

**Charles D. Baker**  
Governor

**Karyn Polito**  
Lieutenant Governor



**Marylou Sudders**  
Secretary

**Elizabeth Chen, PhD, MPH, MBA**  
Secretary of Elder Affairs

# **Annual Legislative Report**

## **Fiscal Year 2019**

**January 2020**



## Table of Contents

|   |    |
|---|----|
| Introduction.....   | 3  |
| Overview of the Executive Office of Elder Affairs .....                       | 3  |
| Background.....   | 6  |
| Demographic Opportunity .....   | 6  |
| Older Adults in Massachusetts.....  | 8  |
| Strategic Priorities.....   | 10 |
| Budget.....   | 19 |
| Budget Appropriations.....  | 19 |
| Programs and Services.....  | 21 |
| Executive Office of Elder Affairs Programs and Service Networks .....         | 21 |
| EOEA’s FY19 Roles in Special Councils, Commissions, and Committees.....       | 34 |
| Alzheimer’s Advisory Council (Member) .....                                   | 34 |
| Assisted Living Advisory Council (Chair) .....                                | 35 |
| Citizens Advisory Board (Chair) .....   | 35 |
| Commission on Malnutrition Prevention among Older Adults (Chair).....         | 35 |
| Commission on the Status of Grandparents Raising Grandchildren (Member) ..... | 36 |
| Governor’s Council to Address Aging in Massachusetts (Member) .....           | 36 |
| Interagency Council on Housing and Homelessness (Member).....                 | 37 |
| Appendix: Legislative Mandate .....   | 38 |

## Introduction

Pursuant to M.G.L. c. 19A, §12 the Executive Office of Elder Affairs (EOEA) presents its Annual Report for Fiscal Year 2019 to the Great and General Court of Massachusetts. This annual report includes information about EOEA programs and services and progress against each of the agency's five strategic priorities:

1. Strengthen existing EOEA programs and services
2. Improve economic security of older adults and their caregivers
3. Widen the front door to the aging services network
4. Reduce barriers to recruitment and retention of the direct care workforce
5. Change the conversation about aging from a challenge to an asset

For full text of the legislative mandate, please refer to the appendix.

## Overview of the Executive Office of Elder Affairs

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."

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:

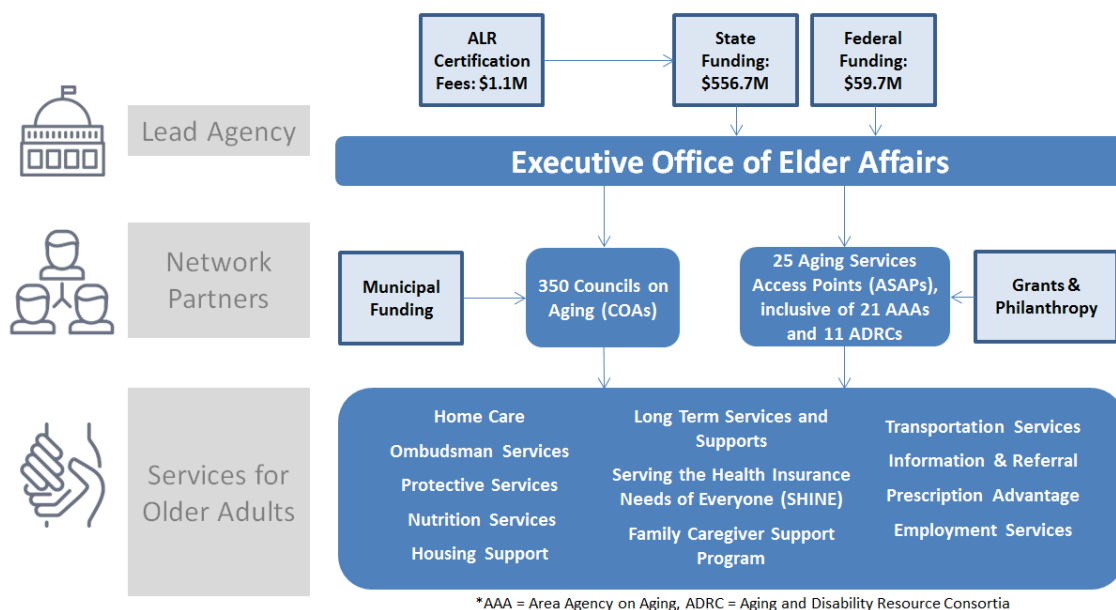
- The value of growing older
- The value of choice, including the choice to live in the community

- 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

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 M.G.L. c. 19A, §4. 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.

Through the statewide older adult network, EOEA provides services locally via 21 Area Agencies on Aging (AAAs), 25 Aging Services Access Points (ASAPs)<sup>1</sup>, 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 behavioral health services, and a variety of other programs and services.

In FY19, EOEA managed a \$616.4 million 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, and a variety of other programs.



<sup>1</sup> In 2019, Elder Services of Merrimack Valley and North Shore Elder Services merged.

FY19 also included several governance and leadership changes. Effective June 3, 2019, Elizabeth Chen, PhD, MBA, MPH assumed the position of Secretary of the Executive Office of Elder Affairs. Prior to this role, Dr. Chen served as an Assistant Commissioner of the Massachusetts Department of Public Health where she was responsible for the safety and quality of health care for residents of the Commonwealth seeking services in acute and long-term care settings. In addition to the appointment of a new Secretary, MassHealth altered its governance structure such that the Office of Long Term Services and Supports (OLTSS) formally aligned to MassHealth rather than EOEa. Thus, this report does not include data on OLTSS programs and services. EOEa maintains a close collaborative partnership with OLTSS in coordinating programmatic and policy initiatives affecting MassHealth members over age 65.

EOEA and MassHealth have taken significant steps to ensure coordination and collaboration:

- Co-location of staff
- Shared staff meetings
- Integrated communication and interaction with stakeholders
- Reciprocal sign-off on regulations and policy changes
- Governance structure that supports integration, shared decision making, and policy development, including an Executive Committee comprised of the Assistant Secretary for MassHealth, Secretary of Elder Affairs, EOHHS Undersecretary of Health Policy, Chief of LTSS, and Deputy Secretary of Elder Affairs

OLTSS maintains accountability structures with EOEa that fulfill state statutory obligations and ensure continued collaboration. Both agencies continue to have shared goals and work with each other to ensure alignment on policy decisions affecting older adults.

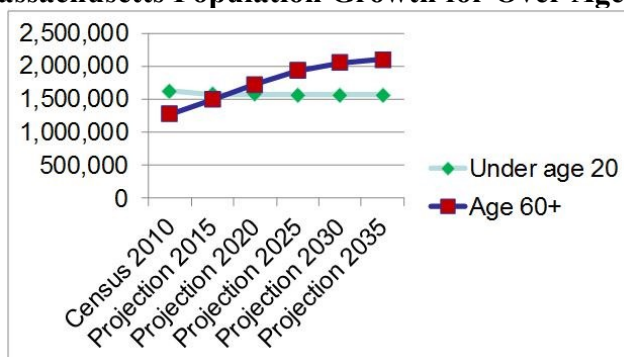
## Background

### 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.

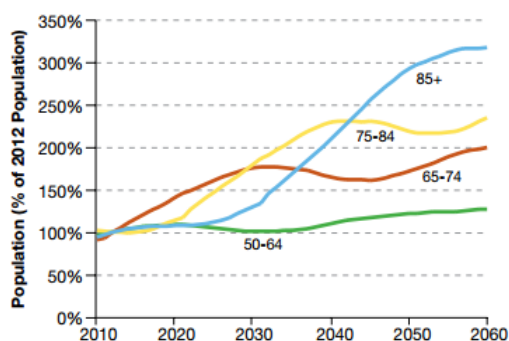
Figure 1 illustrates that in Massachusetts, the projected growth for the population under age 20 is flat, while the projection for the population aged 60 and over continues to climb. According to Figure 2, this projection varies depending on the age segment of the older adult population with the sharpest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

