

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

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

Annual Legislative Report

Fiscal Year 2021

January 2022



Table of Contents

Introduction.....	3
Overview of the Executive Office of Elder Affairs	3
Background.....	4
Demographic Opportunity	4
Older Adults in Massachusetts.....	6
Impact of COVID-19	8
Strategic Priorities in FY21	10
Budget.....	18
Budget Appropriations.....	18
<i>COVID-19 Recovery and Moving Forward</i>	20
Descriptions of EOEА Programs and Services.....	20
EOEA’s FY21 Roles in Special Councils, Commissions, and Committees.....	39
Alzheimer’s Advisory Council (Member).....	39
Assisted Living Advisory Council (Chair)	39
Commission on Malnutrition Prevention Among Older Adults (Chair)	39
Commission on the Status of Grandparents Raising Grandchildren (Member)	40
Governor’s Council to Address Aging in Massachusetts (Member)	40
Interagency Council on Housing and Homelessness (Member).....	41
Appendix: Legislative Mandate.....	42

Introduction

Pursuant to M.G.L. c. 19A, §12 the Executive Office of Elder Affairs (EOEA) presents its Annual Report for the Fiscal Year 2021 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. Foster Learning through and within the Aging Services Network to Strengthen and Broaden the Reach of Programs and Services
2. Increase Awareness of EOEA and the Aging Network's Services
3. Stabilize and Grow the Direct Care Workforce
4. Address the Emotional and Physical Needs of Caregivers and Older Adults
5. Change the Conversation on Aging to Reduce Ageist Attitudes

For the 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."

The Massachusetts Executive Office of Elder Affairs became one of the nation's first agencies responsible for addressing the needs of older adults 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, an agency within the Executive Office of Health and Human Services (EOHHS), manages programs and services for 1.6 million older adults across the Commonwealth.

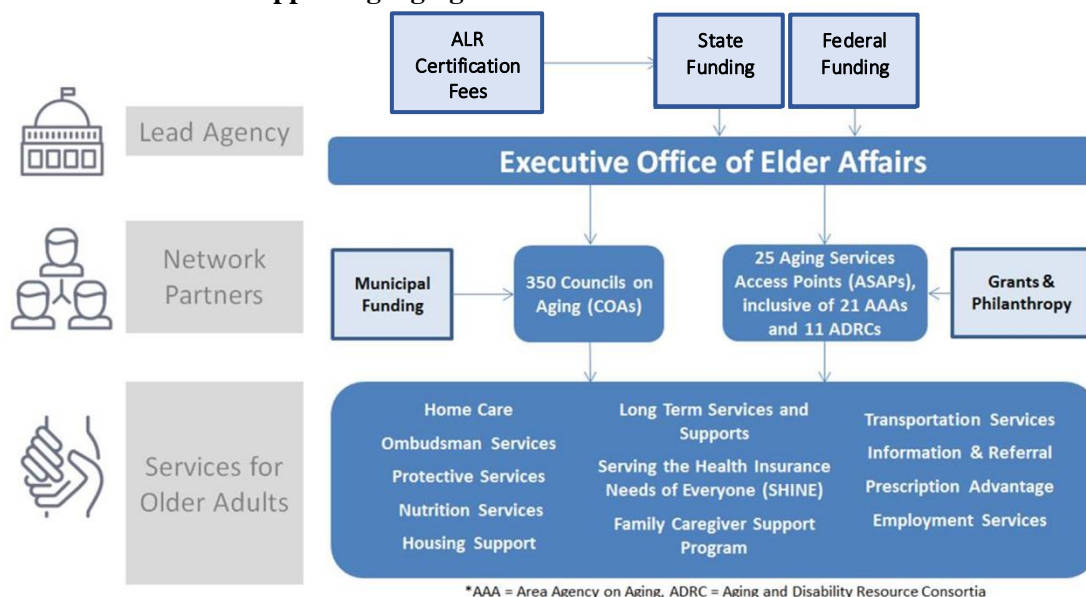
Through the statewide older adult network, EOEA provides services locally via 21 Area Agencies on Aging (AAAs), 25 Aging Services Access Points (ASAPs)¹, 350 Councils on Aging (COAs)

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

and senior centers, and 11 Aging and Disability Resource Consortia (ADRCs) in communities across the Commonwealth.

In FY21, EOEA managed a \$720.3 million budget (\$600,558,949 state funds; \$119,664,674 federal funds), to provide services that include 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.

Figure 1: Flow of Funds Supporting Aging Services in Massachusetts

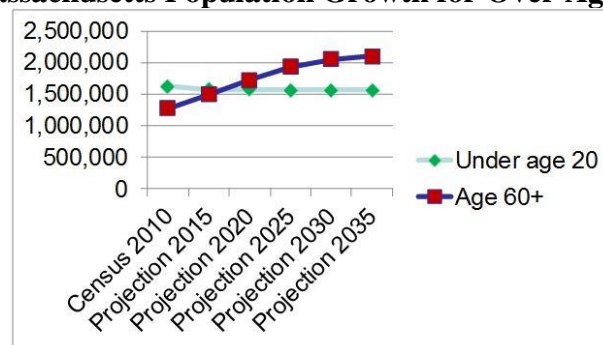


Background

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 (see Figure 1). The percentage of the Commonwealth's population aged 65 and over is projected to increase from 15% in 2015 to 21% in 2030.

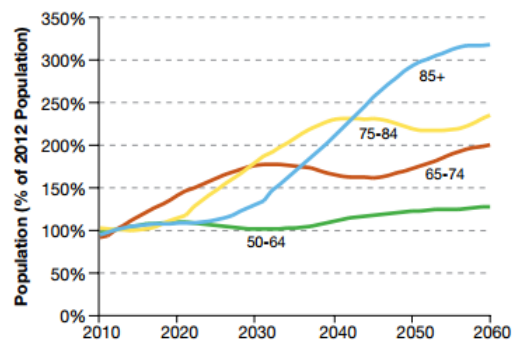
Figure 2: Projected Massachusetts Population Growth for Over Age 60 and Under Age 20



Source: University of Massachusetts Boston Gerontology Institute, 2016

The growth in the older adult population 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 (Figure 2). 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 birth rates, and expected low rates of relocation to Massachusetts.

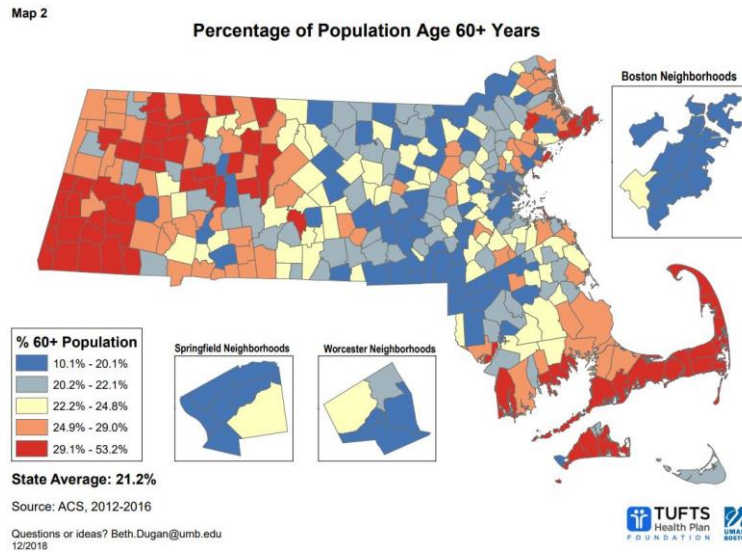
Figure 3: Projected Massachusetts Population Growth by Age Groups



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. In 2016, over 21% of the state's population was over 60 (Figure 3), and in many municipalities over 30% of the population is over the age of 60.

