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ANNUAL LEGISLATIVE REPORT

FISCAL YEAR 2023

EXECUTIVE OFFICE OF ELDER AFFAIRS
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INTRODUCTION

The Executive Office of Elder Affairs (EOEA) presents its Annual Report for the Fiscal Year 2023 to the Massachusetts General Court pursuant to [M.G.L. c. 19A](#), §12.

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

This report provides information about the services EOEA provided in FY23 and the people who received those services.

OVERVIEW OF EOEA

During FY23, EOEA used a combined state and federal budget of over \$800 million to help 1.7 million older adults in Massachusetts¹ live and thrive in their communities of choice.² Our work supports a population that will experience diverse needs 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 EOEA to provide state-funded services for specific regions of the Commonwealth (Figure 1). Most of EOEA's federal funding come from the Older American's Act and must be contracted to

¹ This 2021 estimate, the most recent available, 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>

² During FY23, EOEA conducted a soft launch of Community Transition Liaison Program (CTLTP) which was a rebrand and enhancement of the Comprehensive Support & Screening Model. CTLTP provides dedicated funding and staff to support nursing facility residents transition into the community.



federally-designated entities called Area Aging Agencies (AAA). Nearly all ASAPs are also AAAs; three stand-alone AAAs receive only federal funding and no state funding from EOEa.³

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

1. **Help older adults remain at home and in the community of their choice by:**
 - Delivering nutritionally appropriate home-delivered meals to over 40,000 individuals during the federal fiscal year.
 - 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*.⁴
 - Over 35% of EOEa Home Care consumers are eligible for nursing facility placement and receive care at home instead.
 - EOEa administers the largest *MassHealth Home and Community Based Services waiver, the Frail Elder Waiver*, assisting over 10,000 older adults who are eligible for nursing facility placement live at home.⁵
 - Funding Resident Services Coordinators through *Supportive Housing* and *Congregate Housing* models in older adult subsidized apartment communities.
2. **Protecting older adults from abuse, neglect, exploitation, and self-neglect** by screening and investigating over 50,000 allegations referred to *Adult Protective Services*.
3. **Supporting informal caregivers** by connecting caregivers with community resources, providing opportunities to connect with other caregivers for support, and providing funding for caregiver respite.
4. **Encouraging behavioral health and emotional wellness** for older adults and their caregivers through community-based, interdisciplinary outreach teams in 188 communities.
5. **Informing decision-making** through informational programs such *Serving the Health Insurance Needs of Everyone (SHINE)* program for Medicare plan enrollment; *Options Counseling* for whether to relocate to another setting;⁶ and *Prescription Advantage* for making medications affordable.

³ The AAAs that are not ASAPs are: Boston AgeStrong Commission, Central Massachusetts Agency on Aging, and Old Colony Planning Council. The ASAPs that are not AAAs are: Aging Services of North Central Massachusetts, Boston Senior Home Care, Central Boston Elder Services, Elder Services of Worcester Area, ETHOS, Old Colony Elder Services, and Tri-Valley.

⁴ The five most common disease diagnoses for FY23 Home Care participants are: hypertension (69% of participants); psychiatric disorder (43%); diabetes (30%); emphysema, chronic-obstructive pulmonary disease or asthma (26%), and Alzheimer's or related dementia (18%). Approximately 78% of participants are at risk for falls.

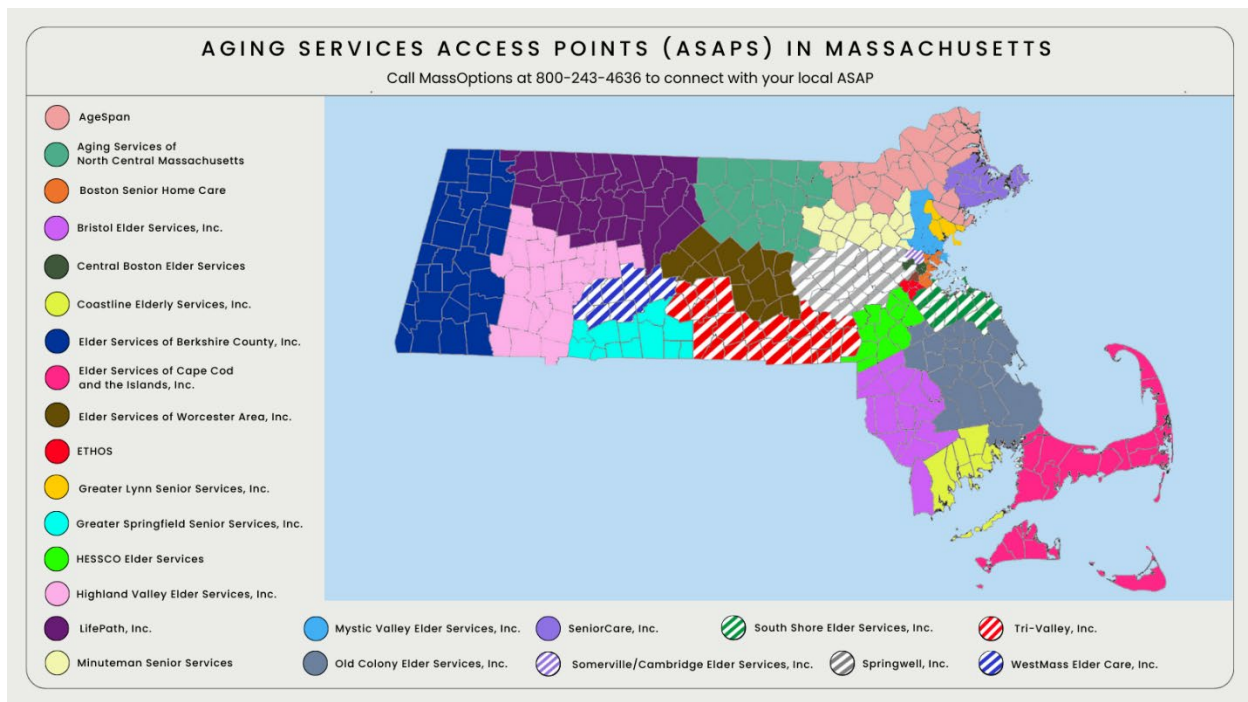
⁵ In March 2023, CMS approved an amendment that added telehealth modalities for service delivery and new service for consumers, as well as incorporating inclusive language.

⁶ EOEa submits a separate report on Options Counseling to the Massachusetts General Court.



6. **Regulating nearly 270 Assisted Living Residences (ALRs)**, which house and care for over 16,000 residents across the Commonwealth. Roughly 30% of ALR residents are over age 90.
7. Providing 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 adult community or senior centers operated by each municipality's *Council on Aging*.

Figure 1. Map of ASAP Regions



PROGRAMS AND SERVICES

Unless otherwise noted, all reported statistics are for the Massachusetts state fiscal year 2023.

INFORMATION & REFERRAL (I&R)

