

Annual Legislative Report

FISCAL YEAR 2022

January 2023

Executive Office of Elder Affairs

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TABLE OF CONTENTS

Introduction	3
Overview of EOE	3
Programs and Services	5
Information and Referral (I&R)	5
Home Care	7
Senior Nutrition Program	10
Supportive Housing and Congregate Housing	12
Workforce Training	14
Behavioral Health	16
Protective Services	18
SHINE	21
Prescription Advantage	23
Assisted Living Residences	23
Budget	24

INTRODUCTION

Pursuant to [M.G.L. c. 19A](#), §12 the Executive Office of Elder Affairs (EOEA) presents its Annual Report for the Fiscal Year 2022 to the Massachusetts General Court. This report provides information about the services EOEA provided and the people who received those services.

OVERVIEW OF EOEA

EOEA is responsible for a combined state and federal budget nearing \$750 million to help 1.7 million older adults in Massachusetts¹ live and thrive in their communities of choice. Our work takes into consideration a population that will experience multiple stages in the life course beginning at age 60 into the centenarian years.

Our federal partners, the Administration for Community Living (ACL) and the Department of Labor, provide approximately \$100 million in annual funding through the Older Americans Act and periodic [grants](#) to Massachusetts for services that EOEA procures and implements through community organizations.

EOEA PROGRAMS/FUNCTIONS

By statute, EOEA does not employ care managers, social workers, nurses, home care workers, and others who deliver human services. Instead, EOEA contracts with 24 regional Aging Services Access Points (ASAPs), which are independent non-profit organizations designated by and contracted with EOEA to provide services for specific regions of the Commonwealth (Figure 1).

The Agency's combined state and federal budget support services that:

1. Help older adults remain at home and in the community of their choice by:

- Delivering nutritionally appropriate meals to roughly 60,000 individuals through the *Senior Nutrition Program*.
- Offering case management, maintaining a network of high quality providers, and providing in-home support to 65,000 individuals who need help with [Instrumental Activities of Daily Living](#) (IADL) and [Activities of Daily Living](#) (ADL) through the *Home Care Programs*.

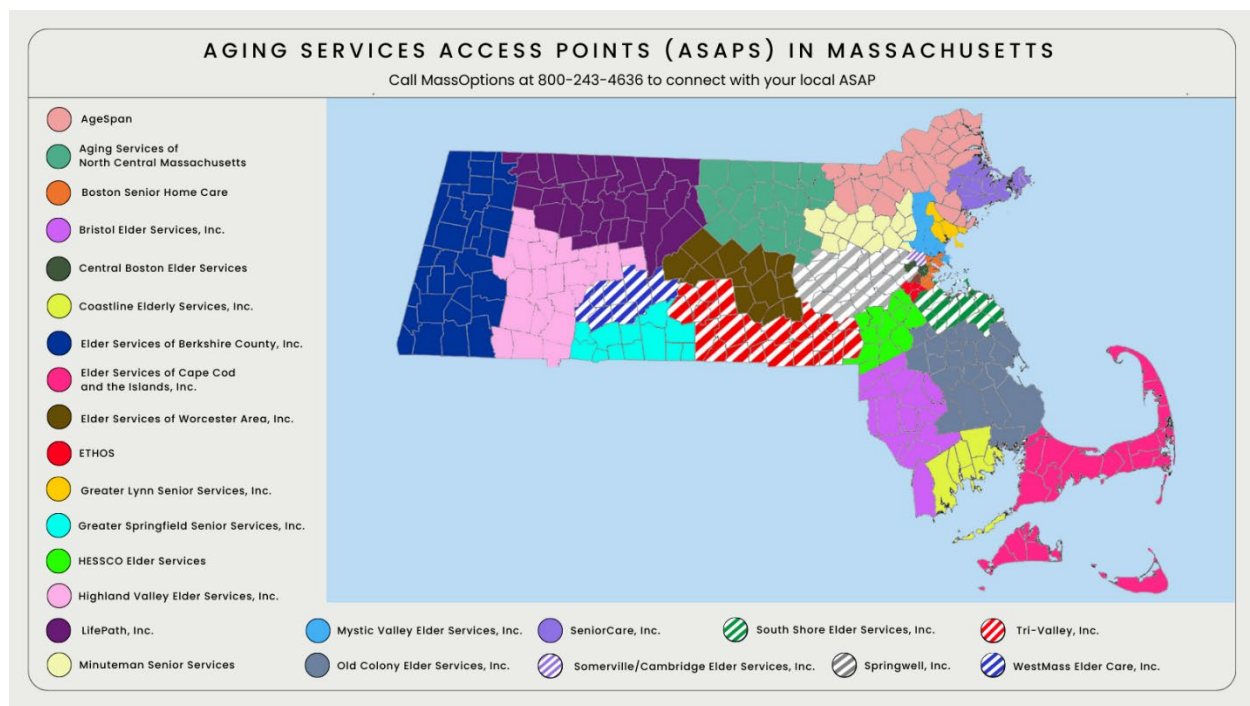
¹ This 2021 estimate is from the U.S. Census Bureau's American Community Survey, and is available at: <https://data.census.gov/table?q=Massachusetts&tid=ACSST1Y2021.S0101>

- Roughly one in three EOE Home Care consumers is eligible for nursing home placement and receives care at home instead.²
 - Approximately 41% of Home Care consumers are eligible for MassHealth. EOE administers the largest *MassHealth Home and Community Based Services waiver, the Frail Elder Waiver*, which serves 9,000 consumers who are eligible for nursing home placement live at home.
 - Funding Resident Services Coordinators through *Supportive Housing* and *Congregate Housing* models in older adult subsidized apartment communities.
2. **Protect older adults from abuse, neglect, exploitation, and self-neglect** by screening and investigating over 50,000 allegations referred each year to *Adult Protective Services*.
 3. **Support informal caregivers** by connecting caregivers with community resources, providing caregivers with opportunities to connect with other similar caregivers for emotional and other supports, and providing funding for caregiver respite.
 4. **Support behavioral health and emotional wellness** for older adults and their caregivers through community-based, interdisciplinary outreach teams in 134 communities.
 5. **Support decision-making**, such as Medicare enrollment through the Serving the Health Insurance Needs of Everyone (SHINE) program, whether to relocate to another setting (*Options Counseling*),³ and making medications affordable (*Prescription Advantage*).
 6. **Regulate nearly 270 Assisted Living Residences**, which house and care for over 15,000 residents across the Commonwealth. Today, one in four residents is over age 90.
 7. Provide for programming and outreach to **encourage social and community engagement, wellness, and serve as a trusted referral source for individualized care**. These efforts are largely delivered through community or senior centers operated by municipality's *Council on Aging*.

² The most common disease diagnoses for Home Care participants are: hypertension (69% of participants); psychiatric disorder (43%); diabetes (31%); emphysema, chronic-obstructive pulmonary disease, or asthma (26%, and Alzheimer's or related dementia (18%). Approximately 80% of participants are at risk for falls.

³ EOE submits a separate report on Options Counseling to the Massachusetts General Court.

Figure 1. Map of ASAP Regions



PROGRAMS AND SERVICES

Unless otherwise noted, all reported statistics are for the state fiscal year 2022.

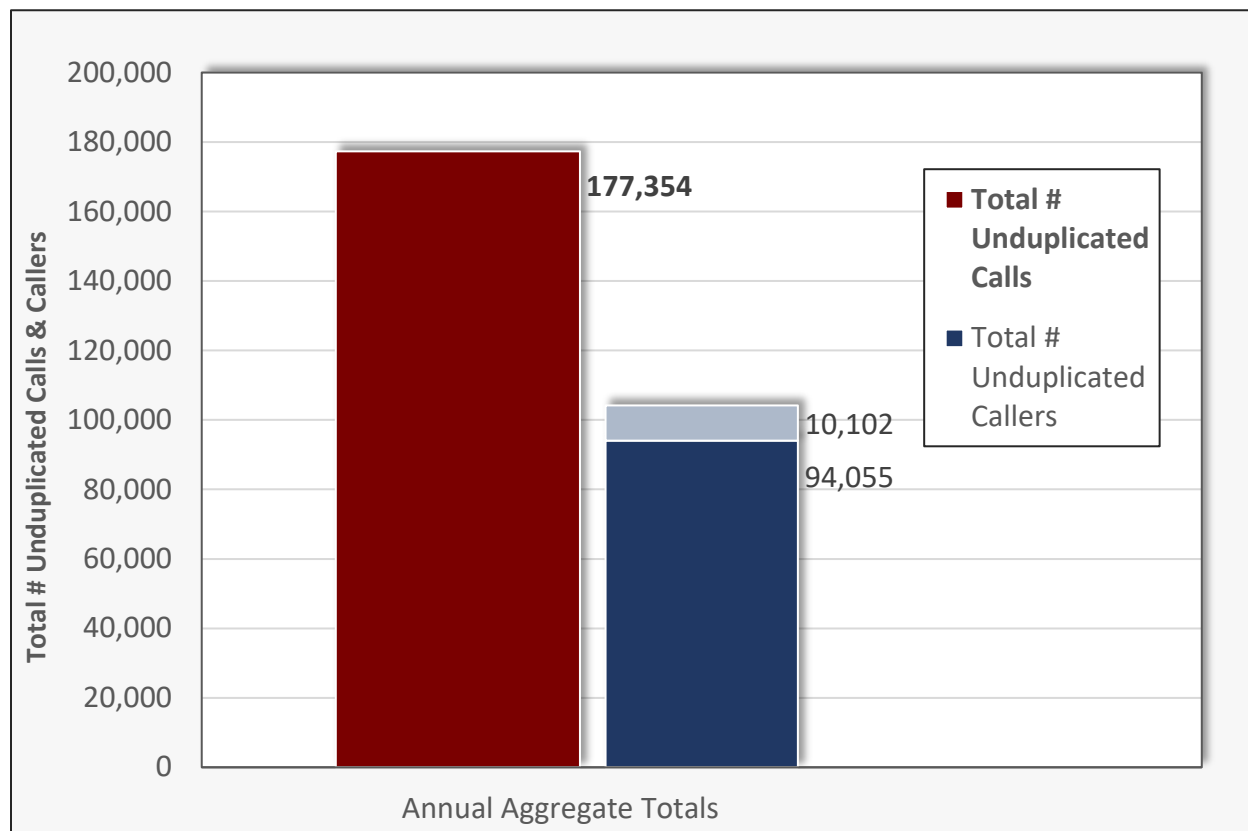
INFORMATION & REFERRAL (I&R)

