Commonwealth of Massachusetts

Executive Office of Aging & Independence

Draft State Plan on Aging, 2026-2029

TABLE OF CONTENTS

Welcome from Secretary Robin Lipson

Executive Office of Aging & Independence

(To be included with release of the Final State Plan)

Verification of Intent

The Massachusetts Executive Office of Aging & Independence State Plan on Aging is hereby submitted for the Commonwealth of Massachusetts for the period October 1, 2025, through September 30, 2029. Included are all required assurances and activities to be implemented by the Executive Office of Aging & Independence under provisions of the Older Americans Act of 1965, as amended.

As the authorized State Unit on Aging in Massachusetts, the Executive Office of Aging & Independence is responsible for developing the *Massachusetts State Plan on Aging, 2026-2029* in accordance with the Older Americans Act and related regulations, policies, and procedures, as originally set forth by the Administration for Community Living (ACL), now transitioning to other agencies within the U.S. Department of Health and Human Services. The plan addresses the State Unit on Aging role as the leader relative to aging issues on behalf of all older people in Massachusetts. Every program and unit within Aging & Independence contributes to the administration and delivery of services for older adults and their caregivers, thereby supporting the implementation of the State Plan on Aging.

The *Massachusetts State Plan on Aging, 2026-2029* has been developed in compliance with all relevant federal statutory and regulatory requirements and is hereby submitted for approval.

As the official designee of Her Excellency, Governor Maura Healey, I approve this Plan and submit it to the Administrator and Assistant Secretary for Aging, Administration for Community Living, U.S. Department of Health and Human Services.

__XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX_____ July 1, 2025

Robin Lipson Date

Secretary

Executive Office of Aging & Independence

Commonwealth of Massachusetts

Introduction and Environment

The Executive Office of Aging & Independence, formerly known as the Executive Office of Elder Affairs, became one of the nation's first agencies responsible for addressing the needs of older people. The Agency was established in 1971 and assumed its mandate to fund services in 1973 with the passage of M.G.L. c. 19A, §4. In January 2025, Governor Healey signed legislation to rename the Agency to the **Executive Office of Aging & Independence** to better represent and reflect the values of older adults in Massachusetts (MA).

The name change is part of the agency's ongoing efforts to expand its reach and ensure older people and caregivers throughout MA can access needed information, services, and support through every stage of aging. The name was selected following significant research that included focus groups, surveys, and conversations with older adults, caregivers, service providers, and advocacy organizations. This research revealed that aging adults do not connect with the term "elder," and often associate the term with someone who is at the end of their life. Instead, residents prefer neutral terms such as "aging" and "older people." Additionally, research showed older adults deeply value the ability to maintain their independence through the aging journey. Based on these findings, the agency developed a new name to more accurately reflect its programs and services and to better connect with eligible adults.

The Executive Office of Aging & Independence (AGE) will continue its proven history, but with a fresh look and feel, and refocused messaging. The Agency provides high-quality aging-related resources, tools, and support through a statewide network of regional non-profit and municipal agencies. AGE partners with providers, caregivers, and the 1.7 million older adults in MA to help individuals live and thrive throughout the aging process. AGE continues to operate as a department within the Executive Office of Health and Human Services (EOHHS).

As the older adult population continues to grow in MA, AGE envisions a state in which every person has the tools, resources, and support they need to fully embrace the aging experience. Together, we support aging adults to live and thrive, safely and independently — how and where they want. Part of this work recognizes the changes and opportunities to better engage the voices of communities, including older adults, their families and caregivers, as well as community-based organizations.

Finally, as part of the renaming legislation, the bill updated outdated language in the agency's statute to reflect more person-centered and age-friendly terminology. This includes replacing the phrases "elder," "elderly person(s)," and "senior citizen(s)" with

"older adult(s)," and substituting references to "handicapped" and "disabled" with "adult with a disability." These changes align with national efforts to reframe aging and promote inclusive, respectful language that recognizes the dignity and autonomy of older adults.

State Unit on Aging

As the federally designated State Unit on Aging (SUA) under the Older Americans Act (OAA), AGE is the principal agency of the Commonwealth responsible for mobilizing human, physical, and financial resources to develop, implement, and evaluate innovative programs that ensure older adults and their family caregivers have opportunities to thrive in the communities of their choice.

The *MA State Plan on Aging, 2026-2029* (State Plan) lays a foundation for shaping the policy development, administration, coordination, priority setting, and evaluation of State activities related to the objectives of the Older Americans Act (OAA) of 1965, as amended. The State Plan serves as a valuable blueprint and action tool for broadcasting programs, services and opportunities to support a comprehensive and coordinated system for serving older adults and their family caregivers in the Commonwealth. The work to build greater capacity for home and community-based services (HCBS) is revealed in the AGE mission.

Together, we support aging adults to live and thrive, safely and independently— how and where they want.

In developing partnerships and building robust collaborations in the aging services network, AGE provides programs and services locally via 20 Area Agencies on Aging (AAAs), 24 Aging Services Access Points (ASAPs), 350 Councils on Aging (COAs) and senior centers, and 11 Aging and Disability Resource Consortia (ADRCs) in communities across the Commonwealth. This network reaches older adults with services that include home care, caregiver support, nutrition programs, protective services, health and wellness services, housing options, insurance counseling, dementia and behavioral health services, and a variety of other programs and services.

AGE is proud to be at the forefront of using inclusive, person-centered terminology, concepts, and images, and seeks to be a model for others in the state, and to ensure MA continues its role as a leader in the nation for its focus and innovation in addressing issues facing older adults.

Our values include:

Partnership: We value partnership—we can achieve more together.

Inclusion: We value inclusion—diversity strengthens our state and ourselves.

Justice: We value justice—combating ageism is core to our work.

Humanity: We value humanity—caring for each other is why we are here.

Community: We value community—it supports and sustains us.

Connection: We value connection—it's the heart of wellbeing and belonging.

Choice: We value personal choice—autonomy is the foundation of independence.

A requirement of the OAA, the development of the State Plan establishes the priorities that the MA aging network will engage in over the next four years to build and shape plans, identify and advance opportunities for long-term efforts, and expand the foundation for engaging people as they age. A review of the State Plan reveals programs, services, and opportunities to support aging in communities, with a diverse long-term services and supports (LTSS) system for older adults and their caregivers. Positioned for the next four years, the State Plan serves as a platform for current programs and services as well as a structure to highlight opportunities and long-term plans.

Executive Summary

The *MA State Plan on Aging, 2026-2029* (State Plan) has been created to respond to guidance originally issued by the federal Administration for Community Living (ACL), now transitioning to other agencies within the U.S. Department of Health and Human Services. The plan embodies the Commonwealth's strategic objectives for aging-related programs, services, and supports.

This plan maps out a unified vision: Massachusetts is a state where people can age well with the supports they need. The new name of our agency, the Executive Office of Aging & Independence (AGE), reflects this vision and reaffirms our commitment to supporting older adults in living safely, independently, and with dignity, on their own terms.

It is important to note that the goals, objectives, and strategies documented in the State Plan reflect the voices of communities, including older adults, their families and caregivers, as well as community-based organizations that support them. The plan also leverages other state-wide strategic planning efforts and recommendations, including *ReiMAgine Aging 2030: The Massachusetts Plan* and the *Massachusetts State Plan on Alzheimer's Disease and Related Dementias*. AGE views the multi-year state planning process as a method to further harmonize broader policy objectives and to present a comprehensive state plan, which reaches beyond the scope of federally funded programs and services.

MA State Plan on Aging, 2026-2029 29 is anchored by one overarching goal:

To guide policy and pioneer innovation to make Massachusetts a great state for older adults.

Under this guiding vision, the plan outlines nine strategic goals, grouped into two categories:

Core Service and Support Areas for Aging in Community

These goals focus on essential programs and services that help older adults remain safe, healthy, supported, and connected in their communities:

- **GOAL 1:** *Ensure access to supports that enable aging in community*
- **GOAL 2:** *Strengthen programs that protect older adults' safety and security*
- **GOAL 3:** *Increase access to housing options and supports that promote healthy living*
- **GOAL 4:** *Enhance supports that make family caregiving viable and desirable*

- **GOAL 5:** *Advance strategies that build age- and dementia-friendly communities*
- **GOAL 6:** *Promote cross-agency collaboration to embed aging in all policies*

System-Level Enablers

These goals address the infrastructure, coordination, and policy supports needed to improve and sustain aging services statewide:

- **GOAL 7:** *Promote positive perceptions of aging, raise awareness of resources, and encourage timely planning for health, caregiving, and finances*
- **GOAL 8:** *Break through systemic barriers that limit the availability of essential services, supports, and programs for older adults*.
- **GOAL 9:** *Maximize impact and quality of AGE-funded programs*

Together, these goals guide the Commonwealth's work to build a more inclusive, coordinated, and forward-thinking aging system. Each goal is supported by specific objectives, strategies, and expected outcomes, which are detailed in the *Goals, Objectives, Strategies, and Performance Measures* section of this plan.

Massachusetts recognizes the essential and growing contributions of its older adult population. With more than 1.7 million residents aged 60 and over, the Commonwealth is at a demographic turning point. While the coming decades will bring increased demand, they also offer a critical opportunity to advance a new vision for aging through policies and systems that are equitable, resilient, and person-centered.

This State Plan affirms our commitment to building a more inclusive, coordinated, and sustainable system of aging services and supports. We will continue to engage older adults, caregivers, service providers, and local communities to inform and advance this shared vision.

For more information, or to get involved, please contact us at Aging.Conversation@MassMail.State.MA.US or (617) 727-7750. To connect with local services and supports, visit massoptions.org or call MassOptions at 800-243-4636.

State Plan on Aging Narrative

The *Massachusetts State Plan on Aging, 2026-2029 Narrative* provides a view of AGE's plans, policies, and progress to ensure that older adults and their caregivers have access to an aging services network that promotes thriving communities. The Narrative begins with a review of Older Americans Act core programs and culminates with a presentation of the AGE Goals, Objectives, Strategies, and Outcomes for the next four years. In establishing the priorities that Massachusetts will pursue over this period, the Narrative serves both as a record of current services and as a framework to highlight opportunities and plans that support community-based long-term care efforts across the Commonwealth.

Older Americans Act (OAA) Core Programs

AGE partners with 20 AAAs for planning, policy development, administration, coordination, priority setting, monitoring, and evaluation of community-based activities and programs. This collaboration, aligned with OAA guidelines and principles, provides access to services that make it possible for older individuals to remain at home, thereby preserving their independence and dignity. Title III and VI funding supports AAAs with a wide range of local services, including needs assessments, service planning and coordination, home and community-based support services, legal assistance services, information and assistance (I&A), home-delivered and congregate meals, family caregiver support services, ombudsman advocacy, and transportation services.

The ACL, AGE, and AAA connection, drawing on opportunities delivered under the OAA, is a vital partnership in Massachusetts that supports aging in community. Presenting plans and opportunities for development during the 2026–2029 planning period, the following demonstrates valuable support for older adults to access the resources they need to live well and thrive in the community of their choice.

Title III-B Supportive Services

Title III-B Supportive Services provides access to a range of HCBS that are person-centered and designed to help older adults access community facilities and services. Often used to fill gaps in community programs, Title III-B services include, but are not limited to:

- **Access services:** transportation, case management, and I&A
- **In-home services:** personal care, chore, and homemaker assistance
- **Community services:** legal services, mental health services, and adult day care

Access Services: Connecting consumers with access to community resources is an important goal for the aging network to help older adults live and thrive in the community. Universally used across the AAA network, transportation services for older adults provide

access to health care providers, grocery stores and shopping, and important appointments and community engagements. Transportation services support older adults in accessing Adult Day Programs, medical appointments, community appointments, and other services. This is especially critical in rural areas with limited public transportation.

Additionally, all 20 AAAs and many of their community partners provide Information and Assistance (I&A) services (sometimes referred to as Information and Referral, or I&R) that serve as a gateway to services. These services connect older adults, individuals with disabilities, and their family caregivers with information, resources, and support necessary for making informed choices. Information about community resources is also promoted through programs and services at local health fairs, speaking engagements, Council on Aging (COA) health programs, panel discussions, and various public outreach events. While person-centered, access services also play a broader role in strengthening community partnerships that help deliver more targeted and coordinated supports.

In-home Services: In alignment with person-centered practices, AAAs support isolated older adults through a range of in-home services and resources. Strategies such as using telehealth video platforms, offering virtual counseling sessions, loaning or providing tablets to at-risk consumers, and expanding community partnerships help the network identify and implement solutions for social isolation. Title III-B Supportive Services funding will be used as a strategic resource to address the unique needs of consumers who are isolated in their communities.

Newer in-home methods that provide older adults with tools to thrive in the community include Friendly Visiting services, telephone reassurance, assistive technologies such as Zoom and FaceTime, and services that support connections with family caregivers.

Community Services: Legal Assistance plays a critical role in promoting autonomy for older adults in the community. In partnership with AAAs, Legal Services Corporations (LSCs) continue to dispense legal advice and counsel to older adults in MA. Housing issues remain the most frequently cited concern for older adults in this area. By advising AAAs and aging network providers, LSCs serve the most vulnerable older adults, including those with limited English proficiency.

In commitment to the ACL Title VI program for Native Americans, AGE will continue to engage with the two federally recognized tribes in MA: the Mashpee Wampanoag Tribe and the Wampanoag Tribe of Gay Head (Aquinnah). Both located in the same PSA, the aging network's efforts to participate in and increase access to state and Title III programs will be a focus of our work. Ongoing AAA service connections include transportation services,

nutrition services, an evidence-based program offering, and partnership building to share best practices.

In projecting plans for Title III-B services generally, AGE and the AAAs will partner on the following strategies:

- Strengthen existing service infrastructure and improve the quality and availability of services. This may include replacing or upgrading equipment, strengthening the existing workforce or volunteer base, expanding the number of service locations, and serving more older adults. Engaging with communities that have not been connected to the aging services network will shape this work.
- Create new services to meet unmet needs identified by the AAAs, including those not already identified through the 2025 Needs Assessment Project, and design new service options to address existing service gaps as appropriate.
- Expand AAA collaboration with current partners and establish new ones to strengthen the availability of aging services statewide. This will include developing and broadening relationships with ASAPs, COAs, community agencies, and other local stakeholders.

Title III-B and Title VII Ombudsman Program

The advocacy for and promotion of rights for residents living in long-term care facilities is a critical goal of AGE and the AAA network. The Office of the State Ombudsman provides Title III and Title VII funding to 17 AAAs that serve as designated host agencies for local programs across the state, working to protect the rights of vulnerable older adults and improve the quality of life and care in long-term care settings. Long-Term Care (LTC) Ombudsmen support residents and their loved ones by voicing complaints and addressing concerns, upholding the goal that residents live with dignity and respect. Ombudsmen also provide education and orientation to residents, facility staff, and community organizations on a range of topics, including residents' rights, abuse, neglect, mistreatment, and how to choose a nursing home, rest home, or assisted living facility.

Title III-C1 and III-C2 Senior Nutrition Program

The Senior Nutrition Program (as identified in MA), funded in part by Title III-C1 (Congregate Nutrition Services) and Title III-C2 (Home-Delivered Nutrition Services), provides nourishing meals, screening, nutrition education, and counseling to help older adults maintain nutritional health. Meals are provided at congregate meal sites and through home-delivered meals to adults aged 60 and older. The program addresses multiple challenges 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. Addressing malnutrition includes the promotion of tools for hosting nutrition clinics; informational toolkits to raise awareness are available through the Older Adult Malnutrition Awareness and Prevention Toolkit. The program also provides therapeutic meals, including modified diets (low sodium, low fat, no concentrated sweets), diabetic, heart-healthy, renal, and mechanical soft diets (chopped, ground, and puréed).

The Administration for Community Living (ACL) also provides Nutrition Services Incentive Program (NSIP) funding to support the Senior Nutrition Program. NSIP funding offers an incentive to serve more meals and may be used exclusively to purchase domestically produced foods, such as milk, fruits, vegetables, and protein products, that are used in meal preparation.

Title III-D Preventive Health Services

Title III-D Preventive Health Services are used to provide older adults with evidence-based programs that improve health and well-being and reduce disease and injury. Service delivery under Title III-D in Massachusetts supports healthy living and promotes healthy choices, recognizing that many chronic conditions are preventable, treatable, or manageable. Offering evidence-based disease prevention and health promotion programs within the AAA network often reduces the need for costly medical intervention in the future. AGE and the AAAs partner with community-based organizations to offer programs that help individuals living with chronic health conditions and their caregivers acquire the tools to better manage those conditions.

Title III-E Family Caregiver Support Program

The Massachusetts Family Caregiver Support Program (MFCSP), funded through Federal Title III of the Older Americans Act (OAA), connects family caregivers with AAA and community support services. The program provides a range of services to family and informal caregivers to assist them in caring for loved ones. It serves individuals caring for a spouse, relative, or friend aged 60 or older, or a younger individual with a dementia-related disorder, as well as grandparents aged 55 or older caring for children 18 or younger, and grandparents or other relatives (including parents) caring for an adult with a disability.

Following an in-depth assessment of the caregiver's needs, the program offers information about available services, assistance in accessing them, individual counseling, support groups, caregiver training, respite services, and other supplemental supports on a limited basis, such as transportation, personal emergency response systems, adaptive equipment, and related services.

Title V, Senior Community Service Employment Program (SCSEP)

Improving the economic security of older adults and caregivers in MA is a central goal that aligns with empowering and supporting optimal aging. In educating older adults on the benefits of working longer and supporting efforts to improve training and skill development in older workers, AGE, AAAs, and community partners are promoting community-based living. Connecting to older adults in greatest economic and social need, the Senior Community Service Employment Program (SCSEP) provides job training and placement for people who are age 55+, live in MA, and meet income guidelines. The program is funded under Title V of the OAA through the U.S. Department of Labor. Enrollees are placed in temporary training assignments where they gain valuable on-the-job work experience and skills needed to gain employment.

Protective Services (including OAA Title VII)

AGE is required to administer a statewide system for receiving and investigating reports of abuse in adults aged 60 and older who are living in the community and to provide needed protective services. To fulfill this responsibility, AGE has a Centralized Intake Unit, which is responsible for receiving reports on a 24/7 basis. There are 19 designated Adult Protective Services (APS) agencies across the Commonwealth, which are responsible for screening abuse reports for jurisdiction, conducting investigations, and developing a plan to alleviate the abusive situation. The designated APS agencies, in coordination with the Centralized Intake Unit, are responsible for receiving reports of abuse, neglect, self-neglect, and financial exploitation of older adults from both mandated and non-mandated reporters.

OAA funding under Title VII is used to support a statewide APS program in MA that totals $40.6 million. Title VII funding is used in addition to state funding to support training for both mandated and non-mandated reporters, including APS workforce, family caregivers, professionals, and community members, in identifying and addressing abuse.

Additional programs and services that showcase person-centered planning, age- and dementia-friendly work, assistive technology resources, and a commitment to identifying and connecting with community partners and providers are illustrated in Attachment B to the State Plan. In forging the priorities that Massachusetts will engage in over the next four years, and in its commitment to providing stewardship in the administration of Title III and Title VII funding, AGE and the AAAs have established a structure to highlight opportunities and plans that promote support for community long-term care efforts across the Commonwealth.

Examining Greatest Economic Need and Greatest Social Need

In pursuit of the OAA mandate to advocate for and address the financial and social needs of vulnerable older adults in the Commonwealth, AGE and the AAA network are committed

to identifying vulnerable populations and providing services that help individuals, particularly those who are isolated, remain in the setting of their choice. Assessing the needs of low-income older adults and their caregivers is essential to the development of programs and services that are both effective and responsive, and ensures alignment with the mission, design, and priorities of the aging network.

AGE and the AAA network are dedicated to designing and implementing initiatives that prioritize individuals with the greatest economic and social needs. This commitment begins with the development of the statewide 2025 Needs Assessment (NA) Project, which aims to identify the needs of older adults and their caregivers. The findings from this assessment inform the aging network's work throughout the four-year planning cycle, guiding the refinement of operations, budgets, and program administration.

The Massachusetts aging network is guided by five fundamental methods that support targeting preferences under the OAA:

- The MA Intrastate Funding Formula (IFF)
- A commitment to Voluntary Contribution policies
- Expansive outreach practices
- Special outreach to isolated populations
- A commitment to a No Wrong Door philosophy

IFF: In support of older adults with the greatest economic and social need, AGE allocates 47.5% of the IFF to low-income individuals aged 60 and older, 20% to minority individuals aged 65 and older, 15% to individuals aged 60 and older who live alone, and 5% to rural individuals aged 65 and older, for a total of 87.5% of the IFF directed toward older adults in greatest need. The remaining 12.5% of the IFF includes 10% allocated to individuals aged 75 and older and 2.5% to individuals aged 60 and older. As the central mechanism for implementing the Commonwealth's commitment to reaching targeted OAA populations, the IFF guides the AAA network in directing Title III funding to the older adults across the state who are most in need of services and supports.

Voluntary Contribution Policy: In the delivery of services and programs, the AAA network and its providers are committed to the policy that Title III services are provided without the use of any means test. Through policy review, assessment of collection practices, and monitoring procedures, AGE and the AAAs support the rules on voluntary contributions. As a fundamental core of the OAA, the network is made aware of the regulations on this matter, and AAAs and providers do not means test for any service under Title III or deny services to any individual who is unable or chooses not to contribute to the cost of the service. In both policy and practice, the voluntary contribution tenet upholds the OAA's

principle that any older adult aged 60 or older is eligible for services. Without the pressure to pay a fee or make a contribution, older adults and their caregivers are relieved of potential discomfort and are able to make decisions based on need, choosing options that offer the best opportunities for community living.

Outreach: The network's efforts to reach out to diverse populations are a hallmark of its commitment to targeting services to older adults with the greatest economic need and older individuals with the greatest social need. In preparation for the development of the State and Area Plans, AGE and AAAs provided expansive outreach and participation opportunities for OAA-targeted populations as part of the NA Project. The AAA network developed unique outreach methods and practices, marketed NA activities, and reached out to both isolated Title III consumers and their PSA communities at large. Each AAA uses its unique personality and assets to reach isolated older adults. Television, cable, radio, and newspaper media were used as outreach mechanisms in several of the larger geographic PSAs where face-to-face connections are challenging. AAAs with more concentrated PSAs used personal contact through COA connections, home-delivered meal networks (surveys and conversations), congregate community meal sites, religious organizations, and housing facilities.

Isolated Populations: AAAs across the Commonwealth and their community providers are adept at maintaining connections with and developing unique opportunities to serve older adults and their family caregivers. Examples presented by AAAs to reach isolated populations include telephone well-being check-ins, developing social activities at housing sites, supporting community provider group activities, and promoting engagement opportunities to bring older adults together and encourage community connection. In identifying social isolation within communities, the NA Project reported that 31.6% of survey respondents identified social isolation as a need. Among respondents with an income below $20,000 per year, 38.6% reported social isolation as a need.

Additional mechanisms to reach isolated older adults include increased use of technology, including training opportunities; use of social media, websites, and other online platforms to share information and services; targeting mental health needs to reduce isolation; assistive technology such as electronic pets; and friendly visiting programs. Isolated older adult populations, due to economic, cultural, mobility and access barriers, health disparities, and rurality, are those in need of connection, programs, and services that align with the aging network's goal to serve individuals with the greatest economic and social needs in their communities.

No Wrong Door (NWD): As a practical response to reaching targeted populations, the methods used to provide information, resources, and services must be straightforward and

easily accessible. In delivering on the NWD philosophy, MassOptions connects older adults and family caregivers to local aging and disability services. With four simple ways to connect—by telephone, online chat, referral completion, and submitting questions with a one-business-day response—the system links older adults, individuals with disabilities, and their caregivers to the agencies and organizations best suited to meet their needs. Trained MassOptions specialists provide fast, personalized assistance that empowers consumers to make informed choices by simplifying access to community services and supports. The NWD approach streamlines access by reducing the need for multiple referrals and offering a clearer path to programs and services.

As AGE and AAAs reach out to targeted populations, we remain committed to providing culturally competent services. By addressing the needs of consumers with limited English proficiency (LEP) through bilingual providers, interpreters, and translated written materials, the network ensures that services, connections, and contacts are broad and far-reaching. Outreach to socially isolated populations, including LEP consumers and LGBTQIA+ older adults, through trainings, NA Project listening sessions, and sponsored events strengthens the AAAs' connection to those in need of support and assistance.

Expanding Access to Home- and Community-Based Services (HCBS)

HCBS are fundamental to making it possible for older adults to age in place.
Massachusetts is committed to securing the opportunity for older individuals to receive coordinated, person-centered, in-home and community-based long-term care services, as outlined in OAA Section 301(a)(2)(D). The Commonwealth also ensures that AAAs facilitate the coordination of long-term care services for individuals who reside at home and are at risk of institutionalization, are hospitalized and at risk of prolonged stays, or are living in long-term care facilities but could return home with appropriate supports, in accordance with OAA Section 307(a)(18)(A)-(C).

The AAA and broader aging network are structured to provide coordinated, community-based care through a portfolio of services that support community living and multiple strategies that support older adults at risk of institutionalization or transitioning out of institutional settings.

AGE partners with 24 Aging Services Access Points (ASAPs)—independent, regional nonprofit organizations designated to deliver state-funded aging services across Massachusetts. Most AAAs operate within these ASAPs. Together, they deliver a robust portfolio of services, including case management, homemaking, personal care, and other supports for over 71,000 individuals who require assistance with Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs). Services extend to adult

protective services, options counseling, and housing supports. Our state-funded programs complement the services provided by the AAAs so that when needed, consumers have a fully integrated set of services to support their independence in the community.

These services form a fully integrated continuum of care that supports older adults at risk of institutionalization, those transitioning out of hospitals or nursing facilities, and those needing long-term care in the community.

A newer initiative is the Community Transition Liaison Program (CTLP), which places trained staff onsite in skilled nursing facilities to engage residents, provide informed choice, and assist with transitions back to the community. CTLP teams identify and address barriers to discharge, such as housing, public benefits, and service access, and collaborate with facility staff to develop safe, sustainable transition plans. Staff receive specialized training in HCBS waivers, integrated care, behavioral health supports, housing options, health care proxy planning, and the Money Follows the Person (MFP) Demonstration. CTLP is designed to support long-term care residents who wish to return to community settings.