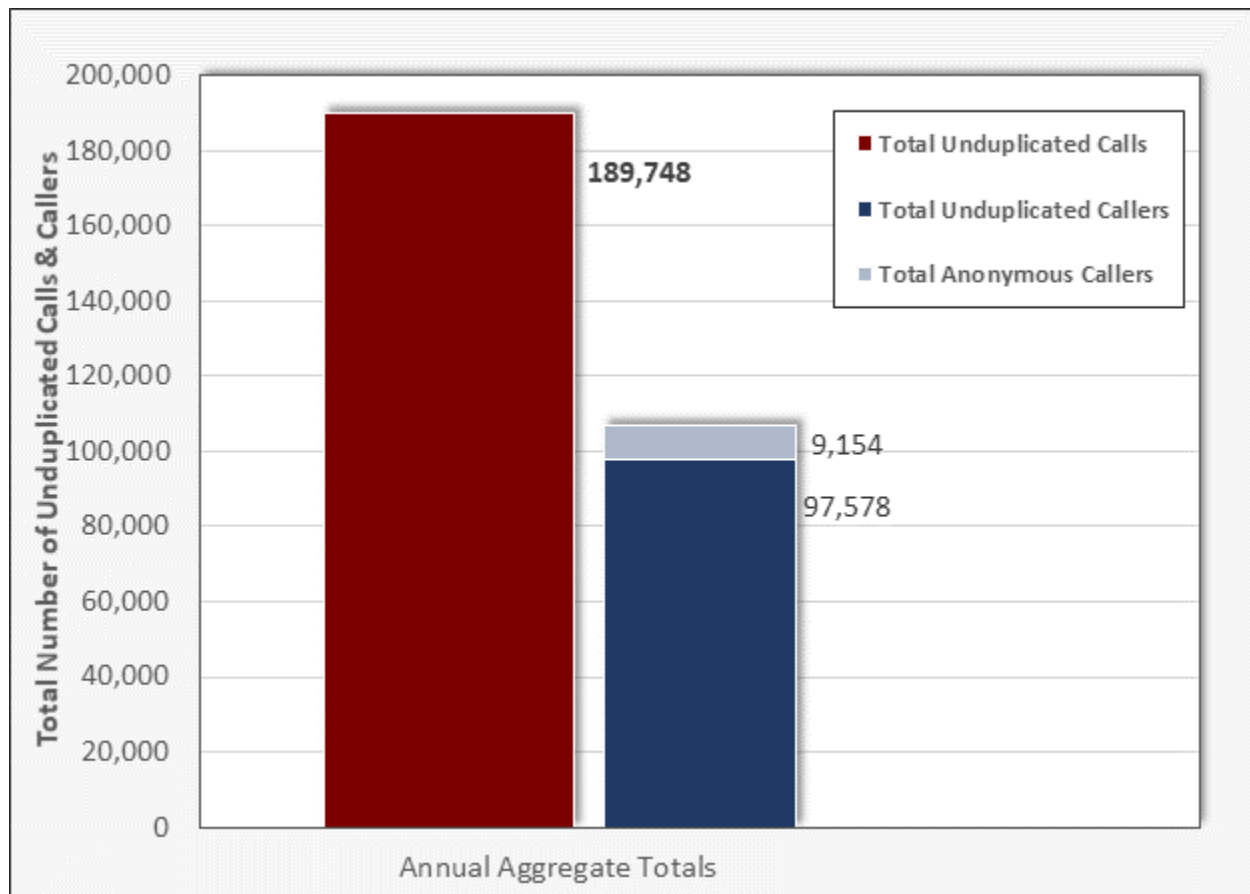
I&R connects older adults, individuals with disabilities, families, and caregivers with information, resources, and other supports necessary to make informed choices. Consumers can directly contact their regional ASAP I&R departments via phone, email, or walk-ins. Consumers can also connect to I&R via MassOptions, a statewide I&R service (consumers can contact MassOptions via phone, email, or text).



Services Provided and People Served

ASAPs provided I&R services during almost 190,000 calls made by more than 95,000 unique callers (Figure 2).

Figure 2. Total Number of Calls and Unique Callers

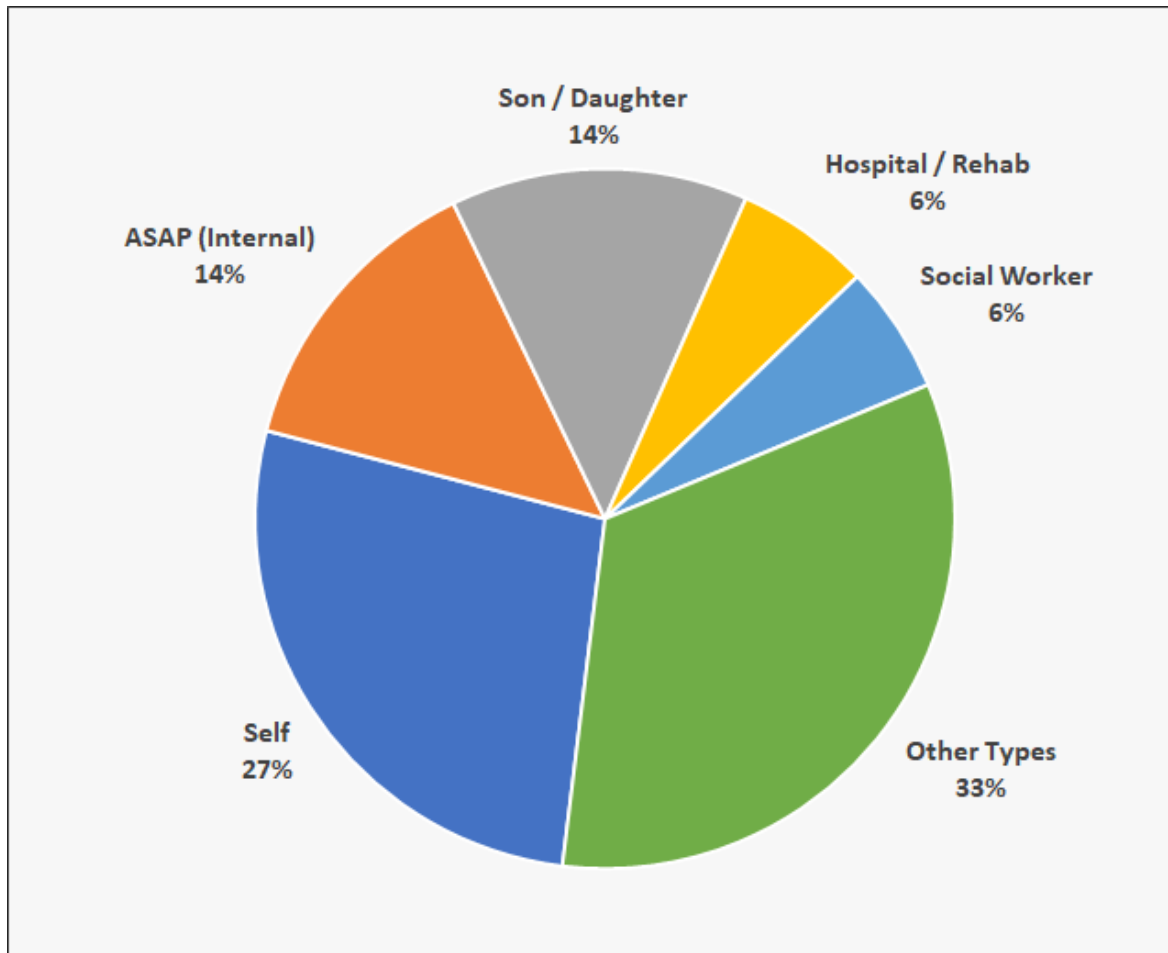


Notes: If a rehab center calls an ASAP for eight different consumers, that is reported as one unique caller and eight unduplicated calls (assuming the rehab center called once for each consumer). Unique callers are identified based on individual caller records (each individual caller record has a unique 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.

Callers primarily request information about ASAP services (185,000+ calls), but some callers also ask about health/in-home services (almost 30,000 calls) or nutrition services (over 15,000 calls).⁷ Callers also ask about public benefits, housing, Options Counseling, health benefits, transportation, and legal issues (each topic had over 1000 calls).

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



Notes: The caller type is unknown for anonymous callers. The Top 5 caller types made approximately 67% of all calls. The denominator for these percentages is the total number of all calls (189,748)

⁷ A caller might ask for information about multiple topics, and each request is documented.

HOME CARE

Home Care programs provide critical support for residents to age safely and proactively in their communities.⁸ ASAPs provide resident advocacy and case management,⁹ 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 also conduct an interdisciplinary review of consumer needs to develop service plans, reassess the consumer's status at mandated intervals, and respond to consumer/caregiver concerns. The six home care programs are managed together as one portfolio.¹⁰

There are no income limits to access EOE home care program services. Services are provided at no cost to consumers who are MassHealth members with annual income below 300% of the Federal Benefit Rate (FBR), or \$32,905 for a single person household. Individuals with income above 300% FBR, whether or not insured by MassHealth, share the cost of services scaled to income. For example, the cost sharing for a single person household with an annual income of \$36,000 is 50% of the cost of services per month and rises to 100% for a single person household with income above \$62,000.

⁸ 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).

⁹ Case management care includes onsite visits, advocacy, community education and support.

