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Annual Legislative Report

Fiscal Year 2020

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Introduction

Pursuant to M.G.L. c. 19A, §12 the Executive Office of Elder Affairs (EOEA) presents its Annual Report for Fiscal Year 2020 to the Massachusetts General Court. This annual report includes information about EOEA programs and services and progress toward 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:

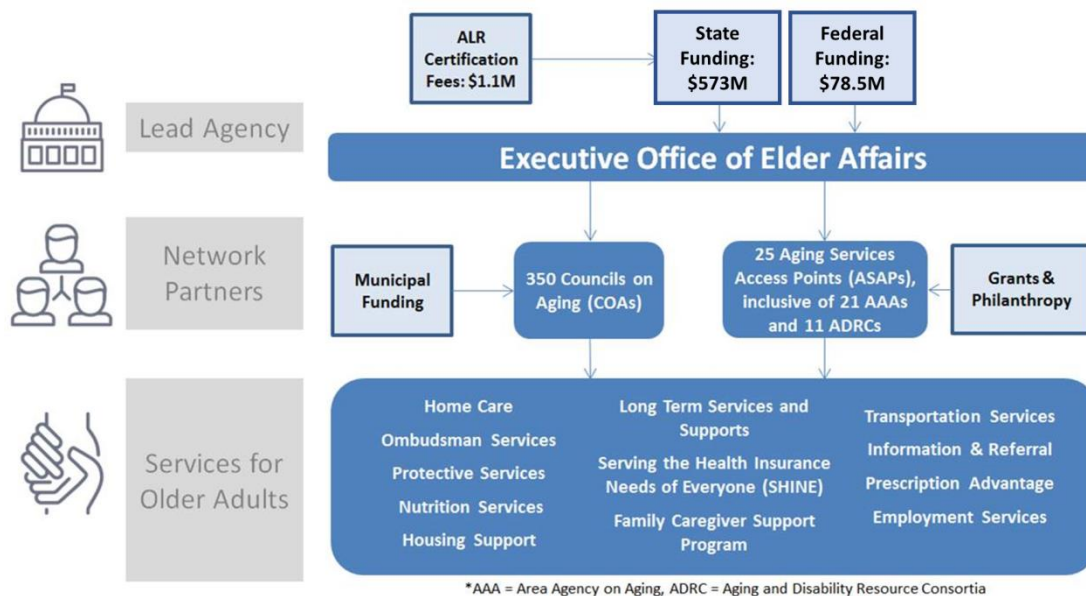
- The value of growing older
- The value of choice, including the choice to live in the community
- The value of the contributions that older adults and individuals with disabilities make to society

- 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 (EOHHS).

Through the statewide older adult network, EOEA provides services locally via 21 Area Agencies on Aging (AAAs), 25 Aging Services Access Points (ASAPs)¹, 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 FY20, EOEA managed a \$651.5 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.



¹ In 2019, Elder Services of Merrimack Valley and North Shore Elder Services merged.

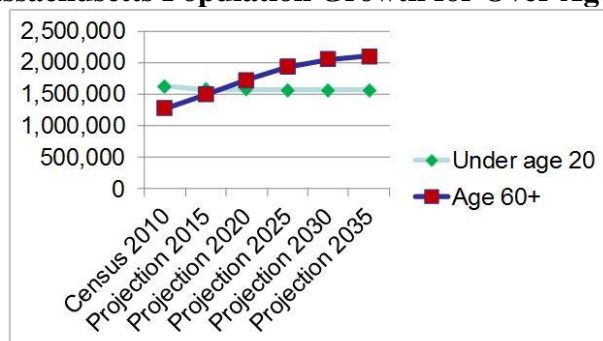
Background

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.

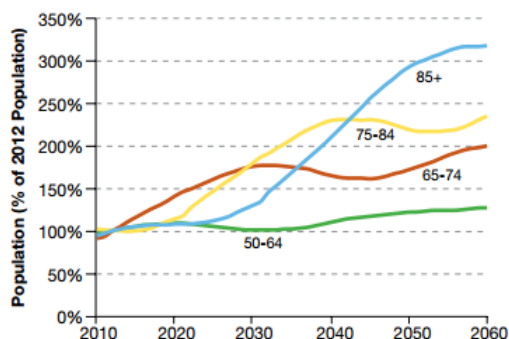
Figure 1 illustrates that in Massachusetts, the projected growth for the population under age 20 is flat, while the projection for the population aged 60 and over continues to climb. According to Figure 2, this projection varies depending on the age segment of the older adult population with the sharpest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

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



Source: University of Massachusetts Boston Gerontology Institute, 2016

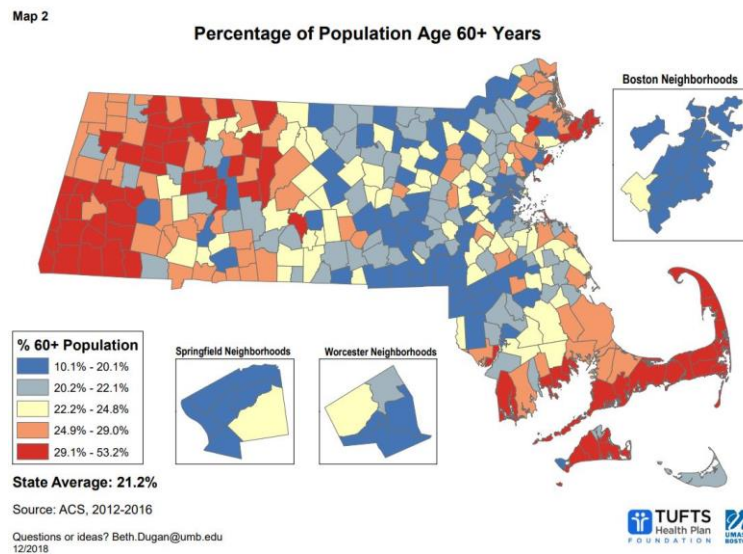
Figure 2: Projected Massachusetts Population Growth by Age Groups



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.

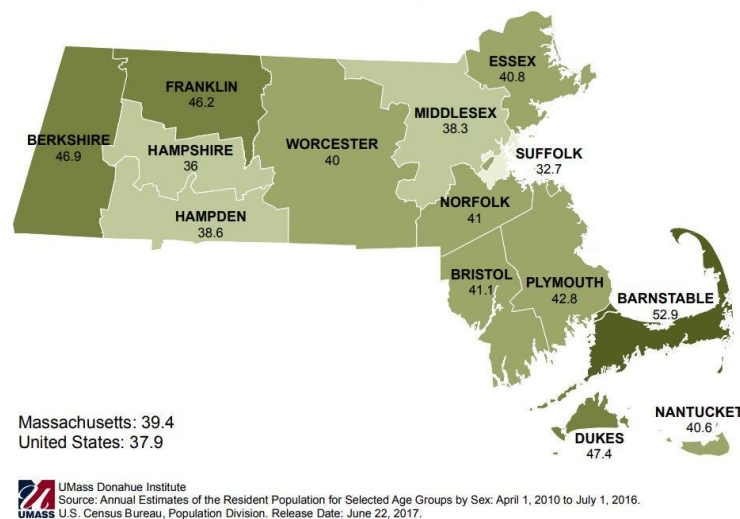
Figure 3: Population Percentage of Massachusetts in 2016



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:

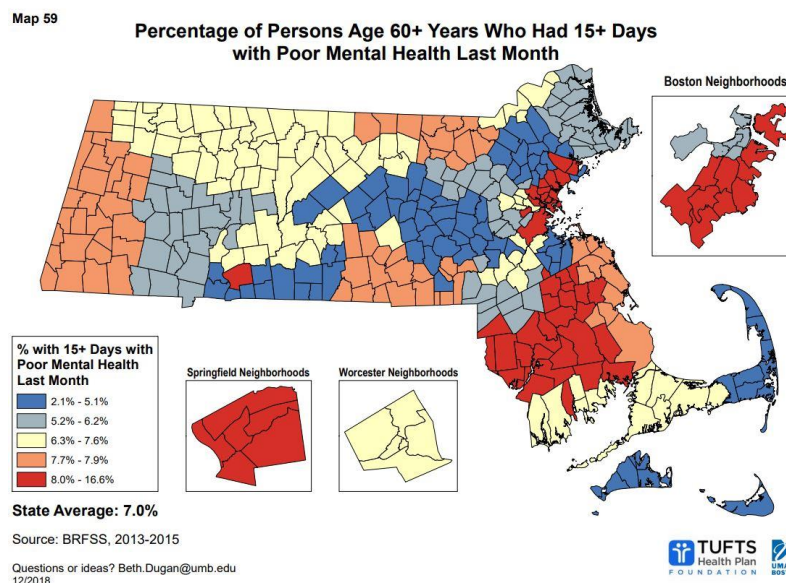
1. **Transportation**
2. **Housing**
3. **Health Care**
4. **Economic Security**
5. **Social Isolation**

