

**Charles D. Baker**  
Governor

**Karyn Polito**  
Lieutenant Governor



**Marylou Sudders**  
Secretary

**Alice Bonner, PhD, RN, FAAN**  
Secretary of Elder Affairs

# **Annual Legislative Report**

## **Fiscal Year 2018**

**December 2018**

Massachusetts Department of Elder Affairs



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## Executive Summary

This report presents the work of the Executive Office of Elder Affairs (EOEA) and its commitment to promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

Massachusetts now has more residents over the age of 60 than under the age of 20, and older adults are the fastest growing segment of our population. The Commonwealth benefits from the involvement, experience and knowledge of older adults in every aspect of our community and economy. We also continue to lead the country in aging services. Through the Executive Office of Elder Affairs, the Office of Long Term Services and Supports and our countless partnerships with state agencies, the legislature, and non-profit and private organizations, we work to ensure that older adults have access to the resources they need to live well and thrive in every community in the Commonwealth.

EOEA manages a \$546 million dollar budget, serving over 1.2 million older adults over the age of 60 with a network of services that includes home care, caregiver support, nutrition programs, protective services, health and wellness services, housing options, counseling, dementia and behavioral health services, assisted living certification, long term services and supports and a variety of other programs and services.

### 2018 Accomplishments

In 2018, the accomplishments of the Administration, the Executive Office of Health and Human Services (EOHHS), EOEA, and its partners in the aging services network and community reflect a year marked by strategic, collaborative, and innovative initiatives. These efforts amplified the agency's mission and advanced the goal of ensuring that Massachusetts remains a great place to grow up and grow older together; meeting the needs of an aging population both today and in the future. In 2018, EOEA and its partners saw accomplishments in advancing age- and dementia-friendly communities, supporting aging in community with increase funding to Councils on Aging, continuing to support and resource the Elder Protective Services program, expanding service-enriched housing options to older adults and individuals with disabilities, and fostering development of the direct care workforce.

#### Age- and Dementia-Friendly Communities

The Governor's Council to Address Aging in Massachusetts has led the statewide initiative to think innovatively and differently about aging in Massachusetts. As part of this effort, Massachusetts was certified as an Age-Friendly state, becoming only the second state in the nation to be admitted to AARP's Network of Age-Friendly States and Communities. A multiyear Statewide Action Plan that strategically supports, aligns and coordinates local, regional, and statewide efforts to meet AARP's requirements will be submitted in January 2019. In 2018, Governor's Council to Address Aging in Massachusetts released an initial blueprint and convened five workgroups, leading to a detailed list of 28 recommendations and 67 action steps that was submitted to Governor Baker in December. Additionally, in Fiscal Year 2019 Age- and Dementia-Friendly best practices were included in the Commonwealth's Community Compact program to help support the local initiatives in the movement to make Massachusetts more livable for people of all ages.

### Aging in Community

To support Massachusetts residents aging in community, EOEA and its partners undertook initiatives to support family caregivers, ensure residents had access to the information about programs and services through MassOptions, increased funding to the local Councils on Aging and developed a successful Frail Elder Waiver application to support of MassHealth funded services offered through the State Home Care Program.

### Protective Services

The Massachusetts Protective Services Program was funded at the highest level in the program's history to continue protecting older adults from elder abuse, as well as supporting continued progress in modernizing and improving the program. In 2018, the program launched a completely updated, comprehensive, training curriculum, restoring a critical workforce development program that was eliminated a decade ago. The program also implemented the Interview for Decisional Abilities tool, which supports evidence-based approaches for protective services workers to evaluate a person's decisional capacity to understand their situation and keep them safe.

### Service-Enriched Housing

In order to continue support for service-enriched housing options for older adults and individuals with disabilities, in 2018 EOEA collaborated and assisted the Department of Housing and Community Development (DHCD), the Sisters of Providence, and other local and state officials, in developing support for Hillside Residence, a \$10 million project in West Springfield with service-enriched housing for Program of All-Inclusive Care for the Elderly (PACE) consumers. Additionally, EOEA developed, in collaboration with MassHealth, guidance for Senior Care Option (SCO) insurance plans clarifying their ability to include the cost of supportive housing services in calculating their Medical Loss Ratio for the year. In order to support older adults who may live or be interested in living in an Assisted Living Residence, EOEA revamped the Assisted Living certification process, as well as created new online web resources to support both the public and assisted living residence operators.

### Direct Care Workforce Development

EOEA understands the importance of continuing to expand and foster a direct care workforce in order to support the growing population of older adults. In 2018, the agency and its partners led the establishment of a direct care workforce program in the city of Lowell, which, in 2018, was awarded a 3-year, U.S. Department of Education Grant that will allow the local partners to sustain the CNA for Success Program. The program, designed to fill a severe direct care workforce gap, provides vocational training and support to immigrant communities in Lowell.

To summarize, the Administration, EOHHS, EOEA and its partner organizations look forward to continuing to explore new and innovative opportunities to promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers – both family members and the direct care workforce - across the Commonwealth.

# Background and Agency Information

## Introduction

Pursuant to M.G.L. c. 19A, §12, the Executive Office of Elder Affairs (EOEA) presents its Annual Report for Fiscal Year 2018 to the Great and General Court of Massachusetts.

## Mission, Vision, and Values

Our **mission** at the Executive Office of Elder Affairs 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
- The value of collaboration with our partners, advocates, and other stakeholders

## Background

Pursuant to M.G.L. c. 19A, §4, the Executive Office of Elder Affairs 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, individuals with disabilities and their caregivers.

The Older Americans Act requires 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 Community Living 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 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."

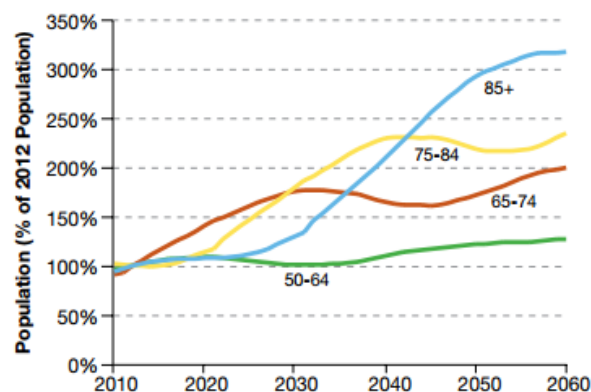
## Demographic Opportunity

Older adults are the fastest growing segment of the population, both in Massachusetts and nationally. The Commonwealth is at an inflection point, where for the first time in our history, we have more residents over the age of 60 than under the age of 20. The percentage of the Commonwealth's population aged 65 and over is projected to increase from 15% in 2015 to 21% in 2030. According to the recently released 2018 [Massachusetts Healthy Aging Data Report](#) the older population in Massachusetts:

- Is more racially and ethnically diverse
- Has more education
- Has higher incomes, with more people earning over \$50,000 a year
- Is younger, with more 65-74-year-olds

The following chart depicts that the fastest growing population in Massachusetts is over the age of 85, with all ages over 50 growing at a rate of over 100% from 2010 to 2060.

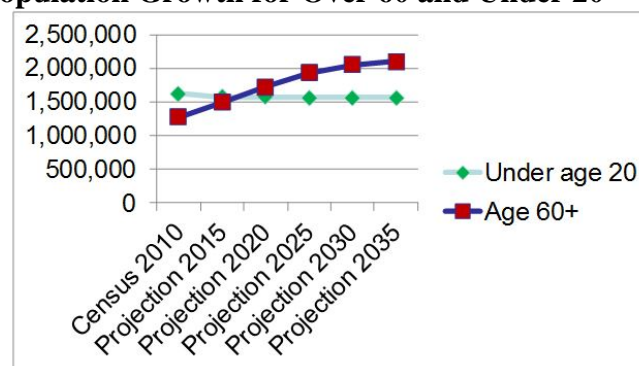
**Figure 1: Population Growth by Age Groups**



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

The following chart illustrates that in Massachusetts, the projected growth for the population under age 20 is flat, while the projection for the population aged 60 and over continues to climb. These projection lines will not cross again.

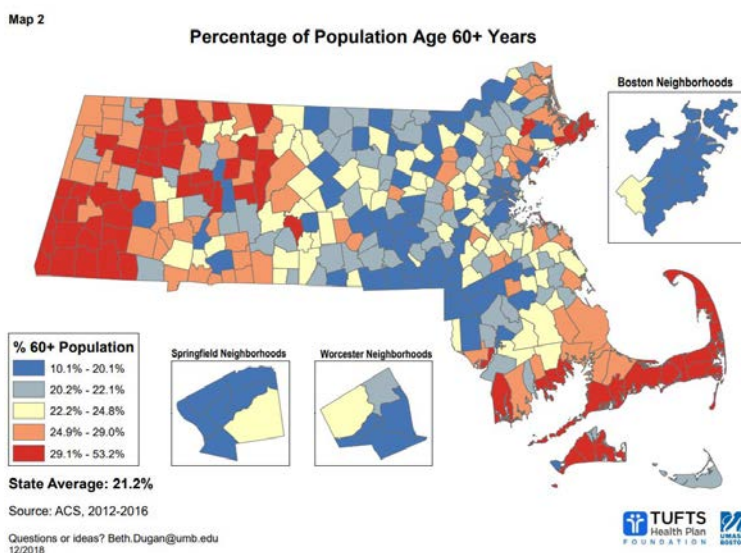
**Figure 2: Projected Population Growth for Over 60 and Under 20**



Source: University of Massachusetts Boston Gerontology Institute, 2016

EOEA continues to embrace the opportunity of a growing older adult population in the Commonwealth. As the maps below illustrate, currently 21.2% of the state's population is over 60. Soon, over 30% of the population in virtually every municipality will be over the age of 60.