In parallel, AGE is exploring the development of a coordinated hospital-community liaison transition initiative, building on our experience with the ARPA HCBS-funded Hospital to Home Partnership Program. The goal is to ensure timely engagement during hospitalization to arrange community-based support services prior to discharge, supporting aging in place and discharge to the most appropriate setting.

Key Measures of Progress:

- Number of people receiving home and community-based services enrolled in a MA home care program who are nursing facility eligible.
- Number of successful transitions from institutional to community settings
- Number of individuals connected to home- and community-based service (HCBS) programs at transition

Incorporating aging network services with HCBS funded by other entities such as Medicaid.

Response:

We are committed to integrating aging network services with HCBS, such as Medicaid, to provide seamless and equitable care for older adults. A key strategy is the incorporation of the Frail Elder Waiver (FEW), the largest of the ten Massachusetts HCBS waivers, into the AGE-operated home care program. This integration allows us to deliver essential services

such as case management, personal care, homemaking, and other services through a unified approach that supports older adults in remaining safely in their homes.

To strengthen this integration, we are expanding staff training efforts to increase awareness of Medicaid HCBS programs and enhance internal capacity to assist with access and navigation. These efforts aim to improve referral accuracy, increase enrollment in appropriate services, and promote the long-term sustainability of community-based care options.

Alongside these efforts, AGE invests in site-based supports such as residence service coordinators in senior housing, who help older adults' lower household costs, apply for public benefits, and access services to prevent ER visits and hospitalizations.

Key Measures of Progress:

- Enrollment numbers in the FEW through the home care program
- Number and frequency of staff trainings on HCBS related topics, including those funded by Medicaid.

Caregiving in the Commonwealth

The Massachusetts Family Caregiver Support Program (MFCSP), funded through Federal Title III of the OAA, 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 or older, or a younger individual with dementia-related disorders, as well as grandparents aged 55 or older 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 services, individual counseling, support groups, caregiver training, respite services, and other supplemental services on a limited basis, such as transportation, personal emergency response systems, adaptive equipment, and other services.

Approximately 1.1 million family caregivers provide care to older adults each year in MA. Family caregivers face their own economic risks as they take on this additional role in their lives. Caregiving can take many forms, including caring for an older parent, a partner diagnosed with a serious illness, or a child living with a disability. It often involves assisting with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs), such as eating, grooming, medication management, grocery shopping, and financial management. Additional information is available through the Family Caregiver Alliance.

AGE has engaged with AAAs, employers, employees, and the general public to provide resources that support caregivers and to recognize and celebrate their essential role. With

a focus on promoting person-centered supports and developing tools and services that address caregivers' needs, the following features of the Massachusetts Family Caregiver Support Program (MFCSP) reflect current practices and the adoption of best practices to guide future program approaches:

- **Proclaiming Family Caregivers Month**: Each November, the Commonwealth declares Family Caregivers Month by, with AGE and the AAA network promoting the proclamation to honor and celebrate family caregivers.

- **Strengthening Respite Availability**: Stipends were provided to caregivers who met the needs and criteria established by the Aging Service Access Point. These stipends were intended to "give caregivers a break" from their caregiving responsibilities to enhance their physical and/or emotional well-being.

- **Participating in National Academy for State Health Policy (NASHP) Caregiving State Policy Learning Collaborative:** AGE was one of 16 states selected to participate in the 18-month learning collaborative to learn best practices, strengthen caregiver policies, and build upon the action steps in the National Strategy to Support Family Caregivers.

- **Updating the Massachusetts Employer Toolkit to Support Working Caregivers Publication with the Massachusetts Caregiver Coalition:** This document raises awareness of family caregiving as a workforce opportunity and provides employers with resources and ideas for supporting their workforce. AGE will also work with other Coalition members to increase the commitment of Massachusetts-based employers to supporting family caregivers.

- **Understanding Satisfaction**: A Family Caregiver Satisfaction Survey was conducted to capture caregivers' opinions related to the assistance provided and the outcomes of services as a result of the FCSP Assessment, which was updated in 2020. The data gathered supplements the efforts of AGE and local agencies to evaluate programs and assess ongoing improvements for quality assurance.

- **Enhancing the Economic Security of Family Caregivers:** With the intensity of care needs increasing, caregivers can fall into economically insecure situations due to reducing their employed working hours to accommodate higher caregiving demands, paying for professional care to supplement their own caregiving capacity, or neglecting their own health care needs due to lack of time for self-care. AGE will award between four and eight grants to community organizations aimed at enhancing the economic security of family caregivers living in Massachusetts as part of the Advancing State Implementation of the National Strategy to Support Family Caregivers grant awarded to Massachusetts in 2024.

- **Enhancing Caregiver Data**: AGE will disseminate the 2025 BRFSS Caregiver Module and analyze the results when they become available as part of the

Advancing State Implementation of the National Strategy to Support Family Caregivers grant (see above).

MA Statewide Needs Assessment Project

Top Five Expressed Areas of Concern from the 2025 Needs Assessment Project:

- In-Home Support for Independence
- Transportation Access
- Affordable Health Care
- Access to Services
- Access to Health Care

In development of both the State Plan and individual AAA plans, each AAA was required to collect data that assesses the strengths and gaps in existing AAA services, the needs of older adults in the region, and services that are currently lacking but could contribute to aging in place. The data collected through this assessment directly informs the development of both the State Plan and AAA plans, ensuring that services and policies are data-driven and responsive to the real needs of older adults. By gathering comprehensive data, the assessment helps identify service gaps, highlight community needs, and determine the essential services necessary to enhance the independence and well-being of older adults across MA. Additionally, the project helps to build connections and strengthen the partnership between AGE and the AAAs. This collaboration is critical to AGE's goal of ensuring the State Plan is informed by and based on Area Plans.

Commencing in early September 2024 and extending through December 2024, all 20 AAAs participated in collecting data on the needs of older adults residing in their PSA. Information was gathered through events using individual surveys with older adults and their caregivers, as well as individual interviews and surveys with AAA service providers. The use of multiple data collection methods allowed a range of participants to express their areas of concern at each session. This effort supported the shared goal of AGE and the AAA network to develop focused strategies for effectively using resources and identifying where MA needs to strengthen efforts to reach older adults and their caregivers. The full Massachusetts 2025 Statewide Needs Assessment Report is presented as Attachment E to the State Plan.

Stewardship and Oversight

AGE is committed to making MA more welcoming and livable for older residents and people of all ages. The Commonwealth is home to more than 1.7 million residents aged 60 and over, and the demand for services continues to grow. Our commitment to supporting older adults and their caregivers is guided by three core principles:

- First, we will prioritize services to those with the greatest need.
- Second, we will continue our efforts to drive efficiency and good business practices.
- Third, we will preserve the important gains made in workforce capacity.

Though this has meant difficult choices, it is also an opportunity to sharpen our focus, strengthen our commitment to equitable access, and ensure the long-term sustainability of critical programs through optimal blending of state, federal, local, private, and non-profit funding sources.

We are committed to ensuring consistent, high-quality operations that offer stability and reliability for those we serve. To achieve this, our focus includes:

- Enhancing interagency coordination by aligning efforts with other state agencies to reduce fragmentation and streamline services for older adults and caregivers;
- Simplifying access by improving communication and making resources easier to navigate for individuals, families, and partners;
- Strengthening the consumer experience by refining workflows to deliver timely, person-centered support and improve overall experiences;
- Supporting partners through quality improvement by equipping them with tools to assess and enhance program performance for continuous improvement;
- Leveraging data insights and program evaluation to ensure resources are demonstrating measurable impact.

The work to support responsible governance and oversight of OAA programs is bolstered by AGE's vision and commitment to ensuring that every person has the tools, resources, and support they need to fully embrace the aging experience. In alignment with OAA language, Final Rule regulations, and Commonwealth guidance on federal awards management, AGE partners with the AAA/ASAP network to ensure that financial and program management adhere to established protocol and rules. Financial and program monitoring are supported through the Goals, Objectives, Strategies, and Performance Measures that guide the work of the AAA/ASAP network.

The Commonwealth supports the aging network to meet the mission and vision of the OAA through holistic program management. Such program management includes having

appropriate program, fiscal, data, evaluation, training, and communications policies and procedures that are aligned with one another; maintaining the integrity of advocacy activities; and assessing and adjusting to support ongoing program implementation of targeted, effective, and efficient activities.

Using data to inform policy and practice is a critical component of continuous learning. AGE values this process and is committed to strengthening its ability to translate data into action that benefits the AAA network, older adults, and their caregivers. During this State Plan period, AGE will review current participation in programs and services to better understand who the network is serving and who may be underrepresented in accessing programs. This information will be used by AGE and the AAA network to enhance outreach, engagement, and inclusion. AGE will also review and strengthen policies and procedures related to accountability within the aging network to promote access and value for all.

Title III and VII Program Monitoring

In accordance with the language outlined in the Older Americans Act, Final Rule regulations, State Procurement Policies, and pertinent regulations related to the award of Title III federal funding to AAAs, AGE, in its role as the SUA, has established monitoring procedures to ensure compliance with applicable federal and state requirements. AGE is charged with evaluating AAA and sub-recipient operations in safeguarding that funds are being spent in connection with contract requirements and program regulations. Additionally, AGE is responsible for establishing and implementing procedures to assess program performance for quality and effectiveness.

Program-specific AGE programs manage monitoring activities related to service-specific operations funded in whole or in part by Title III. AGE program staff from the I&R, Nutrition, Family Caregiver, Home Care, and Ombudsman programs are charged with visiting AAAs and Nutrition Programs to monitor and evaluate activities, standards, consumer records, and program operations. Similarly, monitoring of AAA direct services, AAA financial reporting, Title III provider (AAA subgrantee) monitoring, and Area Plan adherence is the role of the AGE Title III monitoring work. The AGE Title III - Standards and Indicators document functions to work in coordination with existing program-specific monitoring activities and integrates Federal and State regulations and requirements into a broader view of program quality and effectiveness.

The Title III Programs – Standards and Indicators describes benchmarks for high-quality operation of Title III Programs and menus of activities in support of achieving them. Taken together, these benchmarks of quality and sets of activities provide a foundation for AGE evaluation and monitoring of Title III Programs as carried out by the AAAs. The value of the

Title III administrative and financial monitoring of Title III Programs is that it provides a means and method for AAAs and AGE to directly partner and cooperate toward achieving the best quality of service for the Commonwealths' older adults and their caregivers.

Quality Management

AGE's ASAP/AAA oversight framework is based on four main pillars; 1. AAA/ASAP Contract Management and Compliance – ensuring that AAAs/ASAPs meet minimum regulatory, contractual, and operational requirements, 2. Ongoing Performance Management – supporting AAAs/ASAPs in measuring and understanding their performance efficiently and consistently delivering quality services, 3. Quality Improvement – Empowering AAAs/ASAPs to enhance service quality, consumer satisfaction, and the overall experience of older adults and caregivers, and 4. Outcome Evaluation – Tracking and evaluating the long-term impact of AAAs/ASAPs' work on consumer health, well-being, and independence.

AGE's quality management strategy is designed to ensure essential safeguards exist with respect to health, safety, and quality of life for consumers. The aim is to include active quality management systems for promoting and monitoring internal, as well as external, quality across the agency and the aging service network.

The quality management and improvement strategy is based on the following key operational principles:

1. The system is designed to create a continuous loop of quality assessment and improvement, including the identification of issues, notification to concerned parties, remediation, follow-up analysis of patterns and trends, and subsequent improvement activities.
2. Quality is measured using a set of outcome measures, which are based on AGE's mission statement and goals, Centers for Medicare & Medicaid Services assurances, Commonwealth of Massachusetts' regulations, and AAA/ASAP quality oversight activities.
3. The system assesses quality by measuring health and safety for consumers and places a strong emphasis on other quality of life indicators, including consumer access, person-centered planning and service delivery, rights and responsibilities, consumer satisfaction, and consumer involvement.

The following are examples of the quality improvement (QI) activities that AGE and the AAA/ASAPs undertake; however, among the many different AGE programs, additional QI activities take place.

Online Date Reports: AGE and the University of Massachusetts Medical School (UMMS) have developed a robust online reporting tool, called Home- and Community-Based

Services (HCBS) Explorer. Both AGE and the AAA/ASAPs use these reports, which simplify and streamline report production, making the reports accessible to people with a wide range of technical skills. Using enrollment, assessment, service delivery, and financial data, HCBS Explorer allows for standardized, statewide reporting. In addition, many of the reports contain charts for data visualization used to identify patterns and trends to support proactive identification of issues and real time mitigation strategies. This method assists in showing trends for individual AAA/ASAPs, as well as for the AGE and MA as a whole. AGE and the AAA/ASAPs also develop and share reports using the WellSky Harmony Advanced Reporting (HAR) application. HAR reporting is a self-service reports application system that enables authorized users to access SAMS data and to build and share reports.

Through these reports, AGE monitors in real time how individual AAA/ASAPs and the overall network are performing. Identified problems with an individual agency's performance or recognized systemic issues are followed up accordingly.

Designation Reviews: In 2022, AGE launched an update to its Designation (audit) review process of the AAAs/ASAPs. This update transitioned the process from an every 3-year periodic audit to a regular continuous quality improvement process. AGE leverages a variety of data reporting, survey tools, manual case reviews, and consumer experience testing processes to evaluate the full range of programs and services provided by the AAAs/ASAPs. Designation measures are captured in 6-month evaluation periods to support a continuous and as close to real time feedback loop. Every 6 months AAAs/ASAPs receive a compliance report per program detailing their performance during the previous evaluation period. AAAs/ASAPs that do not meet minimum compliance standards for each program/service will complete a Quality Improvement Plan for Corrective Action (QIPCA). The development of the QIPCA requires the completion of the 8-step quality improvement process including the development of a problem statement, AIM statement, Root Cause Analysis (RCA), prioritized countermeasures, and the Plan phase of the Plan, Do, Study, Act (PDCA) cycle. Non-compliant AAA/ASAP programs must submit their QIPCA within 30 days of the notification of compliance standing. AAAs/ASAPs submit the evaluation of their QIPCA 30 days before the end of the current evaluation period/next compliance report.

Any AAA/ASAP that is within 5% over the minimum compliance threshold must complete and submit a Failure Modes Effects Analysis (FMEA) to monitor for change and have response plans in place to prevent non-compliance.

The updated Designation review processes ensures that AAAs/ASAPs are consistently engaging with their data, pinpointing areas for improvement, and continuously striving to deliver uniform high-quality programs/services to all older adults and their caregivers in the Commonwealth.

Frail Elder Waiver (FEW): AGE engages in extensive evaluation of its FEW program. Currently, AGE and the ASAPs track 29 performance measures covering consumers' health and welfare, service plans, level of care determinations, as well as provider qualifications, financial accountability, and administrative aspects of the program. AGE and MassHealth report to CMS annually and produce a comprehensive report every five years on the results of the performance measures.

Grant Evaluation: AGE receives various grants, including programs that serve people with dementia and their caregivers, including strategies to increase the dementia capability of HCBS across the state. AGE, independently and in collaboration with external entities, such as the UMMS and Boston University, evaluates the various grant activities through pre- and post-tests, surveys, interviews, data that is entered into online databases, and other methods.

Statewide Meetings: AGE and AAA/ASAPs hold regular meetings (monthly and quarterly), including for QI directors/managers, home care program and nurse managers, contract managers, other program directors and staff, and executive directors. The meetings address concerns with performance on quality measures, discuss changes in requirements or QI practices, and introduce new initiatives. Meetings enable AGE to conduct regular check-ins with the network on QI issues and requirements. The SUA also has workgroups with AAA/ASAP members to work on various QI and related initiatives.

Goals, Objectives, Strategies, and Performance Measures

The AGE senior leadership team developed goals, objectives, strategies, and performance measures for this State Plan period. The Commonwealth of Massachusetts believes that these nine goals are foundational to optimal aging and creating programs, services, and communities that not only support older adults, but help them thrive.

At the center of this plan is an overarching goal that defines the state's vision for aging:

Overarching Goal: *To guide policy and pioneer innovation to make Massachusetts a great state for older adults*.

This vision is operationalized through nine supporting goals, which are grouped into two strategic categories:

Goals 1–6: Core Service and Support Areas for Aging in Community

These goals focus on the direct programs, services, and supports that older adults rely on to remain safe, healthy, and engaged in their communities:

GOAL 1: Ensure access to supports that enable aging in community

GOAL 2: Strengthen programs that protect older adults' safety and security

GOAL 3: Increase access to housing options and supports that promote healthy living

GOAL 4: Enhance supports that make family caregiving viable and desirable

GOAL 5: Advance strategies that build age- and dementia-friendly communities

GOAL 6: Promote cross-agency collaboration to embed aging in all policies

Goals 7–9: System-Level Enablers

These goals represent the infrastructure and policy conditions needed to maximize the effectiveness, comprehensiveness, and sustainability of aging services in Massachusetts:

GOAL 7: Promote positive perceptions of aging, raise awareness of resources, and encourage timely planning for health, caregiving, and finances

GOAL 8: Break through systemic barriers that limit the availability of essential services, supports, and programs for older adults

GOAL 9: Maximize impact and quality of AGE funded programs

To achieve the objectives outlined in this section of the State Plan, AGE will continue to collaborate with the AAA/ASAP network, COAs, age- and dementia-friendly communities, community-based organizations (CBOs), and various partners at the local, regional, and state levels. AGE will work closely with partners in housing, transportation, business, and

labor to ensure a comprehensive and coordinated approach. As the years progress, AGE will incorporate input from these partners and stakeholders, as well as community leaders, older adults, and family caregivers, to ensure that this strategic plan resonates and adapts where needed.

Following the presentation of the goals and objectives is a section on quality management. The use of data and related information is essential to monitoring performance and supporting ongoing quality improvement. While multiple approaches are in place to ensure a robust system, the overall framework for quality management and improvement is, by design, continuously evolving and strengthening over time.

Goal 1. Ensure access to supports that enable aging in community

Objective 1.1: Identify and address obstacles to aging in community.

Strategies:
AGE is committed to ensuring that older adults have the opportunity to thrive in the communities of their choice. To identify and address obstacles to aging in community, AGE will continue to work with partners across the Executive Office of Health and Human Services to review the current continuum of care for individuals aging in the community. Additionally, AGE will continue to support consumer access to clear, up-to-date information regarding the aging network, available programs and supports, and related services. AGE will also remain attentive to the needs of Assisted Living residents, as well as the unique needs of individuals transitioning from long-term care facilities and other institutional settings into the community of their choice.

Performance Measures:

- Continue processes to gather and review the current obstacles to aging in community, including but not limited to the following: affordable and accessible housing options, home and community-based services, and transition support.
- Improve consumer access to information on available services, programs, and housing options, including Assisted Living Residences.

Objective 1.2: Enhance and strengthen home care programs to support aging in the community.

Strategies:
AGE will continue to adopt changes to the current continuum of care to meet the needs of those who wish to age in the community. This includes ongoing efforts to improve the quality of home care programs and services. AGE will work to grow and support the home care program's service provider network, including provider development for services that have recently been added or expanded, including but not limited to Assisted Transportation, Self-Direction, Assistive Technology for Telehealth, Assistive Technology,

Electronic Comfort Pets, and Virtual Communication & Monitoring. AGE will also continue to work with the aging network and providers for workforce recruitment, retention, and development.

Performance Measures:

- Review home care programs to identify and implement improvements that enhance consumer access and experience.
- Increase the number of providers participating in the home care programs, with a focus on newly added and expanded services.
- Support and develop pathways for recruitment and retention of the workforce providing care to older adults in home care.

Objective 1.3: Maintain and strengthen the aging and disability "no wrong door" network.

Strategies:

AGE is committed to maintaining and strengthening access to the aging and disability network through a "no wrong door" approach. AGE will continue to monitor the consumer experience across the aging network to ensure it is consistent, high quality, and responsive to consumer needs. AGE will also continue to evolve MassOptions, the current aging and disability online portal and call center, including improving digital access and navigation tools to make it easier for older adults and caregivers to find and connect with services.

AGE will continue to implement strategies to monitor satisfaction with MassOptions services and referrals, including the analysis of post-call satisfaction surveys and consumer feedback. In addition, AGE will support training for staff within the aging and disability network on effective cross-agency referrals and will promote awareness of statewide agency services through cross-training opportunities, shared learning forums, and coordinated communication efforts.

Performance Measures:

- Conduct and report on a consumer experience project within the aging network.
- Monitor rates of consumer satisfaction with MassOptions and referral experiences.
- Analyze incoming engagement with MassOptions and AGE (phone, email, voicemail, chats) to inform quality improvements.
- Promote interagency collaboration and capacity building for the aging network through cross- training, shared resources, and coordinated professional development initiatives.
- Improve consumer access to digital platforms and tools.

Objective 1.4: Strengthen behavioral health supports for older adults in community.

Strategies:
AGE recognizes that behavioral health support begins in the community and sees value in creating bridges between the AAA network and behavioral health care system. Employing the Massachusetts Roadmap for Behavioral Health Reforms as a resource , AGE will expand and scale successful interventions led by AAAs and community-based organizations (CBOs), including community-based behavioral health programs such as Behavioral Health Outreach for Aging Populations. AGE will also emphasize the use of outcomes data to inform policy and drive programmatic improvements.

Performance Measures:

- Increase the capacity of the behavioral health care system through the promotion of older adult peer specialists.
- Increase the footprint or number of behavioral health programs for older adults in community.
- Increase access to culturally relevant care throughout behavioral health programming.

Objective 1.5: Ensure access to nutrition and related services that promote healthy aging

Strategies:
With the goal of ensuring that all older adults have access to programs that promote healthy aging, AGE will support improved access to nutrition programs, including medically appropriate meals and meals that older adults enjoy. AGE will continue to meet growing needs while controlling rising costs, enhancing consumer choice, and strengthening core program delivery. AGE will continue to support timely nutrition assessments, the provision of medical nutrition therapy, and both individual and group nutrition education to address acute and chronic nutrition conditions. AGE will conduct a comprehensive study on the effects of malnutrition on older adults and identify the most effective strategies for reducing it.

Performance Measures:

- Increase number of nutrition programs providing medically tailored meals that are satisfying to older adults.
- Improve management and oversight of funding allocation methodologies.
- Support improvements in the timeliness and accuracy of invoices and payments.
- Use consumer survey data to identify potential unmet needs or areas for improvement.
- Create forums for sharing new ideas and best practices across the aging network.

Objective 1.6: Facilitate opportunities for connection, purpose, and engagement for older people and caregivers, including increasing volunteer and work opportunities.

Strategies:
AGE appreciates and values the importance of connection, purpose, and engagement for older adults, whether through volunteerism, social connection, or paid employment. AGE will promote the value of older workers in partnership with the business community and the Executive Office of Labor and Workforce Development and will encourage increased opportunities for lifelong learning for both older adults and family caregivers. AGE is also committed to partnering with local organizations to promote volunteer and multigenerational engagement opportunities. In addition, AGE will promote volunteer opportunities within its own programs, including SHINE, the Long-Term Care Ombudsman Program, and Nutrition Programs.

Performance Measures:

- Increase awareness among MassHire staff and the business community of the value of older workers and the opportunities available to them.
- Increase promotion of volunteer opportunities within AGE-administered programs such as SHINE, the Long-Term Care Ombudsman Program, and Nutrition Programs.
- Increase promotion and support of engagement opportunities offered through Councils on Aging, as measured through data collected in the annual Massachusetts Councils on Aging Statistical Report produced by AGE.

Goal 2. Strengthen programs that protect older adults' safety and security

Objective 2.1: Support the long-term care and community care ombudsman programs.

Strategies:
The Executive Office of Health and Human Services will work with AGE, as appropriate, to strengthen the long-term care ombudsman programs. This includes supporting advocacy for residents in long-term care settings, such as skilled nursing facilities, rest homes, and assisted living residences, as well as supporting the recruitment, training, and certification of volunteer ombudsmen.

Performance Measures:

- Increase number of long-term care ombudsman volunteers.
- Develop and implement a cross-training curriculum for nursing facilities and assisted living residences to improve flexibility and advocacy response across the continuum of care.

Strategies:
Strengthen the Community Care Ombudsman Program (CCO) to support advocacy and resolution for older adults, people with disabilities, and their families accessing community services and supports through the ADRC.

Performance Measures:

- Decrease the number of complaints through ongoing review of trends in complaints involving ADRC contract agencies.
- Implement ongoing training related to the CCO program and the complaint resolution process.

Objective 2.2: Increase awareness of abuse, neglect, mistreatment, and exploitation of older people.

Strategies:
In coordination with the AAA network and partnerships at the state, regional, and local levels, AGE will implement multiple approaches to increase awareness and knowledge of abuse, neglect, mistreatment, and exploitation of older adults. In particular, AGE will work with other Health and Human Services agencies (e.g., the Department of Mental Health and the Disabled Persons Protection Commission) to develop a cross-agency training focused on identifying, responding to, and preventing abuse. This training will help direct care professionals and community partners recognize the risks and signs of abuse and understand available resources such as Adult Protective Services. In addition, AGE will conduct a series of media campaigns to improve public awareness.

Performance Measures:

- Increase number of campaigns, presentations, and public service announcements related to abuse of older adults.
- Develop and implement cross-agency training focused on identifying, responding to, and preventing abuse.
- Increase the number of community trainings focused on abuse and reporting.

Objective 2.3: Strengthen the protective services to enhance the protections of older people living in community.

Strategies:
Adult Protective Services is a critical component of AGE's services. During this State Plan period, AGE will implement improvements to Protective Services processes and systems in consultation with the AAA network and other stakeholders. AGE will also work to strengthen the skillset of the Protective Services workforce through enhanced tools and training. Finally, AGE will modernize the workforce by implementing technology upgrades to support remote documentation and improve operational efficiency.

Performance Measures:

- Implement enhancements to Protective Services processes and systems.
- Increase the number of annual and enhanced Protective Services training completions.
- Provide technology to support remote documentation, enhanced data sharing, and other tasks.
- Integrate an evidence-based adult protective services risk assessment tool.
- Create and implement consistent determination tools across the network.

Objective 2.4: Strengthen the economic security of older adults and their caregivers.

Strategies:

AGE will expand efforts to assist older adults and their caregivers in maximizing available economic resources, including benefits counseling, financial literacy education, and access to affordable services. AGE will review and update databases and operational practices for the SHINE program to improve recruitment, training, recertification, and client outcomes. AGE will continue to develop a Learning Management System (LMS) specifically for the SHINE program to increase accessibility, improve training delivery, and enhance operational efficiency.