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 of every 10 older residents have been diagnosed with depression – the most common behavioral health diagnosis among older people.
- 6% of all Massachusetts residents over the age of 65 have been diagnosed with some form of substance use disorder. Higher rates of substance use disorder were found in communities with higher levels of serious and chronic disease, crime, and older people living alone.
- Figure 5 illustrates communities with substantial numbers (8-16%) of older adults who experience over 15 days of poor mental health within a reported month

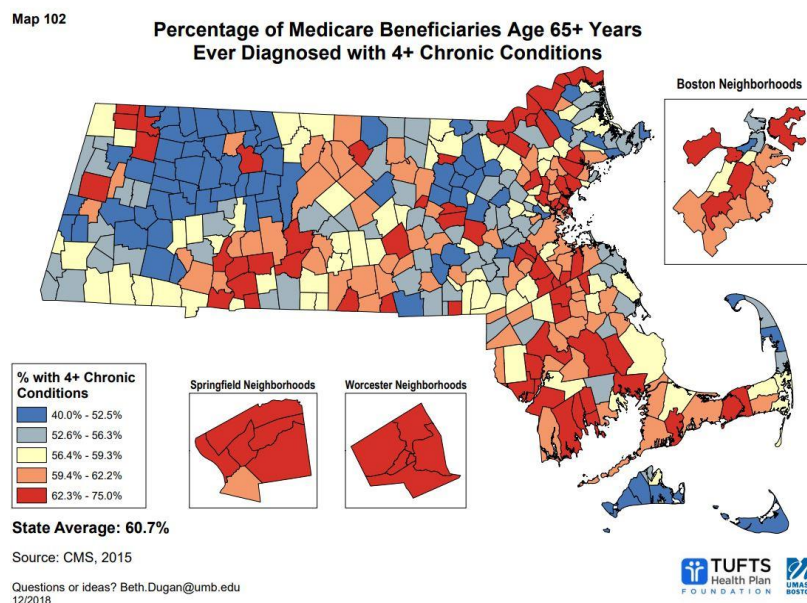
Figure 5: Map of Percentage of Older Adults with Poor Mental Health for 15+ Days in a Month



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



Contributing to the Commonwealth

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 EOE-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.

Impact of COVID-19

On March 10, 2020 Governor Baker declared a [state of emergency](#) to support the Commonwealth's response during the outbreak of the novel coronavirus (COVID-19). Along with this declaration came orders and guidance to further assist with mitigating the spread of COVID-19, which included: face covering requirements, social distancing, limiting large gatherings, and a Stay-at-Home Advisory for all non-essential employees.

EOEA worked swiftly with stakeholders to make significant changes to policies and procedures to ensure services were uninterrupted while taking measures to mitigate the spread of COVID-19. Tele-services were incorporated when possible, and infection prevention and control protocols were implemented to improve the safety of services delivered in-person.

- EOEAs restructured home care services and created seven COVID-19 dedicated services to support consumers who have COVID-19 or living in households with someone who has COVID-19. The seven services for COVID-19 positive consumers include: 7 services for covid19 positive consumers: Chore, Companion, Complex Care Training & Oversight for Medication Management and Home Health Aide Supervision, Supportive Home Care Aide, Homemaking, Personal Care and Home Health Aide.
- The Commonwealth's Senior Nutrition Program, which provides congregate and home-delivered meals to older residents, provided 30% more meals to the Commonwealth due to the pandemic. The nutrition program shifted congregate meals to grab-and-go meals to both provide the necessary nutrition and adapt to social distancing measures.
- To support Assisted Living Residences (ALRs) as they navigate this public health crisis, EOEAs, in collaboration with the Commonwealth's COVID-19 Response Command Center, issued guidance and FAQs to the ALR community.
- The Long Term Care Ombudsman Program shifted from in-person to virtual telephonic visits to support the Commonwealth's older adults in long-term care settings during COVID-19.
- Several trainings provided by EOEAs for protective services workers and Serving the Health Insurance Needs of Everyone (SHINE) volunteers were shifted to an online or webinar platform to continue connecting safely with the community.

The losses older adults and their caregivers have experienced during this pandemic are staggering. Friends and families of older adults have succumbed to COVID-19. Social connections and opportunities to see loved ones have severely diminished due to virus safety protocols. Caregivers have taken on additional duties while working from home and because day programs were largely closed. Coping with feelings of loneliness, loss, and confusion may be even more present now than in pre-pandemic times.

EOEA addressed these issues by increasing geriatric mental health supports and by producing and distributing informational resources to help our community partners continue to engage older adults.:

- **Two new Elder Mental Health Outreach Teams (EMHOTs):** The increase in the Fiscal Year 2020 Geriatric Mental Health Line Item allowed EOEA to fund two new EMHOT programs, one located at Elder Services of Berkshire County, Inc. and one at Ethos serving neighborhoods of Boston. These programs provide important services to older adults living with behavioral health conditions, including counseling and assistance with social determinants of health, and often act as a bridge to behavioral health treatment.
- **Councils on Aging are Critical Assets to Communities:** During COVID-19, Councils on Aging have continued to provide essential services and opportunities for connection by changing their operations to a physically distanced and sometimes, virtual, environment. Examples include delivering care packages, hosting programming online or through cable access television, and working with local schools to start pen pal and other intergenerational programs.
- **Publication of Report on Strengthening Social Connections:** As part of the Taskforce to End Loneliness and Build Community, EOEA facilitated, along with AARP Massachusetts and UMass Boston, a series of virtual community conversations on the issues, innovations, and aspirations related to social isolation and loneliness. The report, titled [*It's the Little Things: A Community Resource for Strengthening Social Connections*](#), emphasizes that “it’s the little things” that make a big difference.

Strategic Priorities in FY20

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 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

The following sections provide highlights from FY2020 toward 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. The accomplishments are the result of ongoing collaboration and commitment from stakeholders across diverse sectors. The COVID-19 pandemic has elevated the importance of these priorities, while the Commonwealth also responded to the immediate needs of the public health crisis.

Priority 1. Strengthen Existing EOEA 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 EOEA’s progress against this priority.

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 66,000 older residents and people living with disabilities received State Home Care services in FY20. The average length of community tenure for residents in the State Home Care Program was 2.9 years, which helps delay or eliminate the need for care in a skilled nursing facility.

- **Frail Elder Waiver Program Approved in January 2019:** In January 2019, EOEa received renewal approval for a five-year period of the Frail Elder Waiver (FEW) Program. 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 Program.² Our most recent report to CMS showed that in calendar year 2018 the annual per capita cost for individuals in the FEW program was \$27,996 compared to \$48,788 for a clinically comparable population residing in a nursing facility.
- **New Services Added to State Home Care Program:** As part of the FEW program renewal process, five new services were added to the State Home Care program, 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, Orientation and Mobility, Certified Older Adult Peer Specialist, Evidence-Based Programs, and Enhanced Cellular Personal Emergency Response. In FY20, efforts to support the introduction of new services were focused on community education and training related to who qualifies for the services and what the services entail as well as the development of resources and providers to support and offer the new services to older adults.
- **COVID-19 Considerations:** EOEa added new or modified existing services due to COVID-19, more details of which can be found below under the *Programs and Services* section.

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 live in the community. EOEa has designated 19 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 FY20, Protective Services received 34,813 reports of elder abuse, 51% of which were received through the centralized intake unit and 49% of which were received through the online intake portal. Of the total reports received and screened, 63% were screened in for investigation. In FY20 58% of completed investigations were substantiated. The estimated average length of time to the resolution of cases is 125 days, which includes: average length of time to complete an investigation (35 days) and the average time spent implementing and coordinating appropriate services (3 months).

- **Protective Services Training:** Training the Protective services workforce is a high priority. In January 2020, EOEa completed transferring portions of the in-person training to an online version. Between March 2020 and June 2020, the current PS workforce started and completed online training. The online format includes tests for each module/topic and learners must achieve a passing score in order to progress through the curriculum. The online training allows new employee the opportunity to access the materials immediately

² Does not include number of consumers enrolled in the FEW program and SCO, who receive all services through SCO.

upon hire. In addition, current staff members, who might benefit from a review of all or some topic will also have immediate access. EOEa plans to add additional trainings to the online curriculum beginning in the Spring of 2021.

