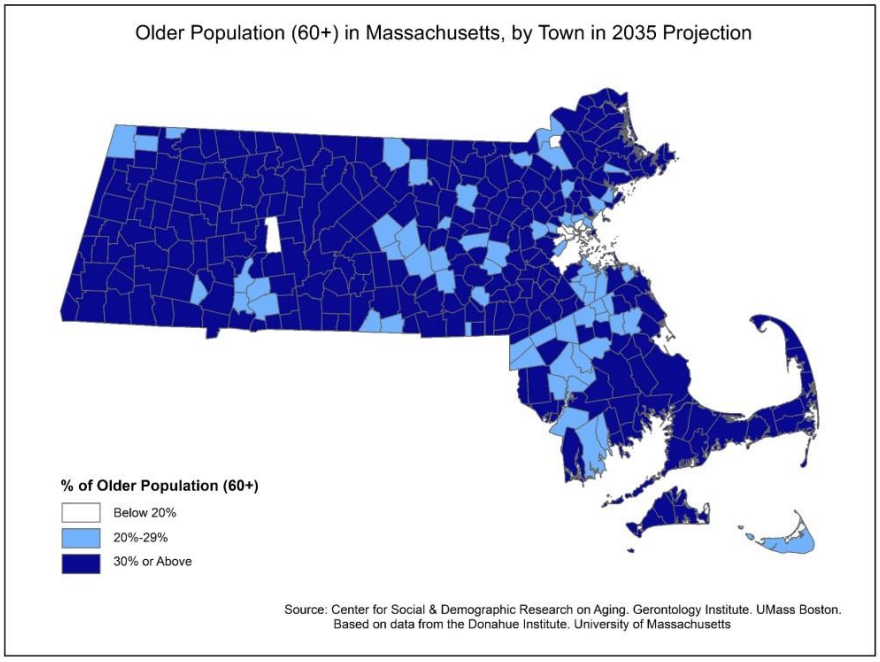


We are an aging society with all of the benefits and challenges this brings.

Older Adults in Massachusetts

The top ten questions and concerns that older adults in Massachusetts have about aging relate to the areas of financial security, health and healthcare, and finding needed services. These questions and concerns come from recent listening sessions and needs assessments conducted across the state.

FINANCIAL

1. Will I be able to afford accessible housing and services?
2. Will my community have adequate, affordable and accessible transportation?
3. Will I be able to pay for all my expenses?
4. Will I be able to keep working and to get job training or career support if I need it?
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?

FINDING SERVICES

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?

Older adults in Massachusetts face significant challenges. According to the Massachusetts Healthy Aging Data Report, updated in March 2015:

- 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.

According to the newly released 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. 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."

However, good news also exists for older adults in the Commonwealth. Massachusetts was recently identified as the healthiest state in the nation for older adults in the 2016 America's Health Rankings Senior Report. Massachusetts scored highly 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 Massachusetts 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 Massachusetts are the primary caregivers for their grandchildren.

It is important to recognize the pervasiveness of ageism, which presents an obstacle for older adults in Massachusetts and throughout the world. Coined in 1969 by Robert Butler, ageism is defined as a "process of systematic stereotyping or discrimination against people because they are old." Age discrimination presents an often invisible barrier to full self-determination for older people. However, the growing population of older adults has the potential to positively impact societal attitudes toward aging and reduce or eliminate ageism.

Overview of the Executive Office of Elder Affairs

EOEA oversees a wide range of programs that offer services and supports for older adults, individuals with disabilities, and their families and caregivers. Many of EOEA's programs differ from those in other states because they also receive state funding; among those receiving state funds are the Home Care program, Prescription Advantage, the Senior Nutrition Program, and Protective Services.

The EOEA services network includes 26 Aging Services Access Points (ASAPs), 22 Area Agencies on Aging (AAAs), 350 Councils on Aging (COAs), and 11 Aging and Disability Resource Consortia (ADRCs). ASAPs, AAAs, COAs, and ADRCs offer critical community-

based initiatives that align with our strategic priorities. ASAPs are independent regional non-profit agencies that provide a range of services, including information and referral, interdisciplinary case management, in-home services, and protective services to investigate and respond to cases of elder abuse and neglect. AAAs are federally designated regional agencies that receive Older Americans Act funds and support a wide range of local services, including assessment of needs, service planning coordination, home and community based support services, legal aid assistance services, home-delivered and congregate meals, family caregiver support services, ombudsman services, and transportation services. AAAs and ASAPs work together closely, and most are co-located in the same agency. ADRCs, which represent partnerships between ASAPs, Independent Living Centers (ILCs) and other community partners, offer a coordinated system of information and access to long term services and supports, regardless of age, disability, or income. COAs are municipally appointed agencies that provide services, education, and advocacy for older adults at the local level. For nearly half of Massachusetts' older adults, along with their families and caregivers, COAs serve as the community gateway to EOEA and other state and federal programs and services.

In addition, the MassHealth/EOEA Office of Long Term Services and Supports (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.

Strategic Priorities

Based on the voices of older adults, individuals with disabilities, and their caregivers, families, and advocates, EOEA has identified three strategic priorities. Our strategic priorities are:

1. **Promote aging in place.** Our goal is to support older adults and individuals with disabilities to remain in their homes and neighborhoods. EOEA 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 to address obstacles to aging in place. Current initiatives to promote aging in community include strengthening local relationships between Aging Services Access Points (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. EOEA is working closely with the Massachusetts Healthy Aging Collaborative (MHAC), AARP, and others to drive, support, and coordinate work around age-friendly communities in Massachusetts. A "dementia friendly community" is informed, safe, and