I&R provides a gateway to services and connects older adults, individuals with disabilities, families, and caregivers with information, resources, and supports necessary for making informed choices. Consumers can directly contact ASAP I&R departments via phone, email, or walk-ins. Consumers can also connect to ASAP I&R via MassOptions, a statewide I&R service (consumers can contact MassOptions via phone calls, emails, or texts).

Services Provided and People Served

Over 175,000 calls—involving more than 90,000 unique callers—were made to ASAPs for I&R services (Figure 2).

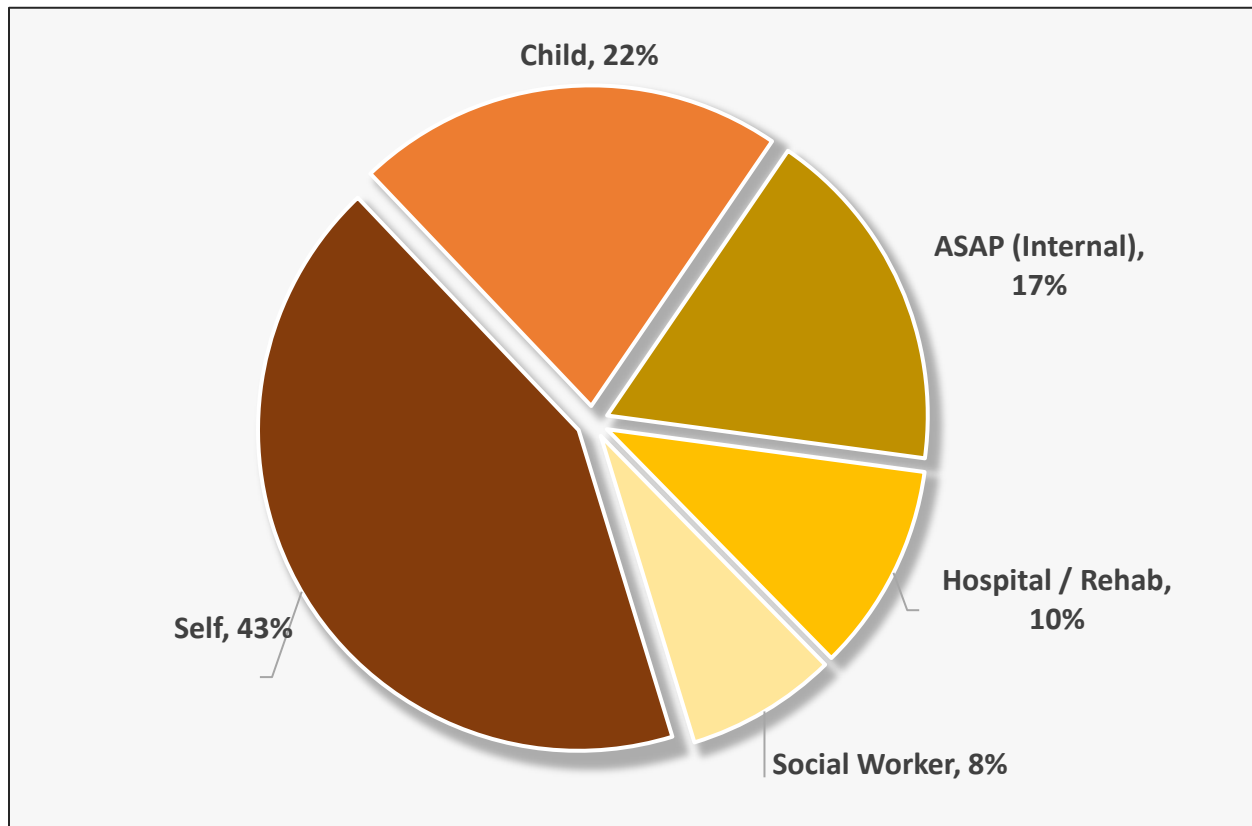
Figure 2. Total Number of Calls and Unique Callers



Notes. If a rehab center calls an ASAP for eight different consumers, that is reported as one unique caller and eight unduplicated calls (assuming the rehab center called once for each consumer). Unique callers are identified based on individual caller records (each individual caller record has a unique Client ID number). Staff are asked to create a new caller record when they have the caller's full name (first and last name). However, duplicate records for the same caller can result when staff enter names incorrectly or search for names incorrectly; when this occurs, the reported statistic overestimates the number of unique callers. Staff should label callers as anonymous when they refuse to provide their full name. Callers can have diverse reasons for not identifying themselves when calling an agency (such as a child concerned that their parent will view calling as a betrayal of trust). Calls to MassOptions are not included in this figure, unless MassOptions forwards the call to an ASAP.

The most common I&R callers were older adults followed by their children (Figure 3).

Figure 3. I&R Percentage of Calls by Caller Type (Top 5 Callers)



Note. The caller type is unknown for anonymous callers.

HOME CARE

Home Care Programs provide critical support for residents to age safely and proactively in their communities.⁴ EOE's programs are delivered through contracts with 24 ASAPs. ASAPs offer case management,⁵ maintain a network of provider agencies, and authorize and coordinate long term support services delivered to consumers in their homes by the provider agencies. ASAPs ensure interdisciplinary review of consumer needs to develop service plans, reassess the consumer's status at mandated intervals, and respond to consumer/caregiver concerns.

⁴ Approximately 69% of participants are female, 86% speak English as their primary language, 56% live alone, 80% are not married, and the median household income is approximately \$24,000 (42% of all participants make between \$10,000-\$19,999).

⁵ Case management care includes onsite visits, advocacy, community education and support.

Home Care is comprised of six programs managed as one portfolio. Older adults are assessed for program eligibility based on factors such as age (qualifying consumers are age 60+, or under age 60 living with Alzheimer’s Disease or a related Dementia), functional needs, IADLs/ADLs, willingness to accept regular services, residence, as well as income. Specific program qualification requirements can include MassHealth status, income, and clinical eligibility for a skilled nursing facility (Table 1).

Table 1. Home Care Programs: Specific eligibility factors (does not include all eligibility criteria)

Requirement/Feature	Home Care Basic - Non Waiver	Enhanced Community Options Program (ECOP)	Home Care Basic (Frail Elder Waiver)	Community Choices (Frail Elder Waiver)	Home Care Over Income	Respite Over Income
MassHealth Member	*		✓	✓	*	*
Income Eligible	✓	✓				
Nursing Facility Clinical Eligibility		✓	✓	✓		
No Max. Income Limit					✓	✓