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

Councils on Aging and Senior Centers: Councils on Aging (COAs) and Senior Centers are the community focal point for social and support services for older people, 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 ~\$19.0 million for Councils on Aging, which is a \$1.2 million (7%) increase from FY19 spending. In 2020, Councils on Aging provided direct services to over 300,000 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 2020, an estimated 15,000 volunteers contributed 33,000 hours per week at COAs.
- **COVID-19 Considerations:** While the physical buildings of most COAs and senior centers closed in March of 2020, Councils on Aging continued to be open and maintain the most essential service needs of their communities by providing wellness checks, offering transportation services, delivering meals and supporting application assistance for public benefits, to name just a few.

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 check." 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:** 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. In 2020, due to the COVID-19 pandemic, ASAP dietitians faced challenges to conducting MNT in person. Many programs are providing telehealth visits by phone or videoconference depending upon the client's comfort with technology. The programs are looking forward to conducting more telehealth MNT sessions in 2021 and a possible resumption of some in-person visits.

- *COVID-19 Considerations:* The nutrition program delivered over 30,000 home delivered meals per day and the program has, provided 30% more meals due to the pandemic. The program stockpiled frozen and shelf-stable meals and supplies at the beginning of the pandemic to prepare for potential closures in regional kitchens. This step prevented breaks in service to thousands of consumers in instances when closures were required for deep cleaning and staff quarantine. Meal delivery to homes, which includes a wellness check, is highly dependent on a corps of volunteers, most who are over the age 70, who have embraced new safety protocols for their own and their clients' safety. Meals through congregate meals sites are an important component of food security and have continued by transitioning to grab-and-go meals for residents.

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 FY20, coordinators from 22 aging services 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) in senior public housing. Services coordination may include making arrangements for meal delivery through EOEa's Senior 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.

- *COVID 19 Considerations in Supportive Housing:* The RSCs were critical to helping residents navigate the various pandemic restrictions during this public health emergency while still getting access to necessary services. Congregate meal sites were shifted to grab and go meals to ensure proper social distance.
- *COVID 19 Considerations in Congregate Housing:* EOEa instructed Congregate Housing contractors to pause filling vacancies from April to July, 2020. This step was taken to help protect the health and safety of Congregate Housing residents and staff, who live and work in settings where social distancing is difficult to maintain. Additional steps were taken to improve safety for residents, such as extra cleaning services in shared areas.

Assisted Living Residence Certification: 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 FY 2020, The Assisted Living Certification Unit at EOEA oversaw the regulatory compliance of more than 265 Assisted Living Residences. EOEA completed several initiatives to strengthen Assisted Living Certification including the implementation of a more robust incident reporting system that provides EOEA with a more nimble interface to develop reports on trends impacting residents and facilities. This improvement to the Incident Reporting System was timely and proved critical to understanding the impact of COVID-19 in this setting.
- *COVID-19 Considerations:* To support ALRs as they navigate this public health crisis, the EOEA in collaboration with the Command Center issued numerous guidances and FAQs to the ALR community. EOEA continues to work closely with ALRs to help residences further mitigate the spread of COVID-19.

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. Living on a fixed income while the costs of housing, healthcare, and supportive services rise contributes to economic insecurity.

In 2020, EOEA was part of the Baker-Polito Administration's efforts to address the issue of economic security among older adults through the following:

- **Elder Homeless Placement:** The Elder Homeless Placement program funded by the FY20 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 for which the data was readily available (FY20 Q4), the program assisted 255 older adults. 15% of these older adults had income less than \$500 per month; another 61% had incomes between \$500-1,000 per month. During this same reporting period, the program prevented 2 evictions and secured housing for 4 older adults.
- **Prescription Advantage Program:** Prescription Advantage is a prescription drug insurance plan funded by the FY20 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 FY20, approximately 32,229 members participated in the Prescription Advantage Program.

In addition, the Baker-Polito Administration's FY20 budget prioritized new funding for the Medicare Savings Program, which expands eligibility to 130% of the federal poverty level (FPL)

and lowers older adults' out-of-pocket health care costs. This expansion will reduce health care costs and improve economic security for 40,000 low-income older adults. From January through June 2020, 4,098 Prescription Advantage members were determined eligible for the Medicare Savings Program, and transitioned to receive improved benefits.

Family caregivers face their own economic risks due to incorporating this additional role into their lives. Caregiving can take many forms, including caring for an older parent, a partner diagnosed with a serious illness, or a child living with a disability. Caregiving involves helping someone with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) such as eating, grooming, medication management, grocery shopping, and financial management.³

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.

Approximately one million family caregivers provide care to older adults every year in Massachusetts. Over 60% of caregivers across the nation are employed full or part time.⁴ Many caregivers (25%) are part of the millennial generation.⁵ Recent research conducted by Embracing Carers™ reported that caregivers have: 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%).⁶

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. The Coalition hosted a series of five free webinars during the pandemic to raise awareness, share stories and provide practical resources to support family caregivers. The series ended with a special one-year anniversary [webinar](#) during Family Caregiver Month in November 2020 featuring Richard Lui from MSNBC, Jasmine Greenamyre from EMD Serono and Anthony Jarusinski from American Eagle, among others, to reflect on why and how employers can support their caregiving employees.
- **Proclamation for Family Caregivers Month:** Each November, the Baker-Polito Administration declares Family Caregivers Month in Massachusetts. EOEA promotes the proclamation and celebrates family caregivers.

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

³ <https://www.caregiver.org/caregiving>

⁴ <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>

⁵ <https://www.aarp.org/ppi/info-2015/caregiving-in-the-united-states-2015.html>

⁶ http://www.maroundtable.com/caregiving/2019_MASurvey.pdf

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 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 the fall of 2020.
- **Became the First State in the Nation to Submit Year One Progress Report of Age-Friendly State Action 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. In 2020, Massachusetts published its [first progress report](#) summarizing advancements made across the six goals of the plan and laying out priorities for next year. There are over 200 communities engaged in age- and dementia-friendly work, including 82 towns certified age-friendly by AARP or the World Health Organization and 55 that have taken a Dementia Friendly Pledge.

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 only 1 out of 6 professionals hired every quarter are retained. 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 career paths 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 (OLTSS) distributed the appropriated funding in the form of a rate add-on, in addition to the standard billable rate paid for each service,

from April 1, 2020 – June 30, 2020. Through EOHHS, on July 1, 2020, EOEA submitted a final report explaining the impact of the appropriation.

In FY20, EOEA implemented the direct care workforce training line item 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 contracted with UMass Boston to develop online and in-person training to support and advance the skills and qualifications of the Home Care workforce.

- **Personal and Home Care Aide State Training (PHCAST):** EOEA worked with UMass Boston to convert the Personal and Home Care Aide State Training (PHCAST) to an online curriculum available on demand. Expected to launch in early 2021, this first-in-the-nation online training will standardize training for the first 40 of the 85-hour curriculum, and reduces barriers to entry associated with inflexible schedules, in-person attendance, and enrollment fees. The online course allows more people to become certified home health aides, a profession that is vital in helping older residents remain independent and live in the community of their choice.
- **LGBTQ+ 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, transgender, and questioning (LGBTQ+) 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, LGBTQ+ 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 law that requires all state funded or licensed providers of services to LGBTQ+ older adults complete training on providing meaningful care to LGBTQ+ older adults and ensure their access to services. 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. In early 2020 the **LGBTQ+ Aging Online Training** was finalized; this course is an interactive training that strives to prevent and eliminate discrimination based on sexual orientation and gender identity and expression. This training will help providers support older residents and their caregivers. Training began in the fall of 2020.

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. Unfortunately, the COVID-19 pandemic has advanced ageist stereotypes about frailty, dependency, and demonstrated that there is still much work to be done to change the narrative about aging.

