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# Annual Legislative Report Fiscal Year 2017

January 2018



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## Executive Summary

This report discusses the work of the Executive Office of Elder Affairs and our commitment to promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

Massachusetts now has more residents over the age of 60 than under the age of 20 and older adults are the fastest growing segment of our population. The Commonwealth benefits from the involvement, experience and knowledge of older adults in every aspect of our community and economy. We also continue to lead the country in aging services. Through the Executive Office of Elder Affairs, the Office of Long Term Services and Supports and our countless partnerships with state agencies, the legislature, and non-profit and private organizations, we work to ensure that older adults have access to the resources they need to live well and thrive in every community in the Commonwealth.

EOEA manages a \$525 million dollar budget, serving the over 1.2 million older adults (people over the age of 60) in our Commonwealth with a network of services that includes home care, caregiver support, nutrition programs, protective services, health and wellness services, housing options, counseling, dementia and behavioral health services, assisted living certification, long term services and supports and a variety of other programs and services.

In 2017, the agency worked to expand best practices, pilot new initiatives, improve program integrity, and support innovation and partnerships. These key initiatives included the development of a central intake unit for the Elder Protective Services Program in order to promote the safety and security of older adults. The Home Care Program expanded to include individuals who are over-income eligibility, who are now able to utilize the care management services of the Aging Service Access Points, while paying a cost for services that matches their income level. The Home Care program is a critical tool providing a variety of services, from homemaking to personal care that allows individuals to remain in their homes and community.

In conversations throughout the Commonwealth, EOEA consistently heard that individuals are worried about their economic security. One of the major factors in economic security includes housing, and services that are paired with housing. In order to address the complex and broad housing needs and concerns, EOEA modernized the Assisted Living Residences Certification Program, including an online database of Assisted Living Residences to increase information for consumers. Additionally, partnering with MassHousing, EOEA launched six older adult regional resource forums throughout the state and MassHousing has declared 2018 to be the Year of the Older Adult. In partnership with the City of Boston, EOEA held three Housing Surges, designed to connect chronically homeless older adults with housing and services. The three Housing Surges resulted in over 100 individuals experiencing homeless receiving apartments or vouchers, as well as numerous individuals enrolling in PACE and other programs and services.

Through partnerships with local municipalities, as well as the Massachusetts Healthy Aging Collaborative and numerous non-profit organizations, the Commonwealth continues to expand and advance our work in Age-Friendly Communities. There are currently 22 age-friendly communities and over 58 communities in development across the Commonwealth. Additionally, the Commonwealth strives to become more dementia-friendly with 23 active dementia-friendly

communities and 31 emerging communities, as well as 72 memory cafes. Through the Alzheimer's Disease Supportive Services Program grant from the United States Administration on Community Living, approximately 400 family caregivers have been trained in the Savvy Caregiver program, to increase knowledge, skills and support for families caring for someone with dementia. This work creates respectful and inclusive communities and allows individuals to stay engaged and connected in their communities.

As the Commonwealth ages, we are able to seize opportunities and plan for the future. In April of 2017, Governor Baker established the Council to Address Aging in Massachusetts recognizing that it is time to celebrate that we are an aging society. According to the Executive Order, "the Council shall be responsible for advising the Governor on the development of governmental policies, community resources, best practices, and informal supports that will promote healthy aging in the Commonwealth. The Council will formulate a plan to achieve the goal of making Massachusetts the most age-friendly state for people of all ages." In the first year, the Council held five in-person meetings including four expert panels, reviewed documents and data from thought leaders, held four listening sessions across the state, invited input and recommendations via web portal, heard from over 500 individuals across the Commonwealth and drafted an initial blueprint for recommendations. The Council will continue to hear input, research initiatives and develop further recommendations in the coming year.

# Background and Agency Information

## Introduction

Pursuant to M.G.L. c. 19A, §12, the Executive Office of Elder Affairs (EOEA) presents its Annual Report for Fiscal Year 2017 to the Great and General Court of Massachusetts.

## Mission, Vision, and Values

Our **mission** at the Executive Office of Elder Affairs is to promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

Our **vision** is that older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community of the Commonwealth.

Our **values** include:

- The value of growing older
- The value of choice, including the choice to live in the community
- The value of the contributions that older adults and individuals with disabilities make to society
- The value of a person-centered approach that promotes dignity and takes into account cultural identities
- The value of collaboration with our partners, advocates, and other stakeholders

## Background

Pursuant to M.G.L. c. 19A, §4, the Executive Office of Elder Affairs is the principal agency of the Commonwealth to mobilize the human, physical, and financial resources available to develop, implement and evaluate innovative programs to promote the independence, empowerment and well-being of older adults, individuals with disabilities and their caregivers.

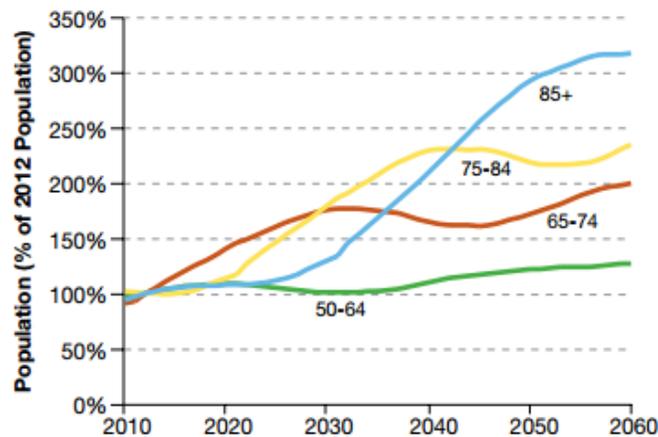
The Older Americans Act requires each state to establish a state unit on aging (*see 42 U.S.C. 3025*). EOEA is the Commonwealth's state unit on aging. The Administration on Community Living promulgated regulations pursuant to the Older Americans Act (*see 45 C.F.R. 1321, sec. 1321.7*), which indicate the mission of the State agency: "The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, communities throughout the State. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible."

## Demographics

Older adults are the fastest growing segment of the population, both in Massachusetts and nationally. The Commonwealth is at an inflection point, where for the first time in our history, we have more residents over the age of 60 than under the age of 20. The percentage of the Commonwealth's population aged 65 and over is projected to increase from 15% in 2015 to 21% in 2030, according to the 2015 Massachusetts Healthy Aging Data Report. The older population in Massachusetts is also becoming increasingly diverse.

The following chart depicts that the fastest growing population in Massachusetts is over the age of 85, with all ages over 50 growing at a rate of over 100% from 2010 to 2060.

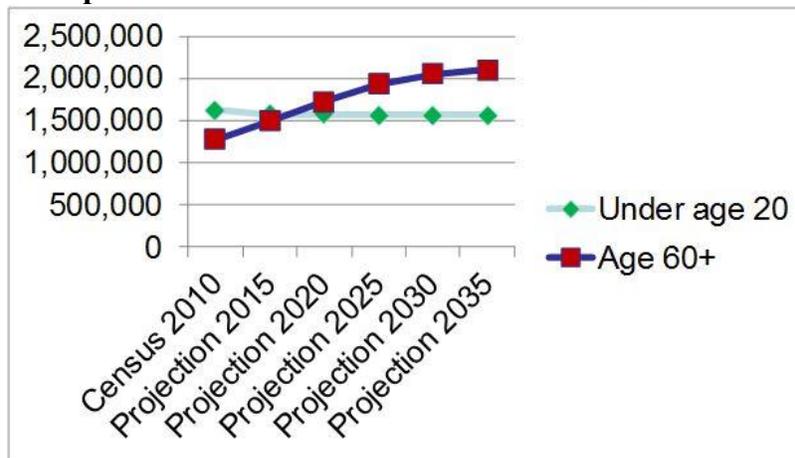
**Chart 1: Population growth by age groups**



Source: AARP, *Across the States Profile of Long Term Services and Supports MA Report*, 2012

The following chart illustrates that in Massachusetts, the projected growth for the population under age 20 is flat, while the projection for the population aged 60 and over continues to climb. These projection lines will not cross again.

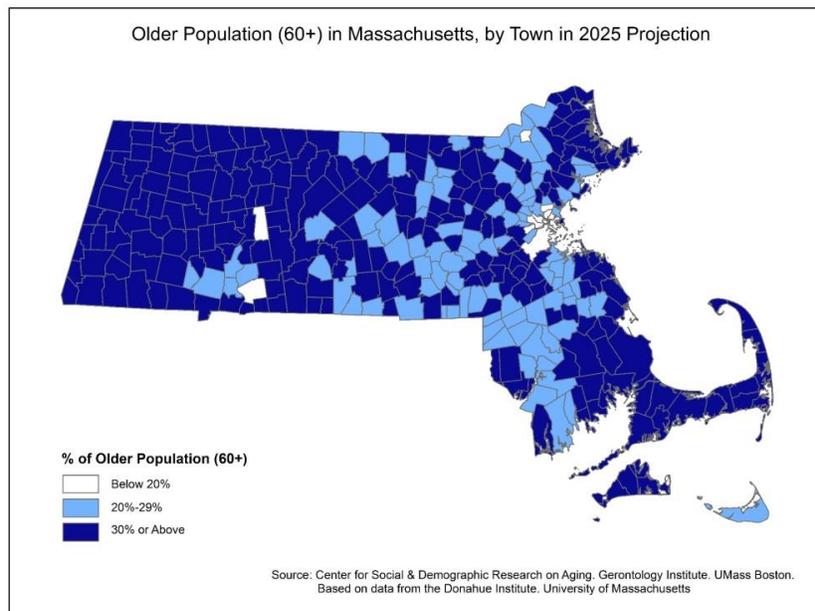
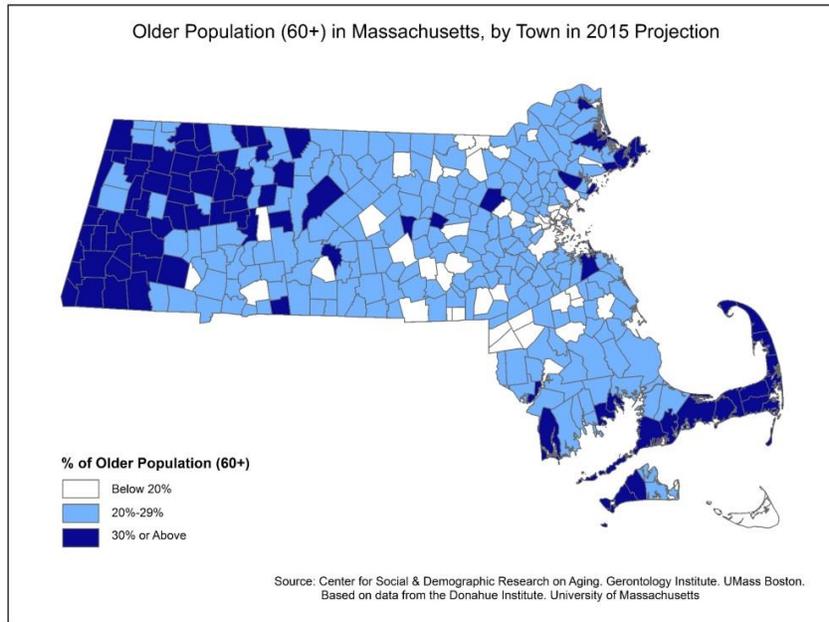
**Chart 2: Projected Population Growth for Over 60 and Under 20**

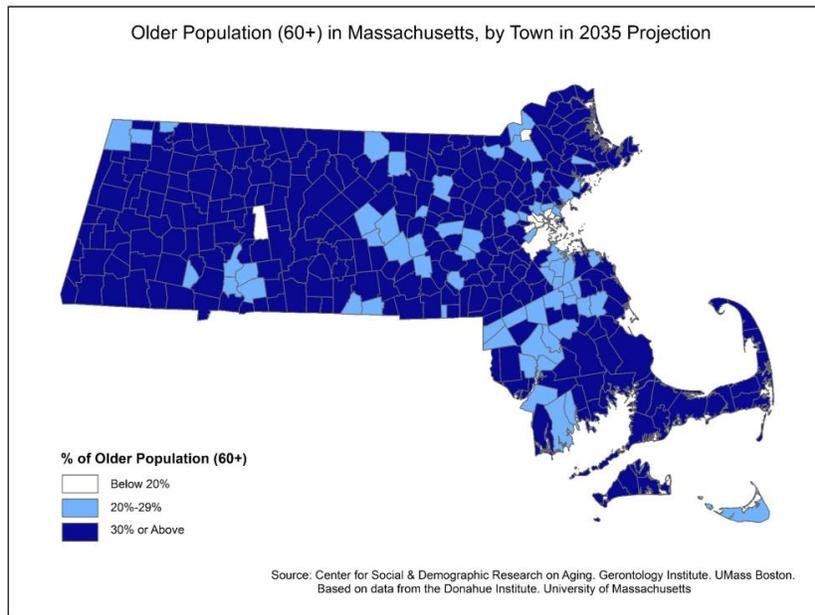


Source: University of Massachusetts Boston Gerontology Institute, 2016

EOEA continues to prepare for the growing older adult population in the Commonwealth. As the maps below illustrate, one quarter of the current population is over 60 in most of our cities and towns. Soon, over 30% of the population in virtually every municipality will be over the age of 60.