✓ = Program has eligibility requirement/feature

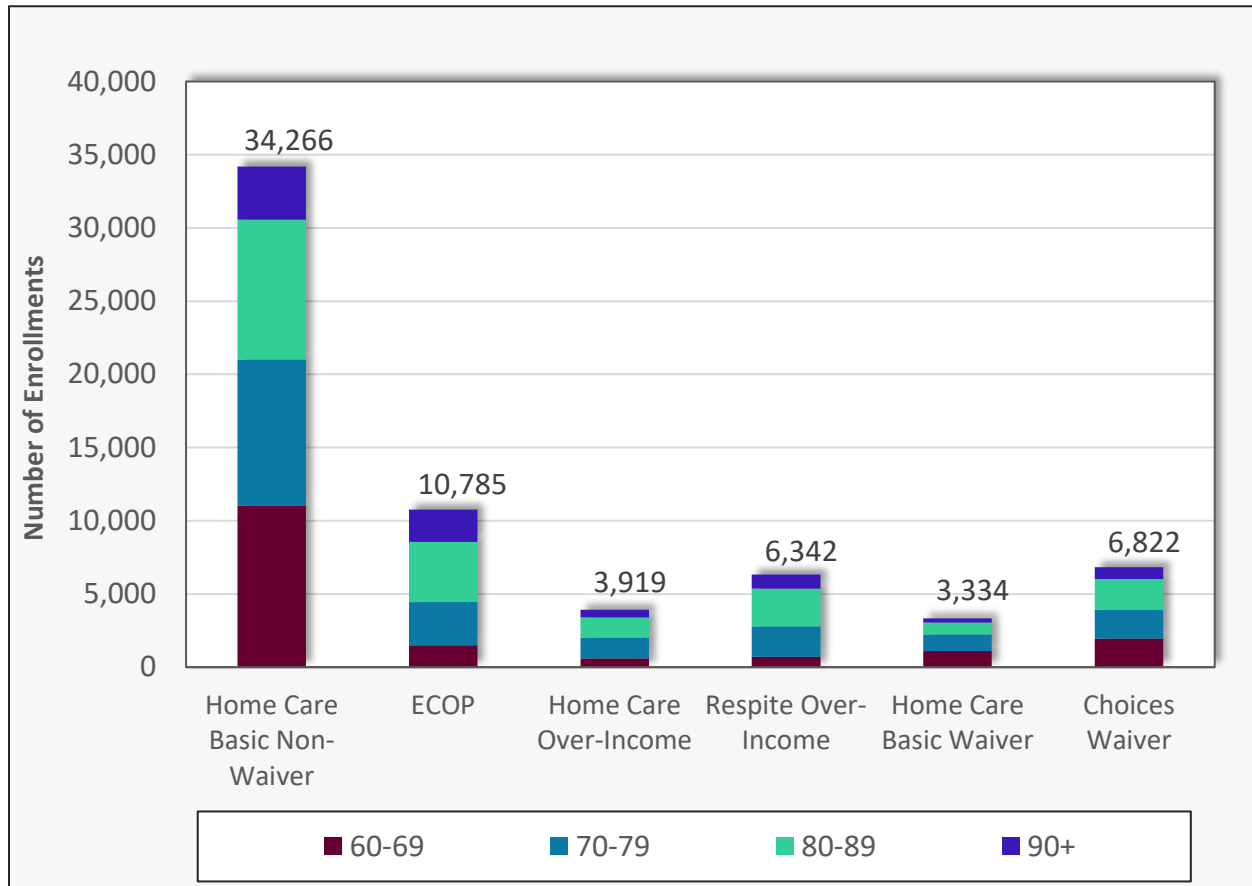
* = May serve MassHealth members, but MassHealth coverage is not required

Notes. All programs have additional requirements, such as requiring assistance with at least one ADL/6 or more IADL impairments, as well as a critical unmet need (any ADL, meal preparation, food shopping).

Services Provided and People Served

Collectively, the six Home Care Programs enrolled over 65,000 consumers in FY22 (Figure 4).

Figure 4. Number of Enrollments, by Program and Age Group

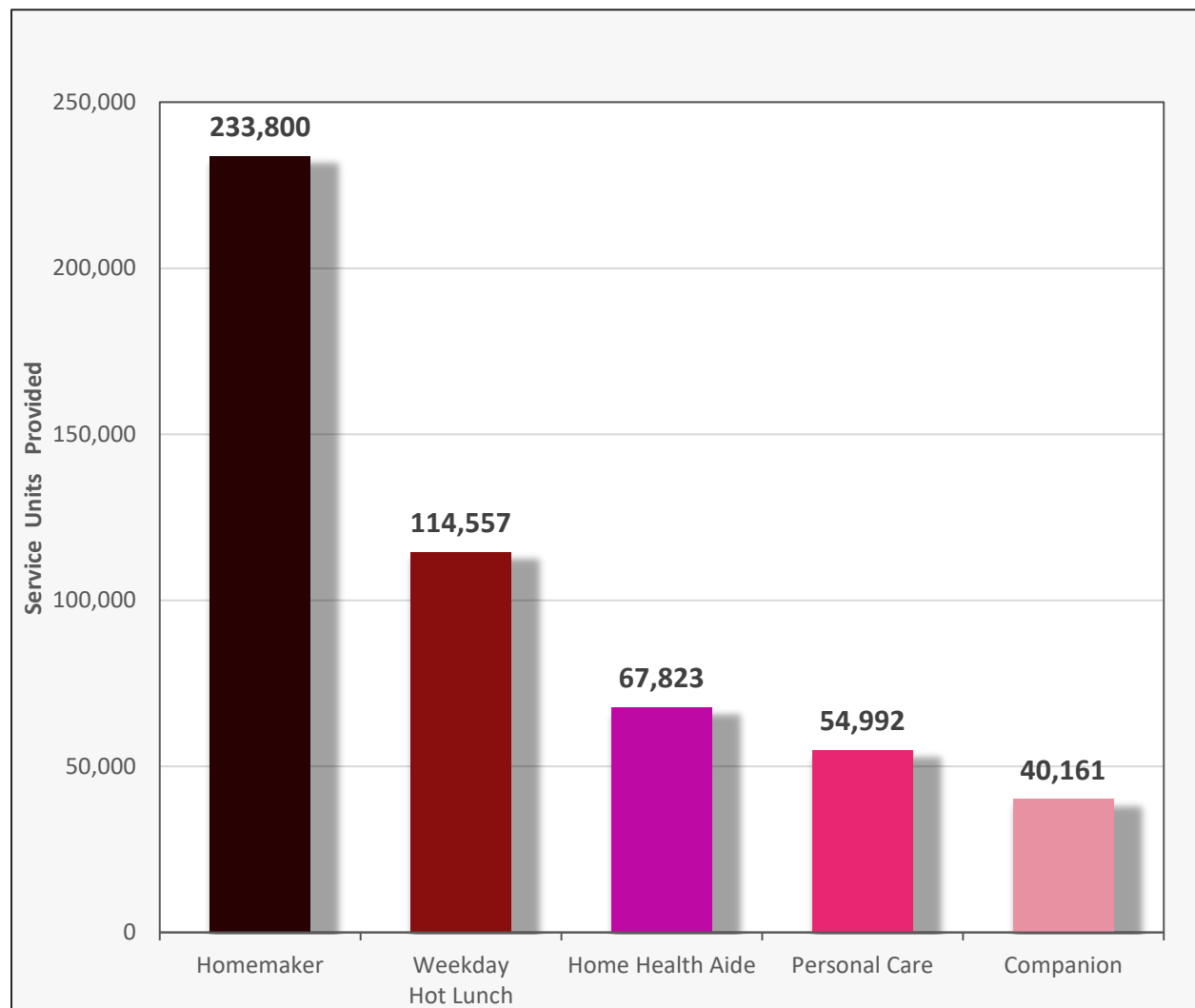


ECOP = Enhanced Community Options Program

Notes. Waiver refers to the Frail Elder Waiver, which provides services for MassHealth members aged 60+ who are clinically eligible for nursing facility care but prefer to remain in the community (members aged 60-64 must also have a disability). A relatively small number of consumers under age 60 with Alzheimer's Disease or Related Dementia were enrolled in non-Frail Elder Waiver programs (70 in Home Care Basic/Non-Waiver, 23 in ECOP, and 10 or fewer in the remaining programs).

The programs provided homemaking and other essential services to help Massachusetts older adults who need assistance with ADLs and IADLs (see Figure 5).

Figure 5. Number of Services Provided, by Service (Top 5 services/service groups).



Notes. The services displayed are the five most provided Home Care services and represent approximately 68% of all service units provided. For meals, a unit is one meal. For services, a unit is 15 minutes of the service. Service units were created for billing purposes and different classification schemes might lead to different service units provided (for example, creating a weekday lunch category would include weekday hot lunch plus Weekday Cold/Frozen Therapeutic Lunch plus Weekday Frozen Lunch and so on).