**Figure 1: Projected Massachusetts Population Growth for Over Age 60 and Under Age 20**



Source: University of Massachusetts Boston Gerontology Institute, 2016

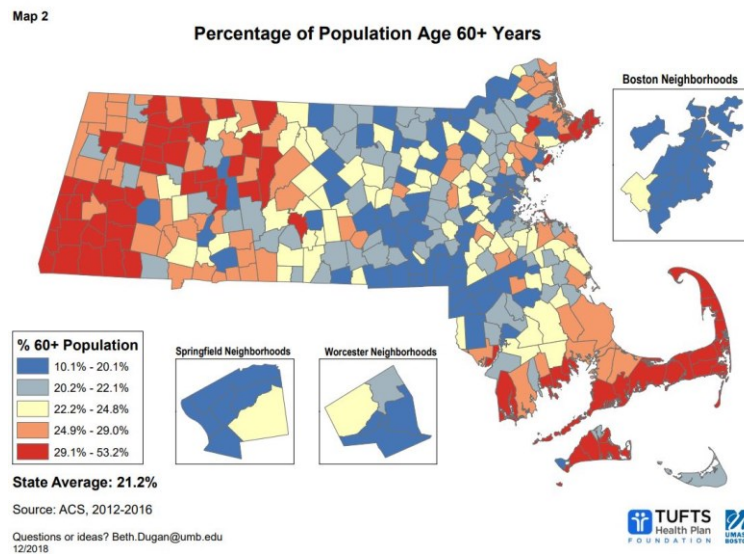
**Figure 2: Projected Massachusetts Population Growth by Age Groups**



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

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

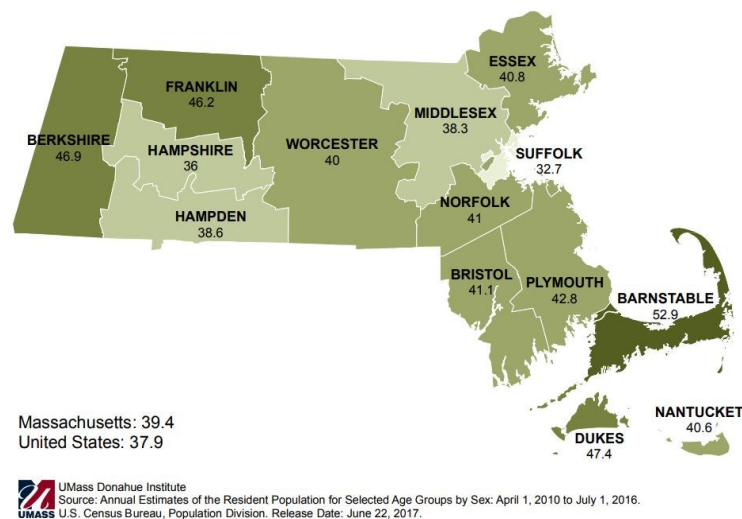
**Figure 3: Population Percentage of Massachusetts in 2016**



As the percentage of the population over age 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 has seized 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. In 2017, the Governor's Council to Address Aging in Massachusetts, including the Secretary and staff from the Executive Office of Elder Affairs, conducted listening sessions throughout the Commonwealth to better understand older adults' needs. These included:

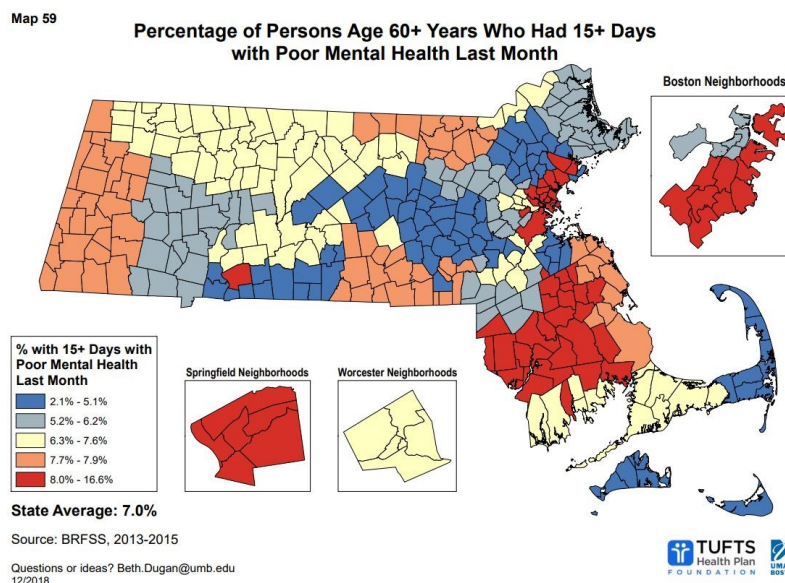
1. **Transportation**
2. **Housing**
3. **Health Care**
4. **Economic Security**
5. **Social Isolation**

According to the 2018 [Massachusetts Healthy Aging Data Reports](#), there are several key health and social characteristics of the aging population in the Commonwealth, 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.
- Figure 5 demonstrates that 8.0-16.6% of older adults in several areas, including Springfield, greater Boston, and towns within the South Shore, experience over 15 days of poor mental health within a reported month.

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

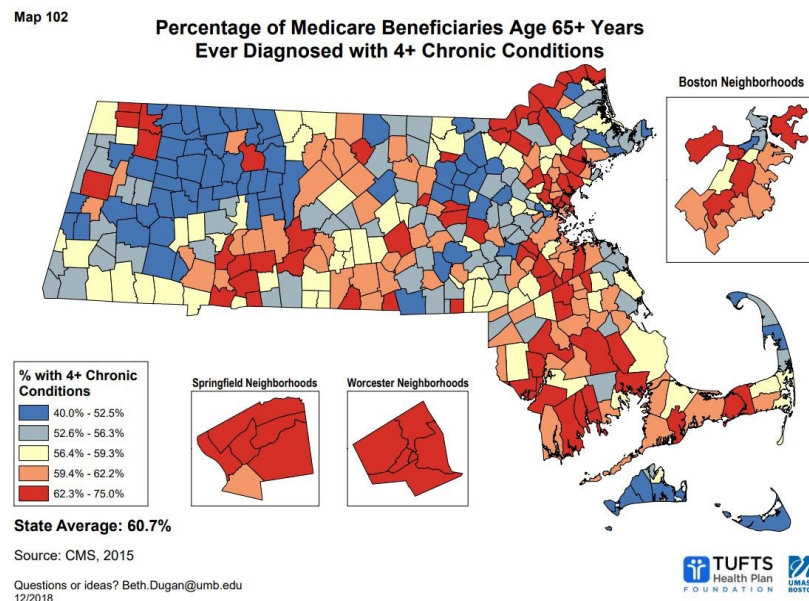




## Chronic Conditions

- According to the 2018 Healthy Aging Report, the proportion of older adults living with a number of health conditions has increased since the data was last analyzed in 2011-2012. Relevant health conditions include arthritis, asthma, chronic kidney disease, depression, having multiple (4+) chronic conditions, and lung cancer.
- An estimated 13.6% of residents in Massachusetts over the age of 60 live with a diagnosis of Alzheimer's disease or a related dementia.
- Figure 6 shows that in every city and town, large proportions of residents age 65 and older live with four or more chronic conditions.

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



People are living longer than ever before and many older people are living healthy, productive, and fulfilled lives. The Commonwealth of Massachusetts deeply benefits from the civic engagement, volunteerism, and community participation of older residents, many of whom directly contribute to the vibrancy and strength of communities.

- Approximately 1 in 4 people age 65 and older were employed in Massachusetts in 2016 (2018 Healthy Aging Data Report). Many older adults wish to continue to work as a way to achieve mastery and purpose, pursue an encore career, or maintain economic security.
- 71.3% of Massachusetts residents age 60 and older reported internet usage in 2015 (2018 Healthy Aging Data Report). It is a myth that older adults are not technologically savvy. According to a [2017 survey by AARP](#), 7 in 10 older adults are on social media, 7 in 10 older adults own a smart phone, and 9 in 10 older adults own a desktop or laptop.
- Older volunteers create tremendous value for communities. In 2019, an estimated 30,000 volunteers helped implement EOEA-funded programs including meal delivery, transportation provision, health insurance counseling, and advocacy for long-term care residents. In addition, 4,600 older adults volunteered through the National and Community Service Senior Corps in Massachusetts and 281 volunteered with the AARP Foundation Experience Corps in greater Boston.