Figure 4: Population Percentage of Massachusetts in 2016



As the percentage of older adults in 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**

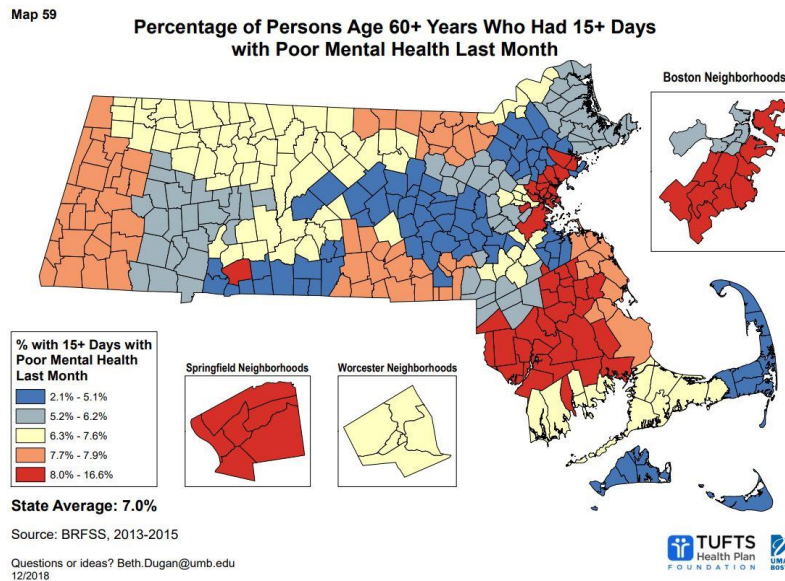
According to the 2018 [Massachusetts Healthy Aging Data Reports](#), there are several key health and social characteristics of the aging population in the Commonwealth, including:

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

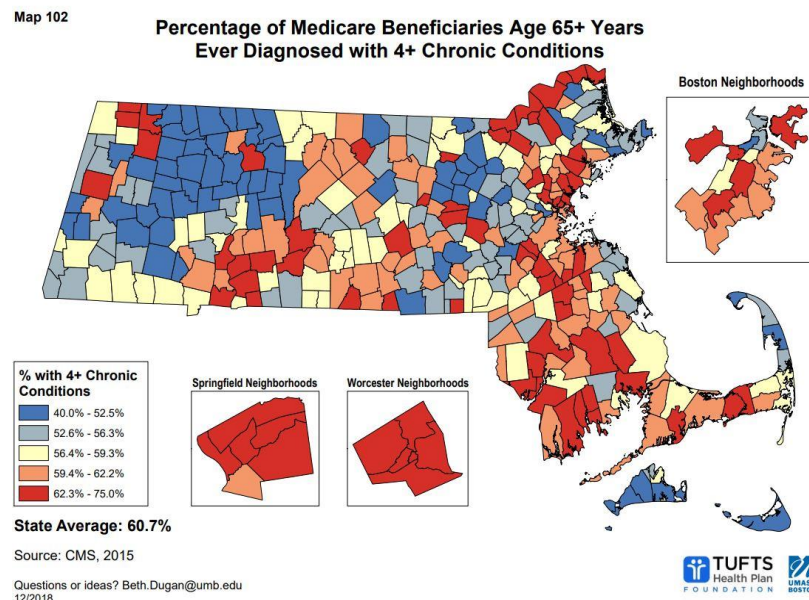
Figure 5: Map of Percentage of Older Adults with Poor Mental Health for 15+ Days in a Month



Chronic Conditions

- According to the 2018 Healthy Aging Report, the proportion of older adults living with the 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 related dementia.
- Figure 6 shows that large proportions of residents aged 65 and older live with four or more chronic conditions in every city and town.

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



Older Adults Contribute to the Commonwealth's Economy

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 aged 65 and older were employed in Massachusetts in 2016 (2018 Healthy Aging Data Report). Many older adults wish to continue to work to achieve mastery and purpose, pursue an encore career, or maintain economic security.
- 71.3% of Massachusetts residents aged 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 smartphone, and 9 in 10 older adults own a desktop or laptop.
- Older volunteers create tremendous value for communities. In 2019, an estimated 30,000 volunteers helped implement EOEA-funded programs including meal delivery, transportation provision, health insurance counseling, and advocacy for long-term care residents. In addition, 4,600 older adults volunteered through the National and Community Service Senior Corps in Massachusetts and 281 volunteered with the AARP Foundation Experience Corps in greater Boston.

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 continue 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.

Since the [end of the Governor's State of Emergency](#) on June 15, 2021, most services have resumed in person. Tele-enabled capabilities have remained, and in some cases have spurred greater participation, particularly for programming and services sponsored by local Councils on Aging.

Vaccination Efforts

EOEA was deeply engaged in the Commonwealth's vaccination distribution efforts in early 2021 when older populations were prioritized. The commitment of the Commonwealth, EOEA and the aging services network ultimately led to an estimated 99% of people ages 65 and older receiving at least one dose. As 2021 comes to a close, EOEA has redoubled its efforts to promote and help older adults access booster vaccinations.

Specific EOEA efforts to ensure all older adults are vaccinated include:

- COVID-19 vaccination in Assisted Living Residences (ALR) began on January 11, 2021, under the Federal Pharmacy Partnership Program (FPPP). Thanks to the tireless work of the ALR community over 98% of the residents and 79% of staff were fully vaccinated by the close of the FPPP at the end of March 2021. EOEA worked with ALRs and local pharmacy partners to continue resident and staff access to vaccines as needed.
- Assisting in the scheduling and coordination of onsite clinics in low-income, affordable, and congregate housing for older people. During the second phase of vaccine distribution in the Commonwealth, EOEA partnered with the Department of Housing and Community Development (DHCD) and MassHousing to assist in bringing onsite clinics to low-income and affordable housing properties for older people and people with disabilities. These efforts brought local vaccine providers onsite to the property for vaccine clinics. During the early spring of 2021, over 71,000 vaccine doses were allocated to provide over 900 clinics in low-income and affordable properties for older adults in 230 different communities. Resident Care Coordinators, already known to residents as their supportive services advocates, and funded through 9110-1604 Supportive Senior Housing Program, were instrumental in coordinating clinics and helping individuals overcome vaccination hesitancy.
- EOEA was an active partner in the development of the COVID-19 Vaccine Scheduling Resource Line (2-1-1), a call center to assist with the scheduling of appointments for individuals who have difficulty using or are unable to access the internet.
- EOEA collaborated with sister agencies to create the Commonwealth's in-home vaccination program for people who have difficulty or are unable to leave their homes.

Throughout 2021, EOEA regularly engaged with stakeholders regarding COVID-19 vaccine distribution. During the late winter and early spring of 2021, when the COVID-19 vaccines were new and vaccine supply was constrained, EOEA held bi-weekly webinars for Councils on Aging

(COA) and Aging Services Access Point (ASAP) staff, as well as partnered with AARP MA to host a tele-town hall for AARP members across the Commonwealth to address questions and understand barriers our partners were encountering. EOEA provided regular email communication and resources and tools to the aging network, including a comprehensive job aid to assist aging services professionals to respond to questions about the COVID-19 vaccine and facilitate scheduling appointments.

The Pandemic's Consequences on Emotional, Cognitive, and Physical Well-Being

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 loneliness, loss, and confusion may be even more prevalent now than before the pandemic.

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. For older adults living with behavioral health conditions, these programs provide important services, 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, sponsoring walking groups, 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, along with AARP Massachusetts and UMass Boston, facilitated a series of virtual community conversations on the issues, innovations, and aspirations related to social isolation and loneliness. These conversations ultimately helped lead to a report, titled [*It's the Little Things: A Community Resource for Strengthening Social Connections*](#), which emphasizes that “it’s the little things” that make a big difference.

Strategic Priorities in FY21

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 and incorporated an overarching goal to **embed diversity, equity, and inclusion** throughout all priorities and EOEA programs and services.

- 1. Foster Learning through and within the Aging Services Network to Strengthen and Broaden the Reach of Programs and Services**
- 2. Increase Awareness of EOEA and the Aging Network's Services**
- 3. Stabilize and Grow the Direct Care Workforce**
- 4. Address the Emotional and Physical Needs of Caregivers and Older Adults**
- 5. Change the Conversation on Aging to Reduce Ageist Attitudes**

EOEA-funded programs and services are distributed through two primary channels – 25 regional ASAPs inclusive of AAAs and 350 local Councils on Aging.

The work of local Councils on Aging brings older adults together through programs to maintain wellness; and provides individualized support to help older adults maintain residency in the community. As trusted, local sources of information, like the town library or town hall, staff at each Council on Aging serve as the eyes on and ears tuned into the needs of older adults in each community. Programs that are very well-suited for local delivery include congregate-style meals and other group activities at or sponsored by the senior/community center, individualized career and life-stage transitions support, non-medical supportive day programs for older adults with dementia, outreach to support mental health wellbeing, and SHINE counseling. This local presence, and the connection to other parts of municipal government, optimally positions staff at Councils on Aging to anticipate, intervene, connect with other parts of the aging services network *before* more serious issues arise that could jeopardize the health, safety, and wellness of an older resident.

Regional ASAPs, on the other hand, leverage the power of scale for delivering supportive care either in an individual's home or at a high-density residential location, such as senior subsidized housing. This scale enables ASAPs to assess an individual's service needs, provide case management, contract for delivery of services to an individual's home, and arrange for group-based services for older adults with medical and other support needs, such as participation in adult day health. Regional ASAPs are also the home for Adult Protective Services Case Managers and Investigators, who can help settle individuals experiencing fraud, abuse, or neglect into safer settings.