SENIOR NUTRITION PROGRAM

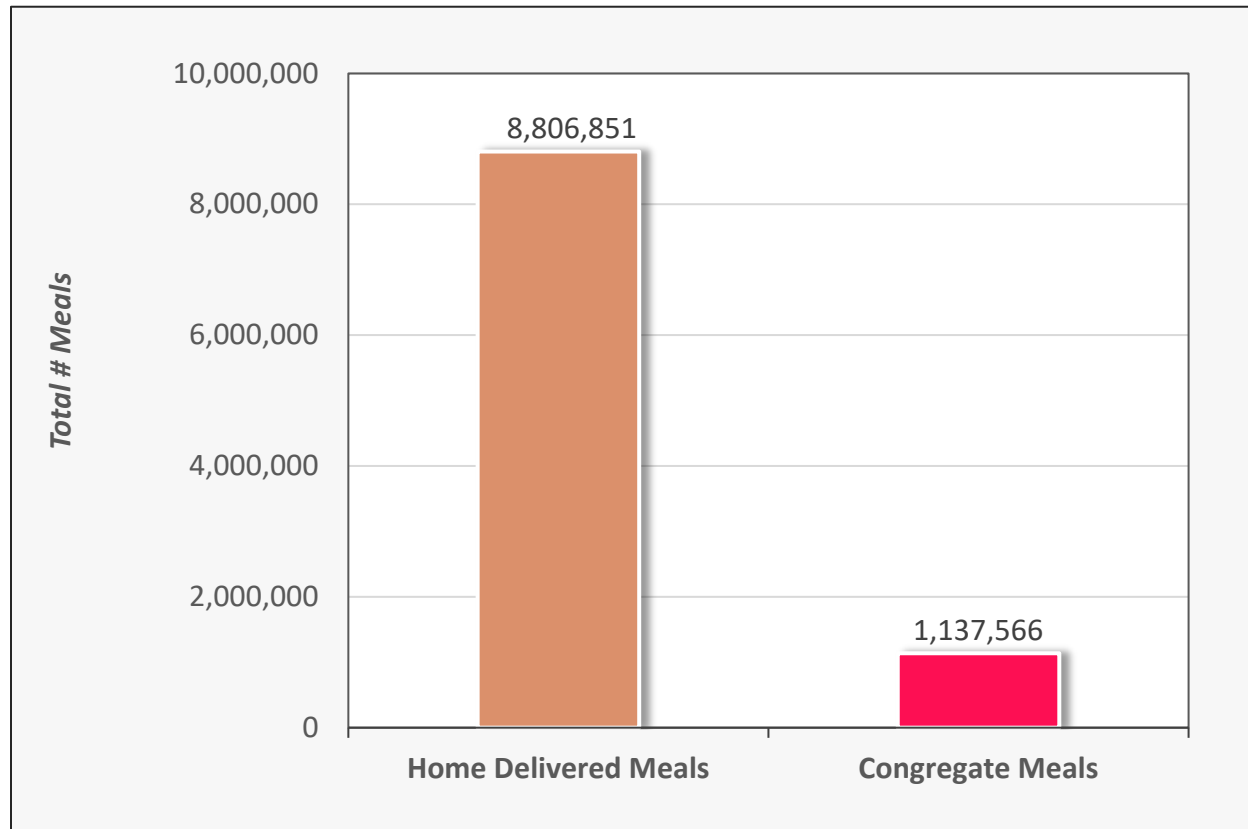
The Senior Nutrition Program administers and coordinates 24 local nutrition programs throughout the Commonwealth, serving approximately 10 million nutritionally balanced meals to approximately 60,000 older adults each year.⁶ Using state and federal funding, this program

⁶ The number of meals is for federal fiscal year 2022 and the number of older adults is for the federal fiscal year 2021.

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 (such as senior centers, churches, schools) or are delivered to older adults in their homes. The program provides multiple culturally specific meals including Kosher, Russian, Latino, vegetarian, Chinese, Caribbean, Southern, regular, Italian, Haitian, and Vietnamese. The program also provides medically tailored meals including heart-healthy/diabetes-friendly, renal, and lactose free.

The Senior Nutrition Program served almost 10 million nutritionally balanced meals during the 2022 federal fiscal year (Figure 6).

Figure 6. Number of Meals Served (Federal Fiscal Year), by Home-Delivered and Congregate Programs



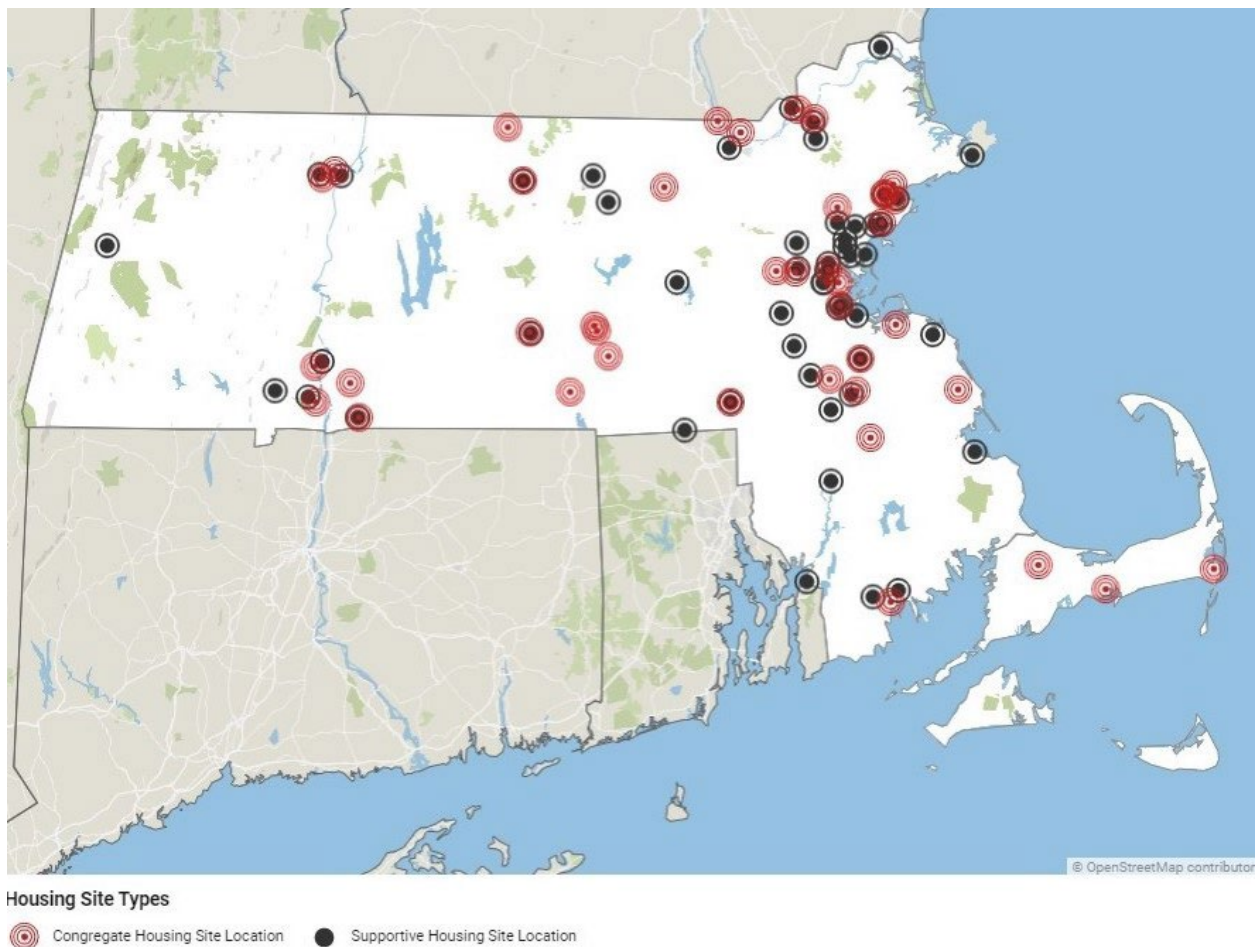
Notes. This data is for the federal fiscal year (October 1, 2021 – September 30, 2022). The meal counts between July 2022 and September 2022 are estimated.

SUPPORTIVE HOUSING AND CONGREGATE HOUSING

The Supportive Housing Program provides services to residents living in subsidized housing for older adults and people with disabilities. The program seeks to help residents maintain residency in-community by providing on-site service coordinators and supportive services such as referrals, 24-hour on-call assistance, meals, and structured social activities.

Similar to Supportive Housing, the Congregate Housing Program integrates housing and support services for older adults and individuals living 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. A Congregate Housing Coordinator provides group living support, referrals to services, and structured social activities.