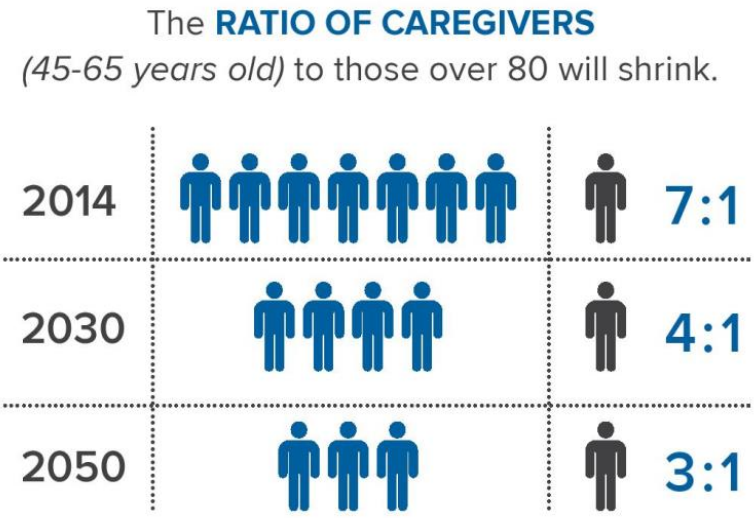
respectful, and enables people living with dementia and those who care about them to live full, engaged lives. On May 9, 2016, EOEA and Jewish Family & Children's Service (JF&CS) co-convened the Dementia Friendly Massachusetts Leadership Summit with support from Tufts Health Plan Foundation. This event launched the Dementia Friendly Massachusetts Initiative, whose leadership team is co-convened by EOEA and JF&CS and includes representatives from the Alzheimer's Association MA/NH Chapter, LeadingAge Massachusetts, the Massachusetts Association of Councils on Aging, and the Multicultural Coalition on Aging. EOEA is also working with these partners and others to promote alignment between the two movements (age-friendly and dementia friendly). In September 2015 EOEA received a federal Alzheimer's Disease Supportive Services Program (ADSSP) grant from the Administration for Community Living (ACL).

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, EOEA 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. EOEA 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.

   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. The Massachusetts Family Caregiver Support Program provides support to informal caregivers, including information and referral, as well as some limited respite funding. In addition, EOEA 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

Alzheimer's Disease Supportive Services Program (ADSSP) grant from the Administration for Community Living (ACL).



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

Woven throughout our strategic priorities is a commitment to close collaboration with other agencies, secretariats, legislators, public and private partners. An important initiative of EOEA has been to create a continuum, or network of services that extends beyond just EOEA programs. As one example of an intergenerational cross-agency collaboration, EOEA has stepped up to support the Department of Children and Family's agency improvement initiative by tapping into existing networks of older workers and volunteers. EOEA has identified and connected with two programs, Encore Boston Network and Senior Community Services Employment Program (SCSEP), which can place older workers and volunteers in DCF Area Offices to support the field staff.

EOEA is also committed to leveraging partnerships within the research and technology sectors to explore ways to incorporate new technology and evidence-based interventions in our programs and services. We currently lead two technology-focused committees, one that focuses on technology to enhance the Home Care Program, and another that focuses on technology to support individuals with dementia and their caregivers.

Balancing Incentive Program and MassOptions

In March of 2014, Massachusetts was selected to receive a Balancing Incentive Program (BIP) grant from the federal Centers for Medicare and Medicaid Services. This grant allows states to increase access to non-institutional long-term services and supports. BIP helps states transform their long-term care systems by:

- Lowering costs through improved systems performance and efficiency;

- Enhancing consumer experiences and satisfaction by creating tools and processes to help consumers with assessment, care planning and streamlined access to needed LTSS; and
- Improving quality measurement and oversight.

BIP also provides new ways to serve more people in home and community-based settings in keeping with the integration mandate of the Americans with Disabilities Act, as required by the Olmstead decision. BIP was created by the Affordable Care Act of 2010.

Launched in November 2015, MassOptions is a free resource of the Massachusetts Executive Office of Health and Human Services (EOHHS) in collaboration with OLTSS and EOEA. 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 Aging and Disability Resource Consortia (ADRCs, partnerships between the Aging Services Access Points and Independent Living Centers) as well as state agency partners such as the Executive Office of Elder Affairs, MassHealth, the Department of Developmental Disabilities, the Massachusetts Rehabilitation Commission, the Department of Mental Health and other EOHHS agencies. The MassOptions Call Center and website are funded through the 2014 BIP grant from the federal Centers for Medicare and Medicaid Services.

Designed to assist individuals to avoid the frustration of calling multiple agencies and navigating various networks, MassOptions customer service representatives can be reached toll free, at 1-844-422-6277 or callers can chat online with a representative 7 days a week from 8am – 8pm at MassOptions.org.

Home and Community Based Services Policy Lab

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, EOEA has leveraged the cloud to capture and manage home and community-based services (HCBS) delivered through 26 independent Aging Services Access Points (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 Massachusetts.

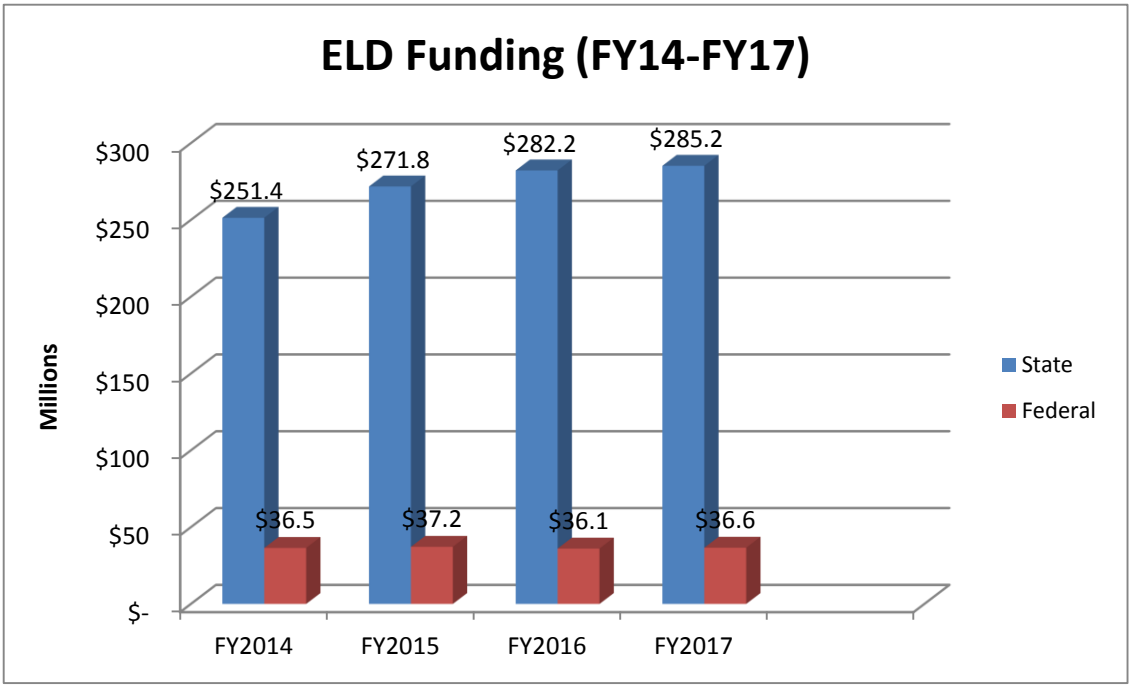
Beginning in 2011, EOEA developed a system to analyze the data in SAMS and combine it with other data sources. This system is known as the HCBS Policy Lab. The Policy Lab represents a collaboration of the Executive Office of Health and Human Services (EOHHS), EOEA, MassHealth, and the University of Massachusetts Medical School. The Policy Lab 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 EOEA and UMass Medical School, 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. EOEA and ASAP staff use the information made available via the system to improve outcomes, ensure quality, and better understand the delivery of HCBS.