Additionally, AGE conducted a Long-Term Care Actuarial Study evaluating the feasibility of public financing options for long-term services and supports. AGE will also implement initiatives to increase awareness of financial exploitation among older adults and conduct public awareness campaigns to promote financial literacy and prevent exploitation.

Performance Measures:

- Increase the annual savings reported by SHINE clients.
- Develop and implement a SHINE Learning Management System that improves training accessibility and operational efficiency.
- Release the Long-Term Care Actuarial Study.
- Conduct aging awareness campaigns focused on preventing financial exploitation.

Objective 2.5: Explore opportunities to enhance access to and coordination of legal assistance services for older adults.

Strategies:

To strengthen the legal rights and protections of older adults, AGE will incorporate the role of a Legal Assistance Developer within current management and oversight operations. This role will provide leadership and possess the knowledge, resources, and capacity necessary

to effectively support the legal needs of older adults. Identify potential opportunities for coordination among the Legal Services Developer, Adult Protective Services (APS), the Long-Term Care Ombudsman Program, and other older adult services to support advocacy efforts for aging adults. Promote awareness and understanding of legal assistance services, with a focus on reaching older adults with the greatest social and economic needs. Consider approaches to promoting legal assistance services through outreach, education, and collaboration with the aging network, as capacity allows.

Performance Measures:

- Explore ways to strengthen partnerships and referral pathways between legal assistance providers, APS, the Long-Term Care Ombudsman Program, and other programs promoting the rights of older adults.
- Support efforts to increase awareness of legal assistance services through AAA activities in alignment with minimum adequate proportion guidelines.
- Provide general guidance and support to AAAs in developing and expanding legal assistance services for older adults, recognizing that direct service delivery is primarily the responsibility of the AAAs.

Goal 3. Increase access to housing options and supports that promote healthy living

Objective 3.1: Increase access to housing with supportive services and increase supports for older adults experiencing or at risk of homelessness.

Strategies:
AGE will collaborate with the Executive Office of Housing and Livable Communities (HLC) to address the needs of older adults in the state housing plan. AGE will also collaborate with HLC to continue to expand supportive services in state public housing. AGE will also work to strengthen the working relationship and partnerships between the aging network and housing agencies. AGE will participate in the HLC established Senior Housing Commission that convenes healthcare and housing industry leaders to discuss gaps in the housing and services continuum such as financing place-based supports in housing for older adults. AGE will also be mindful of the needs of older adults experiencing homelessness and those older adults who are residing in nursing facilities and support their transitions to living in a community setting.

Performance Measures:

- Increase the number of supportive housing sites.
- Continue to participate in and sponsor regular forums for both aging network and housing agencies to facilitate discussions and relationship building.
- Continue to explore partnerships between housing agencies and health care players to enhance and expand place-based supports in housing for older adults.

- Continue to partner with a cross-agency collaborative to explore strategies to better meet the needs of older adults experiencing homelessness.

Goal 4. Enhance supports that make family caregiving viable and desirable

Objective 4.1: Enhance supports for and increase the identification of family caregivers.

Strategies:
AGE recognizes the critical role that family caregivers play and is committed to providing services and supports within their communities. AGE will continue to work with AAAs to improve self-identification of family caregivers, raise awareness of available resources, and expand supports such as training and respite opportunities. In addition, AGE will deepen its collaboration with employers across the public, private, and non-profit sectors to promote recognition of and support for family caregivers in the workplace.

- Collaborate with government agencies, partners, and other states through the NASHP Caregiving State Policy Learning Collaborative to advance innovative approaches and initiatives for family caregivers in Massachusetts, and to enhance no- or low-cost supports.
- Increase sustainable and scalable interventions to support family caregivers.
- Encourage AAAs to increase the number and quality of training and respite opportunities for family caregivers through the AGE Family Caregiver Support Program.
- Increase commitment of Massachusetts-based employers committed to supporting family caregivers via the Massachusetts Caregiver Coalition.
- Expand economic security of family caregivers through the ACL Family Caregiver Grant.

Performance Measures:
- Increase traffic to the Mass.gov family caregiver website and other digital channels for caregiver engagement at the state and AAA level, such as the *Caring for the Caregiver* webinar series and the quarterly caregiver newsletter.
- Increase the number of caregivers served by the AGE Family Caregiver Support Program, including family caregivers from a variety of communities and with a range of caregiving needs and circumstances.
- Disseminate the 2025 BRFSS Caregiver Module and analyze results when they become available.

Goal 5. Advance strategies that build age- and dementia-friendly communities

Objective 5.1: Continue to make and report on progress on the Massachusetts Age-Friendly State Plan.

Strategies:
In 2024, AGE undertook comprehensive public engagement and significant research on the current state of older adults in Massachusetts to update and refresh its 2019 multisector age-friendly action plan, now titled *ReiMAgine Aging 2030: The Massachusetts Plan*. The purpose of this refreshed plan is to further align partners around a shared vision and provide a framework for collective efforts over the following five years (2025-2030). The plan is structured around six key goals that describe the desired outcomes for older adults in the Commonwealth. It identifies strategies and specific actions that state agencies, local communities, community-based organizations, and the private sector can implement to ensure Massachusetts is a great place for everyone to grow old and thrive. AGE will focus on supporting communities and various sectors to take action, and on engaging all Massachusetts Executive Offices and State Agencies to examine their policies, programs, and practices through an age- and dementia-friendly lens, assess their impacts on older adults, and embed positive aging into their policies and actions.

Performance Measures:

- Submit biennial progress reports to AARP.
- Update and refresh the Plan in 2030 through comprehensive public engagement and submit for approval by AARP.
- Increase the number of state policies and practices that incorporate action for older adults.
- Increase the number of cross-sector partners engaged in the age- and dementia-friendly movement.

Objective 5.2: Release an updated *Massachusetts State Plan on Alzheimer's Disease and Related Dementias* and provide annual progress on its implementation.

Strategies:
The Massachusetts State Plan on Alzheimer's Disease and Related Dementias (Plan) outlines recommendations developed by the Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias (Council). Since the plan's launch in 2021, AGE has worked with the Council and its partners to implement its recommendations through guidance, tools, education, advocacy, policies, and programs. With most recommendations now implemented, the Council will update the plan by examining and prioritizing the challenges faced by individuals affected by dementia, identifying potential solutions, and outlining new strategies. These efforts will culminate in the release of an updated pPlan in calendar year 2026.

Performance Measures:

- Update the *Massachusetts State Plan on Alzheimer's Disease and Related Dementias* (Plan) and submit it to the Massachusetts Executive Office of Health and Human Services, Governor's Office, and Legislature.
- Submit annual reports detailing progress, achievements, and next steps to the Executive Office of Health and Human Services, Governor's Office, and Legislature.
- Disseminate and integrate the Council's tools, toolkits, and guides, such as the Dementia Care Planning Toolkit (published in 2025), into relevant AGE programs to support consistent and effective practice.

Objective 5.3: Support communities in efforts to become age- and dementia-friendly.

Strategies:

AGE will continue to deepen and strengthen the development of age-friendly community planning and action across the Commonwealth particularly in rural, historically marginalized, and traditionally underrepresented communities. The *ReiMAgine Aging 2030: The Massachusetts Plan* provides a roadmap to support regional and municipal planning approaches to integrate age- and dementia-friendly actions into their plans and strategies, and to engage with older adults and caregivers to effectively meet their needs. Through the plan, we will continue to work with statewide partners and stakeholders, including Point32Health Foundation, the Massachusetts Healthy Aging Collaborative, AARP Massachusetts, Dementia Friendly Massachusetts, and the Massachusetts Councils on Aging, to further build the age- and dementia-friendly movement across all communities in the Commonwealth. We will provide information about grant programs that align with the plan's objectives, and whenever possible, we will provide grant opportunities such as grants to enhance and innovate caregiver support initiatives, grants for municipalities to kick-start or extend age-friendly plans, and a best practice grant program for municipalities. In addition, AGE will provide technical assistance by supporting local Councils on Aging through the formula grant and service incentive grant and by creating and deploying tools to assist communities with age- and dementia-friendly efforts.

Performance Measures:

- Increase the number of communities engaged in age- and dementia-friendly work using data to inform priorities.
- Develop and implement new tools to assist communities with age- and dementia-friendly efforts.

Objective 5.4: Improve the built environment.

Strategies:

AGE will continue to promote and support policies that improve built environments that allow individuals to age in the community of their choice. This will include improving

accessible and affordable transportation, developing safer, more walkable streets, and increasing the awareness of transportation options and tools already available with partners at the Massachusetts Department of Transportation. Additionally, AGE will work alongside MassHousing and HLC to promote local and statewide housing planning that specifically contemplates provision for affordable, accessible, and supportive senior housing and housing options.

Performance Measures:

- Promote best practices in age-and dementia-friendly communities for safe, walkable streets and other physical and social activities.
- Continue to monitor and analyze the impact of the age and dementia-friendly design standards that have been built into housing production requirements.
- Collaborate with HLC and others to increase the number of initiatives that specifically promote the creation of more affordable, accessible housing options for older adults.

Goal 6. Promote cross-agency collaboration to embed aging in all policies

Positioning our state to best support our older population is a priority strategic initiative for the Executive Office of Health and Human Services (EOHHS). With AGE's leadership, EOHHS convened representatives from each EOHHS agency in its secretariat for a 16-week initiative mobilization intensive to facilitate inter-agency collaboration, break down silos, and develop a plan to move the needle on issues related to aging and the changing demographics in the Commonwealth. From this effort, the Aging Innovation Committee was formed, co-led by AGE and EOHHS. Three primary focus areas were prioritized under the AIC, including Agency Readiness, Affordability, and Caregiving.

Objective 6.1: Agency Readiness

A critical area of focus is understanding how the increasing needs of older populations in Massachusetts intersect with the opportunities and initiatives of each of our Health and Human Services agencies. The AIC readiness initiative serves to raise awareness across agencies, explore common needs, highlight the work each agency is doing to improve services and experience for older adults, and encourage and engage in collaborative initiatives that address key needs no one agency can solve alone.

Strategies:

1. Conduct deep-dive discussions with program stakeholders at each agency to surface challenges, overlaps, and opportunities
2. Identify opportunities for shared agency investments and service coordination.

Performance Measures:

- All agencies within Health and Human Services have been engaged.

Objective 6.2: Affordability

Promoting the economic security of older adults is the focus of our cross-agency Affordability initiative. Efforts to date have centered around reducing the cost burden of health care coverage and LTSS related services in Massachusetts.

Strategies:

1. Explore public financing options for long term supports and services through the creation of a LTC Actuarial model
2. Improve older adult access to health care by exploring feasibility of adjustments to MassHealth eligibility and spend-down requirements
3. Design and implement an online ePOLST (Portable Orders for Life-Sustaining Treatment) registry

Performance Measures:

- Completion of Actuarial model
- Launch of ePOLST

Objective 6.3: Caregiving

In addition to the strategies and performance measures outlined in Goal 4, AGE has supported EOHHS' creation of an EOHHS Caregiving Workgroup to drive cross-agency progress related to caregiving. In 2024, Massachusetts was 1 of 4 states to receive $490,000 grant funding from the Administration for Community Living to support family caregivers. The award will be used over a two-year period to develop statewide activities that implement the goals, recommendations, and actions outlined in the 2022 National Strategy to Support Family Caregivers.

Performance Measures:

- Increased enrollment in Massachusetts Family Caregiver Support Program (MFCSP).
- Increased partnerships between caregiver support programs and cross-sector businesses.
- Increased economic security for caregivers.

Goal 7. Promote positive perceptions of aging, raise awareness of resources, and encourage timely planning for health, caregiving, and finances

Objective 7.1: Reframe the conversation about aging from a "challenge" to an "asset" and reduce stigma surrounding aging and caregiving.

Strategies:
AGE has long placed an emphasis on reframing aging and eliminating ageist stereotypes and terminology. As part of the State Plan, AGE will take tangible steps to reduce ageism and promote older adults as valued family members, friends, neighbors, innovators, and employees. AGE will support language and communication training to policymakers, business and technology leaders, and media. In addition, AGE will increase literacy regarding topics related to aging and caregiving in the media and among influencers so that stories about aging and caregiving stay at the forefront and spread to new channels and consumers. In addition, AGE will promote awareness of advance care planning tools, such as POLST, to encourage individuals to plan for their future health care needs in a way that honors their values and choices.

Performance Measures:

- Number of reframing aging trainings and participants.
- Number of stories and photos framing aging in a positive light in major media publications.
- Increase awareness and usage of advance care planning tools such as POLST.

Objective 7.2: Improve the visibility of the aging services network.

Strategies:
AGE is committed to ensuring that the aging network is well-known and visible across the Commonwealth. AGE, with partners in the network, will review the status and perceptions of the aging network with the public. AGE will also support efforts to market and promote the aging network. In addition, AGE will increase collaboration with the Massachusetts Association of Aging Services Access Points (MAA), the Massachusetts Councils on Aging (MCOA), local Councils on Aging (COAs), and municipalities to leverage shared resources and enhance outreach activities across the Commonwealth, ensuring broader visibility and stronger community connections.

Performance Measures:

- Create, develop, and disseminate a comprehensive marketing and branding campaign with the AAAs, ASAPs and Councils on Aging.
- Increase online, print, and other materials for the aging network.
- Increase collaboration with MAA, MCOA, COAs, and municipalities to support broader outreach activities across the Commonwealth.

Goal 8. Break through systemic barriers that impact availability of essential services, supports, and programs for older adults

Objective 8.1: Review and strengthen availability of services, address the variety of needs of the populations served within the aging network with kindness, consideration, and standard best practices.

Strategies:
AGE is committed to ensuring that the aging services network is able to meet the evolving and increasingly wide range of needs of older adults throughout the Commonwealth. AGE will provide trainings within the aging network on how to address these needs. AGE will work to review existing programs, services, and information to ensure that they are responsive to ever-changing needs of the population and available to all populations in a manner that is considerate and respectful of the wide range of needs using best practices. AGE will also commit to strengthen and expand partnerships with organizations that are uniquely positioned to serve hard to reach and often less served populations such as those who may be deaf or hard of hearing.

Performance Measures:
- Improved awareness through training of the increasingly broad range of needs of older adults (trainings to AGE staff and/or the aging services network).
- Increased partnerships with community groups who are currently less represented
- Compliance with federal rules on accessibility.

Objective 8.2: Utilize data and evidence-informed analysis to address issues around quality, availability of services, and value.

Strategies:
Using data to inform policy and practice is a critical component of quality service provision, AGE values this process and intends to strengthen the ability to translate data into action that benefits the AAA network, older adults, and their caregivers. In this State Plan period, AGE will review the current participation in programs and services to better understand who the network is serving and who may be less represented and have programs less available to them. This information will be used by AGE and the AAA network to strengthen outreach and engagement. AGE will also review and strengthen policies and procedures related to accountability for the aging network to promote availability of services and value for all.

Performance Measures:
- Use of data to inform outreach and engagement, as well as tailoring of programs and services offered by the AAAs and other community-based organizations.
- Accountability measures defined and reported against on a periodic basis to AGE.

Goal 9. Maximize impact and quality of AGE funded programs

Objective 9.1: Set and evaluate performance measures for the aging services network.

Strategies:
As part of this State Plan period, AGE will continue to update and review the performance metrics and processes for evaluating the aging services network. This update includes reviewing current performance and contract standards for the aging services network, establishing consistent data measures to ensure all organizations are meeting minimum contracted standards, and supporting the aging network in implementing new data collection instruments. With this objective, AGE intends to level set expectations for the network while providing technical assistance and support to meet reporting requirements.

Performance Measures:

- New compliance and performance metric framework established.
- Organizations in the aging services network have transitioned to reporting on new data metrics, with support from AGE.

Objective 9.2: Monitor and support the operations of the aging services network.

Strategies:
As part of its commitment to continuous learning and quality improvement, AGE will use data to ensure service delivery of OAA-funded programs to older people through the AAA network and certify quality of Title III programs through monitoring.

Performance Measure:

- Ongoing assessment of current performance against existing contract standards.
- Ongoing monitoring of Quality Improvement Plans for Corrective Action (QIPCA) for non-compliant programs.
- Quality Improvement review process completed on-time and with assistance to the AAA network as needed, including corrective action planning.
- Align the AAA contracts to the current OAA Final Rule regulations.

Outcomes We Strive For

We envision a Commonwealth where everyone has the resources and support to fully embrace the aging experience. Together, we support aging adults as they live and thrive, safely and independently, on their own terms.

The goals, objectives, strategies, and performance measures outlined in this State Plan are designed to deliver real, measurable impact across the aging services network. AGE and its partners strive to achieve the following outcomes:

- Older adults can plan for, choose, and have available to them the help they need to age on their terms.
- Families and caregivers are supported in ways that reduce the financial, physical, and mental health impacts of caregiving.
- The aging network and partners deliver a broad range of services and supports that meet the evolving needs of communities across Massachusetts.
- State agencies are equipped to plan for and serve an increasing population of older adults.
- People experience healthier, longer lives as they age, supported by inclusive, accessible, and community-based services.
- There is more availability of aging services, particularly for historically underserved populations.
- Older adults have informed choice in aging, with trusted information, meaningful options, and dignity in decision-making.
- The Commonwealth demonstrates readiness for an aging population through policy, planning, and multi-sector innovation.
- Systemic barriers to the availability of services are removed, increasing fairness and ease of connection to services.
- Stakeholders are empowered through increased aging awareness and timely planning resources.
- AGE demonstrates good stewardship of public resources, maximizing the impact, quality, and value of funded programs.
- Policy and program development are guided by innovation, data, and the lived experiences of older adults and their caregivers.

Attachment A – State Plan Assurances and Required Activities

The Secretary of the Massachusetts Executive Office of Aging & Independence, as official signatory for the State Unit on Aging, hereby commits to performing all listed assurances and activities as stipulated in the Older Americans Act (OAA), as amended in 2020.

OAA Sec. 305, Organization

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection

(a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

The Massachusetts Executive Office of Aging & independence certifies that the following assurances (Section 306 of the OAA) will be incorporated into the 2026-2029 Area Plans on Aging, and therefore will be revealed as required affirmations by the 20 Area Agencies on Aging in Massachusetts.

Sec. 306, Area Plans

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State

prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the

State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(II) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(I) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(II) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which

such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(3) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(4) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964

(42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for older adult abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of older adult abuse, neglect, and exploitation, as appropriate; and

(5) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(6) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(7) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(C) the nature of such contract or such relationship;

(D) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(E) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(F) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;
(K) protection from older adult abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been

designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually

meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(D)The plan shall—include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(E) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(3) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(4) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10);

and

(C) afford an opportunity for a public hearing, upon request, by any area agency on

aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under

section 316.

(5) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to

directly provide information and assistance services and outreach.

(8) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(9) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(A) The plan shall provide that with respect to legal assistance —the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(10) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(11) The plan shall provide assurances that each State will assign

personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(12) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

(13) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited
English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(14) The plan shall provide assurances that the State agency will require outreach efforts that will—
on—

(A) identify individuals eligible for assistance under this Act, with special emphasis

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(15) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(16) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(17) The plan shall include the assurances and description required by section

705(a).

(18) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(19) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(20) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(21) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(22) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(23) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(24) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals

during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(28)an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services. The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(2) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(3) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable older adult rights protection activities described in the chapter;

(4) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(5) an assurance that, with respect to programs for the prevention of older adult abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent older adult abuse;

(ii) receipt of reports of older adult abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order…

___XXXXXXXXXXXXXXXXXXXXXXXXXX_____ _____

Robin Lipson Date
Secretary
Executive Office of Aging & Information
Commonwealth of Massachusetts

Attachment B – State Plan Information Requirements

The Secretary of the Massachusetts Executive Office of Aging & Independence, as official signatory for the State Unit on Aging, hereby provides the following responses in support of each Older Americans Act (OAA) or Final Rule (OAA Regulations) citation as presented.

Greatest Economic Need and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed, by specifying:

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and

(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"*Greatest economic need*" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"*Greatest social need*" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

(1) identify and consider populations in greatest economic need and greatest social need;

(2) describe how they target the identified populations for service provision;

(3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;

(4) establish methods for serving the prioritized populations; and

(5) use data to evaluate whether and how the prioritized populations are being served.

AGE Response:

AGE, in serving as the MA designated SUA, is committed to providing outreach and services to those older adults in the Commonwealth whose income falls at or below the federal poverty level. The goals of the Massachusetts aging network prioritize serving populations with the greatest economic and social need, including low-income individuals, low-income minority individuals, older adults with limited English proficiency, and those living in rural areas. In alignment with these goals, AGE continues its efforts to address the needs of the following priority populations:

- Living Alone (Isolated) Older Adults;
- Low-Income Older Adults;
- Minority Older Adult Populations;
- Native American Populations;
- Rural Older Adult Populations; and
- Socially Isolated Populations (i.e., geographically isolated; LGBTQIA+; individuals with limited English proficiency; those separated from friends and family; and other socially isolated populations).

Targeting identified populations to support community programs and services is an essential element of the OAA and is operational in MA to provide services to older adults and their caregivers. As the first step in realizing this principle, the MA IFF (Attachment C) targets older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income individuals and those living in rural areas. The purpose of the MA IFF is to allocate Title III funding in accordance with the proportion of potential consumers in each PSA. Special emphasis is given to individuals aged 60 and over with the greatest economic or social needs that are identified by the best demographic data available derived from AGE research and the Needs Assessment Report (Attachment E). In supporting targeted populations using the most current demographic data, AGE allocates 47.5% of the IFF to low-income individuals aged 60 and over, 20% to minority individuals aged 65 and over, and 15% to individuals aged 60 and over who are living alone.

The charge to target identified populations for programs and services is reflected in AAA Area Plan assurances, including standards established in Title III administrative rules, contracts with the AAAs, and program scopes with AAA Title III community service providers. In sharing the most current demographic data with AAAs, programs and services are directed to those in greatest economic need through AAA engagement using I&R Services, Title III and state home care providers, COAs, community partners, affiliations with state

programs and agencies, and NA results to guide programming and planning decisions. AGE also conducts monitoring reviews with AAAs and their providers to confirm compliance with the established targeted population requirements.

In representing a measure of individuals in greatest economic need, the following chart identifies the MassHealth income standards and the Federal Poverty Level, presenting data for the 100%, 133%, 150%, and 190% income thresholds used to determine eligibility for various government assistance programs.

2025 MassHealth Income Standards and Federal Poverty Guidelines, Effective March 1, 2025

Family Size	MassHealth Income Standards		100% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level		190% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$522	$6,264	$1,305	$15,660	$1,735	$20,820	$1,957	$23,484	$2,478	$29,736
2	$650	$7,800	$1,763	$21,156	$2,345	$28,140	$2,644	$31,728	$3,349	$40,188
3	$775	$9,300	$2,221	$26,652	$2,954	$35,448	$3,332	$39,984		
4	$891	$10,692	$2,680	$32,160	$3,564	$42,768	$4,019	$48,228		
5	$1,016	$12,192	$3,138	$37,656	$4,173	$50,076	$4,707	$56,484		
6	$1,141	$13,692	$3,596	$43,152	$4,783	$57,396	$5,394	$64,728		
7	$1,266	$15,192	$4,055	$48,660	$5,393	$64,716	$6,082	$72,984		
8	$1,383	$16,596	$4,513	$54,156	$6,002	$72,024	$6,769	$81,228		
For each additional person, add	$133	$1,596	$459	$5,508	$610	$7,320	$688	$8,256		

These figures are rounded and may not reflect the figures used in program determination. The Institutional Income Standard is $72.80.

AGE and the AAAs are also committed to reaching older adults and family caregivers experiencing the greatest social need. Services are directed to individuals affected by noneconomic factors, including physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. Greatest social need may also arise from racial or ethnic status, Native American identity, religious affiliation, sexual orientation, gender identity, sex characteristics, HIV status, chronic conditions, housing instability, food insecurity, lack of transportation, and utility assistance needs.

As MA moves forward into the State Plan period, the aging network will continue to explore service possibilities and develop best practices for effective interventions to reduce social isolation. The development of these interventions, in alignment with funding decisions that prioritize individuals with the greatest social need, will continue to guide the network's efforts. Possible best practices include volunteerism, peer support, companion programs, and transportation programs that support this goal.

The following factors, as presented in the IFF, are used by MA to identify and target older adults with the greatest social need:

- Adults aged 75 and over
- Adults aged 60 and over who live alone

- Low-income adults aged 60 and over
- Minority adults aged 65 and over
- Adults aged 65 and over living in rural areas

Older adults experiencing isolation due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, or lack of transportation are at particular risk and need meaningful connections with their communities. The MA aging network recognizes that social isolation and loneliness are associated with higher risks for a variety of physical and mental health conditions, including high blood pressure, heart disease, obesity, weakened immune function, anxiety, depression, cognitive decline, and Alzheimer's disease. The commitment to reach older adults in isolation is a critical goal that aligns with AGE's mission to support aging adults to live and thrive safely and independently— how and where they want.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g): Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

AGE Response:

According to the 2023 American Community Survey (ACS) 5-Year Estimates, 434 American Indian and Alaska Native adults aged 65 and older in Massachusetts reported income in the past 12 months that placed them below the poverty level. There are two federally recognized Native American Tribes in the Commonwealth: the Mashpee Wampanoag Tribe and the Wampanoag Tribe of Gay Head (Aquinnah). Additionally, MA identifies two state-recognized Tribes: the Hassanamisco Nipmuc Band and the Herring Pond Wampanoag Tribe, which received state recognition in November 2024.

The AGE consumer care management system identified that in FFY2024, Title III and state funded programs provided services to 139 Native American consumers who were identified and registered in the system. Principal services included congregate and home-delivered meals, I&R services, homemaker assistance, personal care, and transportation services.

The two federally recognized Tribes mentioned above are both located on Cape

Cod in southeastern MA. The AAA serving this PSA is Elder Services of Cape Cod and the Islands, which includes both Tribes in its outreach strategies to connect with Native American older adults and coordinates with the Tribes and services provided under Title VI of the OAA.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): The plan shall —...

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the
Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

AGE Response:

In alignment with Section 307(a)(21) of the Older Americans Act and 45 CFR § 1321.53, AGE is committed to ensuring that the SUA actively pursues efforts to increase access for Native American older adults to all aging programs and benefits provided through state operations and Title III services. AGE will continue to strengthen coordination, outreach, and service delivery to support equitable access across Massachusetts.