Figure 7. Supportive and Congregate Housing Sites in Massachusetts

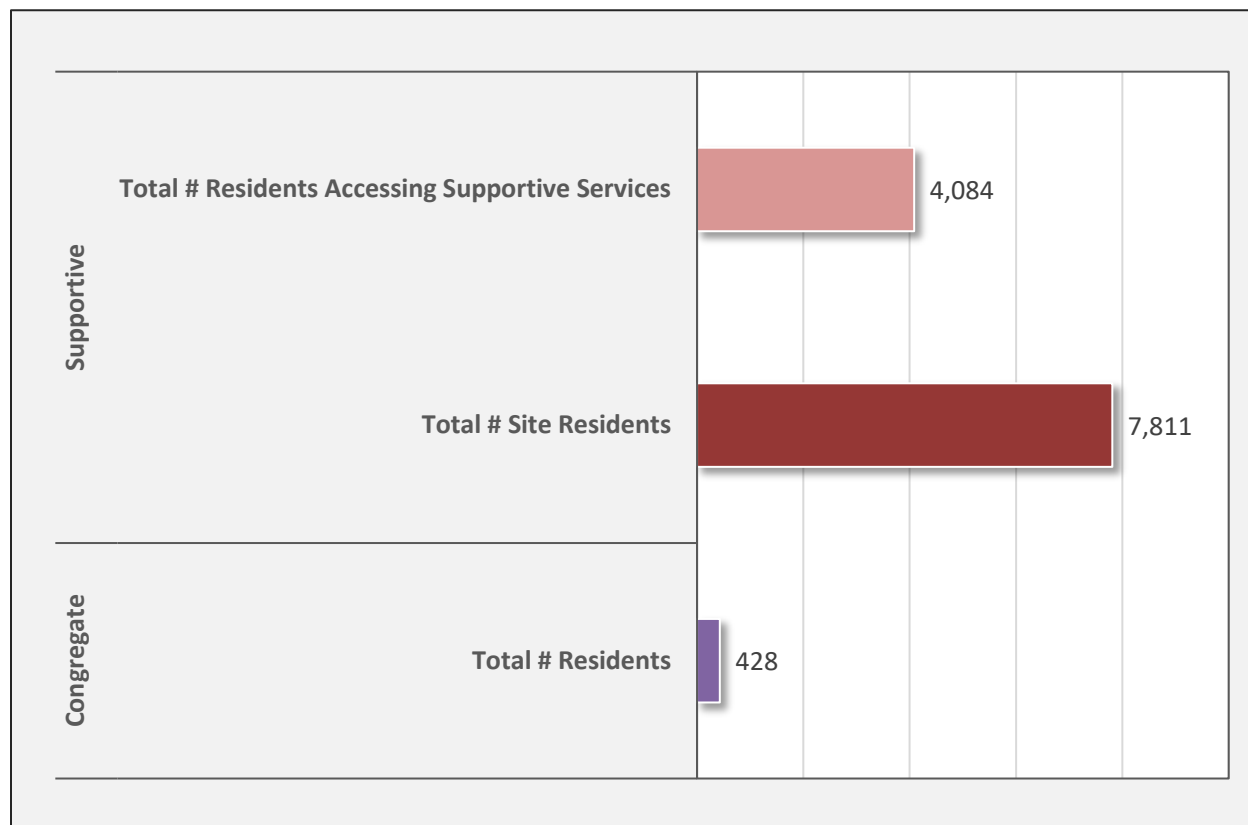


Notes. This map was created with Datawrapper. Each dot on this map indicates a single Supportive Housing (black dot) or Congregate Housing (red dot) site location. A site might have multiple buildings. Ten additional supportive housing sites were added during the fiscal year.

Services Provided and People Served

Supportive Housing and Congregate Housing services are available to over 8,000 residents in older adult subsidized housing (Figure 8).

Figure 8. Supportive and Congregate Housing Residents (Accessing Services)



Notes. Data is for state fiscal year 2022.

WORKFORCE TRAINING

ONLINE PHCAST

To help train more home care aides, EOEA contracts with UMass Boston to develop and administer the 37-hour Online Personal and Home Care Aide State Training (PHCAST), which is divided into 10 modules; learners must score 80% or higher to progress from one module to the next. Online PHCAST is available on-demand and free of charge.

Services Provided and People Served

Over 2,100 people enrolled in Online PHCAST, and over 1,100 Homemaking certificates were issued (Figure 9).

Figure 9. PHCAST number of enrollments, certification issued, and course satisfaction.



Notes. In FY2022, PHCAST was only available in English and for Homemaking certificates. In FY2023, EOEa plans to launch the Spanish and Haitian Creole versions and Personal Care modules, and subsequently add Portuguese, Chinese and Russian. Individuals must also complete an additional three-hour agency specific orientation/agency-specific training (such as, how to fill out forms, who to contact in an emergency).

ADVANCED TRAINING FOR AGING SERVICES NETWORK EMPLOYEES

To increase the Aging Services Network's capacity to meet rising needs, EOEa contracts with Boston University's Center for Aging & Disability Education & Research (CADER) Institute to provide the Certificate Initiative for ASAP and Councils on Aging (COA) employees. EOEa funded three distinct online, college-level certificate programs in FY22 (Table 2). Participants expressed high satisfaction rates (greater than 90%) for most courses on course applicability, relevance, and enhancement of knowledge and skills in their practice with older adults.

Table 2. CADER Institute Certificates Funded by EOEa for the Aging Services Network

Course Name	ASAP Participants	Council on Aging Participants
Behavioral Health in Aging	267	248
Case Management	280	Not Applicable
Interdisciplinary Teams	144	Not Applicable

Notes. 691 ASAP participants completed certificates, as did 122 COA participants.

EOEA also contracts with Old Colony Elder Services to provide advanced skill training for the Home Care Aide workforce. During FY22, Old Colony facilitated the following trainings:

- Mental Health Supportive Home Care Aide (33 students participated in three 2-day sessions)
- Alzheimer’s Supportive Home Care Aide (29 students participated in three 2-day sessions)
- Home Care Aide Substance Misuse (18 students participated in two 2 ½ hour sessions)
- Social Isolation (20 students participated in two 2 ½ hour sessions)

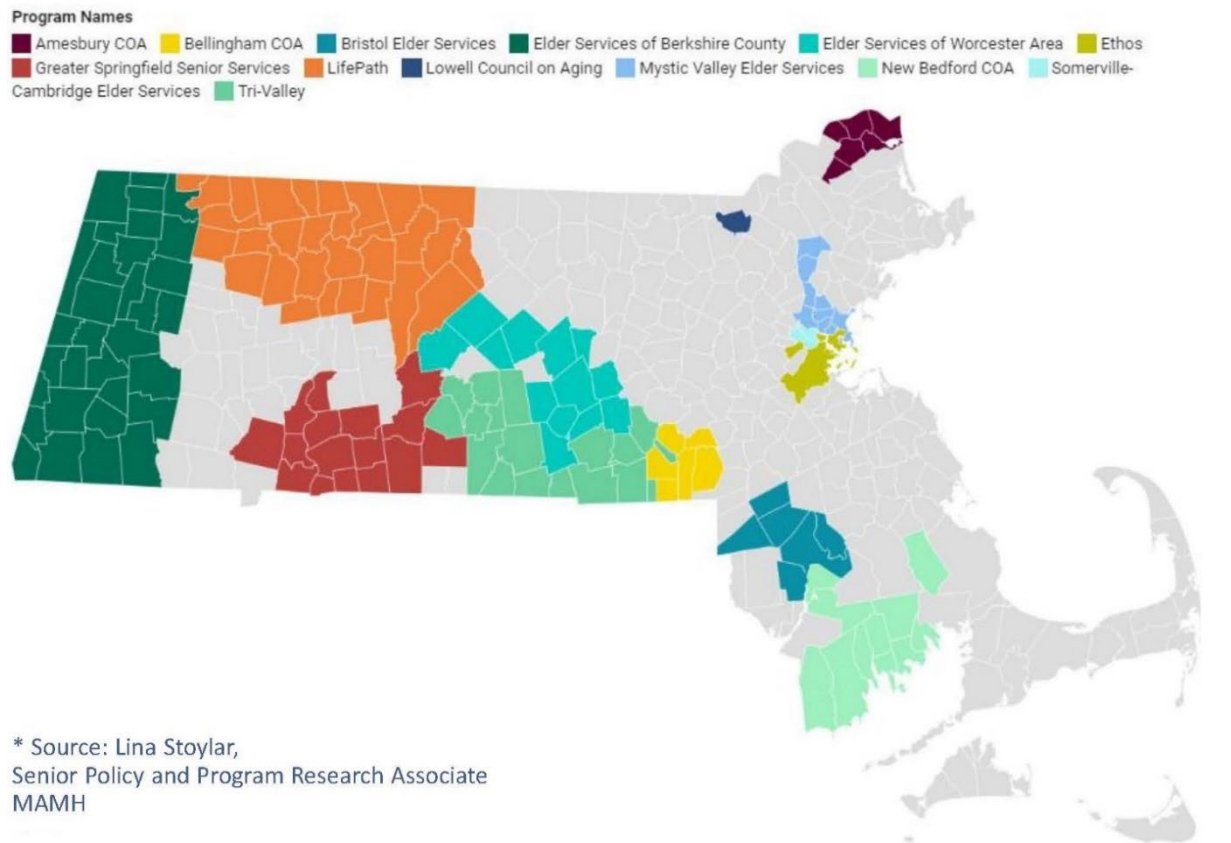
BEHAVIORAL HEALTH

Elder Mental Health Outreach Teams (EMHOTs) play a unique role as a community-based behavioral health program for persons aged 60+. Each program is staffed by social workers and Master’s-level interns who assist older adults with immediate needs as well as long-term supports. EMHOT team members meet with older adults to establish trusting relationships and provide services including:

- Assessment of needs and addressing barriers to access
- In-home visits, counseling, and therapy
- Warm hand-offs to other community-based services and programs, including aging services, housing, financial, and physical and behavioral health care supports
- Coordination and collaboration with family caregivers and medical providers
- Acting as a bridge between older adults and the behavioral health care system, including provision of or referral to “wraparound” services and resources and supporting older adults in accepting, seeking, and navigating to behavioral health care services

EMHOTs are located at ASAPs and COAs (Figure 10) and overseen by Massachusetts COA.