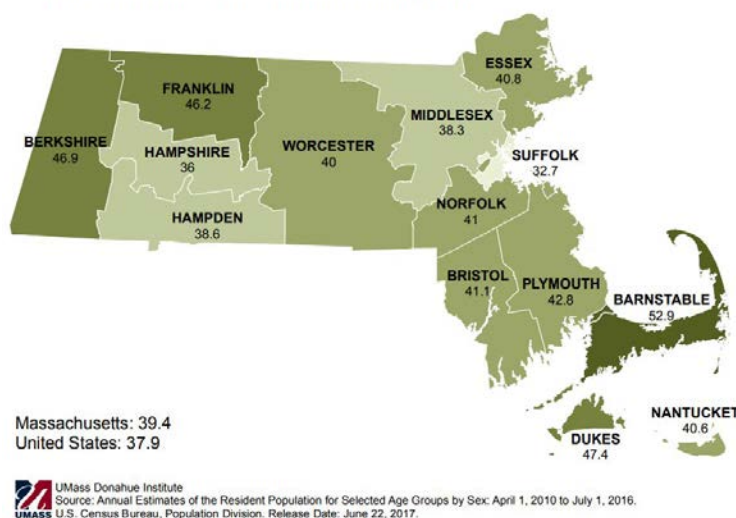
**Figure 3: Population Percentage of Massachusetts in 2016**



As the percentage of the population over 60 increases, the median age also increases. The following map illustrates the median age by county across the Commonwealth.

**Figure 4: Map of Massachusetts with Median Age**

Estimated Median Age by Massachusetts County, 2016



As the average age of the Commonwealth increases, we benefit from the involvement, experience and knowledge of the older adult population in every aspect of our community and economy. The Commonwealth also has the opportunity to identify current effective and efficient practices, gaps in services, and opportunities to support healthy aging.

## Older Adults in Massachusetts

Older adults want to age with purpose and stay engaged in their communities. Through the Massachusetts 2017 Statewide Needs Assessment project, the top five needs in communities for older adults across the Commonwealth include:

1. **Transportation**
2. **Housing**
3. **Health Care**
4. **Economic Security**
5. **Social Isolation**

According to the recently released 2018 [Massachusetts Healthy Aging Data Reports](#), there are numerous challenges that the aging population in the Commonwealth faces, including:

### **Mental and Behavioral Health**

- 3 out of every 10 older residents have ever been diagnosed with depression – the most commonly diagnosed mental health issue among older people.
- 6% of all Massachusetts residents over the age of 65 have some form of substance use disorder. Higher rates were found in communities with relatively high levels of serious and chronic disease, crime, and older people living alone.

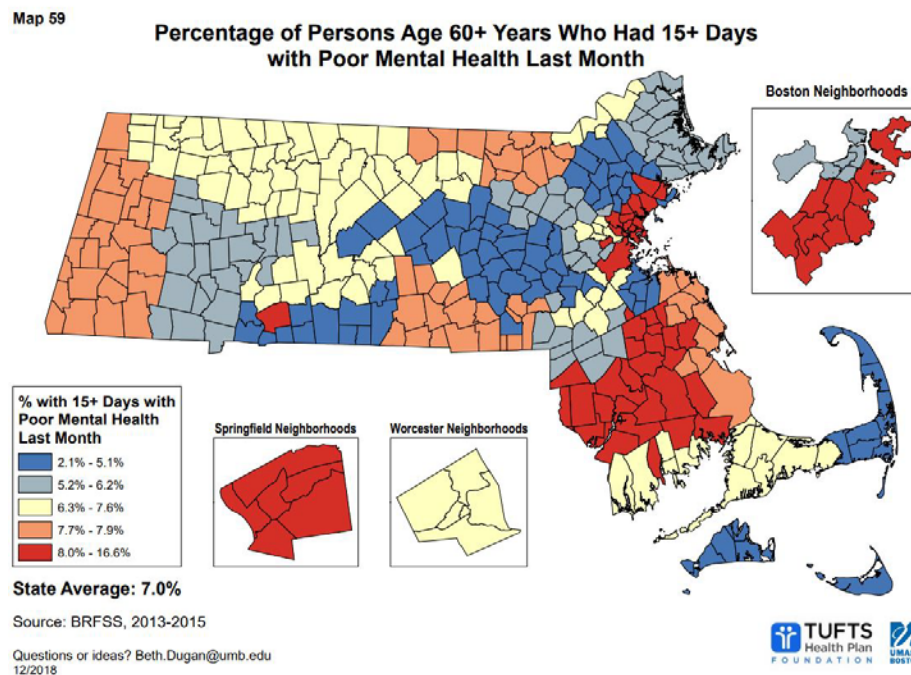
### **Chronic Conditions**

- Rates for a number of health conditions have worsened since the 2015 Healthy Aging Data Report, including: arthritis, asthma, chronic kidney disease, depression, having multiple (4+) chronic conditions, and lung cancer.
- Massachusetts currently has 13.6% of residents over the age of 60 living with a diagnosis of Alzheimer's disease or a related dementia.

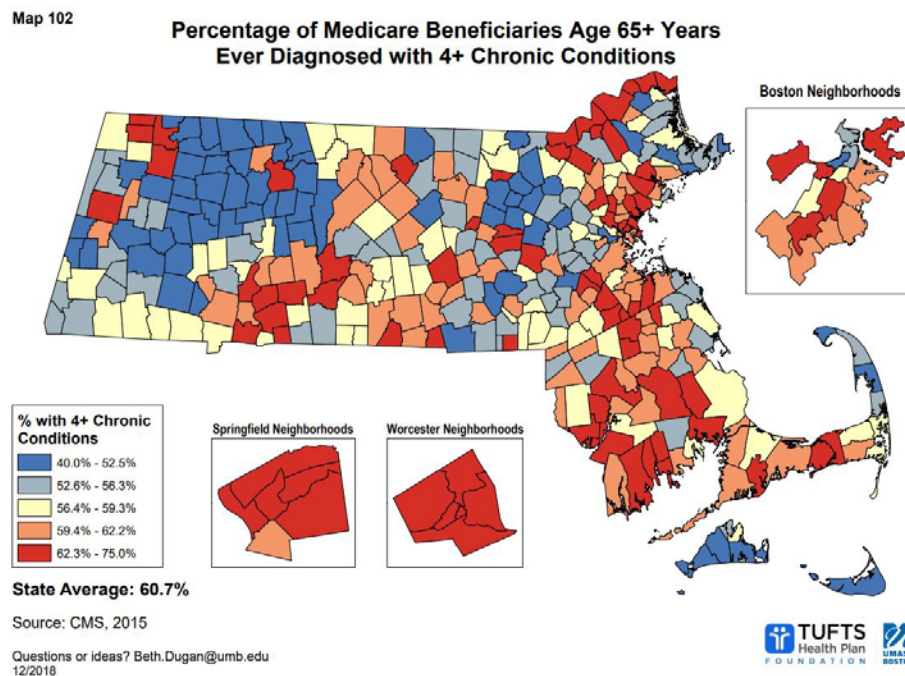
### **Communities Differ in Health Outcomes for Older Adults**

- Most Gateway Cities face economic and social challenges, including the health of older residents.
- Many rural communities have higher percentages of people over the age of 65 and limited access to care and transportation options.
- Serious chronic disease rates are correlated with education attainment and income. Rates are lowest in cities and towns where older people have more education and higher incomes, and they are highest where older people have less education and lower incomes.

**Figure 5: Map of Percentage of Older Adults with Poor Mental Health for 15+ Days in a Month**



**Figure 6: Map of Older Adults with 4 or more Chronic Conditions in Massachusetts**



Additionally, according to 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. 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.” A few of the key factors in determining the cost of living are housing costs and health care, including prescription medications. The Executive Office of Elder Affairs continues to work diligently with partners in state government and the private sector to improve housing opportunities for older adults.

To address some of these challenges, the Commonwealth of Massachusetts provides a significant number of programs and services as we continue to lead the country in support for older residents. Massachusetts ranked as is the 7<sup>th</sup> healthiest state for older people in the United States, according to [America’s Health Rankings Senior Report in 2018](#). The report identified that Massachusetts has high community support expenditures, high prevalence of health screenings, and low early death rates. It also highlighted that poverty decreased from 9.2% to 8.5% of adults over the age of 65.

EOEA is working to address the top ten questions and concerns that older adults in Massachusetts have about aging related to the areas of financial security, health and healthcare, and accessing services. These questions and concerns resulted from listening sessions and needs assessments conducted across the state.

### **Financial Security**

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 and Healthcare**

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?

### **Accessing 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?

## **Overview of the Executive Office of Elder Affairs**

The Massachusetts Executive Office of Elder Affairs became one of the nation’s first agencies responsible for addressing the needs of older people in 1971. Originally a small advocacy agency, EOEA assumed its mandate to fund services in 1973 with the passage of legislation. Today, EOEA manages services to hundreds of thousands of older people across the

Commonwealth through state and federally funded programs and is located within the Executive Office of Health and Human Services.