### Charts 3-5: Population and Projected Population of Massachusetts in 2015, 2025 and 2025

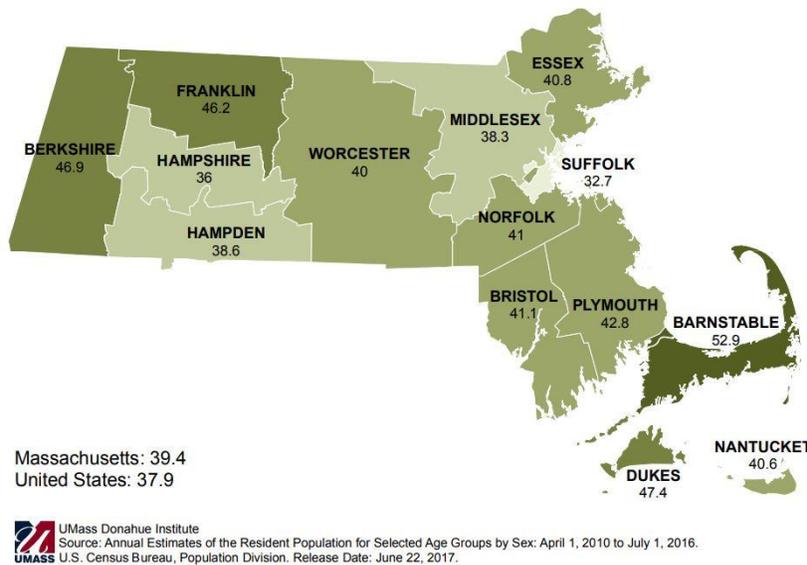




As the percentage of the population over 60 increases, the median age also increases. The following map illustrates the median age by county across the Commonwealth.

**Chart 6: Map of Massachusetts with Median Age**

Estimated Median Age by Massachusetts County, 2016



As average age of the Commonwealth increases, we benefit from the involvement, experience and knowledge of the older adult population in every aspect of our community and economy. The Commonwealth also has the opportunity to identify current effective and efficient practices, gaps in services and opportunities to support healthy aging.

## Older Adults in Massachusetts

Older adults want to age with purpose and to stay engaged in their communities. Through the Massachusetts 2017 Statewide Needs Assessment project, the top five needs in communities for older adults across the Commonwealth include:

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

Similarly, the top ten questions and concerns that older adults in Massachusetts have about aging relate to the areas of financial security, health and healthcare, and assessing services. These questions and concerns resulted from recent listening sessions and needs assessments conducted across the state.

### Financial

1. Will I be able to afford accessible housing and services?
2. Will my community have adequate, affordable and accessible transportation?
3. Will I be able to pay for all my expenses?
4. Will I be able to keep working and to get job training or career support if I need it?
5. How can I avoid scams and financial exploitation so that I don't lose my life savings?

### Health

6. Will I be able to find well-trained and professional home care workers if I need them?
7. Will I be able to find a nursing home that delivers high quality care if I need one?
8. Will I develop dementia? How will we take care of all the people who have it?

### Services and Information

9. How can I take care of my own needs while caring for my loved one?
10. How can I access information and resources on aging services?

There are significant challenges facing older adults in Massachusetts. According to the Massachusetts Healthy Aging Data Report:

- One in three older adults lives alone
- Nearly two out of three older adults have four or more chronic conditions
- One in eight older adults have dementia
- One in three older adults has an annual income of less than \$20,000

According to the Elder Economic Security Standard Index and *Insecurity in the States 2016* report developed by the University of Massachusetts Boston Gerontology Institute, older adults in Massachusetts have the second lowest levels of economic security in the nation. The Index defines economic security as “the income level at which older adults are able to cover basic and necessary living expenses and age in their homes, without extra financial assistance.” A few of

the key factors in determining the cost of living are housing costs and health care, including prescription medications.

In order to address these challenges, the Commonwealth of Massachusetts provides significant benefits and services as we continue to lead the country in aging services. Massachusetts was recently identified as the healthiest state in the nation in the 2017 America's Health Rankings Report and sixth in the nation in the 2017 America's Health Rankings Senior Report. Massachusetts scored highly due in part to reductions in rates of physical inactivity, smoking and cancer, as well as a low rate of hip fractures, and greater availability of community support for older adults. Additionally, the Commonwealth also has high community support expenditures, high percentage of home-delivered meals and a low geriatrician shortfall.

In addition, older adults in Massachusetts contribute significantly to society in a variety of ways:

- 33% of adults ages 65 to 74 are employed
- 22.1% of adults aged 65 and over volunteers
- One in three caregivers are 65 and older
- Approximately 34,000 grandparents in Massachusetts are the primary caregivers for their grandchildren
- Individuals over 50's economic contributions account for 45% of Massachusetts's GDP and \$148.3 billion is spent by consumers over the age of 50

## Overview of the Executive Office of Elder Affairs

The Massachusetts Executive Office of Elder Affairs became one of the nation's first agencies responsible for addressing the needs of older people in 1971. Originally a small advocacy agency, EOEA assumed its mandate to fund services in 1973 with the passage of legislation. Today, EOEA manages services to hundreds of thousands of older people across the Commonwealth through state and federally funded programs and is located within the Executive Office of Health and Human Services.

EOEA's goal is to empower individuals to make their own choices based upon their preferences and desires and to encourage individuals to plan to achieve and sustain these goals.

Through the statewide older adult network, EOEA provides services locally via 22 Area Agencies on Aging (AAAs), 26 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 and caregiver support, nutrition programs, protective services, health and wellness services, housing options, SHINE counseling (Serving the Health Insurance Needs of Everyone), dementia and mental health services, and a variety of other programs and services.

The growth in the older adult population challenges us to examine existing programs to measure their efficiency and effectiveness in meeting the goals set by individuals. As people age, there are often changing requirements for health care services and delivery systems, housing, long term care, transportation, economic well-being, socialization, nutrition, family and community support, and security. Many individuals prefer to live independently, directing their lives to the

fullest extent possible, and to remain actively engaged and connected as valued and valuable members of the community.

It is also important to recognize the pervasiveness of ageism, which presents an obstacle for older adults in Massachusetts and throughout the world. Coined in 1969 by Robert Butler, ageism is defined as a “process of systematic stereotyping or discrimination against people because they are old.” Age discrimination presents an often invisible barrier to full self-determination for older people. However, the growing population of older adults has the potential to positively impact societal attitudes toward aging and reduce or eliminate ageism. Aging should be viewed as an asset, rather than a burden.

## Strategic Priorities

Based on the voices of older adults, individuals with disabilities, and their caregivers, families, and advocates, the Executive Office of Elder Affairs has identified three strategic priorities that include:

### 1. **Promote aging in community**

Our goal is to support older adults and individuals with disabilities to remain in their homes and neighborhoods. EOEA works closely with numerous partners to maintain and improve a wide range of options for older adults and individuals with disabilities. Current initiatives to promote aging in community include:

- Strengthened local relationships between AAA/ASAPs and housing authorities
- Reviewed partnerships between Senior Care Options and housing sites to provide services in the housing
- Increased efficiency and program integrity in the protective services program to ensure older adults can safely live and receive services in their home and community
- Convened private housing owners and developers to identify and promote scalable solutions
- Worked to provide priority access to older adults in certain properties
- Gathered data on older adult homelessness and held “surge” events to connect older adults experiencing homelessness with housing and/or services
- Collaborated with the Department of Housing and Community Development (DHCD) and other key partners to identify and implement solutions
- Launched six older adult regional resource forums throughout the state with MassHousing
- Partnered with DHCD to award funding to four organizations to explore and develop village housing models
- Reviewed current best practices for innovative local transportation options

### 2. **Create livable communities**

EOEA’s goal is to promote healthy living and community integration at every age. With the growing older adult population, movements to make communities more age-friendly and dementia-friendly are gaining momentum in Massachusetts as well as nationally and globally. An age-friendly community supports community standards for inclusion, access, safety and engagement to benefit people of all ages. In guidance established by

the World Health Organization, eight domains that communities can address to better adapt their structures and services to the needs of older people: the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services. EOEA is working closely with the Massachusetts Healthy Aging Collaborative (MHAC), AARP, and others to drive, support, and coordinate work for and with age-friendly communities. A dementia-friendly community is informed, safe, and respectful, and enables people living with dementia and those who care about them to live full, engaged lives. EOEA and Jewish Family & Children's Service (JF&CS) with support from Tufts Health Plan Foundation launched the Dementia Friendly Massachusetts Initiative in May 2016. Along with EOEA and JF&CS, this initiative includes representatives from the Alzheimer's Association MA/NH Chapter, LeadingAge Massachusetts, the Massachusetts Association of Councils on Aging (MCOA), and the Multicultural Coalition on Aging. The initiative works closely with these partners and others to align age-friendly and dementia friendly missions.

### 3. **Build an adequate careforce**

The "careforce" refers to the combination of direct care (paid) workers and unpaid (family and other) caregivers. Our goal is to develop a stable and well-trained direct care workforce and give families access to the resources they need to care for individuals in the community. The direct care workforce provides an estimated 70-80% of paid hands-on care for older adults and individuals with disabilities. Currently, the rate of workers leaving the direct care workforce outpaces the rate of those who are entering the workforce. Direct care jobs often involve low pay, limited or no benefits, inadequate supervision, and unpredictable/unstable hours. Nearly 50% of this workforce receives some type of public assistance. However, if workers begin to earn more than a certain amount, they may lose benefits such as childcare or housing. This has led to the current crisis: home care organizations are unable to find enough workers to meet the demand. To respond to this crisis, EOEA is collaborating with the Department of Higher Education and other organizations on pilot programs with community colleges and vocational technical high schools to increase recruitment and retention of direct care workers. EOEA is also working with EOHHS and other partners to recruit older adults into the paid direct care workforce through the Personal and Home Care Aide State Training (PHCAST) program, the Senior Community Service Employment Program (SCSEP), as well as older adult career centers and job fairs.

The following chart illustrates the direct care workforce occupations, current numbers of positions and annual openings.