In general, older adults served by ASAPs have higher acuity needs than those served solely through Councils on Aging; but this is certainly not the rule. Hence, EOEA views fostering collaboration and shared learnings or best practices to help Councils on Aging and ASAPs enhance their work is an important part of our activities.

The following sections provide highlights from FY2021 toward each of the strategic priorities. Woven throughout is a commitment to diversity, equity, and inclusion, 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 multiple sectors.

Priority 1. Foster Learning through and within the Aging Services Network to Strengthen and Broaden the Reach of Programs and Services

EOEA strives to continuously improve and strengthen the programs and services that support older adults and their caregivers. EOEa is committed to the following:

- Leading with data-informed decision-making
- Enhancing program integrity and evaluation
- Strengthening network coordination
- Ensuring equity of all services

Strengthening Aging Services Network Coordination

EOEA has worked to ensure that the aging services network is in regular communication, and has enhanced and strengthened coordination between EOEa, ASAPs/AAAs, and Councils on Aging. With this goal in mind, EOEa holds monthly meetings with all ASAP and AAA Directors to discuss key items, hear directly from the network and brainstorm on future priorities.

Since early 2021, EOEa Secretary Elizabeth Chen and other members of the EOEa leadership team have met bi-weekly and then monthly with the Massachusetts Councils on Aging Board of Directors to discuss key issues and hear directly from the local organizations. When the COVID-19 vaccines were beginning to be distributed, EOEa held bi-weekly webinars for the aging services network's staff to provide updates on vaccine distribution, eligibility requirements, how to schedule appointments, and other noteworthy items. These webinars ensured the aging services network was best equipped to meet the needs of older adults regarding the COVID-19 vaccine.

In early summer 2021, EOEa held the first Council on Aging Service Incentive Grant (SIG) Learning Collaborative, where Council on Aging directors and staff shared innovative programs and services provided using SIG funding with their peers. These events and meetings have prompted the sharing of best practices and lessons learned throughout the network.

Serving Residents in Assisted Living Communities

EOEA certifies 267 Assisted Living Residences (ALR) housing over 16,000 residents across the Commonwealth. One in three residents is over age 90, and direct assistance with activities of daily living is more the norm than the exception in this setting.

Since the beginning of the COVID-19 pandemic, EOEa has worked very closely with the Department of Public Health to align policies and communications between long-term care settings regulated as health care facilities (nursing homes and rest homes) and those regulated as housing communities (assisted living residences). Since the beginning of the pandemic, EOEa waived certain staffing and training requirements, which have now come to an end. Similarly, the prohibition against ALRs providing skilled nursing services was waived to reduce the numbers of different providers entering each residence, and these allowances will end early in calendar year 2022.

EOEA meets with the Assisted Living industry representatives on a regular basis to share data and best practices to ensure resident safety, such as resident and staff vaccinations and infection control practices.

Priority 2. Increase Awareness of EOEa and Aging Network's Services

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. EOEa is committed to the following:

- Simplifying access to services
- Having a unified and consistent message of programs/services
- Positioning the aging network as an unbiased, trusted, source of information
- Increasing cultural and language capacity
- Promoting age and dementia-friendly communities
- Providing tools to ensure people can plan for their older years, including finances and other supports

The following are select highlights that demonstrate EOEa's progress on this priority.

- **MassOptions and 800AgeInfo Consolidation and Integration:** EOEa and network partners have taken significant steps to strengthen coordination and collaboration in existing EOEa information and referral services. In September 2020, EOEa and network partners consolidated two call centers 800AgeInfo and MassOptions. Consolidation of the two brands has provides a single source of information. It will lead to greater operational efficiency, financial savings, and better consumer experience as there is now only one website and customer service operation to be managed and maintained. By creating one centralized resource that connects individuals to multiple services, this approach simplifies and widens access to community-based long-term services and supports for older adults, people with disabilities, and caregivers across Massachusetts.
- **Age-Friendly State Action Plan Year Two Progress Report:** 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 2021, Massachusetts published its [second 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 88 cities and towns certified age-friendly by AARP or the World Health Organization, and 60 that have taken a Dementia Friendly Pledge.

Priority 3. Stabilize and Grow the Home Care Direct Care Workforce

A stable and sufficiently sized direct care workforce that provides supports in home and community-based settings for Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL) is critical to enabling more older adults to live and thrive in the communities

of their choice. EOEA acknowledges that issues associated with poor retention and attractiveness of the profession are multi-faceted, complex, and will take several years to address.

EOEA is committed to:

- Removing language, financial, and other barriers to entry for training and certification requirements in the profession.
- Developing a workforce pipeline and career ladders with partners in vocational-technical education and higher education.
- Promoting the profession and ensuring inclusive recruitment methods.
- Enhancing job quality by stimulating the development of:
 - Staffing models that promote caring relationships with clients;
 - Payment models that move away from paying for tasks within a fixed unit of time toward outcomes associated with residents' ability to live and thrive in a community setting; and
 - Peer and supervisory supports for home care professionals.

The following are select highlights that demonstrate EOEA's progress on this priority.

- **Wages, Salaries and Other Compensation-Related Expenses for Direct Care Workers:** EOEA and the MassHealth Office of Long-Term Services and Supports (OLTSS) distributed line item 9110-1635 for "Enough Pay to Stay" in the form of a rate add-on to the standard billable rate paid for each service. This add-on provided approximately \$17.5M to fund increases to wages, salaries, or other compensation-related expenses for direct care workers delivering homemaking, personal care, and home health aide services.
- **Personal and Home Care Aide State Training (PHCAST) Online:** EOEA contracted with UMass Boston to convert the Personal and Home Care Aide State Training (PHCAST) to an online course available on-demand and free of charge. The first 40 of the 85 hours in this course is fully available in an online format in English; Spanish and Haitian Creole versions will be available in 2022. Any remaining didactic hours in PHCAST will be converted to an online format, but employers will need to provide the clinical "hands-on" hours that dominate the second half of the course.

PHCAST was previously available only through in-person attendance and often required a learner to pay tuition. Online PHCAST has enrolled 541 students in its first 5 months since its formal launch in February 2021. As of November 30, 2021, 1,253 students have registered and 675 (54%) have completed the course and are now credentialed to be professional homemakers. One vocational-technical school in Springfield has adopted Online PHCAST, and we have initiated conversations for broader adoption by other vocational-technical schools across the state.

Priority 4. Address the Emotional and Physical Needs of Caregivers and Older Adults

The COVID-19 pandemic shone a light on the importance of supports provided by the aging services network to address both the emotional and physical needs of older adults and their caregivers. EOEA is committed to:

- Incorporating supportive services into subsidized senior housing (e.g., place-based services)
- Improving food security and educating service providers about the nutritional needs of older adults
- Expanding in-community behavioral health supports for older adults
- Enhancing support for caregivers of older adults
- Addressing isolation and loneliness in older adults and their caregivers
- Providing supports for individuals living with Alzheimer's and related dementias in the community

The following are select highlights that demonstrate EOEA's progress against this priority.