EOEA's goal is to empower individuals to make their own choices based upon their preferences and desires and to encourage individuals to plan to achieve and sustain these goals.

Through the statewide older adult network, EOEA 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 older adults with services that include home care and caregiver support, nutrition programs, protective services, health and wellness services, housing options, insurance counseling, dementia and mental health services, and a variety of other programs and services.

The growth in the older adult population challenges us to examine existing programs to measure their efficiency and effectiveness in meeting the goals set by individuals. As people age, there are often changes in health care services and delivery systems, housing, long-term care, transportation, economic well-being, socialization, nutrition, family and community support, and security. Many individuals prefer to live independently, directing their lives to the fullest extent possible, and to remain actively engaged and connected as valued and valuable members of the community.

It is also important to recognize the pervasiveness of ageism, which presents an obstacle for older adults in Massachusetts and throughout the world. The language used when discussing an aging population often charts the course of the types of services and care. Age discrimination presents an often invisible barrier to full self-determination for older people. However, as communities think differently about the growing population of older adults, there is an opportunity to positively impact societal attitudes toward aging and reduce or eliminate ageism. Aging and an aging population should be viewed as an asset, rather than a burden.

## Strategic Priorities

Based on the voices of older adults, individuals with disabilities, and their caregivers, families, and advocates, the Executive Office of Elder Affairs has identified three strategic priorities: promote aging in community, create livable communities, and build an adequate "careforce".

### Priority 1. Promote Aging in Community

The goal of EOEA 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 older adults, individuals with disabilities and their caregivers. In 2018, EOEA undertook a variety of initiatives to promote aging in community including:

- **Approval of New 5-Year Frail Elder Waiver:** Developed successful Frail Elder Waiver application to support MassHealth funded services offered through the State Home Care Program. The State Home Care Program led the development of a new 5-

year federal Medicaid waiver that was approved by CMS in November 2018. The new waiver will enhance the existing initiatives, and fund 5 new services that promote the safety, independence and mobility of older adults and people living with disabilities in the community.

- **Secured Funding for Hillside Residence:** Collaborated and assisted the Department of Housing and Community Development, the Sisters of Providence, and other local and state officials, in developing support for Hillside Residence, a \$10 million project in West Springfield. The project will combine affordable senior housing with supportive health services – a supportive housing model for older adults and people with disabilities that can be replicated elsewhere in the state.
- **Encouraged SCOs to Offer Housing Supports to Members:** Developed, in collaboration with MassHealth, guidance for Senior Care Option (SCO) insurance plans clarifying their ability to include the cost of supportive housing services in calculating their Medical Loss Ratio for the year. This guidance will allow greater access to support services at home for older adults enrolled in MassHealth SCO programs throughout the state.

## **Priority 2. Create Livable Communities**

EOEA's goal is to promote healthy living and community integration at every age. With the growing older adult population, movements to make communities more age- 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. In guidance established by the World Health Organization and AARP, there are eight domains of livability that communities can address to better adapt their structures and services to the needs of older people: the built environment, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services. EOEA works closely with the Massachusetts Healthy Aging Collaborative (MHAC), AARP MA, and others to drive, support, and coordinate work for and with 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. EOEA and Massachusetts Councils on Aging, with support from Tufts Health Plan Foundation, launched the Dementia Friendly Massachusetts Initiative in May 2016. In 2018 there were numerous initiatives to promote and create livable communities across Massachusetts including:

- **Increased Funding to COAs:** Through the advocacy and commitment of the legislature, the state increased funding to Councils on Aging (COAs) to the highest level ever. The Administration's Fiscal Year 2019 budget increased the Formula Grants to \$12 per resident over the age of 60, supporting a critical hub of elder information and services at the local level. In 2018, Councils on Aging provided direct services to an estimated hundreds of thousands of older adults throughout Massachusetts, including transportation services, meals, health insurance counseling, and information and referral services.
- **Included Age- and Dementia-Friendly Best Practices in Community Compact Program:** The Administration established age- and dementia-friendly best practices for the Commonwealth's Community Compact program, which provides

opportunities for local municipalities to leverage State funding and resources to assist a growing number of cities and towns engaged in age-friendly activities at the local level. In 2018, there were approximately 200 communities throughout the state engaged in varying degrees of age- and dementia-friendly initiatives.

- **Became Second State to be designated in AARP’s Network of Age-Friendly States and Communities:** To build on the momentum in communities, in 2018 AARP MA declared Massachusetts as an Age-Friendly state, becoming only the second state in the nation to be admitted to AARP’s Network of Age-Friendly States and Communities. A 3-year Statewide Action Plan that strategically supports, aligns, and coordinates local, regional, and statewide efforts to meet AARP’s requirements for Age-Friendly State status. The draft plan, developed with input from stakeholders from around the state will be submitted to AARP in January 2019.

### Priority 3. Build an Adequate Careforce

The “careforce” refers to the combination of direct care (paid) workers and unpaid (family and other) caregivers. 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 who are entering the workforce. The 2018 America’s Health Ranking Senior Report did note that in the past five years, home health care workers increased 77% from 84.7 to 150.0 aides per 1,000 adults aged over the age of 75, but a shortage still remains. The following chart illustrates the direct care workforce occupations, current numbers of positions and annual openings.

**Figure 7: Direct Care Occupations, Titles, Certification and Number of Employees**

<u>Occupational Title</u>	<u>Other Job Titles</u>	<u>Example Certifications</u>
<b>Medical Assistant</b> 13,610 Employed 445 Annual Openings	<i>Practice / Clinical Assistant</i> <i>Phlebotomist</i> <i>Patient Care Technician (PCT)</i>	<i>Certified Medical Assistant*</i> <i>Phlebotomy Certificate</i> <i>CPR, EMT</i> <i>Basic Life Support</i>
<b>Nursing Assistant</b> 40,530 Employed 1,349 Annual Openings	<i>Patient Care Assistant</i> <i>Patient Care Technician (PCT)</i> <i>Dietary Aide</i> <i>Resident Care Specialist/ Assistant</i>	<i>Certified Nurse Assistant (CNA)</i> <i>Certified Practical Nurse, Long-term care</i> <i>Basic Life Support / Cardiac Life Support</i>
<b>Home Health Aide</b> 18,900 Employed 1,161 Annual Openings	<i>Home Care Aide</i> <i>Personal Home Care Aide</i> <i>Caregiver</i> <i>Respite Worker</i> <i>Resident Care Assistant</i> <i>Direct Support Professional</i>	<i>Certified Home Health Aide (HHA)</i>  <i>CPR</i> <i>First Aid Certification</i>
<b>Personal Care Aide<sup>9</sup></b> 32,000 Employed 10,000 Annual openings <sup>10</sup>	<i>Personal Care Attendant</i> <i>Personal Care Homemaker</i> <i>Homemaker</i>	<i>CPR</i> <i>First Aid Certification</i>

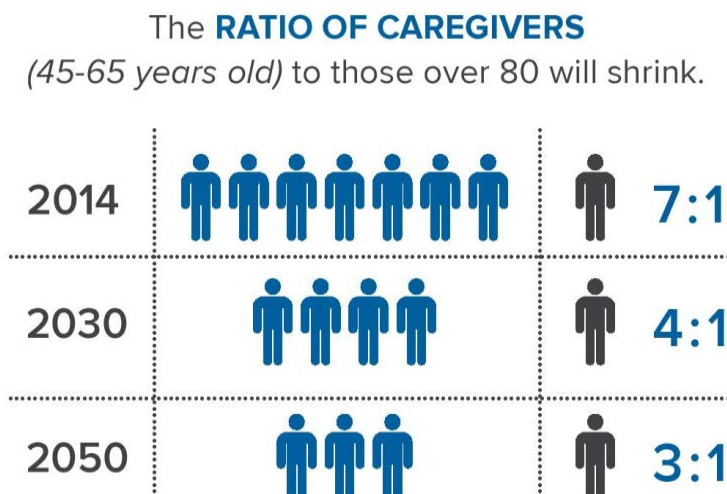
Source: Massachusetts Department of Higher Education *Allied Health-Direct Care Workforce Plan, 2014*

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 in the community.

- Established Direct Care Workforce Program:** In order to address the recruitment and retention of direct care workers, EOEA led the establishment of a direct care workforce program in the city of Lowell in 2017. In 2018 the program was awarded a 3-year, U.S. Department of Education Grant that will allow the local partners to sustain the CNA for Success Program. The program, designed to fill a severe direct care workforce gap, provides vocational training and support to immigrant communities in Lowell. The initiative will be led by the International Institute Lowell, in partnership with the Abisi Center for Adult Education, D'Youville Life and Wellness Community, and Middlesex Community College. Additionally, EOEA worked with partners to replicate the Lowell workforce program as a pilot in the city of Lynn. Goodwill Industries in partnership with the EOEA, other state agencies, and several Lynn agencies and elder service employers, offered a Direct Care Workers training beginning in January 2018. Fifteen women were recruited and placed into the program by the Northshore Career Center. All of the participants completed the required 75-hour training, passed a certification test and offered employment.

