



Elder Services of the Merrimack Valley and North Shore
Area Plan on Aging
FY 2022-2025



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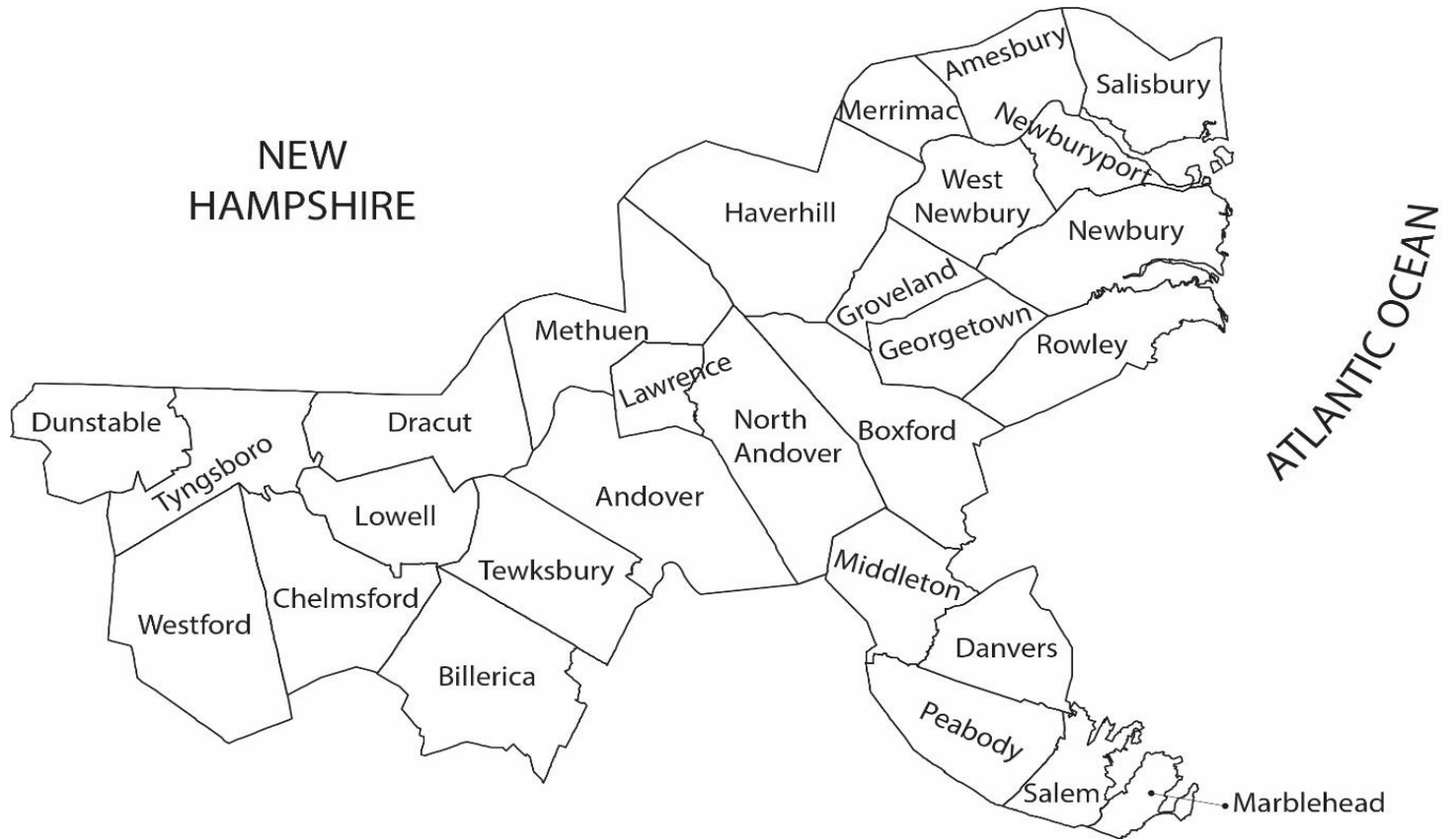
- Attachment A: ESMVNS Assurances and Affirmation, 2022
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- Attachment I: ESMVNS Title III-E Family Caregiver Breakout – Form 5

Additional Attachments:

1. [Agency at a Glance](http://www.esmv.org): www.esmv.org
 - a. 2020 Annual Report
 - b. ESMV-NS 2020 Accomplishments
2. CareRide Fact Sheet
3. Community Choice Program Fact Sheet
4. [Community Resource Guide](#) (link to PDF of guide, 2 books included)
5. Comprehensive Service and Screening Model Fact Sheet
6. Continuity of Operations Plan (COOP)
7. Congregate Housing Fact Sheet
8. Consumer Directed Program Fact Sheet
9. DiStefano Family Care Fund Fact Sheet
10. Elder Brown Bag Food Program Fact Sheet
11. Elder Community Market Example Flyer
12. Enhanced Community Options Program
13. EnhanceWellness Fact Sheet
14. Family Caregiver Support Group Fact Sheet
 - a. Family Caregiver Support 2021 Virtual Programs and Groups Information
 - b. Habilitation Therapy Information Sheet
 - c. Virtual Memory Café Flyer
15. Excellence in Leadership Award Media Release
16. Financial Resource Program Fact Sheet
17. Frail Elder Waiver Fact Sheet
18. Friendly Visitor Program Fact Sheet
19. [Healthy Living Center of Excellence Fact Sheet](#): www.healthyliving4me.org
 - a. Falls Prevention Pamphlet
 - b. Healthy IDEAS Fact Sheet
 - c. My Life, My Health Pamphlet
 - d. Savvy Caregiver Program Pamphlet