## 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 five strategic priorities:

1. Strengthen existing EOEА programs and services
2. Improve economic security of older adults and their caregivers
3. Widen the front door to the aging services network
4. Reduce barriers to recruitment and retention of the direct care workforce
5. Change the conversation about aging from a challenge to an asset

The following sections provide highlights from FY2019 against each of the strategic priorities. Woven throughout each of the priorities is a commitment to close collaboration with the aging services network, other state agencies, legislators, and public and private partners. EOEА's accomplishments are the result of ongoing collaboration and commitment from stakeholders across diverse sectors.

### Priority 1. Strengthen Existing EOEА Programs and Services

EOEA strives to continuously improve and strengthen the programs and services that support older adults and their caregivers. The following are select highlights that demonstrate EOEА's progress against this priority, including enhancements to the State Home Care Program, Protective Services, Councils on Aging, and Senior Nutrition.

**State Home Care Program:** The State Home Care Program is comprised of six programs defined by income eligibility and assessed needs for assistance. These programs are funded through appropriations 9110-0600 (Community Choices), 9110-1630 (Home Care Services), and 9110-1633 (Home Care Case Management and Administration). A total of 63,104 older residents and people with disabilities received State Home Care services in FY19. The average length of community tenure for residents in the State Home Care Program was 2.7 years, which helped delay or eliminate the need for care in a nursing facility.

- **Frail Elder Waiver Approved in January 2019:** In January 2019, EOEА received renewal approval for a five-year period of the Frail Elder Waiver (FEW). The Frail Elder Waiver program serves individuals over the age of 60 who require nursing home level of care and are eligible for MassHealth. In FY19 13,042 individuals were cared for at home under the Frail Elder Waiver.<sup>2</sup> Our most recent report to CMS showed that in calendar year 2017, the average annual per capita cost for individuals in the Frail Elder Waiver was \$29,652 compared to \$49,590 for a clinically comparable population residing in a nursing facility.
- **New Services Added to State Home Care Program:** As part of the FEW renewal process, five new services were added to Home Care programs, which expanded the breadth of services that Aging Services Access Points (ASAPs) and Senior Care Options Plans (SCO) are able to offer to waiver participants that support greater self-sufficiency and independency in the community, thus improving community tenure.

---

<sup>2</sup> Does not include number of consumers enrolled in FEW and SCO, who receive all services through SCO.

The five new services include Goal Engagement, Orientation and Mobility, Certified Older Adult Peer Specialist, Evidence-Based Programs, and Technology Assistance.

- **Establishment of Home Care Worker Registry:** Pursuant to Chapter 139 of the Acts of 2017, the Executive Office of Elder Affairs created and launched a [Home Care Worker Registry](#) in 2019. The purpose of the registry is to make certain Home Care Worker information available to the public and employee organizations as specified by law. The regulations (651 CMR 16.00) establishing the Registry describe its administration and create an exemption process to protect the personal information of Home Care Workers covered by the regulations. As of December 2019, the registry includes 11,752 home care employees and 140 homecare company providers who provide home care services through the State Home Care Program.

**Protective Services Program:** The Protective Services Program is a statewide system that receives and investigates reports of elder abuse and provides needed protective services to adults age 60 and older who are living in the community. 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 an abusive situation. In FY19, Protective Services received 36,144 reports of elder abuse, 56% of which were received through the centralized intake unit and 42% of which were received through the online intake portal. Of the total reports received, 58% were screened in for investigation. In FY19, 59% of completed investigations were substantiated. The estimated average length of time to the resolution of cases is 129 days, which includes: average length of time to complete an investigation (39 days) and the average time spent implementing and coordinating appropriate services (3 months).

- **Protective Services Training:** Because there is high turnover in the Protective Services workforce, training new individuals and completing ongoing training of the existing workforce is a high priority. Between July 2019 and August 2019, the existing Protective Services workforce completed a two-day in-person training on the Interview of Decisional Abilities Tool. Additionally, between September 2018 and June 2019, every currently employed member of the PS workforce attended the five-day training program entitled, *Basic Training on Investigations* (seven distinct modules), completed an open-book test of the Massachusetts Elder Abuse Reporting and Protective Services Program Regulations (651 CMR 5.00), and completed an online lesson entitled *Introduction to Adult Protective Services in Massachusetts*. Going forward, these trainings have been combined and updated to a hybrid online lecture with in-person follow-up workshops. This training method will allow any new or existing employee instant access to training. New employees can begin online modules immediately upon hire. Existing employees can review any materials as needed. This online/in person hybrid training method is expected to be completed by February 2020.

**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. They serve as a community's front door for access to programs that help older residents thrive physically, socially, and emotionally. 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 Program), fitness, recreation, and wellness programs.

- **Increased Funding to Councils on Aging:** Through the commitment of the Baker-Polito Administration and legislature, the state increased funding to Councils on Aging (COAs) to the highest level ever. The budget included ~\$17.8 million for Councils on Aging, which is a \$3.5 million (25%) increase from FY18 spending. In 2019, 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. In addition to a strong funding commitment, Councils on Aging thrive because of their local volunteer force. In 2019, an estimated 24,500 volunteers contributed 49,000 hours per week at COAs.

**Senior Nutrition Program:** The Senior Nutrition Program administers and coordinates 29 local nutrition programs throughout the state, serving 9.4 million meals to approximately 83,000 older residents. 85% were delivered to homes and 15% were provided at congregate housing sites driven largely by a volunteer force of 7,000 individuals. A meal delivery is not simply a hot meal but is a form of a “wellness visit.” Meal delivery may be the only opportunity for an isolated individual to interact with another person, and the meals delivery team may proactively identify the need for other services so that the older resident can continue to live in their community.

- **Medical Nutrition Therapy:** In 2019, the Senior Nutrition Program began to offer Medical Nutrition Therapy (MNT) at participating Aging Services Access Points (ASAPs) in 2017. MNT includes nutrition counseling for diabetes and chronic kidney disease (non-dialysis) and is a Medicare Part B benefit for older adults. There is no cost to the individual to receive counseling and Registered Dietitians providing the service are eligible for Medicare reimbursement. This additional revenue stream has enabled all participating ASAPs to hire additional Registered Dietitians. In 2019, the MNT pilot grew to include 10 ASAPs that have provided 250 CMS MNT visits conducted through home visits, nutrition clinics at Councils on Aging (COAs), or nutrition meal sites.

**Supportive Services in Subsidized Housing:** EOEa provides funding for Resident Service Coordinators (RSCs) to help older residents in subsidized housing gain access to and coordinate services. In FY19, coordinators from 22 elder service agencies provided these services for 541 residents residing in 43 congregate settings sponsored by local municipalities. 40 additional RSCs provide individualized service coordination to over 6,000 residents (of approximately 54,000) of senior public housing. Services Coordination can involve making arrangements for meal delivery through EOEa’s Nutrition Program, arranging for transportation for medical appointments, linking a resident to their local ASAP for Home Care, and organizing onsite activities to improve wellness, including those that reduce social isolation. In Congregate Housing, RSCs also play an organizational and mediator role to prevent and resolve any disputes between residents living in a shared living environment.

- **Supportive Housing:** The Supportive 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 their community by providing on-site service coordinators and supportive services

such as care management, 24 hour on-call assistance, meals, and structured social activities. In FY19, 41 supportive housing sites with 6,111 units served an average of 5,894 residents per quarter.

- **Congregate Housing:** Similar to Supportive Housing, the Congregate Housing Program integrates housing and support services for older adults and individuals with disabilities. As 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. In FY19, 43 congregate housing sites with 544 units served an average of 506 residents per quarter.

**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.

- **Improvements to Incident Reporting System:** In 2019, the Assisted Living Certification Program provided regulatory oversight of 265 Assisted Living Residences. EOEA completed several initiatives to strengthen Assisted Living Certification including the launch of a more robust incident reporting system for Assisted Living Residences that will provide EOEA with a more nimble interface to develop reports on trends impacting residents and facilities.