In FY20, EOEA continued to collaborate with the Tufts Health Plan Foundation on Reframing Aging Training across the Commonwealth. Reframing Aging Training teaches individuals that language matters and encourages leading with stories versus data. Significant accomplishments include:

- **Reframing within Technology and Innovation Community:** 20 presentations were made at organizations and reached over 2,000 individuals. Trainings have focused on engaging individuals outside of the aging services network, including the Cambridge Innovation Center’s AGENCY to engage entrepreneurs and the Regis College President’s Lecture Series to engage students and health care professionals.
- **Reframing Aging Training:** In-depth workshops hosted with 51 community leaders to give individuals an opportunity to engage in hands-on learning and put Reframing Aging Training into action. 15 facilitators representing local community-based organizations have been trained, which extends capacity for Reframing Aging Training across the state and engages new voices and champions for this work.
- **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

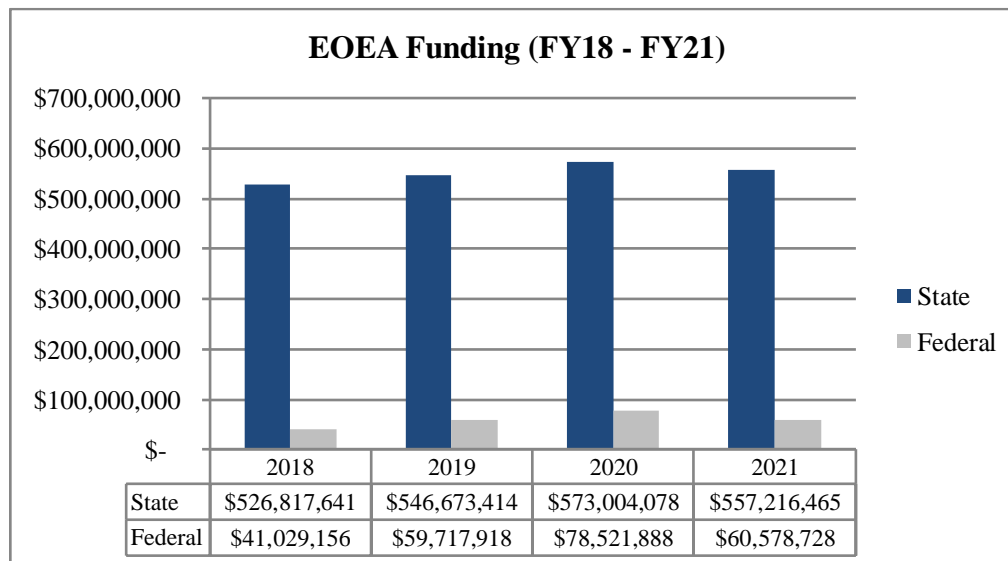
Table 1: Massachusetts State Budget

Appropriation	Appropriation/Program Name	2018	2019	2020	2021
91100100	Elder Affairs Administration	\$ 2,076,565	\$ 2,155,248	\$ 2,216,258	\$ 2,207,999
91100600	Community Choices	\$ 223,419,000	\$ 228,150,762	\$ 232,515,014	\$ 232,515,014
91101455	Prescription Advantage	\$ 16,929,054	\$ 16,954,074	\$ 15,101,313	\$ 14,952,309
91101604	Supportive Senior Housing	\$ 5,789,610	\$ 5,910,893	\$ 6,107,750	\$ 5,910,888
91101630	Home Care Services	\$ 173,747,642	\$ 175,543,607	\$ 179,014,201	\$ 178,956,984
91101633	Home Care Case Management and Administration	\$ 52,437,223	\$ 58,948,934	\$ 62,655,581	\$ 58,966,761
91101635	Enough Pay to Stay	\$ -	\$ -	\$ 10,083,230	\$ -
91101636	Protective Services	\$ 28,761,688	\$ 31,615,614	\$ 33,198,261	\$ 32,721,172
91101637	Home Care Aide Workforce Training Grant Program	\$ -	\$ -	\$ 288,053	\$ 1,211,947
91101640	Geriatric Mental Health Program	\$ -	\$ -	\$ 800,000	\$ 800,000
91101660	Congregate Housing	\$ 1,959,284	\$ 2,063,482	\$ 2,263,458	\$ 2,263,458
91101700	Elder Homeless Placement	\$ 186,000	\$ 286,000	\$ 286,000	\$ 286,000
91101900	Nutrition	\$ 7,268,675	\$ 7,268,675	\$ 9,707,559	\$ 9,658,808
91109002	Grants to Councils on Aging	\$ 14,242,900	\$ 17,776,125	\$ 18,767,400	\$ 16,765,125
TOTAL		\$ 526,817,641	\$ 546,673,414	\$ 573,004,078	\$ 557,216,465

Notes:

1. Spending for the Community Choices program transferred from MassHealth to EOE in FY18. This spending now appears in the 9110-0600 appropriation.
2. The reported budget amount for FY21 is based on the interim budget that was in effect as of December 7, 2020.

Figure 9: EOE State and Federal Funding from FY18 to FY21

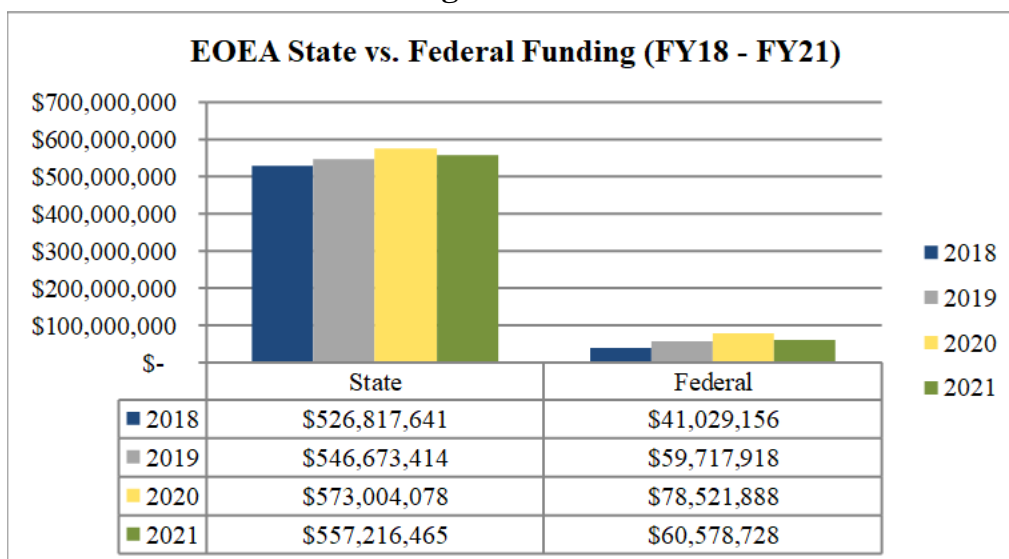


Note:

1. Several of EOE's federal awards are late being distributed. However, EOE expects to receive federal awards at approximately the FY20 funding level.

Table 2: Federal Grant Programs

Appropriation Name	2018	2019	2020	2021
Older Americans Act	\$ 29,034,894	\$ 46,152,396	\$ 63,414,795	\$ 47,269,120
Serving the Health Insurance Needs of Everyone	\$ 1,097,000	\$ 1,763,151	\$ 1,762,422	\$ 1,158,571
Ombudsman One Care Plan Initiative	\$ 595,209	\$ 282,391	\$ 430,705	\$ 486,015
MA EOE Protective Services Project	\$ 345,880	\$ 151,160	\$ 44,184	\$ -
MA NWD ADRC Project	\$ 209,369	\$ 199,900	\$ 55,143	\$ 1,061,122
MA ADSSP Part B Project	\$ 324,360	\$ 325,000	\$ -	\$ -
Nutrition Service Incentive Program	\$ 5,246,634	\$ 7,943,659	\$ 10,190,104	\$ 7,107,732
Senior Community Service Employment Program (SCSEP)	\$ 2,823,279	\$ 1,706,529	\$ 1,703,648	\$ 1,742,461
SCSEP Demonstration Grant	\$ -	\$ -	\$ -	\$ 889,286
MA Model Systems for Legal Assistance Project	\$ 183,930	\$ 238,225	\$ 20,000	\$ -
MA Chronic Disease Self-Management Education Program	\$ 100,714	\$ -	\$ -	\$ -
Enhanced ADRC Options Counseling Program	\$ 70,435	\$ -	\$ -	\$ -
Medicare Improvements for Patience and Providers Act	\$ 477,197	\$ 650,939	\$ 826,812	\$ 864,422
Alzheimer's Disease Supportive Services	\$ 520,255	\$ 304,569	\$ 74,074	\$ -
TOTAL	\$ 41,029,156	\$ 59,717,918	\$ 78,521,888	\$ 60,578,728

Figure 10: State versus Federal Funding to EOE from FY18 to FY21

Note:

1. Several of EOE's federal awards are late being distributed. However, EOE expects to receive federal awards at approximately the FY20 funding level.

COVID-19 Considerations

As EOE's services adapted in response to COVID-19, the agency's budget also evolved. In total, EOE received \$33.6M in additional COVID-19 related funding from both state and federal sources.