## Chart 7: Direct Care Occupations, Titles, Certification and Number of Employees

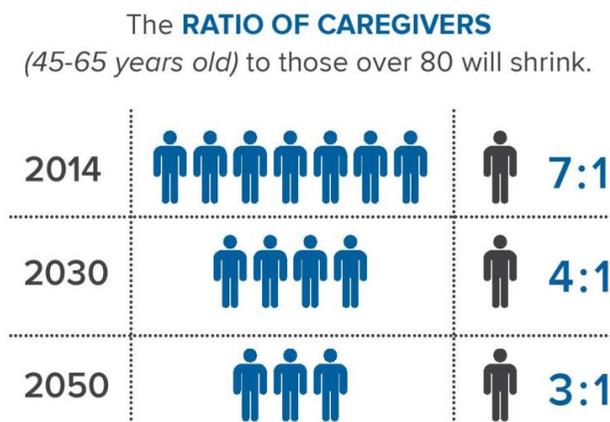
<u>Occupational Title</u>	<u>Other Job Titles</u>	<u>Example Certifications</u>
<b>Medical Assistant</b> 13,610 Employed 445 Annual Openings	<i>Practice / Clinical Assistant</i> <i>Phlebotomist</i> <i>Patient Care Technician (PCT)</i>	<i>Certified Medical Assistant*</i> <i>Phlebotomy Certificate</i> <i>CPR, EMT</i> <i>Basic Life Support</i>
<b>Nursing Assistant</b> 40,530 Employed 1,349 Annual Openings	<i>Patient Care Assistant</i> <i>Patient Care Technician (PCT)</i> <i>Dietary Aide</i> <i>Resident Care Specialist/ Assistant</i>	<i>Certified Nurse Assistant (CNA)</i> <i>Certified Practical Nurse, Long-term care</i> <i>Basic Life Support / Cardiac Life Support</i>
<b>Home Health Aide</b> 18,900 Employed 1,161 Annual Openings	<i>Home Care Aide</i> <i>Personal Home Care Aide</i> <i>Caregiver</i> <i>Respite Worker</i> <i>Resident Care Assistant</i> <i>Direct Support Professional</i>	<i>Certified Home Health Aide (HHA)</i>  <i>CPR</i> <i>First Aide Certification</i>
<b>Personal Care Aide<sup>9</sup></b> 32,000 Employed 10,000 Annual openings <sup>10</sup>	<i>Personal Care Attendant</i> <i>Personal Care Homemaker</i> <i>Homemaker</i>	<i>CPR</i> <i>First Aid Certification</i>

Source: Massachusetts Department of Higher Education *Allied Health-Direct Care Workforce Plan*

Additionally, in Massachusetts in 2013, approximately 844,000 informal caregivers helped loved ones with daily activities. The hours of care provided by family caregivers in Massachusetts are estimated to total 786 million hours, which is equivalent to approximately \$11.6 billion. The numbers of available unpaid caregivers are diminishing. Additionally, caregivers are struggling under the financial burden of working and caregiving, often going through their own retirement savings or becoming chronically unemployed. The Massachusetts Family Caregiver Support Program provides support to informal caregivers, including information and referral, as well as respite funding. In addition, EOEA and partnering organizations are developing infrastructure to better support caregivers of individuals living with dementia with grants from ACL and as part of the Dementia Friendly Massachusetts Initiative.

The following graphic illustrates the shrinking ratio of caregivers over the next 30 years.

## Chart 8: Projected Ratio of Caregivers in 2014, 2030 and 2050



Source: AARP, *The Aging of the Baby Boom and the Growing Care Gap: A Look At Future Declines in the Availability of Family Caregivers*

Woven throughout the Executive Office of Elder Affairs' strategic priorities is a commitment to close collaboration with other agencies, legislators, public and private partners. An important initiative of EOEA has been to create a network of services that extends beyond EOEA programs. As one example of intergenerational cross-agency collaboration, includes the work between EOEA and Department of Children and Family to utilize existing networks of older workers and volunteers. EOEA has identified and connected with two programs, Encore Boston Network and Senior Community Services Employment Program (SCSEP), which can place older workers and volunteers in DCF Area Offices to support the field staff.

EOEA is also committed to leveraging partnerships within the research and technology sectors to explore ways to incorporate new technology and evidence-based interventions in our programs and services. Through the ADSSP grant from ACL, the Massachusetts Family Caregiver Support Program is able to provide innovative technology to caregivers to assist with caring for their loved one with dementia-related disorders, such as music devices and electronic pets.

# Budget

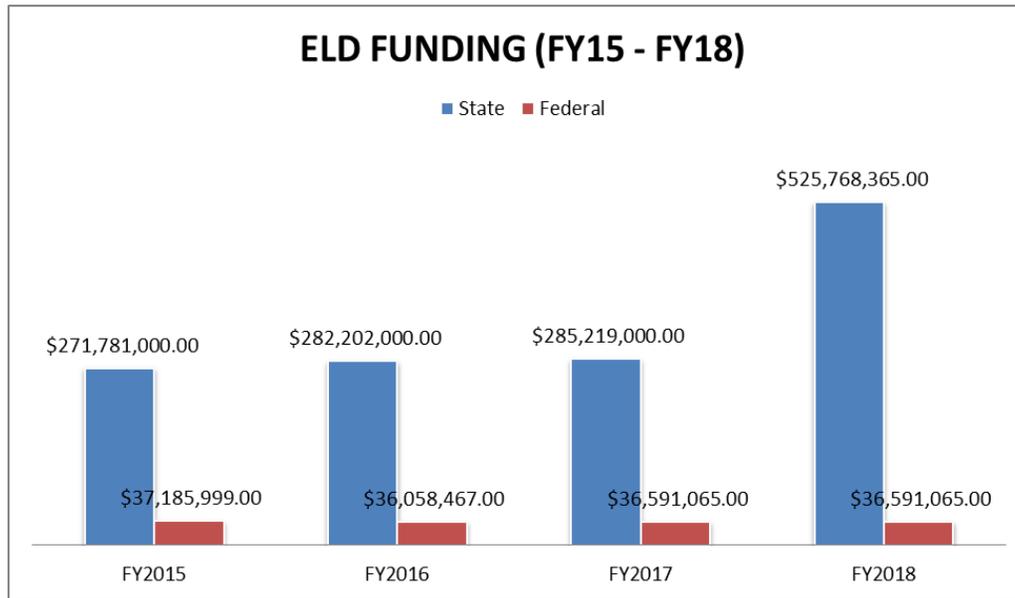
## Budget Appropriations

**Table 1: Massachusetts State Budget**

Account	Account/Program	FY2015	FY2016	FY2017	FY2018
9110-0100	Department of Elder Affairs Administration	\$2,197,000.00	\$2,344,000.00	\$2,077,000.00	\$2,076,565.00
9110-0104	HCBS Policy Lab	\$250,000.00	\$ -	\$ -	\$ -
9110-0600	Community Choices	\$0.00	\$0.00	\$0.00	\$223,419,000.00
9110-1455	Prescription Advantage	\$16,342,000.00	\$18,759,000.00	\$18,172,000.00	\$16,929,054.00
9110-1500	Elder Enhanced Home Care Services Program	\$63,077,000.00	\$70,255,000.00	\$70,548,000.00	\$ -
9110-1604	Supportive Senior Housing Program	\$5,451,000.00	\$5,494,000.00	\$5,668,000.00	\$5,651,421.00
9110-1630	Elder Home Care Purchased Services	\$104,412,000.00	\$106,668,000.00	\$102,571,000.00	\$173,749,706.00
9110-1633	Elder Home Care Case Management and Administration	\$35,547,000.00	\$34,680,000.00	\$33,796,000.00	\$52,271,372.00
9110-1636	Elder Protective Services	\$22,811,000.00	\$23,173,000.00	\$28,048,000.00	\$28,661,688.00
9110-1660	Elder Congregate Housing Program	\$2,515,000.00	\$2,155,000.00	\$2,060,000.00	\$1,959,284.00
9110-1700	Elder Homeless Placement	\$186,000.00	\$186,000.00	\$186,000.00	\$186,000.00
9110-1900	Elder Nutrition Program	\$7,378,000.00	\$7,253,000.00	\$7,256,000.00	\$7,256,375.00
9110-2500	Veterans' Independence Plus Initiative	\$ -	\$ -	\$ -	\$ -
9110-9002	Grants to Councils on Aging	\$11,615,000.00	\$11,235,000.00	\$14,837,000.00	\$13,607,900.00
<b>Totals - Executive Office of Elder Affairs</b>		<b>\$271,781,000.00</b>	<b>\$282,202,000.00</b>	<b>\$285,219,000.00</b>	<b>\$525,768,365.00</b>
<b>MassHealth Office of Long Term Care</b>					
4000-0600	MassHealth Senior Care	\$3,197,069,000.00	\$2,972,950,000.00	\$3,516,116,000.00	\$ -
4000-0640	MassHealth Nursing Home Supplemental Rates	\$301,400,000.00	\$291,600,000.00	\$347,900,000.00	\$ -
<b>Totals - Office of Long Term Care</b>		<b>\$3,498,469,000.00</b>	<b>\$3,264,550,000.00</b>	<b>\$3,864,016,000.00</b>	<b>\$ -</b>
<b>Totals - All State Appropriations</b>		<b>\$3,770,250,000.00</b>	<b>\$3,546,752,000.00</b>	<b>\$4,149,235,000.00</b>	<b>\$525,768,365.00</b>

Note: FY 18 Spending for Mass Health Choices is now with ELD appropriation 9110-0600 and not under appropriation 4000-0600

**Chart 9: EOEA State and Federal Funding from FY15 to FY18**



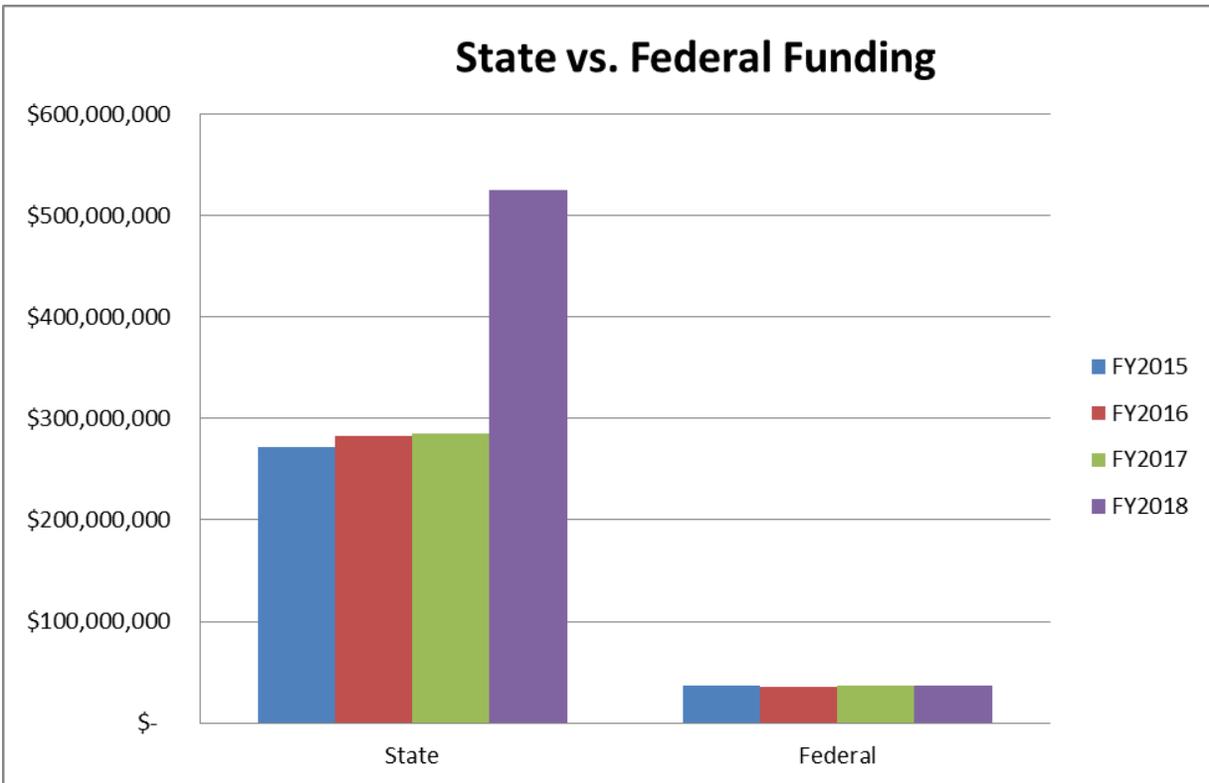
Note: FY 18 Spending for Mass Health Choices is now with ELD appropriation 9110-0600 and not under appropriation 4000-0600 which illustrates the increase in state funding from FY17 to FY18