## **Priority 2. Improve Economic Security of Older Adults and Their Caregivers**

The cost of housing, healthcare, and transportation in Massachusetts is among the highest in the country. As individuals age, their ability to afford these costs is increasingly constrained due to declining income over time when individuals voluntarily or involuntarily scale back and ultimately cease employment. This, coupled with a relatively rapid rise in the cost of housing, healthcare, and supportive services leads to larger and larger proportions of households falling into "Economic Insecurity"<sup>3</sup> associated with increasing age.

In 2019, EOEA supported the Baker-Polito Administration's efforts to begin to address the issue of economic security among older adults through the following:

- **Grandparents and Other Kinship Relatives Raising Grandchildren Able to Receive Assistance with Early Childhood Care:** According to a study conducted by UMass Medical School as part of the FY19 budget line item 4590-2010, there are more than 30,000 grandparents responsible for their grandchildren, either with or without the presence of a parent, in Massachusetts. In 2019, the Baker-Polito Administration announced a new initiative that will provide access to high-quality early childhood learning opportunities to low-income children being raised by relative caregivers, such as

---

<sup>3</sup> [https://www.umb.edu/demographyofaging/elder\\_economic\\_security](https://www.umb.edu/demographyofaging/elder_economic_security)

a grandparent. This was announced at a meeting of the Commission on the Status of Grandparents Raising Grandchildren.

- **Grand Opening of Hillside Residence:** EOEA collaborated and assisted the Department of Housing and Community Development, the Sisters of Providence, and other local and state officials, in opening Hillside Residence, a \$10 million project in West Springfield. The project combines affordable senior housing with supportive health services through Mercy Life Program for the All Inclusive Care of the Elderly (PACE) – a supportive housing model for older adults and people with disabilities that can be replicated elsewhere in the state.
- **Elder Homeless Placement:** The Elder Homeless Placement program funded by the FY19 state budget line item 9110-1700 provides assistance to older adults who are homeless or at risk of becoming homeless, including support with housing search, eviction prevention, and housing stabilization services. In the last quarter of which the data was readily available (FY19 Q4), the program assisted 241 older adults. 16% of these older adults had income less than \$500 per month; another 59% had incomes between \$500-1,000 per month. During this same reporting period, the program prevented 11 evictions and secured housing for 7 older adults.
- **Prescription Advantage Program:** Prescription Advantage is a prescription drug insurance plan funded by the FY19 state budget line item 9110-1455 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. In FY19, approximately 36,110 members participated in the Prescription Advantage Program.

In addition, in planning for the FY20 state budget, the Baker Polito Administration prioritized new funding for the Medicare Savings Program, which would significantly reduce health care costs for 40,000 low-income older adults. The proposed expansion lowers older adults' out-of-pocket health care costs, which are a primary driver of economic insecurity. EOEA is proactively working with MassHealth and the aging services network on outreach activities to encourage enrollment when the program is expanded in January 2020.

In focusing on economic security for older adults, it can be easy to overlook the economic risks borne by their caregivers, who have incorporated this additional role into their lives. Caregiving can take many forms, including caring for an older parent, a partner diagnosed with a serious illness, or a child living with a disability. Caregiving involves helping someone with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) such as eating, grooming, medication management, grocery shopping, and financial assistance.<sup>4</sup> As the intensity of care needs increases, caregivers can fall into an economically insecure situation due to reducing their employed working hours to accommodate higher caregiving demands, paying for professional care to supplement their own caregiving capacity, or neglecting their own health care needs, which may have increased due to lack of time for self-care.

---

<sup>4</sup> <https://www.caregiver.org/caregiving>



Approximately 844,000 family caregivers provide an estimated 786 million hours of care to older adults every year in Massachusetts. Over 60% of caregivers across the nation are employed full or part time.<sup>5</sup> Many caregivers (25%) are part of the millennial generation.<sup>6</sup> Recent research conducted by Embracing Carers™ reported: regular difficulty in sleeping (68%), a negative impact to physical health due to caregiving (58%), a negative impact to careers (27%), and a desire for additional supports for their role as caregiver (84%).<sup>7</sup>

EOEA has engaged with employers, employees, and the general public to provide resources to support Caregivers and to celebrate the role of Caregivers.

- **Engaging with Employers to Support Family Caregivers:** Since 2018, EOEA has been engaged with the Massachusetts Business Roundtable, Massachusetts eHealth Institute, and several other employers who are dedicated to supporting family caregivers in the workplace. This cross-sector [“Massachusetts Caregiver Coalition”](#) publicly launched in November 2019 to generate increased awareness of caregiving as a workforce opportunity. An Employer Toolkit and Massachusetts Caregiver Survey were also published. The Employer Toolkit was a deliverable of the Caregiving Workgroup of the Governor’s Council to Address Aging and includes a case for change, employee questionnaires, and best practices.
- **Conducting EOHHS Caregiver Lunch & Learns:** EOEA launched a “Caregiver Lunch and Learn Series” in April 2018 and has continued to host brown bag information sessions monthly. Sessions have focused on various topics, including transportation, housing, falls prevention, Alzheimer’s and dementia, and self-care. One-time Caregiver Lunch and Learns have also been conducted at the request of other government agencies in Massachusetts. In 2019, EOEA partnered with the Department of Public Health to offer an introductory lunch and learn with Boston Senior Home Care’s Family Caregiver Support Program.
- **Increasing Awareness with Public Service Announcement:** Governor Baker filmed a [public service announcement](#) on caregiving as part of EMD Serono’s Embracing Carers™ “Time Counts” campaign. The campaign encourages individuals to pledge time on behalf of helping a family caregiver in their lives.
- **Proclamation for Family Caregivers Month:** The Baker-Polito Administration declared November 2019 as Family Caregivers Month in Massachusetts. EOEA promoted the proclamation and celebrated family caregivers with a [dedicated Mass.gov webpage](#), social media engagement, and an acknowledgement of caregivers in all speaking events throughout the Commonwealth.

### Priority 3. Widen the Front Door to the Aging Services Network

EOEA is committed to increasing awareness and access to aging services and resources so that every older adult can thrive in the community of their choosing. The age- and dementia-friendly movement is critical to this effort as cities, towns, regions and the Commonwealth implement

---

<sup>5</sup> <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>

<sup>6</sup> <https://www.aarp.org/ppi/info-2015/caregiving-in-the-united-states-2015.html>

<sup>7</sup> [http://www.maroundtable.com/caregiving/2019\\_MASurvey.pdf](http://www.maroundtable.com/caregiving/2019_MASurvey.pdf)



improvements to community programs and services, changes to the built environment, and policies and practices to support aging in community.

- **MassOptions and 800AgeInfo Consolidation for Centralized Information Access:** Launched in November 2015, [MassOptions](#) links older adults, people with disabilities, and caregivers to services that help them live independently in the setting of their choice. Separately, 800AgeInfo is a legacy system focused on providing information regarding aging services. In 2019, EOEA began the process of combining and integrating 800AgeInfo and MassOptions to provide a streamlined and centralized user experience. A consolidated website, paper materials, and call center workflows are planned for 2020.
- **Became First State in the Nation to Receive Approval by AARP for Multi-Year Age-Friendly State Plan:** In January 2019, Massachusetts submitted its multi-year [Statewide Action Plan](#) to AARP outlining how the state and its partners will strategically support, align, and coordinate local, regional, and statewide efforts to meet AARP's requirements for Age-Friendly State status. The plan was accepted by AARP in January. In the first year of the plan, 26 new communities joined AARP's Network of Age-Friendly States and Communities and 17 communities signed newly established Dementia Friendly pledges. This brings the total in Massachusetts to 191 communities engaged in the age-friendly movement, 165 participating in dementia-friendly activities, and 116 engaged in both movements. The state is preparing its first year progress report to AARP, which will be submitted in January 2020.
- **Age- and Dementia-Friendly Integration Toolkit and Step-by-Step Process Guide:** The Executive Office of Elder Affairs, in partnership with the Massachusetts Health Aging Collaborative (MHAC), AARP Massachusetts, UMass Boston Gerontology Institute, and Barnstable County Department of Health and Human Services, created a [toolkit](#) to facilitate and support integration activities associated with age- and dementia-friendly initiatives. In addition to the toolkit, the Executive Office of Elder Affairs, Dementia Friendly Massachusetts, MHAC, and AARP Massachusetts created a simplified [step-by-step guide](#) for cities and towns.
- **LGBT Older Adult Training:** It is currently estimated that 70% of all Massachusetts residents who reach the age of 65 will need help with activities of daily living. Today's lesbian, gay, bisexual, and transgender (LGBT) older adults are less likely than the general population of elders to have partners, children, and family who can provide caregiving supports, and are often estranged from their families of origin. As a result, LGBT people are as a group at higher risk of premature institutionalization. As a response to this issue, the Baker-Polito Administration enacted *An Act Relative to LGBT Awareness Training for Aging Services Providers* in 2018 – a first-in-the-nation requirement that all state funded or licensed providers of services to LGBT older adults complete training in how to provide meaningful care to older adults and ensure that LGBT older adults can access services. In 2019, EOEA worked with Fenway Health and members of the Massachusetts LGBT Aging Commission to develop online training in accordance with the 2018 requirement. Training is scheduled to begin in 2020.