On the state level, EOE distributed approximately \$10M in Provider Purchase of Service (POS) relief funding using a combination of the agency's operating funds and the Coronavirus Relief Fund. This distribution occurred from March – June 2020. In addition, EOE's spending increased in the 9110-0600 Community Choices appropriation as a result of a variety of MassHealth rate adjustments for services provided through the state funded Home Care program.

On the federal level, EOE received several direct awards from the U.S. Administration for Community Living for COVID-19 response activities. This included a total of \$22.8M in funding

for its Older Americans Act programs (including State Plan Administration, Area Plan Administration, Supportive Services, Nutrition, Family Caregiver, and Ombudsman), No Wrong Door Aging and Disability Resource Consortia program, and SHINE program. During this time period, EOEA also received an \$889K demonstration grant from the U.S. Department of Labor, which the agency is dedicating to help older adults stay or enter the workforce safely through remote job opportunities.

The majority of EOEA's program spending is caseload driven and fluctuates depending on the demand for the program. EOEA's Home Care and Protective Services programs experienced a temporary reduction in caseload, and therefore in total spending, as a result of adherence to public health guidance. Caseloads for these programs are recovering and are projected to return to normal by FY22.

Programs and Services

Executive Office of Elder Affairs Programs and Service Networks

Assisted Living Residences Certification Program

The Assisted Living Certification Program is responsible for the certification and regulatory oversight of the private 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 private 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 Office 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. As a residential model, ALR staff are 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 FY 2020, The Assisted Living Certification Unit at EOEA oversaw the regulatory compliance of more than 267 Assisted Living Residences. This included processing and reviewing over 25,000 incident reports submitted by the ALRs in accordance with the requirements of the regulations. EOEA implemented changes to the biennial site visit process. These changes have allowed for greater insight and thus offered the opportunity for more in-depth discussion with the ALRs when addressing compliance issues. The two major changes included; (1) interviewing care staff on specific topics which address resident safety and well-being and, (2) offering Residents and families the opportunity to discuss any concerns and provide insight and feedback to EOEA staff in-person during the course of the site visit.

EOEA implemented a new and enhanced incident reporting system used by the ALRs to inform EOEAs (in accordance with the regulations) of the occurrence of an incident or accident at the ALR. The “Dynamics” CMS system was developed in collaboration with UMASS medical group in FY 19. The new system was designed with features to capture additional data for the purpose of policy development focusing on the quality of care, safety and wellbeing of the Residents living in the ALRs.

In FY20 Assisted Living Certification Unit at EOEAs began the process of converting paper documents to a .pdf format to enhance the responsibility of file integrity in accordance with the records retention guidelines set by the Office of the Secretary of State.

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. Each of the certification staff have been trained on the process of uploading and updating documents that are beneficial to the public and to prospective residents and their families in preparing for a move to an ALR.

- 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.
- Prepared the operation infrastructure on the EOEAs webpage to post the biennial compliance reviews of all ALRs making them accessible to the public. This project has been delayed due to the COVID-19 pandemic however the operational processing of the unit will move forward once the state of emergency has ended. The availability of the reports to prospective residents, families, and general public is expected to a significant benefit going forward.

COVID-19 Considerations:

To support ALRs as they navigate this public health crisis, the Executive Office of Elder Affairs in collaboration with the Massachusetts COVID-19 Response Command Center issued guidance and FAQs to the ALR community. On March 15th, 2020 the Department of Public Health (DPH) issued an order requiring ALRs to implement procedures established by EOEAs to restrict visitation as necessary to protect the health of residents and staff. Pursuant to this order EOEAs issued guidance suspending indoor social visits except for certain compassionate care situations. This order was later revised on July 2, 2020 allowing indoor social visits, provided that the physical distancing and protection requirements. Additionally, EOEAs collaborated with DPH to share appropriate infection control measures to mitigate the spread of COVID-19 for the unique settings of ALRs.

EOEA continues to work closely with ALRs to help residences further mitigate the spread of COVID-19, including providing over the phone infection control and management supports to any ALR with four or more new COVID-19 cases. These calls include the local board of health and Department of Public Health epidemiologists, who support infection control and contact tracing.

Calendar Year 2020	<i>Comparative Calendar Year 2019</i>
<ul style="list-style-type: none"> • 267 Certified Assisted Living Residences • 18,248 Certified Units • 13,420 Traditional Units • 4,864 Special Care Units • 16,930 Residents residing as of 11-25-20 	<ul style="list-style-type: none"> • <i>263 Certified Assisted Living Residences</i> • <i>18,010 Certified Units,</i> • <i>13,276 Traditional Units</i> • <i>4,724 Special Care Units</i> • <i>16,930 Residents residing as of 12-31-19</i>

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.

COVID-19 Considerations:

EOEA suspended onsite ombudsman visits following declaration of the COVID-19 Public Health Emergency. There was an increase in incidents reported to the Assisted Living Ombudsman. The topics of the incidents reported included: restrictions made to visitation, quarantine requirements imposed and admissions restrictions.

Federal Fiscal Year 2020*	<i>Comparative Federal Fiscal Year 2019</i>
<ul style="list-style-type: none"> • Assisted Living Contacts: 192 • Assisted Living Visitations: 15 	<ul style="list-style-type: none"> • <i>Assisted Living Contacts: 142</i> • <i>Assisted Living Visitations: 26</i>

Community Care Ombudsman Program

The Community Care Ombudsman (CCO) helps older adults and people with disabilities who live in the community to review and resolve service complaints. The CCO addresses concerns with the following services:

- Home health care
- Community-based MassHealth programs
- Home care program
- Federal private pay elder care programs

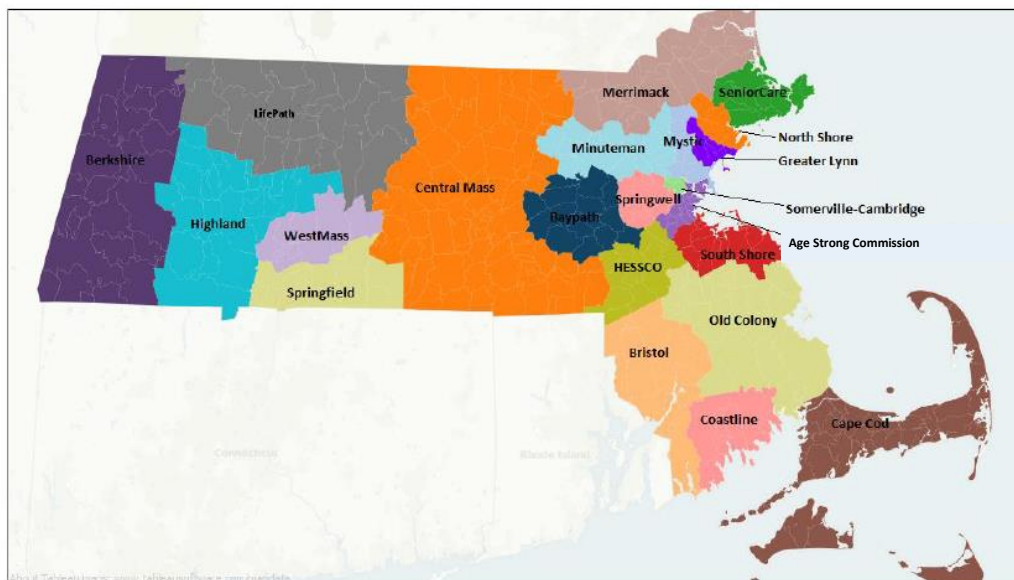
Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
<ul style="list-style-type: none"> • 2,160 New Cases 	<ul style="list-style-type: none"> • <i>1,485 New Cases</i>

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.

Figure 11: 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. EOE'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 living⁷ (ADLs), and instrumental activities of daily living⁸ (IADLs), as well as social contact and support, enabling them to remain at home. Specific services available from subcontracted providers include personal care, homemaking, adult day health, chore, companion, home health services, grocery shopping, laundry, personal emergency response system, supportive day care, Alzheimer's/Dementia coaching, environmental accessibility adaptations, translation, and medical transportation. 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. The Community Choices Program (Choices) provides 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 66,000 older residents in 2019.

- The average age of a consumer is 80.6 years old. 21% (13,693) of consumers are over age 90 and 628 consumers are over 100; more than half live alone.
- Over 36% (23,833) of consumers are clinically eligible for nursing facility care and approximately 55% (35,955) 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 2.9 years in home care while being at a nursing facility level of care. The State Home Care Program provides services to meet the needs and preferences of consumers while saving the Commonwealth significant resources.
- 44% of consumers have a behavioral health condition and nearly one-fourth of consumers (23.3%) reported falling recently.