Currently EOEA is using the Policy Lab to develop a new case management tool for the ASAPs. Using predictive modeling techniques, this tool 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 Policy Lab's web-based portal to draw down a list of individuals who should be targeted for fall prevention services. EOEA and UMass 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.

Part 2

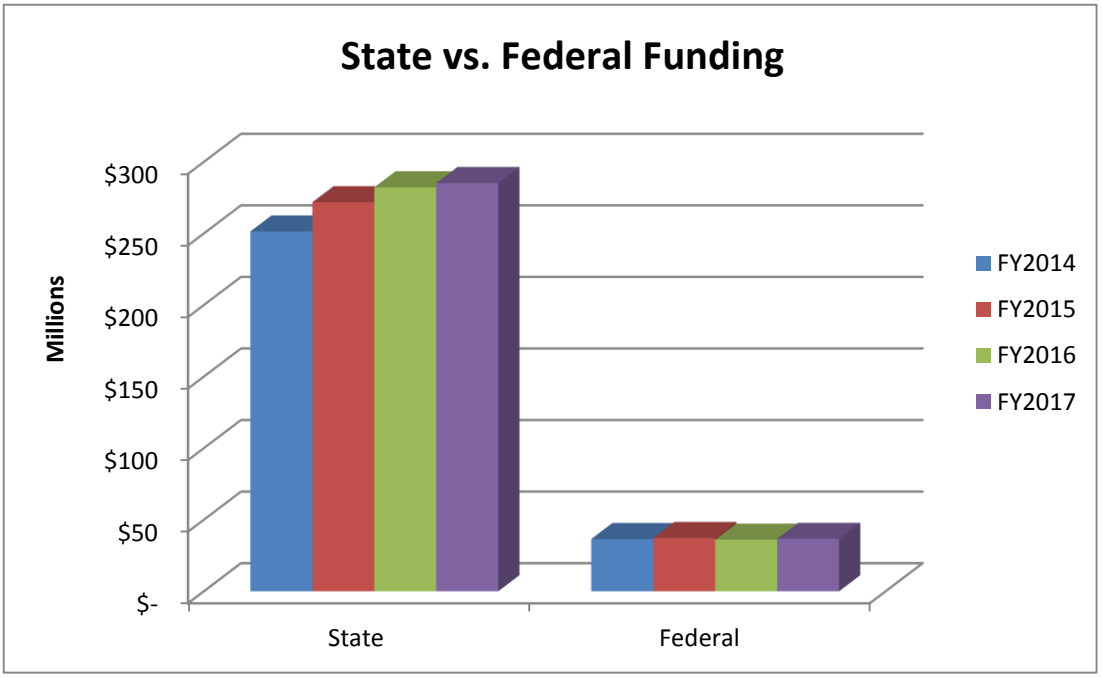
Budget Appropriations

State Appropriation Accounts					
Executive Office of Elder Affairs					
Account	**Account/Program**	**FY2014**	**FY2015**	**FY2016**	**FY2017**
9110-0100	Department of Elder Affairs Administration	$ 2,081,000	$ 2,197,000	$ 2,344,000	$ 2,077,000
9110-0104	HCBS Policy Lab	$ -	$ 250,000	$ -	$ -
9110-1455	Prescription Advantage	$ 15,970,000	$ 16,342,000	$ 18,759,000	$ 18,172,000
9110-1500	Elder Enhanced Home Care Services Program	$ 52,946,000	$ 63,077,000	$ 70,255,000	$ 70,548,000
9110-1604	Supportive Senior Housing Program	$ 4,151,000	$ 5,451,000	$ 5,494,000	$ 5,668,000
9110-1630	Elder Home Care Purchased Services	$ 98,753,000	$ 104,412,000	$ 106,668,000	$ 102,571,000
9110-1633	Elder Home Care Case Management and Administration	$ 35,545,000	$ 35,547,000	$ 34,680,000	$ 33,796,000
9110-1636	Elder Protective Services	$ 22,034,000	$ 22,811,000	$ 23,173,000	$ 28,048,000
9110-1660	Elder Congregate Housing Program	$ 2,087,000	$ 2,515,000	$ 2,155,000	$ 2,060,000
9110-1700	Elder Homeless Placement	$ 186,000	$ 186,000	$ 186,000	$ 186,000
9110-1900	Elder Nutrition Program	$ 6,375,000	$ 7,378,000	$ 7,253,000	$ 7,256,000
9110-2500	Veterans' Independence Plus Initiative	$ 750,000	$ -	$ -	$ -
9110-9002	Grants to Councils on Aging	$ 10,500,000	$ 11,615,000	$ 11,235,000	$ 14,837,000
Totals - Executive Office of Elder Affairs		**$ 251,378,000**	**$ 271,781,000**	**$ 282,202,000**	**$ 285,219,000**
MassHealth Office of Long Term Care					
4000-0600	MassHealth Senior Care	$ 2,853,836,000	$ 3,197,069,000	$ 2,972,950,000	$ 3,516,116,000
4000-0640	MassHealth Nursing Home Supplemental Rates	$ 319,300,000	$ 301,400,000	$ 291,600,000	$ 347,900,000
Totals - Office of Long Term Care		**$ 3,173,136,000**	**$ 3,498,469,000**	**$ 3,264,550,000**	**$ 3,864,016,000**
Totals - All State Appropriations		**$ 3,424,514,000**	**$ 3,770,250,000**	**$ 3,546,752,000**	**$ 4,149,235,000**