**Table 2: Federal Grant Programs**

Program	FY15	FY16	FY17	FY18
Older Americans Act	\$27,266,253.00	\$27,266,253.00	\$28,148,851.00	\$28,148,851.00
SHINE	\$1,097,000.00	\$1,097,000.00	\$1,097,000.00	\$1,097,000.00
Nutrition Services Incentive Program	\$4,885,300.00	\$4,885,300.00	\$4,885,300.00	\$4,885,300.00
SCSEP	\$1,831,043.00	\$1,831,340.00	\$1,881,340.00	\$1,881,340.00
MA Chronic Disease Self-Management Education Program	\$638,910.00	\$100,714.00	\$100,714.00	\$100,714.00
The Enhanced ADRC Options Counseling Program	\$1,467,493.00	\$198,706.00	\$198,706.00	\$198,706.00
MIPPA ADRC	\$0.00	\$79,154.00	\$79,154.00	\$79,154.00
Alzheimer's Disease Supportive Service	\$0.00	\$600,000.00	\$200,000.00	\$200,000.00
<b>Total</b>	<b>\$37,185,999.00</b>	<b>\$36,058,467.00</b>	<b>\$36,591,065.00</b>	<b>\$36,591,065.00</b>

Note: Not all grants operate on the State Fiscal Calendar. Some programs operate on a multi-year program period or the federal fiscal year calendar. Therefore some awards are split between state fiscal years. This format indicates significant funding variances that would not present if listed by their program periods. For the purposes of demonstrating funding by state fiscal year, the values have been populated consistent with MMARS accounting.

**Chart 10: State versus Federal Funding to EOEA from FY15 to FY18**



Note: FY18 Spending for Mass Health Choices is now with ELD appropriation 9110-0600 and not under appropriation 4000-0600 which illustrates the increase in state funding from FY17 to FY18

## **Key Initiatives and Partnerships**

### **Age-Friendly Communities**

#### **Massachusetts Healthy Aging Collaborative**

In 2009, with leadership from Tufts Health Plan Foundation, the Massachusetts Healthy Aging Collaborative (MHAC) was launched as a network of leaders in community, health and wellness, government, advocacy, research, business, education, and philanthropy who have connected in an effort to advance healthy aging. The Collaborative has adopted a multi-dimensional model that aligns with the World Health Organization's definition of active aging, supporting activities that "optimize opportunities for health, participation and security in order to enhance quality of life as people age." As participant focused supportive communities are crucial in achieving and supporting healthy aging.

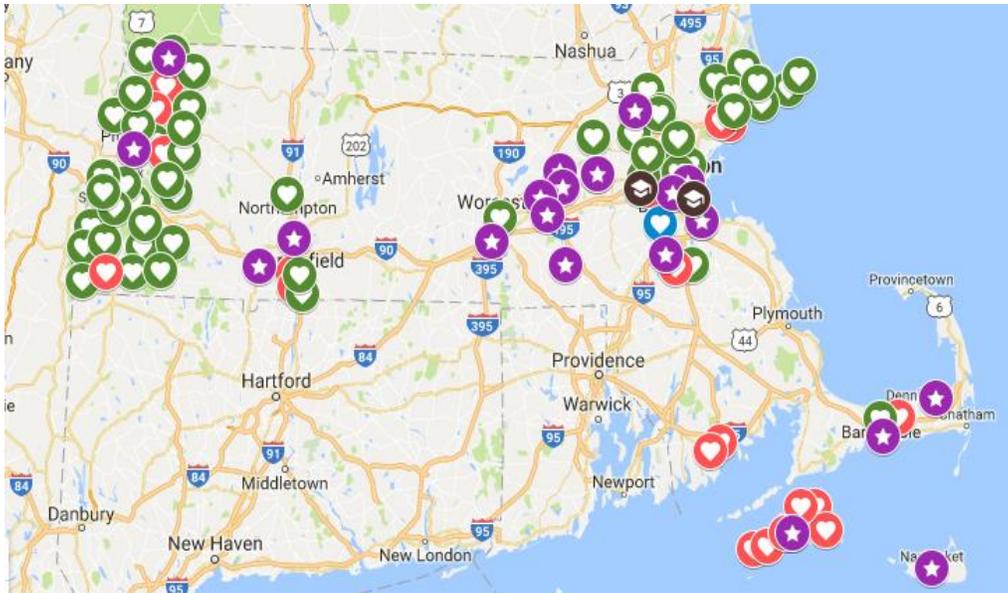
#### **Dementia Friendly Massachusetts**

An estimated 5.4 million people in the United States and more than 120,000 Massachusetts residents are living with dementia. Dementia may be caused by Alzheimer's disease or other conditions. Despite the widespread impact of dementia, lack of information, fear, and stigma can prevent those affected from feeling safe, socially connected, and able to thrive in their communities.

By working together, we can make strides in supporting individuals living with dementia as well as their friends and families. A dementia friendly community is informed, safe, and respectful, and enables people living with dementia and those who care about them to live full, engaged lives. In addition, EOEA and partnering organizations are developing infrastructure to support caregivers of individuals living with dementia as part of the Dementia Friendly Massachusetts Initiative and with funding from the ADSSP grant from Administration on Community Living.

In Massachusetts we are building upon the work of the Age-Friendly movement, which benefits people of all ages by supporting community standards for inclusion, access, safety and engagement. In this way, communities that are age-friendly and dementia friendly embrace everyone – younger people, older people, individuals with and without dementia, and individual with all abilities.

The following map illustrates active and emerging age-friendly and dementia friendly communities in Massachusetts.



Source: Massachusetts Health Aging Collaborative

### **Alzheimer’s Disease Supportive Services Program**

In September 2015, EOEА received an Alzheimer’s Disease Supportive Services Program (ADSSP) cooperative agreement from the Administration on Community Living in order to achieve the following objectives:

- Create and sustain a comprehensive dementia-capable HCBS system with No Wrong Door access for individuals with dementia and their caregivers
- Ensure access to a system of culturally competent, high quality dementia-capable Home and Community Based Services (HCBS)

Grant activity has included dementia training for 275 ASAP staff, 180 supportive home care aides, and 180 options counselors, information and referral specialists and Council on Aging staff. Additionally, EOEА has overseen 44 Savvy Caregiver trainings reaching over 375 caregivers throughout the state, with a goal of reaching 700 caregivers by September 2018. Savvy Caregiver is a six-session caregiver intervention that has been shown to increase caregivers' capacity to manage the symptoms and challenges of Alzheimer's disease and related dementias.

EOEA received supplemental funding from ACL in September of 2016 in order to provide family caregivers with respite services to facilitate participation in Savvy Caregiver, as well as assistive technology to improve communication and safety in order to support their caregiving responsibilities.

### **Behavioral Health for Older Adults**

#### **Elder Mental Health Outreach Teams (EMHOT) Projects**

In Fiscal Year 2016, EOEА made funding available to Massachusetts Councils on Aging through the Service Incentive Grant (SIG) to support developing intensive Elder Mental Health Outreach Teams (EMHOT) to increase access to mental health services for older adults who are isolated at

home or living in difficult situations. MCOA selected three regional programs (Amesbury, Bellingham and New Bedford) that all feature close collaboration between behavioral health clinicians and community outreach staff who are trained and supported in conducting mental health screenings. With additional funding from Department of Mental Health, the projects have been able to continue to employ 3 clinical staff at a full-time level of service throughout the entire service year, thus maintaining their caseloads at 35 to 40 people per month.

### **Trainings for Peer Specialists**

Certified Older Adult Peer Specialists (COAPS) provide targeted recovery services to older adults with behavioral health diagnoses. Training topics include: anxiety, depression, suicide, trauma, addictive disorders, and motivational interviewing. This past June, COAPS Training was provided for 21 trainees and 5 trainees received Facilitator Training.

### **Buried in Treasures**

Buried in Treasures is a nationally recognized model intervention for dealing with hoarding behavior, a common disorder among older adult residents of public housing. In late June of 2017, Facilitator training was provided to 17 individuals, giving them the skills to lead support groups.

### **Aging & Behavioral Health Certificate Training for Direct Care Staff**

EOEA sponsored online certificate training from the BU CADER Institute for 150 workers, targeting Protective Services staff; case management, nursing and homecare staff and supervisors; COA directors; and other staff with direct client involvement. The BU CADER Institute online certificate program includes courses on Alzheimer's Disease and Other Dementia; Mental Health and Aging Issues; Mental Wellness and Resilience among Older Immigrants and Refugees; Substance Use among Older Adults; and Suicide Prevention among Older Adults. Participants who complete all course requirements earned CEUs and received a certificate in Behavioral Health and Aging from Boston University.

## **Data and Predictive Analysis**

States are currently grappling with a major public policy question: "How do we best meet the surge in demand for long-term services and supports?" A key piece of this puzzle is the effective use of state data. Since 2006, EOEA has leveraged the cloud to capture and manage home and community-based services (HCBS) delivered through 26 independent Aging Services Access Points via our single Social Assistance Management System (SAMS). SAMS is a case management system used to coordinate information and referrals, eligibility determinations, assessments, care planning, service authorizations, and service deliveries of HCBS to elders across Massachusetts.

Beginning in 2011, EOEA developed a system to analyze the data in SAMS and combine it with other data sources. This system is known as the HCBS Policy Lab. The Policy Lab represents a collaboration of the Executive Office of Health and Human Services, EOEA, MassHealth, and the University of Massachusetts Medical School. The Policy Lab is a business intelligence and analytics tool that uses Tableau software to present SAMS data in a dynamic, powerful, and visual way. Through the partnership between EOEA and UMass Medical School, we have been

able to develop a comprehensive and robust reporting system that not only allows for daily operational discovery and direction, but also allows for more complex analytics for quality assurance/integrity and research. EOEA and ASAP staff use the information made available via the system to improve outcomes, ensure quality, and better understand the delivery of HCBS.

Additionally, in partnership with the University of Massachusetts, EOEA's Home Care Program and MassHealth are collaborating to integrate MassHealth's data on consumer services with EOEA's SAMS data to give case managers at the ASAPs a comprehensive view of the individual services received to decrease duplication of services and improve overall care.

## MassOptions

Launched in November 2015, MassOptions is a free telephone and website resource of the Massachusetts Executive Office of Health and Human Services (EOHHS) in collaboration with the Office of Long Term Services and Supports (OLTSS) and EOEA. MassOptions links older adults, people with disabilities, and caregivers to services that help them live independently in the setting of their choice. MassOptions works with ADRCs, AAA/ASAPs, Independent Living Centers (ILCs) as well as state agency partners such as EOEA, MassHealth, DDS, MRC, DMH, and other EOHHS agencies. The MassOptions Call Center and website are currently funded through the 2014 Balancing Incentive Program (BIP) grant from the federal CMS. BIP provides financial incentives to States to increase access to non-institutional LTSS.