As previously mentioned The Frail Elder Waiver Program went into effect on January 1, 2019 with the goal of enabling 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

⁷ 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.

⁸ 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.

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.

COVID-19 Considerations:

EOEA worked with the ASAPs to adjust in- home visits, reassessments, and annual re-determinations for case management and nursing to be conducted through alternative means (e.g., telephonically or by remote video technologies).

Service modifications to existing services were adjusted to be provided telephonically or through video conferencing technologies through qualified, contracted providers to ensure social and emotional support to consumers continues during the public health emergency. Services permitted for adjustment during COVID-19 included: Companion, Complex Care Training & Oversight for Medication Management and Home Health Aide Supervision, Peer Support, Alzheimer's/Dementia Coaching, Evidence Based Education Programs

EOEA added new or modified existing services due to COVID-19, which included meeting nutritional needs for older adults through bulk distribution methods for home delivered meals, added snack packs for delivery, nutritional supplements, wellness checks for older adults, necessity shopping to provide items to consumer in addition to groceries, providing assistive technology devices and data/internet access to increase consumer's access to telehealth services, virtual monitoring and communication systems for wellbeing and safety concerns, and adult day health remote services.

Increased service rates to provide for staffing and care requiring full personal protection equipment for COVID-19 positive home care consumers needing continued care in the home.

Sub-contracted provider management adjustments included modifications to timeframe requirements for training of sub-contracted provider staff and suspended provider monitoring activities until 90 days following the end of the COVID-19 emergency, except in stances of abuse and neglect complaints and immediate jeopardy concerns to ensure participant's health and welfare.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
Average Monthly Enrollment <ul style="list-style-type: none"> • Home care Basic: 33,908 • ECOP: 8,054 • Choices: 6,253 • Nursing Facility Eligible Consumers: 17,288 	<i>Average Monthly Enrollment</i> <ul style="list-style-type: none"> • <i>Home care Basic: 33,079</i> • <i>ECOP: 7,700</i> • <i>Choices: 6,082</i> • <i>Nursing Facility Eligible Consumers: 16,866</i>

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 a centralized intake unit which is responsible for taking reports on a 24/7 basis. EOEA has designated 19 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 (Note: this instrument is used to assess an individual's capacity or ability to make decisions) 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 had 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 included three different topics: (1) The Interview for Decisional Abilities (IDA); (2) In-person sessions on Basic Training on Investigations, and, (3) the online unit on the Protective Services regulations (651 CMR 5.00) Beginning in September 2019 EOEA began the second stage of the project. The purpose of this stage was to obtain a Learning management System for online training and translate the classroom training to online content. This change allowed for unlimited access to the training program by the PS workforce.

The current PS workforce started the online training in May 2020. The online format includes tests for each module/topic and learners must achieve a passing score in order to progress through the curriculum. The online training allows new employee the opportunity to access the materials immediately upon hire in addition, current staff members, who might benefit from a review of all or some topic will also have immediate access. It is expected that EOEA will add additional trainings to the online curriculum beginning in Spring of 2021.

In June 2020, EOEa began collaborating with Weill Cornell Medical College (WCMC) to translate the IDA screening tool in-person training to a virtual format. EOEa together with Weill Cornell and the Massachusetts Master trainers expect to begin virtual IDA training in January 2021. As with online training having the capacity training virtually will enable new workers to have immediate access to the training and will allow existing workers easy access to refresher training.

COVID-19 Considerations:

Beginning in March, EOEa released several program guidance documents related to COVID-19. Guidance provided the Protective Services workforce with the ability to conduct their in-person visits in a manner that provided safety to the worker as well as the older adult.

COVID-19 had a direct impact on the number of reports (intakes) of elder abuse to Protective Services Between March and July 2020, the number of intakes decreased by 20 percent compared to the months before the COVID-19 pandemic. This in turn, resulted in a decrease in the number of investigations completed by PS during that time frame.

COVID-19 had a direct impact on the Money Management program as well. Restrictions at the beginning of the pandemic prevented the program from taking on new clients, however, the program began to take on new clients towards the end of the fiscal year. Volume to original levels is not projected until Spring/Summer 2021.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
<ul style="list-style-type: none"> • Screened in for Investigation: 19,002 • Investigation Completed: 17,565 • Abuse and Neglect Cases Confirmed: 10,160 	<ul style="list-style-type: none"> • <i>Screened in for Investigation: 21,139</i> • <i>Investigation Completed: 17,351</i> • <i>Abuse and Neglect Cases Confirmed: 10,307</i>

Money Management Program

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
<ul style="list-style-type: none"> • 13,385 consumers served by approximately 795 volunteer counselors 	<ul style="list-style-type: none"> • <i>13,563 consumers served by approximately 864 volunteer counselors</i>

Information and Referral

The Information and Referral process at EOEa is administered by the Aging and Disability Resource Consortia (ADRC) telephone line of 1-800-243-4636 and website at www.massoptions.org. The call center and online access provide older adults & people with disabilities, their caregivers, and families with information about services for a wide range of

programs depending on their needs. Each Aging Services Access Point/Area Agency on Aging (ASAP/AAA) and Independent Living Center (ILC) has an Information and Referral department at the ADRC regional agency.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• Total number of calls: 174,844	• <i>Total number of calls: 188,381</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.

COVID-19 Considerations:

ASAP staff were permitted to complete desk reviews of provider submitted documentation to determine clinical eligibility when they were unable to gain access to nursing facilities or referring provider to the complete the clinical evaluation.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• 52,853 Screenings	• <i>58,778 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 2020, the MFCSP rolled out a new Caregiver Assessment Tool to better enable caregiver specialists to learn more about the caregiver’s situation and discuss strategies to relieve their concerns. This assessment is more focused on the caregiver compared to the prior assessment that was focused on the needs of the care recipient.

COVID-19 Considerations:

MFCSP adapted to COVID-19 in numerous ways. First, they increased the number of virtual touchpoints with family caregivers, often conducting wellness checks. Second, they provided enhanced supports and services to caregivers during the pandemic; for example, by purchasing or lending technology, dropping off care packages, and facilitating additional support groups for caregivers. EOEA continues to support the caregiver specialists who administer the program, through regular outreach, workgroups and monthly [newsletters](#) with helpful resources and tools to support the caregivers in their program.

Federal Fiscal Year 2020	<i>Comparative Federal Fiscal Year 2019</i>
• 2,534 unduplicated caregivers served	• <i>2,979 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.

COVID-19 Considerations:

As a result of COVID-19, many Supportive Housing sites switched from Congregate meals to “grab and go” or home delivered meals. The sites also limited or canceled any social activities that occurred indoors to avoid groups of people gathering in common areas. Supportive Housing Coordinators continued to engage with residents outside (when possible) or via the phone. Finally, housing management at most sites put limits on visitors, working with the EOEA funded service coordinators to ensure that essential workers took necessary precautions when entering the building.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• 41 supportive housing sites with 6,111 units serving an average of 5,919 residents per quarter within those sites	• <i>41 supportive housing sites with 6,111 units serving an average of 5,894 residents per quarter within those sites</i>

Congregate Housing

Similar to Supportive Housing, the Congregate Housing Program integrates housing and support services for older adults and individuals with disabilities. However, Congregate Housing involves a shared living environment. Each resident has a private bedroom, but shares one or more of the

following: kitchen facilities, dining facilities, and/or bathing facilities. EOEa funds support a Congregate Housing Coordinator who provides group living support, referrals to services, and structured social activities.