20. Hoarding and Cluttering Fact Sheet
21. Home Care Program Fact Sheet
22. Home Care Over-Income and Respite Over-Income Programs Fact Sheet
23. Housing Alternatives Fact Sheet
24. Impact Report- Elder Services of the Merrimack Valley FY2019
25. Impact Report- North Shore Elder ServicesFY2019
26. LGBT Elders Conference- Elders in an Ever-Changing World
27. LGBT Senior Social Connection
28. Long Term Care Ombudsman Program Fact Sheet
29. Merrimack Valley Community Partner Fact Sheet
30. National Accreditation Status for Care Management Media Release
31. Needs Assessment Survey
32. Needs Assessment Data Overview
33. Nutrition Program Fact Sheet
 - a. Lowell Sun Article Highlighting Meals on Wheels
34. Options Counseling Fact Sheet
35. Personal Care Attendant Program Fact Sheet
36. Protective Services Program Fact Sheet
37. Senior Care Options Program Fact Sheet
38. SHINE Program Fact Sheet
39. Shoreline Newsletters
 - a. December 2020
 - b. March 2021
 - c. May 2021
 - d. July 2021
40. Senior Medicare Patrol Program Fact Sheet
 - a. 9th Annual SMP Conference Information Sheet
41. Supportive Housing Fact Sheet
42. Vaccine Access Media Release
43. [Veteran's Resource Guide](#) (link to PDF of guide)
44. Volunteer Programs Fact Sheet

**Elder Services of the Merrimack Valley and North Shore
Area Agency on Aging/Aging Services Access Point
Planning Service Area Map**



EXECUTIVE SUMMARY

Established in 1974, the purpose of Elder Services of the Merrimack Valley and North Shore is to support an individual's desire to make their own decisions, secure their independence, and remain living in the community safely. ESMV-NS is a designated federal Area Agency on Aging (AAA), state Aging Service Access Point (ASAP), and elder protective service agency for this region. We have developed strong partnerships with healthcare organizations through our Healthy Living Center of Excellence programs, as well as through our Merrimack Valley Community Partner program. We also established an Aging and Disability Resource Consortium with partner agencies to extend our assistance to disability populations and families caring for disabled adults.

Our service area includes 28 cities and towns throughout the Merrimack Valley and North Shore: Amesbury, Andover, Billerica, Boxford, Chelmsford, Danvers, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Marblehead, Merrimac, Methuen, Middleton, Newbury, Newburyport, North Andover, Peabody, Rowley, Salisbury, Salem, Tewksbury, Tyngsboro, Westford, and West Newbury. According to the Massachusetts Healthy Aging Collaborative's 2018 Massachusetts Healthy Aging Data Report, the Commonwealth is home to 1,428,144 adults 60 and over. Of that total, 11.22%, or 160,178 older adults, reside in the communities we serve. Our service area also includes communities rich in diversity. Our consumers represent a broad range of ethnicities and socioeconomic status and speak over 20 languages.

Our nearly 500 employees work with thousands of people each day to make sure they have the access to financial and health services, living arrangements, and access to nutritious food, proper health care and benefits. We contract with more than 70 different care providers to provide services, and many of those services are available across the Commonwealth.

In the past year alone, despite a global pandemic, our Nutrition program provided 3,100 daily meals to over 2,700 consumers. Our Brown Bag program distributed 2,500 bags of fresh and non-perishable foods through sites in the Greater Haverhill, Greater Lawrence, and Greater Lowell areas. Our Managed Care programs served 6,928 Senior Care Options clients, 3,194 Personal Care Attendant clients, and 280 One Care clients. Our six Home Care programs met the needs of 4,569 consumers. Our Protective Services program received 5,161 reports of abuse and neglect. We expanded programs for caregivers and started a new initiative for caregivers of those with intellectual or developmental disabilities through a grant from the Administration for Community Living's Alzheimer's Disease Programs Initiative. We also supported caregivers with on-demand technology through the evidenced-informed program, Trualta. We created a local access television program, *All Things Aging*, to highlight supports and services for healthy aging. We expanded our efforts to help a younger population age well. Through our Merrimack

Valley Community Partner and Flex Services programs, ESMV-NS serves people from as young as 3, up to age 64, who need long-term services and support. And across the agency, we moved quickly to adjust services, when appropriate, to virtual platforms. Healthy Living Programs were offered virtually and telephonically, SHINE counseling was provided virtually, and Memory Cafés and support groups were conducted over Zoom.

Since publication of our FY2018-2021 Area Plan, ESMV-NS has experienced several significant events: the Columbia Gas explosions in the Merrimack Valley in 2018, a merger in 2019, and the current COVID-19 pandemic. We have embraced these challenges, using them as opportunities to re-examine best practices for service delivery and make needed adjustments. Through it all, the health and well-being of our consumers has remained paramount, and we continue to provide compassionate and high-quality care to our consumers without interruption.