* Federal Grant Accounts				
Program	**FY14**	**FY15**	**FY16**	**FY17**
Older Americans Act	$ 27,266,253.00	$ 27,266,253.00	$ 27,266,253.00	$ 28,148,851.00
SHINE	$ 1,097,000.00	$ 1,097,000.00	$ 1,097,000.00	$ 1,097,000.00
Nutrition Services Incentive Program	$ 4,885,300.00	$ 4,885,300.00	$ 4,885,300.00	$ 4,885,300.00
SCSEP	$ 1,933,321.00	$ 1,831,043.00	$ 1,831,340.00	$ 1,881,340.00
MA Chronic Disease Self-Management Education Program	$ 575,000.00	$ 638,910.00	$ 100,714.00	$ 100,714.00
The Enhanced ADRC Options Counseling Program	$ 700,000.00	$ 1,467,493.00	$ 198,706.00	$ 198,706.00
MIPPA ADRC			$ 79,154.00	$ 79,154.00
Alzheimer's Disease Supportive Service			$ 600,000.00	$ 200,000.00
Total	**$ 36,456,874.00**	**$ 37,185,999.00**	**$ 36,058,467.00**	**$ 36,591,065.00**

* Please note that not all grants operate on the State Fiscal Calendar. Some programs operate on a multi-year program period or the federal fiscal year calendar. Therefore some awards are split between state fiscal years. This format indicates significant funding variances that would not present if listed by their program periods. For the purposes of demonstrating funding by state fiscal year, the values have been populated consistent with MMARS accounting.



Part 3

Executive Office of Elder Affairs Programs and Service Networks

EOEA remains deeply committed to serving older adults and individuals with disabilities in the settings of their choice and with a spectrum of supports. As the numbers of older adults increase, EOEA will continue to look for new partnerships and innovative ways of anticipating and meeting their needs. EOEA provides and manages the following services:

1. Assisted Living Residences Certification Program

The Assisted Living Residences (ALRs) Certification Program is responsible for the oversight and certification of ALRs across the Commonwealth. The underlying philosophy of assisted living is to enhance residents' autonomy, privacy, and individuality by providing needed services. ALRs exist as a residential option available to adults on a rental basis. ALRs provide a combination of housing and supportive services, including personal care, such as bathing and dressing, and household management, such as meals and housekeeping.

The Executive of Elder Affairs certifies ALRs in Massachusetts. ALRs are not the same as licensed nursing facilities; ALRs currently do not provide medical or nursing services. They are not designed for people who need serious medical care. Instead, ALRs are intended for adults who may require some help with activities such as housekeeping, meals, bathing, dressing and/or medication reminders, and who would like the security of having assistance available on a 24 hour basis in a residential and non-institutional environment.

Calendar Year 2015: 239 ALRs; 15,171 Residents; 11,968 Traditional Units; 4,008 Special Care Units

Comparative Calendar Year:
2014: 227 ALRs; 14,542 Residents; 11,526 Traditional Units; 3,485 Special Care Units

2. Assisted Living Ombudsman Program

The Assisted Living Ombudsman Program improves the quality of life for ALR residents in the areas of health, safety, and resident rights. The Assisted Living Ombudsman acts as a mediator to resolve problems or conflicts between the ALR facility and its residents. The Ombudsman serves as an advocate to promote residents' dignity, autonomy and respect. The Ombudsman has frequent telephone contact with residents and facility staff members. The Ombudsman may also conduct site visits, often to address issues that impact several residents.

Fiscal Year 2016: Assisted Living Contacts: 446, Assisted Living Visitations: 26

Comparative Fiscal Year:
2015: Assisted Living Contacts: 168, Assisted Living Facility Visitations: 44

3. Community Care Ombudsman Program

The Community Care Ombudsman Program (CCO) assists people aged 60 and over who receive home care, day care services and other community services. The CCO responds to inquiries from older adults and their families, educates consumers about their rights and responsibilities, counsels consumers about concerns with their services, refers consumers to appropriate resources for help, and investigates and resolves complaints through mediation. Covered community care programs include medical, functional, or social support services provided to an individual in their home or apartment, day care programs, and managed care demonstration programs under the Social Security Act.

Fiscal Year 2016: 1,109 New Cases

Comparative Fiscal Year:
2015: 749 New Cases

4. Area Agencies on Aging Network

Pursuant to the Older Americans' Act, the State Unit on Aging (EOEA) works in partnership with 22 Area Agencies on Aging (AAAs) for planning, policy development, administration, coordination, priority setting, monitoring and evaluation of State activities related to the Act. In partnership with the Commonwealth's 22 AAAs, EOEA develops a State Plan that describes how it will carry out this responsibility statewide. The Older Americans Act provides access to services which make it possible for older individuals to remain at home, thereby preserving their independence and dignity. Through their grant awards, AAAs support a wide range of local

services, including assessment of needs, service planning coordination, home and community based support services, legal aid assistance services, information and referral, home-delivered and congregate meals, family caregiver support services, ombudsman and transportation services.

5. Aging Services Access Points Network

Aging Services Access Points (ASAPs) are 26 regional non-profit agencies 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, as established in Massachusetts statute MGL c. 19A s4B. ASAPs are responsible for:

- providing information and referral services to elders
- conducting intake, comprehensive needs assessments, preadmission screening and clinical eligibility determinations
- developing a comprehensive service plan based on the needs of the individual
- arranging, coordinating, authorizing and purchasing community long-term care services for individuals as indicated in their service plan
- monitoring/adjusting the service plan as needed

Note: most ASAPs are associated/co-located with AAAs (see above).

a. Home Care Program

EOEA's home care programs are delivered through contracts with ASAPs. An ASAP care manager authorizes and coordinates long term support services provided by provider agencies, ensures interdisciplinary review of consumer needs and service planning, reassesses the consumer's status at mandated intervals, responds to consumer and/or caregiver concerns as they arise, and facilitates access to information and referral as appropriate.