Designed to emphasize consumer choice and assist individuals to avoid the frustration of calling multiple agencies and navigating various networks, and as a crucial element in the No Wrong Door (NWD) philosophy, MassOptions customer service representatives can be reached toll free, at 1-844-422-6277 or callers can chat online with a representative seven days a week from 8:00 am to 8:00 pm at [www.MassOptions.org](http://www.MassOptions.org).

## Workforce

Based on recent data, mature workers make up 16.9% of the Massachusetts workforce and older adults desire to work beyond traditional retirement years. The following efforts will be initiated over the next several years to develop a system that promotes employment opportunities for older workers:

- Identify local employers that have workforce needs and are interested in hiring mature workers
- Identify training or certificate needed for job placements
- Identify low-cost training providers
- Identify interested participants and place them into relevant training
- Provide employer incentives, such as on-the-job training

In partnership with U Mass Commonwealth Medicine, the Homecare Aide Council, Community Teamworks, International Institute, Middlesex Community College, Lowell WIB and Career Center, EOEA held Job Fair 2.0 on January 26, 2017. The purpose of Job Fair 2.0 is to align the services of organizations to create a more robust supply of homecare workers and remove barriers to these systems that have historically been difficult for low income workers to access. Job Fair 2.0 is not a single event but rather three continuous

phases: recruitment, training, and retention.

1. The recruitment phase is to specifically screen applicants who are suitable for the homecare profession (temperament, language, transportation, and interest in healthcare). Community Teamworks, a Community Action Agency, recruited potential clients who have previously received training but are seeking new employment. International Institute recruited refugee and immigrant clients who are interested in receiving PCHAST training and entering homecare work. An information session will showcase employers and their expectations of home care aides' roles and responsibilities. Additionally, Community Teamworks provided wraparound services (childcare vouchers, transportation, housing assistance, etc.) and case management services to all participants prior to training.
2. Training was provided by Middlesex Community College and focused on EOEA's Personal Care and Home Care Aide (PCHAST) curriculum with an additional bridge course for Home Health Aide training. Several gaps have been identified by the employers and additional instruction will include soft skills training (time management, communication), job readiness training by the Career Center, and employer expectations (cultural competency, professionalism on the job).
3. The retention phase is an ongoing effort on the part of Community Teamworks to support the workers with monthly case management services. The employers have direct access to Community Teamwork's resources and expertise in supporting the low income workforce in order to increase the retention rate of workers within this framework.

## Programs and Services

### Executive Office of Elder Affairs Programs and Service Networks

The Executive Office of Elder Affairs remains deeply committed to serving older adults and individuals with disabilities and their caregivers in the settings of their choice and with a wide spectrum of supports. As the population of older adults increases, EOEA continues to look for new partnerships and innovative ways to anticipate and meet their goals and needs. EOEA provides and manages the following services:

#### **Assisted Living Residences Certification Program**

The Assisted Living Certification Program is responsible for the certification and regulatory oversight of the Assisted Living Residences (ALRs) across the Commonwealth. The underlying philosophy of assisted living is to enhance residents' autonomy, privacy, and individuality by providing needed services. ALRs in Massachusetts exist as a residential housing option available to adults on a rental basis. ALRs provide a combination of housing and supportive services, including personal care, such as bathing and dressing, medication assistance, limited transportation, and household management, such as meals, laundry, housekeeping and social activities.

The certification of an ALR by the Executive of Elder Affairs in Massachusetts is not the same as the requirements imposed on licensed nursing facilities which are regulated by the Department of Public Health; being a residential model, ALR staff is not allowed under the regulation to provide medical or skilled nursing services. They are not designed for people who have skilled nursing needs that cannot be provided by VNA or by private caregivers. Instead, ALRs are intended for adults who may require some help with activities such as housekeeping, meals, bathing, dressing and/or medication reminders, and who would like the security of having assistance available on a 24 hour basis in a residential and non-institutional environment.

EOEA recently updated and made available online an Assisted Living Residences consumer guide for older adults and their caregivers.

**Calendar Year 2016:**  
**243 Assisted Living Residences**  
**15,551 Residents**  
**12,209 Traditional Units**  
**4,094 Special Care Units**

*Comparative Calendar Year 2015:*  
*239 Assisted Living Residents*  
*15,171 Residents*  
*11,968 Traditional Units*  
*4,008 Special Care Units*

## **Assisted Living Ombudsman Program**

The Assisted Living Ombudsman Program improves the quality of life for ALR residents in the areas of health, safety, and resident rights. The Assisted Living Ombudsman acts as a mediator to resolve problems or conflicts between the ALR facility and its residents. The Ombudsman serves as an advocate to promote residents' dignity, autonomy and respect. The Ombudsman has frequent telephone contact with residents and facility staff members. The Ombudsman may also conduct site visits, often to address issues that impact several residents. EOEA is also in process of merging the Assisted Living Ombudsman Program with the Long Term Care Ombudsman Program to provide the highest quality of services to older adults, individuals with disabilities and their caregivers.

### **Fiscal Year 2017:**

**Assisted Living Contacts: 282**

**Assisted Living Visitations: 21**

*Comparative Fiscal Year 2016:*

*Assisted Living Contacts: 446*

*Assisted Living Visitations: 26*

## **Community Care Ombudsman Program**

The Community Care Ombudsman Program (CCO) assists people aged 60 and over who receive home care, day care services and other community services. The CCO responds to inquiries from older adults and their families, educates consumers about their rights and responsibilities, counsels consumers about concerns with their services, refers consumers to appropriate resources for help, and investigates and resolves complaints through mediation. Covered community care programs include medical, functional, or social support services provided to an individual in their home or apartment, day care programs, and managed care demonstration programs under the Social Security Act.

### **Fiscal Year 2017:**

**959 New Cases**

*Comparative Fiscal Year 2016:*

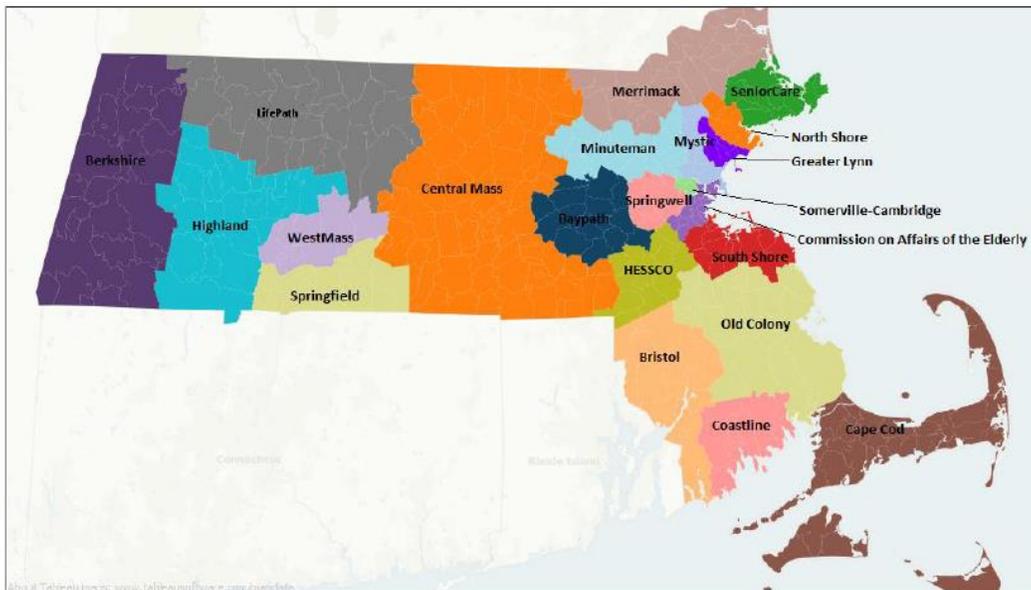
*1,109 New Cases*

## **Area Agencies on Aging Network**

Pursuant to the Older Americans' Act, EOEA works in partnership with 22 Area Agencies on Aging (AAAs) for planning, policy development, administration, coordination, priority setting, monitoring and evaluation of activities related to the Older Americans' Act. In partnership with the Commonwealth's 22 AAAs, EOEA developed a State Plan for 2018 to 2021 that was submitted to the Administration for Community Living in October of 2017 that describes how it will carry out responsibilities statewide. The Older Americans Act provides access to services which make it possible for older individuals to remain at home, thereby preserving their independence and dignity. Through their grant awards, AAAs support a wide range of local services, including assessment of needs, service planning coordination, home and community based support services, legal aid assistance services, information and referral, home-delivered

and congregate meals, family caregiver support services, ombudsman and transportation services.

The following map illustrates the 22 AAA regions in the Commonwealth.



### **Aging Services Access Points Network**

Aging Services Access Points (ASAPs) are 26 regional non-profit agencies that oversee the delivery and coordination of services that help older adults and individuals with disabilities age with independence and dignity in their own homes and communities, as established in Massachusetts General Law chapter 19A section 4B. ASAPs are responsible for:

- providing information and referral services to older people
- conducting intake, comprehensive needs assessments, preadmission screening and clinical eligibility determinations
- developing a comprehensive service plan based on the needs of the individual
- arranging, coordinating, authorizing and purchasing community long-term care services for individuals as indicated in their service plan
- monitoring/adjusting the service plan as needed

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

### **Home Care Program**

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

Eligible older adults may receive a wide array of services depending on their needs. The Home Care Basic Program provides services to eligible older adults intended to support their needs in the areas of activities of daily living\* (ADLs), and instrumental activities of daily living\*\* (IADLs), as well as social contact and support, enabling them to remain at home. Specific services available from subcontracted providers include personal care, homemaking, adult day health, chore, companion, home health services, grocery shopping, laundry, personal emergency response system, companionship, environmental accessibility adaptations, translation and medical transportation. Consumers who have also been determined eligible for a nursing facility may receive, through the Enhanced Community Options Program (ECOP), an expanded level of service intended to prevent or delay nursing facility admission. Finally, the Community Choices Program (Choices) has been designed to provide intensive home and community-based services to older adults who are determined financially and clinically eligible for the MassHealth 1915c Home and Community-Based Services (HCBS) Waiver and are at imminent risk of nursing home placement. The Choices Program delivers Frail Elder HCBS Waiver services to older adults with MassHealth Standard who are at imminent risk of nursing facility placement.

Approximately 47% of home care consumers are on MassHealth. Additionally, approximately 38% (17,000 consumers) in the home care programs are clinically eligible for nursing facility care. Currently, these consumers have averaged 2.82 years in home care while being at a nursing facility level of care. These community-based clinical and social services to approximately 10,000 frail residents who are eligible for nursing facility level of care, but who want to stay in their homes rather than be admitted to a long term care facility. These services meet the needs and preferences of consumers while saving the Commonwealth significantly resources.

Many of the ASAPs have incorporated an older adult behavioral health initiative. The Department of Public Health's Suicide Prevention Program funds geriatric mental health programs at four ASAPs (Bristol Elder Services, Elder Services of Worcester Area, Greater Springfield Senior Services, and Mystic Valley Elder Services). In addition, EOEA and the Department of Mental Health have collaborated to provide three rounds of Certified Older Adult Peer Specialists (COAPS) trainings in April 2015, June 2016 and June 2017. Peers are individuals with lived experience of mental health conditions and the mental health system who use this experience to support others and foster hope for recovery. There are currently 38 COAPS in Massachusetts and four of whom work at ASAPs.

Additionally, following a recommendation from the Special Commission on LGBT Aging, EOEA recently incorporated questions about sexual orientation and gender identity or expression data (SO/GI) in the Comprehensive Data Systems (CDS) Assessment for home care services and in the Family Caregiver Support Program Assessment. Along with this change, EOEA provided training for care managers and caregiver specialists.