- **Supportive Services in Subsidized Senior Housing:** EOEA provides funding for resident service coordinators (RSCs) to help older residents in subsidized housing gain access to and coordinate services. In FY21, coordinators from 22 community-based agencies provided services for 542 residents residing in 43 congregate settings sponsored by local municipalities. An additional 40 RSCs employed by aging service agencies provided individualized service coordination to over 6,000 residents (of approximately 54,000) in senior public housing. Service coordination includes making arrangements for meal delivery through EOEA's Senior Nutrition Program, arranging for transportation to 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. During FY21, in concert with the Department of Housing and Community Development, EOEA issued a procurement for 10 additional supportive housing sites. These new grants will be implemented in FY22 and will allow for RSCs in 25 senior public housing buildings, home to over 1,480 older adults and people with disabilities.
- **Family Caregiver Support:** 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.
- **Strengthening the Family Caregiver Support Program:** The Massachusetts Family Caregiver Support Program continued to enhance supports and services for family caregivers by increasing opportunities for virtual engagement and often purchasing or lending technology to promote connection from afar. The program also supported caregivers by dropping off care packages and facilitating additional in-person and virtual support groups for caregivers.
- **Senior Nutrition Program:** The Senior Nutrition Program is a vital program and service, especially during the COVID-19 pandemic, for ensuring that older people's emotional and physical needs are being met. The Program increased the number of meals provided by approximately 30% to meet the nutrition needs of both regular clients as well as the larger community of older adults. Due to the acquisition of frozen and shelf-stable meals, deliveries were never disrupted due to COVID-19-related issues, allowing consumers to depend upon this service and providing peace of mind to caregivers.
 - Meals provided a lifeline during the pandemic, being one of the few services that continued in-person. The deliveries safely providing a nutritious meal and human contact when many consumers were not able to leave the house or see loved ones. In the FY20 survey, more consumers reported feeling less lonely as a result of the meal delivery than they did in previous years.
 - The program pivoted to offering congregate meals as "grab and go" which allowed consumers to get out of the house and have safe social contact while receiving a nutritious meal.
 - The [#beanutritionneighbor](#) campaign addressed factors such as social isolation, food insecurity, and the impact of malnutrition on older adults of all shapes and sizes. The messages addressed older adults and their caregivers as well as the wider community.
 - The FY20 survey found that clients reported that the meals helped them to eat healthier (90%), maintain weight (81%), feel better (85%) and improve their health (81%).
- **Enhanced Behavioral Health Support for Older Adults:** The seven Elder Mental Health Outreach Teams (EMHOTs) continued to provide important services to older adults with behavioral health conditions, including more hours of counseling and assistance with social determinants of health. The programs saw increased demand for support and were able to address waitlists in their service areas. The programs also expanded supports tailored to family caregivers with behavioral health conditions by acting as a bridge to behavioral health treatment.
- **Addressed Social Isolation and Loneliness with the Massachusetts Task Force to End Loneliness and Build Community:** EOEA has been a long-standing partner of the [Massachusetts Task Force to End Loneliness and Build Community](#), a coalition of

government agencies and non-profit organizations led by AARP Massachusetts and the University of Massachusetts Boston. In 2020, the Task Force published a report, [*It's the Little Things: A Community Resource for Strengthening Social Connections*](#), that features local examples of how communities provided a meaningful connection to older adults. EOEa also co-chairs the Technology Subcommittee, which focuses on issues related to the digital divide to strengthen technology and internet access.

Priority 5. Change the Conversation on Aging

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. EOEa is committed to the following:

- Lead by example and start with language and framing
- Promote a positive vision of aging
- Embed aging in all policies
- Ensure older people are sought after as volunteers and employees
- Incorporate intersectionality in reframing conversations

The following are select highlights that demonstrate EOEa's progress on this priority.

- **Department of Labor Senior Community Service Employment Program (SCSEP) Demonstration Grant:** EOEa was awarded a demonstration grant from the US Department of Labor for SCSEP to train older workers (age 55 and older) in remote employment. In early 2021, EOEa contracted with Operation ABLE to run the training program and provide case management, UMass Boston Gerontology Institute to evaluate the program, and the Massachusetts Department of Career Services (MassHire) to support the employer engagement and business services. In the [*Remote Employment Skills Training Program*](#), 60 older adults in 3 cohorts will participate in a 20-week program, including computer skills and a career pathway training. Training began in September 2021.
- **Rebranding Organizations Celebrate Older Adults:** In 2021, Montachusett Home Care Corporation, one of the 25 ASAPs underwent a rebrand to better identify their work and services for the community and became [*Aging Services of North Central Massachusetts \(ASNCM\)*](#). Secretary Chen and other members of the leadership team attended the ribbon cutting and celebration of the new name.
- **Reframing Aging Training:** Reframing Aging Training continued to reach new audiences across sectors and increased capacity for community training efforts, including:
 - Tufts Health Plan Foundation continued to change the conversation about aging through presentations to new audiences, in-depth workshops with community leaders, and ongoing support of important stakeholders who promote positive images of aging and older adults.

- Tufts Health Plan Foundation expanded capacity for Reframing Aging training by sponsoring training for 15 new certified facilitators from Massachusetts organizations.
- **Older Americans Month Celebration** – In May 2021, EOEA and partners in the aging network held a virtual celebration for Older Americans Month and the release of the [ReiMAGine Aging Year Two Progress Report](#). Partners gathered virtually to celebrate the strength of communities, heard from community leaders in the age and dementia-friendly movement, and saw highlights from the Age-Friendly Year Two progress report.

Budget

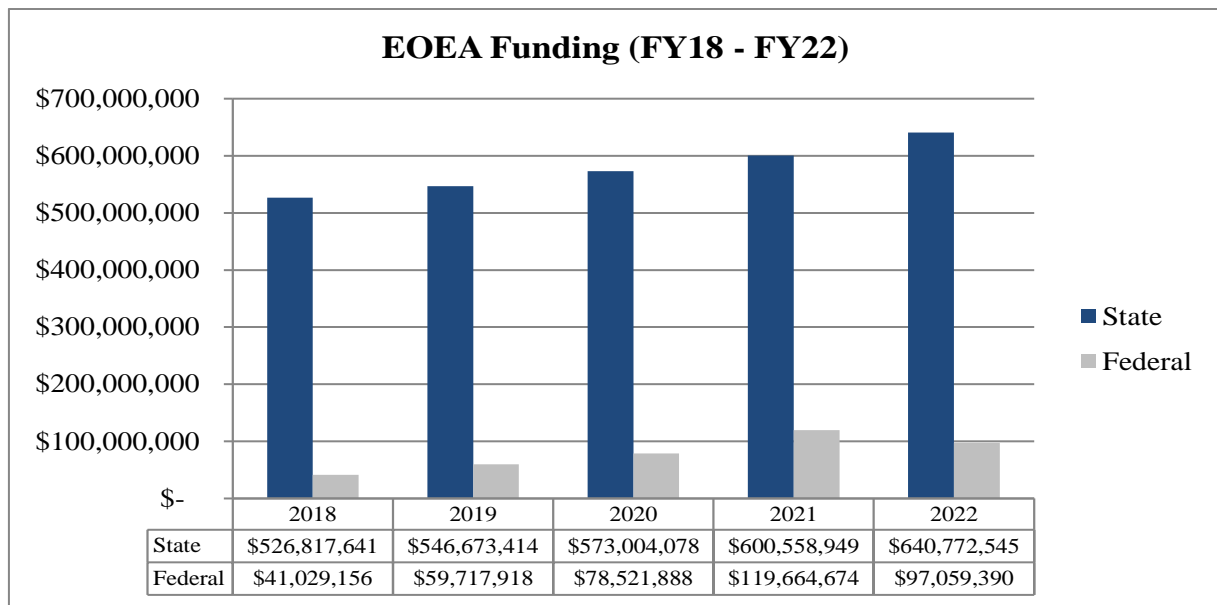
Budget Appropriations

Table 1: Massachusetts State Budget

Appropriation	Appropriation/Program Name	2018	2019	2020	2021	2022
91100100	Elder Affairs Administration	\$ 2,076,565	\$ 2,155,248	\$ 2,216,258	\$ 2,226,520	\$ 2,832,396
91100600	Community Choices	\$ 223,419,000	\$ 228,150,762	\$ 232,515,014	\$ 243,459,976	\$ 254,992,788
91101455	Prescription Advantage	\$ 16,929,054	\$ 16,954,074	\$ 15,101,313	\$ 17,249,455	\$ 17,488,491
91101604	Supportive Senior Housing	\$ 5,789,610	\$ 5,910,893	\$ 6,107,750	\$ 6,356,981	\$ 9,289,163
91101630	Home Care Services	\$ 173,747,642	\$ 175,543,607	\$ 179,014,201	\$ 183,184,468	\$ 184,916,135
91101633	Home Care Case Management and	\$ 52,437,223	\$ 58,948,934	\$ 62,655,581	\$ 62,116,595	\$ 70,038,175
91101635	Enough Pay to Stay	\$ -	\$ -	\$ 10,083,230	\$ 17,508,295	\$ 27,936,378
91101636	Protective Services	\$ 28,761,688	\$ 31,615,614	\$ 33,198,261	\$ 34,447,693	\$ 39,104,476
91101637	Home Care Aide Workforce	\$ -	\$ -	\$ 288,053	\$ 1,211,947	\$ 1,206,947
91101640	Geriatric Mental Health Program	\$ -	\$ -	\$ 800,000	\$ 1,000,000	\$ 1,200,000
91101660	Congregate Housing	\$ 1,959,284	\$ 2,063,482	\$ 2,263,458	\$ 3,297,211	\$ 2,817,149
91101700	Elder Homeless Placement	\$ 186,000	\$ 286,000	\$ 286,000	\$ 286,000	\$ 286,000
91101900	Nutrition	\$ 7,268,675	\$ 7,268,675	\$ 9,707,559	\$ 10,458,808	\$ 10,492,796
91109002	Grants to Councils on Aging	\$ 14,242,900	\$ 17,776,125	\$ 18,767,400	\$ 17,755,000	\$ 18,171,651
TOTAL		\$ 526,817,641	\$ 546,673,414	\$ 573,004,078	\$ 600,558,949	\$ 640,772,545

Note. 2022 budget is as of FY22 Spending Plan.