As we looked to the preparation of our FY2022-2025 Area Plan, during the fall of 2020 we conducted a comprehensive needs assessment. The top five needs our consumers, older adults, and service providers and partners identified are:

- mental health,
- cognitive impairment
- household/personal care
- nutrition
- transportation.

Our caregivers identified the following three top needs:

- education/information on resources
- support
- financial assistance

As we look to the next four years, we have identified the following seven goals:

Goal 1: Advance the agency's healthy equity focus, with an emphasis on access and outreach.

Goal 2: Expand access to mental health supports for consumers with complex mental/behavioral health needs and strengthen the agency's capacity to provide trauma-informed care.

Goal 3: Provide enhanced nutrition service delivery and more accurate reporting, combat food insecurity and improve nutrition, and respond to the dietary needs of older adults with a range of medical needs and/or cultural needs and requests.

Goal 4: Provide enhanced supports for caregivers of older adults and older adults with Alzheimer’s and related dementias, caregivers of adult disabled children, and grandparents caring for grandchildren.

Goal 5: Explore “specialty services” (e.g., podiatry, barbers/stylists) as in-home services for consumers.

Goal 6: Expand our existing transportation offerings to increase accessibility for consumers with complex needs.

Goal 7: Ensure that as an organization, ESMV-NS leadership and staff reflect the cultural diversity within the communities we serve, and that our supports, services, and service delivery reflect cultural competency.

CONTEXT

Since its establishment in 1974, Elder Services of the Merrimack Valley and North Shore has remained committed to its mission to support an individual's desire to make their own decisions, secure their independence, and remain living in the community safely. ESMV-NS is a designated federal Area Agency on Aging (AAA), state Aging Service Access Point (ASAP), and elder protective service agency for this region. We have developed strong partnerships with healthcare organizations through our Healthy Living Center of Excellence programs, as well as through our Merrimack Valley Community Partner program. We also established an Aging and Disability Resource Consortium with partner agencies to extend our assistance to disability populations and families caring for disabled adults.

Our staff of nearly 500 work with thousands of people each day to make sure they have access to financial and health services, living arrangements, and nutritious food, proper health care and benefits. We contract with more than 70 different care providers to provide services, and many of those services are available across the Commonwealth. We work with area hospitals to offer care services for patients being discharged from health-care settings.

Our service area includes 28 cities and towns throughout the Merrimack Valley and North Shore: Amesbury, Andover, Billerica, Boxford, Chelmsford, Danvers, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Marblehead, Merrimac, Methuen, Middleton, Newbury, Newburyport, North Andover, Peabody, Rowley, Salisbury, Salem, Tewksbury, Tyngsboro, Westford, and West Newbury. According to the Massachusetts Healthy Aging Collaborative's 2018 Massachusetts Healthy Aging Data Report, the Commonwealth is home to 1,428,144 adults 60 and over. Of that total, 11.22%, or 160,178 older adults, reside in the communities we serve. Our service area also includes communities rich in diversity. Our consumers represent a broad range of ethnicities and socioeconomic status and speak over 20 languages.

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As we looked to the preparation of our next Area Plan, we conducted a comprehensive needs assessment during the fall of 2020. In the pages ahead, we detail the most prevalent needs

identified by our consumers and other older adults, caregivers, and service providers in the Merrimack Valley and North Shore. We also outline our plans to address these needs over the next four years through the following focus areas: Older Americans Act Core Programs, Participant-Directed/Person-Centered Planning, and Elder Justice.

MISSION ALIGNMENT: Administration for Community Living (ACL), Executive Office of Elder Affairs (EOEA), and Elder Services of the Merrimack Valley and North Shore (ESMV-NS)

ESMV-NS's efforts reflect and align with the missions of the Administration for Community Living (ACL) and the Executive Office of Elder Affairs (EOEA):

- **US Administration for Community Living Mission Statement**: To maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.
- **Executive Office of Elder Affairs' Mission Statement**: To promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.
- **Elder Services of the Merrimack Valley and North Shore Mission Statement**: To ensure that choices or programs and services are available and accessible to meet the diverse needs and changing lifestyles of older adults and family caregivers.

ESMV-NS COMMUNITY NEEDS ASSESSMENT – TOP NEEDS

For our 2020 needs assessment, we distributed 7500 paper and digital surveys and conducted 12 virtual focus groups. In the aggregate, survey results reflect a consumer population that has been largely at home, and often isolated, for a prolonged period due to the COVID-19 pandemic. Across those we surveyed and interviewed, there was strong commonality on consumer need. The top five needs our consumers, older adults, and service providers and partners identified are as follows:

- **Mental Health** – depression/anxiety; feelings of isolation and loneliness; social isolation.
- **Cognitive impairment** – mild to severe Alzheimer's and related dementia.
- **Household/Personal Care** – aspects of maintaining independence (housecleaning, grocery shopping, laundry, help with dressing/bathing/bathroom, cooking).
- **Nutrition** – food insecurity; access to fresh, healthy food; affordability; access to SNAP benefits.
- **Transportation** – access and affordability, reliability.