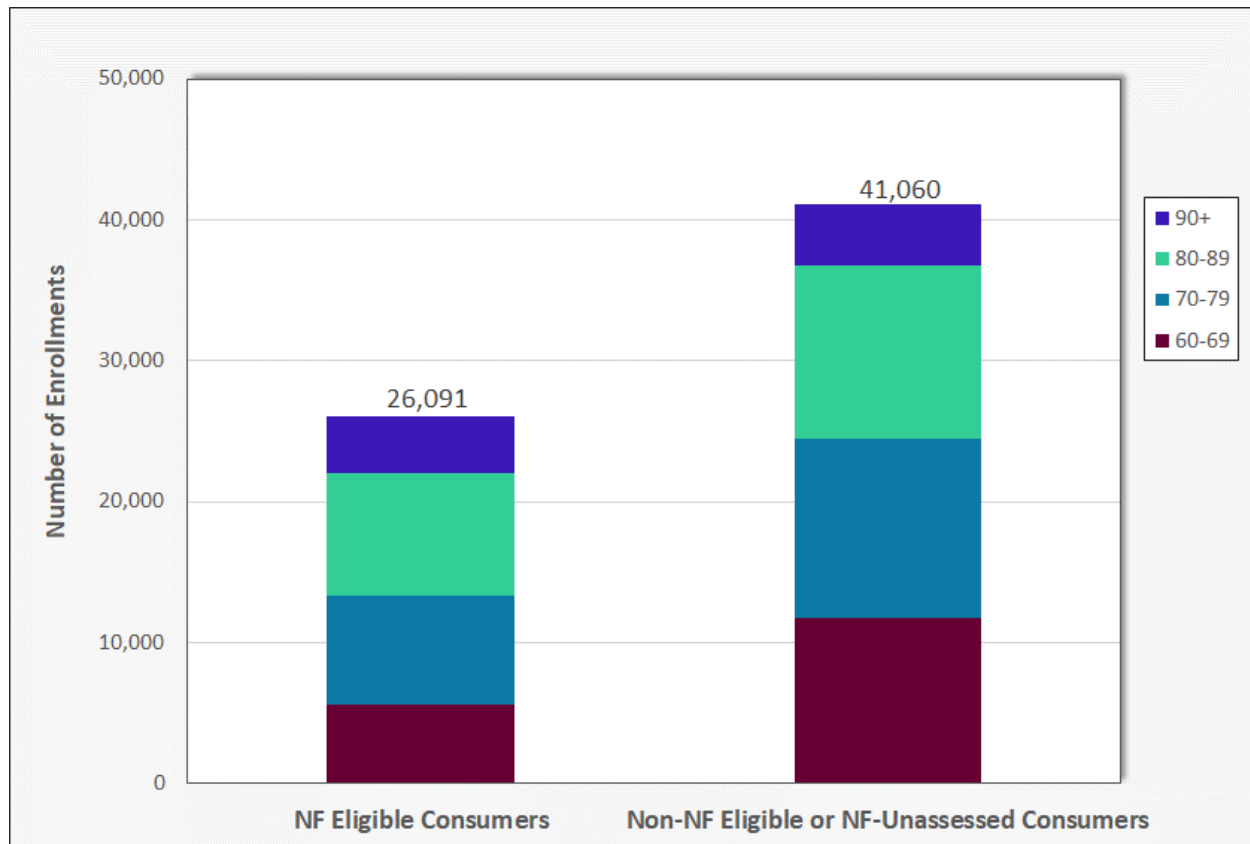
¹⁰ The six programs are: Enhanced Community Options Program (ECOP), Home Care Basic/Waiver, Community Choices, Home Care Basic/Non-Waiver, Home Care Over Income, and Respite Over Income.



Services Provided and People Served

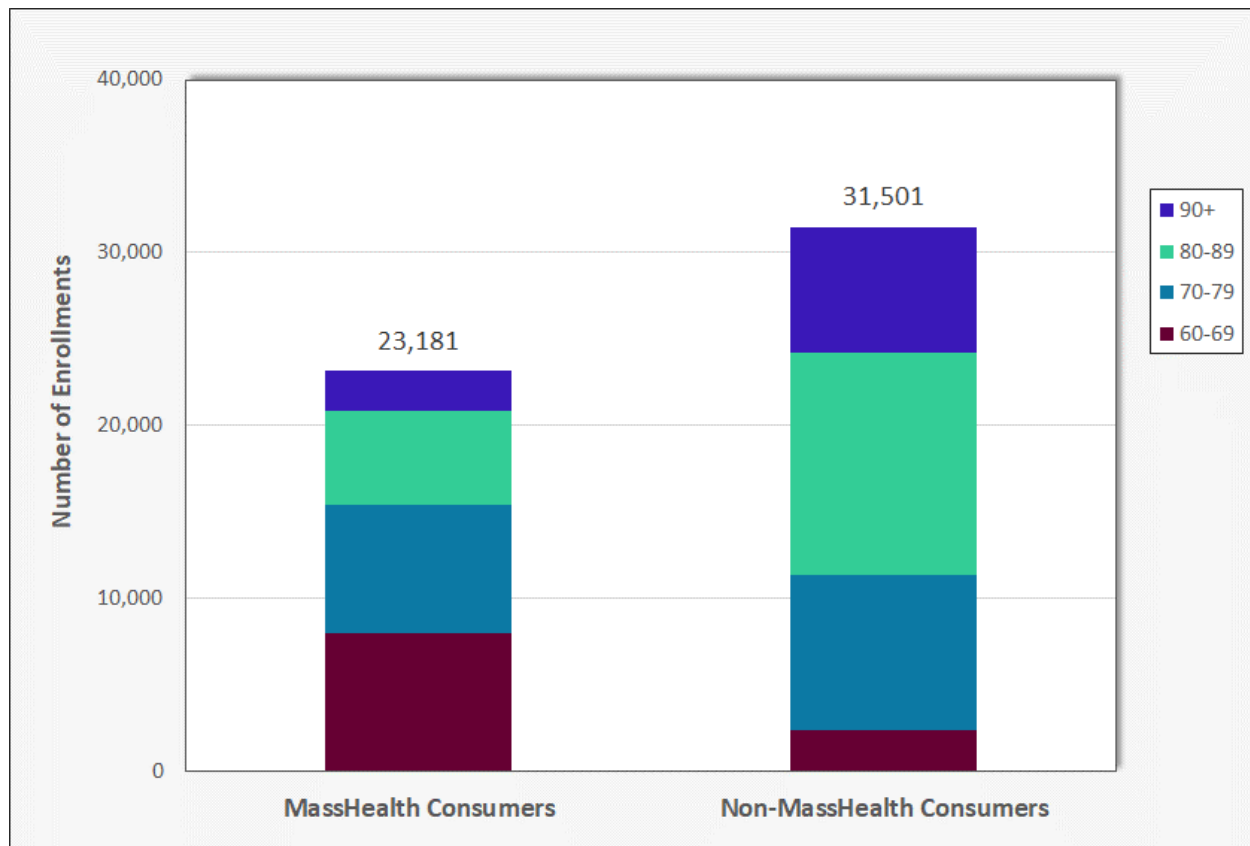
Collectively, the six Home Care Programs enrolled over 65,000 consumers in FY23, over 25,000 of these consumers were eligible for nursing facilities and most were not MassHealth members (Figures 4 and 5).

Figure 4. Number of Home Care Enrollments, by Nursing Facility Eligibility and Consumer Age



Notes: ASAPs reported that 67,262 consumers were enrolled in a Home Care program during FY23. A small number of consumers are under age 60 and not displayed. To estimate the number of nursing facility eligible consumers, EOEa calculated the number of consumers in three programs that require eligibility (Enhanced Community Options Program-ECOP, Home Care Basic Waiver, and Community Choices) and added the number of consumers in other programs (Home Care Basic/Non-Waiver, Home Care Over Income, and Respite Over Income) who had a nursing facility assessment and were determined clinically eligible for a nursing facility. Most of the consumers in the other programs were not assessed for nursing facility eligibility.