Additionally, in Massachusetts there are approximately 844,000 family caregivers helping loved ones with daily activities. The amount of care provided by family caregivers in Massachusetts is estimated to total 786 million hours, which is equivalent to approximately \$11.6 billion. The numbers of available unpaid, family caregivers are diminishing. The following graphic illustrates the shrinking ratio of caregivers over the next 30 years.

**Figure 8: Projected Ratio of Caregivers in 2014, 2030 and 2050**



Source: AARP, *The Aging of the Baby Boom and the Growing Care Gap: A Look At Future Declines in the Availability of Family Caregivers*, 2014

The population of family caregivers is becoming increasingly diverse. According to a recent report by AARP, approximately about 1 in 4 caregivers across the United States is part of the millennial generation. Additionally, approximately 60% of caregivers are also employed full or part-time and are balancing responsibilities of both working and caregiving. The Massachusetts Family Caregiver Support Program provides support to informal caregivers, including assessment and care planning, information and referral, counseling and support groups, education and training, as well as respite funding.

EOEA and partnering organizations are developing infrastructure to better support family caregivers, in 2018 this work included:

- **Alzheimer's and Related Dementias Law:** Enactment of the landmark Alzheimer's and Related Dementias law by Governor Baker, which will improve care, treatment and support for approximately 130,000 MA residents living with dementia and their caregivers. Massachusetts communities are leaders in improving dementia training and supports. Massachusetts has the highest number of "Memory Cafes" of any state in the Nation. Memory Cafes offer activities, support, and companionship for people with dementia and their caregivers. There are currently 87 memory cafés across Massachusetts, the most in the nation, including an outdoor memory café and a Spanish speaking café.
- **Savvy Caregiver Training:** Partnering with the Healthy Living Center of Excellence, and 24 regional Aging Services Access Points to complete Savvy Caregiver training for more than 700 caregivers throughout Massachusetts, and created and launched a new Spanish language curriculum for Savvy Caregiver.
- **New Resources on Mass.gov:** Creating a "one-stop-shop" of new web resources devoted to caregiving at Mass.gov/Caregiving, which includes helpful information, guidance, and resources for family caregivers and employers looking to increase support for their employees who are caregivers.
- **EOHHS Caregiver Lunch & Learns:** Launching a pilot "Lunch and Learn Caregiver Series" offered monthly to support EOHHS employees, a program that can be replicated by other employers and government agencies in Massachusetts.
- **MassOptions Campaign:** Planning, implementing and leveraging a successful marketing campaign for MassOptions, the state's aging and disability information call center that serves caregivers as one of its primary audiences.
- **Employer Engagement:** Engaging with large employer associations, such as the Massachusetts Business Roundtable to partner on efforts to improve employer support for their employees who are caregivers.
- **Proclamation for Family Caregivers Month:** Issuing a proclamation from the Baker-Polito Administration declaring November 2018 as Family Caregivers Month in Massachusetts, with promotion through social and traditional media channels.

Woven throughout the Executive Office of Elder Affairs' strategic priorities is a commitment to close collaboration with other agencies, legislators, public and private partners. An important initiative of EOEA has been to create a network of services that extend beyond EOEA programs. This work is exemplified through the work to support caregivers, as well as in the age- and dementia-friendly movement in communities across the Commonwealth. 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. In 2018, EOEA participated in numerous technology and innovation events, including as a Champion in MassChallenge HealthTech's innovation competition.

## Budget

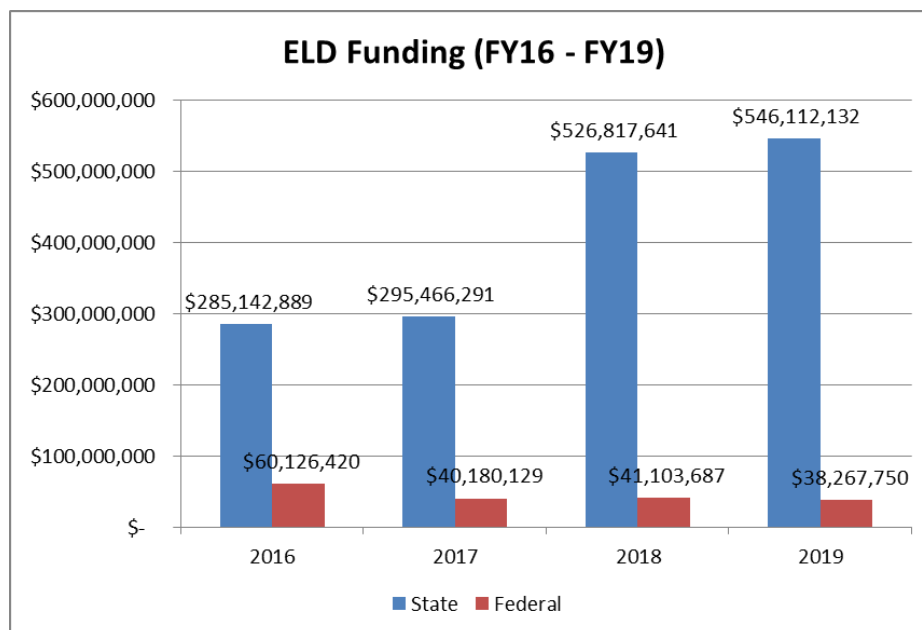
### Budget Appropriations

**Table 1: Massachusetts State Budget**

EXECUTIVE OFFICE OF ELDERS AFFAIRS					
Appropriation	Appropriation/Program Name	2016	2017	2018	2019
91100100	ELDER AFFAIRS ADMINISTRATION	\$ 2,037,341	\$ 2,076,565	\$ 2,076,565	\$ 2,099,609
91100104	HCBS POLICY LAB	\$ 150,000	\$ -	\$ -	\$ -
91100600	COMMUNITY CHOICES	\$ -	\$ -	\$ 223,419,000	\$ 228,150,762
91101455	SENIOR PRESCRIPTION DRUG INSURANCE	\$ 18,668,169	\$ 17,771,922	\$ 16,929,054	\$ 16,939,784
91101500	ENHANCED COMMUNITY OPTIONS	\$ 70,899,785	\$ 70,548,399	\$ -	\$ -
91101604	SUPPORTIVE SENIOR HOUSING	\$ 5,584,890	\$ 5,668,475	\$ 5,789,610	\$ 5,910,893
91101630	HOME CARE SERVICES FOR THE ELDERLY	\$ 105,327,111	\$ 113,609,584	\$ 173,747,642	\$ 175,056,188
91101633	HOME CARE PROGRAM ADMINISTRATION	\$ 36,012,960	\$ 33,795,743	\$ 52,437,223	\$ 58,948,934
91101636	PROTECTIVE SERVICES	\$ 23,242,271	\$ 28,332,010	\$ 28,761,688	\$ 31,611,680
91101660	PROGRAM OF CONGREGATE AND SHARED HOUSING	\$ 2,154,626	\$ 2,059,798	\$ 1,959,284	\$ 2,063,482
91101700	ELDER HOMELESS PLACEMENT	\$ 186,000	\$ 186,000	\$ 186,000	\$ 286,000
91101900	NUTRITION	\$ 7,254,736	\$ 7,257,795	\$ 7,268,675	\$ 7,268,675
91109002	GRANTS TO COUNCILS ON AGING	\$ 13,625,000	\$ 14,160,000	\$ 14,242,900	\$ 17,776,125
<b>TOTAL</b>		<b>\$ 285,142,889</b>	<b>\$ 295,466,291</b>	<b>\$ 526,817,641</b>	<b>\$ 546,112,132</b>

Note: FY 18 Spending for Mass Health Choices is now with ELD appropriation 9110-0600 and not under appropriation 4000-0600

**Figure 9: EOEa State and Federal Funding from FY16 to FY19**

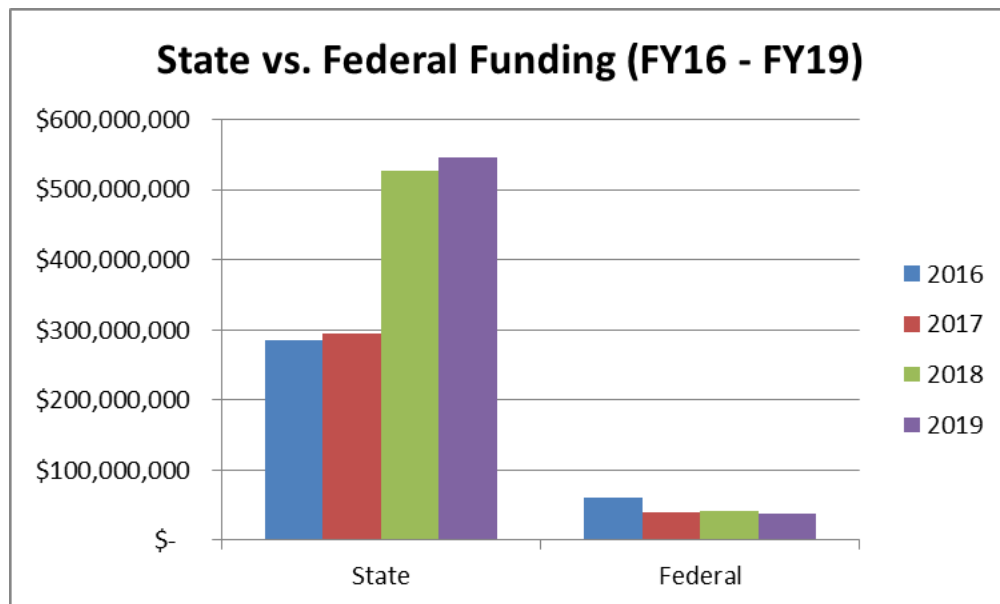


Note: FY 18 Spending for Mass Health Choices is now with ELD appropriation 9110-0600 and not under appropriation 4000-0600 which illustrates the increase in state funding from FY17 to FY18