The Mashpee Wampanoag Tribe and the Wampanoag Tribe of Gay Head (Aquinnah) are both located within the PSA of Elder Services of Cape Cod and the Islands. The AAA has a longstanding partnership with the Mashpee Wampanoag Tribe, including an FFY2025 partnership to provide Title III funding for family caregiver counseling and nutrition services. The Title VI Program Director from the Tribe also serves on the AAA's Advisory Council, ensuring representation and input in local aging planning efforts.

The SUA has a history of engagement with the Tribe and the AAA, including participation in site visits, discussions, and telephone meetings. In offering a pledge to continue working with both Tribes and the AAA, AGE will continue to explore possibilities for partnership and best practice sharing over the next four years. Recent work in this area includes engagement between both Tribes, the AAA, and AGE to coordinate efforts related to emergency and disaster preparedness. Our engagement with the Tribes on this effort is in the early stages, and we are optimistic about the opportunities it presents throughout the life of the State and Area Plans. The AAA and AGE remain committed to continuing these partnerships.

As indicated in the data above, eight AAAs have recorded Native American consumers receiving Title III and state-funded programs and services. Including the Cape Cod AAA, Native American populations receiving services are primarily located in Berkshire, Hampshire, Worcester, and Bristol Counties. The AAAs in these counties have made outreach efforts to connect with Native American individuals through the state administered home care programs. Additionally, the AAA that includes the city of New Bedford (Coastline Elderly Services) has awarded Title III-B funding to the Mashpee Wampanoag Tribe for several years to support transportation services to the Tribe's Mashpee Community Center.

In the development of the Area Plans, AGE required each AAA to provide an assurance that, if a significant population of older adult Native Americans resides in the PSA, the AAA will implement outreach methods to increase access for those older Native Americans. These efforts are to include individuals living outside of reservations and other Tribal lands. Examples of such outreach methods include:

- Expanding outreach efforts targeting Native American older adults and their

family caregivers in Bristol, Plymouth, and Worcester counties.

- Committing to build relationships with relevant Tribal and cultural liaisons within PSAs and remaining responsive to identified needs.
- Providing outreach to the state-recognized older adults of the Nipmuc and Wampanoag populations in the Worcester PSA.

AGE provides an assurance that the SUA will continue to engage AAAs to perform outreach to older adult Native Americans and their family caregivers over the life of the State Plan. With a focus on engaging with the Mashpee Wampanoag Tribe and the Wampanoag Tribe of Gay Head (Aquinnah), both located in the same PSA, the aging network's effort to participate and increase access to state and Title III programs will be a focus of our work. The next four years will include an AGE-led endeavor to develop best practices that each AAA can use in the network to engage older adult Native American populations and to enhance coordination with services provided under Title VI.

While Native American older adults are located across the state, there are elevated concentrations in the southeast region, Cape Cod and the Islands, Boston (Jamaica Plain area), Merrimack Valley, and the cities of Springfield and Worcester. Historically, AGE has not been a recipient of OAA Title VI funding; however, the aging services network continues to conduct outreach and deliver services to Native American communities. These efforts include training in aging service community programs, continued collaboration on shared commitments across Title III and Title VI, and partnership-building to share best practices.

In a broader view, AAAs across the Commonwealth report providing services to Native American older adults. Assistance spans a wide range of supports, including personal care, chore services, home-delivered meals, adult day health, personal emergency response systems (PERS) with fall detection, and access to community support information. AAAs are encouraged to include Native American older adults in focused outreach efforts, including needs assessments, as well as in education and information sharing with Native American community leaders and the promotion of opportunities available under the Title III program.

AGE will continue to pursue coordination of programs and services with Native American Tribes and older Tribal members through outreach, collaboration, and consensus building. The SUA continues to counsel AAAs to engage Tribal organizations and Native American older adults through Advisory Council membership, Title III service proposals, thoughtful service planning, and culturally sensitive approaches.

Low Income Minority Older Adults

OAA Section 307(a)(14):

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

AGE Response:

The following figures represent the total Massachusetts 60+ population (or 65+ as available) for each of the highlighted populations as extracted from the American Community Survey (ACS) 2023, 5-year estimates:

Low-income Minority Older People (65+) **40,547**
(In past 12 months, below poverty level)

Low-Income Minority Older People (Age 65+)	**Number Below Poverty Level**
White Hispanics	3,064
Black or African American	10,426
Native Hawaiian and Other Pacific Islander	93
Asian	9,781
American Indian and Alaska Native Alone	434
Two or More Races	9,112
Some Other Race	7,637
Total	**40,547**

Note: *"Below poverty level" is defined by the U.S. Census Bureau as having household income in the past 12 months that falls below the federal poverty threshold, which varies based on family size and composition. In 2023, the poverty threshold for a single individual aged 65 and over was $14,610.*

Methodology Note: *Race-specific estimates are drawn from ACS poverty tables (B17001B–G) and may include individuals of Hispanic or Latino ethnicity. Hispanic individuals are included within their respective racial categories (e.g., Black Hispanic, Asian Hispanic) and are not counted separately under a Hispanic ethnicity category to avoid double-counting. The estimate for low-income White Hispanics aged 65+ was derived by subtracting the number of "White alone, not Hispanic or Latino" individuals in poverty (Table B17001A) from the total "White alone" population in poverty, providing an approximation of low-income White Latinos.*

According to ACS 2023 5-Year Estimates, there are a total of 121,522 people aged 65 and over in Massachusetts living below the poverty threshold. Based on this, approximately 33.4% of low-income older adults in Massachusetts are racial or ethnic minorities.

Households in Past 12 Months (65+) (With Food Stamp/SNAP benefits)	**99,911**
Older People with Limited English Proficiency (65+) *(Speak English, "not well" and "not at all")*	**85,170**
Poverty Status in Past 12 Months (65+) *(Below 100 percent of the poverty level)*	**121,041**

Driven by the OAA mandate to advocate for and address the financial and social needs of vulnerable older adults in the Commonwealth, AGE and the AAA network are committed to identifying and sharing best practice outreach mechanisms that reach vulnerable populations and provide services that help isolated individuals remain in the setting of their choice. In alignment with the 47.5% assigned weight in the Intrastate Funding Formula (IFF, see Attachment C) to low-income persons aged 60 and over, the shared work to reveal older adult needs, align with public input on policies and services, explore and build upon partnerships in the community, and develop programs and services that focus on this population is at the heart of the AGE and AAA work. Interwoven within the missions, designs, and services presented by AGE and the AAA network is the commitment to ensuring that low-income older adults and their caregivers have the tools, resources, and support they need to fully embrace the aging experience in the Commonwealth. Programs and services that align with this mission follow.

Prescription Drug Assistance: Prescription Advantage is a state-sponsored program that offers prescription drug coverage to Massachusetts residents aged 65 and older, as well as to younger individuals with disabilities who meet specific income and employment criteria. For those enrolled in Medicare or other prescription insurance plans, Prescription Advantage helps fill coverage gaps by providing secondary coverage. For individuals not eligible for Medicare, it serves

as primary prescription drug coverage.

Prescription Advantage supplements prescription drug benefits by helping pay for medications covered by Medicare Part D or other creditable coverage plans. The membership category determines when Prescription Advantage benefits begin, at which point members pay no more than Prescription Advantage co-payment amounts. Financial assistance is based on a combination of income and any assistance received from Medicare. Depending on income, members are assigned to a category that determines the level of benefits they receive.

SHINE (Serving the Health Insurance Needs of Everyone): The SHINE program provides free health insurance information for Medicare eligible adults and their caregivers. The SHINE program can be accessed at SHINE Program.

MassHealth Office of Long-Term Services and Supports (OLTSS): MassHealth, the Commonwealth of Massachusetts' Medicaid program, through its Office of Long-Term Services and Supports (OLTSS), provides a comprehensive system of care for members of all ages who require services to live independently and with dignity, participate in their communities, and enhance their overall quality of life. These services include Community-Based Long-Term Services and Supports (LTSS) and Facility-Based LTSS through the state plan, as well as Other Covered Services covered through the ACOs and MCOs:

- Community-Based Long-Term Services and Supports: Adult Day Health (ADH), Adult Foster Care (AFC), Continuous Skilled Nursing (provided by Independent Nurses or Home Health Agencies), Day Habilitation, Group Adult Foster Care (GAFC), and the Personal Care Attendant (PCA) Program.
- Facility-Based Long-Term Services and Supports: Nursing Facility Services (over 100 days) and Chronic Disease Rehabilitation Hospital Services (over 100 days).
- Other Covered Services: Chronic Disease Rehabilitation Hospital Services (for the first 100 days), Nursing Facility Services (for the first 100 days), Durable Medical Equipment (DME), Orthotics and Prosthetics, Oxygen and Respiratory Therapy, Hospice Services, Home Health Agency Services (excluding Continuous Skilled Nursing), and Therapies (including Physical Therapy, Occupational Therapy, and Speech Therapy).

Medicare Savings Programs (formerly MassHealth Buy-in Program):

Medicare Savings Programs (MSPs), formerly known as the MassHealth Senior Buy-In Programs, are programs that help lower your Medicare premiums and other healthcare costs, including prescriptions. These programs are run by MassHealth, but you do NOT need to be on MassHealth to apply. Offered are three different coverage types as part of the MSPs:

- Qualified Medicare Beneficiary (QMB), formerly MassHealth Senior Buy-In:

MassHealth pays for the Medicare Part A premium, if you have one (most people will not), and the Medicare Part B premium and cost sharing (paying some of the costs of things like copays, deductibles, and/or premiums). If you have QMB, your medical provider is not permitted to bill you for Medicare copays and deductibles. This includes Medicare Advantage Plan providers. However, you can still be charged a pharmacy copay.

- Specified Low-Income Medicare Beneficiary (SLMB) and Qualifying Individual (QI), formerly MassHealth Buy-In: MassHealth pays for the Medicare Part B premium. Enrolling in any of the MSPs also automatically provides drug coverage with low copays. It also lets Medicare beneficiaries sign up for Medicare Part B at any point in the year, without paying any financial penalties for signing up late.

Older Adult Housing Resources: The following information is presented to highlight a range of housing options and possible financial support opportunities for low-income older adults in MA.

Emergency Housing Assistance includes a list of shelters serving anyone who is at least 18 and can be found at, Emergency Shelter Assistance (for Individuals). For those individuals at least 60 years old and care for a child under 21, may qualify for family shelter. The shelters for people over 18 (and the shelters for young people) are not run by MA state government. Make contact with the individual shelter or shelter provider for more information. Additionally, individual shelters are run by towns and private organizations and should be contacted separately to determine any accessibility needs.

Eviction Help in MA, a landlord must send a tenant a Notice to Quit before filing an eviction case. Receiving this notice does not mean you need to leave immediately. You can only be forced to leave by a court order. The Tenant's Guide to Eviction describes the eviction process in more detail. Legal help and mediation – when a neutral party helps the tenant and landlord solve any potential disputes – include the following resources:

- Massachusetts Community Mediation Centers offer free, pre-court mediation for landlord-tenant disputes and eviction cases.
- Legal Resource Finder connects people to legal aid programs, non-profits, government agencies, and court programs for free or low-cost assistance.
- The Commonwealth's Court Service Centers are available to all court users without legal representation. There are no income or immigration status requirements for the Centers. can be . This is especially important if you are applying for RAFT (Residential Assistance for Families in Transition) because you need your landlord's cooperation to complete a RAFT application.

- The Tenancy Preservation Program (TPP) is a homelessness prevention program for families facing eviction where someone in the family has a disability (including aging related impairments).

Affordable Housing includes MA partnering with housing developers to support affordable rental homes, including the following resources to search for affordable rent:

- HousingNavigatorMass is a nonprofit organization used to filter a search for "rent-based on income." This means your rent will be capped at a portion of your income, usually 30%. Older adults wanting to live in an older adult community can check the "age-restricted" filter.
- MassHousing maintains a list of affordable units for rent. Allowing filtering for Section 8, accessible, age, and workforce housing (housing for people who make a little too much to qualify for subsidized housing).
- Contacting the local non-profit housing developer about the affordable housing units that they own and operate is also a resource.

Congregate Housing is a shared living arrangement that combines housing and services for older adults and people with disabilities. A type of public housing where individuals have a private bedroom but may share a kitchen, living room, and bathroom with housemates. Some congregate housing programs also have coordinators who help build community and make sure the living environment is stable, including helping with accessing community services, managing issues between residents, and planning social events. Congregate Housing does not offer 24-hour care or supervision. There are currently 39 Congregate Housing sites in MA serving 482 residents per month. To be eligible for Congregate Housing you must be either:

1. "Elderly" as defined by the housing agency (either age 60 and older or 62 and older, depending on the type of housing)
2. Non-elderly and disabled (with a documented disability)

Residents must meet financial eligibility guidelines for the housing and pass any screening criteria (e.g., criminal records, housing history, etc.) used by the housing agency to process applicants. Additionally, Congregate Housing residents must:

- Be able to take part in a shared living environment.
- Be capable of independent living and not need 24-hour care to carry out activities of daily living.
- Be medically stable and oriented to person, place, and time.
- Not exhibit behaviors which would be a disturbance to other Congregate

Housing residents.

Supportive Housing combines housing with services for older adults and people with disabilities. Resident Service Coordinators on-site in subsidized housing to help residents access community resources, work with the local housing authority, oversee a 24/7 emergency response system, arrange for meals, plan social activities, and manage issues that arise—helping to foster a sense of stability and community. Supportive Housing services are available to all residents that live in specific Supportive Housing Sites. Services are free and included in your rent/housing costs, with each housing site having its own eligibility requirements. Residents must apply directly to the housing owner to live in these properties with residents leasing from the local Housing Authority that runs the building. There are 61 Supportive Housing sites across the state that provide location-specific services to over 8,800 subsidized housing residents.

To be eligible for Supportive Housing, applicants must meet financial eligibility guidelines and pass any housing authority screening (e.g., criminal records, housing history, etc.). Additionally, applicants must meet the following determinations:

1. "Elderly" as defined by the housing agency (either age 60 and older or 62 and older, depending on the type of housing), or
2. Have a documented disability

Assisted Living Residences (ALRs) are private residences certified by AGE that offer, for a monthly fee, housing, meals and personal care services to aging adults who live independently. ALRs are designed for older adults seeking a home-like environment but may need help with daily activities such as housekeeping, meal preparation, bathing, dressing, and/or medication assistance. ALRs are not the same as licensed nursing facilities, often referred to as "nursing homes," "skilled nursing facilities," or "nursing and rehabilitation facilities." ALRs do not provide medical or nursing services and are not designed for people who need serious medical care. Most assisted living residents pay fees privately, and the cost for each ALR can vary depending on the type and frequency of services needed by a resident, size of the apartment, location of the residence, and the amenities available.

The subsidy or other programs listed below are available in MA to qualified individuals. It is important to note that not all ALRs provide these subsidies or other programs:

- Group Adult Foster Care (GAFC): GAFC is a MassHealth funded program that covers the provision of personal care for eligible individuals. For information on the GAFC Program, please contact the MassHealth Customer Services line at 1-800-841-2900.

- Supplemental Security Income – Category G (SSI-G): This is a subsidy program administered by the Social Security Administration (SSA) and supplemented by the Massachusetts Department of Transitional Assistance for people residing in ALRs. Potential ALR residents are encouraged to talk to SSA directly through the field offices sites to determine if they might be eligible for SSI-G benefits. A list of SSA offices may be found at www.socialsecurity.gov/otherssasites.
- Veterans' Administration Aid and Attendance Benefit: VA Aid and Attendance Benefits may be available for Veterans and/or surviving spouses. For more information on this benefit, contact the Boston Regional Benefit Office at 1- 800-827-1000.
- Other income qualifying programs: Some ALRs provide reduced rates for low or moderate income residents offered through local housing authorities.

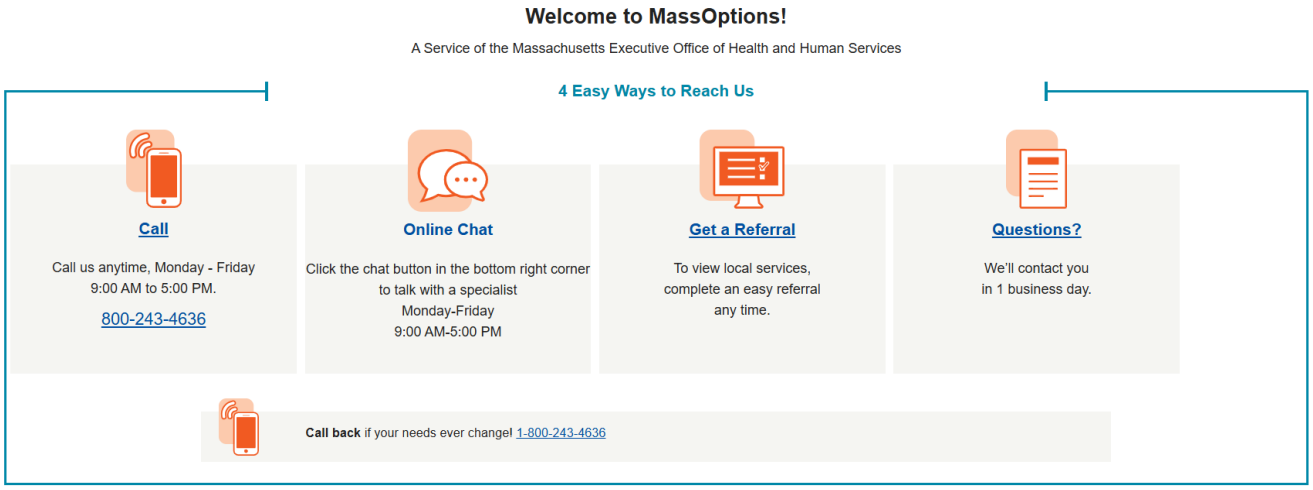
Additional housing resources for older adults in MA can accessed at, MA Older Adult Housing Resources.

Circuit Breaker Tax Credit: MA older adult taxpayers (65 or older by December 31 of the tax year) that owns or rents their principal residence may qualify for the circuit breaker credit if they meet the eligibility requirements. For tax year 2024, the total MA income cannot exceed $72,000 for a single individual who is not the head of a household; $91,000 for a head of household; or $109,000 for married couples filing a joint return. While the credit is based on property taxes, the state government, not the city or town, pays the credit. The credit is for senior homeowners and renters who meet income limits and other eligibility requirements. Offered by the MA Department of Revenue, a full review of information and eligibility is located at MA Senior Circuit Breaker Tax Credit.

Options (Counselor) Counseling Program: There are many resources available to older adults or their family caregivers and it can be stressful to navigate all your options. An Options Counselor provides unbiased information to help people find long-term personal care, transportation services, and other resources to assist in the aging process. Options Counselors can provide guidance on where to live—whether that means staying home, moving in with family, or finding a nursing home or assisted living facility. The Options Counselor can point consumers in the right direction to get connected to services available in the community. Options Counselor's meet in person or over the telephone to work to determine next steps. Options Counseling is a free service for adults aged 60+, adults living with a disability, and their family members and caregivers. An Options Counselor can be reached at MassOptions or toll free at (800) 243-4636. Counselors offer the following:

- Services for adults with a disability;

- Services for older adults 60+;
- Are available by telephone, in-person or email/web;
- Can be provided at home, at an agency, a hospital, rehab or nursing facility;
- Provide unbiased information on long-term supportive services and resources;
- Can be provided in one meeting or over a series of meetings;
- Ensure that you retain control over the process;
- Provide decision support; and
- Help determine next steps to take.



MA Attorney General's Office: The Attorney General's Office can help with older adult issues including financial exploitation, scam prevention, long-term care, housing, and other topics, with staff dedicated to helping older adults, their families, and their friends. An Elder Hotline is available to answer questions and connect older adults with resources, at (888) AG-ELDER or (888) 243-5337; open Monday through Friday from 10:00 am to 4:00 pm. Additional resources through the Attorney General's Office include:

Attorney General's Medicaid Fraud Division investigates and prosecutes health care providers who defraud the Massachusetts Medicaid program, known as MassHealth, and reviews reports of abuse against patients in long-term care facilities. A complaint can be filed at MA Attorney General's, Tips and Fraud Reports.

Mass Bank Reporting Project is a public-private partnership with AGE, the Attorney General's Office, the Massachusetts Bankers Association, the Office of Consumer Affairs and Business Regulations, and the Division of Banks. Following formal training, each participating bank designates an individual to be responsible for developing bank protocols and reporting in cases of older adult financial exploitation. Banks can also provide customer outreach through pamphlets, posters, billing inserts, and community programs. The goals of the project

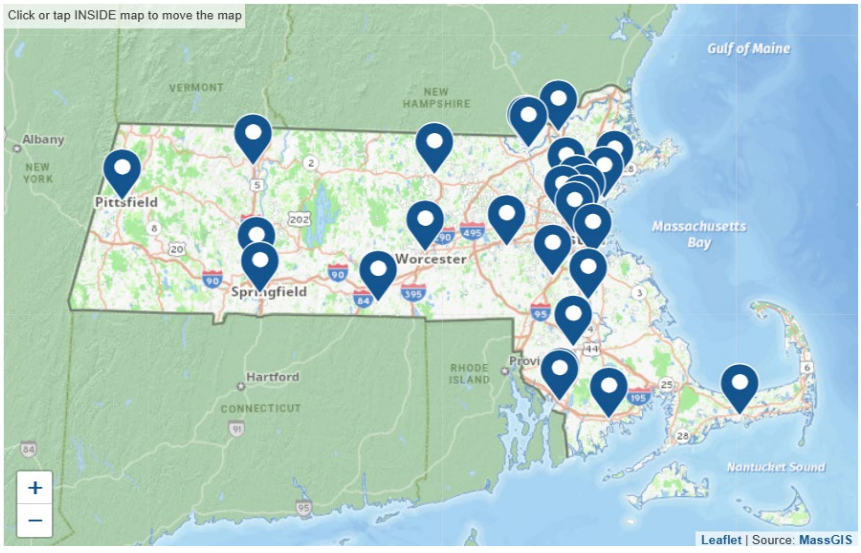
include:

Older Adult Abuse Reporting: Older adult abuse reports can be filed 24 hours a day either online at Protecting Older Adults from Abuse or by phone at (800) 922-2275. Older adult abuse includes physical, sexual, and emotional abuse, caretaker neglect, financial exploitation and self-neglect. Adult Protective Services can only investigate cases of abuse where the person is 60+ and over and lives in the community by reaching the Massachusetts Elder Abuse Hotline at (800) 922-2275. Mandated reporters - certain medical and other professionals required to report abuse if they encounter it as part of their job – should report through the MA Adult Protective Services Report. In cases of an emergency, report by phone at (800) 922-2275.

Reporting abuse of a person with a disability under the age of 60, should be directed to the Disabled Persons Protection Commission at (800) 426-9009. To report abuse of a person by nursing home or hospital, call the Department of Public Health at (800) 462-5540.

Older Adult Employment: The following presents opportunities for older adults interested in remaining in the job market. While generally appointed to all older adults, the programs are especially targeted to low-income minority older individuals and low-income minority older adults with limited English proficiency.

MassHire Career Centers offer a variety of employment-related services for job seekers of any age and businesses across the Commonwealth. Job seekers can get a variety of helpful services including working with experienced career counselors, accessing current local and statewide job openings, attending workshops and short-term training, developing a resume, and writing cover letters. Currently there are 25 MassHire Career Centers across Massachusetts. The map below can be found at MassHire Career Centers and is interactive on the website and provides Career Center location and contact information.



Senior Community Service Employment Program (SCSEP) is a program managed by AGE and funded under Title V of the OAA, through the US Department of Labor. SCSEP helps low-income, unemployed job seekers age 55 or older learn skills to land a new job. The training helps enrollers develop self-confidence and become more financially independent. SCSEP also teaches resume writing, technology skills, interviewing techniques, and other skills that may help with their job search and placement. AGE partners with AAA/ASAPs and MassHire Career Centers to offer older adults searching for employment valuable on-the-job work experience and training needed to gain employment in the private sector.

Rural Areas – Hold Harmless

OAA Section 307(a)(3): The plan shall—

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii)describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

AGE Response:

In accordance with ACL directives, AGE assures that expenditures for services to rural older adults in the Commonwealth over the four-year State Plan period will not be less than the amount expended for such services for FFY2000. Based on prior State Plan submissions, the fiscal year 2000 base figure for rural older adult expenditures is $585,750.00.

The AGE consumer care management system indicates that in FFY2024, Title III and state-funded services used to meet the needs of rural older adults – using zip codes as the sorting factor – totaled nearly $9.3M in services. The majority of these services were delivered through congregate and home-delivered meals, I&R services, caregiver counseling, and transportation services. Projected costs of services for rural older adults for the life of the State Plan are as follows:

- FFY2026: $9.35 million
- FFY2027: $9.45 million
- FFY2028: $9.57 million
- FFY2029: $9.70 million

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

AGE Response:

Massachusetts addresses the needs of older adults in rural areas through coordinated state leadership, targeted funding strategies, and cross-sector partnerships that reduce barriers and expand access to essential services. In accordance with OAA Section 307(a)(10), the following response outlines how the Commonwealth identifies, addresses, and allocates resources to meet the unique needs of older individuals residing in rural areas.

State-Level Leadership and Coordination

In March 2023, the Healey-Driscoll Administration announced the creation of a Director of Rural Affairs to ensure that MA rural communities are better represented in state government. Housed in the Executive Office of Economic Development, the Director of Rural Affairs serves as a dedicated advocate and ombudsman for rural communities. The Director will be responsible for cultivating rural economic development and coordinating with secretariats and state agencies to ensure that state government is attuned to the unique needs of rural communities.

The Director of Rural Affairs is tasked with conducting a review of all state grant opportunities, including the MA Community One Stop for Growth (a single application portal and collaborative review process of grant programs), to ensure that barriers for rural and small towns are mitigated. The Director will also host dedicated communications and technical assistance to support rural municipalities in identifying and exploring grant opportunities. The position will also serve as a member of the MA Rural Policy Commission, which advocates for the vitality of rural communities and legislative and policy solutions that address rural needs.

Administration-Wide Strategies Supporting Rural Older Adults

Administration strategies that provide a general focus on rural older adults and family caregivers include:

- Food Security Infrastructure Grants (FSIG) to aid farmers, fisherman, schools, nonprofits, and local producers and construct infrastructure to bolster the local food system. This creates a permanent funding source for these grants for the first time.