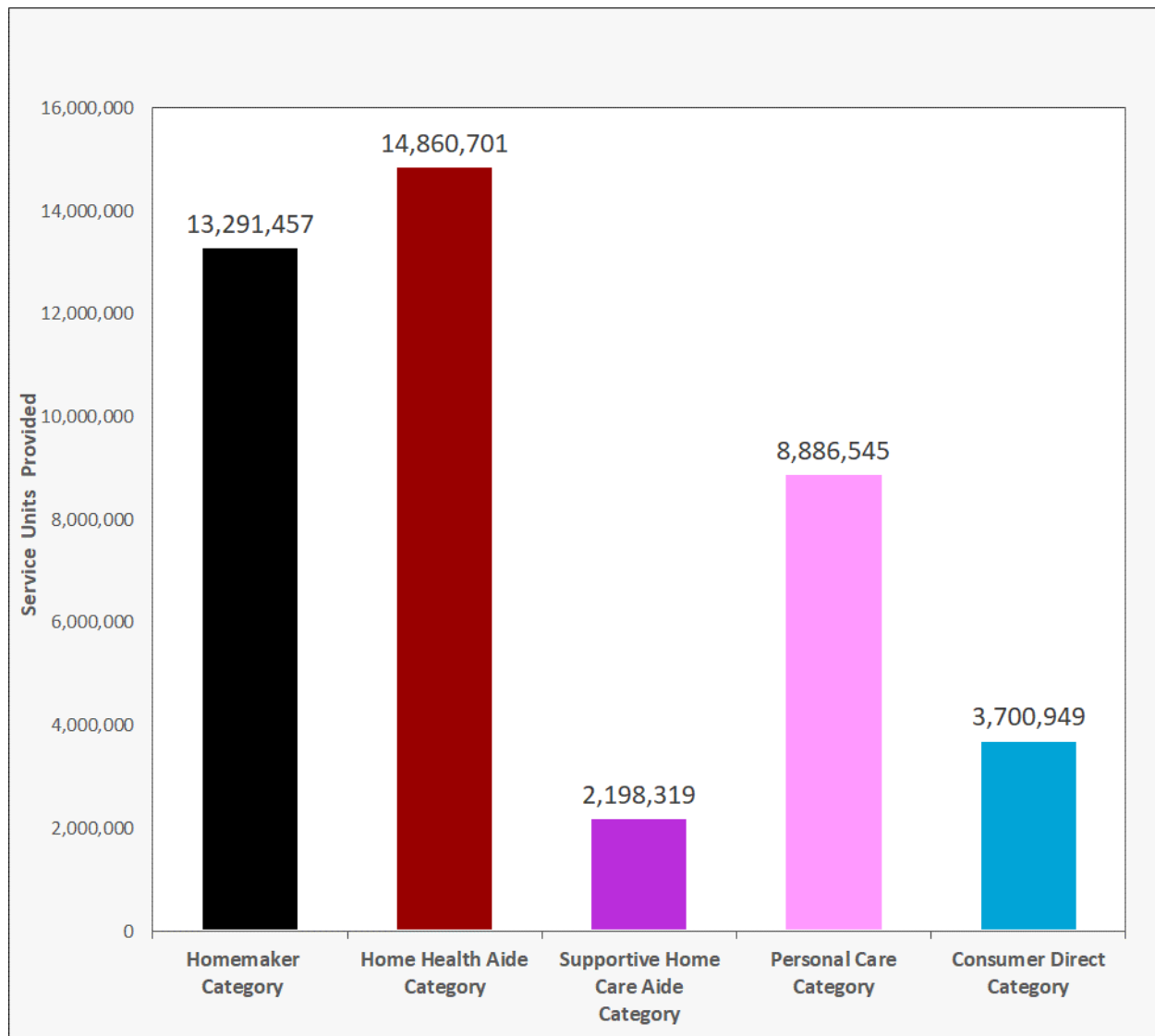
Figure 5. Number of Home Care Enrollments, by MassHealth Membership and Consumer Age



Notes: ASAPs reported that 67,262 consumers were enrolled in a Home Care program during FY23. Of these consumers, EOEa only has FY23 MassHealth membership information for 54,682 consumers. EOEa obtains information on MassHealth status when consumers complete a Financial Assessment form at enrollment in Home Care and annually thereafter. In FY23 12,580 consumers did not complete the annual Financial Assessment during the time frame as required, sometimes because the consumers left the Home Care program before their FY23 Financial Assessment was due. A small number of consumers are under age 60 and not displayed.

The programs provided essential services that help Massachusetts older adults who need assistance with ADLs and IADLs remain in their communities (see Figure 6).

Figure 6. Number of Services Units, by Service (Top 5 service categories)



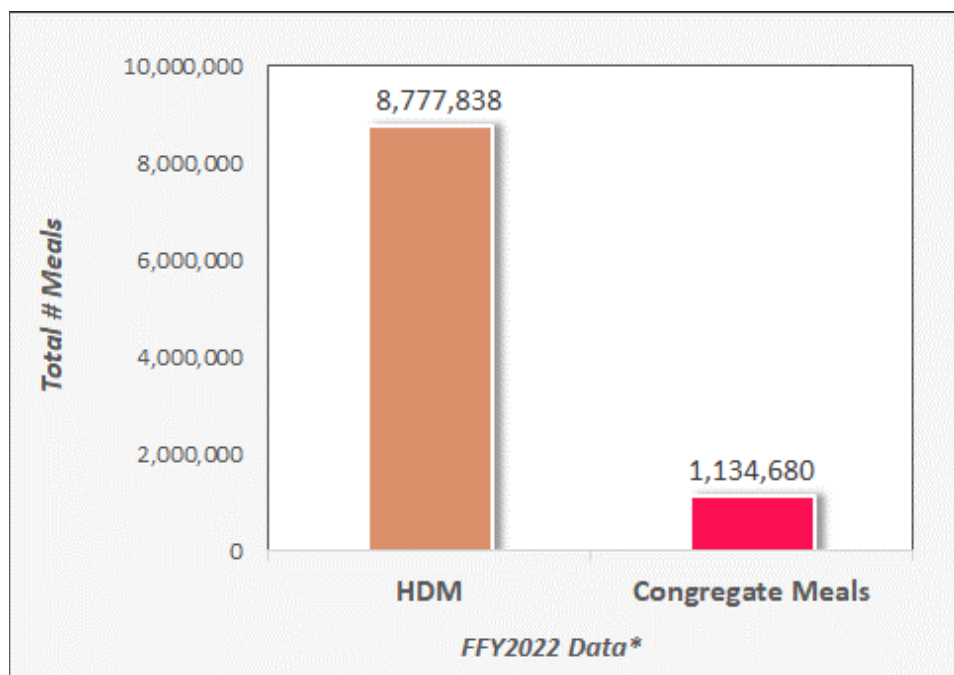
Notes: A service unit is 15 minutes of the service. Under Consumer Direct services, the consumer or family recruits the caregiver and supervises the services (the providers manage payroll, taxes, and benefits). The services presented are based on billing by ASAPs. Each of the reported categories encompasses several billing categories. For example, Homemaker includes the following billing categories: Homemaker, Homemaker - 42+, Homemaker - Alt Rate 1, Homemaker - Alt Rate 2, Homemaker – Cluster, Homemaker – Complex, Homemaker – Nights, Homemaker - Supportive Housing, Homemaker - Weekends. The Home Care programs provide other services not listed (for example, EOEa was billed for 1,891,038 companion service units provided, 788,749 Laundry Service units provided and 276,465 Heavy Chore units provided). During FY23, CMS approved the Commonwealth’s FEW Amendment, which allows EOEa to provide expanded telehealth service delivery for services such as certified peer support specialists, evidenced-based programs, and companions.

SENIOR NUTRITION PROGRAM

The Senior Nutrition Program administers and coordinates 24 local nutrition programs throughout the Commonwealth, serving approximately 10 million nutritionally balanced meals each year.¹¹ Using state and federal funding, this program addresses multiple issues faced by older adults, including food and nutrition insecurity, chronic disease, malnutrition, and social isolation. Meals are provided at more than 325 sites for group dining (such as senior centers, churches, schools) or are delivered to older adults in their homes. The program provides multiple culturally relevant meals including Kosher, Russian, Latino/Hispanic, vegetarian, Chinese, Caribbean, Southern, regular, Italian, Haitian, and Vietnamese; as well as medically tailored meals including heart-healthy/diabetes-friendly, renal, lactose free, and texture-modified meals such as soft, chopped, or pureed.

The Senior Nutrition Program served almost 10 million nutritionally balanced meals during the 2022 federal fiscal year (Figure 7).

Figure 7. Number of Meals Served (Federal Fiscal Year), by Home-Delivered and Group Dining (Congregate) Programs



Notes: This data is for the federal fiscal year (October 1, 2021 – September 30, 2022). Federal fiscal year 2023 data were not available when this report was created.

¹¹ The number of meals is for federal fiscal year 2022.