Caregivers responding to surveys and participating in focus groups articulated the following caregiver-specific needs:

- **Education/Information on Resources** – education on caregiving and managing the stress of caregiving; information on resources to support caregivers.
- **Support** – emotional support for those serving as caregiver for an older adult, adult with disabilities or grandchild, one-on-one and in support groups.
- **Financial Assistance** – to assist with essentials (food, clothing, personal items; activities; respite).

It is interesting to contrast our 2020 findings with results from our last needs assessment, conducted in 2016. Four years ago, while consumers, caregivers and providers expressed the need for household and personal care, they also outlined needs related to overall health, personal finance, and personal safety. Specifically, the following needs were identified:

- **Health Care** issues (hearing loss was significant, along with general health concerns and physical disability).
- **Household/Personal Care** – housecleaning, grocery shopping and laundry.
- **Financial/Legal** - paying for food, paying for rent/mortgage, and managing money.
- **Personal Safety/Security** - balance/falls, mobility issues, and home repair, and personal safety.

FOCUS AREAS

The Massachusetts Executive Office of Elder Affairs has identified three “focus areas” to be addressed through the FY 2022-2025 Area Planning process: Older Americans Act Core Programs, Participant-Directed/Person-Centered Planning and Elder Justice.

FOCUS AREA #1: OLDER AMERICANS ACT CORE PROGRAMS

Core programs include Titles III (Supportive Services, Nutrition Services, Disease Prevention/Health Promotion and Caregiver Programs) and VII (Elder Rights/Protective Service Programs) and serve as the foundation of the national aging services network. Populations served by ESMV-NS include:

- Living Alone (Isolated) Elders **x**
- Low Income Elders **x**
- Minority Elder Populations
- Native American Populations (where germane)
- Rural Elder Populations (where germane)

- Socially Isolated Populations (i.e., geographic in nature; LGBTQ+; limited English proficient elders; separations from friends and family/COVID-19 related; and other socially isolated populations) x

Title III-B Supportive Services: health, including mental health; transportation; Information and Assistance; housing; long-term care; legal assistance; services to encourage employment of older workers; crime and abuse prevention; and Councils on Aging (COAs) and Senior Centers.

ESMV-NS utilizes its Title III B allocation to address critical needs identified in our service area:

- Emergency shelter and supportive services to homeless elders through partnerships with two area shelters.
- Legal assistance through a partnership with Northeast Legal Aid to low-income elders and minority or immigrant elders on issues such as housing stabilization and tenancy, accessing benefits, and community education on legal issues.
- Outreach, advocacy, education, and mental health support to very low-income/high risk elders through local Councils on Aging and other community-based organizations serving our diverse communities.
- Continuum of care to Deaf, Deafblind, and hard of hearing seniors through the New England Homes for the Deaf.
- Outreach to minority elders, elders who identify as LGBTQ, and elder veterans through our own Community Outreach Program.
- Transportation.

Other agency initiatives planned to respond to critical needs:

- Reduce social isolation through digital access provision (technology and training, and access to telehealth and virtual health and wellness and social programs) through two private foundation-funded pilots
- Create a Community Outreach Team – to reach underrepresented and isolated elders, particularly older veterans, and older adults in communities of color.
- Expand supports and services to the older LGBTQ community, spearhead organization of annual LGBTQ conference for consumers and providers.
- Expand CareRide, our pilot transportation program for non-emergency medical appointments.
- Expand supports and services for older veterans through the Merrimack Valley Veterans' Collaborative; continue to publish Veterans' Resource Guide, a directory of services and supports for veterans in print and on-line.
- Produce *All Things Aging*, our community TV show that explores programs and services available from our agency and community partners that can help older adults,

caregivers, and people with disabilities throughout the Merrimack Valley and North Shore.

Title III-C Nutrition: Congregate and Home Delivered Nutrition Services. The OAA provides for the establishment and operation of nutrition projects both in a congregate setting and for homebound individuals. The Nutrition Program provides more than meals. Nutrition education, counseling and health screenings are also available at the senior centers or other group settings where the meals are shared, and often, the acceptance of a meal is used as a gateway to other services.

NUTRITION SERVICES

ESMV-NS's Nutrition Program includes several components: Meals on Wheels Program, congregate meals, nutrition counseling, and dietitian services. Through our **Meals on Wheels program**, we provide a well-balanced meal to adults through home delivered services five day a week. Meals on Wheels drivers deliver meals to older adults who are homebound and adults with disabilities across our service area. Menu standards are based on current federal and state guidelines. Each meal contains at least 1/3 of the current daily Recommended Dietary Allowance of nutrients and considers the special dietary needs of the elderly participants. In addition to the regular home delivered meal, we offer medically tailored and culturally specific meals. We also supply **meals for congregate sites**. This past year, however, the program had to make some adjustments due to the COVID-19 pandemic. With congregate sites closed and likely to remain closed for the foreseeable future, the Nutrition team increased the number of consumers receiving home-delivered meals. We now deliver 3100 meals each day to consumers throughout our service area. The team also pivoted to "grab and go" meals at our congregate sites. And, once a month, we offer a special meal through the Travelling Chef program, for participants at our congregate sites. This added benefit is highly anticipated by both participating sites and consumers. It is both an opportunity for social engagement, and an opportunity for quick check-ins and nutrition education.