- Expanding base funding for Regional Transit Authorities (RTA) through new grant opportunities for transit providers, including RTAs. These grants enable providers to explore new service models that better meet the needs of their communities, expand service to additional hours and days, and improve paratransit infrastructure. At least 25 percent of the funding is targeted to providers serving rural communities.
- Expanding support for the Community One Stop for Growth through investments in technical assistance to help municipalities identify ways to revitalize underutilized parcels.
- The Commonwealth MA Department of Transportation (MassDOT) continues to advance the implementation of a passenger rail service from Boston to Springfield and Pittsfield, with the speed, frequency, and reliability necessary to be a competitive option for travel along this corridor. The advancement of infrastructure projects that improve access, competitiveness, and workforce development helps focus on rural needs and ensures that rural and regional economies are incorporated into economic development plans.

AGE Intrastate Funding Formula and Rural Allocation Approach

The AGE Intrastate Funding Formula (IFF) (see Attachment C) includes a rural component that allocates 5% of total IFF funding to the state's 65+ population residing in rural towns within each Planning and Service Area (PSA). The rationale for targeting rural older adults is based on several key factors:

- Rural towns are more likely to have limited public transportation and infrastructure.
- Residents often travel long distances to access healthcare, groceries, and social services.
- There are fewer service providers, particularly those specializing in care for older adults.
- Broadband access and public transit may be limited or unavailable.
- Even in more populated rural towns, a strong sense of geographic and social isolation persists due to distance and lack of connectivity.

Rural Classification: Current and Future Methods

For Federal Fiscal Year (FFY) 2026, AGE will continue to allocate rural funds using the current method, under which towns are considered rural if they have fewer than 1,500 residents or an adjusted population density below 100 people per square mile. This transitional year ensures stability in funding while allowing for adaptation to the upcoming methodology shift based on 2020 Census data.

In 2020, the Census classified areas as an initial urban core if they meet specific density and land type thresholds. Specifically, in addition to requiring specific numbers of housing units per square mile, the criteria also require a minimum percentage of the land be *impervious*, which involves man-made surfaces, such as rooftops, roads, and parking. Additional contiguous areas that meet certain criteria are then added to the urban core. To be classified as urban, the resulting aggregated area must contain at least 2,000 housing units or have a population of at least 5,000. For more information, see Section V of **Urban Area Criteria for the 2020 Census – Final Criteria Federal Register Notice).** All areas not designated as urban are considered rural. Importantly, these urban and rural classifications are made by the U.S. Census Bureau at the census block level, the smallest geographic unit used by the Census.

In our updated rural definition under the Intrastate Funding Formula (IFF), this block-level Census data has been applied to operationalize rurality at the town level. Specifically, a town is considered rural if 100% of its population resides in census blocks classified as rural by the 2020 Census. Once a town meets this threshold, all residents aged 65 and older in that town are counted as rural for the purposes of funding distribution.

This updated rural definition will be implemented in phases beginning in Federal Fiscal Year (FFY) 2027, as part of a three-year transition to fully integrate 2020 Census data into the IFF by FFY2029 (for additional details, please see attachment C).

This methodological decision, which aligns Massachusetts' rural classification with the most current federal definition, will result in shifts in projected rural funding allocations across six Area Agencies on Aging (AAAs), with a seventh AAA newly qualifying for rural funding under the updated approach.

Geographic Distribution of Rural Older Adults

Rural older adult populations under the updated definition are primarily located in counties such as Berkshire and Franklin, where rural areas are well-defined. Other counties, including Hampshire, Hampden, and Worcester, contain more remote and isolated communities farther from urban cores. Barnstable County includes both clearly rural and mixed areas.

In total, seven AAA Planning and Service Areas (PSAs) intersect with these counties, each focused on addressing the needs of older adults in rural communities within their respective service areas.

AAA Strategies for Reaching Isolated Rural Older Adults

AGE and the seven AAAs are committed to identify isolated older adults in rural communities through targeted outreach methods. The AAAs are especially adept at meeting the identified needs of rural older adults with services that include, transportation access, disease and health promotion programs at rural CoAs, friendly visiting programs , cable television broadcasts, monthly newsletters, grocery shopping and delivery, and targeted in-person and telephone outreach. Other best practices also include socialization and wellness activities, benefits counseling – including SHINE counseling, and volunteer recruitment, and volunteer transportation services. Some of the common solutions include public forums, encouraging representation on AAA Advisory Councils, information and benefit fairs, targeted needs assessment and research endeavors, and mass media, newspaper and community service notices. Serving rural populations, as well as localities that are geographically isolated and difficult to serve, remove barriers to access. Solutions vary across the associated AAAs, but the effort to develop unique solutions and reach isolated older adults fulfills the commitment to serve older adults residing in rural, isolated areas.

Cross-Sector Partnerships and Policy Advocacy

More generally under a broader view on identifying rural access points and identifying trends, and in support of a focus on isolated older adults, MA public and private partnerships link with the AGE network under a more extensive network collaboration. The MA Rural Policy Advisory Commission (RPAC) continues to serve as a research body for issues critical to the welfare and vitality of rural communities. Rural areas of MA face different challenges than the rest of the Commonwealth. Unlike the economic growth engine of Greater Boston, rural areas are dealing with issues such as: small, aging and often declining populations; limited fiscal resources and staffing constraints; inadequate infrastructure and mobility options; and acute public health challenges. The RPAC is entrusted to:

1. Study, review and report on the status of rural communities and residents in the Commonwealth;
2. Advise the general court and the executive branch of the impact of existing and proposed state laws, policies and regulations on rural communities;
3. Advance legislative and policy solutions that address rural needs;
4. Advocate to ensure that rural communities receive a fair share of state investment;

5. Promote collaboration among rural communities to improve efficiency in delivery of services; and
6. Develop and support new leadership in rural communities.

Additionally, the MA State Office of Rural Health (SORH) – under the DPH, builds partnerships in order to increase access to health services, develop better systems of care, and improve the health status of rural communities. Conceding a 2017 publication date, the SORH Rural Health-Rural Definition report provides a valuable review of the rural definition – where no single definition can fulfill all programmatic and policy needs. The SORH links rural communities with state and federal resources to help create solutions to embrace rural health problems by:

- Linking rural communities with state and federal resources;
- Collecting and distributes rural health information;
- Coordinating rural health networking activities;
- Providing technical assistance for the planning, development, and implementation of local rural health projects;
- Providing leadership to strengthen local, state, and federal partnerships;
- Securing resources to improve rural health;
- Administering the MA Rural Hospital Programs including the Medicare Rural Hospital Flexibility Program and the Small Rural Hospital Improvement Program; and
- Providing leadership and coordination for special rural initiatives.

Rural isolation has significant impacts on the quality of life for 60+ older adults and their family caregivers. Social and geographic isolation of rural areas present a variety of challenges to residents, especially as it relates to accessing state- and federal-sponsored services and the overall delivery of social services. According to the 2023 American Community Survey (ACS) 5-Year Estimates, 7,146 adults aged 65 and older in Massachusetts rural communities live below the poverty line. Demographic trends are a challenge for rural areas and can result in a greater need for the promotion of public and non-profit services for older adult populations. The AAA aging networks' engagement of isolated rural older adults aligns with the ReiMAgine Aging Refresh through the goal to deepen and strengthen age- and dementia-friendly efforts to be inclusive of all communities and populations, with a marker to increase in the number of emerging and active age- and dementia-friendly rural communities. Outreach

efforts and program planning are critical to the larger effort to support older adults thriving in the community of their choice.

Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

AGE Response:

As AGE envisions *"every person has the tools, resources, and support they need to fully embrace the aging experience"*, supporting assistive technology to build infrastructure and expand programs helps individuals maintain or improve their functioning and independence by promoting their well-being. Assistive technology (AT) is any device that enhances or expands a person's ability to live more independently. AT includes adaptive computer equipment, walkers, hearing aids, memory enhancement aids, print magnifiers, wheelchairs, vehicle modifications and more. Additionally, some home modifications and vehicle purchase also involve AT. Technology changes are becoming more advanced and current tools help family caregivers, older adults and their families to align multiple demands with available services. These include websites, apps, sensors, devices and digital health platforms. Technology helps caregivers find what they need, stay organized, and connect with others. It also helps older adults and those living with disabilities stay independent.

Aligned with AT is digital equity that ensures all individuals have access to necessary technology and digital literacy skills to engage with the digital world, regardless of age, income, or background. Some of the key challenges for older adults under digital equity include the following:

- Technology is a moving target: Constantly evolving, leaving many older adults behind.
- Tech built for one group: Often designed with younger or tech-savvy individuals in mind, not considering older adults' needs.
- *Invisible need*: The challenges faced by older adults in accessing technology are often overlooked.
- Access barriers: Digital access is increasingly a barrier to accessing

critical services, healthcare, and community programs.

Some of the mechanisms that AGE and the AAA network have been embracing to leverage and collaborate with partners throughout the Commonwealth include commitments to share resources, understanding the needs of older adults in this realm, and offering educational opportunities to gain familiarity. Some of these ongoing work partnerships include:

- Working with Councils on Aging to share best practices and examples of COA initiatives addressing digital equity.
- Partnering with the Massachusetts Broadband Institute (MBI) to expand access to high-speed internet across MA.
- Collaborating and creating opportunities with partners to raise awareness and create strategies to address digital equity gaps.
- Expanding the Digital Equity Ecosystem to understand local, cultural drivers and social barriers to broadband adoption, as well as community-based coalitions' responses to challenges.
- Recognizing the technology-related needs of older adults are evolving.
- Understanding that the rise of AI brings more unknown and potential misinformation that impacts older adults.
- Supporting communities that offer computer classes and understanding that interest varies by location.

As part of this work, during FFY2024, AGE released the Hybrid Programming for Councils on Aging Grant, a $1.45 million program in total. Funds were available to help MA COAs expand access to high-quality hybrid (i.e., both in-person and virtual) programs for residents who are 60+ years of age and older; with the same programming available, accessible, and enjoyable for older adults who attend in-person or virtually. Each COA could be awarded up to $100,000 and two COAs applying together could request up to $200,000, with three or more COAs applying together requesting up to $300,000. Through a grant application process applicants were tasked with achieving one or more of the following objectives:

- Deliver high-quality virtual and in-person programming in which older adults attending in-person and virtually both have their needs met.
- Enhance programming to reach previously unserved or underserved older adults in their service area.
- Ensure the sustainability of the program after the grant period ends (March 2025).

AGE continues to process data and narratives from the Hybrid Programming for Councils on Aging Grant and anticipates final report availability by late summer. Efforts continue at AGE to explore funding streams and other continued work projects on digital equity for older adults that include strategic planning at the agency.

During the AAA and State Plan development partnership, several AT ideas and methods were shared and informed the development of Plans for accessing AT choices for older adults and their family caregivers including:

- Building training into the Information & Referral work of AAAs to recognize needs and connect with older adults for resources and opportunities for digital literacy and AT;
- Continuing Title III-B funding for digital literacy classes;
- Creating a pilot program that supports virtual social engagement at Supportive Housing sites – to include tablets for virtual events and educational sessions on AT use;
- Evaluating and addressing as needed AT needs by coordinating with the MA Association for the Blind and Visually Impaired;
- Leveraging private grant funding, along with Title III-B funding, to offer programs that provide AT help navigating online patient portals and access to telehealth care, including private financial support to hold digital literacy courses at COAs; and
- Offering free computer basics courses for older adults toward reducing barriers to AT in expanding digital access.
- Partnering with the KINnections program (at the MA Society for the Prevention of Cruelty to Children) connects grandparents and relatives raising children to a variety of resources, information & activities in their community that support and strengthen families, providing a comprehensive array of support services;
- Providing AT devices and internet access to increase consumer access to telehealth services, virtual monitoring, and communication systems for wellbeing and safety concerns;
- Supporting electronic pets for older adults to support older adults at risk of isolation due to health issues or loss of caregivers;
- Working with organizations, such as Massachusetts Association for the Blind, to increase resource outreach connecting older adults with low-vision or blindness to assistive technology options;

Additional AT programs, services, and resources for older adults and their family

caregivers include:

- MassAbility (formerly the MA Rehabilitation Commission) provides programs and services to expand possibilities in careers and training, home and community life, and legal rights and benefits – including disability determination for federal programs. Through AT services, older adults can find communication devices, memory enhancement aids, wheelchairs, vehicle modifications, and other equipment needed to live independently. MassAbility also includes device loan programs and an inventory of donated AT devices.

- The Massachusetts eHealth Institute is the designated state agency for promoting Health IT innovation, technology and competitiveness to improve the safety, quality and efficiency of health care.

- Massachusetts Broadband Institute aims to make affordable high-speed Internet available to all homes, businesses, schools, libraries, medical facilities, government offices, and other public places across the Commonwealth. This work with the Administration, the state legislature, municipalities, broadband service providers, and other key stakeholders helps bridge the digital divide in MA.

- The Mass Alternative Finance organization at Mass Alternative Finance is funded through state and federal grants and is operated by Easter Seals Massachusetts. MATLP gives people with disabilities and their families access to low-interest cash loans so they can buy the AT devices they need.

- The MA Commission for the Blind (MCB) directs the MCB AT program (MA Commission for the Blind Ass Tech) that provides adaptive equipment training and deployment, focusing on software and device training such as screen readers that turn regular computers into talking personal computers. AT also includes the process used in selecting, locating, and using technology to perform activities of daily living independently or with assistance. Key AT supported by MCB includes Screen Magnification Technology, Closed Circuit Television, Optical Character Recognition, Screen Magnification Software, Screen Readers and Voice Technology, Braille Embossers and Refreshable Displays.

- The MA Commission for the Deaf and Hard of Hearing (MCDHH) is tasked with raising awareness of the issues of Deaf and hard of hearing people of all ages and backgrounds, providing accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities are fully accessible to people who are deaf and hard of hearing. The Financial Assistance, Exchange

and Recycling Programs at MCDHH recycles hearing aids and provides options available regarding financial assistance for hearing aids.

In building partnerships, developing opportunities, and promoting the importance of digital access to AT, AGE and the AAA network will continue to build policies and mechanisms to ensure the work of the aging network remains feasible and coordinated. Our commitment to offering AT resources will continue to assist older adults in navigating automated systems that help maintain or improve their functioning and independence, promoting their well-being.

Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —...

(C) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306
(c)or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

AGE Response:

As required under the Older Americans Act, Section 307 (a)(2)(C), AGE has established a minimum proportion of the funding received by each AAA in the state under Part B of the Act, be mandated to allocate a minimum proportion for specified services (previously specified as priority services); access, in-home and legal services. As part of the annual monitoring review, AGE confirms that each AAA meets the minimum proportion funding requirements as assigned. The following indicates the minimum proportion funding percentages adopted in Massachusetts.

Access Services	**two (2) percent of Part B funding allocated.**
In-home Services	**two (2) percent of Part B funding allocated.**
Legal Services *	**nine (9) percent of Part B funding allocated.**

** The legal services percentage is based on a minimum standard plus an individual maintenance of effort required separately of each AAA.*

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to *complement* the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services; To older individuals who have an occasional need for such meal; and/or

(B) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; anflod

(5) Description of how provision of such meals will be coordinated with area agencies

on aging, nutrition and other direct services providers, and other stakeholders.`

AGE Response:

AGE and the AAAs in MA, through their Nutrition Programs, commit to the following elements that align with shelf-stable, pick-up, carry-out, drive-through, or similar meals. In MA the SUA has historically referenced such meals as GrabnGo (GnG) meals and will do so going forward. The GnG meal model was first introduced in the AGE response to the COVID-19 pandemic as a method to reduce food insecurity during a time of necessary personal separation. While the Nutrition Programs in MA will continue to be permitted to offer GnG meals, AGE presents the following program management controls in collaboration with the 20 AAAs.

1. GnG meals, as a function of the congregate meal programs, will not exceed 25 percent of the planned funding and be expended by AGE under the Title III-C1 congregate meal program. The 25 percent maximum allocation will be based on the funding available after all transfers are in place. Such transfers will align with Section 308(b)(4) of the OAA and the Final Rule 1321.87 and align with the language that such Title III-C1 funding support be in place after calculations of any such transfer.
2. Given the OAA language on proprietorship of transfers under Title III, AGE attests that the funding planned and expended by the AAAs in MA will not exceed the determined Title III-C1 funding available after all transfers as identified and in alliance with non-Federal match requirements under the OAA.
3. AGE and the AAAs agree that GnG meals in MA area are designed to complement the congregate meal program. Acknowledging the critical foundation of the congregate meal program to bring older adults together to socialize, the aging network recognizes the important role that dining sites play in reducing isolation. Commitment to the congregate site experience also aligns with significant non-meal related programs for older adult consumers, i.e., nutrition-related risk screening, healthy living education and counseling, and other community programs.
4. The Nutrition Program network will align the GnG meals management as a complement to the historical congregate meal sites, to include during disasters and emergency circumstances where otherwise meals would be unavailable.
5. The GnG meals as applied to #4 above would also be available to older adults that as arranged with the Nutrition Program have a particular need for such meals. The individuals who have a need for such meals will require the AAA Nutrition Programs to follow AGE guidelines to determine

service suitability based on a personal assessment in line with OAA language on targeting services to those in greatest economic and greatest social need.

The partnership that AGE and the AAA Nutrition Programs have established provides older adults with healthy and nutritious home delivered and community (congregate) group meals. Community meals are regularly available at senior centers, community centers, faith-based organizations, senior housing, and other locations. As the aging network moved past the COVID-19 pandemic older adult consumers were recharged to attend congregate meal sites. The following identifies the AGE and Nutrition Programs work to collaborate on GnG meals and devise and set boundaries on participation.

A. Currently the GnG model is practiced by ten AAA Nutrition Programs, with a distribution of GnG meals in FFY2024 of nearly 105K meals, representing 8 percent of all congregate meals provided. Based on participation data, roughly 2,500 people used the GnG model and their average meals for the FFY2024 period was 42 meals per participant. The participating AAA Nutrition Programs use this method economically as a method to address the personalized needs of individual consumers. AGE Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation.

B. The GnG meal model in MA aligns with the congregate community meals that includes outreach to those older adults in greatest economic and social need. Through outreach methods practiced by AAAs and their partners, the congregate community meal sites are welcoming and accessible. The goals of the Nutrition Program, in addition to serving healthy and nutritious meals, are to reduce food insecurity and malnutrition, promote socialization, and promote the health and wellbeing of older people to help them maintain independence so they can continue to live in their homes and communities.

C. Eligibility determinants for GnG meals are the same as congregate community meals, with the Nutrition Programs sourcing nutrition need knowledge from I&R providers, care management assessments, partner referrals, and collaborations with community actors including COAs, senior centers, churches, and other community settings. More generally the IFF distribution also aligns with consumers in greatest economic and social need through the MA IFF (Attachment C) and the measures that align with persons living alone, low-income older adults, minority individuals, and older adults in rural communities.

D. The targeting of older adult populations in greatest economic need and greatest social need is part of the operating protocol of each AAA Nutrition Program. As a pillar of each AAA, the work to identify older adults aligns with OAA language to include: Living Alone (Isolated) Elders; Low Income Elders; Minority Elder Populations; Native American Populations; Rural Elder Populations (as germane); and Socially Isolated Populations (i.e., geographic in nature, LGBTQIA+, limited English proficient elders, separations from friends and family, and other socially isolated populations).

E. The GnG eligibility criteria include:
    a. Older adults must be 60+.
    b. A spouse or partner can receive a GnG meal, regardless of their age.
    c. While rare under the GnG model, under circumstances where an older adult lives in senior housing where community meals are served, and circumstances (i.e., health or mobility) prevent congregate dining, a GnG meal can be provided.
    d. AGE will continue to review the GnG model and with input from the Nutrition Programs, guidance on eligibility criteria will be reviewed routinely to align with Final Rule language and ensure the goals of the congregate community meal sites as set above are not adversely affected by GnG meals.

F. AGE is developing a survey with the Nutrition Programs to gather data about the degree of need for GnG meals, the satisfaction of meal recipients, the purpose of the meals – short-term, health, mobility, scheduling, etc. – and will work with the AAAs, food service providers, COAs, and community stakeholders to support the long-term use of the GnG meals that compliment and not hinder the congregate community dining programs.

G. AGE and the Nutrition Programs recognize the GnG model needs to align with long term sustainability, access, targeting, and prioritizing. In pursuing like goals and objectives for the GnG meals, the collaboration in the network includes the current elements:

    a. Meals must meet 1/3 DRI, with AGE menu approval required;
    b. People have to make reservations in advance;
    c. Suggested voluntary donation is required;
    d. GnG meals should be used for people who have needs that are similar to those of HDMs. Examples include: no personal transportation; inability to cook or shop; limited financial resources; serving as a caregiver for seniors; residing in an unsafe neighborhood (drop off); living in senior housing; or having a

language barrier to attend a meal site.

The GnG model is not for simple convenience, i.e., attend COAs activities but choose to take food home to eat. AGE and the Nutrition Programs continue to hold monthly meetings, with ongoing information sharing and collaboration on the GnG meals. In the coming months AGE will continue to coordinate all meals, including the GNG, through the monthly Nutrition Program operations and will continue partnering with the AAAs to develop standards and advanced guidelines that assist all partners, including stakeholders and providers.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

AGE Response:

In support of both OAA language and associated regulations, the MA Long-Term Ombudsman Program (Ombudsman program) is a distinct entity and separately identified under the same Secretariat that governs AGE, the MA Executive Office of Health and Human Services. The AGE and Ombudsman program partnership supports residents in nursing homes, rest homes, or assisted living facilities with dignity and respect through advocacy and problem resolution. AGE and the Ombudsman program coordinate on fiscal management efforts to include determination of available program service funding sources, review of program funding requirements, support of the programs use of funding determinations, and associated required fiscal reporting. The Ombudsman program is charged separately with determining the use of fiscal resources, review and approval of local Ombudsman program allocations, and budget determinations consistent with laws, policies, and procedures that govern the Ombudsman program at the local Ombudsman entities; located at 17 AAAs in the Commonwealth.

Historically the Ombudsman program has been funded from two sources of OAA funding; a separate allotment from Title III-B Supportive Service funding and Title VII Ombudsman funding. The funding distribution of the Ombudsman program to AAA recipients is rooted in a historical base, with any additional funding that may be available awarded to the AAAs as approved by the State Ombudsman.

See Attachment C to the State Plan to identify the FFY2026 Title III/VII Standard Projected Resource Plan for the Ombudsman program distributions.

Funding Allocation – Older Adult Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of older adult abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

AGE Response:

AGE and the AAA network recognize that older adults are valued members of communities across the Commonwealth, and our joint efforts achieve activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of older adult abuse, neglect, and exploitation. In aligning with OAA language AGE uses a comprehensive approach in consultation with AAAs to administer a statewide system for receiving and investigating reports of abuse. This work provides needed protective services to adults aged 60 and older who are living in the community. A Centralized Intake Unit responsible for taking reports on a 24/7 basis aligns with 19 designated Adult Protective Services (APS) Agencies across the Commonwealth. APS Agencies are responsible for screening abuse reports for jurisdiction, conducting investigations, and developing a service plan to alleviate the abusive situation.

Positioning with Section 721 of the OAA, Title VII Abuse Prevention award funding to AGE is used to cover personnel resources at the state level focused on the following items:

1. Coordinating services provided by AAAs with services instituted under the state APS programs.
2. Support training for both mandated and non-mandated reporters including APS workforce, family caregivers, professionals, and community members in identifying and treating abuse.
3. Sharing technical assistance with community partner programs that provide or have the potential to provide services for victims of abuse, neglect, and exploitation and for family members of the victims.
4. Coordinating and sharing with other State and local programs and services for vulnerable older individuals. Such partnerships include coordination with AAAs; State and local Ombudsman programs; community protection and advocacy programs; facility and long-term care providers; Legal Service Providers; Medicaid fraud and abuse services; victim support programs; and consumer protection and law enforcement partners.

The distribution of Title VII OAA funding to AGE achieves activities to develop, strengthen, and carry out programs for the prevention of abuse, financial exploitation, and self-neglect. The Title VII OAA award leverages state funding value over $49.6M (SFY26) for protective service programs including protective

services case management; guardianship services; a statewide elder abuse hotline; money management services; and an elder-at-risk program.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

AGE Response:

In accordance with language as outlined in the OAA, State Procurement Policies, and pertinent regulations relative to the award of Title III Federal funding to AAAs, AGE in its role as a pass-through agency, is responsible for establishing and managing monitoring procedures to ensure compliance with applicable Federal and State requirements. AGE is charged with evaluating AAA and subrecipient operations in safeguarding that funds are being spent in connection with OAA identified assurances, contract requirements and program regulations. AGE is responsible for implementing, monitoring, and enforcing policies and procedures to measure performance against established targets and standards; identify deviations from expected results - making necessary adjustments; and provide feedback to AAAs about areas for improvement.

AGE policies and procedures govern the operations of the OAA programs through the network of twenty AAAs. AGE has long partnered with the AAAs to review OAA assurances, guidelines, and regulations – including the 2024 OAA Final Rule – toward achieving monitoring principles that align with OAA language. Monitoring the activities of subrecipients is necessary to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and contracts. The AGE monitoring practices that align with the administration and management of Title III funding and ensuring consumer well-being and satisfaction include:

1. Monitoring the activities of subrecipients to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved.

2. Evaluating AAA and provider operations, including evaluating reports and data, site visits, routine contact, and ongoing training provides assurances that the subrecipient administers Federal awards in compliance with laws, regulations, and the provisions of contracts.

3. The policies and procedures developed by the AGE address how the Commonwealth monitors the programmatic and fiscal performance of all

programs and activities under Title III programs.