*\* Activities you usually do during a normal day such as getting in and out of bed, dressing, bathing, eating, locomotion in the home, mobility in and out of bed/chair, toilet use incontinence management and using the bathroom.*

*\*\* Activities related to independent living, include preparing meals, managing money, medication management, shopping for groceries or personal items, performing light or heavy housework, laundry, locomotion outside the home, transportation use and using a telephone.*

**Fiscal Year 2017:**  
**Average Monthly Enrollment**  
**Homecare Basic: 31,653**  
**ECOP: 7,495**  
**Choices: 6,484**  
**Nursing Facility eligible consumers: 17,316**

*Comparative Fiscal Year 2016*  
*Average Monthly Enrollment*  
*Homecare Basic: 31,587*  
*ECOP: 7,142*  
*Choices: 6,510*  
*Nursing Facility eligible consumers: 17,024*

### ***Protective Services***

EOEA is required to administer a statewide system for receiving and investigating reports of elder abuse and for providing needed protective services to adults aged 60 and older who are living in the community. To fulfill this responsibility, EOEA has designated 20 Protective Services (PS) Agencies across the Commonwealth who are responsible for screening elder abuse reports for jurisdiction, conducting investigations, and developing a service plan to alleviate the abusive situation

Elder abuse includes physical, sexual and emotional abuse, neglect by a caregiver, financial exploitation and self-neglect. The program also provides conservator and guardianship services to a limited number of older adults who have been determined by a court to be unable to manage their financial and/or personal affairs and who are at high risk of further abuse without a guardian/conservator. The program also includes a money management program to help older people in needing assistance managing their finances. The Money Management Program deploys trained and monitored volunteers who provide bill-paying assistance to older adults who are having difficulty managing their finances. Financial exploitation of older people is a growing concern nationally and in Massachusetts. Financial exploitation can involve fraud, scams, tricks, and undue influence by people the individual trusts. Victims of financial exploitation have lost homes, pensions, life savings, had utilities shut off, and suffered other financial hardships. EOEA has recently deployed regional FAST (Financial Abuse Specialist Teams) projects, which are multidisciplinary teams comprised of professionals from financial services, law, and other disciplines which provide assistance to protective services workers when investigating allegations of complex financial exploitation.

Starting in June 30, 2017 EOEA launched a centralized intake unit that will receive elder abuse reports 24 hours a day/7 days a week and the local PS Agencies will no longer receive elder abuse reports directly from the public. EOEA expects the move from a localized intake system to a Central Intake Unit will lead to an increase in reporting as it is a much simpler process. Previously, the 20 Designated PS Agencies were also responsible for receiving elder abuse reports during business hours while a statewide Elder Abuse Hotline took reports during non-business hours.

To address the increase in elder abuse reports EOEА is working on a multifaceted approach to improve the effectiveness of the Commonwealth’s Protective Service’s program. The first component of this strategy focused on process redesign and standardization. This included the centralization of the elder abuse report intake units, but also includes major regulatory changes regarding how investigations are conducted. In 2017 EOEА changed the PS regulations so that elder abuse investigations may, in some circumstances, be conducted without an older adult’s consent going forward. EOEА has also embarked on a major program integrity initiative that utilizes financial incentives and penalties to increase the overall quality and consistency of the PS program.

The second component of the EOEА approach to improve the PS program is to strengthen workforce support and training for PS workers and supervisors. With support from Title VII resources and a grant from ACL, EOEА will retrain the entire PS workforce in 2018 with a newly developed comprehensive PS training curriculum. This curriculum was developed by using the ACL funded MASTER APS training program as a base and adding Massachusetts specific modules. Additionally, EOEА, with funding from ACL, sent a group of PS supervisors to New York City to receive specialized training on a cutting edge decisional capacity screening tool that was developed by Weill Cornell Medicine College and the New York Elder Abuse Center. These PS supervisors will then conduct trainings on using the screening tool for the PS workforce.

The third component to the PS improvement strategy is to strengthen the state guardianship and fiduciary services program. EOEА has noticed an increased demand for fiduciary services in elder abuse cases and is exploring best practices from across the country to increase both the quality and availability of individuals to serve as fiduciaries. Finally, EOEА is seeking to strengthen overall older adult care eco-system in Massachusetts to help prevent elder abuse. For example, EOEА is the lead agency in a national collaborative of leading experts and implementers in the field of elder maltreatment/abuse. Funded through an initiative of the John A Hartford Foundation, experts from MA, CA, NY and TX will develop a prototype that leverages the potential for healthcare professionals and systems to protect the growing number of older Americans at risk of maltreatment. This effort, over a two year period, will identify and assess the feasibility of the most promising practices to identify older adults at risk for maltreatment, appropriately refer them to services, and wherever possible ensure they receive the services they need to be truly safe at home.

### **Protective Services Program**

#### **Fiscal Year 2017:**

**Screened in for Investigation: 19,146**

**Investigation Completed: 16,104**

**Abuse and Neglect Cases Confirmed: 9,799**

#### *Comparative Fiscal Year 2016:*

*Screened in for Investigation: 17,014*

*Investigation Completed: 13,934*

*Abuse and Neglect Cases Confirmed: 7,925*

## **Money Management Program**

### **Fiscal Year 2017:**

**12,415 consumers served by approximately 930 volunteer counselors**

*Comparative Fiscal Year 2016:*

*11,438 consumers served by approximately 932 volunteer counselors*

## ***Information and Referral***

The Information and Referral unit at EOEА administers the 1-800-AGE-INFO (1-800-243-4636) telephone line and <https://www.800ageinfo.com> website, which provide older adults and their caregivers and families with information about and referrals to a wide range of programs and services depending on their needs. Each ASAP/AAA has an Information and Referral unit at the regional level.

### **Fiscal Year 2017:**

**Total number of calls: 185,957**

*Comparative Fiscal Year 2016:*

*Total number of calls: 179,414*

## ***Clinical Assessment and Eligibility Services***

EOEA and the MassHealth/EOEA Office of Long-Term Services and Supports have established an approach to Clinical Assessment and Eligibility (CAE) which supports an interdisciplinary approach to providing the most comprehensive community service package and/or living arrangements to each member. EOEА has established performance-based contracts with ASAPs to ensure that all MassHealth members and applicants receive a comprehensive clinical evaluation. This approach promotes the most appropriate and cost-effective means of meeting each member's needs in the least restrictive setting.

The ASAP Registered Nurse (RN) and the ASAP Care Manager (CM) are part of an interdisciplinary case management team. This team ensures that each MassHealth member/applicant and their caregivers are fully informed of the community and long-term options available to them.

### **Fiscal Year 2017:**

**59,080 Screenings**

*Comparative Fiscal Year 2016:*

*59,222 Screening*

## ***Massachusetts Family Caregiver Support Program***

The Massachusetts Family Caregiver Support Program (MFCSP) funded through federal Title III and the Older Americans Act provides a range of support services to family and informal caregivers to assist them in caring for their loved ones. The program serves individuals caring for a spouse, relative or friend aged 60 and older or a younger individual with dementia-related disorders, as well as grandparents aged 55 and over caring for children 18 or younger, as well as

grandparents or other relatives (including parents) 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 gaining access to those services, individual counseling, support groups and caregiver training, respite services, and other supplemental services on a limited basis (such as transportation, personal emergency response systems, adaptive equipment, and others). Through the ADSSP grant from ACL, caregiver specialists are able to provide technology to caregivers caring for individuals with Alzheimer's and dementia-related disorders.

**Federal Fiscal Year 2017:**  
**3,607 unduplicated caregivers served**

*Comparative Fiscal Year 2016:*  
*3,673 unduplicated caregivers served*

### **Supportive Housing**

The Supporting Housing Program provides services to residents of state or federally funded housing for older adults and persons with disabilities. The program seeks to help residents maintain their independence and age in community by providing on-site service coordinators and supportive services such as care management, 24 hour on-call assistance, meals, and structured social activities.

**Fiscal Year 2017:**  
**41 supportive housing sites with 6,181 units serving an average of 6,605 residents per quarter within those sites**

*Comparative Fiscal Year 2016:*  
*41 supportive housing sites with 6,193 units serving an average of 6,407 residents per quarter within those sites*

### **Congregate Housing**

Similar to Supportive Housing, the Congregate Housing Program integrates housing and support services for older adults and individuals with disabilities. However, Congregate Housing involves a shared living environment; each resident has a private bedroom, but shares one or more of the following: kitchen facilities, dining facilities, and/or bathing facilities.

**Fiscal Year 2017:**  
**44 congregate housing sites with 556 units serving an average of 506 residents per quarter**

*Comparative Fiscal Year 2016:*  
*44 congregate housing sites with 559 units serving an average of 497 residents per quarter*

## **Serving the Health Insurance Needs of Everyone (SHINE)**

Serving the Health Insurance Needs of Everyone (SHINE) is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers. The SHINE Program is administered by EOEA in partnership with ASAPs and AAAs, social service and community based agencies, and Councils on Aging (COAs). The program is partially funded by the Centers for Medicare and Medicaid Services (CMS). There are 14 regional programs that supervise and train over 650 volunteer health benefit counselors to provide information and assistance in many areas of health insurance, including Medicare Part A, Part B, and Part D; Medigap insurance, Medicare HMOs, retiree insurance plans, prescription drug programs, Medicaid, Medicare assistance programs (QMB, SLMB and QI), and other programs for people with limited resources. The SHINE Program assists older adults and individuals with disabilities in understanding their Medicare and MassHealth benefits, along with other health insurance options. The program ensures that Massachusetts residents with Medicare and their caregivers have access to accurate, unbiased and up-to-date information about their health care options. SHINE counselors are available throughout the state at local COAs, senior centers, ASAPs, AAAs, hospitals, and other community-based agencies. Total savings from SHINE in calendar year 2016 are estimated to be \$105,116,080 (\$81 saved per beneficiary and \$1,687 saved per client served). The SHINE program is currently dependent on federal funding and is an important part of enabling the economic security of older adults with the high cost of health care and prescriptions.

### **Fiscal Year 2017:**

**75,375 consumers served by 682 counselors (including 80 who are bilingual)**

### *Comparative Fiscal Year 2016:*

*74,817 consumers served by 620 counselors (including 77 who are bilingual)*

## **Aging and Disability Resource Consortia and No Wrong Door**

In 2003, Massachusetts was one of the first 12 states funded to develop an Aging Disability Resource Center program, known as Aging Disability Resource Consortia (ADRC). Due to its initial success, in 2006 Massachusetts received a two-year continuation grant to expand the ADRC model to other regions of the state, aligning closely with the Commonwealth's Community First initiative. Synonymous with the ADRC model, the philosophy of Community First seeks to support and empower older adults and people with disabilities who have long term support needs to live with dignity and independence in the community by integrating systems of community-based long-term services and supports that are person-centered, high quality, and provide optimal choice.

Building on the strengths of the existing health and human service network, the No Wrong Door system in Massachusetts strives to efficiently provide consumers with streamlined access to LTSS, eliminating the need for multiple referrals through close collaboration across AAAs, ASAPs, Independent Living Centers (ILCs) and other health and human service agencies at the state and local community level. In Massachusetts, the NWD concept is embodied throughout

the ADRCs, which provide consumers, regardless of age, disability, or income, with information and referral services, options counseling, and assistance with decision support, service planning, and consumer-directed options regarding LTSS. ADRCs aim to address each individual's unique needs, goals, and choices to live independent lives in the setting of their choice. EOEA and the Massachusetts Rehabilitation Commission (MRC) administer the No Wrong Door and ADRC model in partnership with the ADRCs core members - twenty-six (26) AAA/ASAPs; three (3) free-standing AAAs serving older people age 60 and over; and eleven (11) ILCs serving all ages and with disabilities.