Currently eligible older adults may receive a wide array of services depending on their needs. The Home Care Basic Program provides services to eligible older adults intended to support their needs in the areas of activities of daily living* (ADLs), and instrumental activities of daily living** (IADLs), as well as social contact and support, enabling them to remain at home. Specific services available from subcontracted providers include personal care, homemaking, adult day health, chore, companion, home health services, grocery shopping, laundry, personal emergency response system, companionship, environmental accessibility adaptations, translation and medical transportation. Consumers who have also been determined eligible for a nursing facility may receive, through the Enhanced Community Options Program (ECOP), an expanded level of service intended to prevent or delay nursing facility placement. Finally, the Community Choices Program (Choices) has been designed to provide intensive home and community-based services to older adults who are determined financially and clinically eligible for the MassHealth 1915c Home and Community-Based Services (HCBS) Waiver and are at imminent risk of nursing home placement. The Choices Program delivers Frail Elder HCBS Waiver services to older adults with MassHealth Standard who are at imminent risk of nursing facility placement.

Approximately 47% of home care consumers are on MassHealth. Approximately 38% (17,000 consumers) in the home care programs are clinically eligible for nursing facility care. Currently, these consumers have averaged 2.82 years in home care while being at a nursing facility level of care.

Some ASAPs have mental health initiatives. The Department of Public Health's Suicide Prevention Program funds geriatric mental health programs at four ASAPs (Bristol Elder Services, Elder Services of Worcester Area, Greater Springfield Senior Services, and Mystic Valley Elder Services). In addition, EOEA and the Department of Mental Health have collaborated to provide two rounds of Certified Older Adult Peer Specialists (COAPS) trainings in April 2015 and June 2016. Peers are individuals with lived experience of mental health conditions and the mental health system who use this experience to support others and foster hope for recovery. There are currently 38 COAPS in Massachusetts, 4 of whom work at ASAPs. Funding for COAPS comes from DMH.

Following a recommendation from the Special Commission on LGBT Aging, EOEA recently incorporated questions about sexual orientation and gender identity or expression data (SO/GI) in the Comprehensive Data Systems (CDS) Assessment for home care services and in the Family Caregiver Support Program Assessment. Along with this change, EOEA provided training for care managers and caregiver specialists.

** Activities you usually do during a normal day such as getting in and out of bed, dressing, bathing, eating, locomotion in the home, mobility in and out of bed/chair, toilet use incontinence management and using the bathroom.*
*** Activities related to independent living, include preparing meals, managing money, medication management, shopping for groceries or personal items, performing light or heavy housework, laundry, locomotion outside the home, transportation use and using a telephone.*

Fiscal Year 2016 Average Monthly Enrollment	
Homecare Basic:	**31,587**
ECOP:	**7,142**
Choices:	**6,510**
Nursing Facility eligible consumers:	**17,024**
Comparative Fiscal Year:	
2015 Average Monthly Enrollment	
Homecare Basic:	*31,044*
ECOP:	*6,865*
Choices:	*6,634*
Nursing Facility eligible consumers:	*16,956*

b. Protective Services

20 designated Protective Services Agencies and the Elder Abuse Hotline are responsible for receiving and investigating reports of abuse, neglect, self-neglect and financial exploitation of

adults aged 60 and older who are living in the community. Elder abuse includes physical, sexual and emotional abuse, neglect by a caregiver, financial exploitation and self-neglect. The 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. EOEA currently has a federal grant from the Administration for Community Living to enhance the Protective Services system in Massachusetts.

Fiscal Year 2016	
Screened in for investigation	**17,014**
Investigation Completed	**13,934**
Abuse and Neglect Cases Confirmed	**7,925**
Comparative Fiscal Year:	
2015: Screened in for investigation	*15,111*
Investigation Completed	*12,613*
Abuse and Neglect Cases Confirmed	*7,117*

c. Money Management Program

The Money Management Program deploys trained and monitored volunteers who provide bill-paying assistance to older adults who are having difficulty managing their finances.

Fiscal Year 2016: 11,438 consumers served by approximately 932 volunteer counselors

Comparative Fiscal Year:
2015: 11,272 consumers served by approximately 995 volunteer counselors

d. Information and Referral

The Information and Referral unit at EOEA administers the 1-800-AGE-INFO (1-800-243-4636) telephone line and provides older adults and their caregivers and families with information about and referrals to a wide range of programs and services depending on their needs. Each ASAP/AAA has an Information and Referral unit at the regional level as well.

Fiscal Year 2016: total number of calls: 179,414

Comparative Fiscal Year:
2015: total number of calls 171,199

e. Clinical Assessment and Eligibility Services

EOEA and the MassHealth/EOEA OLTSS have established an approach to Clinical Assessment and Eligibility (CAE) which supports an interdisciplinary approach to providing the most comprehensive community service package and/or living arrangements to each member. EOEA has established performance-based contracts with ASAPs to ensure that all MassHealth members and applicants receive a comprehensive clinical evaluation. This approach promotes the most appropriate and cost-effective means of meeting each member's needs in the least restrictive setting.

The ASAP Registered Nurse (RN) and the ASAP Care Manager (CM) are part of an interdisciplinary case management team. This team ensures that each MassHealth member/applicant and their caregivers are fully informed of the community and long-term options available to them.

Fiscal Year 2016 Screenings: 59,222

Comparative Fiscal Year:
2015 Screenings 59,191

f. Massachusetts Family Caregiver Support Program

The Massachusetts Family Caregiver Support Program (MFCSP) provides a range of support services to family and informal caregivers to assist them in caring for their loved ones at home for as long as possible. The program serves individuals caring for a spouse, relative or friend aged 60 and older or a younger individual with dementia, as well as grandparents aged 55 and over 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, and others).

Federal Fiscal Year 2016: 3,673 unduplicated caregivers served

Comparative Fiscal Year:
2015: *4,284 unduplicated caregivers served*

g. Supportive Housing

The Supporting Housing Program brings services to residents of state or federally funded housing for older adults and persons with disabilities. The program seeks to help residents maintain their independence and "age in place" by providing on-site service coordinators and supportive services such as care management, 24 hour on-call assistance, meals, and structured social activities.