Figure 10. Municipalities Served by EMHOTS

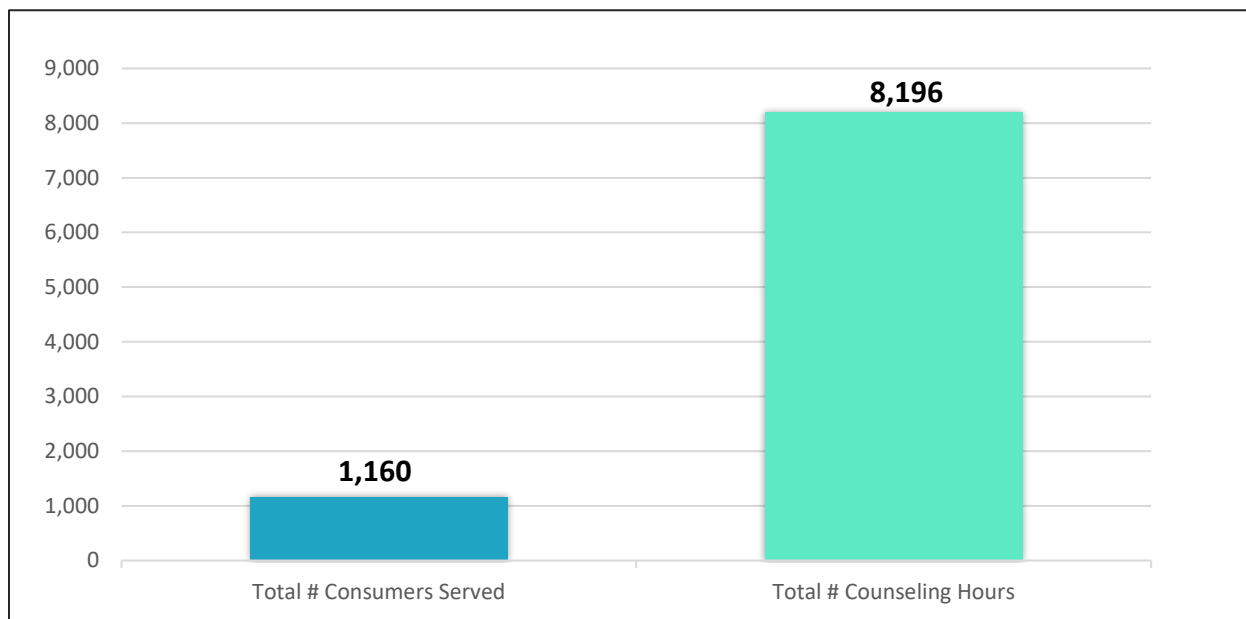


Notes. An additional 22 municipalities will be served by EMHOTS in FY23: Abington, Avon, Belchertown, Billerica, Brockton, Brookline, East Bridgewater, Easton, Fall River, Granby, Lakeville, Quincy, Randolph, Seekonk, Somerset, Stoughton, Swansea, Tewksbury, Waltham, West Bridgewater, Whitman, and Wilmington.

Services Provided and People Served

The EMHOT Program served over 1,100 consumers, providing almost 8,200 one-one counseling hours (Figure 11).

Figure 11. EMHOT total consumers and counseling hours



Notes. EMHOT also provided 125 group counseling hours in FY22.

PROTECTIVE SERVICES

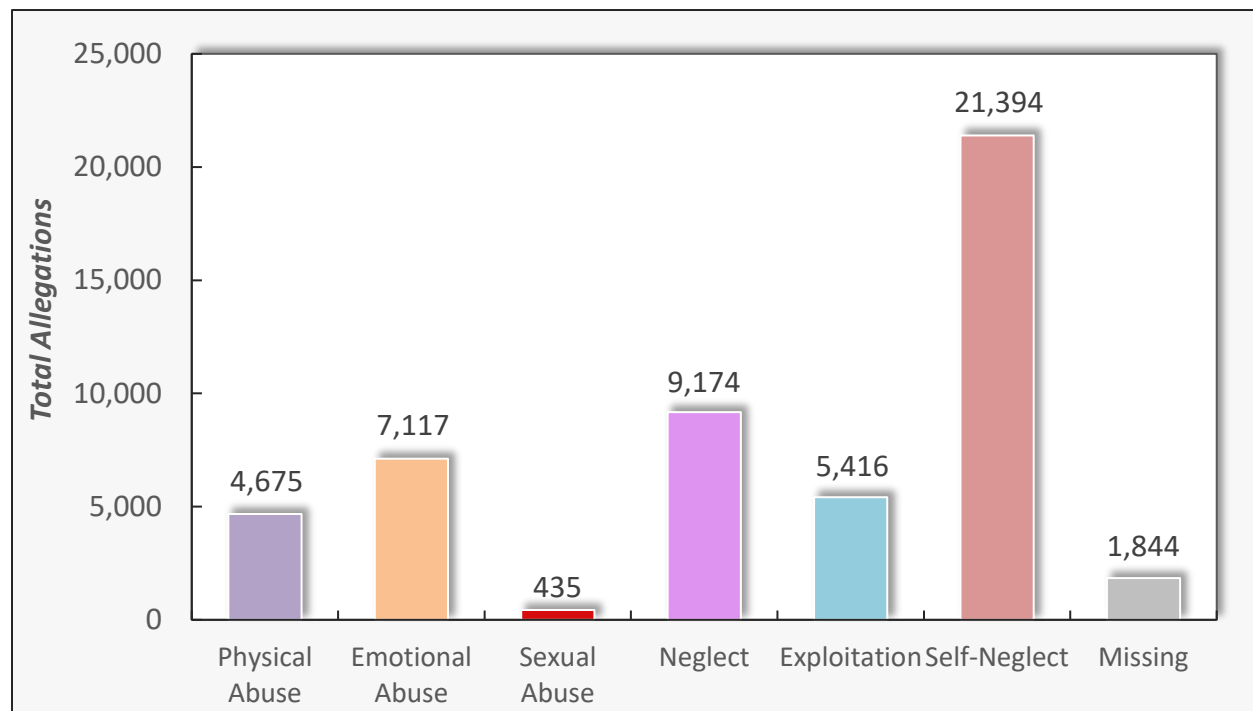
EOEA administers a statewide system that receives and investigates reports of abuse and provides needed protective services to Massachusetts adults aged 60 and older. To fulfill this responsibility, EOEa provides an online reporting portal and a centralized intake unit that accepts reports of abuse on a 24/7/365 basis. EOEa designated 19 Protective Services (PS) Agencies, each within an ASAP, to be responsible for screening abuse reports for jurisdiction, conducting investigations, and developing a service plan to alleviate the abusive situation.⁷

⁷ EOEa also provides conservator and guardianship services through four guardianship agencies and oversees a Money Management Program through the local ASAPs. 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.

Services Provided and People Served

ASAPs received over 50,000 allegations of abuse in FY22 (see Figure 12).

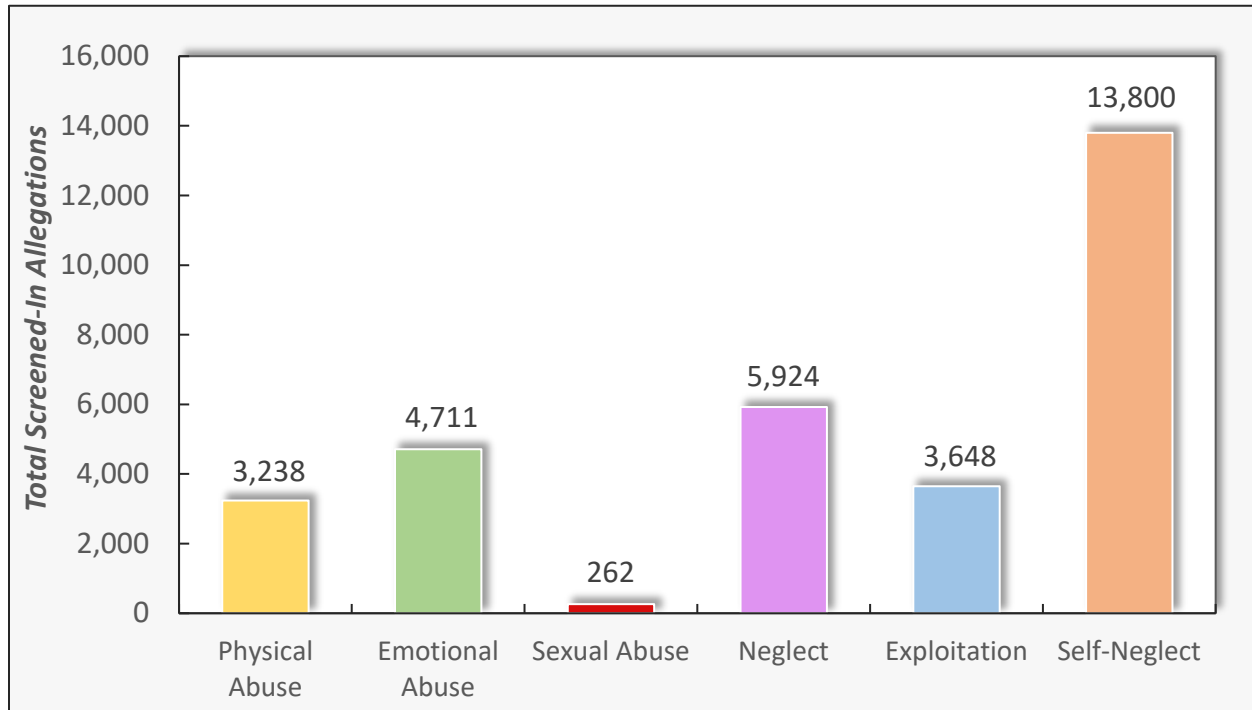
Figure 12. Number of Allegations Reported to Protective Services, by Allegation Type