COVID-19 Considerations:

As a result of COVID-19, many Congregate Housing sites limited or canceled any social activities that occurred indoors to avoid groups of people gathering in common areas. Congregate Housing Coordinators continued to engage with residents outside (when possible) or via the phone. Housing management at most sites put limits on visitors, working with the EOEa funded service coordinators to ensure that essential workers took necessary precautions when entering the building. Finally, when sites reported positive cases of COVID-19 they were able to contact EOEa and receive onsite testing via EHS Congregate Care testing program.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
<ul style="list-style-type: none">• 43 congregate housing sites with 543 units serving an average of 490 residents per quarter	<ul style="list-style-type: none">• <i>43 congregate housing sites with 544 units serving an average of 506 residents per quarter</i>

Serving the Health Insurance Needs of Everyone (SHINE)

Serving the Health Insurance Needs of Everyone (SHINE) is a state health insurance assistance program that provides free health insurance information, counseling, and assistance to Massachusetts residents with Medicare and their caregivers. The SHINE Program is administered by EOEa in partnership with ASAPs and AAAs, social service and community-based agencies, and Councils on Aging (COAs). The program is partially funded by the Administration for Community Living (ACL). There are 14 regional programs that supervise and train over 650 volunteer and in-kind health benefit counselors to provide information and assistance in many areas of health insurance, including Medicare Part A, Part B, and Part D, Medigap insurance, Medicare HMOs, retiree insurance plans, prescription drug programs, Medicaid, Medicare assistance programs (QMB, SLMB and QI), and other programs for people with limited resources. The SHINE Program assists older adults and people with disabilities in understanding their Medicare and MassHealth benefits, along with other health insurance options. The program ensures that Massachusetts residents with Medicare and their caregivers have access to accurate, unbiased, and up-to-date information about their health care options.

COVID-19 Considerations:

SHINE counselors are available throughout the state by telephone, email, as well as through virtual platforms. Due to the COVID-19 pandemic, in-person counseling sessions were limited and other methods to reach, educate and assist consumers and caregivers was accessed through local cable television, newsletters, virtual platforms and social media. When appropriate, SHINE counselors will resume in-person counseling sessions at Councils on Aging, senior centers, ASAPs, AAAs, hospitals, and other community-based agencies.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
<ul style="list-style-type: none"> • 72,629 consumers served • 39,108 consumers served at interactive presentations • 660 counselors (including 88 who are bilingual) 	<ul style="list-style-type: none"> • <i>75,873 consumers served by 660 counselors (including 87 who are bilingual)</i>

Aging and Disability Resource Consortia and No Wrong Door

The Aging & Disability Resource Consortia (ADRC) began in 2002 as a jointly sponsored national initiative funded by the Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The goal was to create visible, trusted places in the community that provide a coordinated system of information and access to long term services and supports for individuals, family members and providers, regardless of age, disability or income.

Since 2003, the Massachusetts ADRC model specifies collaboration and equal partnerships between local Aging Service Access Points (ASAPs)/Area Agencies on Aging (AAAs), Independent Living Centers (ILCs) and the involvement of other community-based agencies including veterans organizations, behavioral health providers, local councils on aging, organizations serving people with intellectual disabilities, recovery learning communities, community health centers, local housing authorities, hospitals and many other local health and social service agencies and providers. The primary mission of the ADRC model is to ensure consumer access to services through a “No Wrong Door” process creating a seamless, coordinated system of information delivery and access to community-based, long term services and support programs. With the introduction of the Options Counseling (OC) program as a core function of ADRCs in 2008, the collaboration between these agencies has been strengthened. ASAP and ILC staff have reported that by working closely together to create and provide a new service to the public, they have increased their own knowledge of community-based options and have become more sensitive to previously less familiar populations. Through the increased sharing of information among all ADRC partners, individuals receiving OC are assured of comprehensive, skilled assistance.

Across Massachusetts, there are 11 ADRCs providing statewide coverage including:

- *ADRC of Berkshire County*
- *ADRC of Cape Cod and the Islands*
- *ADRC of Central Massachusetts*
- *ADRC of Pioneer Valley*
- *ADRC of Southeastern Massachusetts*
- *ADRC of the Merrimack Valley*
- *Boston ADRC*
- *Greater North Shore Link*
- *Metro Boston ADRC*
- *MetroWest ADRC*
- *Southern Massachusetts ADRC*

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 settings that are more diverse and 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 over time and measured against established benchmarks.

COVID-19 Considerations:

During the second half of FY 2020, the program underwent some changes to meet the challenge posed by the pandemic. Options Counselors began finding ways to assist individuals and families using methods other than in-person meetings, relying primarily on telephone conversations and email, supplemented by a more restricted number of virtual visits. The state invited options counselors to participate in optional support and resource sharing meetings offered through Jewish Children and Family Services, offered twice monthly, to share challenges and resources with one another. The OC program also shared resources and tips from ADRC member agencies with staff by email; guidance provided through BayPath Elder Services' *Options and Tips for Applying for Benefits Remotely*, was helpful guidance provided to options counselors to prepare for counseling sessions with consumers needing assistance.

OC data reported during FY20 showed a modest decrease in OC referrals and closed cases. The total number of closed cases, 5,571, reflects this trend. This unprecedented time during the pandemic appears to be the result of the necessity and desire for many individuals to remain in place, to restrict contact, and to delay exploring options during an emergent situation

The OCs across the ADRC agencies (ASAPs and the ILCs) met the challenge of adapting to changing expectations and guidelines resulting from COVID-19. Moreover, as the ADRCs shifted gears to work primarily remotely and through their commitment to assisting individuals with limited face-to-face contact, spending more time with consumers help to ensure that the information provided was understood, and that consumers were connected to needed resources.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• 5,571 Consumers Completed Options Counseling	• <i>5,814 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.

Federal Fiscal Year 2020*	<i>Comparative Federal Fiscal Year 2019</i>
• 239 volunteers worked on 2,120 complaints	• <i>262 volunteers worked on 3,723 complaints</i>

*Data for FY20 is not yet finalized as local programs are still submitting data.

COVID-19 Considerations:

The LTCO suspended on-site visits following implementation of the COVID-19 Public Health Emergency. LTCO Volunteers shifted to virtual visits with residents during this time. The program developed virtual training of new volunteers, staff, virtual visits, and methodologies for processing complaints remotely. Program Director meetings were increased to weekly from monthly to provide increased support and education during the public health emergency and monthly virtual meetings were held with ombudsman volunteers. LTCO Volunteers fielded a significant number of calls from facility staff and family members regarding restrictions on visitors, admissions, quarantine and these calls are not reflected in “complaint” numbers

The LTCO program has since implemented a phased re-entry process in accordance with guidelines from the Massachusetts Department of Public Health and Centers for Medicare & Medicaid Services.

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 cultural 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.

COVID-19 Considerations:

EOEA developed several best practices, based on community research, to determine older adults’ needs and more specific requirements that have evolved during the COVID-19 pandemic.

In response, community-based programs were re-focused to address the following issues:

- Home meal delivery was increased 30% to 30,000 meals daily, and congregate meals programs shifted to grab and go offerings (averaging 2000 daily) and mobile markets with “Senior on the Go” buses providing them.
- The Commonwealth used federal’s Family First Coronavirus Respond Act (FFCRA) funds to distribute 7 days of frozen or shelf stable meals to 85,000 seniors and participated in the US Department of Agriculture Farmers to Families food box program, completing two rounds of deliveries to over 34,000 seniors in need in the community by September 2020.
- The nutrition program stockpiled frozen and shelf-stable meals and supplies at the beginning of the pandemic to guard against closures in regional kitchens. This step

prevented breaks in service to thousands of consumers when closures were required for deep cleaning and staff quarantine.

- The biggest challenge during this pandemic was how to stay socially connected with the older adults and their caregivers. To assist with this, local nutrition programs included daily wellness checks with high-risk consumers. The local nutrition programs also utilized video call technology to record videos and post online and on local cable access TV. These recorded video calls covered subjects include cooking and nutrition education. Many activities were transferred to virtual platforms; for example, the Boston Chinese Golden Age Center hosted live broadcasts via Zoom that enabled home-bound consumers to participate.
- The Commission on Malnutrition Prevention among Older Adults and partners launched a new social media campaign to promote food access programs and emphasize the need to check on the nutritional health of our older neighbors. The #BeaNutritionNeighbor had 113 Campaign Placements across Facebook, Twitter, and LinkedIn, and a total 108,000 followers were reached via social media during the Malnutrition Awareness Week 2020.

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 paid (minimum wage) 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 (\$12,490 per year for one person)

This program works collaboratively across state agencies and with the MassHire Career Centers to support older workers. In February 2020 MassHire staff were trained on Motivational Interviewing Technique and how it can case managers' work more efficiently to help older individuals with complex and multiple barriers to employment obtain jobs

In April 2020 EOEA was selected by the U.S. Department of Labor (DOL) to work on a demonstration grant for SCSEP-eligible individuals. And in July 2020 EOEA received demonstration grant funding of \$889,286. In FY21 EOEA will use this funding to develop, implement, and evaluate a holistic training and job readiness program designed to prepare older low-income workers for successful remote employment. The program will address known barriers to successful remote work by offering access to technology, intensive case management and peer support, training, and job search activities. The program's goal is to help jobseekers find and succeed in long-term employment; this may include unsubsidized employment or placement in an On the Job (OJT) program. EOEA believes that these interventions can make meaningful improvements to jobseekers' capacity (e.g. technical skills, soft skills, confidence, etc.) for remote work.