#### **Priority 4. Reduce Barriers to Recruitment and Retention of the Direct Care Workforce**

The direct care workforce provides an estimated 70-80% of professional hands-on care for older adults and individuals with disabilities. The industry reports that they retain only 1 out of 6 professionals hired every quarter. EOEA's work in this area is guided by three key questions:

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

EOEA acknowledges that the answers to these questions are multi-faceted and complex and will take several years to address. In FY19, the state budget line item 9110-1635 for "Enough Pay to Stay" provided approximately \$10M to fund increases to wages, salaries, or other compensation-related expenses for direct care workers delivering homemaking, personal care, and home health aide services. Of this, \$4.1M is dedicated specifically to workers delivering homemaking and personal care services and \$5.9M to workers delivering home health aide services. EOEA and the MassHealth Office of Long Term Services and Supports are working collaboratively on this implementation, which will conclude on June 30, 2020. EOEA will partner with EOHHS to submit a final report explaining the impact of the appropriation by July 1, 2020.

In FY20, EOEA will implement the direct care workforce training grant focused on advanced skill training for the home care aide workforce. This \$1 million grant was included in the FY20 state budget line item 9110-1637. At the end of calendar year 2019, EOEA partnered with UMass Boston to develop online and in-person training to support and advance the skills and qualifications of the Home Care workforce.

#### **Priority 5. Change the Conversation About Aging from a Challenge to an Asset**

As a society, we need to shift the assumptions about aging: from a period marked by decline and loss, to one of continued contribution, accumulated wisdom, and momentum. To change the conversation on aging, we need to change the stories that we tell about aging -- showing respect for each other, caring about our families and one another, creating inclusive communities that value diversity and neighborliness, and sharing a love of learning and wisdom.

In 2019, EOEA began a collaboration funded by Tufts Health Plan Foundation to challenge ageist stereotypes and reframe the conversation about aging. Many organizations and local Councils on Aging embraced the notion of changing the conversation by rebranding to celebrate older adults.

- **Commitment from Tufts Health Plan Foundation and Reframing Aging Training:**  
In 2019, Tufts Health Plan Foundation committed \$250,000 to age- and dementia-friendly initiatives, including a portion focused on changing the conversation about aging

leveraging research conducted by the Frameworks Institute. Tufts Health Plan's Reframing Aging Facilitator presented on Reframing Aging at 14 convenings in addition to hosting two webinars and two full-day workshops for deeper learning. More than 2,000 people attended these trainings.

- **Reframing within Technology and Innovation Community:** The state is a strategic launch partner of AGENCY, a combination of co-working space and event programming, hosted by the Cambridge Innovation Center (CIC). Discussions with the innovation community have included reframing concepts such as focusing on opportunity versus deficit, engaging with users in the design process, and avoiding natural disaster metaphors when describing changing demographics.
- **Reducing Stigma of Alzheimer's and Dementia:** The Dementia Friends movement, which includes over 4,300 Dementia Friends and 280 Dementia Friends Champions, continues to reduce stigma throughout the state.
- **Rebranding Organizations and COAs to Celebrate Older Adults:** Many organizations and local Councils on Aging served as examples in how rebranding can celebrate older adults and change societal perceptions. Examples include the City of Boston's Age Strong Commission (formerly Commission for the Elderly), 2Life Communities (formerly Jewish Community Housing for the Elderly), and Barnstable Adult Community Center (formerly Barnstable Senior Center). The City of Boston's Age Strong Commission also launched an "Age Strong" public awareness campaign that promoted positive and powerful images of older adults.

## Budget

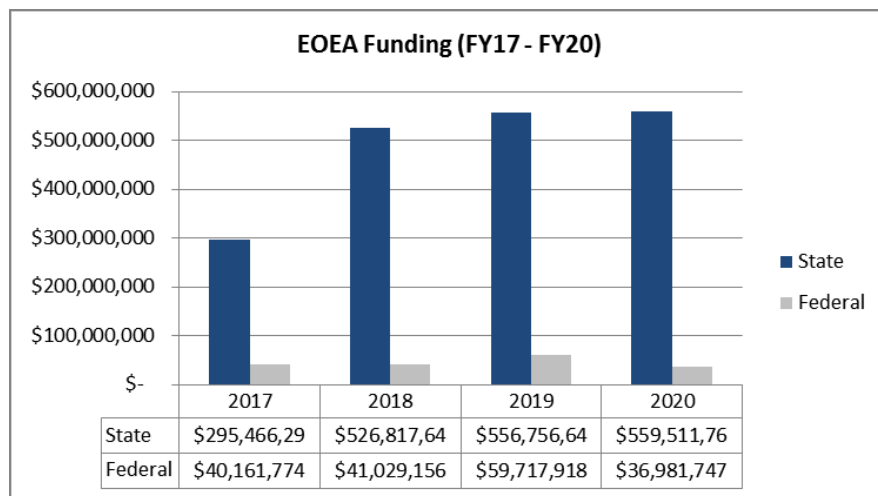
### Budget Appropriations

**Table 1: Massachusetts State Budget**

| Appropriation | Appropriation/Program Name                      | 2017                  | 2018                  | 2019                  | 2020                  |
|---------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 91100100      | Elder Affairs Administration                    | \$ 2,076,565          | \$ 2,076,565          | \$ 2,155,248          | \$ 2,207,999          |
| 91100600      | Community Choices                               | \$ -                  | \$ 223,419,000        | \$ 228,150,762        | \$ 232,515,014        |
| 91101455      | Prescription Advantage                          | \$ 17,771,922         | \$ 16,929,054         | \$ 16,954,074         | \$ 15,101,313         |
| 91101500      | Enhanced Community Options                      | \$ 70,548,399         | \$ -                  | \$ -                  | \$ -                  |
| 91101604      | Supportive Senior Housing                       | \$ 5,668,475          | \$ 5,789,610          | \$ 5,910,893          | \$ 5,910,888          |
| 91101630      | Home Care Services                              | \$ 113,609,584        | \$ 173,747,642        | \$ 175,543,607        | \$ 179,014,201        |
| 91101633      | Home Care Case Management and Administration    | \$ 33,795,743         | \$ 52,437,223         | \$ 58,948,934         | \$ 58,966,761         |
| 91101635      | Enough Pay to Stay                              | \$ -                  | \$ -                  | \$ 10,083,230         | \$ -                  |
| 91101636      | Protective Services                             | \$ 28,332,010         | \$ 28,761,688         | \$ 31,615,614         | \$ 32,721,172         |
| 91101637      | Home Care Aide Workforce Training Grant Program | \$ -                  | \$ -                  | \$ -                  | \$ 1,000,000          |
| 91101640      | Geriatric Mental Health Program                 | \$ -                  | \$ -                  | \$ -                  | \$ 800,000            |
| 91101660      | Congregate Housing                              | \$ 2,059,798          | \$ 1,959,284          | \$ 2,063,482          | \$ 2,263,458          |
| 91101700      | Elder Homeless Placement                        | \$ 186,000            | \$ 186,000            | \$ 286,000            | \$ 286,000            |
| 91101900      | Nutrition                                       | \$ 7,257,795          | \$ 7,268,675          | \$ 7,268,675          | \$ 9,707,559          |
| 91109002      | Grants to Councils on Aging                     | \$ 14,160,000         | \$ 14,242,900         | \$ 17,776,125         | \$ 19,017,400         |
| <b>TOTAL</b>  |   | <b>\$ 295,466,291</b> | <b>\$ 526,817,641</b> | <b>\$ 556,756,644</b> | <b>\$ 559,511,765</b> |

Note: Spending for the Community Choices program transferred from MassHealth to EOE in FY18. This spending now appears in the 9110-0600 appropriation.