Figure 7: EOEA State and Federal Funding from FY18 to FY22

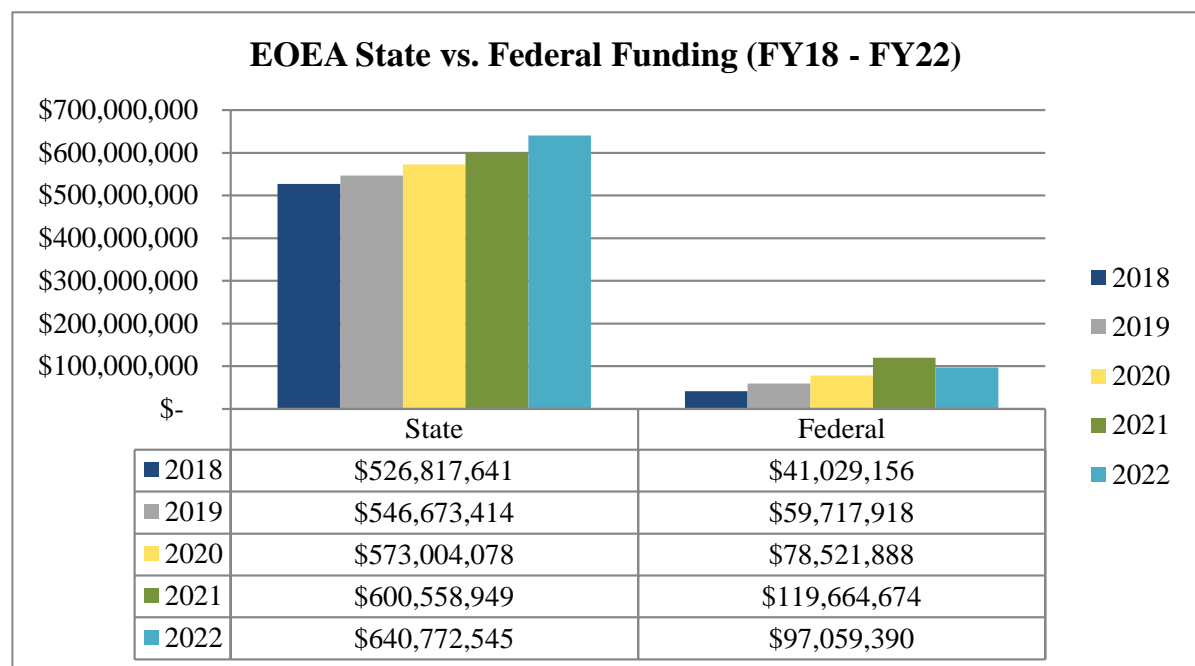


Note: Several of EOEA's federal awards are late being distributed. However, EOEA expects to receive awards at levels consistent with FY21. 2022 state budget is as of FY22 Spending Plan.

Table 2: Federal Grant Programs

Appropriation Name	2018	2019	2020	2021	2022
ACL Protective Services COVID-19 Grant					\$ 1,291,091
ADRC NWD COVID-19 Vaccine Grant				\$ 29,076	\$ 545,760
Alzheimer's Disease Supportive Services	\$ 520,255	\$ 304,569	\$ 74,074	\$ 25,000	
American Rescue Plan Act- APS					\$ 1,735,714
American Rescue Plan Act- OAA				\$ 29,207,420	\$ 29,207,420
Beneficiary Counselling for Dually Eligible Medicare-Medicaid Enrollees	\$ 595,209	\$ 282,391	\$ 430,705	\$ 486,015	\$ 315,000
COVID-19 Vaccine Grant					\$ 1,041,850
Enhanced ADRC Options Counseling Program	\$ 70,435				
LTC Ombudsman- COVID-19				\$ 83,348	\$ 83,348
MA ADSSP Part B Project	\$ 324,360	\$ 325,000			
MA Chronic Disease Self-Management Education Program	\$ 100,714				
MA EOEa Protective Services Project	\$ 345,880	\$ 151,160	\$ 44,184	\$ 5,000	
MA Model Systems for Legal Assistance Project	\$ 183,930	\$ 238,225	\$ 20,000	\$ 20,000	
MA NWD ADRC Project	\$ 209,369	\$ 199,900	\$ 55,143	\$ 1,061,122	\$ 535,353
Medicare Improvements for Patience and Providers Act	\$ 477,197	\$ 650,939	\$ 826,812	\$ 881,006	\$ 1,073,937
Nutrition Service Incentive Program	\$ 5,246,634	\$ 7,943,659	\$ 10,190,104	\$ 12,302,355	\$ 8,137,638
Older Americans Act	\$ 29,034,894	\$ 46,152,396	\$ 63,414,795	\$ 72,660,119	\$ 49,557,474
Senior Community Service Employment Program	\$ 2,823,279	\$ 1,706,529	\$ 1,703,648	\$ 1,716,324	\$ 1,748,857
Senior Community Service Employment Program Demonstration Grant				\$ 29,318	\$ 859,968
Serving the Health Insurance Needs of Everyone	\$ 1,097,000	\$ 1,763,151	\$ 1,762,422	\$ 1,158,571	\$ 925,981
Total	\$ 41,029,156	\$ 59,717,918	\$ 78,521,888	\$ 119,664,674	\$ 97,059,390

Note: The funds listed represent the funds available each year. For example, the American Rescue Plan OAA awards were received in 2021, and the funds remain available in 2022. 2022 awards not yet received are not included.

Figure 8: State versus Federal Funding to EOEa from FY18 to FY22

Note: Several of EOEa's federal awards are late being distributed. However, EOEa expects to receive awards at levels consistent with FY21.

COVID-19 Recovery and Moving Forward

As EOE's services adapted and transformed into the "new normal", EOE's budget also adapted to accommodate change and move toward workforce stability and service availability for consumers.

On the federal level, EOE received approximately \$29M in incremental funding for Older Americans Act services via the American Rescue Plan Act (including State Plan Administration, Area Plan Administration, Supportive Services, Nutrition, Family Caregiver, and Ombudsman). EOE along with the Disabled Persons Protection Commission also received approximately \$1.8M in an ACL Protective Services grant focused on COVID-19 recovery and an additional \$1.7M Protective Services grant through the American Rescue Plan funding.

The majority of EOE's program spending is caseload-driven and fluctuates depending on the demand for the program. EOE's Home Care and Protective Services programs experienced a temporary reduction in caseload during the COVID-19 pandemic but began to recover and rebound towards the end of FY21 and are expected to continue to rebound into FY22 and beyond.

On the state level, EOE distributed approximately \$17.5M to implement the Enough Pay to Stay appropriation. This distribution occurred from January - June 2021.

Descriptions of EOE Programs and Services

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. Assisted living aims to enhance residents' autonomy, privacy, and individuality by providing needed services in a residential setting. 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. In Massachusetts, ALRs exist as a private residential housing option available to adults on a rental basis.

EOE's ALR certification requirements differ from the requirements imposed on licensed nursing facilities, which are regulated by the Department of Public Health. As a residential model, ALRs are not designed for people who have skilled nursing needs that cannot be provided by visiting nurses or by private caregivers (ALR staff are not allowed under the regulation to provide medical or skilled nursing services). 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 2021, The Assisted Living Certification Unit at EOE 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 also implemented changes to the biennial site visit process that allowed for greater insight and thus offered the opportunity for a more in-depth discussion with the ALRs when addressing compliance issues. The two major changes include (1) interviewing care staff on specific topics that address resident safety and well-being, and (2) offering residents and families the opportunity to discuss any concerns and provide insight and feedback to EOE staff in-person during the site visit.

In FY21 Assisted Living Certification Unit at EOE staff began the process of converting all-new paper documents submitted to EOE staff after July 1, 2020, to a .pdf format to enhance the responsibility of file integrity in accordance with 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 has 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 provides helpful information to access all required information to apply, maintain, and re-certify assisted living residences.
- EOE staff has prepared the operation infrastructure on the webpage to post the biennial compliance reviews of all ALRs, making them accessible to the public. Although this project has been delayed due to the COVID-19 pandemic, the operational processing of the unit will move forward once the state of emergency has ended. Making reports available to prospective residents, families, and the public is expected to be 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 EOE staff to restrict visitation as necessary to protect the health of residents and staff. Pursuant to this order EOE staff 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, EOE staff 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. Additionally, EOE staff collaborates with the Department of Public Health (DPH) to deploy Rapid

Response Teams (RRT) consisting of nurses and nursing aides who have been trained in infection control to provide urgent assistance to residences experiencing an outbreak. The RRT conducts an onsite assessment and provides recommendations for improving infection control practices and help determine if RRT staffing, point of care testing, and infection control support is needed. If deemed appropriate the RRT is deployed to provide a short-term bridge until the ALR can secure and implement sufficient staffing and infection control measures.