**Table 2: Federal Grant Programs**

Federal Funds by Grant Program				
	2016	2017	2018	2019
Older Americans Act	\$ 47,365,261	\$ 28,331,802	\$ 29,034,894	\$ 28,148,851
Serving the Health Insurance Needs of Everyone (SHINE)	\$ 2,241,580	\$ 1,421,990	\$ 1,111,430	\$ 1,077,022
Medicare Improvements for Patients and Providers Act (MIPPA)	\$ 312,892	\$ 773,588	\$ 1,045,665	\$ 1,366,115
One Care Plan Initiative Ombudsman	\$ -	\$ 126,539	\$ 595,209	\$ 315,000
Protective Services Improvement Grant	\$ -	\$ 88,780	\$ 345,880	\$ 206,000
Nutrition Services Incentive Program	\$ 6,653,951	\$ 6,731,104	\$ 5,246,634	\$ 4,885,300
Senior Community Service Employment Program (SCSEP)	\$ 1,948,396	\$ 1,881,340	\$ 2,848,641	\$ 1,726,668
Legal Assistance Project	\$ -	\$ 155,960	\$ 183,930	\$ 238,225
MA Chronic Disease Self-Management Education Program	\$ 100,714	\$ 100,714	\$ 100,714	\$ -
Enhanced ADRC Options Counseling Program	\$ 903,626	\$ 205,201	\$ 70,435	\$ -
Alzheimer's Disease Supportive Service	\$ 600,000	\$ 363,113	\$ 520,255	\$ 304,569
<b>TOTAL</b>	<b>\$ 60,126,420</b>	<b>\$ 40,180,129</b>	<b>\$ 41,103,687</b>	<b>\$ 38,267,750</b>

**Figure 10: State versus Federal Funding to EOEA from FY16 to FY19**



Note: FY18 Spending for Mass Health Choices is now with ELD appropriation 9110-0600 and not under appropriation 4000-0600 which illustrates the increase in state funding from FY17 to FY18

## **Key Initiatives and Partnerships**

### **Livable Communities**

#### **Massachusetts Healthy Aging Collaborative**

The Massachusetts Healthy Aging Collaborative (MHAC) was launched in 2009 as a network of leaders in community, health and wellness, government, advocacy, research, business, education, and philanthropy who participate in efforts to advance healthy aging with leadership from the Tufts Health Plan Foundation. The Collaborative has adopted a multi-dimensional model that aligns with the World Health Organization's definition of aging, supporting activities that "optimize opportunities for health, participation and security in order to enhance quality of life as people age." MHAC is a backbone organization for the Age-Friendly movement in alignment with Dementia Friendly partners in communities across the Commonwealth and is an integral part of supporting and building upon those efforts.

#### **Dementia Friendly Massachusetts**

Dementia Friendly Massachusetts is a grassroots movement to make communities safe, inclusive and respectful for persons with Alzheimer's disease, or a related dementia. By working together, communities successfully support individuals living with dementia as well as their friends and families. A dementia friendly community enables people living with dementia and those who care about them to live full, engaged lives. Dementia Friendly Massachusetts supports communities and organizations engaged in dementia friendly activities and is a key partner in an integrated age- and dementia-friendly statewide initiative.

#### **Alzheimer's Disease Supportive Services Program**

In September 2015, EOEA received an Alzheimer's Disease Supportive Services Program (ADSSP) cooperative agreement from the Administration on Community Living.

Grant activity has included dementia training for 275 ASAP staff, 180 supportive home care aides, and 180 options counselors, information and referral specialists and Council on Aging staff. Additionally, EOEA in partnership with the Healthy Living Center of Excellence has overseen Savvy Caregiver trainings reaching over 700 caregivers throughout the state. Savvy Caregiver is a six-session caregiver intervention that has been shown to increase caregivers' capacity to manage the symptoms and challenges of Alzheimer's disease and related dementias. Additionally, in 2018 the Healthy Living Center of Excellence also partnered with the Alzheimer's Association New Mexico Chapter to develop and implement a practitioner training in Cuidando con Respeto, a culturally appropriate psychoeducational Spanish language training program for Latino family caregivers of people with Alzheimer's disease or related dementias and 13 practitioners were trained in July of 2018.

EOEA received supplemental funding from ACL in September of 2016 in order to provide family caregivers with respite services to facilitate participation in Savvy Caregiver, as well as assistive technology to improve communication and safety in order to support their caregiving responsibilities. Approximately 550 caregivers have received a technology or respite using the ADSSP funding.

## Behavioral Health for Older Adults

### Elder Mental Health Outreach Teams (EMHOT)

In Fiscal Year 2016, EOEA made funding available to Massachusetts Councils on Aging through the Service Incentive Grant (SIG) to support developing intensive Elder Mental Health Outreach Teams (EMHOT) to increase access to mental health services for older adults who are isolated at home or living in difficult situations. MCOA selected three regional programs (Amesbury, Bellingham and New Bedford) that all feature close collaboration between behavioral health clinicians and community outreach staff who are trained and supported in conducting mental health screenings. With additional funding from Department of Mental Health, the projects have been able to continue to employ 3 clinical staff at a full-time level of service throughout the entire service year, thus maintaining their caseloads at 35 to 40 people per month. In 2018, two additional EMHOT locations (LifePath and Somerville Cambridge) were selected and provided start-up costs.

### Data and Predictive Analysis

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 (ASAP) 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, 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.

Additionally, in partnership with the University of Massachusetts, EOEA’s Home Care Program and MassHealth are collaborating to integrate MassHealth’s data on consumer services with EOEA’s SAMS data to give case managers at the ASAPs a comprehensive view of the individual services received to decrease duplication of services and improve overall care.

### MassOptions

Launched in November 2015, MassOptions is a free telephone and website resource of the Massachusetts Executive Office of Health and Human Services (EOHHS) in collaboration with

the Office of Long Term Services and Supports (OLTSS) and EOEA. MassOptions links older adults, people with disabilities, and caregivers to services that help them live independently in the setting of their choice. MassOptions works with ADRCs, AAA/ASAPs, Independent Living Centers (ILCs) as well as state agency partners such as EOEA, MassHealth, DDS, MRC, DMH, and other EOHHS agencies. The MassOptions Call Center and website are currently 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 long-term services and supports.

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 No Wrong Door (NWD) philosophy, MassOptions customer service representatives can be reached toll free, at 1-844-422-6277 or callers can chat online with a representative at [www.MassOptions.org](http://www.MassOptions.org).

In 2018, EOEA planned, implemented and leveraged a successful marketing campaign for MassOptions to increase awareness of this importance service.

## Workforce

Based on recent data, employees over the age of 50 make up 16.9% of the Massachusetts workforce and older adults desire to work beyond traditional retirement years. The following efforts will be initiated over the next several years to develop a system that promotes employment opportunities for older workers:

- Identify local employers that have workforce needs and are interested in hiring mature workers
- Identify 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

In order to address the recruitment and retention of direct care workers, EOEA led the establishment of a direct care workforce program in the city of Lowell in 2017. In 2018 the program was awarded a 3-year, U.S. Department of Education Grant that will allow the local partners to sustain the CNA for Success Program. The program, designed to fill a severe direct care workforce gap, provides vocational training and support to immigrant communities in Lowell. The initiative will be led by the International Institute Lowell, in partnership with the Abisi Center for Adult Education, D'Youville Life and Wellness Community, and Middlesex Community College. Additionally, EOEA worked with partners to replicate the Lowell workforce program as a pilot in the city of Lynn. Goodwill Industries in partnership with the EOEA, other state agencies, and several Lynn agencies and elder service employers, offered a Direct Care Workers training beginning in January 2018.

## Programs and Services

### Executive Office of Elder Affairs Programs and Service Networks

The Executive Office of Elder Affairs remains deeply committed to serving older adults and individuals with disabilities and their caregivers in the settings of their choice and with a wide spectrum of supports. As the population of older adults increases, EOEA continues to look for new partnerships and innovative ways to anticipate and meet their goals and needs. EOEA provides and manages the following services:

#### Assisted Living Residences Certification Program

The Assisted Living Certification Program is responsible for the certification and regulatory oversight of the Assisted Living Residences (ALRs) across the Commonwealth. The underlying philosophy of assisted living is to enhance residents' autonomy, privacy, and individuality by providing needed services. ALRs in Massachusetts exist as a residential housing 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, medication assistance, limited transportation, and household management, such as meals, laundry, housekeeping and social activities.

The certification of an ALR by the Executive of Elder Affairs in Massachusetts is not the same as the requirements imposed on licensed nursing facilities which are regulated by the Department of Public Health; being a residential model, ALR staff is not allowed under the regulation to provide medical or skilled nursing services. They are not designed for people who have skilled nursing needs that cannot be provided by VNA or by private caregivers. 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.