**Figure 9: EOE State and Federal Funding from FY17 to FY20**

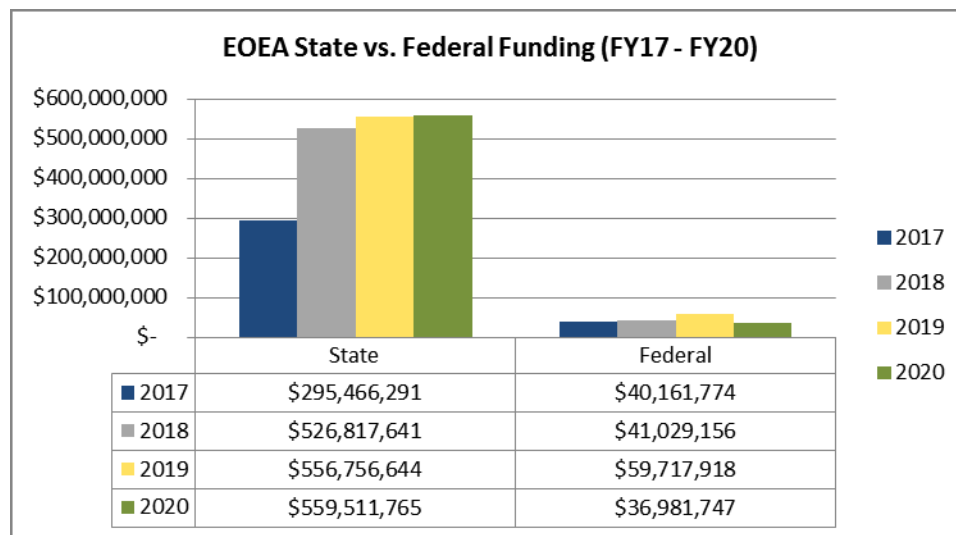


Note: Several of EOE's federal awards are late being distributed. However, EOE expects to receive federal funding for FY20 in approximately the same amount as FY19. Actual awards to date total \$11.4M.

**Table 2: Federal Grant Programs**

| Appropriation Name  | 2017                 | 2018                 | 2019                 | 2020                 |
|---------------------|----------------------|----------------------|----------------------|----------------------|
| Older Americans     | \$ 28,321,802        | \$ 29,034,894        | \$ 46,152,396        | \$ 28,148,851        |
| Serving the Health  | \$ 1,285,833         | \$ 1,097,000         | \$ 1,763,151         | \$ 795,372           |
| Ombudsman One       | \$ 126,539           | \$ 595,209           | \$ 282,391           | \$ 430,705           |
| MA EOEPA Protect    | \$ 88,780            | \$ 345,880           | \$ 151,160           | \$ 44,184            |
| MA NWD ADRC P       | \$ 68,652            | \$ 209,369           | \$ 199,900           | \$ 55,143            |
| MA ADSSP Part B     | \$ 325,000           | \$ 324,360           | \$ 325,000           | \$ -                 |
| Nutrition Service   | \$ 6,731,104         | \$ 5,246,634         | \$ 7,943,659         | \$ 4,885,300         |
| Senior Communi      | \$ 1,881,340         | \$ 2,823,279         | \$ 1,706,529         | \$ 1,701,306         |
| MA Model System     | \$ 155,960           | \$ 183,930           | \$ 238,225           | \$ 20,000            |
| MA Chronic Disease  | \$ 100,714           | \$ 100,714           | \$ -                 | \$ -                 |
| Enhanced ADRC C     | \$ 205,201           | \$ 70,435            | \$ -                 | \$ -                 |
| Medicare Improv     | \$ 507,738           | \$ 477,197           | \$ 650,939           | \$ 826,812           |
| Alzheimer's Disease | \$ 363,113           | \$ 520,255           | \$ 304,569           | \$ 74,074            |
| <b>TOTAL</b>        | <b>\$ 40,161,774</b> | <b>\$ 41,029,156</b> | <b>\$ 59,717,918</b> | <b>\$ 36,981,747</b> |

**Figure 10: State versus Federal Funding to EOEPA from FY17 to FY20**



Note: Several of EOEPA's federal awards are late being distributed. However, EOEPA expects to receive federal funding for FY20 in approximately the same amount as FY19. Actual awards to date total \$11.4M.

## **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 2019, EOEA updated the electronic reporting system used by the ALRs to inform EOEA of the occurrence of an incident or accident at the ALR which meets the definition of a “significant negative effect” and implemented changes to the biennial site visit process. The new incident reporting system was designed to obtain information from the ALR that would provide useful information to assist EOEA in better understanding the issues that affect residents' safety and welfare and which can lead to better analysis of the existing regulations. The revised site visit process was implemented to allow EOEA to gain insight into the quality of staff training by interviewing care staff on specific topics which address resident safety and well-being. In addition, residents and families are offered the opportunity to discuss any concerns and provide insight and feedback to EOEA staff in-person during the course of the day. The implemented changes have allowed for greater insight and thus offered the opportunity for more in-depth discussion with the ALRs when addressing compliance issues. Since fall 2018, EOEA continues to maintain the content and accessibility of the Assisted Living web page, providing resources to support the public and assisted living residence operators. The resources available 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. Beginning in July 2020, EOEa will begin posting a copy of the biennial compliance reviews conducted for the 2019 calendar year. The initiative will continue annually. This initiative will make available to prospective residents, families, and general public, information pertaining to the compliance of an ALR.

| <b>Calendar Year 2019</b>  | <i>Comparative Calendar Year 2018</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>265 Assisted Living Residences</b></li> <li>• <b>17,914 Units</b></li> <li>• <b>13147 Traditional Units</b></li> <li>• <b>4767 Special Care Units</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>257 Certified Assisted Living Residences</i></li> <li>• <i>17,543 Units, 13,032 Traditional Units</i></li> <li>• <i>4,511 Special Care Units</i></li> <li>• <i>16,250 Residents residing as of 12-31-18</i></li> </ul> |

**\*2019 occupancy data unavailable at the time of this report**

### **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.

| <b>Federal Fiscal Year 2019*</b>   | <i>Comparative Federal Fiscal Year 2018</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>Assisted Living Contacts: 142</b></li> <li>• <b>Assisted Living Visitations: 26</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>Assisted Living Contacts: 127</i></li> <li>• <i>Assisted Living Visitations: 27</i></li> </ul> |

\*Data for FY19 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.