In 2012, Massachusetts was one of eight states to receive the Enhanced ADRC Options Counseling Program Grant from the Administration for Community Living to strengthen the No Wrong Door and ADRC partnerships, enhance training for ADRC member agencies and community partners, and improve cross-training and referral among ADRC members and community-based partners. EOEA has consistently engaged the full range of health and human service agencies, and has worked closely with the ADRCs to develop collaboration across targeted community partners, including:

- Behavioral Health Providers
- Community Action Agencies
- Community Health Centers
- Department of Developmental Services Area Office
- Department of Mental Health Regional Area Office Hospitals
- Intellectual/Developmental Disability providers
- Local Housing Authorities
- Long Term Care Facilities
- Recovery Learning Communities
- COAs/Senior Centers
- SHINE Program
- Veteran Service Officers (VSO)

In 2015 and 2016, Massachusetts received supplemental funding from ACL to further enhance the ADRC workforce and promote the No Wrong Door system. The 2015 grant provided funding and technical assistance to participate in the development and implementation of a national Person Centered Counseling Training Curriculum (PCCT). The PCCT was developed through the Affordable Care Act, Part A Enhanced ADRC Options Counseling Program Grant. This training consists of six online courses, and a one day in-person session providing the learner with information, tools, and skills to support working with older adults and people with disabilities with a person-centered approach. Over 200 options counselors and other No Wrong Door staff across the network participated in and completed the online PCCT. The course includes an overview of the No Wrong Door system, an introduction to person centered thinking and practice, strategies for plan development and implementation, a discussion of populations served and how to coordinate available services across the health and human service system.

The 2016 grant continues to support efforts to sustain and strengthen the No Wrong Door and ADRC system in Massachusetts by increasing the capacity of the ADRC networks to provide expert, person-centered decision support regarding assistive technology through staff education about the state's Assistive Technology (AT) programs and the utilization of AT for people with

disabilities and their family and professional caregivers.

Current and future efforts under the ADRC model in Massachusetts include:

- Collaboration with the Massachusetts Department of Mental Health on an all-day training that addresses “managing behavior” among older adults for ADRC, COA, VSO and Housing Authority staff
- A series of community education programs sponsored by the Department of Children and Families in support of Grandparents Raising Grandchildren. The series was presented in partnership with the state Attorney General’s office and regional ADRC members, and was attended by ADRC, COA and family caregiver staff throughout the state
- Annual statewide meeting of I&R Specialists, representing both the aging and disability partners of the ADRCs. I&R specialists received cross training from the ADRC coordinator, the Department of Veterans Services, the MFCSP, the Director of Options Counseling, MCOA, and the Massachusetts Alzheimer’s Disease Supportive Service Program (ADSSP)
- The Massachusetts ADRC team (staff from the EOEA and the MRC) routinely presents information about the Massachusetts No Wrong Door and ADRC system to other state agencies and community providers
- ADRCs collaborate with regional LGBTQ organizations to increase outreach and awareness regarding services for older adults and people with disabilities in the LGBTQ community across the Commonwealth
- ADRC members continue to strengthen relationships with area hospitals to ensure successful transitions and access to community-based LTSS upon discharge
- Two regional ADRCs were awarded a grant from the DDS to develop Memory Cafés for individuals with developmental disabilities and Alzheimer’s disease and their caregivers. Partners included local COAs and other community health and human service agencies, state agencies, local businesses and community advocates

### ***Options Counseling***

Options Counseling (OC) is a gateway for many older adults and people with disabilities to receive community services and supports. Launched throughout the Commonwealth in 2010, OC provides residents and caregivers with objective information on LTSS, and help in evaluating their options. This two pronged approach – information and decision-support - can make the difference between people remaining in their homes, or other preferred residential settings, and placement in a nursing facility. Many individuals who have worked with a trained counselor have successfully transitioned to, or remained in, a community setting of their choice. As the program has become more firmly established statewide, it has become increasingly recognized by state leaders, providers, and the community at large as a useful and effective resource that both educates consumers about the range of available program and service options and housing. OC also helps consumers to identify and connect to the resources that are most relevant to them.

A large majority of counselors completed a blended training in person centered counseling (combining in person and web-based coursework) and earned a certificate of completion in Person Centered Counseling in 2016-2017. By better understanding individual’s goals, needs and strengths, the counselor can provide more effective tailored information, as well as support to connect individuals to resources, provide screening for benefits, and assist with filing

applications for health insurance, housing and benefits. Through this hands-on help, options counselors fill gaps in the support systems

Options Counselors have become increasingly active in more diverse settings and are seen as a valuable resource by professionals. Options Counselors have also become a part of the health care team in certain settings. For example, some OCs have established hours at physician's practices. Others receive referrals from hospitals through a dedicated email address allowing discharge planners to send a secure message from their laptops. While other options counselors work with the Councils on Aging to hold office hours. Additionally, Options Counselors continue to work with nursing and rehabilitation facility residents to facilitate discharges to a less restrictive setting.

The quality of the service is monitored and improved through a number of mechanisms, including record reviews and through feedback provided through the Options Counseling Program Survey which is offered to participants at the completion of the counseling service. Select survey questions are tracked overtime and measured against established benchmarks.

**Fiscal Year 2017:**

**5,895 Consumers Completed Options Counseling**

*Comparative Fiscal Year 2016:*

*5,800 Consumers Completed Options Counseling*

**LTC Ombudsman (LTCO) Network**

The Long Term Care Ombudsman Program is a federal and state mandated program that offers residents of long term care facilities (nursing homes and rest homes) a way to voice their concerns and have their complaints addressed. Trained volunteer ombudsmen receive, investigate and work to resolve issues so residents may live with dignity and respect. Services include complaint investigation and resolution, information and referral, and advocacy. Additionally, EOEa recently modernized the regulations for the program and updated the policies and procedures.

**Federal Fiscal Year 2017:**

**328 volunteers worked on 4,575 complaints**

*Comparative Fiscal Year 2016:*

*311 volunteers worked on 4,991 complaints*

**Senior Nutrition Program**

The Senior Nutrition Program administers and coordinates 29 local nutrition programs throughout the state, serving approximately 9.3 million nutritionally balanced meals to approximately 83,000 older adults each year. This program addresses multiple issues facing 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 frail older adults in their homes. There are approximately 7,000 volunteer drivers who contribute about 450,000 hours yearly. The program provides multiple ethnic and culture-specific meals including: Kosher, Russian, Latino, Hindu/vegetarian, Chinese, Caribbean, Southern/traditional,

Italian, Haitian, and Cambodian. The program also provides therapeutic meals including: modify (low sodium, fat, no concentrate sweets), diabetic, heart healthy, renal, and mechanical soft diet (chop, ground, and puree). Additionally, the program completed a survey in 2017 to review the overall program and participant satisfaction.

**Fiscal Year 2017:**

**Congregate Meals Served: 1,506,857**

**Home Delivered Meals Served: 7,818,212**

*Comparative Fiscal Year 2016:*

*Congregate Meals Served: 1,453,153*

*Home Delivered Meals Served: 7,682,799*

### **Senior Community Service Employment Program**

The Senior Community Service Employment Program (SCSEP) is funded by the U.S. Department of Labor under the authority of the Older Americans Act of 1965. SCSEP assists eligible adults seeking work skills training by placing participants in temporary job assignments at non-profit or community service organizations. Participants receive on-the-job training and complete at least 20 hours per week. Eligibility criteria includes:

- Age 55 and over
- Massachusetts residents
- Income at or below 125% of the Federal Poverty Level (\$13,000 per year for one person)

This program works collaboratively across state agencies and with the One Stop Career Centers to support older workers.

**Fiscal Year 2017:**

**210 participants served**

*Comparative Fiscal Year 2016:*

*263 participants served*

### **Councils on Aging and Senior Centers**

Councils on Aging (COAs) are the community focal point for social and support services for older adults, families and caregivers in 350 cities and towns in Massachusetts. These municipal agencies help develop local priorities, serve as advocates, and offer opportunities for older adults and their families to access programs, services and activities. Examples of programs and services at the COAs include information and referral, outreach, transportation, meals (congregate and/or home-delivered), health insurance information benefits counseling (SHINE), fitness, recreation, and wellness program. In a number of communities, COAs serve as the only public social service agency and assist people of all ages in accessing public benefits. They may also serve as a link to support older adults and others in case of local emergencies. Each COA determines its own priorities based on unique local circumstances, resources and interests. Volunteers play an integral service role in COAs with approximately 24,500 volunteers statewide providing nearly 49,000 hours per week of essential support saving the municipalities millions in salaries and benefits and providing a platform for civic engagement and connection to the community. COAs receive funding through a formula grant, as well as technical assistance and grants from EOEA.

EOEA has provided funding for three communities to establish Elder Mental Health Outreach Teams through the Service Incentive Grant for COAs. The grants are being implemented through the Massachusetts Association of Councils on Aging (MCOA).

The following three lead communities were selected:

- Lower Merrimac Valley Area led by the Amesbury COA and joined by community teams from Newbury, Newburyport, Merrimac, Groveland and Salisbury, plus Pettengill House.
- New Bedford Council on Aging, in partnership with the Community Services Department of New Bedford, and joined by community teams in Acushnet, Dartmouth and Fairhaven, plus Coastline Elderly Services, the Department of Mental Health, and many others.
- Blackstone Valley Region including Bellingham, Blackstone, Franklin, Medway, Mendon and Milford.

**Fiscal Year 2017:**  
**358,797 estimated direct service contacts**

*Comparative Fiscal Year 2016:*  
*321,850 estimated direct service contacts*

### **Prescription Advantage**

Prescription Advantage is a prescription drug insurance plan available to Massachusetts residents aged 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines. Prescription Advantage provides supplemental assistance, based on income, for its members with Medicare prescription drug coverage, and primary prescription insurance coverage comparable to Medicare Part D for those not eligible for Medicare. The program is available to Massachusetts residents who are over the age of 65, eligible for Medicare, and have a gross annual household income less than 500% of the Federal Poverty Level, or are 65 years of age or older and not eligible for Medicare, or are under the age of 65, work no more than 40 hours per month, meet MassHealth's CommonHealth disability guidelines, and have a gross annual household income at or below 188% of the Federal Poverty Level. Additionally, they cannot be MassHealth or CommonHealth members (with some exceptions).

**Fiscal Year 2017:**  
**Average of 40,817 members**

*Comparative Fiscal Year 2016:*  
*Average of 41,850 members*

## The MassHealth/EOEA Office of Long Term Services and Supports

The MassHealth/EOEA Office of Long Term Services and Supports (OLTSS) is responsible for the development and oversight of MassHealth services that meet the needs of MassHealth members whose conditions and disabilities require long term care. These services are available to eligible members of all ages, and are provided in a variety of home, community, and institutional settings. These programs are funded through state appropriation and receive federal Title XIX funding. OLTSS manages the services and the providers by establishing contracted provider networks, administering programmatic regulations governing services, and monitoring providers' compliance with those regulations. OLTSS also manages two integrated health insurance options that exist as partnerships between Medicare and Medicaid in order to provide older individuals with comprehensive long term services and supports, the Senior Care Options (SCO) and the Program of All-Inclusive Care for the Elderly (PACE).

### Coordinated Care Plans

#### *Program of All-Inclusive Care for the Elderly (PACE)*

The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical, social, recreational, and wellness services to eligible participants. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes. All PACE programs have an interdisciplinary team, an individualized health care plan for each member, as well as a PACE center. Once an individual enrolls in PACE, most of their medical services will be provided at the PACE Center, although services may also be provided in their home or another facility. To enroll in PACE, individuals must be 55 or older, live in a PACE service area, be certified by the state as eligible for nursing home care, be able to live safely in the community (not a nursing home), agree to receive health services exclusively through the PACE organization, and meet the Social Security Act Title XVI disability standards, if 55 through 64 years of age. Individuals do not need to be on MassHealth to enroll in PACE; however, there are income and asset guidelines in order for MassHealth to cover an individual's PACE premium.