In 2018, EOEA updated additional resources regarding Assisted Living Residences. This included a revamped Assisted Living certification process to align it with new regulatory requirements, and better address the needs of residents and their family members. EOEA also created new Assisted Living web resources to support the public and assisted living residence operators. The new resources include a searchable listing of every certified assisted living residence in Massachusetts, including essential facility-related information, as well as links to consumer information and resources. The new site also includes helpful information to access all required information to apply, maintain, and re-certify assisted living residences.

<b>Calendar Year 2017</b>	<b><i>Comparative Calendar Year 2016:</i></b>
<ul style="list-style-type: none"><li>• <b>255 Assisted Living Residences</b></li><li>• <b>16,250 Residents</b></li><li>• <b>12,887 Traditional Units</b></li><li>• <b>4,339 Special Care Units</b></li></ul>	<ul style="list-style-type: none"><li>• <i>243 Assisted Living Residents</i></li><li>• <i>15,551 Residents</i></li><li>• <i>12,209 Traditional Units</i></li><li>• <i>4,094 Special Care Units</i></li></ul>

## 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. EOEA is also in process of merging the Assisted Living Ombudsman Program with the Long-Term Care Ombudsman Program to provide the highest quality of services to older adults, individuals with disabilities and their caregivers.

<b>Federal Fiscal Year 2018*</b>	<i>Comparative Federal Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>Assisted Living Contacts: 127</b></li><li>• <b>Assisted Living Visitations: 27</b></li></ul>	<ul style="list-style-type: none"><li>• <i>Assisted Living Contacts: 282</i></li><li>• <i>Assisted Living Visitations: 21</i></li></ul>

\*The data for FY18 is not yet finalized as local programs are still submitting data.

## Community Care Ombudsman Program

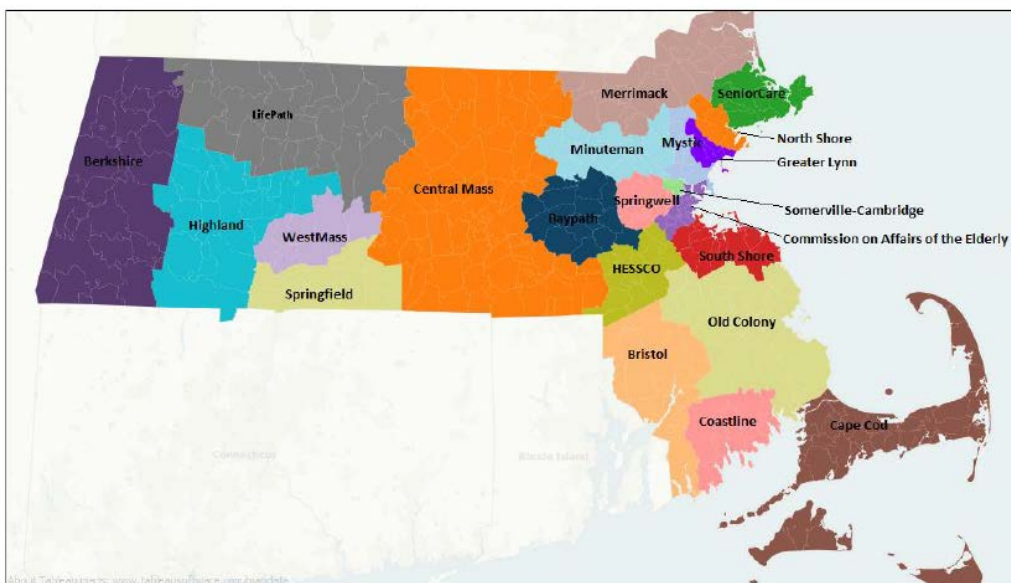
The Community Care Ombudsman Program (CCO) assists people aged 60 and over who receive home care, day care services and other community services. The CCO responds to inquiries from older adults and their families, educates consumers about their rights and responsibilities, counsels consumers about concerns 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>1,040 New Cases</b></li></ul>	<ul style="list-style-type: none"><li>• <i>959 New Cases</i></li></ul>

## Area Agencies on Aging Network

Pursuant to the Older Americans' Act, EOEA works in partnership with 22 Area Agencies on Aging (AAAs) for planning, policy development, administration, coordination, priority setting, monitoring and evaluation of activities related to the Older Americans' Act. In partnership with the Commonwealth's 22 AAAs, EOEA developed a [State Plan for 2018 to 2021](#) that was submitted to the Administration for Community Living in October of 2017 that describes how it will carry out responsibilities 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.

The following map illustrates the 22 AAA regions in the Commonwealth.



### **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 General Law Chapter 19A Section 4B. ASAPs are responsible for:

- Providing information and referral services to older people
- 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.

### ***Home Care Program***

The Home Care Program provides critical support for residents to age safely and proactively in their communities. 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.

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<sup>1</sup> (ADLs), and instrumental activities of daily living<sup>2</sup> (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 admission. 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.

Over 60% of consumers in the home care programs are clinically eligible for nursing facility care and approximately 47% are on Medicaid. Currently, these consumers have averaged 2.82 years in home care while being at a nursing facility level of care. These community-based clinical and social services provide support to approximately 10,500 frail residents who are eligible for nursing facility level of care, but who want to stay in their homes rather than be admitted to a long-term care facility. These services meet the needs and preferences of consumers while saving the Commonwealth significant resources.

In 2018, the Home Care Program led the development of a new 5-year federal Medicaid waiver that was approved by CMS in November 2018. The new waiver will enhance the existing initiatives, and fund five new services to promote the safety, independence and mobility of older adults and people living with disabilities in the community, including:

- Establishing, in partnership with DMH and the Healthy Living Center of Excellence, a sustainable funding mechanism for Certified Peer Mental Health Specialists which will provide long-term support to address the mental health needs of State Home Care clients.
- Creating a Goal Engagement initiative that will support interdisciplinary teams to evaluate the physical environment of Home Care clients, addressing their individual needs, enabling them to remain in the community. The teams will include a Registered Nurse, Occupational Therapist, and a home improvement specialist to assist with minor home repairs or modifications.
- Supporting orientation and mobility for clients with visual impairment, providing them increased mobility in the community.
- Increasing evidence-based chronic disease management training for clients through a sustainable funding mechanism.
- Adapting coverage for health/safety alert systems to include cellular devices that will allow increased community mobility. (Previous, coverage for such services required a landline phone).

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<sup>1</sup> 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.

<sup>2</sup> 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<b>Average Monthly Enrollment</b> <ul style="list-style-type: none"> <li>• <b>Homecare Basic: 32,279</b></li> <li>• <b>ECOP: 7,619</b></li> <li>• <b>Choices: 6,167</b></li> <li>• <b>Nursing Facility Eligible Consumers: 17,032</b></li> </ul>	<i>Average Monthly Enrollment</i> <ul style="list-style-type: none"> <li>• <i>Homecare Basic: 31,653</i></li> <li>• <i>ECOP: 7,495</i></li> <li>• <i>Choices: 6,484</i></li> <li>• <i>Nursing Facility Eligible Consumers: 17,316</i></li> </ul>

### ***Protective Services***

EOEA is required 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, EOEA 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. EOEA provides conservator and guardianship services through four Guardianship agencies and provides a money management program through the local ASAPs, to help older people in needing assistance managing their finances. The Money Management Program deploys trained and monitored volunteers who provide bill-paying assistance to older adults who are having difficulty managing their finances.

In 2016, EOEA applied and was approved for a grant from the Administration for Community Living (ACL) for the development of a standardized Protective Services (PS) training curriculum and the implementation of the screening instrument entitled, Interview for Decisional Abilities (IDA). Starting in July 2018, EOEA launched the first stage of a comprehensive basic training program for Protective Services. Since it has been nearly 10 years since a standardized curriculum has been available through EOEA, all members of the PS workforce in Massachusetts (directors, managers, supervisors and caseworkers) are required to complete the training requirements. The first stage includes: the Interview for Decisional Abilities (IDA); Basic Training on Investigation; and the Online Regulations 651: CMR 5.00 Training.

As of December 2018, over half of the PS workforce will be trained in the two day, in-person IDA training with the entire workforce expected to complete training by February 2019. The five day in-person Basic Training on Investigation began in September of 2018. Half of the PS workforce will be trained on the comprehensive curriculum by March of 2019 while the entire workforce is expected to have undergone training by July 2019. Lastly all but new hires have participated in the Online Regulations 651: CMR 5.00 Training.

The IDA screening tool was designed by a team of geriatric experts at Weill Cornell Medical College specifically for adult protective services. EOEA worked collaboratively with Weill Cornell Medical College (WCMC) to develop training on the IDA tool. In August of 2018 EOEA along with WCMC and University of Southern California presented to a full house at the National Adult Protective Services Association (NAPSA) Annual Conference regarding Massachusetts experience with IDA as an early adopter of IDA.