SUPPORTIVE AND CONGREGATE HOUSING

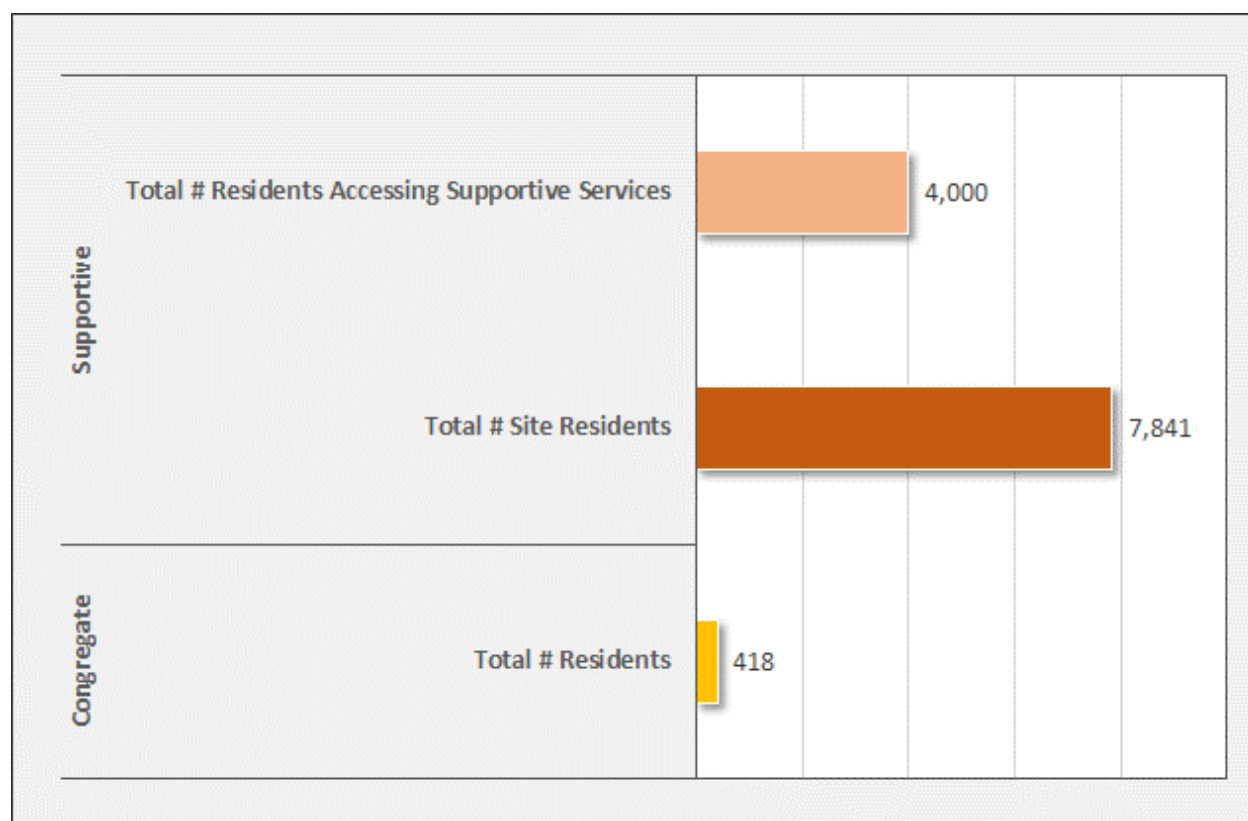
The Supportive Housing Program provides services to residents living in subsidized housing for older adults and people with disabilities. The program seeks to help residents live in-community by providing on-site service coordinators and supportive services such as program referrals, 24-hour on-call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

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: Supportive and Congregate Housing sites submitted data. Statistics are as of June 30, 2023.



WORKFORCE TRAINING

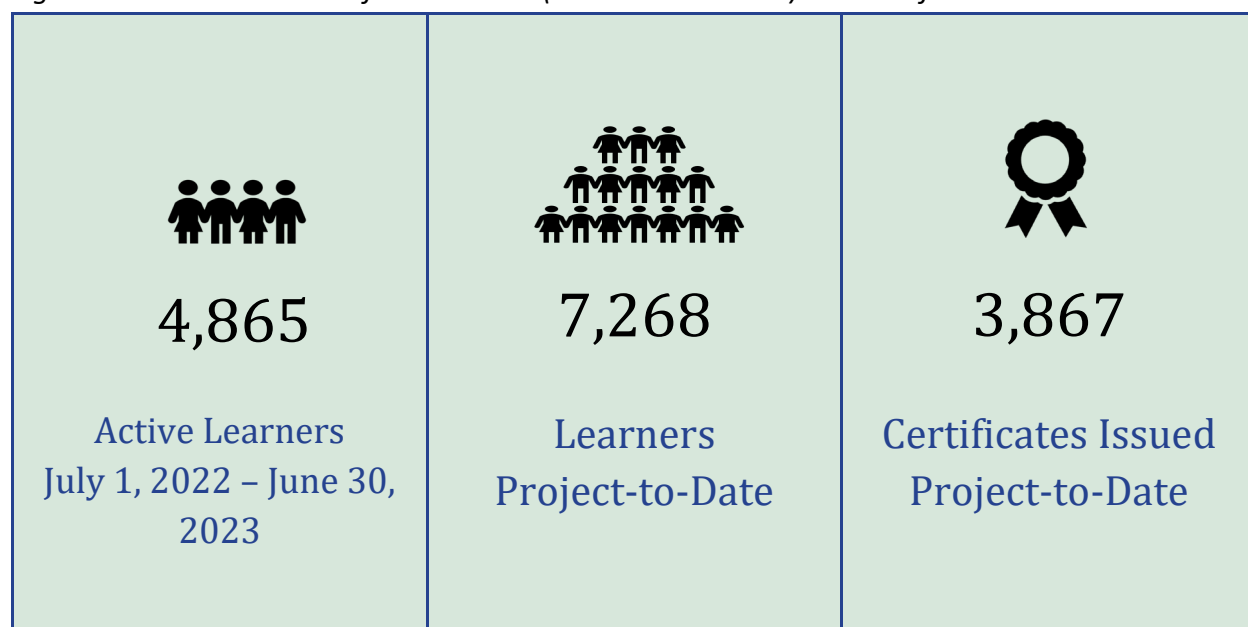
ONLINE PHCAST

To help train more home care professionals, EOEA contracts with the Institute for Community Inclusion at UMass Boston to develop and administer the Online Personal and Home Care Aide State Training (PHCAST). PHCAST online offers two courses: (1) the Homemaker course composed of 10 modules, and (2) Personal Care Homemaker course composed of six modules.¹² Learners must score 80% or higher to progress from one module to the next. Online PHCAST is available on-demand, free of charge, and offered in multiple languages.¹³

Services Provided and People Served

PHCAST had almost 5,000 active learners in FY23 (Figure 9).

Figure 9. PHCAST number of enrollments (active and to-date) and certification issued.



Notes. In FY2023, EOEA launched the Spanish and Haitian Creole versions of the Homemaker course, as well as the Personal Care Homemaking course. EOEA also funded a comprehensive marketing campaign in English, Spanish and Haitian Creole to promote homemaking as a profession, as well as PHCAST online as a free option to become certified. During the first six months of FY23, without a marketing effort, there were 1,741 active learners, During the second six months of FY23 with the comprehensive, multi-lingual marketing effort there were 3,134 active learners. In FY24 EOEA will launch both Homemaking and Personal Care Homemaking in Brazilian Portuguese,

¹² Homemakers help with shopping, cooking, laundry, and tasks around the home like cleaning, doing dishes, and vacuuming. Personal Care Homemakers help with activities of daily living ADLs, such as bathing, dressing, hair care, and getting around

¹³ The most common languages spoken by Home Care participants are: English (86%), Spanish (4%), Russian (2%), Portuguese (2%), and Haitian Creole (1%).

Mandarin, Cantonese, and Russian. Homemaker certificate earners 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). Personal Care Homemaker certificate earners must complete an additional 10-hour in person training to showcase learned skills.

ADVANCED TRAINING FOR AGING SERVICES NETWORK EMPLOYEES

EOEA contracts with Boston University's Center for Aging & Disability Education & Research (CADER) to provide certifications for ASAP and Councils on Aging (COA) staff. EOEA funded two distinct online, college-level certificate programs in FY23 (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 Certificates Funded by EOEA for the Aging Services Network

Course Name	ASAP Participants	Council on Aging Participants
Behavioral Health in Aging	136	21
Person Centered Case Management	135	36

Notes: In FY23 254 (94%) ASAP participants completed certificates, as did 42 (74%) COA participants.