Fiscal Year 2016: 41 supportive housing sites with 6,193 units serving an average of 6,407 residents per quarter within those sites

Comparative Fiscal Year:
2015: 41 supportive housing sites with 6,155 units serving an average of 6,423 residents per quarter

6. Congregate Housing

Similar to Supportive Housing, the Congregate Housing Program integrates housing and support services for older adults and individuals with disabilities. However, Congregate Housing involves a shared living environment; each resident has a private bedroom, but shares one or more of the following: kitchen facilities, dining facilities, and/or bathing facilities. As with Assisted Living and Supportive Housing, Congregate Housing is neither a nursing home nor a medical care facility.

Fiscal Year 2016: 44 congregate housing sites with 559 units serving an average of 497 residents per quarter

Comparative Fiscal Year:
2015: 44 congregate housing sites with 563 units serving 516 residents

7. 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 EOEA in partnership with ASAPs and AAAs, social service and community based agencies, and Councils on Aging (COAs). The program is partially funded by the Centers for Medicare and Medicaid Services (CMS). 14 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 individuals 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, ASAPs, AAAs, hospitals, and other community-based agencies. Total savings from SHINE in calendar year 2015 are estimated to be $110,488, 820 ($88.62 saved per beneficiary and $2,047.50 saved per client served).

Fiscal Year 2016: 74,817 consumers served by 620 counselors (including 77 who are bilingual)

Comparative Fiscal Year:
2015: 72,850 consumers served by 592 counselors (including 77 who are bilingual)

8. Aging and Disability Resource Consortia

Aging and Disability Resource Consortia (ADRCs) began in Massachusetts in 2002 as a jointly sponsored national initiative funded by the Administration on Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The Executive Office of Elder Affairs and the Massachusetts Rehabilitation Commission administer the ADRC model in Massachusetts in partnership with 11regional Independent Living Centers and 26 regional ASAPs and AAAs. ASAPs provide services to older adults, and Independent Living Centers (ILCs) provide services to younger individuals with disabilities. The goal of ADRCs is to create a single, coordinated system of information and access for all persons seeking long-term services and supports, regardless of age, disability or income. This is known as a "No Wrong Door" approach. ADRCs promote increased collaboration and knowledge of long term services and supports across the aging and disability services networks. ADRCs follow the principles of consumer choice, person-centered decision making, cultural inclusivity, and accessibility.

Option Counseling, which began in 2008, is a core function of ADRCs. Options Counselors provide information about the full range of public and private long term services and supports to adults of any age, their family members, caregivers, and significant others to ensure that individuals are able to make informed decisions about services and settings. Options Counseling is offered at no cost and can be provided in one's home, other community setting, in a nursing home, rehabilitation center, and/or hospital regardless of age or income.

Fiscal Year 2016: 5,800 consumers completed Options Counseling

Comparative Fiscal Year:
2015: 4,282 consumers completed Options Counseling

9. LTC Ombudsman (LTCO) Network

The Long Term Care Ombudsman Program is a federal and state mandated program that offers residents of long term care facilities (nursing homes and rest homes) a way to voice their concerns and have their complaints addressed. Trained volunteer ombudsmen receive, investigate and work to resolve issues so residents may live with dignity and respect. Services include complaint investigation and resolution, information and referral, and advocacy.

Federal Fiscal Year 2016: 311 volunteers worked on 4,991 complaints

Comparative Fiscal Year:
2015: 282 volunteers worked on 5,735 complaints

10. Senior Nutrition Program

The Senior Nutrition Program administers and coordinates 29 local nutrition programs throughout the state, serving approximately 8.6 million nutritionally balanced meals to approximately 75,000 elders each year. This program addresses multiple issues facing older adults, including poor nutrition, food insecurity, chronic disease, and social isolation. Meals are provided at more than 325 congregate sites and more than half are delivered to frail older adults in their homes. There are approximately 7,000 volunteer drivers who contribute about 450,000 hours yearly. The program provides multiple ethnic and culture-specific meals including: Kosher, Russian, Latino, Hindu/vegetarian, Chinese, Caribbean, Southern/traditional, Italian, Haitian, and Cambodian.

Fiscal Year 2016:
Congregate Meals Served – 1,453,153
Home Delivered Meals Served – 7,682,799

Comparative Fiscal Year:
2015: Congregate Meals – 1,562,140; Home Delivered Meals – 7,232,051

11. Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is funded by the U.S. Department of Labor under the authority of the Older Americans Act of 1965. SCSEP assists eligible adults seeking work skills training by placing participants in temporary job assignments at non-profit or community service organizations. Participants receive on-the-job training and complete at least 20 hours per week. Eligibility criteria:

- Age 55 and over
- Massachusetts residents
- Income at or below 125% of the Federal Poverty Level ($13,000 per year for one person)

Although the program has been level-funded over the past three years, the funding is based on the federal minimum wage of $7.25 per hour. In Massachusetts, the minimum wage is significantly higher and increased from $9.00 in 2015 to $10.00 in 2016. The decline in the number of SCSEP participants from FY15 to FY16 reflects the statutory requirement to pay the higher state minimum wage. The number of participants is expected to fall again when the Massachusetts minimum wage increases to $11.00 in January 2017.

Fiscal Year 2016: 263 participants served

Comparative Fiscal Year:
2015: 324 participants served

12. Councils on Aging and Senior Centers

Councils on Aging (COAs) are the community focal point for social and support services for older adults, families and caregivers in 350 cities and towns in Massachusetts. These municipal agencies develop priorities, serve as advocates, and offer opportunities for older adults and their families to access programs, services and activities. Examples of programs and services include information and referral, outreach, transportation, meals (congregate and/or home-delivered), health insurance information benefits counseling (SHINE), fitness, recreation, and computer access. In some communities, COAs serve as the only public social service agency and assist people of all ages in accessing public benefits. They may also serve as a link to support for older adults and others in case of local emergencies. Each COA determines its own priorities based on unique local circumstances, resources and interests. Volunteers play an integral service role in COAs; approximately 34,500 volunteers statewide provide nearly 53,000 hours per week of essential support in areas such as transportation, nutrition, fitness and recreation, health insurance benefits counseling, health screening, education, supportive day care and many others. COAs receive technical assistance and grants from EOEA.