### Protective Services Program

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>Screened in for Investigation: 19,899</b></li><li>• <b>Investigation Completed: 16,560</b></li><li>• <b>Abuse and Neglect Cases Confirmed: 9,881</b></li></ul>	<ul style="list-style-type: none"><li>• <i>Screened in for Investigation: 19,146</i></li><li>• <i>Investigation Completed: 16,104</i></li><li>• <i>Abuse and Neglect Cases Confirmed: 9,799</i></li></ul>

### Money Management Program

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>12,993 consumers served by approximately 924 volunteer counselors</b></li></ul>	<ul style="list-style-type: none"><li>• <i>12,415 consumers served by approximately 930 volunteer counselors</i></li></ul>

### *Information and Referral*

The Information and Referral unit at EOEA administers the 1-800-AGE-INFO (1-800-243-4636) telephone line and <https://www.800ageinfo.com> website, which provide 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>Total number of calls: 182,101</b></li></ul>	<ul style="list-style-type: none"><li>• <i>Total number of calls: 185,957</i></li></ul>

### *Clinical Assessment and Eligibility Services*

EOEA and the MassHealth/EOEA Office of Long-Term Services and Supports 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>58,616 Screenings</b></li></ul>	<ul style="list-style-type: none"><li>• <i>59,080 Screening</i></li></ul>

### ***Massachusetts Family Caregiver Support Program***

The Massachusetts Family Caregiver Support Program (MFCSP) funded through federal Title III and the Older Americans Act provides a range of support services to family and informal caregivers to assist them in caring for their loved ones. The program serves individuals caring for a spouse, relative or friend aged 60 and older or a younger individual with dementia-related disorders, as well as grandparents aged 55 and over caring for children 18 or younger, as well as grandparents or other relatives (including parents) 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). In 2018, through the ADSSP grant from ACL, caregiver specialists were also able to provide technology to caregivers caring for individuals with Alzheimer's and dementia-related disorders. Additionally, in 2018, EOEa created a variety of new web resources devoted to caregiving, which includes helpful information, guidance, and resources for family caregivers and employers looking to increase support for their employees who are caregivers.

<b>Federal Fiscal Year 2018</b>	<i>Comparative Federal Fiscal Year 2017</i>
• <b>3,450 unduplicated caregivers served</b>	• <i>3,607 unduplicated caregivers served</i>

### **Supportive Housing**

The Supporting Housing Program provides 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 community by providing on-site service coordinators and supportive services such as care management, 24 hour on-call assistance, meals, and structured social activities.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>41 supportive housing sites with 6,060 units serving an average of 5,887 residents per quarter within those sites</b>	• <i>41 supportive housing sites with 6,181 units serving an average of 6,604 residents per quarter within those sites</i>

### **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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>44 congregate housing sites with 556 units serving an average of 505 residents per quarter</b>	• <i>44 congregate housing sites with 556 units serving an average of 506 residents per quarter</i>

## 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). There are 14 regional programs that supervise and train over 650 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 2016 are estimated to be \$105,116,080 (\$81 saved per beneficiary and \$1,687 saved per client served). The SHINE program was vital in ensuring Medicare members were aware of the issuance of new Medicare cards in 2018.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"><li>• <b>75,455 consumers served by 662 counselors (including 87 who are bilingual)</b></li></ul>	<ul style="list-style-type: none"><li>• <i>75,375 consumers served by 682 counselors (including 80 who are bilingual)</i></li></ul>

## Aging and Disability Resource Consortia and No Wrong Door

In 2003, Massachusetts was one of the first 12 states funded to develop an Aging Disability Resource Center program, known as Aging Disability Resource Consortia (ADRC). Due to its initial success, in 2006 Massachusetts received a two-year continuation grant 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 long-term services and supports that are person-centered, high quality, and provide optimal choice.

Building on the strengths of the existing health and human service network, the No Wrong Door 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. EOEA and the Massachusetts Rehabilitation Commission (MRC) administer the No Wrong Door and ADRC model in partnership with the ADRCs core members - twenty-six (26) AAA/ASAPs; three (3) free-standing AAAs serving older people age 60 and over; and eleven (11) ILCs serving all ages and with disabilities.

In 2012, Massachusetts was one of eight states to receive the Enhanced ADRC Options Counseling Program Grant from the Administration for Community Living to strengthen the No Wrong Door and ADRC partnerships, enhance training for ADRC member agencies and community partners, and improve cross-training and referral among ADRC members and community-based partners. EOEA has consistently engaged 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
- Department of Developmental Services Area Office
- Department of Mental Health Regional Area Office Hospitals
- Intellectual/Developmental Disability providers
- Local Housing Authorities
- Long Term Care Facilities
- Recovery Learning Communities
- COAs/Senior Centers
- SHINE Program
- Veteran Service Officers (VSO)

In 2015 and 2016, Massachusetts received supplemental funding from ACL to further enhance the ADRC workforce and promote the No Wrong Door 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 six online courses, and a one day in-person session providing the learner with information, tools, and skills to support working with older adults and people with disabilities with a person-centered approach. Over 200 options counselors and other No Wrong Door staff across the network participated in and completed the online PCCT. The course includes an overview of the No Wrong Door system, an introduction to person centered thinking and practice, strategies for plan development and implementation, a discussion of populations served and how to coordinate available services across the health and human service system.

The 2016 grant continues to support efforts to sustain and strengthen the No Wrong Door and 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 on an all-day training that addresses “managing behavior” among older adults for ADRC, COA, VSO and Housing Authority staff
- A series of community education programs sponsored by the Department of Children and Families 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 and family caregiver 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 ADRC team (staff from the EOEA and the MRC) routinely presents information about the Massachusetts No Wrong Door and 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 caregivers. Partners included local COAs and other community health and human service agencies, state agencies, local businesses and community advocates

### ***Options Counseling***

Options Counseling (OC) is a gateway for many older adults 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.

A large majority of counselors completed a blended training in person centered counseling (combining in person and web-based coursework) and earned a certificate of completion in Person Centered Counseling in 2016-2017. By better understanding individual’s goals, needs and strengths, the counselor can provide more effective tailored information, as well as support to connect individuals to resources, provide screening for benefits, and assist with filing

applications for health insurance, housing and benefits. Through this hands-on help, options counselors fill gaps in the support systems

Options Counselors have become increasingly active in more diverse settings and are seen as a valuable resource by professionals. Options Counselors have also become a part of the health care team in certain settings. For example, some OCs have established hours at physician's practices. Others receive referrals from hospitals through a dedicated email address allowing discharge planners to send a secure message from their laptops. While other options counselors work with the Councils on Aging to hold office hours. Additionally, Options Counselors continue to work with nursing and rehabilitation facility residents to facilitate discharges to a less restrictive setting.

The quality of the service is monitored and improved through a number of mechanisms, including record reviews and through feedback provided through the Options Counseling Program Survey which is offered to participants at the completion of the counseling service. Select survey questions are tracked overtime and measured against established benchmarks.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"> <li><b>5,978 Consumers Completed Options Counseling</b></li> </ul>	<ul style="list-style-type: none"> <li><i>5,895 Consumers Completed Options Counseling</i></li> </ul>

### **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. Additionally, EOEa recently modernized the regulations for the program and updated the policies and procedures.

<b>Federal Fiscal Year 2018*</b>	<i>Comparative Federal Fiscal Year 2017</i>
<ul style="list-style-type: none"> <li><b>309 volunteers worked on 3,493 complaints</b></li> </ul>	<ul style="list-style-type: none"> <li><i>328 volunteers worked on 4,595 complaints</i></li> </ul>

\*The data for FY18 is not yet finalized as local programs are still submitting data.

### **Senior Nutrition Program**

The Senior Nutrition Program administers and coordinates 29 local nutrition programs throughout the state, serving approximately 9.3 million nutritionally balanced meals to approximately 83,000 older adults 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 are delivered to older adults in their homes. There are approximately 7,000 volunteer drivers who contribute about 450,000 hours yearly. The program provides multiple ethnic and culture-specific meals including: Kosher, Russian, Latino, Hindu/vegetarian, Chinese, Caribbean, Southern/traditional, Italian, Haitian, and Cambodian. The program also provides therapeutic meals including: modify (low sodium, fat, no concentrate sweets), diabetic, heart healthy, renal, and mechanical soft diet (chop,

ground, and puree). Additionally, the program completed a survey in 2017 to review the overall program and participant satisfaction. According to the survey, 94% of participant would recommend home delivered meals, 78% reported the meals helped them live independently, and 79% reported feeling less lonely because of the home-delivered meals. Additionally, 90% of participants reported feeling less lonely because of congregate meal sites.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"> <li>• <b>Congregate Meals Served: 1,519,526</b></li> <li>• <b>Home Delivered Meals Served: 7,700,099</b></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Congregate Meals Served: 1,506,857</i></li> <li>• <i>Home Delivered Meals Served: 7,818,212</i></li> </ul>

### **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 include:

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

This program works collaboratively across state agencies and with the One Stop Career Centers to support older workers.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"> <li>• <b>158 participants served</b></li> </ul>	<ul style="list-style-type: none"> <li>• <i>210 participants served</i></li> </ul>

### **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 help develop local priorities, serve as advocates, and offer opportunities for older adults and their families to access programs, services and activities. Examples of programs and services at the COAs include information and referral, outreach, transportation, meals (congregate and/or home-delivered), health insurance information benefits counseling (SHINE), fitness, recreation, and wellness programs. In a number of communities, COAs serve as the only public social service agency and assist people of all ages in accessing public benefits. They may also serve as a link to support older adults and others in case of local emergencies. Each COA determines its own priorities based on unique local circumstances, resources and interests. Volunteers play an integral service role in COAs with approximately 24,500 volunteers statewide providing nearly 49,000 hours per week of essential support saving the municipalities millions in salaries and benefits and providing a platform for civic engagement and connection to the community. COAs receive funding through a formula grant, as well as technical assistance and grants from EOEA. In Fiscal Year 2019 the COA formula grant increased to \$12 per resident over the age of 60 according to the 2010 census. This increase assists Councils on Aging meet the demands of a growing older adult population in communities across Massachusetts. Councils on Aging across the state are innovative in services and programs to best fit their residents, including creating

partnerships to offer behavioral health services in the home, introducing home modification programs and actively involved with local age- and dementia-friendly efforts.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"> <li>• <b>370,000 estimated direct service contacts</b></li> </ul>	<ul style="list-style-type: none"> <li>• <i>358,797 estimated direct service contacts</i></li> </ul>

## **Prescription Advantage**

Prescription Advantage 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. Prescription Advantage 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. The program is available to Massachusetts residents who are over the age of 65, eligible for Medicare, and have a gross annual household income less than 500% of the Federal Poverty Level, or are 65 years of age or older and not eligible for Medicare, or are under the age of 65, work no more than 40 hours per month, meet MassHealth's CommonHealth disability guidelines, and have a gross annual household income at or below 188% of the Federal Poverty Level. Additionally, they cannot be MassHealth or CommonHealth members (with some exceptions).