Nutrition counseling and education are provided by our nutritionist and team of Registered Dietitians. The team focuses on teaching consumers healthy eating habits to support healthier lifestyles. Through our **Individualized In-Home Nutrition Counseling** service, dietitians go to consumers' homes for a consultation that includes a medical history review and discussion around eating habits. The dietitian provides advice and sets nutrition goals, and, in some instance can do grocery shopping. Common conditions addressed include weight loss, weight gain, diabetes, heart disease, allergies, and GI disorders. Our **Medical Nutrition Therapy** includes in-home nutrition counseling for persons with Medicare who are diagnosed with Type

2 diabetes and/or chronic kidney disease. A Registered Dietitian delivers up to three nutrition counseling sessions per year. When conditions permit, we offer group nutrition sessions as well. Our **Nutrition Presentations** include Interactive nutrition lessons offered through a community partner organization.

Moving forward, our Nutrition Program plans the following initiatives to support better service delivery and more accurate reporting, combat food insecurity and improve nutrition, and respond to the needs of older adults with a range of medical needs and/or cultural needs and requests:

- Implement mobile meals app, Serv-Tracker. (This app provides Meals on Wheels drivers access to daily delivery routes and directions to locations on their mobile devices. Drivers can also enter real-time consumer data and transmit to Nutrition staff, and message with staff. Data collected with the app imports back into ServTracker as verified service units.)
- Work with congregate meal sites to reopen dining safely.
- Expand and enhance meal types and deliveries.
- Offer medically tailored food packages.
- Expand Pet Food Delivery Program.
- Administer Senior Farmers' Market Coupon Program.

OTHER FOOD ACCESS INITIATIVES

- **Elder Brown Bag Program** in partnership with the Greater Boston Food Bank, local Councils on Aging (COA) and other community-based organizations; provides 3000 bags food/month to older adults in need.
- **Elder Community Market Program** which brings fresh fruits and vegetables to over 350 older adults at senior housing sites and Councils on Aging in several communities in the Merrimack Valley.
- **Food Resource Directory**, a guide to food resources for older adults in all the communities we serve during COVID-19.

Title III-D Disease Prevention and Health Promotion Services: Preventive health services educate and enable older persons to make healthy lifestyle choices, promoting the OAA goal of increasing the quality and years of healthy life.

ESMV-NS's Healthy Living Center of Excellence (HLCE) provides evidence-based workshops in multiple languages to help older adults become more active managers of their health. These evidence-based workshops are the result of research and development at national universities and medical organizations that have proven positive results for participants. We recognize that by empowering older adults to take better care of their health, to stay active, to manage chronic illness and painful conditions, and to maximize the benefits of supportive services, we help to enable them to remain independent, exercise a wider range of options, and have a better quality of life.

In the wake of COVID-19, HLCE staff have retooled education and training delivery to continue to offer education programs that impact health, wellness, and social connectedness during a time of physical distancing and stay-at-home orders. The following programs are now offered remotely and in person:

- **Chronic Disease Self-Management Program** - designed for adults and their caregivers who live with the daily challenges of one or more ongoing health conditions. Participants learn methods for managing health and lifestyle conditions.
- **Tomando Control de su Salud** - culturally appropriate Spanish version of the Chronic Disease Self-Management Program.
- **Diabetes Self-Management Program** - designed for adults and their caregivers living with diabetes and their caregivers learn health and lifestyle skills to better manage their medical condition.
- **Chronic Pain Self-Management Program** - teaches adults suffering from chronic pain simple techniques to better manage their pain, improve sleep, increase energy, eat healthier, and develop an exercise regimen for pain management.
- **Better Choices, Better Health**—Online versions of the Chronic Disease Self-Management Program, self-paced online.
- **Tool Kit for Active Living with Chronic Conditions (Mailed CDSMP)** - The Tool Kit for Active Living with Chronic Conditions is a mailed program based on the Chronic Disease Self-Management Program. The Tool Kit can be completed independently or telephonically with a trained leader.
- **Savvy Caregiver Program** - designed for caregivers actively caring for a friend or family member living with Alzheimer's Disease or Related Dementia in the community; supports increasing caregiver knowledge, skills, self-efficacy, and well-being.
- **Healthy Eating for Successful Living in Older Adults Program** - for older adults looking to improve nutrition and increase physical activity. Promotes heart and bone health and aids in the prevention and management of chronic health conditions through goal setting and nutrition education.

- **A Matter of Balance (MOB)** - encourages participants to see falls as controllable through increased activity and awareness of fall hazards. Exercises are included to improve balance, flexibility, and strength.
- **Tai Ji Quan: Moving for Better Balance (TJQMBB)** - Tai Ji Quan is a research-based balance training regimen designed for older adults at risk of falling and people with balance disorders. The program propagates health by addressing common but potentially debilitating functional impairments/deficits.
- **HomeMeds** - is a medication use improvement program developed specifically for agencies providing in-home services and health care to older adults. The program addresses four common medication problems: (1) unnecessary therapeutic duplication, (2) cardiovascular medication problems (e.g., poorly controlled high or low blood pressure, drop in blood pressure upon standing, low pulse), (3) use of psychotropic drugs by patients with possible adverse psychomotor or adrenergic effects (e.g., falls, dizziness, confusion), and (4) use of nonsteroidal anti-inflammatory drugs (NSAIDs) by patients at high risk of peptic ulcer complications.