EOEA has provided FY16 funding for three communities to establish Elder Mental Health Outreach Teams through the Service Incentive Grant for COAs. The grants are being implemented through the Massachusetts Association of Councils on Aging (MCOA), and the following three communities were selected:

- Lower Merrimac Valley Area led by the Amesbury COA and joined by community teams from Newbury, Newburyport, Merrimac, Groveland and Salisbury, plus Pettengill House.
- City of New Bedford Council on Aging, in partnership with the Community Services Department of New Bedford, and joined by community teams in Acushnet, Dartmouth and Fairhaven, plus Coastline Elderly Services, the Department of Mental Health, and many others.
- Blackstone Valley Region led by the Bellingham COA and joined by community teams from Blackstone, Franklin, Medway, Mendon and Milford.

Fiscal Year 2016: 321,850 estimated direct service contacts

Comparative Fiscal Year:
FY 2015: 311,512 estimated direct service contacts

13. Prescription Advantage

Prescription Advantage (PA) is a prescription drug insurance plan available to Massachusetts residents aged 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines. PA provides supplemental assistance, based on income, for its members with Medicare prescription drug coverage, and primary prescription insurance coverage comparable to Medicare Part D for those not eligible for Medicare.

Fiscal Year 2016: average of 41,850 members

Comparative Fiscal Year:
2015: average of 44,793 members

The MassHealth/EOEA Office of Long Term Services and Supports

The MassHealth/EOEA Office of Long Term Services and Supports (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 care. 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 the services and the providers who deliver them by establishing contracted provider networks, administering programmatic regulations governing services, and monitoring providers' compliance with those regulations. OLTSS also manages two integrated health insurance options that exist as partnerships between Medicare and Medicaid in order to provide older individuals with comprehensive long term services and supports: Senior Care Options (SCO) and the Program of All-Inclusive Care for the Elderly (PACE).

1. Coordinated Care Plans

a. Program for All-Inclusive Care

The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical, social, recreational, and wellness services to eligible participants. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes. All PACE programs have an Interdisciplinary Team, an individualized health care plan for each member, and a PACE center. Once an individual enrolls in PACE, most of their medical services will be provided at the PACE Center, although services may also be provided in their home or another facility. To enroll in PACE, individuals must be 55 or older, live in a PACE service area, be certified by the state as eligible for nursing home care, be able to live safely in the community (not a nursing home), agree to receive health services exclusively through the PACE organization, and meet the Social Security Act Title XVI disability standards, if 55 through 64 years of age. Individuals do not need to be on MassHealth to enroll in PACE; however, there are income and asset guidelines in order for MassHealth to cover an individual's PACE premium.

Fiscal Year 2016: 4,049 Consumers

Comparative Fiscal Year:
2015: 3,479 Consumers

b. Senior Care Options

Senior Care Options (SCO) provides all of the services normally paid for through Medicare and MassHealth through a Senior Care Organization and its network of providers. SCO combines

health care and social support services; there are no copays for members enrolled in SCO. Eligibility criteria for SCO include age (65 or older), place of residence, geographic location (live in an area served by a SCO plan), MassHealth eligibility, and diagnoses.

Fiscal Year 2016: 42,823 Consumers

Comparative Fiscal Year:
2015: 38,672 Consumers

2. Community Services

a. Durable Medical Equipment

Durable Medical Equipment services include the purchase, rental, or repair of durable medical equipment such as customized mobility products and hospital beds, medical and surgical supplies, incontinence and urological supplies, and personal emergency response systems. Oxygen devices, respiratory equipment and supplies, orthotics and prosthetics are also covered MassHealth benefits.

Fiscal Year 2016: 52,665 Consumers

Comparative Fiscal Year:
2015: 54,000 Consumers

b. Home Health

Home Health services are available to MassHealth consumers who require a skilled nursing or skilled therapy service. Covered services include nursing, home health aide, physical therapy, occupational therapy, and speech language therapy. All home health services must be furnished under a plan of care established individually for the member by the member's physician. Continuous nursing services are also available to MassHealth consumers living in the community who require more than a two hour visit. This service is provided by both home health agencies and independent nurses.

Fiscal Year 2016: 34,946 Consumers

Comparative Fiscal Year:
2015: 33,019 Consumers

c. Hospice

Hospice services are available to MassHealth consumers living in the community and in nursing facilities for end-of-life support. Consumers choosing hospice services receive benefits that

include nursing and physician visits, counseling, homemaker services, home health services, and therapy services.

Fiscal Year 2016: 6,602 Consumers

Comparative Fiscal Year:
2015: 7,037 *Consumers*

d. Personal Care Attendant Program

The Personal Care Attendant (PCA) program provides MassHealth funds for consumers with chronic disabilities to hire Personal Care Attendants (PCAs) who provide physical assistance with personal care. The PCA program is a consumer-directed program, and the consumer receiving the PCA services is the employer of his/her PCA and is responsible for recruiting, hiring, training and supervising the PCA. MassHealth contracts with Personal Care Management (PCM) agencies to assist consumers with their employer responsibilities, and contracts with fiscal intermediaries (FIs) to assist consumers with their payroll responsibilities.

Fiscal Year 2016: 34,261 Consumers

Comparative Fiscal Year:
2015: 29,930 Consumers

e. Therapy Services: Physical, Occupational, and Speech

Physical, occupational, and speech therapy are available and provided by independent practitioners in community settings. Evaluation and treatment for speech, language, voice and fluency disorders are available through Speech and Hearing Clinics.

Fiscal Year 2016: 8,921 Consumers

Comparative Fiscal Year:
2015: 11,525 Consumers

3. Day and Residential Programs

a. Adult Day Health

Adult Day Health (ADH) programs offer daily services that include skilled nursing and health care oversight, therapy, assistance with ADLs, nutritional services, individual and family counseling, therapeutic activities, transportation to and from the program, and case management. The ADH program model is designed to provide the health and nursing oversight necessary to assist consumers to remain in the community and maintain their level of independence.