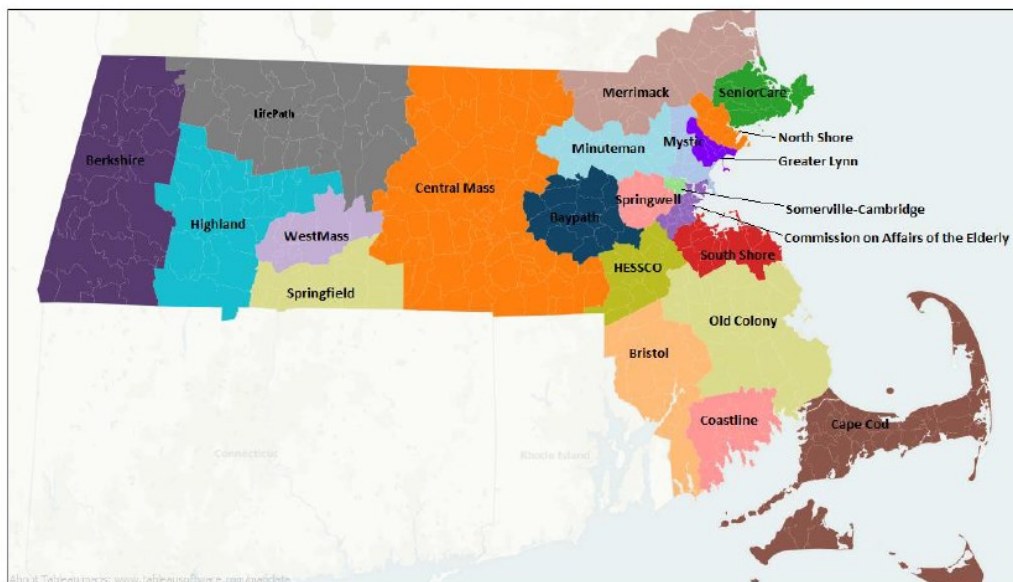
| <b>Fiscal Year 2019</b>  | <i>Comparative Fiscal Year 2018</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>1,485 New Cases</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>1,040 New Cases</i></li> </ul> |

### **Area Agencies on Aging Network**



Pursuant to the Older Americans' Act, EOEA works in partnership with 21 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 21 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 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 21 AAA regions in the Commonwealth.



*Note that Elder Services of Merrimack Valley and North Shore Elder Services merged in 2019*

### **Aging Services Access Points Network**

Aging Services Access Points (ASAPs) are 25 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>8</sup> (ADLs), and instrumental activities of daily living<sup>9</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.

The State Home Care Program served approximately 63,000 older residents in 2018.

- The average age of a consumer is 80.7 years old. 21% (13,225) of consumers are over age 90 and 571 consumers are over 100; more than half live alone.
- Over 36% (22,838) of consumers are clinically eligible for nursing facility care and approximately 58% (36,848) of consumers served were not eligible for MassHealth. The Home Care Program effectively delayed the need for those consumers to spend down and move to a nursing facility.
- Consumers have averaged 2.7 years in home care while being at a nursing facility level of care. The State Home Care Program provides services meet the needs and preferences of consumers while saving the Commonwealth significant resources.
- 46% of consumers have a behavioral health condition and 52% of consumers have a fall risk concern.

In 2019, EOEA received renewal approval for a five-year period of the Frail Elder Waiver (FEW). The Frail Elder Waiver went into effect on January 1, 2019 with the goal of enabling

---

<sup>8</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>9</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.

nursing facility-eligible older adults age 60 and older to remain in community and out of an institutional setting. As part of the renewal process, five new services were added to Home Care programs which expanded the breadth of services that Aging Services Access Points (ASAPs) and Senior Care Options Plans (SCO) are able to offer to waiver participants that support greater self-sufficiency and independency in the community, thus improving community tenure. The five new services include:

- Goal Engagement, which represents a new service model that includes multiple disciplines supporting a waiver participant in the community setting of their choice. This model of Home and Community Based service is brand new to Massachusetts and EOEa has worked diligently to bring this model to the Commonwealth.
- Orientation and Mobility, which provides education and training to older adults with low vision to support them to function independently in their home and community.
- Certified Older Adult Peer Specialist, which enables individuals with lived behavioral or substance use experience to support older adults living with similar conditions.
- Evidenced-Based Programs, which support family caregivers, falls prevention, and healthy aging in community.
- Technology Assistance, which focuses on fall alerts for emergency response.

| <b>Fiscal Year 2019</b>  | <i>Comparative Fiscal Year 2018</i>  |
|--|--|
| <b>Average Monthly Enrollment</b> <ul style="list-style-type: none"> <li>• <b>Homecare Basic: 33,079</b></li> <li>• <b>ECOP: 7,700</b></li> <li>• <b>Choices: 6,082</b></li> <li>• <b>Nursing Facility Eligible Consumers: 16,866</b></li> </ul> | <i>Average Monthly Enrollment</i> <ul style="list-style-type: none"> <li>• <i>Homecare Basic: 32,279</i></li> <li>• <i>ECOP: 7,619</i></li> <li>• <i>Choices: 6,167</i></li> <li>• <i>Nursing Facility Eligible Consumers: 17,032</i></li> </ul> |

### ***Protective Services***

EOEA is required to administer a statewide system for receiving and investigating reports of elder abuse and to provide needed protective services to adults aged 60 and older who are living in the community. To fulfill this responsibility, 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.

The existing PS workforce completed the two day in-person IDA training between July 2018 and August 2019. Additionally, between September 2018 and June 2019 every currently employed member of the PS workforce attended the five-day training program entitled, *Basic Training on Investigations* (seven distinct modules), completed an open-book test of the Massachusetts Elder Abuse Reporting and Protective Services Program Regulations (651 CMR 5.00), and an online lesson entitled: *Introduction to Adult Protective Services in Massachusetts*. Going forward, these trainings have been combined and updated to a hybrid online lecture with in-person follow up workshops. This training method will allow any new or existing employee instant access to training. New employees can begin online modules immediately upon hire. Existing employees can review any materials as needed. This online/in person hybrid training method is expected to be completed by February 2020.

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 as an early adopter of IDA. The following year, EOEA returned to NAPSA to present at the August 2019 conference with sister agency Disabled Person Protection Commission regarding each agency's efforts to improve training within and between agencies.

### Protective Services Program

| <b>Fiscal Year 2019</b>  | <i>Comparative Fiscal Year 2018</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>Screened in for Investigation: 21,139</b></li> <li>• <b>Investigation Completed: 17,351</b></li> <li>• <b>Abuse and Neglect Cases Confirmed: 10,307</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>Screened in for Investigation: 19,899</i></li> <li>• <i>Investigation Completed: 16,560</i></li> <li>• <i>Abuse and Neglect Cases Confirmed: 9,881</i></li> </ul> |

### Money Management Program

| <b>Fiscal Year 2019</b>  | <i>Comparative Fiscal Year 2018</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>13,563 consumers served by approximately 864 volunteer counselors</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>12,993 consumers served by approximately 924 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 2019</b>                 | <i>Comparative Fiscal Year 2018</i>     |
|---|---|
| • <b>Total number of calls: 188,381</b> | • <i>Total number of calls: 182,101</i> |

### ***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 2019</b>    | <i>Comparative Fiscal Year 2018</i> |
|----------------------------|-------------------------------------|
| • <b>58,778 Screenings</b> | • <i>58,616 Screening</i>           |

### ***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 in caring for loved ones. The program serves individuals caring for a spouse, relative, or friend aged 60 and older, or a younger individual with dementia-related disorders, as grandparents aged 55 and over caring for children 18 or younger, and grandparents or other relatives (including parents) caring for an adult with a disability. After an in-depth assessment of the caregiver's needs, the program provides information about available services, assistance in accessing 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. The MFCSP plans to roll out a new Caregiver Assessment Tool and Operations Manual in 2020.

| <b>Federal Fiscal Year 2019</b>               | <i>Comparative Federal Fiscal Year 2018</i>   |
|---|---|
| • <b>2,979 unduplicated caregivers served</b> | • <i>3,450 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 2019</b>  | <i>Comparative Fiscal Year 2018</i>  |
|--|--|
| <ul style="list-style-type: none"> <li><b>41 supportive housing sites with 6,111 units serving an average of 5,894 residents per quarter within those sites</b></li> </ul> | <ul style="list-style-type: none"> <li><i>41 supportive housing sites with 6,060 units serving an average of 5,887 residents per quarter within those sites</i></li> </ul> |

### **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 2019</b>   | <i>Comparative Fiscal Year 2018</i>   |
|---|---|
| <ul style="list-style-type: none"> <li><b>43 congregate housing sites with 544 units serving an average of 506 residents per quarter</b></li> </ul> | <ul style="list-style-type: none"> <li><i>43 congregate housing sites with 544 units serving an average of 505 residents per quarter</i></li> </ul> |

### **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.

| <b>Fiscal Year 2019</b>   | <i>Comparative Fiscal Year 2018</i>   |
|---|---|
| <ul style="list-style-type: none"> <li><b>75,873 consumers served by 660 counselors (including 87 who are bilingual)</b></li> </ul> | <ul style="list-style-type: none"> <li><i>75,455 consumers served by 662 counselors (including 87 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 (NWD) system in Massachusetts strives to efficiently provide consumers with streamlined access to LTSS, eliminating the need for multiple referrals through close collaboration across AAAs, ASAPs, Independent Living Centers (ILCs), and other health and human service agencies at the state and local community level. In Massachusetts, the NWD concept is embodied throughout the ADRCs, which provide consumers, regardless of age, disability, or income, with information and referral services, options counseling, and assistance with decision support, service planning, and consumer-directed options regarding LTSS. ADRCs aim to address each individual's unique needs, goals, and choices to live independent lives in the setting of their choice. EOEA and the Massachusetts Rehabilitation Commission (MRC) administer the No Wrong Door and ADRC model in partnership with the ADRCs core members - twenty-five AAA/ASAPs; three free-standing AAAs serving older people age 60 and over, and eleven 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.
- 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.
- Restructure existing governance and meeting structure with ADRC, Options Counseling and Information & Referral, and begin a series of regional meetings with aging services staff and partner organizations in the area.