EOEA also contracts with the ASAP Old Colony Elder Services to provide advanced skill training for the Home Care Aide workforce. During FY23, Old Colony facilitated the following trainings:

- Mental Health Supportive Home Care Aide (54 students participated in three 2-day sessions)
- Alzheimer's Supportive Home Care Aide (69 students participated in four 2-day sessions)
- Home Care Aide Substance Misuse (51 students participated in three 2.5-hour sessions)
- Social Isolation (20 students participated in two 2.4-hour sessions)

BEHAVIORAL HEALTH

Elder Mental Health Outreach Teams (EMHOTs) play a unique role as a community-based behavioral health program for individuals aged 60+. EMHOTs serve older adults in 188 of the 351 Massachusetts municipalities. 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
- Coordination and collaboration with family caregivers and medical providers
- Warm hand-offs to other community-based services and programs, including aging services, housing, financial, and physical and behavioral health care supports. EMHOTs



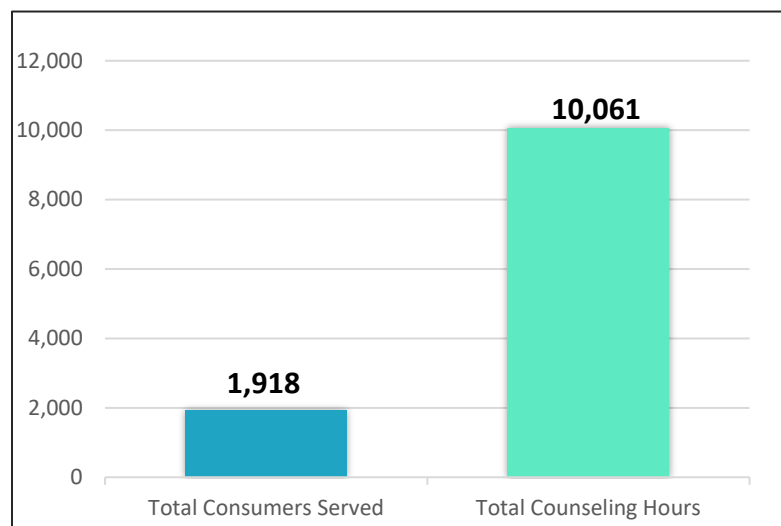
often act as a bridge between older adults and the behavioral health care system, including provision of or referral to “wraparound” services and resources and supporting older adults in accepting, seeking, and navigating to behavioral health care services

State funding also supported 10 Behavioral Health Innovations grants in FY23. The grants provided one-time awards of up to \$50,000 to community-based organizations to explore and test innovations to deliver behavioral health services and supports to older adults in home and community-based settings. Examples of grants included culturally tailored care for individuals transitioning from inpatient psych to community (Somerville-Cambridge Elder Services), the testing of new evidence-based models in underserved areas (Dennis Council on Aging), and support for case managers and direct care workforce with complex behavioral health cases (Elder Services of Worcester Area).

Services Provided and People Served

The EMHOT Program served almost 2,000 consumers, providing over 10,000 one-one counseling hours (Figure 10).

Figure 10. EMHOT total consumers and counseling hours



Notes: The Total Counseling Hours reported are individual counseling hours; EMHOT also provided 316 group counseling hours in FY23.

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. Anyone who is

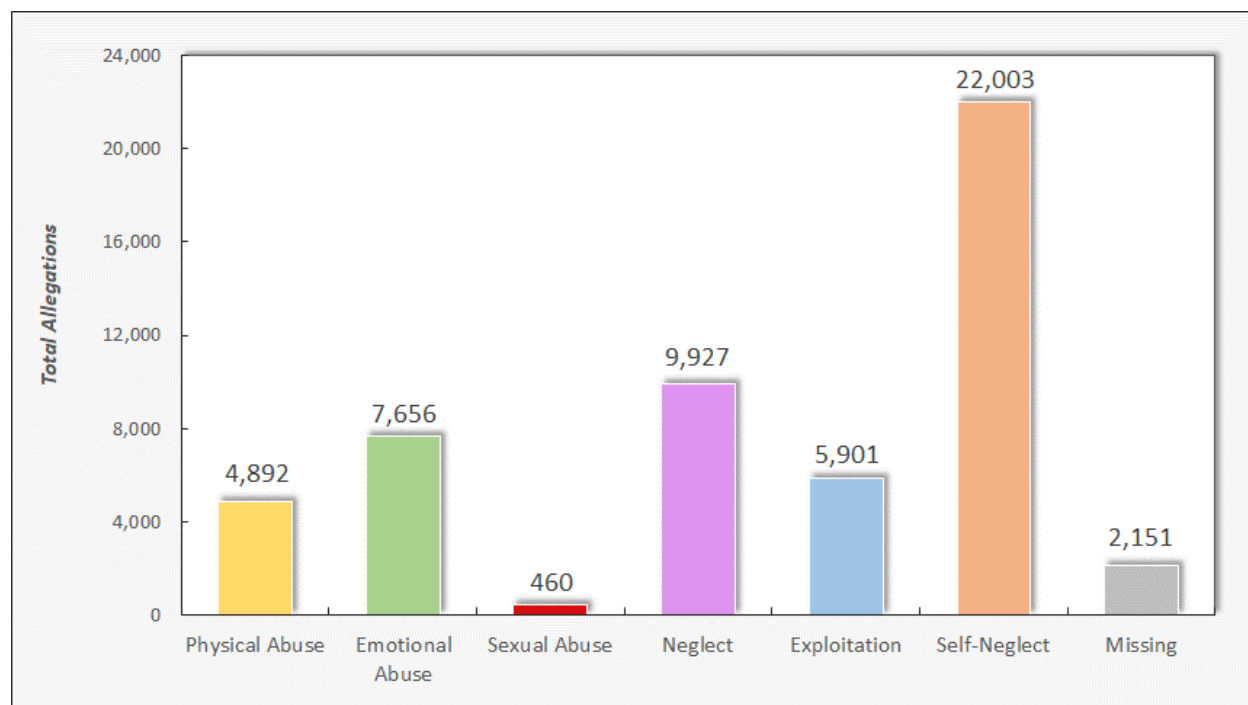


concerned can file a report, at any time, by phone or using an online reporting portal, with a state-wide intake system. These reports are forwarded to 19 Protective Services (PS) Agencies, each within an ASAP, to screen reports for jurisdiction, conduct investigations, and develop a service plan to alleviate the abusive situation.¹⁴

Services Provided and People Served

ASAPs received over 50,000 allegations of abuse in FY23 (see Figure 11).

Figure 11. Number of Allegations Reported to Protective Services, by Allegation Type

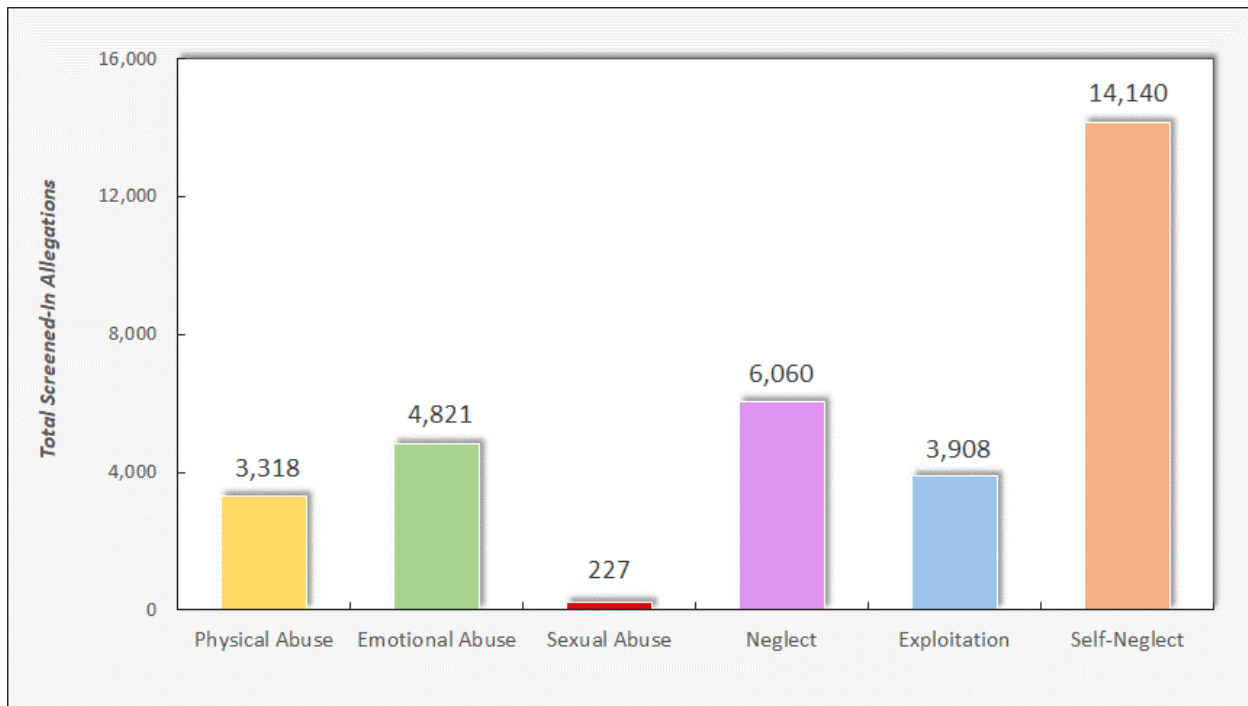


Notes: For reports phoned-in to the Central Intake Unit or walk-ins, staff categorize the allegation types, and the Protective Services Agency screener might add to or refine them. For reports filed using the online reporter portal, the screener classifies the allegation type. A reporter might report 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. When a report is screened out, some allegations might not be classified.