Fiscal Year 2016: 8,787 Consumers

Comparative Fiscal Year:
2015: 8,647 Consumers

b. Adult Foster Care

Adult Foster Care (AFC) services are provided in a home setting by a caregiver who resides with the individual. An AFC provider matches the individual to an appropriate caregiver. Services include assistance with ADLs, such as eating and dressing, and IADLs, such as medication management and food shopping, as well as nursing and care management and oversight.

Fiscal Year 2016: 11,449 Consumers

Comparative Fiscal Year:
2015: 10,454 Consumers

c. Day Habilitation

Day Habilitation programs serve persons with intellectual/developmental disabilities in a structured day program designed to build skill development, improve level of functioning, and facilitate independent living and self-management skills. Services available include nursing services; developmental skills training; therapy services; and assistance with ADLs.

Fiscal Year 2016: 10,082 Consumers

Comparative Fiscal Year:
2015: 9,901 Consumers

f. Group Adult Foster Care

Group Adult Foster Care (GAFC) services are provided in a group housing residential setting such as assisted living or Supportive Housing. Services provided by personal caregivers include assistance with ADLs and IADLs. Supervision of health-related activities and care management is provided by the GAFC provider's nursing and care management staff.

Fiscal Year 2016: 7,631 Consumers

Comparative Fiscal Year:
2015: 7,984 Consumers

4. Facility-based Services

a. Chronic Disease and Rehabilitation Hospitals

Chronic Disease and Rehabilitation Hospitals provide a wide range of inpatient and outpatient services. Services for rehabilitation include stroke, amputee, head injury, spinal cord injury, pulmonary or physical medicine and rehabilitation. Chronic services include oncology, complex medical management, HIV and AIDS, complex wound management, post medical-surgical problem or congestive heart failure.

Fiscal Year 2016: 9,883 Consumers

Comparative Fiscal Year:
2015: 10,989 Consumers

b. Nursing Facilities

Nursing facilities provide a wide range of services, including skilled nursing care; rehabilitative care, such as physical, occupational, speech, and respiratory therapy; assistance with ADLs; pharmaceutical services; dietary and nutritional services; psychosocial services, such as mental health services; and room and board.

Fiscal Year 2016: 36,832 Residents

Comparative Fiscal Year:
2015: 39,035 Residents

Special Councils, Commissions, and Committees

Assisted Living Advisory Council

The Legislature established the Assisted Living Advisory Council under Chapter 19D, Section 17 of Massachusetts General Laws, to advise the Secretary of EOEA about matters relating to certification regulations guiding Assisted Living Residences in the Commonwealth. The Assisted Living Advisory Council was established in 2014. These meetings are open to the public and posted at www.mass.gov/elders.

Commission on the Status of Grandparents Raising Grandchildren

On July 8, 2008 the Child Advocate bill was signed into law which included the establishment of the Commission on the Status of Grandparents Raising Grandchildren (Section 1 of Chapter 176, the Acts of 2008 M.G.L. Chapter 3, section 69). This legislation calls for a permanent commission on the status of grandparents raising grandchildren which consists of individuals

who have demonstrated a commitment to grandparents. The Commission's primary purpose is to serve as a "resource to the commonwealth on issues affecting grandparents raising grandchildren." The Commission's responsibilities include:

- Fostering unity among grandparents raising grandchildren, communities and organizations in the commonwealth, by promoting cooperation and sharing of information and encouraging collaboration and joint activities;
- Serving as a liaison between government and private interest groups with regard to the unique interest and concern to grandparents raising grandchildren;
- Advising executive and legislative bodies of the potential effect of proposed legislation on grandparents raising grandchildren, as the commission deems necessary and appropriate;
- And identifying issues that are faced by relatives, other than parents, who are raising children. Currently, the Commission meets monthly at various locations around the state. These meetings are open to the public and posted at www.mass.gov/elders.

Citizens Advisory Committee

The Citizens Advisory Committee (CAC) was established by M.G.L c. 19A, Section 5. The CAC's primary function is to advise and assist the Secretary of EOEA on matters relating to the special needs of older adults. CAC members are appointed by the Secretary on the basis of their long-time civic and community involvement. In accordance with the Committee's governing bylaws, consideration is given to age, geography, as well as other factors. According to the bylaws, at least 50% of the board must be 55 years of age or older. Members serve 3-year terms. CAC meetings are open to the public and posted at www.mass.gov/elders.

Alzheimer's and Related Dementias Acute Care Advisory Committee

The Alzheimer's and Related Dementias Acute Care Advisory Committee was established by Session Law 2014 Chapter 228. The Committee includes representatives from EOHHS, including EOEA; Alzheimer patient advocates; Alzheimer caregivers; health care providers from acute care settings; researchers with relevant expertise; representatives from the Massachusetts/New Hampshire chapter of the Alzheimer's Association; and representatives from the Massachusetts Hospital Association. The purpose of the Committee is to: "(i) craft a strategy to address dementia-capable care in all acute care settings in the commonwealth; (ii) be responsible for presentation of strategy to the general court and all pertinent state agencies and departments and participate in implementing the strategy; (iii) help to ensure that acute care settings are dementia-capable with Alzheimer's and related dementias; (iv) coordinate with federal government bodies to integrate and inform dementia-capable care in acute care settings; and (v) provide information and coordination of Alzheimer's and related dementia care in acute care settings across all state agencies."

Interagency Council on Housing and Homelessness

The Interagency Council on Housing and Homelessness (ICHH) was convened by Governor Baker and Lt. Governor Polito in October of 2015. The mission of the ICHH is to provide the forum where new strategies in support of affordable housing development and to address the issues of homelessness among all populations are formulated. These new strategies will enhance the coordination and prioritization of housing resources and services of all types in support of vulnerable populations in the Commonwealth. The ICHH seeks to align the work of all state agencies in affirming the priorities of the Administration 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 the citizens of the Commonwealth. The ICHH is co-chaired by Secretary Sudders and Secretary Ash and consists of Secretaries, Assistant Secretaries and Commissioners of the executive branch of state government. In addition, there is an ICHH Advisory Committee which also meets quarterly and is made up of agencies, providers, advocates, consumers and other stakeholders. Members of the public, legislature and their staff are welcome to join these meetings.

Secretary Bonner co-chairs the ICHH Committee on Elder and Chronic Homelessness with the Department of Housing and Community Development. In 2016, working with community stakeholders, this 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.