Notes. For reports phoned-in to the Central Intake Unit or ASAP walk-ins, staff categorize the allegation types, and the screener might add to or refine them. For reports filed on the internet, the screener classifies the allegation type. A reporter might report multiple types of allegations for an older adult (for example, allege both neglect and exploitation); each allegation is presented in the figure. This means that the number of allegations exceeds the number of alleged victims. Sometimes multiple reports are submitted for the same allegation (for example, a child and a primary care physician are both concerned about neglect); these intakes are typically not consolidated into one intake for the reporting in this figure. (An intake is a reported allegation that has been entered in the Adult Protective Services database.) Sometimes an older adult can have multiple reports submitted for different allegations over time.

ASAPs initiated investigations for over 30,000 allegations in FY22 (see Figure 13).⁸

Figure 13. Number of Allegations Investigated by Protective Services, by Allegation Type

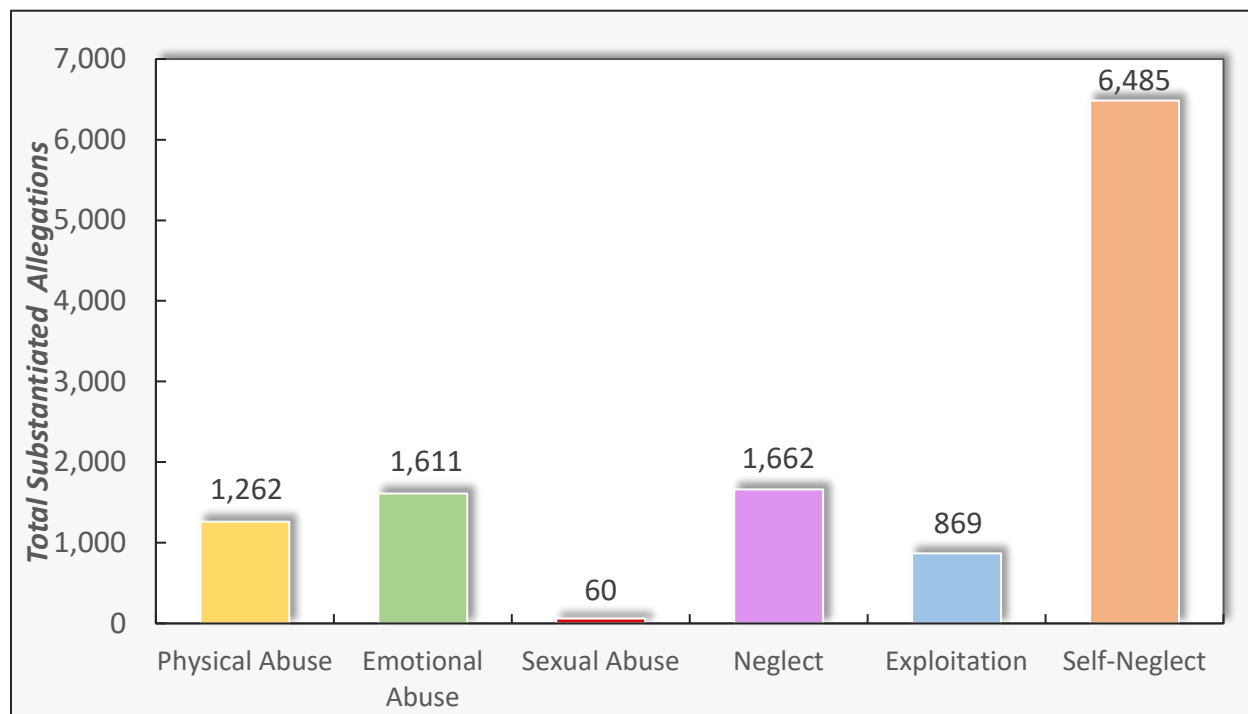


Notes. The ASAP might screen-in multiple types of allegations for an older adult (for example, allege both neglect and exploitation); each allegation is presented in the figure. This means that the number of allegations exceeds the number of alleged victims. There could be multiple Intakes with the same allegations listed on them in HAR. Although there can be multiple reports for the same allegation (see Figure 10), only one of the reports will be screened in with the resolution of investigation—so there can be multiple reports for the same allegation, but typically only one investigation for the same allegation.

⁸ Some allegations that qualify for investigations do not lead to actual investigations (for example, allegations that are referred to the relevant district attorney).

ASAPs substantiated allegations for almost 12,000 allegations and usually provided ongoing services for the victims (see Figure 14).⁹

Figure 14. Number of Allegations Substantiated by Allegation Type



Notes. Sometimes multiple intakes exist for the same allegation or older adult; these intakes are consolidated into one investigation.

SHINE

Serving the Health Insurance Needs of Everyone (SHINE) is a 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 Area Agencies on Aging (AAAs), social service and community-based agencies, and COAs.

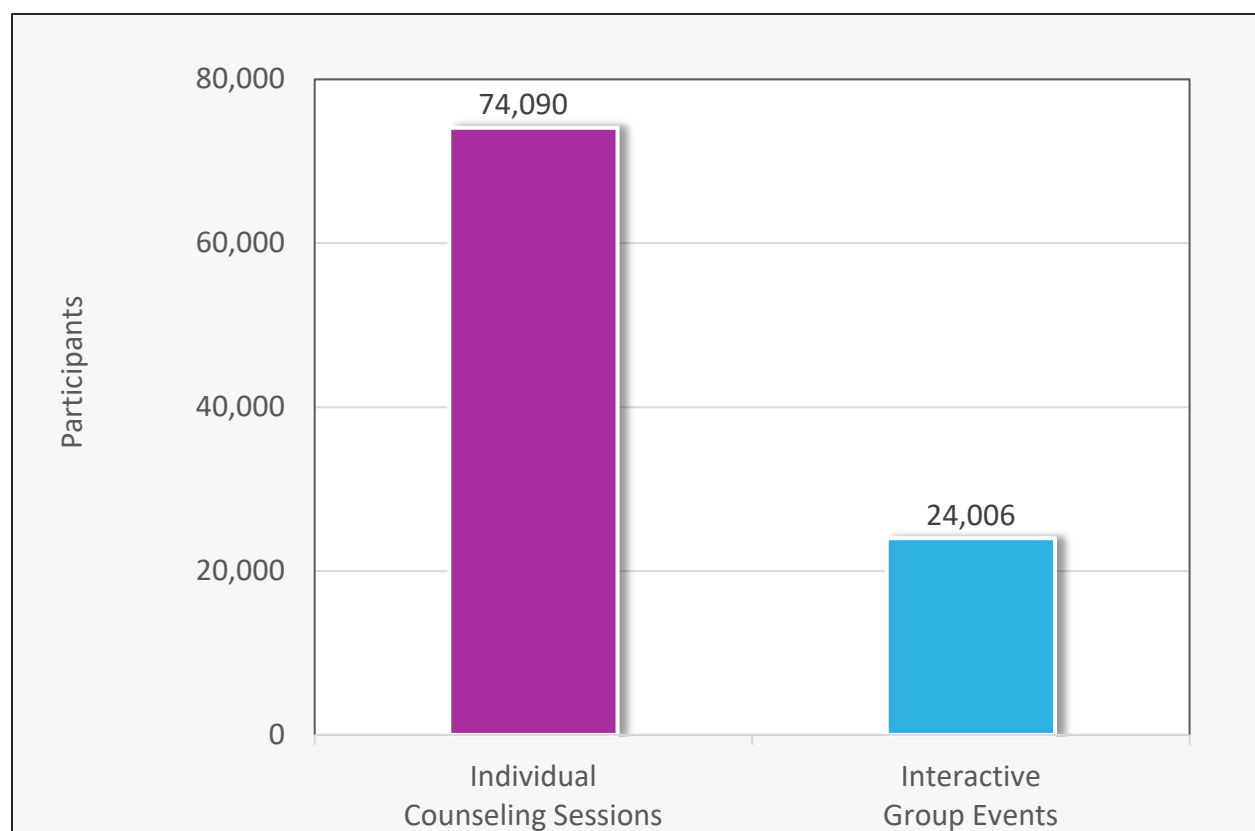
⁹ If the allegations are substantiated, there are three circumstances under which a protective services agency would not provide ongoing services: (1) the victim does not consent, (2) the victim moves out of state and the agency no longer has jurisdiction, (3) the victim dies, or (4) the agency has a compelling reason (for example, the services would harm the older adult). For the last case, the agency must obtain and document approval from EOEa prior to taking such action.