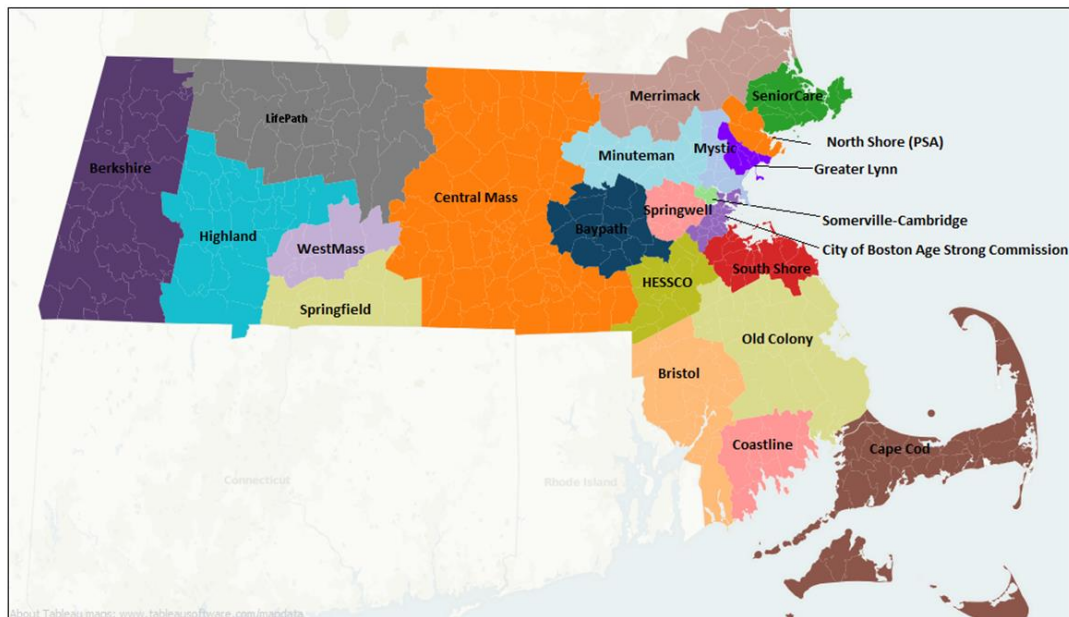
The Assisted Living Certification Unit resumed on-site recertification compliance reviews in March 2021. The Executive Office of Elder Affairs received approval by the legislature in October 2021 to amend the assisted living regulations to include the requirement that all staff in an ALD have a health screening (651CMR 12.06(8) and subject to the provisions of 651 CMR 12.06(9)(d), ensure all personnel is vaccinated against other novel pandemic or novel influenza virus(es) in accordance with guidelines issued by the Commissioner of Department of Public Health.

Calendar Year 2021	<i>Comparative Calendar Year 2020</i>
<ul style="list-style-type: none"> • 267 Certified Assisted Living Residences • 18,724 Certified Units • 13,713 Traditional Units • 5,011 Special Care Units • 14,835,930 Residents 	<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

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. The Older Americans Act provides access to services that 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. In partnership with the Commonwealth's 21 AAAs, EOEA developed a [State Plan on Aging, 2022-2025](#) that describes how EOEA will carry out responsibilities statewide; EOEA submitted the plan to the Administration for Community Living in October of 2021.

Figure 9: Map Illustrates the 21 AAA regions in the Commonwealth.



Aging Services Access Points Network

As established in *Massachusetts General Law Chapter 19A Section 4B*, Aging Services Access Points (ASAPs)² 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. These 25 regional non-profit agencies 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

Home Care Program

The Home Care Program provides critical support for residents to age safely and proactively in their communities. EOEa's home care programs are delivered through contracts with ASAPs. An ASAP care manager authorizes and coordinates long term support services provided by provider agencies, ensures interdisciplinary review of consumer needs and service planning, reassesses the consumer's status at mandated intervals, responds to consumer and/or caregiver concerns as they arise, and facilitates access to information and referral as appropriate.

² Note: Most ASAPs are associated/co-located with AAAs.

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 living³ (ADLs), and instrumental activities of daily living⁴ (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 daycare, 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 65,000 older residents in the fiscal year 2021.

- The average age of a consumer is 80.4 years old. Approximately 20% (12,818) of consumers are over age 90 and 651 consumers are over 100: more than half live alone.
- Over 33% (21,952) of consumers are clinically eligible for nursing facility care and approximately 55% (35,296) of consumers served were not eligible for MassHealth. The Home Care Program effectively delayed the need for those consumers to spend down their assets to qualify for MassHealth and move to a nursing facility.
- Even though consumers are at nursing facility level of care, the State Home Care Program has enabled consumers to remain at home for an average of 2.6 years. This program provides services to meet the needs and preferences of consumers while saving the Commonwealth significant resources.
- Approximately 40% of consumers have a behavioral health condition and over one-fifth of consumers (22%) reported falling recently.

In January 2019, EOEa received renewal approval for five years of the Frail Elder Waiver (FEW) Program. The Frail Elder Waiver Program serves individuals over the age of 60 who require a nursing home level of care and are eligible for MassHealth. As part of the renewal process, five new services were added to Home Care programs which expanded the breadth of services that Aging Services Access Points (ASAPs) and Senior Care Options Plans (SCO) can offer to waiver participants that support greater self-sufficiency and independence 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

³ Activities people 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.

⁴ Activities related to independent living, including 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.

Home and Community Based service is brand new to Massachusetts and EOEA has continued to work diligently over the last year 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 the community.
- Enhanced Technology Personal Emergency Response System, which focuses on fall alerts for emergency response.

COVID-19 Considerations:

EOEA worked with the ASAPs to resume in-home visits as the default assessment modality for all reassessments, and annual re-determinations for case management and nursing. ASAPs have the flexibility to be conduct assessments through alternative means (e.g., telephonically or by remote video technologies) as needed based on consumer requests.

To ensure social and emotional support to consumers continues during the public health emergency, qualified, contracted providers can provide services telephonically or through video conferencing technologies. 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, and Evidence-Based Education Programs.

EOEA maintained services that were added or modified due to COVID-19, which included meeting nutritional needs for older adults through bulk distribution methods for home-delivered meals, snack packs for delivery, nutritional supplements, wellness checks for older adults, necessity shopping to provide items to consumers in addition to groceries, provision of 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. Additionally, EOEA increased service rates to provide for increased 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 instances of abuse and neglect complaints and immediate jeopardy concerns to ensure participant's health and welfare.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
Average Monthly Enrollment <ul style="list-style-type: none"> • Home care Basic: 33,567 • ECOP: 7,859 • Choices: 5,885 • Nursing Facility Eligible Consumers: 16,558 	<i>Average Monthly Enrollment</i> <ul style="list-style-type: none"> • <i>Home care Basic: 33,908</i> • <i>ECOP: 8,054</i> • <i>Choices: 6,253</i> • <i>Nursing Facility Eligible Consumers: 17,288</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) that 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 providers to complete the clinical evaluation.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
• 45,563 Screenings	• <i>52,853 Screening</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 an online reporting portal and a centralized intake unit that is responsible for making reports on a 24/7 basis. EOEA has designated 19 Protective Services (PS) Agencies, each within an Aging Services Access Point (ASAP), across the Commonwealth that 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 oversees a Money Management Program (MMP) through the local ASAPs, to help older people in needing

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

During FY 2021 we continued to enhance the training opportunities for the PS workforce. With the acquisition of a Learning Management System (LMS) for online training, we translated all the basic training modules into an online format with competency tests for each topic. This change allowed for immediate access for all newly hired staff and allowed existing staff to review any of the basic training topics. EOEa designed several additional online training topics during FY 2021 that are being rolled out in the early part of FY 2022.