While the monitoring of Title III Programs, including OAA assurances, is required by federal law, the greater value is that it provides a means and method for AAAs and AGE to directly partner and cooperate toward achieving the best quality of service for older adults and their family caregivers in the Commonwealth. AGE has focused on several best practices in performing monitoring of OAA assurances including:

- AAAs are required to address identified assurances aligned within the development of their Plans on Aging, 2026-2029. These items require a response to each of the following prompts and must meet AGE standards of review:
    a. Define how the AAA serves as an advocate and focal point within the communities they serve.
    b. Demonstrate how the AAA targets individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. Including the work to provide services for low-income minority individuals, low-income individuals, older adults with limited English proficiency, and older adults living in rural areas.
    c. Describe objectives and requirements the AAA uses to ensure that all providers are aligned with the needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
    d. Provide outreach plans and methods of targeting and identifying older adults that include those living in rural areas; older adults with greatest economic and greatest social need (including low-income minority and rural residents).
    e. Address the needs of older adults with severe disabilities; older adults with limited English proficiency; individuals with Alzheimer's disease and related disorders and their family caregivers.
    f. Identify and position the AAA and providers to reach older adults at risk for institutional placement, specifically including survivors of the Holocaust.
    g. Describe how the AAA will identify and promote access to assistive technology options for serving older adults.
    h. Provide how the AAA will facilitate the development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings with their service area. To include collaborations and partnerships that address the needs and preferences of older adults; including those delivery of evidence-based programs.

i. Identify a statement and grievance policy procedure that provides recourse for older adults dissatisfied with or denied services.

j. Cultivate methods to provide information and outreach methods to older adults who are Native Americans. This requires the efforts of all AAAs in MA, including the AAA that includes two Title VI Tribal organizations in their PSA.

k. Detail the AAAs coordination activities for developing long-range emergency preparedness plans, including partnerships with local and State agencies, relief organizations, local and State governments, and other community partners.

l. Provide an assurance that the AAA will give priority to legal assistance related to the OAA case priorities of income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

- A vital element in the endeavor to focus on quality assurances is the AGE development and application of the Title III Standards and Indicators document designed to set a standard for high quality operation of Title III Programs. In support of OAA assurances, the document and the administration of monitoring Title III Programs provide a means and method toward achieving the best quality of service for older adults and family caregivers. The Standards codify benchmarks of program performance while the Indicators describe activities, methods and procedures in support of achieving them.

- The larger work of program monitoring activities related to program specific operations funded as a whole or in part by Title III are managed by personnel from specific AGE program operations. AGE program staff from the Nutrition, Home Care, and I&R programs are charged with reviewing AAAs and Nutrition Programs to monitor and evaluate activities, standards, consumers, and records. For example, state Nutrition Program staff engage with Nutrition Programs and evaluate programs for nutrition standards, sanitation issues, etc.

- The AGE Title III monitoring work on administrative responsibilities of the SUA and AAAs are aligned with the guidance under the OAA and related Final Rule regulations. The AGE process involves the development of standards for AAA monitoring tools, reviewing the tools against these

standards, and requesting remediation of the specific deficiencies identified. The goal of the AGE work is to work in coordination with existing program specific monitoring activities and integrate Federal and State regulations and requirements into a broader view of program quality and effectiveness.

- The SUAs work to align AAA assurances with program operations in each PSA service area that involves collecting all monitoring reports from AAAs in their review of provider and direct service activities. This process permits AGE to review best practices, procedures, policies, and assurance evaluation each fiscal year. This design acknowledges both long term goals as well as short term actions and provides a solid foundation for continued cooperation with the AAAs to assure older adults and family caregivers are the focus of our work.

  AGE shares a report of findings with the AAA on completion, including Corrective Action when required. Should AGE find anything requiring remediation, the AAA is asked to formulate a Plan of Correction within 30 days. If AGE finds a deficiency that places older adults, AAA staff, or the public at risk, or some gross mismanagement of funding, a more expedited action is requested and addressed accordingly.

  While the purpose is to identify and resolve deficiencies within the system, the work to build a positive rapport with the AAAs has resulted in a collaborative effort in rectifying identified corrective actions. Observations of best practices play a key role in our monitoring review – especially in developing guidance and ideas on assisting AAA with OAA assurance - and best practices are shared across the entire AAA network.

- Finally, in preparation for the State and AAA Plan development AGE has been working with the AAAs weekly in sharing best practices, resources for use in plan development, and holding technical assistance sessions beginning in the summer of 2024. Scheduled monthly formal meetings started in August 2024, with twice a month engagement beginning in March 2025. This design played an important role in sharing and collaborating with the AAA network and connecting with AGE on, the 2025 Needs Assessment Project; development and engagement of the State and Area Plans; OAA assurance clarifications and responses; sharing best practices for Plan development; timely instruction on concerns and questions; and a commitment to continuous learning and quality improvement.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

AGE Response:

AGE is tasked with assessing the needs of older adults, individuals with disabilities, and their caregivers to understand services and supports necessary for them to thrive in the community. Serving as a compass to guide statewide efforts, the 2025 Statewide Needs Assessment Project helps inform the aging network in the development of service plans, programs, and funding decisions. Conducted across all PSAs, the assessment enables AAAs to identify and prioritize local needs, while the aggregation of findings provides a comprehensive view of the needs of older adults and caregivers across the Commonwealth.

In alignment with the OAA the twenty AAAs in MA are required to compose and submit a four-year Area Plan on Aging, 2026-2029 (Area Plan) that delivers on the efforts, opportunities and proposals that engage older adults and their caregivers within their designated PSA. By targeting resources for the most vulnerable older individuals, family caregivers, and those in danger of losing their independence, the Area Plan supports aging in community. In establishing the priorities that the AAA will engage in over the next four years, the document showcases services currently established as well as a structure to highlight opportunities and long-term plans.

Beginning in March 2024, AGE and the AAA network initiated the development process for the 2026-2029 State and Area Plans. Monthly meetings were held to review the language of the OAA Final Rule and the required tasks related to Title III and Title VII program and financial management. AGE provided technical assistance to the AAAs in preparation for reviewing and, as needed, developing policies and procedures that guide OAA programs and services in the Commonwealth.

Evolving inherently from the Final Rule work, the meetings and guidance transitioned to working with the AAAs weekly to share best practices, provide resources for use in plan development, and hold technical assistance sessions beginning in the summer of 2024. Scheduled monthly formal meetings started in August 2024, with twice-a-month engagement beginning in March 2025. This design played an important role in sharing and collaborating with the AAA network and connecting with AGE on MA and ACL goals and guidance.

In support of the work to ensure the MA State Plan is informed by and based on AAA Area Plans, shared development and implementation practices included:

development and partnership on the 2025 Needs Assessment Project; sharing best practices across AAAs and with the SUA on outreach methods, partnership development, engaging Title VI programs, and sharing of state and PSA data; training on OAA assurance clarifications and responses; sharing best practices for Plan development; timely instruction on concerns and questions; and a commitment to continuous learning and quality improvement over the four year plan period.

In preparing for the FFY2026-2029 planning period AGE asked each of the twenty AAAs to submit AAA Focus Area Coordination responses to the ACL identified Key Topic Areas in preparation for FFY2026. In employing several means at their disposal to advise AGE, the AAAs use the following methods to inform the State Plan development:

- Develop and prioritize programs and services;
- Review and prioritize data from the 2025 Statewide Needs Assessment Project;
- Used AAA knowledge and standing in the towns and cities served to engage public input and consumer feedback; strengthen longstanding partnerships and newly engaged partners; and the long-developed commitment to a culture that encourages opportunities and long-term plans.

In development of the AAA Plans the AAAs were asked to consider prompts aligned with their NA Project data. The following prompts offer insight into the NA Project and insight into the AAA and State Plan development.

- What was the temperament of the NA activities? Did the AAA learn of new needs – not previously expressed through older adult surveys; or stakeholder/provider conversations of notable concern?
- What were older adults voicing? Were comments and input from older adults different than those of caregivers? Or stakeholders? Or providers?
- What did the NA data indicate? Were the “top five” needs expressed by the process new or repeated from the 2021 NA Project?
- How do the AAA’s findings compare to the statewide results? What may explain divergent findings in the PSA?
- How can the NA Project data be used at the AAA level to engage public and private stakeholders?

The AAA submitted responses are used to inform the MA State Plan and serve as the foundation for continued work under OAA programs and services. In supporting the State Plan, the AAAs participation connects the ideas, opportunities and proposals for delivering PSA program goals to the State Plan.

Such collaborative work serves to present a unified strategy to develop network commitments to older adult consumers, family caregivers, providers, community partners and public participants. The AAA Focus Area Coordination submissions established a foundation for the State Plan, launched the AAA Area Plans, and serves this partnership to enrich policy development, administration, priority setting, and evaluation of activities related to the OAA. This opportunity in MA supports older adults and caregivers with access to the resources they need to live well and thrive in the community of their choice.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

AGE Response:

The combined efforts that AGE and the AAA network practice to assess the needs of older adults, individuals with disabilities, and their caregivers – with a focus on those in greatest economic need and greatest social need – supports decision making to develop and offer the services and programs consumers need to thrive in the community. The critical third element to this equation is input from older adults, family caregivers, and the public at large. The request, collection, and consumption of public input includes mechanisms and varied methods to obtain views and public participation for engagement, decision making, and service design.

Public input and review include various techniques including survey and data collection, general and specific service satisfaction surveys, AGE and AAA participation in public hearings, outreach at Councils on Aging and congregate meal sites, sharing policy and funding information in local communities, and promoting aging with purpose and meaning helps shape compassionate communities. This collection provides opportunities to absorb the views of older individuals, family caregivers, service providers, and the public to develop, focus, and administer the State and AAA Plans. The MA aging network engages in public participation to engage input, ideas, and feedback through various public exchanges.

By aggregating, reviewing, and speaking to such data and response collections, AGE and the AAAs develop the State and AAA Plans on Aging. Public input

supports the network recognize community needs and players, direct decisions on funding disbursement in communities, and employs public engagement feedback to help shape decisions. The network is better able to understand the needs of the public, build community support, and address challenges at the state and local levels. Public input helps to develop our goals and activities in developing and administering the State and AAA Plan work.

The following are three showcased mechanisms that demonstrate this work.

ReiMAgine Aging: Age- and Dementia-Friendly Massachusetts Action Plan Refresh Survey

Originating in 2019, MA unveiled a plan to amplify, align, and coordinate local, regional, and statewide efforts to create a welcoming and more livable Commonwealth for residents of all ages. The Age-Friendly Massachusetts Action Plan (ReiMAgine Aging) is an articulation of the state's vision and aspirations for what it looks like to grow older as a Commonwealth. ReiMAgine Aging incorporates the work of the Governor's Council to Address Aging and statewide partners including AARP Massachusetts, Dementia Friendly Massachusetts, Healthy Living Center of Excellence, Massachusetts Councils on Aging, Massachusetts Healthy Aging Collaborative, Tufts Health Plan Foundation, AAAs and ASAPs, and many other community and statewide organizations. In May 2021, the Commonwealth submitted a Year Two Progress Report to AARP, which showcased the strength and resilience of older adults, communities, and the many organizations involved in the age- and dementia-friendly movement.

This work continued in 2024 as MA engaged in a refresh to the plan to guide age- and dementia-friendly actions for the next 5-10 years. In collaboration with community partners, AGE co-hosted multiple public listening sessions around the Commonwealth to hear more from our local communities on how to strengthen the MA age- and dementia-friendly work. The public listening sessions fulfilled the importance of reviewing how public priorities have changed in the last five years; how individuals and populations have contributed to their communities' efforts to support positive aging; and exploration of what large actions or policies communities believe will support people to age well in the future.

The ReiMAgine Aging Refresh (Refresh) project included nine public listening sessions, and two focus group events held in June and July 2024. Over 1,000 participants engaged in the Refresh through listening sessions, focus groups, and written feedback (survey and comment portal). In collaboration with community partners, AGE co-hosted the listening sessions around the Commonwealth to hear more from our local communities on how to strengthen MA age- and dementia-friendly work. In promoting transparency in public participation, being open, and respecting and advocating for community involvement, the Refresh has helped build trust and credibility with the public. Information flyers included

availability in English, 简体中文, Kreyòl ayisyen, Português Brasil, Español, and Tiếng Việt.

A crosswalk between ReiMAgine Aging and the State and Area Plans on Aging, 2026-2029, include the following key connections:

1. Aligning on Social Determinants of Health and system collaboration;
2. Aligning resources and support for individuals with Dementia and Caregivers;
3. Developing policies and procedures to support individuals in greatest economic and greatest social need;
4. Engaging community players for developing civic and community engagement; and
5. Developing, promoting, and disseminating information about Age-Friendly activities, funding, and best practices.

The Refresh included a fourteen-question public feedback survey on how to make MA more age- and dementia-friendly and how to strengthen the state's five-year-old multiyear Age-Friendly Action Plan. The survey included questions on public input on both likes and barriers to community living and ranking of the top five (out of 15) aging-related topic areas that should be addressed in the ReiMAgine Aging Refresh Plan. The ReiMAgine Aging Refresh Plan is available for review at Age-Friendly Massachusetts Action Plan. The action Plan is designed to be a living document that will be continuously updated and renewed over time. Becoming more age- and dementia-friendly is an ongoing process that requires direction from residents and community partners.

The action plan serves as the state's multi-year strategy to make the Commonwealth more age- and dementia-friendly. Becoming more age- and dementia-friendly is an ongoing process that requires direction from residents and community partners. Public engagement is critical to this goal to amplify, align, and coordinate local, regional, and statewide efforts to create a welcoming and more livable Commonwealth for residents of all ages.

MA 2025 Statewide Needs Assessment Project:

The development of both the State and AAA Plans includes each AAA collecting data that assesses the strengths and gaps of existing AAA services; the needs of older adults (aged 60+) who reside in the AAA; and services not currently delivered that would promote aging in place and contribute to the well-being of older adults. This is accomplished through the MA 2025 Statewide Needs Assessment Project (NA Project).

Focused on engaging older adults and their family caregivers, the NA Project

findings enable the network to develop targeted methods to use resources effectively and identify where Massachusetts needs to make stronger efforts to reach older adult consumers and their caregivers. By using multiple data sources to tell the story, AGE and the AAA network are better positioned to direct services that respond to real needs and ensure that programs are meeting the consumers where they are.

From September through December 2024, older adults and caregivers across the Commonwealth participated in the NA Project. A total of 9,447 individuals completed the survey, including 8,265 older adults and 1,182 caregivers. While not every respondent answered every question, the overall participation yielded a robust and diverse dataset reflecting the varied needs across Massachusetts.

These survey responses help inform the development of programs and services that connect identified needs with network goals and objectives. The NA Project highlights the current spectrum of needs among older adults and promotes the development of strategic, person-centered partnerships and plans. Engaging older adults and caregivers is foundational to the implementation of Title III of the OAA. When linked to high-quality data, this engagement shapes programs that are responsive and equitable.

The NA Project includes three distinct sources of data collection: individual surveys for older adults (60+) and caregivers; focus groups for public input, including older adults (60+); and interviews or surveys with AAA service providers. Combining these methods helps focus the efforts of AAAs and AGE to develop service priorities, plans, programs, and funding decisions. Conducting a needs assessment in each PSA allows AAAs to address community-level needs of older adults and caregivers, while the broader collection of all AAA data under the NA Project provides a comprehensive picture of needs across the Commonwealth.

In directing the NA Project's work in public engagement, the following conditions and strategies were established for each AAA and PSA:

1. Individual Surveys:
    - Survey formats included both online and paper survey versions.
    - Surveys were available in the following languages: English, Spanish, Khmer, Traditional Chinese, Simplified Chinese, Armenian, Cape Verdean Creole, Hindi, Arabic, Vietnamese, Russian, Luganda, Portuguese, and Haitian Creole.
    - AAAs with >100,000 older adults aimed for up to 750 survey responses.
    - AAAs with <100,000 older adults aimed for at least 250 Survey Responses.
    - AAAs were asked to capture the diversity of their region by identifying 5-8 categories of people to engage, including:
        - Individuals with greatest economic and social needs, such as:

MassHealth members; people with disabilities; non-English speakers; people of color; LGBTQIA+ individuals; geographically isolated people; and at-risk populations specific to the PSA.
    - A minimum of 25 participants per category was recommended.

2. Focus Groups:
    - Health and Wellness: Health care, Mental and behavioral health, Nutrition, Staying active and wellness promotion.
    - Community and Social Support: Social isolation, Leisure and recreation, Spirituality, Civic engagement/volunteer opportunities.
    - Economic and Daily Living Support: Economic (financial) security, Legal services, Workforce development, Access to social assistance services, Caregiver support, Maintain independence.
    - Inclusion and Accessibility: Language/communication barriers, Learning and development, Cultural competency around LGBTQIA+ issues, Rural isolation, Ethnic and cultural competency.
    - Housing and Transportation: Housing, Transportation, Safety and security (public and personal).

3. Interviews with AAA Service Providers:
    - Service Provider Types: Health and Wellness Providers (e.g., Home Health Agencies, Primary Care Physicians, Mental Health Clinics, Meal Delivery Services like Meals on Wheels, Senior Centers).
    - Community and Social Support Providers: (e.g., Case Management Agencies, Social Workers, Community Centers, Senior Centers, Religious Organizations, Ethnic/Cultural Clubs and Community Centers).
    - Economic and Daily Living Support Providers: (e.g., Financial Advisors, Benefit Counselors, Legal Aid Organizations, Job Training Programs, Respite Care Providers).
    - Inclusion and Accessibility Providers: (e.g., Translation and Interpretation Services, Hearing and Vision Support Services, LGBTQIA+ Organizations, Cultural Centers).

The NA Project also encouraged AAAs to identify “community champions” within PSA borders to engage individuals who are well-respected and trusted by the community. Identifying and leveraging these leaders can effectively communicate the importance of the assessment and use their connections to reach underrepresented older adults and family caregivers. Encouraging these champions to promote the survey and participate in the NA Project can provide critical support and resources, with the goal of increasing engagement and participation through community-hosted events and outreach activities.

The results of the statewide NA Project data indicate the top three needs

expressed in communities across the 20 AAAs:

- **In-Home Support for Independence**
- **Transportation Access**
- **Affordable Health Care**

Rounding out the top five expressed needs are *Access to Services* and *Access to Health Care*.

While a historical framework is important for providing context and highlighting past accomplishments, AAAs are advised to limit historical overviews in their Area Plans. The Area Plan guidance emphasizes current and future priorities for FFY programs, innovations in response to NA Project data, the AAA's vision, goals, and strategic direction, and the methods used to develop a comprehensive, coordinated, community-based service system.

The Area Plan should serve as a guiding document to design and implement services, partnerships, and opportunities that address the evolving needs of older adults and caregivers over the next four years. By building connections and expanding partnerships around the ACL Core Topic Areas, AAAs can continue to embrace the opportunities of an aging population, and the Area Plan should remain central to that effort.

Public Review, Input, and Comments for the State Plan on Aging, 2026-2029

The final stage of the public review and comment effort is being conducted through the release of a Draft of the State Plan, 2026-2029, for a thirty-day period from May 5, 2025, through June 5, 2025. The draft is published on the AGE website at MA Executive Office of Aging & Independence.

A yellow banner labeled *"Notices and Alerts"* appears at the top of the page, with a message encouraging users to *"Submit Public Comments,"* and a sub-header stating: *"Submit a comment to the Executive Office of Aging & Independence on the proposed state plan."* Clicking the banner directs users to a page where the draft plan is linked, along with instructions to submit feedback via email to: Aging.Conversation@MassMail.State.MA.US

In addition to the public posting, the Draft State Plan has been shared with key aging network partners, including, but not limited to:

- MA Councils on Aging (membership organization)
- Area Agencies on Aging – 20 in total

- Mass Aging Access – 27-member organization representing Aging Services Access Points and Area Agencies on Aging
- MA LGBT Aging Commission
- Other statewide and community-based aging stakeholders

The release of the Draft State Plan includes the following statement on the cover page:

> *This Draft Massachusetts State Plan on Aging, 2026–2029, is released in accordance with the Older Americans Act of 1965, as amended. To promote transparency and public engagement, the publication of the draft plan provides an opportunity for consumers, stakeholders, and partners to offer input on the goals, strategies, and services envisioned for older adults and their family caregivers across Massachusetts.*

Following the 30-Day Public Input Period

This section will be completed following the close of the public comment period.

AGE has established an internal workgroup to lead the review of public comments submitted in response to the Draft State Plan. Throughout the 30-day comment period, the workgroup will review submissions on a rolling basis to identify emerging themes and assess alignment with the goals, strategies, and content of the Draft Plan.

At the conclusion of the public input period, the workgroup will compile and summarize all feedback received and determine whether modifications or addendums are warranted. Any changes to the Draft State Plan will aim to strengthen the Commonwealth's commitment to building a comprehensive, coordinated system of services that supports older adults, family caregivers, and the broader aging network.

Adjustments to the State Plan Following the Public Comment Period

To be completed post public input period.

The commitment of AGE and the AAA network, each required to establish and conduct public input and comment periods for Plan development in advance of final submissions, is an important vehicle through which the MA aging network receives input from those affected by the plans, operations, and services that support older adults and family caregivers.

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

AGE Response:

AGE has historically assigned Legal Assistance Developer (LAD) responsibilities to the Title III administrative and oversight position at the SUA. In support of OAA and Final Rule regulations within 45 CFR 1321.27, AGE has been reviewing and exploring the role of the LAD with a more focused view. Aligning with Subpart C—State Legal Assistance Development of 45 CFR 1324, MA recognizes that more robust methods need to be developed to meet the established standards.

Following the March 2024 implementation date of the Final Rule, the SUA has held monthly meetings to examine current administrative operations and to develop policies and procedures to support legal services and strengthen the delivery system across the network.

The MA aging network recognizes the importance of the LAD role in SUA operations and in coordinating and promoting a wider view of Legal Assistance for older adults. The current Minimum Adequate Proportion policy in Massachusetts requires that AAAs allocate a legal services percentage based on a minimum standard, along with an individual maintenance of effort required separately for each AAA. Based on FFY2025 Title III-B planning allocations, the combined minimum allocation for legal assistance across the 20 AAAs is approximately $1.2 million. Some AAAs exceed the minimum, bringing the network's planned legal assistance funding to approximately $1.38 million.

AGE recognizes the role of the LAD as aligned with the following central components of its pledge:

- State leadership in securing and maintaining the legal rights of older individuals;
- State capacity for coordinating the provision of legal assistance;
- State capacity to provide technical assistance, training, and other supportive functions to AAAs, legal assistance providers, Long- term Care Ombudsman programs, adult protective services, and other service providers; and
- State capacity to promote financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary

proceedings; and

- State capacity to improve the quality and quantity of legal services provided to older individuals.

The review of the OAA and regulation language, shared best practices from partners, and a program-diverse planning workgroup of AGE employees have informed the following plans and assessments regarding the progress and assignment of LAD responsibilities:

- AGE affirms its commitment to formally assigning Legal Assistance Developer (LAD) responsibilities to a designated position within the agency, in accordance with the OAA Final Rule.
- The LAD role is currently being fulfilled within existing staff capacity. To support long-term sustainability, AGE will implement a shared support structure through a multidisciplinary SUA workgroup, while continuing to assess future resource needs as capacity and funding allow.
- AGE will develop and assign a small SUA workgroup to collectively support the LAD, including a mix of credentials that best serve the LAD role.
- A law degree and bar admission are not required but are beneficial for providing training, case consultations, and technical assistance to the network. To avoid conflict of interest, legal counsel for the SUA will not serve as the LAD, in alignment with the federal Final Rule.
- Other key factors under LAD responsibilities include familiarity with older adult law and/or legal aid, and established contacts and resources in related areas (e.g., AAAs, legal aid nonprofits).
- In addition to the workgroup model noted above, AGE has developed updated descriptions for LAD responsibilities for the remainder of FFY2025 and for the long-term sustainability of the position.

The SUA will ensure that LAD responsibilities are assigned, resourced, and structured to reflect the knowledge, capacity, and connections necessary to serve the best interests of older adults, consistent with the intent and requirements of the OAA Final Rule.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

The plan shall include information detailing how the State will coordinate activities,

and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

AGE Response:

AGE, AAA, and Partner Teamwork: AAAs in Massachusetts are required to address their activities related to long-range emergency preparedness plans in their Area Plans for 2026-2029. AAAs communicate plans, activities, and collaborations that address the unique circumstances for emergency planning in the PSA they serve. As vital participants within the community, each AAA accepts responsibility for preparing policies and procedures for implementation during an emergency. AAAs, according to their respective plans, establish and maintain relationships with local or regional emergency personnel such as police, fire, hospitals, and the American Red Cross, and ensure evacuation plans are reviewed and updated annually.

AAA Plans, and provider monitoring, also focus on emergency preparedness at a more micro level, including a review of procedures in place for more conventional disruptions. AAAs collaborate with CoAs, senior centers, Title III providers, community partners, and other organizations that provide Title III services to plan for, prioritize, and implement emergency strategies.

AAAs and their providers, including CoAs, are required to review, evaluate, and modify practices as needed in response to short-term, day-to-day crises. These may include fire drills, building access issues, heating or cooling system malfunctions, temporary building relocations, and any other events that interrupt services to older adults on a short-term basis.

Although these events are more routine in nature, well-developed and regularly reviewed response protocols, regardless of the scale of disruption, are essential to the continuation of services and the well-being of older adults and their caregivers.

AGE and AAA Coordination and Teamwork: Shared responsibility is essential in developing effective emergency preparedness plans. AGE partners with the aging network to prepare and communicate a statewide response in the face of disasters and emergencies. Each AAA is required to have a Continuity of Operations Plan (COOP) in place, outlining the policies and procedures for implementation during an emergency.

In alignment with requirements detailed in the OAA, AAA COOP Plan must include provisions for emergency management plans related to frail and homebound older adult consumers, vendor communications, and service restoration. Agency closures, delayed starts, canceled meals, service interruptions, protective service

issues, and other emergency situations such as snowstorms, ice storms, hurricanes, water main breaks, flooding, electrical outages, or phone disruptions are examples of events that would trigger the activation of an AAA's COOP Plan. The plan guides disaster relief, service suspension, or continuity actions as the situation dictates.

Each AAA is required to have in place a Continuity of Operations Plan (COOP) which details the policies and procedures for implementation during an emergency. In connection with requirements as detailed in the OAA, emergency management plans for frail and homebound older adult consumers, vendor communications, and service restorations are required as part of the AAA Plans. Agency closures, delayed starts, cancelled meals, service interruptions, protective issues and other emergency situations (snowstorm, ice storm, hurricane, water main break, flooding, electrical issues, phone issues etc.) are examples of disaster situations where a COOP plan would be launched by the AAA to provide disaster relief service delivery, stoppage and continuity as the situation dictates.