Fourteen programs—thirteen regional and one statewide language-based—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 living 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.

Services Provided and People Served

Almost 100,000 residents received assistance from SHINE (Figure 15).

Figure 15. SHINE Participants, by Counseling Type



Notes. The figure reports unique participants in individual counseling sessions and interactive group events (that is, each participant is only counted once).

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 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 aged 65 and older and not eligible for Medicare, or (3) who are under age 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.

Services Provided and People Served

During FY2022, 6,675 unique individuals received assistance from Prescription Advantage.

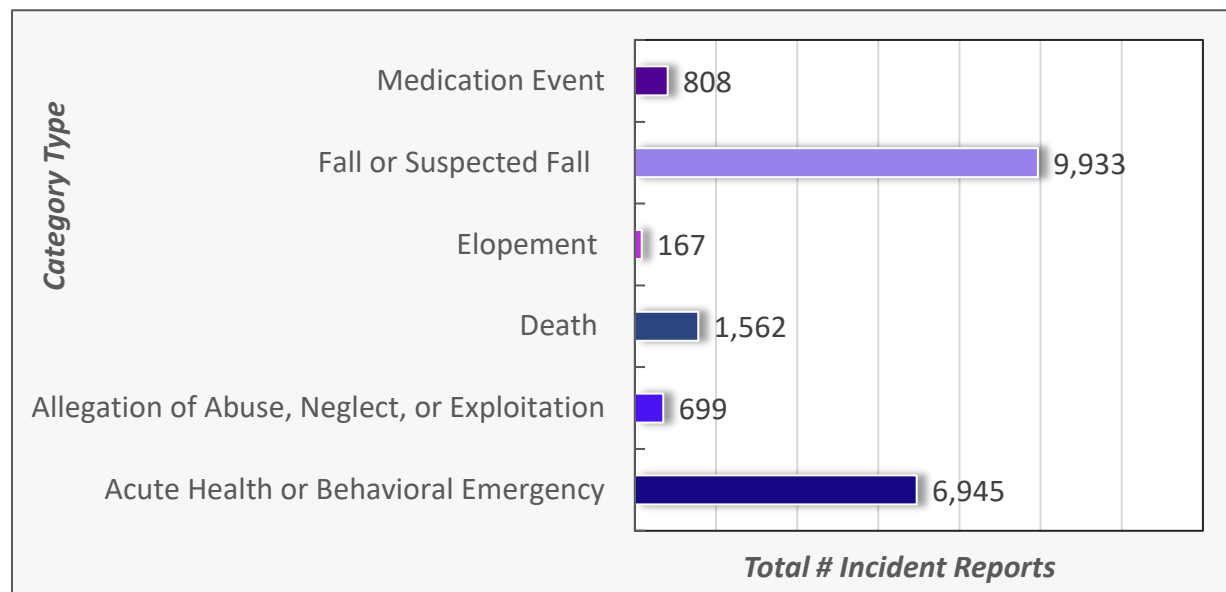
ASSISTED LIVING RESIDENCES

EOEA certifies nearly 270 Assisted Living Residences (ALR) with more than 15,000 residents across the Commonwealth. Over 75% of ALR residents receive help with at least one ADL, and a similar percentage receive medication assistance. EOEA's Assisted Living Certification Program is responsible for the certification and regulatory oversight of these privately-owned communities, which includes processing and reviewing over 20,000 incident reports submitted by the ALRs in accordance with the requirements of the regulations.

Services Provided and People Served

Over 20,000 ALR incidents were reported to EOEA; over 80% of these incidents were falls/suspected falls or acute health/behavioral emergencies (Figure 16).

Figure 16. Number of Assisted Living Residence Incidents Reported by Incident Type



Notes. One incident was not classified by type. This figure excludes approximately 1,160 incidents that were saved to the database system but not actually submitted. Deaths include unexpected deaths and other deaths.

BUDGET

Table 1: Massachusetts State Budget, FY2019 – FY2023

Appropriation	Program Name	2019	2020	2021	2022	2023
91100100	Elder Affairs Administration	\$2,155,248	\$2,216,258	\$2,226,520	\$2,832,396	\$4,002,869
91100600	Community Choices	\$228,150,762	\$232,515,014	\$243,459,976	\$254,992,788	\$296,425,626
91101455	Prescription Advantage	\$16,954,074	\$15,101,313	\$17,249,455	\$17,488,491	\$17,771,506
91101604	Supportive Senior Housing	\$5,910,893	\$6,107,750	\$6,356,981	\$9,289,163	\$7,936,416
91101630	Home Care Services	\$175,543,607	\$179,014,201	\$183,184,468	\$184,916,135	\$222,390,552
91101633	Home Care Case Management	\$58,948,934	\$62,655,581	\$62,116,595	\$70,038,175	\$78,455,807
91101635	Enough Pay to Stay	\$0	\$10,083,230	\$17,508,295	\$27,936,378	\$40,040,717
91101636	Protective Services	\$31,615,614	\$33,198,261	\$34,447,693	\$39,104,476	\$43,085,629
91101637	Home Care Aide Workforce	\$0	\$288,053	\$1,211,947	\$1,206,947	\$1,206,947
91101640	Geriatric Mental Health	\$0	\$800,000	\$1,000,000	\$1,200,000	\$2,500,000
91101660	Congregate Housing	\$2,063,482	\$2,263,458	\$3,297,211	\$2,817,149	\$3,831,491
91101700	Elder Homeless Placement	\$286,000	\$286,000	\$286,000	\$286,000	\$286,000
91101900	Nutrition	\$7,268,675	\$9,707,559	\$10,458,808	\$10,492,796	\$12,072,852
91109002	Grants to Councils on Aging	\$17,776,125	\$18,767,400	\$17,755,000	\$18,171,651	\$24,888,519
TOTAL	-	\$546,673,414	\$573,004,078	\$600,558,949	\$640,772,545	\$754,894,931

Notes. 2023 budget is as of FY23 Spending Plan.

Table 2: Federal Grant Programs, FY2019 – FY2023

Program Name	2019	2020	2021	2022	2023
ACL Protective Services COVID-19 Grant	\$0	\$0	\$0	\$1,291,091	\$1,375,210
ADRC NWD COVID-19 Vaccine Grant	\$0	\$0	\$29,076	\$545,760	\$149,625
Alzheimer's Disease Supportive Serv.	\$304,569	\$74,074	\$25,000	\$0	\$0
American Rescue Plan Act - APS	\$0	\$0	\$0	\$1,735,714	\$1,375,210
American Rescue Plan Act - OAA	\$0	\$0	\$29,207,420	\$29,207,420	\$31,874,537
Counselling for Dual-Eligible Enrollees	\$282,391	\$430,705	\$486,015	\$315,000	\$236,250
COVID-19 Vaccine Grant	\$0	\$0	\$0	\$1,041,850	\$1,041,850
LTC Ombudsman - COVID-19	\$0	\$0	\$83,348	\$83,348	\$83,348
MA ADSSP Part B Project	\$325,000	\$0	\$0	\$0	\$0
MA EOEPA Protective Services Project	\$151,160	\$44,184	\$5,000	\$0	\$0
MA Model Systems for Legal Assistance	\$238,225	\$20,000	\$20,000	\$0	\$0
MA NWD ADRC Project	\$199,900	\$55,143	\$1,061,122	\$535,353	\$535,352
Medicare Improve. Patients/Providers	\$650,939	\$826,812	\$881,006	\$1,073,937	\$558,760
Nutrition Service Incentive Program	\$7,943,659	\$10,190,104	\$12,302,355	\$8,137,638	\$8,137,637
Older Americans Act	\$46,152,396	\$63,414,795	\$72,660,119	\$49,557,474	\$45,654,222
Senior Community Service Employment	\$1,706,529	\$1,703,648	\$1,716,324	\$1,748,857	\$1,737,560
Senior Community Service Employment	\$0	\$0	\$29,318	\$859,968	\$889,286
SHINE	\$1,763,151	\$1,762,422	\$1,158,571	\$925,981	\$925,981
TOTAL	\$59,717,918	\$78,521,888	\$119,664,674	\$97,059,390	\$94,574,828

Notes. The funds listed represent the funds available each year. For example, the ARPA OAA awards were received in 2021, and the funds remain available in 2022. 2023 awards not yet received are not included.