HLCE staff also offer one-on-one programs which can be done via Zoom or telephone:

- **EnhanceWellness** - Participants receive a personalized health action plan that identifies health risks and steps needed to improve overall health and well-being.
- **Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)** - Participants work individually with a staff member to identify symptoms of depression and explore the link between mood and activity.
- **Screening, Brief Intervention, Referral to Treatment (SBIRT)** – is a comprehensive, public health approach for early identification and intervention with participants whose patterns of alcohol and/or drug use put their health at risk.

HLCE strategies planned to educate older adults to make healthy lifestyle choices, thereby promoting also OAA goal of increasing older adults' quality and years of healthy life include:

- Expansion of the Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults.
- Development of Remote/In Person Workshop Hybrid delivery model to ensure continuous availability and accessibility of preventive health services.
- Integration of Salesforce database to track health outcomes and impact of services.

- Delivery of Re-Framing Aging trainings to influence public understanding to create a more just, inclusive, and age-friendly society.
- Enhancement of digital lending library
- Exploration of Fit and Strong!, a CDC-developed community-based, physical activity program that uses flexibility and strength training, aerobic walking, and health education to promote behavior change in people with osteoarthritis.

Title III-E National Caregiver Support Program: This Title III program was funded for the first time in 2000. It helps the millions of people who provide the primary care for spouses, parents, older relatives, and friends by offering information to caregivers about available services, assistance to caregivers in accessing supportive services, individual counseling, and respite care.

FAMILY CAREGIVER SUPPORT PROGRAM

Over the past four years, ESMV-NS's Family Caregiver Support Program (FCSP) has grown, in terms of our capacity, targeted population, and offered programs. Our staff is professionally trained and have personal experience with the rewards and challenges of being a caregiver. The Family Caregiver Program provides a continuum of support whether a caregiver is caring for someone at home, in assisted living or in a skilled nursing facility. Offerings include:

- Caregiver assessments
- Caregiving counseling
- Respite Care Scholarship Program
- Habilitation Therapy
- Information and referrals
- Memory Cafes for caregivers and care recipients
- Support groups
- Robotic pets
- Grandparent Campership Scholarships
- Family Meeting Facilitation
- Alzheimer's/Dementia Education and Support
- Special Events for Caregivers

During COVID-19, we quickly mobilized to offer all supports and services either telephonically or virtually. We increased the frequency of our Memory Cafes and now offer additional support groups at varying times of day to best accommodate caregivers' needs.

ALZHEIMER'S DISEASE PROGRAMS INITIATIVE

In addition to the supports and services offered through our Family Caregiver Support Program, ESMV-NS received funding from the Administration for Community Living under its **Alzheimer's Disease Programs Initiative** to strengthen our existing dementia-capable HCBS system and to fill crucial gaps in services for underserved communities. This program centers around four goals: 1) significantly expand behavioral symptom management training and resources to family caregivers across Massachusetts; 2) reach persons living alone with ADRD with dementia-capable supportive services in our 28 communities; 3) improve the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD across northeastern Massachusetts; and 4) serve as a central hub to strengthen dementia capability to a wide range of existing person-centered HCBS in Massachusetts and New England. Our direct services include evidence-based family caregiver programs and training, delivery of dementia capability trainings for HCBS staff and volunteers, and habilitation therapy.

Additional strategies to support the needs of caregivers and care recipients include:

- Provide training for staff and volunteers about recognizing behaviors related to dementia to effectively connect individuals with appropriate services.
- Offer e-learning platform, Trualta, with on-demand content for caregivers.
- Increase Memory Cafe and Support Group participation.
- Continue outreach to internal and external partners on available caregiver supports and services, including increasing outreach to and developing workshops for area businesses on the stresses of the working caregiver.

OTHER INITIATIVES TO SUPPORT OLDER ADULTS

- **DiStefano Family Care Fund** to assist older adults in emergency situations or with an urgent otherwise unmet need (with funds raised/donated throughout the year).
- **Necessities Program** to assist older adults with paying for rent, food, utilities, furnishings, medication, etc., (funds are obtained through grants from local foundations). Our experience has taught us that indigent, frail elders require assistance that offers quick resolutions, adequate resources to pay for necessities, and then long-term commitments of care and assistance to address complex needs.
- Continue as fiscal agent for the **Massachusetts Healthy Aging Collaborative** (MHAC), a network of leaders in community care, health and wellness, government, advocacy, research, business, education, and philanthropy working together to promote

leadership in healthy aging through support for age-friendly communities across the Commonwealth.