There are several core components of continuity planning as practiced and implemented under the COOP plans, including:

- Defining mission essential functions;
- Identifying critical staff to carry out mission essential functions;
- Identifying interdependencies critical to mission essential functions;
- Identifying critical systems required for mission essential functions;
- Designating alternate facilities where mission essential functions can be implemented;
- Identifying appropriate and lawful orders of succession;
- Defining delegations of authority;
- Identifying essential records that are required to support mission essential functions or are required to by law to be maintained; and
- Ensuring resources, such as fly-away kits, are maintained and available to support COOP activation.

The distinct elements of COOP plans vary across the 20 AAAs based on factors such as geographical setting, the size of at-risk populations, volunteer capacity, the strength of community partnerships, and communication infrastructure and outreach. The SUA has established procedures for AAAs to follow in the event of agency closings, delayed starts, service interruptions, and other events associated with both temporary and long-term disruptions in service.

Communication links are established and maintained for emergency coordination related to Home Care, Nutrition, Council on Aging, Protective Services, and I&R services. The teamwork between AGE and the AAAs is crucial to maintaining communication and providing briefs for the Secretary of EOHHS, the Governor's

Office, and/or the Administration for Community Living (ACL), or its designee, as ACL responsibilities transition to other agencies within the U.S. Department of Health and Human Services.

Collaboration, commitment, and clear messaging are critical during emergencies and in the follow-through needed to address and respond to such situations. Ongoing guidance, well-developed action plans, and open communication must be in place to align the aging network's efforts and ensure continuity of programs and services during emergency response.

Emergency Preparedness Plans – Involvement of the Head of the State Agency

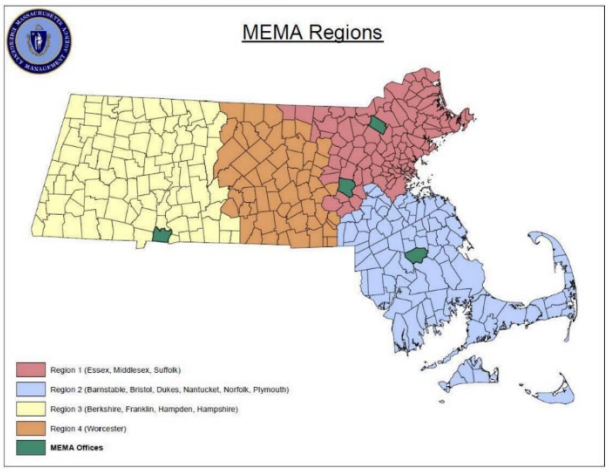
OAA Section 307(a)(29):

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

AGE Response:

The Massachusetts Emergency Management Agency (MEMA) ensures that the Commonwealth is prepared to withstand, respond to, and recover from all types of emergencies and disasters. MEMA provides residents and visitors with emergency preparedness resources, emergency alerts, and up-to-date information during and after emergencies and disasters. MEMA coordinates with federal, state, and local government agencies, non-profits, and businesses to prepare for, respond to, and recover from emergencies and disasters. The map below represents planning and administrative boundaries used by MEMA.

MEMA Regional Map (4-region structure)



Statewide Coordination and Development: The Massachusetts Emergency

Management Agency (MEMA) oversees the all-hazards emergency management response for the Commonwealth of Massachusetts. MEMA provides emergency management response support and coordination when local or regional emergency management services are overwhelmed. AGE serves as a supporting state agency in MEMA's disaster response efforts under Emergency Support Function 6 (ESF-6): Mass Care, Emergency Housing, and Human Services, withing the Massachusetts Executive Office of Health and Human Services (HHS). The publicly available MA ESF-6 (Mass Care and Feeding) Supporting Agency provides a framework for the coordination of state-level resources across state and partner agencies to support local and regional activities related to emergency shelter, mass feeding, emergency housing, and human services needs during times of emergency.

- Outreach and communication to impacted older adult populations.
- Coordinate resources to support individual feeding activities through home delivered meals and congregate meals.
- Assist in the placement of impacted older adults who cannot return to their normal living arrangements.
- Coordinate in-home services to eligible older adults through Aging Services Access Points (ASAPs) and Area Agencies on Aging (AAA).

MEMA has established the Recovery Resource Center Plan (RRC), which identifies the resources and capabilities of local, regional, state, nongovernmental, and private-sector agencies and organizations, and outlines the process for activating and coordinating these resources. The plan is intended to facilitate assistance to survivors in impacted communities following a disaster or emergency incident, particularly when the scope of the event exceeds the capabilities of local jurisdictions and agencies typically involved in supporting disaster survivors through their normal day-to-day operations. An RRC provides an efficient way to bring together multiple service providers in a single physical location to deliver coordinated assistance. The general threshold for activating an RRC is at least 20 affected households and at least 50 individuals, although special circumstances may apply, as outlined in the RRC Plan.

In a major disaster or emergency incident, an RRC is often the first "client-focused" entity to open and provide recovery services. This may be followed by the opening of a joint FEMA-State Disaster Recovery Center (DRC), supported by FEMA and the Commonwealth, once a Presidential Disaster Declaration (PDD) has been issued. While MEMA is responsible for the activation and coordination of RRC activities, the following are examples of services that may be provided at an RRC:

- Housing Services
- Insurance information and assistance services
- Support services for children and Families

- Services for older adults and individuals with disabilities and Access & Functional Needs
- Feeding Services
- Mental, Emotional, and Spiritual Care
- Pet Services
- As needed, Public Health Services

AGE will continue to partner with MEMA and the AAAs on emergency response plans based on completed risk assessments for emergencies and disasters, including annual updates to those assessments. AGE also continues to engage the SUAs' Protocol on Aging Network Emergency Response Plan to coordinate activities with AAAs, service providers, local emergency response agencies, relief organizations, local governments, state agencies responsible for emergency and disaster preparedness, and other institutions with responsibility for disaster relief service delivery.

Attachment C – Intrastate Funding Formula and Projected Resource Plan

The targeting of identified populations to support community programs and services is an essential element of the OAA and, as operationalized in Massachusetts, provides services to older adults and their caregivers. As the first step in realizing this principle, the Massachusetts Intrastate Funding Formula (IFF) targets older individuals with the greatest economic need and greatest social need, with particular attention to low-income individuals and those living in rural areas. The purpose of the Massachusetts IFF is to allocate funds in accordance with the proportion of potential consumers in each Planning and Service Area (PSA).

A review of the IFF includes the following key components:

- Massachusetts distributes Title III funding to the AAA network using a formula with six basic components, each weighted according to its relative significance within the overall formula. The total of the numerical weights equals ten (10). The IFF represents a methodology that is fair to all AAAs and exemplifies the targeting effort to reach specific older adult demographics in the Commonwealth. The IFF reflects the OAA mandate to target funding and services to persons aged sixty (60) and older, with preference in service delivery to older persons in greatest social and economic need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and elders living in rural areas.
- Each PSA's formula funding factor is the sum of its individual percent of state totals for each identified population factor, multiplied by each factor's weight, and divided by ten. The IFF is used to allocate Title III funding categories, IIIB, IIIC-1, IIIC-2, IIID, and IIIE. The formula is applied to available funding to determine AAA allocations. Specific components of the formula, together with the numerical weight assigned to each, include:

Formula Component	Assigned Weight
Proportion of persons aged 75 and over in PSA	1.00
Proportion of persons living alone aged 60 and over in PSA	1.50
Proportion of low income persons aged 60 and over in PSA	4.75
Proportion of minority persons aged 65 and over in PSA	2.00

Proportion of persons living in rural towns aged 65 and over in PSA	0.50
Proportion of persons aged 60 and over in PSA	0.25

- A numerical/mathematical statement of the formula that identifies the percentage share of each AAA includes:

FFY2026 IFF Allocation by AAA: Formula Ratios and Percentage Share for Title III-B, III-C1, III-C2, III-D, and III-E Funds

Area Agency on Aging	Formula Ratio	Percentage Share
Access Care Partners Inc	0.0249	2.49%
AgeSpan	0.0971	9.71%
Bristol Aging & Wellness, Inc.	0.0454	4.54%
Boston Age Strong Commission	0.1536	15.36%
Coastline Elderly Services, Inc.	0.0326	3.26%
Elder Services of Berkshire County, Inc.	0.0367	3.67%
Elder Services of Cape Cod and the Islands, Inc.	0.0456	4.56%
Greater Lynn Senior Services, Inc.	0.0251	2.51%
Greater Springfield Senior Services, Inc.	0.0552	5.52%
HESSCO Elder Services	0.0194	1.94%
Highland Valley Elder Services, Inc.	0.0273	2.73%
LifePath, Inc.	0.0284	2.84%
Minuteman Senior Services	0.0316	3.16%
Mystic Valley Elder Services, Inc.	0.0599	5.99%
Old Colony Planning Council	0.0571	5.71%
Senior Connection	0.0993	9.93%
SeniorCare, Inc.	0.0144	1.44%
Somerville/Cambridge Elder Services, Inc.	0.0269	2.69%
South Shore Elder Services, Inc.	0.048	4.80%
Springwell, Inc.	0.0715	7.15%

- As the designated SUA, MA confirms that, prior to applying the IFF to Title III funds, the following set-asides are deducted:
  - State Plan Administration
  - Area Plan Administration
  - Long-Term Care Ombudsman Program

Ensuring Continued Fairness and Equity in the Distribution of OAA Title III Funds

To ensure continued fairness and equity in the distribution of Older Americans Act (OAA) Title III funds, AGE remains committed to using the best available data in alignment with federal guidance. Until now, AGE has used data derived from the 2010 U.S. Census due to delays in the release of the 2020 Census data caused by the COVID-19 pandemic.

For Federal Fiscal Year (FFY) 2026, AGE will continue using 2010 Census data to ensure stability and continuity. However, beginning in FFY2027, AGE will initiate a phased transition to incorporate 2020 Census data and revised demographic definitions into the IFF. This three-year phase-in—from FFY2027 through FFY2029—is designed to promote a smooth, equitable shift, minimizing disruption to Area Agencies on Aging (AAAs) and the communities they serve.

Importantly, AGE is not changing the structure of the formula and the six demographic factors. Only the underlying data inputs and selected definitions will be updated to reflect current population realities more accurately.

Key Updates to Demographic Definitions:

- **Rural:** To use a more accurate assessment of rural areas, AGE will adopt the U.S. Census Bureau's 2020 Urban/Rural Classification to replace the prior custom approach used since 2010. Previously, AGE classified any towns with fewer than 1,500 residents or an adjusted population density below 100 people per square mile (after subtracting individuals in group quarters) as rural.

  Using the 2020 data, the Census classified areas as an initial urban core if they met specific density and land type thresholds. Specifically, in addition to requiring specific numbers of housing units per square mile, the criteria also require a minimum percentage of the land be impervious, which involves man-made surfaces, such as rooftops, roads, and parking. The Census then added contiguous areas that met certain criteria to the urban core. To be classified as urban, the resulting aggregated area must contain at least 2,000 housing units or have a population of at least 5,000. For more information, see Section V of Urban Area Criteria for the 2020 Census – Final Criteria Federal Register Notice. All areas not designated as urban are considered rural. Importantly, these urban and rural classifications are made by the U.S. Census Bureau at the census block level, the smallest geographic unit used by the Census.

  In our updated rural definition under the Intrastate Funding Formula (IFF), this block-level Census data has been applied to operationalize rurality at the town level. Specifically, a town is considered rural if 100% of its population resides in

census blocks classified as rural by the 2020 Census. Once a town meets this threshold, all residents aged 65 and older in that town are counted as rural for the purposes of funding distribution.

- **Minority Population:** The definition will shift to include individuals aged 60 and older (rather than 65+), consistent with the OAA's mission to serve adults age 60 and over. In addition, White Latinos, who were previously excluded from the minority population count, will now be included. The updated definition ensures a more inclusive and accurate reflection of the state's diverse aging population.

  For the purposes of the IFF, minority populations will be defined as individuals aged 60 and older who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Some Other Race, Two or More Races, or Hispanic or Latino of any race. This includes individuals who identify as White racially but are ethnically Latino, commonly referred to as White Latinos. Individuals who identify solely as non-Hispanic White are not included in the minority population classification.

- **Living Alone**: This metric will now align with the available 2020 Census data, which begins at age 65+ (previously 60+ in the 2010 Census).

AGE remains committed to transparent communication, predictable updates, and collaboration with stakeholders throughout this transition. We will continue to monitor federal guidance and prepare for future updates following the 2030 Census, with another three-phase implementation expected in the mid-2030s.

Three-Year Phase-In of Updated Census Data

To support a smooth and equitable transition to the 2020 U.S. Census data within the IFF, AGE will implement a three-year phase-in approach beginning in FY2027 and concluding in FY2029. This gradual implementation is designed to minimize disruption and give AAAs adequate time to adapt to changes in funding allocations.

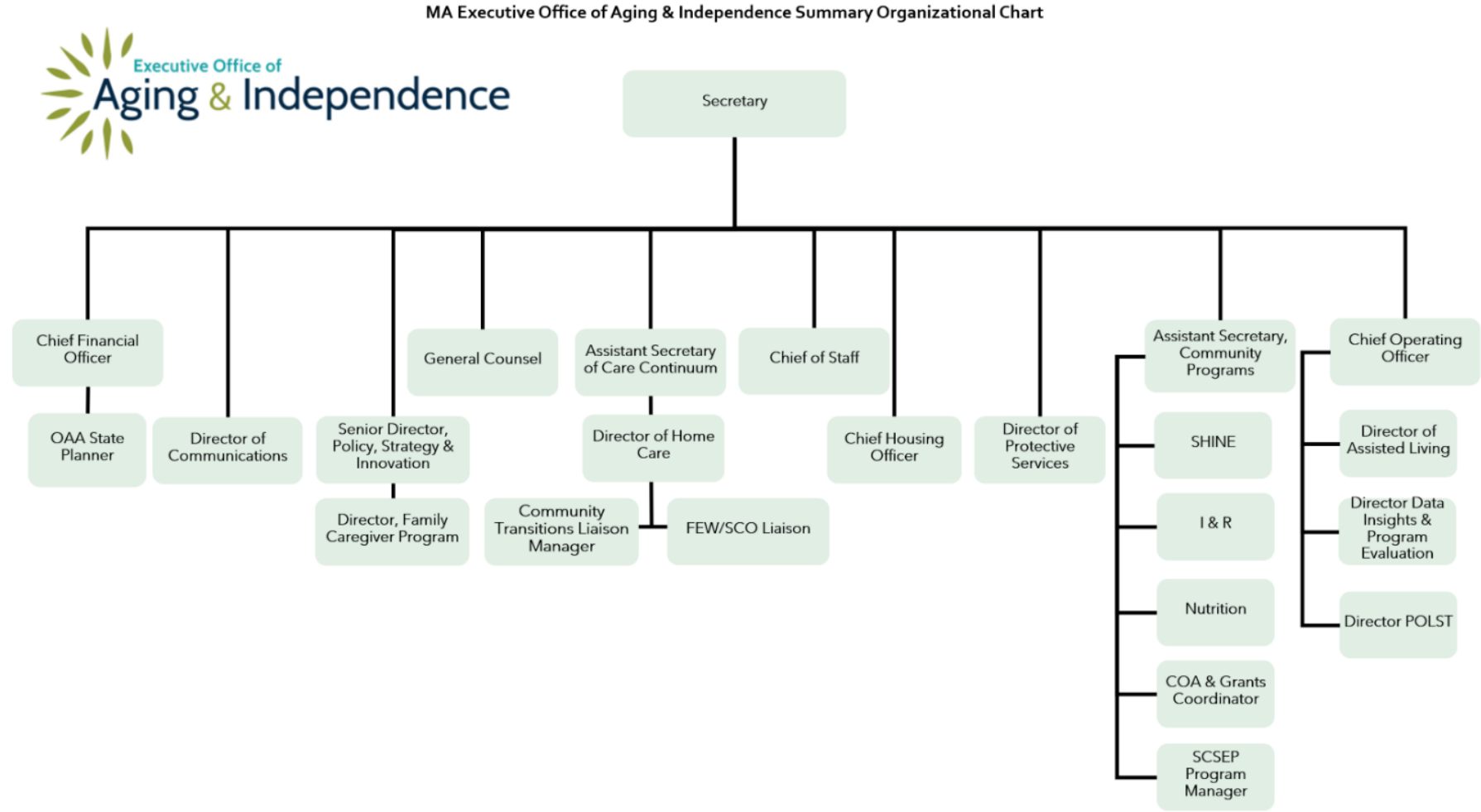
Phase-In Approach:

1. **Establish Change:** AGE will calculate the total difference in funding for each AAA based on the application of the updated 2020 Census data compared to prior year allocations.
2. **Divide the Change:** The total funding change (increase or decrease) for each AAA will be divided into three equal portions.
3. **Apply Incrementally:**

- **FY2027:** Apply the first third of the funding adjustment.
- **FY2028:** Apply the second third.
- **FY2029:** Apply the final third, completing full implementation of the updated data.

This phased methodology ensures there are no abrupt shifts in funding and supports stability in service delivery across the aging network. AGE will continue to monitor implementation impacts and provide technical assistance, data transparency, and timely communication to AAAs and other stakeholders throughout the transition

Attachment D – Executive Office of Aging & Independence Organizational Chart



Attachment E – Massachusetts 2025 Statewide Needs Assessment Report

2025 Massachusetts Needs Assessment

Background: ACL Request and OAA Compliance

The Older Americans Act (OAA) Final Rule, specifically §1321.65, requires that each Area Agency on Aging (AAA) conduct an assessment and evaluation of unmet needs. According to this regulation: *"Each area agency must submit data, with evaluative conclusions, on unmet needs for supportive, nutrition, disease prevention, caregiver support, and senior center services, considering all funding sources."*

To meet this mandate, AGE designed the 2025 Needs Assessment, ensuring that each AAA provides objectively collected data on the unmet needs of older adults across Massachusetts.

Purpose of 2025 Needs Assessment

AGE designed the 2025 Needs Assessment to gather comprehensive data that:

- Helps better understand and address the needs of older adults and their caregivers across Massachusetts and in each AAA
- Identifies strengths and gaps in existing AAA services
- Pinpoints services not currently being delivered that could promote aging in place and contribute to overall well-being.

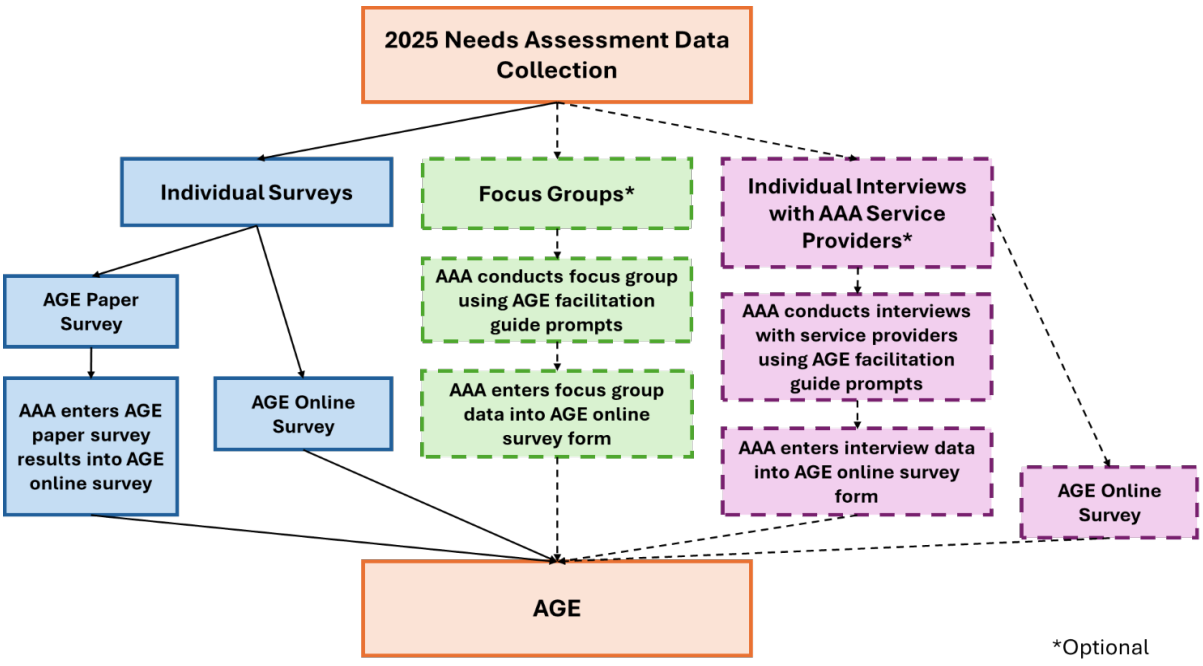
For the development of both the State Plan and individual AAA Plans, each AAA was required to collect data that assesses the strengths and gaps in existing AAA services, the needs of older adults in the region, and services that are currently lacking but could contribute to aging in place. The data collected through this assessment will directly inform the development of both the State Plan and AAA Plans, ensuring that services and policies are data-driven and responsive to the real needs of older adults. By gathering this comprehensive data, the assessment helps identify service gaps, highlight community needs, and determine the essential services necessary to enhance the independence and well-being of older adults throughout Massachusetts.

Massachusetts 2025 Needs Assessment Data Collection Overview

To meet the requirements originally established by the Administration for Community Living (ACL), now transitioning to other agencies within the U.S. Department of Health and Human Services, the 2025 Needs Assessment Data Collection process was designed for each Area Agency on Aging (AAA) to implement within its service area. AAAs were required to collect data via surveys, and could also choose to use focus groups or provider interviews. The target population was adults aged 60 and older and their caregivers.

The survey served as the most critical component of the assessment, asking respondents to identify their greatest needs and also collecting respondents' demographic information, enabling AAAs to identify which respondents have the greatest economic or social needs. These data points enabled an accurate capture of the needs of specific groups and populations across Massachusetts. For example, the survey results allowed for the identification of unique needs and concerns among individuals living in rural areas and those who are part of the LGBTQIA+ community. It also helped determine which needs and concerns were most relevant to low-income populations, ensuring a more targeted approach to service planning.

In addition to the survey, AGE provided two optional data collection methods to allow AAAs to conduct a more in-depth exploration of community needs. AAAs could use an AGE-developed template to conduct focus groups with older adults aged 60 and older, allowing participants to share their experiences and insights in a group setting. AGE also provided a template that AAA's could use to conduct individual interviews or surveys with AAA service providers, which provided valuable perspectives from those directly involved in delivering services to older adults. These optional methods allowed for more qualitative insights, complementing the survey data and providing a fuller picture of the needs and gaps in services.



Community Champions

We also encouraged AAAs to identify and engage with community "rockstar" champions—those influential and well-respected individuals who can effectively communicate the importance of the Needs Assessment. By leveraging these champions' networks, AAAs can reach traditionally underrepresented older adults and family caregivers, encouraging survey participation and attendance at Needs Assessment events. To support this effort, AAAs provided community champions with the necessary information and materials and collaborated with them to host events that drove engagement.

1. **Individual Surveys**

The individual survey was the primary component of the 2025 Needs Assessment, designed to collect key data from older adults aged 60 and older and their caregivers. It served as the only mandatory data collection method required of AAAs and played a vital role in assessing the needs of specific populations across Massachusetts. The survey gathered comprehensive demographic and personal information, allowing respondents to self-identify as having the greatest economic or social need. These data points enabled an accurate understanding of the needs of particular groups, including individuals living in rural areas, people with specific disabilities, members of the LGBTQIA+ community, low-income populations, and other groups.

The survey asked respondents to select aging-related needs that were important to them or the older adult they care for. General needs were categorized into key service areas, including affordable housing, nutrition support, civic engagement and volunteer opportunities, learning and development opportunities, and mental and behavioral health support. After selecting all relevant needs, respondents were also asked to prioritize their top three needs to help determine the most pressing issues facing older adults in Massachusetts. If a respondent identified as a caregiver, they first answered questions about their own needs before proceeding with the survey as if they were the care recipient. This structure allowed for a more nuanced understanding of both caregiver and recipient needs.

Respondents' social needs were identified through questions addressing issues such as social isolation, housing concerns, frail health, living in a rural area, Alzheimer's disease, grandparent caregiving responsibilities, and LGBTQIA+ identification. The demographic section collected essential information such as town or city of residence, age, gender identity, race or ethnicity, language spoken at home, household income, and MassHealth membership. These details provided valuable insights into the characteristics and diversity of survey participants, helping to ensure that services could be tailored to the specific needs of various communities. To maximize accessibility, the survey was offered in both online and paper formats. AAAs were responsible for manually entering paper responses into the online survey platform, Key Survey. Paper surveys were also made available in multiple languages, including English, Spanish, Khmer, Traditional Chinese, Simplified Chinese, Armenian, Cape Verdean Creole, Hindi, Arabic, Vietnamese, Russian, Luganda, Portuguese, and Haitian Creole. The surveys were professionally translated and helped

ensure that non-English-speaking populations had the opportunity to participate, reducing language barriers and improving inclusivity in the data collection process.

This survey provided essential information that will directly inform the development of both the state plan and individual AAA plans, ensuring that services and policies are data-driven and responsive to the real needs of older adults and caregivers.

Survey Goals

AGE asked each AAA with less than 100,000 older adults to collect at least 250 survey responses, and AAAs with more than 100,000 older adults to obtain at least 750 survey responses.

Greatest Economic and Social Needs

To ensure that Area Agencies on Aging (AAAs) effectively reached older adults in the Greatest Economic Need (GEN) and Greatest Social Need (GSN) groups, each AAA was required to submit a List of Planned Outreach Activities before the data collection process began. This strategic planning step ensured that outreach efforts were intentional, inclusive, and representative of the diverse populations served within each Planning and Service Area (PSA). Each AAA was tasked with identifying five to eight categories of people that reflect the diversity of their region and guaranteeing that surveys were conducted within each of these groups.

AAAs were directed to focus on populations experiencing the greatest economic and social needs, with a goal of surveying at least 25 individuals from each identified category. Outreach efforts were required to extend across the entire PSA, rather than being concentrated in specific towns, cities, or neighborhoods, to ensure that survey respondents represented the full range of older adults within the region. This approach helped prevent underrepresentation of certain communities and ensured a broader and more inclusive dataset.

To help AAAs identify relevant categories, AGE provided each AAA with a demographic fact sheet containing relevant statistics on older adults in their region, including age, race, ethnicity, living arrangements, marital status, nativity, education level, and primary language spoken at home.