### ***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 educates consumers about the range of available program and service options and housing. OC also helps consumers identify and connect to the resources that are most relevant 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 individuals' 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 physicians' 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. In 2019, the Options Counseling Program Survey was redesigned and EOEa issued a program manual.

| <b>Fiscal Year 2019</b>                               | <i>Comparative Fiscal Year 2018</i>                   |
|---|---|
| • <b>5,814 Consumers Completed Options Counseling</b> | • <i>5,978 Consumers Completed Options Counseling</i> |

### **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 2019*</b> | <i>Comparative Federal Fiscal Year 2018</i> |
|----------------------------------|---|
|----------------------------------|---|

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>262 volunteers worked on 3,723 complaints</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>309 volunteers worked on 3,493 complaints</i></li> </ul> |
|--|--|

\*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 9.4 million nutritionally-balanced meals to approximately 83,000 older adults each year. This program addresses multiple issues faced by older adults, including poor nutrition, food insecurity, chronic disease, and social isolation. Meals are provided at more than 325 congregate sites and are delivered to older adults in their homes. There are approximately 7,000 volunteer drivers who contribute about 450,000 hours yearly. The program provides multiple 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.

In addition to home delivered meals and meals offered through congregate meal sites, the Senior Nutrition Program began to offer Medical Nutrition Therapy (MNT) at participating Aging Services Access Points (ASAPs) in 2017. MNT includes nutrition counseling for diabetes and chronic kidney disease (non-dialysis) and is a Medicare Part B benefit for older adults. There is no cost to the individual to receive counseling and Registered Dietitians providing the service are eligible for Medicare reimbursement. This additional revenue stream has enabled all participating ASAPs to hire additional Registered Dietitians. In 2019, the MNT pilot grew to include 10 ASAPs which have provided 250 CMS MNT visits conducted through home visits, nutrition clinics at Councils on Aging (COAs), or nutrition meal sites.

| <b>Fiscal Year 2019</b>  | <i>Comparative Fiscal Year 2018</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>Congregate Meals Served: 1,404,730</b></li> <li>• <b>Home Delivered Meals Served: 7,998,018</b></li> </ul> | <ul style="list-style-type: none"> <li>• <i>Congregate Meals Served: 1,519,526</i></li> <li>• <i>Home Delivered Meals Served: 7,700,099</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 MassHire Career Centers to support older workers. In 2019, MassHire staff were trained on the unique needs of older job seekers and supports available to them.

| <b>Fiscal Year 2019</b>          | <i>Comparative Fiscal Year 2018</i> |
|----------------------------------|-------------------------------------|
| • <b>185 participants served</b> | • <i>158 participants served</i>    |

### **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 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 involving local age- and dementia-friendly efforts.

| <b>Fiscal Year 2018*</b>                           | <i>Comparative Fiscal Year 2017</i>                |
|--|--|
| • <b>370,000 estimated direct service contacts</b> | • <i>358,797 estimated direct service contacts</i> |

\*Delay in reporting for FY19 due to COA data submissions

### **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 (1) 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, (2) who are 65 years of age or older and not eligible for Medicare, or (3) who 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 2019</b>            | <i>Comparative Fiscal Year 2018</i> |
|------------------------------------|-------------------------------------|
| • <b>Average of 36,110 members</b> | • <i>Average of 38,442 members</i>  |

## **EOEA's FY19 Roles in Special Councils, Commissions, and Committees**

### **Alzheimer's Advisory Council (Member)**

The Alzheimer's Advisory Council was established under Section 16AA of Massachusetts General Law Chapter 6A (Chapter 220 of the Acts of 2018), to advise the executive office and the legislature on the state's Alzheimer's disease policy. The advisory council shall work with the secretary of health and human services to determine the number of persons diagnosed each year with early-onset Alzheimer's disease regardless of their age, as well as identify resources available and services needed for these individuals and associated costs. The Council includes 17 members and conducts public meetings at least quarterly. Meeting materials and upcoming meeting postings are available online: <https://www.mass.gov/orgs/alzheimers-advisory-council>.

### **Assisted Living Advisory Council (Chair)**

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 Board (Chair)**

Chapter 19A, Section 5 of the Massachusetts General Law provides the Secretary of EOEA with the ability to form a Citizens Advisory Board as appropriate and necessary. The Citizens Advisory Board's primary function is to advise and assist the Secretary of EOEA on matters relating to the needs of older adults. Citizens Advisory Board members are appointed by the Secretary and convene at the discretion of the Secretary. 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.

### **Commission on Malnutrition Prevention among Older Adults (Chair)**

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

The Commission on Malnutrition Prevention among Older Adults was established by 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 (Member)**

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 (Member)**

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 defined final recommendations in December 2018 and has been actively implementing against the final blueprint.



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.
- Submitted 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 plan was submitted to and approved by AARP in January 2019.
- 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 over 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 2019, there were 191 communities engaged in the age-friendly movement.
- Completed 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 which were narrowed to four winning entries announced in December 2018. The global challenge supported 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 (Member)**

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 Kennealy 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.

## **Appendix: Legislative Mandate**

Pursuant to M.G.L. c. 19A, §12 the Executive Office of Elder Affairs (EOEA) presents its Annual Report for Fiscal Year 2019 to the Great and General Court of Massachusetts.

## Section 12 of Chapter 19A

Section 12. The secretary shall measure and evaluate the impact of all programs authorized by this chapter, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Goals and standards for evaluation purposes shall be developed jointly by the department of elder affairs and statewide organizations representing the interests of the elderly. Evaluations shall be conducted by persons not immediately involved in the administration of the program or project evaluated. Subject to appropriation, evaluations shall be conducted every two years by an evaluator who does not supply service to the department and who is not in the regular employ of the commonwealth.

The secretary may not make grants or contracts under this chapter until he has developed and published general standards to be used by him in evaluating the programs and projects assisted under this chapter. Results of evaluations conducted pursuant to such standards shall be included in the annual reports required by this section.

In carrying out evaluations under this section, the secretary shall, whenever possible, arrange to obtain the opinions of program and project participants about the strengths and weaknesses of the programs and projects.

The secretary shall, on or before the second Wednesday in February in each year, publish summaries of the results of evaluative research and evaluation of program and project impact and effectiveness, the contents of which shall be available to the general court and the public. All studies, evaluations, proposals, and data produced or developed shall become the property of the commonwealth.

Such information as the secretary may deem necessary for purposes of the evaluations conducted under this section shall be made available to him, upon request, by the departments and agencies of the commonwealth.

The secretary shall expend such sums as may be appropriated therefor, not exceeding one per cent of the funds appropriated to the department for this chapter, to conduct program and project evaluations as required by this chapter.

**Not later than one hundred and twenty days after the close of each fiscal year, the secretary shall prepare and submit to the governor and the general court a full and complete report on the activities carried out under this chapter. Such annual reports shall include statistical data reflecting services and activities provided individuals during the preceding fiscal year.**