- Support **age-friendly initiatives** in the communities we serve, with a special focus on the gateway cities in our catchment area: Haverhill, Lawrence, Lowell, Methuen, Peabody, and Salem.
- Continue to strengthen a “No Wrong Door” approach. ESMVNS continues its partnership with Northeast Independent Living Program in the **Aging and Disability Resource Consortium** (ADRC). Through our ARC work, we assist older adults and people with disabilities seeking services and supports, regardless of age, disability, or income, through a coordinated interagency system of information and access. Our ADRC operates as a collaborative effort to provide a “no wrong door” for efficient and effective access to long-term services and supports. As part of this work, we publish the “Community Resource Guide,” a consumer directory to programs and services in our service area for older adults and people with disabilities. This guide is available in English and Spanish.
- Continue **Diversity and Inclusion and Workforce Development** strategies to help improve our recruitment, training, support, and retention of a diverse staff, particularly those who represent communities of color. This work began with distribution of a Diversity and Inclusion survey to employees to solicit input on the hiring, retention, and promotion of diverse staff. Based on survey findings, we formed a Diversity and Inclusion Steering Committee composed of a broad range of staff of all levels and established four task forces charged with making recommendations for improving opportunities for anti-bias and inclusivity training, managing consumer behavior, appropriate use of bilingual staff, and hiring and promoting candidates. We recently partnered with **VISIONS, Inc.**, a non-profit training and consulting organization specializing in diversity and inclusion, to help us build internal capacity to continue this work long-term.

FOCUS AREA #2: PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING

We offer a range of services to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long-term care services, including home, community, and institutional settings. Populations served by ESMV-NS include:

- Living Alone (Isolated) Elders **x**
- Low Income Elders **x**

- Minority Elder Populations
- Native American Populations (where germane)
- Rural Elder Populations (where germane)
- Socially Isolated Populations (i.e., geographic in nature; LGBTQ+; limited English proficient elders; separations from friends and family/COVID-19 related; and other socially isolated populations) x

ESMV-NS continues to pursue opportunities to strengthen performance regarding quality, value, and person-centered care. Our Home Care Program once again received the **Case Management for Long Term Services & Supports (CM-LTSS) Accreditation** from the National Committee for Quality Assurance for our Home Care Program. ESMV-NS is one of a few organizations in Massachusetts that received this three-year accreditation. For consumers, the benefits of accreditation are a focus on person-centered services; reduction of errors and duplicated services; and improved communication and integration between individuals, caregivers, payers, and providers.

Despite the COVID-19 pandemic, our services that support participant-directed/person-centered planning for older adults and their caregivers continued uninterrupted. Our staff have maintained close contact with our consumers and their caregivers telephonically and virtually when possible. And, when safe to do so, our staff conduct in-person visits and assessments following strict safety protocols. We will continue to serve our consumers and their caregivers through a robust range of programs:

- Home Care Services
- Hoarding
- Guardianship
- Options Counseling
- Care Management
- Community Choice Program
- Consumer Directed Care
- Enhanced Community Options Program
- Mental Health Care Management
- Long-Term Services and Supports – Merrimack Valley Community Partner with Northeast Independent Living, partnering with nine ACOs and two MCOs
- Flex Services Program to address housing and nutrition needs
- One Care – ICO, partnering with:
 - [Commonwealth Care Alliance \(CCA\)](#)
 - [Tufts Network Health Unify Plan](#)
- Personal Care Attendant Program
 - Programs of All-Inclusive Care for the Elderly (PACE), partnering with:
 - [Element Care](#)
 - [Summit Elder Care](#) PACE programs

- Senior Care Options (SCO), partnering with:
 - [Commonwealth Care Alliance Senior Care Options](#)
 - [Fallon Community Health Plan NaviCare](#)
 - [Senior Whole Health](#)
 - Tufts [Health Senior Care Option Plan](#)
 - [UnitedHealthcare Senior Care Options](#)

FOCUS AREA #3: ELDER JUSTICE

We have programs and services to help prevent, detect, assess, intervene and/or investigate elder abuse, neglect, and financial exploitation. Our Title 3B subgrantee, Northeast Legal Aid, offers free civil legal services to low income and elderly individuals and families in northeast Massachusetts. In addition to the work of this partner, we offer programs and services to support and enhance responses to elder abuse, neglect, and exploitation. Populations served by ESMV-NS include:

- Living Alone (Isolated) Elders **x**
- Low Income Elders **x**
- Minority Elder Populations
- Native American Populations (where germane)
- Rural Elder Populations (where germane)
- Socially Isolated Populations (i.e., geographic in nature; LGBTQ+; limited English proficient elders; separations from friends and family/COVID-19 related; and other socially isolated populations) **x**

LONG-TERM CARE OMBUDSMAN PROGRAM (LTCOP)

Our LTCOP staff and volunteers cover the largest territory in the state with regards to the number of long-term care facilities and residents - currently 43 facilities and 4465 residents. In any given month, LTCOP staff and volunteers conduct over 430 visits to facilities to see residents. The phone intake system averages 130 consultations per month, but the bulk of the Ombudsman program's advocacy is conducted in person – meeting with residents, interacting and interceding with families, and mediating with staff, administrators (and sometimes family) on a resident's behalf. Rights protection encompasses a wide range of issues – from access to friends and family, to issues of privacy, as well as informed consent, safe and appropriate discharge, as well as ensuring resident safety and pursuing allegations of harm by staff, other residents, or visitors.