¹⁴ EOEa designates the 19 PS Agencies. 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.

ASAPs initiated investigations for over 30,000 allegations in FY23 (see Figure 12).¹⁵

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

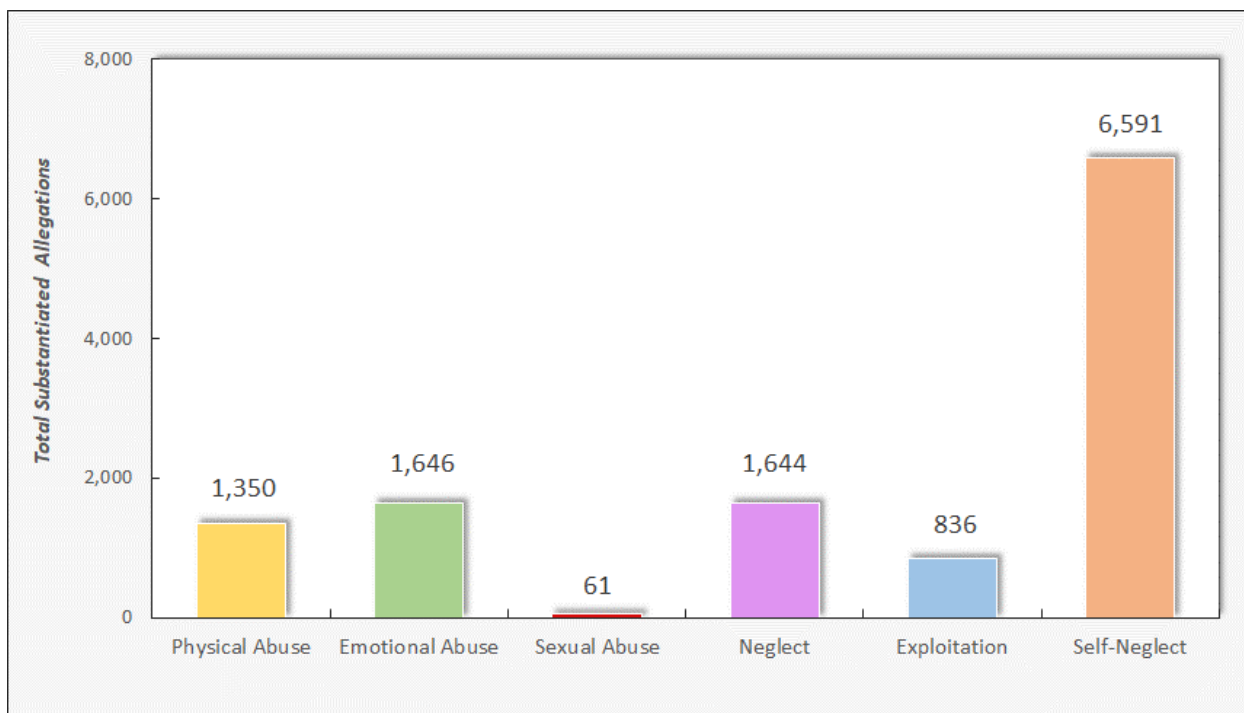


Notes: The Protective Services Agency might screen-in multiple types of allegations for an older adult (for example, allege both neglect and exploitation); each allegation is presented in the figure. This means that the number of allegations exceeds the number of alleged victims. There could be multiple Intakes with the same allegations listed. 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.

¹⁵ 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 13).¹⁶

Figure 13. 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. A single investigation for an older adult can investigate and substantiate multiple allegations.

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.

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,

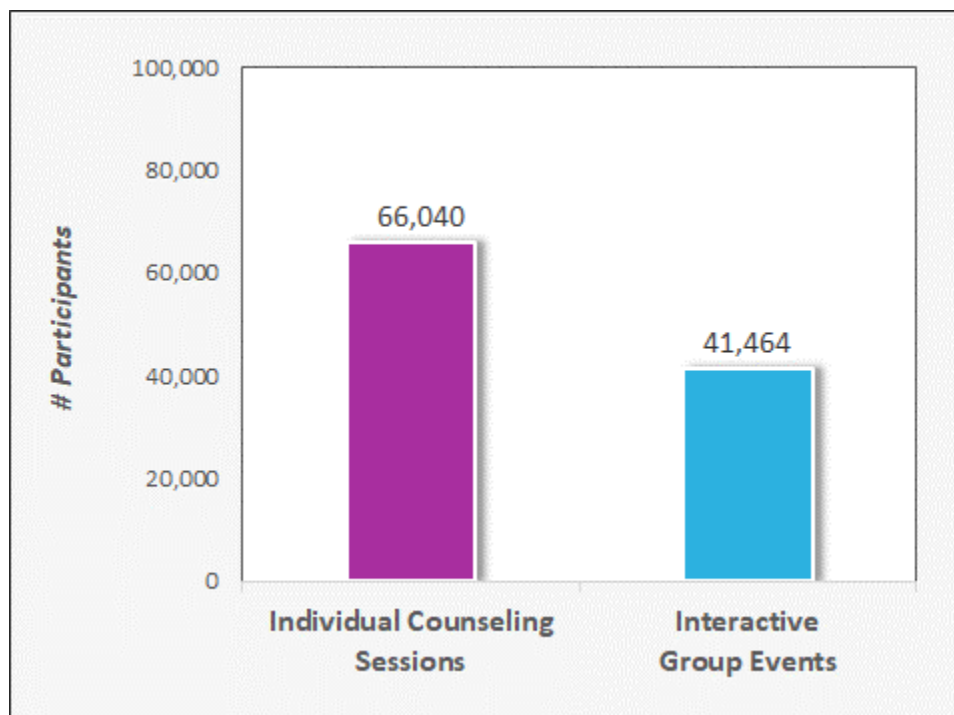
¹⁶ If the allegations are substantiated, there are three circumstances under which a protective services agency would not provide ongoing services: (1) the victim does not consent, (2) the victim moves out of state and the agency no longer has jurisdiction, (3) the victim dies, or (4) the agency has 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.

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

Over 100,000 residents received assistance from SHINE (Figure 14).

Figure 14. 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 helps Massachusetts older adults and younger residents with disabilities pay for their prescription medicines (*secondary prescription coverage*).¹⁷ Once members spend a certain amount, Prescription Advantage covers the co-payments for the remainder of the plan year, and the program often lowers the co-payments members pay for covered drugs and, for some members, covers the premiums for basic Medicare prescription drug plans. Prescription Advantage is available to 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,¹⁸ (2) who are aged 65 or 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.¹⁹

Services Provided and People Served

During FY2023, 6,279 unique individuals received assistance from Prescription Advantage.²⁰

ASSISTED LIVING RESIDENCES

EOEA certifies nearly 270 Assisted Living Residences (ALR) with more than 16,000 residents across the Commonwealth.²¹ 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. This includes processing and reviewing over 20,000 incident reports submitted by the ALRs in accordance with the requirements of the regulations.

¹⁷ Prescription Advantage supplements prescription drug benefits by helping to pay for medications covered by Medicare Part D or other insurance.

Prescription Advantage will become secondary coverage

¹⁸ In FY23, the federal poverty level was \$14,580 for a one-person household.

¹⁹ Residents cannot be MassHealth or CommonHealth members or have benefits through a Medicare Savings Program (MSP), also referred to as a MassHealth Buy-in Program.

²⁰ Defined as individuals who had at least once claim paid or lower copays during FY23.