In April 2021, EOEa was awarded a grant from the federal Administration for Community Living through the Elder Justice Act (EJA). This grant was awarded to both EOEa (for older adult protective services) and the Massachusetts Disabled Persons Protection Commission (DPPC). DPPC is responsible for protective services for adults (ages 18 through 59) with disabilities. EOEa and DPPC are working together to collaborate on a PS program that supports all the adults covered by both entities. These funds aim to improve the provision of protective services to vulnerable adults (served by EOEa and DPPC) during the COVID-19 pandemic. The EJA funds are being used for technology improvements to enhance the PS workforce's ability to work remotely, and to enhance their ability to meet with clients. Also, providing more laptop computers in the field will decrease the time spent on documentation in the PS record and allow PS workers to have more time to spend with clients. Other technologies to facilitate working with older adults include listening devices for persons with hearing impairment and tablets for older adults to use if they prefer not to have a PS worker enter their home. Another aspect of the EJA grant is ensuring that all PS staff members (of EOEa and DPPC) have sufficient supplies of personal protection equipment (PPE) for both themselves and their clients. It is expected that PS workers will be able to increase the number of visits with clients with the use of the technology.

In addition, the EJA funds will be used for enhanced training of PS workers in interviewing skills with the use of newly created videos. PS workers have voiced concern that many client family situations are becoming more and more complicated over time. The workforce has indicated that they feel that they need to have more training in interviewing to meet the needs of clients. The EJA funds will also be used to implement an application (for cell phones) that is designed to assist clients with coping with stress, isolation, and trauma. During COVID- 19 many clients have faced greater stressors and it is hoped that the implementation of the application will help them.

COVID-19 Considerations:

Throughout FY 2021, EOEa released several program guidance documents related to COVID-19. As noted above, the EJA grant funds will be targeted for use to improve access to protective services for older adults.

COVID-19 had a direct impact on the number of reports (intakes) of elder abuse to Protective Services. For FY2021, the number of intakes that were screened for investigation decreased by 1,225 or 6.4 percent. Both completed investigations and confirmed cases of abuse and neglect were slightly lower in FY2021 than in FY2020. As indicated in the table below, completed

investigations dropped by 3.1 percent, and confirmed cases of abuse and neglect went down by 2.0 percent.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
<ul style="list-style-type: none"> • 17,777 Screened in • 17,017 Investigations Completed • 9,957 Confirmed cases 	<ul style="list-style-type: none"> • <i>19,002 Screened in</i> • <i>17,565 Investigations Completed</i> • <i>10,160 Confirmed cases</i>

Money Management Program

COVID-19 had a direct impact on the Money Management Program (MMP) since the pandemic continued throughout FY2021. In FY 2020 the MMP, across all ASAPs, served an average of 1,595 older adults per month. The number of consumers served monthly during FY2021 dropped to 1,326, representing a decrease of nearly 17 percent.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
<ul style="list-style-type: none"> • 1,326 average number of consumers served every month 	<ul style="list-style-type: none"> • <i>1,595 average number of consumers served every month</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 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).

The Caregiver Webinar Series was launched in FY2021 by the Executive Office of Elder Affairs, Mass Home Care, and Massachusetts Technology Collaborative to help family caregivers in Massachusetts find information and resources regarding their caregiver responsibilities, as well as tips to care for themselves. Each webinar features speakers from the Massachusetts Family Caregiver Support Program and focuses on a different aspect of caregiving – examples of webinars to date include self-care for caregivers, caregiver training opportunities, and an introduction on the aging and disability services network in Massachusetts.

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 quarterly [newsletters](#) with helpful resources and tools to support the caregivers in their program.

Federal Fiscal Year 2021	<i>Comparative Federal Fiscal Year 2020</i>
• 3,263 unduplicated caregivers served	• <i>2,534 unduplicated caregivers served</i>

Supportive Housing

The Supporting Housing Program provides services to residents of the 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 referrals, 24-hour on-call assistance, meals, and structured social activities.

During FY20 Elder Affairs issued a procurement for 10 new Supportive Housing sites to come online in FY21. Elder Affairs worked closely with DHCD in the development of this procurement to ensure that the new sites would be in those communities where there was a high number of senior housing properties/residents without service coordinators.

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.

Beginning in February 2020, Supportive Housing sites were able to access assistance for onsite vaccination clinics for residents and staff. All Supportive Housing sites were able to take advantage of this assistance and complete vaccinations of residents and staff by May.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
• 41 supportive housing sites with 6,111 units; all residents within those sites with access to Supportive Housing services	• <i>41 supportive housing sites with 6,111 units; all residents within those sites with access to Supportive Housing services</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 indoor activities 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. When sites reported positive cases of COVID-19 they were able to contact EOEA and receive onsite testing via the EHS Congregate Care testing program. Finally, working with DHCD, Elder Affairs issued a moratorium on new admissions to Congregate Housing during COVID-19 surges to limit the number of people living in these shared housing environments.

Beginning in February 2020, Congregate Housing sites were able to access assistance in arranging for onsite vaccination clinics for residents and staff. All Congregate Housing sites were able to take advantage of this assistance and complete vaccinations of residents and staff by May.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
<ul style="list-style-type: none">• 41 congregate housing sites able to house 534 residents with access to Congregate Housing services. Two sites were taken offline this year for renovations.	<ul style="list-style-type: none">• <i>43 congregate housing sites able to house 544 residents with access to Congregate Housing services.</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). Fourteen regional programs supervise and train over 650 volunteer and in-kind health benefits 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 were 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 2021	<i>Comparative Fiscal Year 2020</i>
<ul style="list-style-type: none">• 63,413 consumers served virtually or by phone• 6,779 consumers served through 230 virtual interactive presentations• 690 counselors (including 88 who are bilingual, 21 languages/dialects)• 2,481,025 estimated consumers reached through media• Estimated \$5,745,145 saved for 3,991 consumers by changing plans	<ul style="list-style-type: none">• <i>72,629 consumers served in person and by phone</i>• <i>39,108 consumers served at interactive presentations</i>• <i>660 counselors (including 88 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 visibility, 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 much 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. The Options Counseling (OC) program was developed as a core function of ADRC in 2008 and is supported by Information and Referral services and Ombudsman advocacy for service quality of care.

Annual and regional training for ADRC staff and community agencies support the ADRC partnership foundation along with the many grant funding opportunities that have been received

by ACL to foster person-centered approaches ensuring vaccine coordination and technology access for consumers.

Across Massachusetts, 11 ADRCs are 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

Massachusetts General Law Chapter 211 of the Acts of 2006 provides a framework for the Options Counseling (OC) Program that focuses efforts on individuals who are most at risk of nursing home placement. Counseling regarding community long-term support options is provided to individuals before admission to a long-term care facility to help ensure their awareness of community-based options and their successful inclusion in the community, preventing or delaying nursing home placement. This service is also provided to nursing facility residents to support their return to the community.

Since the launch of the OC program, it continues to be the “No Wrong Door” pathway for many older adults and people with disabilities to receive community services. OC staff at every ASAP and ILC in the state, provide person-centered counseling to residents and caregivers to help them better understand their long-term service and support options. They are then able to make informed choices about the best supports for them in community living. Many individuals who have worked with a trained counselor have successfully transitioned to, or remained in, a community setting of their choice meeting the state mandate to divert individuals from nursing home care.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
5,008 Consumers Completed Options Counseling	<i>5,571 Consumers Completed Options Counseling</i>

Information and Referral

Access to community services is provided by each of the ADRC agencies through Information and Assistance (I&A, or often referred to as I&R, Information and Referral). I&R provides a gateway to services and connects older adults, individuals with disabilities, their families, and caregivers with information, resources, and supports necessary for making informed choices.

Designed to emphasize consumer choice, help people navigate various networks, and as a crucial element in the No Wrong Door triaging process to quality care, MassOptions customer service representatives can be reached by all consumers toll-free, at 1-800-243-4636. Specialists are also available to chat online Monday through Friday from 9 am – 5 pm at www.MassOptions.org.

Fiscal Year 2021	<i>Fiscal Year 2020</i>
Total number of calls: 175,464	<i>Total number of calls: 177,670</i>

Community Care Ombudsman (CCO) Program

CCO is the main point of entry for receiving and logging inquiries/complaints at EOEa. The CCO Program serves as a dispute resolution process for older adults receiving health and LTC services and supports in a community setting. The Ombudsman staff may assist with concerns such as:

- Services (lack of), treatment, in your home
- Home Health Care
- Community-based MassHealth Programs
- State Home Care funded Programs
- Federal Private Pay Older Adult Programs
- link individuals to additional resources/referrals that may be needed

Fiscal Year 2021	<i>Fiscal Year 2020</i>
379 New Cases	<i>558 New Cases</i>

EOEA Nutrition Program

The EOEa Nutrition Program administers and coordinates 25 local nutrition programs throughout the state, serving approximately 10 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 medically tailored meals including modified (low sodium, fat, no concentrated sweets), diabetic, heart-healthy, renal, and texture modified (chopped, ground, and puree). Additionally, the program completed a survey in 2020 to review the overall program and participant satisfaction and outcomes. According to the survey, 93% of program participants would recommend home-delivered meals (HDMs) and 84% reported they helped them live independently. In 2020, 86% of consumers reported feeling less lonely because of the home-delivered meals, which is an increase of 6% from 2019. This indicates the critical role meal deliveries played during the pandemic.