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
<ul style="list-style-type: none"> <li>• <b>Average of 38,442 members</b></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Average of 40,817 members</i></li> </ul>

## 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 funded through state appropriation and receive federal Title XIX funding. OLTSS manages the services and the providers 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, the Senior Care Options (SCO) and the Program of All-Inclusive Care for the Elderly (PACE).

### Coordinated Care Plans

#### *Program of All-Inclusive Care for the Elderly (PACE)*

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, as well as 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>4,632 Consumers</b>	• <i>4,343 Consumers</i>

#### *Senior Care Options (SCO)*

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. SCOs combine 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), and MassHealth eligibility. Individuals with End-Stage Renal Disease are not eligible for SCO.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>56,018 Consumers</b>	• <i>49,278 Consumers</i>

## Community Services

### *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 by MassHealth benefits.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>56,137 Consumers</b>	• <i>53,317 Consumers</i>

### *Home Health*

Home Health services by home health agencies and independent nurses 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>32,601 Consumers</b>	• <i>34,241 Consumers</i>

### *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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>7,178 Consumers</b>	• <i>7,301 Consumers</i>

### *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 their PCA and is responsible for the recruiting, hiring, training and supervising of 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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>36,346 Consumers</b>	• <i>35,971 Consumers</i>

### ***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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>11,308 Consumers</b>	• <i>9,388 Consumers</i>

### **Day and Residential Programs**

#### ***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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>8,513 Consumers</b>	• <i>8,944 Consumers</i>

#### ***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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>13,385 Consumers</b>	• <i>12,480 Consumers</i>

#### ***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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>10,319 Consumers</b>	• <i>10,225 Consumers</i>

#### ***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.

<b>Fiscal Year 2017</b>	<i>Comparative Fiscal Year 2017</i>
• <b>7,515 Consumers</b>	• <i>7,797 Consumers</i>

## Facility-based Services

### *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.

<b>Fiscal Year 2018</b>	<i>Comparative Fiscal Year 2017</i>
• <b>1,748 Inpatient Consumers</b>	• <i>1,714 Inpatient Consumers</i>
• <b>10,401 Outpatient Consumers</b>	• <i>10,480 Outpatient Consumers</i>

### *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.

<b>Fiscal Year 2018<sup>3</sup></b>	<i>Comparative Fiscal Year 2017</i>
• <b>36,215 Residents</b>	• <i>37,996 Residents</i>

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<sup>3</sup> Data based on Cognos paid claims and represents preliminary numbers due to pending nursing facility eligibility cases.

## **Special Councils, Commissions, and Committees**

### **Assisted Living Advisory Council**

The Assisted Living Advisory Council was established under Massachusetts General Law Chapter 19D, Section 17 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 quarterly meetings are open to the public and posted at <https://www.mass.gov/lists/assisted-living-advisory-council-alac-minutes-agendas-and-annual-reports>.

### **Citizens Advisory Committee**

The Citizens Advisory Committee (CAC) was established by Chapter 19A, Section 5 of the Massachusetts General Law. 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. In accordance with the Committee's governing bylaws, consideration is given to age, geography, as well as other factors and at least 50% of the board must be 55 years of age or older. Members serve two-year terms.

### **Commission on Malnutrition Prevention among Older Adults**

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

The Commission on Malnutrition Prevention among Older Adults was established by Chapter 19 section 42 of the Massachusetts General Law in November of 2016. The Commission will study the effects of malnutrition on older adults, ways to reduce malnutrition, impacts on health care costs and outcomes, and impacts on quality indicators and maximize the dissemination of proven, effective malnutrition prevention interventions, including community nutrition programs, medical nutrition therapy and oral nutrition supplements, and identifies barriers to those interventions. The commission will be on the cutting edge of policy and be able to make a real difference in the lives of older adults who live in Massachusetts. The commission will also complement the important national work being done with raising awareness about malnutrition and its impact, particularly in older adults.

## Commission on the Status of Grandparents Raising Grandchildren

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

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

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

## Governor's Council to Address Aging in Massachusetts

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

The Council provides a platform to elevate the conversation, think beyond public programs, and to draw on expertise in technology, health care, business, and innovation sectors. Over the past eighteen months the Council held nine working meetings and convened four listening sessions throughout the state in addition to collecting public comment online. The result was input from more than 500 Massachusetts residents and stakeholders. The Council delivered its initial recommendations blueprint in April 2018. Five workgroups, focused on housing, transportation, caregiving, employment and economic security, and technology and innovation, were then charged with defining actionable recommendations delivered in October 2018. The Council is in process of defining final recommendations to be delivered in December 2018.

Significant accomplishments of the Governor’s Council to Address Aging in Massachusetts include the following:

- Declared Massachusetts as an Age-Friendly state, becoming only the 2nd state in the nation to be admitted to AARP’s Network of Age-Friendly States and Communities.
- Established a Statewide Steering Committee to develop an Age-Friendly State Action Plan for Massachusetts. Committee members included AARP MA, the Massachusetts Healthy Aging Collaborative, Tufts Health Plan Foundation, Massachusetts Councils on Aging, and the Healthy Living Center of Excellence.
- Drafted a 3-year Statewide Action Plan that strategically supports, aligns and coordinates local, regional, and statewide efforts to meet AARP’s requirements for Age-Friendly State status. The draft plan, developed with input from stakeholders from around the state will be submitted to AARP in January.
- Developed and released initial blueprint recommendations, defining a vision of healthy aging in Massachusetts, establishing a framework of priorities for further planning in five strategic areas; Housing, Transportation, Caregiving, Employment, and Innovation and Technology.
- Convened workgroups for each strategic area (Transportation, Caregiving, Employment and Innovation, and Technology), which throughout several months developed a detailed list of 28 recommendations and 67 action steps to inform the Governor.
- Established age- and dementia-friendly best practices for the Commonwealth’s Community Compact program, which provides opportunities for local municipalities to leverage state funding and resources to assist a growing number of cities and towns engaged in Age-Friendly activities at the local level. In 2018, there were approximately 200 communities throughout the state engaged in varying degrees of age- and dementia-friendly activities.
- Launched the “In Good Company: Optimal Aging Global Challenge,” a groundbreaking effort in Massachusetts to leverage innovation and technology to address isolation and loneliness in older adults. The challenge was highly successful, resulting in more than 60 proposals, and an expected four winning entries that will be announced in December 2018, further supporting the Council’s recommendation to make Massachusetts the “Silicon Valley for innovative technology, products, and services related to aging.”

## Interagency Council on Housing and Homelessness

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

The ICHH is co-chaired by 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 sub-Committee on Elder and Chronic Homelessness with the Department of Housing and Community Development. In 2018, working with community stakeholders, this Committee implemented various strategies to help address homelessness among these priority populations such as:

- Developing a data warehouse that collects and integrates information from various agencies that assist homeless persons
  - Collaborated across the homeless planning groups throughout Massachusetts, Continuums of Care (CoCs) and HUD Technical Assistance provider to develop homelessness data warehouse (HDW) specifications and identify funding for HDW.
  - Created HDW Governance Committee made up of 15 CoCs and related state agencies.
- Expanding and enhancing services targeted to chronically homeless persons
  - Conducted data analysis of chronically homeless people in Boston.
- Developing a long-term strategy for Rest Homes
  - EOHHS Interagency Workgroup collected and analyzed data about Rest Home residents, payment structure, and operations and presented recommendations to EHS leadership.
- Exploring preferences for elders and homeless elders in affordable housing
  - Sponsored a collaborative roundtable for owners of federally funded affordable elderly housing to discuss adopting a waiting list preference for homeless elders.
  - Expanded existing priority for 3% of affordable housing created with funds from DHCD, MHP, MassHousing, and MassDevelopment to additional EOHHS populations, including elders and CSPECH participants.
- Developing strategies for preserving tenancies and preventing homelessness among older adults
  - Issued new guidance for SCOs clarifying that some housing-related activities could be included in the Medical Loss Ratio (MLR).
- Determining the unmet housing needs of chronically homeless individuals (including chronically homeless elders)
  - Sponsored multiple regional meetings among older adult service agencies and local Housing Authorities, and older adult service agencies and Continuums of Care to cultivate partnerships and expand best practices.