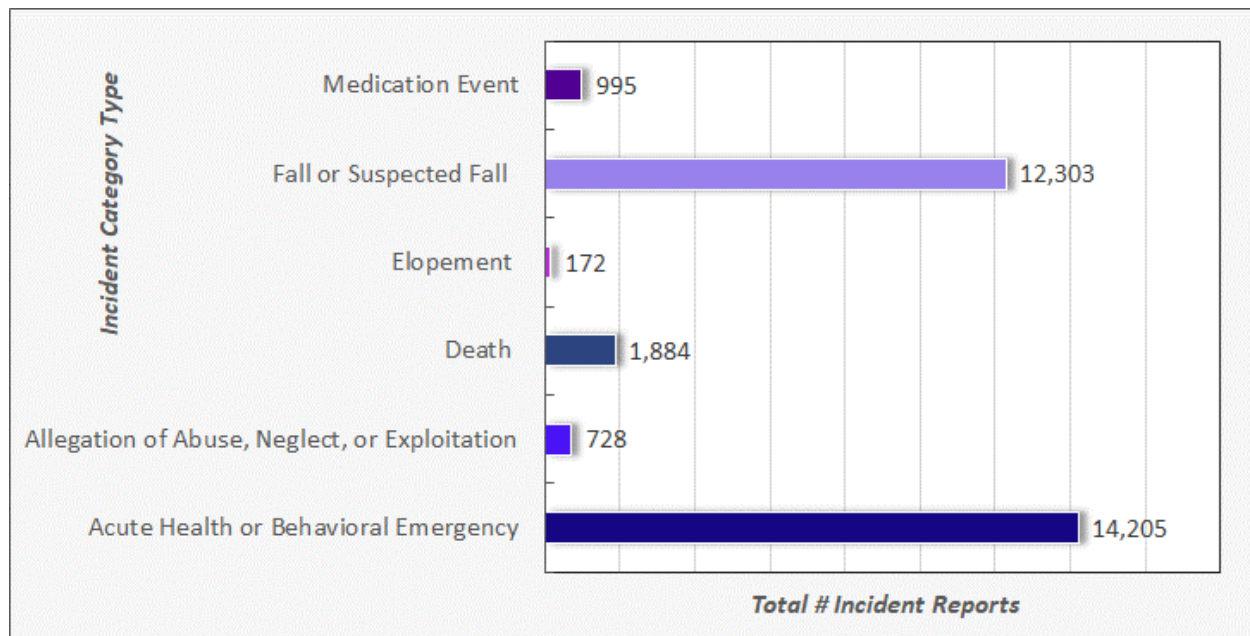
²¹ For more information on Massachusetts ALRs and ALR residents, see EOEA's Annual Aggregate Data Report ([link](#)).



Services Provided and People Served

Over 20,000 ALR incidents were reported to EOE; over 80% of these incidents were falls/suspected falls or acute health/behavioral emergencies (Figure 15).

Figure 15. Number of Assisted Living Residence Incidents Reported by Incident Type



Notes: This figure excludes incidents that were saved to the database system but not actually submitted. Deaths include unexpected deaths and other deaths. The number of reported *Acute Health or Behavioral Emergency* incidents more than doubled between FY22 and FY23. EOE attributes the increase to the resumption of ALR Compliance Review visits in April 2022 (these visits had been paused during the COVID-19 emergency). During these visits, the field team reminded ALR staff to report incidents and identified incidents that should have been reported. EOE believes these visits led to increases in the number of incidents in the *Acute Health or Behavioral Emergency* category, a broad category than includes everything not defined in the other categories. EOE requires that ALRs submit incident reports for “unanticipated deaths” but ALRs often also submit reports for anticipated deaths (such as residents who pass away under hospice care).

APPENDIX: BUDGET

Table A1: Massachusetts State Budget, FY2021 – FY2024

Line Item	Name	FY2021 GAA	FY2022 GAA	FY2023 GAA	FY2024 GAA
9110-0100	Elder Affairs Administration	\$2,226,520	\$2,245,094	\$3,698,641	\$5,051,799
9110-0600	Community Choices	\$237,165,314	\$253,512,831	\$284,588,960	\$303,085,276
9110-1455	Prescription Advantage	\$17,249,455	\$17,419,671	\$17,771,506	\$19,574,870
9110-1604	Supportive Senior Housing	\$7,763,422	\$7,763,422	\$7,936,416	\$9,492,576
9110-1630	Home Care Services	\$183,184,468	\$184,909,953	\$200,390,552	\$214,130,442
9110-1633	Home Care Case Management	\$64,433,467	\$64,433,467	\$78,455,807	\$78,456,327
9110-1635	Enough Pay to Stay	\$17,508,295	\$27,936,378	\$40,040,717	-
9110-1636	Protective Services	\$36,348,223	\$35,871,728	\$42,764,146	\$43,198,936
9110-1637	Home Care Aide Training	\$500,000	\$1,206,947	\$1,206,947	\$1,206,947
9110-1640	Geriatric Mental Health Services	\$1,000,000	\$1,200,000	\$2,500,000	\$2,500,000
9110-1660	Congregate Housing	\$3,297,211	\$2,634,232	\$3,831,491	\$3,931,491
9110-1700	Elder Homeless Placement	\$286,000	\$286,000	\$286,000	\$286,000
9110-1900	Nutrition Services Programs	\$10,458,808	\$10,483,808	\$12,072,852	\$12,872,860
9110-9002	Grants to Councils on Aging	\$17,505,000	\$18,171,651	\$24,888,519	\$28,200,000
Total	-	\$598,926,183	\$628,075,182	\$720,432,554	\$721,987,524

Notes. The funds listed represent the General Appropriations Act (GAA) funding.

Source: <https://budget.digital.mass.gov/summary/fy24/enacted/health-and-human-services/elder-affairs/?tab=historical-budget>



Table A2: FY2024 Federal Spending, FY2024

Line Item	Name	Amount
9110-1067	FY23 Medicare Improvements for Patients and Providers (SHIPs)	\$252,133
9110-1068	FY2023 Medicare Improvements for Patients and Providers (AAAs)	\$204,089
9110-1069	FY2023 Medicare Improvements for Patients and Providers (ADRCs)	\$102,538
9110-1073	Senior Community Service Employment Program Older Worker Employment	\$859,968
9110-1074	Older Americans Act	\$109,606
9110-1075	Title VII Ombudsman	\$781,032
9110-1076	Title IIIB Supportive Service	\$12,319,040
9110-1077	National Family Caregiver Support Program	\$5,684,567
9110-1079	Title III D Preventative Health	\$927,957
9110-1080	Vaccine Expanding ACC - COVID-19	\$1,041,850
9110-1081	CRRSA Act 2021 Supplemental Funding for APS XX - COVID-19	\$3,786,866
9110-1082	No Wrong Door System COVID-19 Vaccine 21	\$149,625
9110-1083	ARPA Ombudsman Program under Title VII of the OAA	\$207,328
9110-1084	ARPA Supportive Services under Title III-B of the OAA	\$12,204,216
9110-1085	ARPA Congregate Meals under Title III-C1 of the OAA	\$6,219,847
9110-1086	ARPA Home Delivered Meals under Title III-C2 of the OAA	\$9,329,771
9110-1087	ARPA Preventive Health under Title III-D of the OAA	\$912,244
9110-1088	ARPA Family Caregivers under Title III-E of the OAA	\$3,001,131
9110-1089	ARPA for APS	\$4,259,458
9110-1090	FY2021 Medicare Improvements for Patients and Providers (SHIPs)	\$222,743
9110-1091	FY2021 Medicare Improvements for Patients and Providers (AAAs)	\$216,227
9110-1092	FY2021 Medicare Improvements for Patients and Providers (ADRCs)	\$104,543
9110-1093	Public Health Workforce Within AAA FY22 ARPA	\$1,716,220
9110-1094	State Health Insurance Assistance Program	\$925,981
9110-1096	State Health Insurance Counseling Program Workforce Expansion Grant	\$115,789
9110-1097	MA ADRC No Wrong Door Public Health WorkForce ARPA	\$115,789
9110-1098	ARPA Long Term Care Ombudsman 23	\$375,355
9110-1157	Ombudsman One Care Plan Initiative	\$315,000
9110-1173	Older Americans Act	\$23,221,529
9110-1174	Nutrition Services Incentive Program	\$8,137,637
9110-1178	Community Service Employment Program	\$1,748,857
9110-2017	2021 Funding For LTC Ombudsman - COVID-19	\$83,348
9110-2018	FY21 TIII Supplemental Funding Nutrition - COVID-19	\$3,500,618
Total		103,152,902

ADRC = Aging & Disability Resource Consortia; ARPA = American Rescue Plan Act

CRSSA = Coronavirus Response and Relief Supplemental Act; SHIP = State Health Insurance Counseling Program

Source: <https://budget.digital.mass.gov/summary/fy24/enacted/health-and-human-services/elder-affairs/?tab=budget-summary>