COVID -19 Considerations:

Due to COVID-19 all participants were placed on paid leave starting March 2020 through the end of FY20. In FY21, Massachusetts SCSEP continues to be a hybrid program, offering mostly virtual services. Starting in June of 2020, most SCSEP participants who have access to technology and are able to provide community service assignments remotely began remote training. EOEA is working with MassHire to utilize SCSEP members at local MassHire One Stops.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• 126 participants served	• <i>185 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 several communities, COAs serve as the only public social service agency and assist people of all ages in accessing public benefits. They may also serve as a link to support older adults and others in case of local emergencies. 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 (subject to funding availability) from EOEA. In FY20 the COA formula grant was maintained at \$12 per resident over the age of 60 according to the 2010 census. This support 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.

COVID-19 Considerations:

Since March 2020, EOEA leadership, along with the Massachusetts Councils on Aging (MCOA) leadership team, has been meeting weekly to understand the unique needs communities and older adults are experiencing due to the pandemic. Although many senior centers closed their doors early on, the Councils on Aging continued to be open and maintain the most essential service needs of their communities by providing wellness checks, offering transportation services, delivering meals and supporting application assistance for public benefits to name just a few.

In the spring of 2020, the MCOA established a Reopening Task Force to plan for next steps in reopening senior centers across the state. EOEA participated in discussions with the task force and provided input and guidance from the Department of Public Health on how to work closely with local boards of health on developing reopening guidance for local senior centers. The MCOA Reopening Task Force has demonstrated a significant amount of thoughtful planning from COAs

and senior centers across the commonwealth in its guidance surrounding rebuilding communities, working together with other municipal agencies and most importantly, prioritizing safety and sustainability during every stage of reopening. Local plans to reopen senior centers also include the guidance and recommendations outlined in the Governor’s Reopening Plan.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• 249,881 estimated direct service contacts	<i>243,941 estimated direct service contacts</i>

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. The program provides income-based, supplemental prescription assistance for 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 or have benefits through a Medicare Savings Program (MSP), also referred to as a MassHealth Buy-in Program.

Fiscal Year 2020	<i>Comparative Fiscal Year 2019</i>
• Average of 32,229 members	• <i>Average of 36,110 members</i>

The Prescription Advantage had several programmatic and operational changes during FY20. The program’s total membership decreased due to expanded eligibility for the Medicare Savings Program, but there were also other membership and cost trends happening simultaneously, which caused overall spending to exceed initial projections.

- **Expanded eligibility for the Medicare Savings Program** - Effective January 1, 2020 Prescription Advantage eligibility requirements were revised to exclude individuals with benefits through the Medicare Savings Program. This change came as a result of MassHealth expanding income and asset limits for these programs. Since January, Prescription Advantage members identified as also having benefits through a Medicare Savings Program have been terminated. Below is the number of terminations in FY20, by month. A relatively small percentage of Prescription Advantage members who were terminated because of enrollment in the Medicare Savings Program were *benefiting members*. Of the 4,098 terminated members, 574 were benefiting members in CY19. For all terminated members, the program saved \$230K (based on the program’s spend for these members in CY19).

Table 3: Prescription Advantage Members Who Were Terminated Because Of Enrollment In The Medicare Savings Program By Month.

MSP Terminations	
Month	#
January	3,247
February	
March	215
April	401
May	122
June	113
TOTAL	4,098

- **Increases in the number of benefitting members and the cost per claim** – Despite decreasing membership overall, two trends drove an increase in total spending. First, the percentage of the program’s membership that received financial benefits from the program increased by an average of 2% each month from January to June 2020. Second, a small number of high cost prescription medications drove an overall increase in the program’s spending. In January 2020, the total cost per member increased by 60% over the same month last year, from \$249/member to \$400/member. The average cost per claim decreased during the final two quarters of the fiscal year, but the agency continues to closely monitor this program metric.

COVID-19 Considerations:

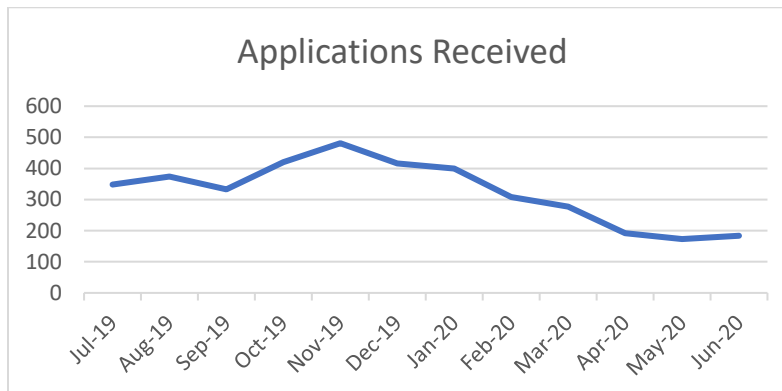
As of March 18, 2020, as a response to hardships on the Prescription Advantage member population as a result of COVID-19, EOEa suspended terminations of members during this timeframe. However, the circumstances continue to result in the termination of a member:

1. Death of a member
2. Member that move out of state
3. Member requests for termination
4. Termination as a result of the MassHealth tape match

Additional outreach calls were made to members to ensure they understood that required documentation would still be required when redetermination activities resumed. The 2020 High Cost project was altered slightly to account for diminished bandwidth at the Massachusetts College of Pharmacy as a result of COVID-19. Although member criteria remained intact, the approach for engaging with member groups changed. These adaptations allowed the agency to keep the project intact while managing the program’s limitations during COVID-19. Applications for enrollment in Prescription Advantage showed a significant decline since COVID-19. EOEa does extensive outreach of the program to older adults across the state. Due to public health guidance during COVID, the agency’s outreach activities needed to significantly decrease and

adapted to virtual settings. EOEA believes that the decrease in outreach, as well as the requirement to apply to the Medicare Savings Program, impacted the total number of applications received.

Figure 12: Applications for enrollment in Prescription Advantage per month.



EOEA's FY20 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 administration and the legislature on the Commonwealth's Alzheimer's disease policy. The Advisory Council includes 17 members and conducts public meetings at least quarterly. On February 25, 2020, the Secretary of the Executive Office of Elder Affairs, Elizabeth Chen, became the chair of the council, which was previously chaired by Secretary Marylou Sudders of the Executive Office of Health and Human Services. Additionally, an individual living with dementia joined the council to assume EOEA's former seat as a council member. By February 2020, the Advisory Council members identified a preliminary set of goals for the Council to further refine with seven workgroups on specific topics. The workgroups focus on the following seven topics: physical infrastructure, caregiver support and public awareness, quality of care, research, diagnosis and services navigation, equitable access and care, and BOLD (Building our Largest Dementia) infrastructure. In March 2020, the work of the Alzheimer's Advisory Council was placed on hold due to the COVID-19. The advisory council re-launched its work on August 25, 2020. Meeting materials and upcoming meeting postings are available online: <https://www.mass.gov/orgs/alzheimers-advisory-council>.

Assisted Living Advisory Council (Chair)

The Legislature established the Assisted Living Advisory Council (ALAC) under Section 17 of Massachusetts General Law Chapter 19D. The purpose of the ALAC is to advise the Secretary of the Executive Office of Elder Affairs EOEA regarding the regulations governing the certification of Assisted Living Residences in the Commonwealth. The ALR certification regulations (651

CMR 12.00) were initially promulgated in 1996 and were most recently reviewed in 2016, resulting in modifications that were enacted in January 2017. The Council includes 9 members and conducts public meetings at least quarterly. The meetings in March and June of 2020 were placed on hold due to COVID-19. An emergency meeting was held in August of 2020. Meeting materials and upcoming meeting postings are available online

Commission on Malnutrition Prevention Among Older Adults (Chair)

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

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

Commission on the Status of Grandparents Raising Grandchildren (Member)

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

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

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

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

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

The Council provides a platform to elevate the conversation, think beyond public programs, and to draw on expertise in technology, health care, business, and innovation sectors. After completing statewide listening sessions, expert panels, and domain-focused workgroups, the Council defined final blueprint recommendations in December 2018. Since then, the Council has been implementing the 28 recommendations and convenes twice a year to discuss progress and ongoing challenges.

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

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

Interagency Council on Housing and Homelessness (Member)

The Interagency Council on Housing and Homelessness (ICHH) was convened by 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 2020 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.