**Fiscal Year 2017:**  
**4,343 Consumers**

*Comparative Fiscal Year 2016:*  
*4,049 Consumers*

#### *Senior Care Options (SCO)*

Senior Care Options (SCO) provide all of the services normally paid for through Medicare and MassHealth through a Senior Care Organization and its network of providers. SCOs combine health care and social support services; there are no copays for members enrolled in SCO. Eligibility criteria for SCO include age (65 or older), place of residence, geographic location (live in an area served by a SCO plan), and MassHealth eligibility. Individuals with End-Stage Renal Disease are not eligible for SCO.

**Fiscal Year 2017:**  
**49,278 Consumers**

*Comparative Fiscal Year 2016:*  
*42,823 Consumers*

## **Community Services**

### ***Durable Medical Equipment***

Durable Medical Equipment services include the purchase, rental, or repair of durable medical equipment such as customized mobility products and hospital beds, medical and surgical supplies, incontinence and urological supplies, and personal emergency response systems. Oxygen devices, respiratory equipment and supplies, orthotics and prosthetics are also covered by MassHealth benefits.

**Fiscal Year 2017:**  
**53,317 Consumers**

*Comparative Fiscal Year 2016:*  
*53,342 Consumers*

### ***Home Health***

Home Health services by home health agencies and independent nurses are available to MassHealth consumers who require a skilled nursing or skilled therapy service. Covered services include nursing, home health aide, physical therapy, occupational therapy, and speech language therapy. All home health services must be furnished under a plan of care established individually for the member by the member's physician. Continuous nursing services are also available to MassHealth consumers living in the community who require more than a two hour visit.

**Fiscal Year 2017:**  
**34,241 Consumers**

*Comparative Fiscal Year 2016:*  
*35,047 Consumers*

### ***Hospice***

Hospice services are available to MassHealth consumers living in the community and in nursing facilities for end-of-life support. Consumers choosing hospice services receive benefits that include nursing and physician visits, counseling, homemaker services, home health services, and therapy services.

**Fiscal Year 2017:**  
**7,301 Consumers**

*Comparative Fiscal Year 2016:*  
*6,896 Consumers*

### ***Personal Care Attendant Program***

The Personal Care Attendant (PCA) program provides MassHealth funds for consumers with chronic disabilities to hire Personal Care Attendants (PCAs) who provide physical assistance with personal care. The PCA program is a consumer-directed program, and the consumer receiving the PCA services is the employer of their PCA and is responsible for the recruiting, hiring, training and supervising of the PCA. MassHealth contracts with Personal Care Management (PCM) agencies to assist consumers with their employer responsibilities, and contracts with fiscal intermediaries (FIs) to assist consumers with their payroll responsibilities.

**Fiscal Year 2017:**  
**35,971 Consumers**

*Comparative Fiscal Year 2016:*  
*34,320 Consumers*

### ***Therapy Services: Physical, Occupational, and Speech***

Physical, occupational, and speech therapy are available and provided by independent practitioners in community settings. Evaluation and treatment for speech, language, voice and fluency disorders are available through Speech and Hearing Clinics.

**Fiscal Year 2017:**  
**9,388 Consumers**

*Comparative Fiscal Year 2016:*  
*9,071 Consumers*

### **Day and Residential Programs**

#### ***Adult Day Health***

Adult Day Health (ADH) programs offer daily services that include skilled nursing and health care oversight, therapy, assistance with ADLs, nutritional services, individual and family counseling, therapeutic activities, transportation to and from the program, and case management. The ADH program model is designed to provide the health and nursing oversight necessary to assist consumers to remain in the community and maintain their level of independence.

**Fiscal Year 2017:**  
**8,944 Consumers**

*Comparative Fiscal Year 2016:*  
*8,804 Consumers*

#### ***Adult Foster Care***

Adult Foster Care (AFC) services are provided in a home setting by a caregiver who resides with the individual. An AFC provider matches the individual to an appropriate caregiver. Services include assistance with ADLs, such as eating and dressing, and IADLs, such as medication management and food shopping, as well as nursing and care management and oversight.

**Fiscal Year 2017:**  
**12,480 Consumers**

*Comparative Fiscal Year 2016:*  
*11,464 Consumers*

### ***Day Habilitation***

Day Habilitation programs serve persons with intellectual/developmental disabilities in a structured day program designed to build skill development, improve level of functioning, and facilitate independent living and self-management skills. Services available include nursing services, developmental skills training, therapy services, and assistance with ADLs.

**Fiscal Year 2017:**  
**10,225 Consumers**

*Comparative Fiscal Year 2016:*  
*10,091 Consumers*

### ***Group Adult Foster Care***

Group Adult Foster Care (GAFC) services are provided in a group housing residential setting such as assisted living or Supportive Housing. Services provided by personal caregivers include assistance with ADLs and IADLs. Supervision of health-related activities and care management is provided by the GAFC provider's nursing and care management staff.

**Fiscal Year 2017:**  
**7,797 Consumers**

*Comparative Fiscal Year 2016:*  
*7,651 Consumers*

## **Facility-based Services**

### ***Chronic Disease and Rehabilitation Hospitals***

Chronic Disease and Rehabilitation Hospitals provide a wide range of inpatient and outpatient services. Services for rehabilitation include stroke, amputee, head injury, spinal cord injury, pulmonary or physical medicine and rehabilitation. Chronic services include oncology, complex medical management, HIV and AIDS, complex wound management, post medical-surgical problem or congestive heart failure.

**Fiscal Year 2017:**  
**1,714 Inpatient Consumers**  
**10,480 Outpatient Consumers**

*Comparative Fiscal Year 2016:*  
*1,705 Inpatient Consumers*  
*10,245 Outpatient Consumers*

### ***Nursing Facilities***

Nursing facilities provide a wide range of services, including skilled nursing care, rehabilitative care, such as physical, occupational, speech, and respiratory therapy, assistance with ADLs, pharmaceutical services, dietary and nutritional services, psychosocial services, such as mental health services, and room and board.

**Fiscal Year 2017:**

**36,952 Residents**

*Comparative Fiscal Year 2016:*

*38,303 Residents*

## Special Councils, Commissions, and Committees

### Alzheimer's and Related Dementias Acute Care Advisory Committee

The Alzheimer's and Related Dementias Acute Care Advisory Committee was established by Session Law 2014 Chapter 228. The Committee includes representatives from EOHHS, including EOE; Alzheimer patient advocates; Alzheimer caregivers; health care providers from acute care settings; researchers with relevant expertise; representatives from the Massachusetts/New Hampshire chapter of the Alzheimer's Association; and representatives from the Massachusetts Hospital Association. The purpose of the Committee is to "(i) craft a strategy to address dementia-capable care in all acute care settings in the commonwealth; (ii) be responsible for presentation of strategy to the general court and all pertinent state agencies and departments and participate in implementing the strategy; (iii) help to ensure that acute care settings are dementia-capable with Alzheimer's and related dementias; (iv) coordinate with federal government bodies to integrate and inform dementia-capable care in acute care settings; and (v) provide information and coordination of Alzheimer's and related dementia care in acute care settings across all state agencies." The Committee submitted recommendations and the full report can be found at <https://www.mass.gov/files/documents/2017/09/11/ardacac-recommendations-report-2017.pdf>.

### Assisted Living Advisory Council

The Legislature established the Assisted Living Advisory Council under Chapter 19D, Section 17 of Massachusetts General Laws, to advise the Secretary of EOE about matters relating to certification regulations guiding Assisted Living Residences in the Commonwealth. The Assisted Living Advisory Council was established in 2014. These quarterly meetings are open to the public and posted at [www.mass.gov/elders](http://www.mass.gov/elders).

### Citizens Advisory Committee

The Citizens Advisory Committee (CAC) was established by Chapter 19A, Section 5 of the Massachusetts General Law. The CAC's primary function is to advise and assist the Secretary of EOE on matters relating to the special needs of older adults. CAC members are appointed by the Secretary. In accordance with the Committee's governing bylaws, consideration is given to age, geography, as well as other factors and at least 50% of the board must be 55 years of age or older. Members serve two-year terms. CAC meetings are open to the public and posted at [www.mass.gov/elders](http://www.mass.gov/elders).

### Commission on Malnutrition Prevention among Older Adults

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

The Commission on Malnutrition Prevention among Older Adults was established by Chapter 19 section 42 of the Massachusetts General Law in November of 2016. The Commission will study the effects of malnutrition on older adults, ways to reduce malnutrition, impacts on health care costs and outcomes, and impacts on quality indicators and maximize the dissemination of proven, effective malnutrition prevention interventions, including community nutrition programs, medical nutrition therapy and oral nutrition supplements, and identifies barriers to those interventions. The commission will be on the cutting edge of policy and be able to make a real difference in the lives of older adults who live in Massachusetts. The commission will also complement the important national work being done with raising awareness about malnutrition and its impact, particularly in older adults.

### **Commission on the Status of Grandparents Raising Grandchildren**

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

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

Currently, the Commission meets monthly at various locations around the state. These meetings are open to the public and posted at [www.mass.gov/elders](http://www.mass.gov/elders). Further information can be found on the Commission's website at <http://www.massgrg.com>.

### **Governor's Council to Address Aging in Massachusetts**

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

The Council provides a platform to elevate the conversation, think beyond public programs, and to draw on expertise in technology, health care, business, and innovation sectors. Over the past nine months the Council held five working meetings and convened four listening sessions throughout the state in addition to collecting public comment online. The result was input from more than 500 Massachusetts residents. The Council is in the process of creating an initial blueprint and will continue the work in 2018 with workgroups and recommendations.

## **Interagency Council on Housing and Homelessness**

The Interagency Council on Housing and Homelessness (ICHH) was convened by Governor Baker and Lieutenant Governor Polito in October of 2015. The mission of the ICHH is to provide a forum where new strategies in support of affordable housing development and to address the issues of homelessness among all populations are formulated. These new strategies will enhance the coordination and prioritization of housing resources and services of all types in support of vulnerable populations in the Commonwealth. The ICHH seeks to align the work of all state agencies in affirming the priorities of the Administration with substantive initiatives and progress in the development of permanent affordable housing supported by appropriate services that promote health, safety, well-being and self-determination for the citizens of the Commonwealth.

The ICHH is co-chaired by Secretary Sudders and Secretary Ash and consists of Secretaries, Assistant Secretaries and Commissioners of the executive branch of state government. In addition, there is an ICHH Advisory Committee, which also meets quarterly and is made up of agencies, providers, advocates, consumers and other stakeholders. Members of the public, legislature and their staff are welcome to join these meetings.

Secretary Bonner co-chairs the ICHH sub-Committee on Elder and Chronic Homelessness with the Department of Housing and Community Development. In 2017, working with community stakeholders, this Committee implemented various strategies to help address homelessness among these priority populations such as:

- Held multiple “surge” events in Boston for older adults experiencing chronic homelessness, resulting in over 130 people linked to housing and support services
- Developed an estimate of the unmet need for housing for chronically homeless individuals
- Collaborated with MassHealth to expand CSP benefits for Chronically Homeless individuals into the MCO and Senior Care Options plans
- Worked with DHCD to award funds to innovative housing models linking services for older adults to public housing and private affordable housing
- Sponsored multiple regional meetings among older adult service agencies and local Housing Authorities, and older adult service agencies and Continuums of Care to cultivate partnerships and expand best practices
- Developed and disseminated an Authorization to Release Form to be used by Housing Authorities and MassHousing properties as a means of identifying tenancies at risk
- Worked with local Continuums of Care to design a data warehouse for integrating homelessness data