Midway through the data collection period, AGE provided each AAA with a progress report summarizing respondent demographics based on survey submissions at that point. This report helped AAAs assess the effectiveness of outreach efforts by highlighting gaps in representation across GEN and GSN groups. If certain populations remained underrepresented, AAAs were encouraged to refine their outreach strategies and increase engagement efforts in these areas before the final data collection deadline.

By requiring targeted outreach, ongoing demographic assessments, and region-wide survey distribution, these measures ensured a diverse and representative sample of older adults throughout Massachusetts. The comprehensive approach to reaching individuals with the greatest economic and social needs allowed for a more accurate understanding of their challenges and priorities, informing data-driven decision-making for both the state plan and AAA service plans.

2. **Focus Groups**

To gather in-depth qualitative data on key aspects of older adults' lives, AGE developed a Focus Group Facilitation Guide that structured discussions around five main topics: Health and Wellness, Community and Social Support, Economic and Daily Living Support, Inclusion and Accessibility, and Housing and Transportation. This approach allowed AAAs to gain deeper insights into the specific challenges older adults face and to supplement the survey data with personal experiences and perspectives.

The **Health and Wellness** topic explored issues related to health care, mental and behavioral health, nutrition, and the importance of staying active and promoting overall wellness. Discussions in this area helped identify gaps in health care access, barriers to mental health support, and specific nutritional concerns among older adults.

The **Community and Social Support** topic focused on social isolation, leisure and recreation opportunities, spirituality, and civic engagement or volunteer activities. These discussions provided insights into how older adults connect with their communities, the availability of social opportunities, and the impact of isolation on their overall well-being.

The **Economic and Daily Living Support** topic covered financial security, legal services, workforce development, access to social assistance programs, caregiver support, and maintaining independence. This section helped identify economic challenges, barriers to accessing social services, and the support systems needed to help older adults remain financially stable and independent.

The **Inclusion and Accessibility** topic examined language and communication barriers, learning and development opportunities, cultural competency around LGBTQIA+ issues, rural isolation, and ethnic and cultural competency. Discussions within this category allowed for a better understanding of how diverse populations experience aging and the barriers they may face in accessing culturally appropriate services.

The **Housing and Transportation** topic addressed issues related to housing availability, transportation accessibility, and safety and security in both public and personal settings. These discussions provided insight into the housing challenges older adults face, transportation limitations, and the overall safety concerns impacting their ability to remain independent.

AAAs had the flexibility to select topics that were most relevant to their service areas or specific groups within their communities. They could also mix and match discussion areas to cover multiple topics within a single session. AAAs recorded themes, direct quotes, and key ideas from the discussions, which were then entered into the Key Survey platform for analysis.

Although participation in focus groups was optional, this method provided valuable qualitative insights that complemented the survey data. For example, if the survey revealed that nutrition was the top concern among Greatest Economic Need (GEN) and Greatest Social Need (GSN) groups, the focus group discussions helped clarify why nutrition was an issue. Was it due to a lack of nearby meal sites? Was transportation preventing access to meal programs? Was the food offered not aligned with their dietary needs? These discussions provided context to the data and helped inform more targeted solutions.

To ensure accessibility, the Focus Group Facilitation Guide was made available in English and Spanish, allowing for broader participation and a more inclusive approach to qualitative data collection.

3. **Individual Interviews/Surveys with AAA Service Providers**

Interviews or surveys with AAA service providers were included as an optional data collection method to gain qualitative insights into the experiences of professionals working directly with older adults. While the initial plan focused on conducting interviews, feedback from AAAs indicated that the time commitment required for interviews was a barrier. In response, we modified the process to also include a survey format, making participation more accessible for service providers.

To support this process, we provided a template with example questions tailored to four key types of service providers:

Health and Wellness Providers included professionals such as home health agencies, primary care physicians, mental health clinics, meal delivery services like Meals on Wheels, and senior centers. Their input helped identify gaps in healthcare access, mental health services, nutrition support, and wellness programming for older adults.

Community and Social Support Providers encompassed organizations such as case management agencies, social workers, community centers, senior centers, religious organizations, and ethnic or cultural clubs. These service providers contributed valuable perspectives on social isolation, engagement opportunities, and the role of community-based organizations in supporting older adults.

Economic and Daily Living Support Providers included financial advisors, benefit counselors, legal aid organizations, job training programs, and respite care providers. Their

responses helped highlight financial security concerns, barriers to accessing assistance programs, and challenges in workforce development and legal services for older adults.

Inclusion and Accessibility Providers covered services such as translation and interpretation providers, hearing and vision support organizations, LGBTQIA+ advocacy groups, and cultural centers. Their input helped assess the accessibility of aging services, identify language barriers, and improve cultural competency within service delivery.

Both the interview and survey formats collected qualitative data through open-ended responses, allowing service providers to share their experiences, challenges, and successes in meeting the needs of older adults. These insights complemented the broader data collection process by highlighting effective practices and service gaps within each AAA service area. This approach ensured that the perspectives of frontline providers were included in the assessment, ultimately leading to more informed planning and policy development.

Narrative Summary of the 2025 Needs Assessment for Older Adults Results

The 2025 Needs Assessment offers an in-depth look into the demographics, characteristics, and pressing needs of older adults, providing a comprehensive understanding of the challenges and priorities faced by this population. Throughout this section, the term “older adults” refers to both individuals who completed the survey for themselves and care recipients whose responses were provided by their caregivers.

The results presented in this report are based on survey responses from older adults and caregivers who chose to participate. As respondents were not randomly sampled from all older adults or caregivers, the findings do not fully represent all older adults or caregivers in Massachusetts.

Because AAAs often surveyed individuals who attended events, were easy to contact, or were engaged with services, certain groups may be overrepresented or underrepresented. For example, if a larger number of respondents were individuals who attend senior centers, the results may not fully reflect the needs of homebound older adults or those less connected to services.

The data should be interpreted as insights from those who participated, rather than as a complete representation of all older adults in Massachusetts.

Additionally, in this report, **N** represents the total number of survey respondents for each specific question or category. Since not all participants answered every question, **N** can vary across sections. Reporting **N** helps provide context for the percentages shown, ensuring that the findings accurately reflect the number of individuals who responded to each item.

Demographics of Respondents

A total of 9,447 individuals participated in the survey, although not all respondents answered every question. Of these, 8,265 were older adults responding on their own behalf, and 1,182 were caregivers providing information on behalf of an older adult care recipient.

Demographic information was collected only for older adults, not for caregivers. Caregivers were asked to provide demographic information about the older adult care recipients they supported.

Among the 8,603 older adults for whom age data was reported, whether self-reported or provided by a caregiver, a plurality falling between 70 and 79 years old (37.1%), followed closely by those aged 80 to 89 (28.1%).

Age	Older Adults (%)
Less than 60	2.2%
60-69	23%
70-79	37.1%
80-89	28.1%
90 or older	9.6%
N = 8603	

Women (68.4%) make up the majority of respondents, with men (29.5%) and a small percentage identifying as non-binary or other gender identities.

Gender Identity	Older Adults (%)
Woman	68.4%
Man	29.5%
Non-Binary, Gender Non-Conforming, or Genderqueer	0.3%
Other Specified	0.7%
Don't Know	0.1%
Prefer Not To Say	0.9%
N = 9019	

In terms of racial and ethnic diversity, the majority of respondents identify as White (77.3%), with Asian (6.7%), Black or African American (6.4%), Latino (6%), those identifying with multiple racial or ethnic backgrounds (1.6%), and Other Race/Ethnicity (1.3%) forming smaller but notable segments.

Race/Ethnicity	Older Adults (%)

White	77.3%
Asian	6.7%
Black or African American	6.4%
Latino	6%
More than One	1.6%
Other Race/Ethnicity Listed	1.3%
American Indian or Alaska Native	0.3%
Middle Eastern or North African	0.2%
Native Hawaiian or Other Pacific Islander	0.1%

N = 8862

Notes. AGE classified a respondent as "More Than One Race or Ethnicity" when the respondent selected more than one race or ethnicity. AGE classified respondents as "Other Race/Ethnicity" when they selected "Some other race or ethnicity" and no other category.

Most respondents speak English at home (80.7%), while 6.5% speak Spanish, 4.5% speak Chinese (Mandarin or Cantonese), and 1.2% speak Russian, among other languages. Of those who speak a language other than English, 16.9% of respondents say they speak English "Not Well" and 20.5% report having no English proficiency at all, highlighting potential communication barriers in accessing services.

Language Spoken at Home	**Older Adults (%)**
English	80.7%
Spanish	6.5%
Chinese (including Mandarin, Cantonese)	4.5%
Russian	1.2%
French	0.9%
Portuguese	0.9%
Italian	0.7%
Haitian Creole	0.5%
Khmer	0.4%
Arabic	0.3%
Cape Verdean Creole	0.3%
Polish	0.3%
Vietnamese	0.3%
German	0.2%
Greek	0.2%
American Sign Language	0.1%
Armenian	0.1%

Gujarati	0.1%
Hindi	0.1%
Hindi, Gujarati	0.1%
Japanese	0.1%
Korean	0.1%
Language Unclear	0.1%
Nepali	0.1%
Portuguese, Other	0.1%
Tagalog	0.1%
Taishanese	0.1%

N = 8694

Notes. Only languages spoken by at least 0.1% of respondents are listed.

English Proficiency	Older Adults (%)
Very Well	46.8%
Well	15.8%
Not Well	16.9%
Not At All	20.5%

N = 2708

Additionally, 36.4% are enrolled in MassHealth, suggesting that a significant portion relies on state-supported healthcare. However, 7.8% of respondents were unsure about their MassHealth enrollment status, suggesting that the actual percentage may be slightly higher.

MassHealth Membership	Older Adults (%)
Yes	36.4%
No	55.8%
I Don't Know	7.8%

N = 8738

Approximately 34.9% of respondents reported a household income of less than $20,000 dollars annually. Additionally, 16.5% of respondents preferred not to disclose their income, meaning the true percentage of those earning under $20,000 could be slightly higher.

Household Income < $20,000	Older Adults (%)
Yes	34.9%
No	48.5%
Prefer Not to Answer	16.5%

N = 8244

Respondent Greatest Social Need & Greatest Economic Needs

The greatest social and economic need groups that are most represented within the sample are: mobility limitations, sensory impairments, cognitive challenges, mental health issues, and nutrition needs.

The top five most represented groups in terms of social and economic needs include:

- Older adults living with physical disabilities (49%)
- Those experiencing hearing loss (30.1%)
- Individuals with mental or emotional health issues (30.1%)
- Need help with meals or nutrition (28%)
- Those experiencing memory or thinking problems (30.5%)

These results emphasize the need for targeted interventions, enhanced healthcare accessibility, and social support systems to better serve the aging population facing these challenges.

Characteristic	Older Adults (%)
Live with physical disabilities	49%
Experience memory or thinking problems	30.5%
Live with hearing loss	30.1%
Have mental or emotional health issues	30.1%
Need help with meals or nutrition	28%
Often feel lonely or isolated	24.2%
Are in frail or weak health	22.4%
Need access to cultural or social activities	20.4%
Live with vision loss	19.7%
Need legal services	16.9%
Have housing concerns	13.6%
Live with Alzheimer's or dementia	13%
Live in a rural area	10.4%
Are part of the LGBTQIA+ community	5.7%
Experience issues with abuse, neglect, or exploitation	3.9%
Are a grandparent raising grandchildren	3.9%
Have employment or job-related needs	3.8%

N = 7596

Notes. The reported sample size (N) is the number of respondents who reported at least one characteristic

Reported Needs of Older Adults

The assessment highlighted a range of needs, with a majority of respondents listing: in-home support for independence (61.4%), transportation access (53.6%), and affordable healthcare (51.5%) emerging as the most frequently cited priorities. Other critical areas of concern included: access to services (49.6%), access to healthcare (47.9%), staying active/wellness promotion (47.2%), nutrition support (43.5%), and leisure, recreation, and socialization (42.6%)

Need	Older Adults (%)
In-Home Support for Independence	61.4%
Transportation Access	53.6%
Affordable Health Care	51.1%
Access to Services	49.6%
Access to Health Care	47.9%
Staying Active/Wellness Promotion	47.2%
Nutrition Support	43.5%
Leisure, Recreation, & Socialization	42.6%
Long-Term Services & Supports	39.5%
Housing Accessibility & Maintenance	37.9%
Safety & Security	36.9%
Affordable Housing	36.5%
Legal Services	33.3%
Mental & Behavioral Health Support	32.7%
Social Isolation	31.8%
Assistance Managing Other Expenses	30.8%
Learning & Development Opportunities	28.9%
Addressing Ageism	23.5%
Civic Engagement/Volunteer Opportunities	22.2%
Spirituality Support	16.5%
Overcoming Language/Communication Barriers	13.7%
Workforce Development	11.8%
LGBTQIA+ Support	9.5%

N = 8928

Notes. The reported sample size (N) is the number of respondents who reported at least one need.

Prioritization of Needs

When asked to rank their top priorities, respondents placed the highest emphasis on:

- In-home support for maintaining independence (19%)

- Access to services (12%)
- Affordable healthcare (11.1%)
- Transportation access and availability (7.9%)
- Affordable housing (8.8%)

This ranking underscores a strong desire among older adults to maintain independence, access healthcare, and secure stable and affordable living arrangements.

Needs Ranked	Ranked 1 (%)	Ranked 2 (%)	Ranked 3 (%)
In-Home Support for Maintaining Independence	19%	12.9%	9.1%
Access to Services	12%	5%	5.2%
Affordable Health Care	11.1%	8.4%	3.4%
Affordable Housing	8.8%	5.5%	3.8%
Transportation Access & Availability	7.9%	8.8%	10.7%
Access to Health Care	5.9%	6.5%	4.6%
Housing Accessibility and Maintenance	5.1%	5%	3.3%
Nutrition Support	4.6%	6.7%	6.6%
Staying Active / Wellness Promotion	4.6%	5.3%	8.3%
Long Term Services & Supports	3.2%	6%	5.3%
Opportunities for Leisure, Recreation, & Socialization	2.9%	5.3%	6.2%
Safety & Security	2.3%	4%	4.5%
Mental & Behavioral Health Support	2%	3.6%	3.9%
Assistance Addressing Social Isolation	1.8%	2.8%	3.7%
Other	1.6%	2.1%	2.8%
Assistance Managing Other Expenses	1.5%	2.9%	3.1%
Legal Services	1.5%	2.7%	4.7%
Learning & Development Opportunities	0.9%	2.3%	3.8%
LGBTQIA+ Support	0.8%	0.5%	1.1%
Addressing Ageism and Age Discrimination	0.6%	0.7%	1.5%
Spirituality Support	0.6%	0.4%	1%
Workforce Development	0.5%	0.6%	0.7%
Civic Engagement / Volunteer Opportunities	0.5%	1.5%	1.8%
Overcoming Language / Communication Barriers	0.5%	0.3%	0.8%

N = 5642

Notes. The reported sample size (N) is the number of respondents who ranked at least one need. Columns 2-4 might not sum to 100% due to rounding.

Reported Needs by Income

Older adults with household incomes below $20,000 reported consistently higher needs across most service areas. The most notable disparities include access to services (65.1% vs 40.1%), affordable housing (48.3% vs 29.2%), nutrition support (50.6% vs 37.6%), and transportation (59% vs 49.9%). These findings highlight the disproportionate challenges faced by lower-income older adults and underscore the need for targeted support strategies.

Need	Household Income < $20,000 (%)	Household Income >= $20,000 (%)
Access to Services	65.1%	40.1%
In-Home Support for Independence	62.3%	60.6%
Transportation Access	59%	49.9%
Affordable Health Care	58.6%	46.7%
Access to Health Care	55.6%	44.5%
Nutrition Support	50.6%	37.6%
Affordable Housing	48.3%	29.2%
Staying Active/Wellness Promotion	44.7%	50.6%
Long-Term Services & Supports	42.3%	38.7%
Leisure, Recreation, & Socialization	41%	44.8%
Housing Accessibility & Maintenance	40.4%	36.6%
Safety & Security	40.2%	34.6%
Legal Services	37.8%	29.8%
Assistance Managing Other Expenses	37.5%	25.4%
Mental & Behavioral Health Support	37.2%	29.8%
Social Isolation	35.6%	29.5%
Learning & Development Opportunities	29.4%	28.6%
Addressing Ageism	25.2%	23.2%
Overcoming Language/Communication Barriers	22.2%	7.1%
Spirituality Support	21.4%	12.4%
Civic Engagement/Volunteer Opportunities	21.3%	23.5%
Workforce Development	13.8%	10.1%
LGBTQIA+ Support	10%	9.3%

N (Income < $20,000) = 2725; N (Income >= $20,000) = 3860

Notes. Percentages reflect respondents who reported at least one need. Respondents who did not report household income are not included.

Reported Needs by Race/Ethnicity

Older adults identifying as Asian, Black, or Hispanic were more likely than White respondents to report unmet needs across several key areas. For example, access to services was reported by 71.9% of Asian, 58.8% of Black, and 64.9% of Hispanic

respondents, compared to 45.8% of White respondents. Similarly, transportation needs were significantly higher among Black and Hispanic respondents.

The top three most pronounced disparities include:

- Overcoming Language/Communication Barriers: Asian (48.4%), Hispanic (39.2%), White (7.8%) — a difference of up to 40.6 percentage points

- Affordable Housing: Hispanic (59%), Black (52.2%), White (31.9%) — a difference of up to 27.1 percentage points

- Access to Services: Asian (71.9%), Hispanic (64.9%), Black (58.8%), White (45.8%) — a difference of up to 26.1 percentage points

These patterns point to the importance of culturally competent service delivery and equitable investment.

Need	Asian (%)	Black or African American (%)	Hispanic or Latino (%)	White (%)
Access to Services	71.9%	58.8%	64.9%	45.8%
Access to Health Care	67.9%	50.3%	56.8%	45.5%
Affordable Health Care	61%	61.3%	60.4%	48.6%
Transportation Access	56.6%	61.1%	59.6%	52.7%
In-Home Support for Independence	54.5%	55.3%	63.7%	62.8%
Nutrition Support	49.1%	50.8%	53.8%	41.8%
Long-Term Services & Supports	48.4%	42.8%	45.8%	37.9%
Overcoming Language/Communication Barriers	48.4%	19.8%	39.2%	7.8%
Affordable Housing	46.2%	52.2%	59%	31.9%
Staying Active/Wellness Promotion	42.1%	58.3%	48.4%	46.7%
Leisure, Recreation, & Socialization	40.2%	49.7%	45.4%	42.1%
Safety & Security	37.9%	46.7%	45%	35.4%
Mental & Behavioral Health Support	35.3%	40.3%	47.8%	30.4%
Housing Accessibility & Maintenance	30.9%	47.1%	39.4%	37.1%
Legal Services	30.9%	45.8%	39.4%	31.3%
Social Isolation	30%	36.5%	39.4%	31.1%
Assistance Managing Other Expenses	28.4%	41.9%	48.4%	28.6%
Learning & Development Opportunities	25%	41%	35.9%	27.4%
Addressing Ageism	22.2%	36.2%	34.5%	21.3%

Spirituality Support	19.8%	30.5%	34.5%	13.2%
Civic Engagement/Volunteer Opportunities	18.6%	31.6%	28.1%	20.9%
Workforce Development	9.7%	21.7%	21.5%	10%
LGBTQIA+ Support	5.3%	14.1%	13.7%	8.8%

N (Asian) = 580; N (Black or African American) = 561; N (Hispanic or Latino) = 498; N (White) = 6652

Notes. Percentages reflect respondents who reported at least one need.

Reported Needs by English Proficiency

Among older adults who do not speak English at home, those with limited English proficiency were substantially more likely to report challenges related to accessing services, including overcoming language barriers (52.2% vs 21.9%) and accessing affordable healthcare (62.6% vs 58.9%). These disparities signal a need for expanded multilingual resources and culturally inclusive outreach to ensure equitable access.

Compared to those speaking English well or very well, respondents with limited English proficiency were more likely to report:

- Overcoming language barriers: 52.2% vs 21.9%
- Affordable healthcare: 62.6% vs 58.9%
- Access to services: 73.7% vs 54.8%
- Affordable housing: 51.6% vs 45.3%

Need	Not Well/ Not At All (%)	Very Well/ Well (%)
Access to Services	73.7%	54.8%
Access to Health Care	64.7%	54.3%
Affordable Health Care	62.6%	58.9%
In-Home Support for Independence	60.8%	60.9%
Transportation Access	58.4%	59.3%
Nutrition Support	52.2%	52.7%
Overcoming Language/Communication Barriers	52.2%	21.9%
Affordable Housing	51.6%	45.3%
Long-Term Services & Supports	47.6%	41.8%
Staying Active/Wellness Promotion	44.2%	51.1%
Safety & Security	42.3%	41.1%
Mental & Behavioral Health Support	40.1%	37.9%
Leisure, Recreation, & Socialization	39.9%	46.3%
Assistance Managing Other Expenses	38.3%	39.4%

Housing Accessibility & Maintenance	36.1%	38.7%
Legal Services	34.6%	36.5%
Social Isolation	33.2%	39.2%
Learning & Development Opportunities	27.2%	33.9%
Addressing Ageism	24.7%	27.2%
Spirituality Support	23.5%	25%
Civic Engagement/Volunteer Opportunities	21%	25.5%
Workforce Development	12.4%	17.6%
LGBTQIA+ Support	7.3%	11.9%

N (Not Well/Not at All) = 892; N (Very Well/Well) = 808
This table only includes respondents who indicated that they did not speak English at home or did not report what language they spoke at home.

Reported Caregiver Supports

The 2025 Needs Assessment also gathered insights from 1,182 caregivers, highlighting the diverse and multifaceted supports they need in order to continue caring for loved ones. The most frequently reported need among caregivers was respite care, identified by 61.6% of respondents. This was followed closely by in-home care (54.8%), financial assistance (47.4%), and training and education (45.1%).

These top four priorities reflect the dual challenge caregivers face in providing hands-on support while managing financial and informational barriers. They suggest a need for investments in accessible respite programs, in-home care resources, caregiver education, and financial relief initiatives.

Support	**Caregivers (%)**
Respite Care	61.6%
In-Home Care	54.8%
Financial Assistance	47.4%
Training and Education	45.1%
Information and Resources	44.1%
Transportation Services	42.6%
Community Resources	41%
Support Groups	40.6%
Care Coordination	38%
Medical Support	35.4%
Home Modifications	35.2%
Mental Health Support	34.5%
Work-Life Balance Support	32.5%
Legal Assistance	31.3%
Nutritional Support	27%
Technology Support	23.1%

N = 1155

Notes. The reported sample size (N) is the number of respondents who reported at least one support.

Conclusion

The 2025 Needs Assessment paints a clear picture of an aging population navigating health challenges, financial instability, and social isolation, while expressing a strong need for support services, affordable healthcare, and accessible transportation. Addressing these issues will require policy interventions, expanded community support systems, and enhanced access to essential resources to ensure older adults can age with dignity, security, and quality of life.

AGE Documents Received by AAA Planners to Facilitate Process

Demographic Summary of PSA

Each AAA planner received a Demographic Summary for their Area Agency on Aging to assist with preparations for the 2025 Needs Assessment. This report provides valuable insights into the older adult population in your service area and is designed to help identify key groups that fall within the Greatest Economic Need (GEN) and Greatest Social Need (GSN) categories, as required by the Older Americans Act (OAA) and Final Rule regulations. The summary offers an overview of relevant Census and American Community survey data for municipalities within the Planning and Service Area of the AAA (age 60 or 65, depending on the indicator) and includes a detailed breakdown of age groups, race and ethnicity, living arrangements, marital status, nativity, highest level of education, English language use at home and proficiency, and the non-English languages spoken at home. The information was derived from two primary sources: the U.S. Decennial Census 2020, prepared by the University of Massachusetts-Boston Center for Social & Demographic Research on Aging and aggregated by AGE, and the 2016-2020 5-year file of the U.S. Census American Community Survey, which was similarly prepared and aggregated.

Updates on Key Survey Reponses to Needs Assessment Survey

AAA planners received periodic updates on Key Survey responses for the PSA on October 9, October 23, and November 20. These updates provided an ongoing snapshot of survey engagement, enabling planners to monitor progress and adjust their outreach strategies accordingly.

Needs Assessment Progress Report

AAA planners received a progress report on November 6, which detailed the number of respondents in each demographic category based on all surveys submitted to the Key Survey platform as of October 25. This report was designed to support outreach efforts by providing insights into the demographics of respondents to the Survey for Older Adults & Caregivers and to help planners identify areas where additional outreach might be needed before the final data collection deadline.

The demographic section presented detailed data on key characteristics of respondents, including their age, gender, race, ethnicity, income level, and health status. It highlighted the proportion of respondents who identified as caregivers, individuals with Alzheimer's disease or related dementia, those who experienced vision or hearing loss, physical disabilities, or frail health, as well as those who were grandparents raising grandchildren or members of the LGBTQIA+ community. Additionally, it included data on the percentage of respondents who lived in rural areas, had income levels below $20,000, and were enrolled in MassHealth, offering insight into economic and healthcare access considerations.

The geographic distribution section provided the number and percentage of survey respondents from each city and town within the PSA. This information helped identify regional participation trends and potential gaps in community engagement.

The language distribution section detailed the number of individuals who did not speak English at home, listing the specific languages spoken along with their corresponding percentages. This data was valuable for understanding linguistic diversity and identifying potential barriers to accessing services for non-English-speaking populations.

Needs Assessment Final Report

The Needs Assessment Final Report, released on December 17, followed the same structured format as the progress report and incorporated all survey responses received by December 2.

Needs Assessment Project Review

Each AAA Planner received a Needs Assessment Project Review as part of efforts to assess and enhance community engagement. The report included all municipalities within the PSA, including those that did not provide survey responses, to offer a comprehensive view of engagement with the Needs Assessment Survey across the region.

The report identified municipalities with no responses, helping planners pinpoint areas with potential engagement gaps. It also included U.S. Census 60+ population data for each municipality to provide additional context on the older adult population. Additionally, the response rate for each municipality was calculated based on participation relative to the 60+ population, and a total response rate for the PSA was provided to offer a broader measure of overall engagement.

Attachment F – Massachusetts AAA/ASAP Aging Network

In Development – Identified AAAs and PSAs remain consistent with FFY2025 operations. The final version of the State Plan will include a complete table of AAAs and their corresponding PSAs, a brief narrative describing the structure of the AAA network, and individual maps for each PSA. No changes to PSA designations or AAA assignments are planned for FFY2026.