COVID-19 Considerations:

In FY21, the Nutrition Program continued to be significantly impacted by the Covid-19 pandemic. EOEa implemented the best practices that evolved during the pandemic and are based on

community research, to meet older adults' needs. Some older adults were enthusiastic about returning to in-person services after vaccines became available, while others were hesitant due to factors such as the Delta variant and breakthrough infections. The Nutrition Program has responded by offering a hybrid of nutrition services. In response, community-based programs were re-focused to address the following issues:

- During the pandemic, home-delivered meals increased by almost 30% to approximately 43,000 a day and continue to remain high at over 39,000 meals per day. Congregate meals programs shifted to providing a mix of in-person meals (averaging 1500 daily) as well as continued to offer grab-and-go offerings (averaging 2600 daily).
- 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 program continues to carry a high inventory of frozen meals to ensure there would be no disruption of service in the case of pandemic-related kitchen issues.
- The biggest challenge continues to be how to stay socially connected with the older adults and their caregivers. Some in-person nutrition counseling as well as group nutrition education has resumed. The local nutrition programs also continue to use technology to offer virtual programming to meet the needs of local communities. These include live remote sessions as well as those that are recorded and broadcast online, on cable access TV, and social media. The nutrition education topic of "Increasing Strength for Older Adults" was provided statewide and will be continued to be offered in FY22 as more sites open to in-person programming.
- In October of 2020, 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 of 108,000 followers were reached via social media during the Malnutrition Awareness Week 2020. The Commission and partners are planning an updated campaign for Malnutrition Awareness Week™ in October of 2021.

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 (\$16,100 per year for one person)

This program works collaboratively across state agencies and with the MassHire Career Centers to support older workers. During PY21 MA-SCSEP subgrantees continued to provide virtual or hybrid services to participants and worked collaboratively with WIOA partners. The majority of Host Agencies remained closed or offered limited in-person training opportunities and support to SCSEP participants. Some participants remained on paid sick leave due to a combination of shortages of in-person training opportunities and their limited computer and technology skills.

The most important lesson learned during the PY20 was that remote services are possible and effective for older workers in general and the SCSEP-eligible population. The Coursera pilot also proved very effective for the participants. Similar to the free Coursera training another statewide project, Mass Internet Connect (MIC) project proved a success for older customers. MIC began in Q3 through Q4 to help all job seekers in Massachusetts obtain free technology and internet. 26.7% of the of 3,145 customers served with free technology and basic digital literacy skills there were age 55 or older.

Many SCSEP participants welcomed the challenge of learning new technologies, tools and enjoyed the accessibility to meetings with peers across the state without the need to travel. EOEA also learned that while older workers need a more experiential way to learn the new tools, such as teleconferencing platforms, and it is important to support their learning journey. As individuals improved their skills, they also increased their self-confidence. SCSEP is a well-known program for person-centered services and given the ability to work one-on-one with the participant is a great way to build trust and support even in a remote environment.

As a part of the US DOL, Demonstration Grant for remote skill training in FY21 EOEA established two Inter-Agency Service Agreements. One is an Inter-Agency Service Agreement with MassHire, a division of the Massachusetts Department of Career Services charged with connecting individuals with skills development and employment opportunities, designating it as the lead entity responsible for business services for the SCSEP demonstration project. Under the agreement, MassHire's responsibilities include marketing the program to employers and jobseekers, as well as developing a pipeline of employers with remote job opportunities. A representative is assigned as business leaders to this project and began to collaborate closely with EOEA. EOEA also entered into an Inter-Agency Service Agreement with the University of Massachusetts Boston Gerontology Institute (UMB) to evaluate this project.

EOEA selected Operation ABLE of Greater Boston as a training vendor through the open and competitive RFR process to provide training and case management services to all program participants. The ultimate goal of the project is to train and place 60 individuals in remote or hybrid jobs by December 2022.

COVID -19 Considerations:

Participant recruitment has been hindered during FY21 mainly due to a lack of in-person services.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
• 89 participants served	• <i>126 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 COA programs and services 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. 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, connecting caregivers with support and respite services, implementing interventions to address social isolation and loneliness, introducing home modification programs, and actively involving local age- and dementia-friendly efforts.

Each COA determines its priorities based on unique local circumstances, resources, and interests. Volunteers play an integral service role in COAs with over 20,000 volunteers statewide providing over 40,000 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 FY21 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 in meeting the demands of a growing older adult population in communities across Massachusetts.

COVID-19 Considerations:

While Massachusetts senior centers remained closed for most of FY2021 due to the COVID-19 pandemic, Councils on Aging remained open, providing vital services such as wellness checks, outdoor grab and go meals, transportation, application assistance for public benefits, and online programming, such as exercise classes, interactive lectures, and weekly discussion groups.

As COVID-19 vaccines became available to older adults in December 2020, COAs played a critical role in assisting community residents with vaccination registration, transportation to and from appointments, and vaccinations for homebound individuals. In April 2021, EOEa released “Planning Tool for Aging Services Network: New Normal and Reopening” to serve as a centralized source of existing guidance, data, and state and federal statutes from the CDC, Massachusetts Department of Public Health, and other sources to inform COAs as they planned to resume in-person activity. Based on this and other guidance, many senior centers across the state began to offer in-person activity in Spring 2021.

With many individuals who are homebound due to limited mobility or access to transportation now able to avail themselves of online programming, COAs are now meeting the challenge of keeping these participants involved as they resume in-person activity by providing hybrid programming, in which people can participate in the senior center activity from home through teleconferencing platforms such as Zoom and Webex.

Fiscal Year 2021	<i>Comparative Fiscal Year 2020</i>
• 220,590 estimated direct service contacts	<i>249,881 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, participants 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 2021	<i>Comparative Fiscal Year 2020</i>
• Average of 27,776 members	• <i>Average of 32,229 members</i>

The Prescription Advantage Program had a decrease in membership in FY21. While some of the declines were due to members changing residency or eligibility in a MassHealth Medicare Savings Program, the overwhelming majority resulted from the death of a member.

- **Program Impacts from the Medicare Savings Program** - Prescription Advantage continues to enforce the eligibility requirements that were revised (1/1/2020) to exclude individuals with benefits through the Medicare Savings Program. Prescription Advantage members identified as also having benefits through a Medicare Savings Program have been terminated. Below is the number of terminations in FY21, 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 867 terminated members in FY21, 198 were benefiting members in CY20. For all terminated members in FY21, the program saved \$96,138.74 (based on the program's spending for these members in CY20).

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

MSP Terminations	
Month	#
Jul-20	79
Aug-20	60
Sep-20	37
Oct-20	131
Nov-20	67
Dec-20	71
Jan - 21	55
Feb - 21	105
Mar-21	38
Apr-21	103
May-21	70
Jun-21	51
Total	867

- **Benefiting members and the cost per claim** – Prescription Advantage continued to closely monitor claims activity throughout the year. FY21 demonstrated consistency in the number of benefiting members as compared to FY20, with an average of 8.9% of the membership realizing a financial benefit. In January 2021 the total cost per member decreased by 9% as compared to January 2020, from a cost of \$417.11/benefiting member down to \$382.05/benefiting member. The average cost/benefiting member across FY21 was \$237.30, which is a slight increase as compared to the average cost/benefiting member across FY20 at \$225.44

COVID-19 Considerations:

With the continued impact from COVID-19, Prescription Advantage sustained the temporary suspension of terminations of members during this timeframe. However, the following circumstances continue to result in the termination of a member:

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

Additional outreach calls continue to be made to members to ensure they understood that required documentation would still be required when redetermination activities resumed.

Table 4: Applications for enrollment in Prescription Advantage per month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total Year to Date
FY2021	204	214	230	225	318	316	257	207	217	213	223	231	2,855
FY2020	383	374	333	420	481	416	400	308	232	192	173	180	3,892

EOEA's FY21 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 EOE'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 EOE 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.

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. Several 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 about 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 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. In 2021, Massachusetts published its [second 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 88 cities and towns certified age-friendly by AARP or the World Health Organization, and 60 that have taken a Dementia Friendly Pledge.

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 permanently 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 the 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 about 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 under 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 percent 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 complete report on the activities carried out under this chapter. Such annual reports shall include statistical data reflecting services and activities provided to individuals during the preceding fiscal year.