LTCOP staff also conduct extensive training, community presentations and panel discussions to educate a wide variety of audiences about the rights of residents in long-term care facilities, the Ombudsman's role, and resources available. In the past fiscal year, LTCOP invited key staff in long-term care facilities, hospitals, and home care providers: social workers, nurses, discharge planners, et al, to meet, learn more about the LTCOP and residents' rights, and network to strengthen collaboration on behalf of the elders we serve.

Our LTCOP continues to see an influx of residents who are experiencing mental health issues; the opioid crisis also has begun to affect skilled nursing facilities as a younger population struggling with addiction end up in short-term rehab to address injuries or other physical consequences of addiction or overdoses. Our Ombudsmen continue to work with facilities to see that these issues are addressed either through in-house clinical resources or short-term hospitalizations.

PROTECTIVE SERVICES – ELDER ABUSE & NEGLECT

ESMV-NS's Protective Services is a state contracted program which investigates reports submitted to the Central Intake Unit or via web form alleging abuse, neglect, or financial exploitation of an elder. The PS Team is made up of about 30 protective workers, 12 Supervisors, and an Outreach Worker. The ESMV-NS program is currently the busiest in the state and covers a catchment area of all 28 cities and towns covered by ESMV-NS. In the past year, ESMV-NS Protective Services averaged over 400 reports a month, and the average caseload size is about 24 cases per worker.

The Protective Services team works directly with the Financial Resources group to provide formal assistance to elders that are unable to manage their own finances due to cognitive impairment, exploitation or physical impairments that make bill payment difficult. The Financial Resources group manages **Representative Payee** accounts for those elders that require a third party to take over all bill payment and social security income management. For those elders who require only assistance with budgeting and check writing, the **Money Management** program provides in-home assistance with writing out monthly bills and checks, balancing checkbook, and a sense of security that elders can maintain their independence. The Money Management program is staffed with volunteers and ESMV staff, and currently has a team of about 150 volunteers. We accept requests for this program directly from community programs such as councils on aging, and from family members and elders directly, so ESMV/NS plans to conduct community awareness presentations to banks and others in the community who are interested in becoming a volunteer with this program.

In addition to addressing reports of abuse to protect individual consumers, the PS and Money Management teams work hard to raise awareness of elder abuse, provide education and

training that includes what to look for, how to report possible elder abuse, and promotes efforts to prevent elder abuse in the Merrimack Valley and North Shore. While this community education has been done virtually for the past year, ESMV-NS expects to return to in-person community education in the fall of 2021.

We will resume providing training to individuals and community groups on elder abuse, neglect and financial exploitation in our service area who have frequent contact with older adults, including:

- First responders – EMTs, law enforcement personnel
- Councils on Aging
- Community Domestic Violence task forces
- Banks and Credit Union personnel
- Physician offices
- Housing Authorities

FY 2022-2025 GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1: Advance the agency's healthy equity focus, with an emphasis on access and outreach.

Objectives:

1. Provide digital access and ongoing training and support to older adults, adults with disabilities and their caregivers.

Performance Measures:

- a. Number of referrals.
- b. Number of consumers served.

2. Provide outreach, education, and access to COVID-19 vaccinations and booster shots.

Performance Measures:

- a. Number of individuals reached.
- b. Number of vaccination clinics coordinated.
- c. Number of individuals vaccinated.

3. Establish a benefit enrollment center to help older adults and younger adults with disabilities access benefit programs (SNAP, SSI, etc.)

Performance Measure:

- a. Number of individuals enrolled in benefit programs.

Goal 2: Expand access to mental health supports for consumers with complex mental/behavioral health needs and strengthen the agency's capacity to provide trauma-informed care.

Objectives:

1. Explore creating capacity to provide mental health counseling, information and referral for mental health community resources, and connection to social support services.

Performance Measures:

- a. Number of referrals.
 - b. Number of referrals to community-based supports.
2. Partner with community-based organizations to reach and support non-English-speaking or limited English-proficient older adults experiencing mental health challenges.

Performance Measures:

- a. Number of partnerships established.
 - b. Number of referrals.
3. Develop and conduct a series of trainings for staff and volunteers, including psychological first aid training and crisis response training for calls/interactions that may require de-escalation.

Performance Measures:

- a. Number of trainings.
- b. Number of attendees at trainings (staff, consumers, caregivers).

Goal 3: Provide enhanced nutrition service delivery and more accurate reporting, combat food insecurity and improve nutrition, and respond to the dietary needs of older adults with a range of medical needs and/or cultural needs and requests.

Objectives:

1. Implement mobile meals app, ServTracker.

Performance Measures:

- a. Increase in efficiency and accuracy in daily delivery
 - b. Increase in real-time consumer data to support additional intervention
2. Expand distribution of meals for consumers with specialized dietary needs, including pureed, renal healthy, and ethnic meals.

Performance Measures:

- a. Increase in referrals.
 - b. Increase in number of specialized meals by 10%.
3. Explore options for new programming, including supplement delivery.

Performance Measures:

- a. Establish contract with a local pharmacy, grocery store, and/or food service provider.
4. Expand capacity to serve consumers with nutritional needs under the age of 60 by establishing a system to bill these services.

Performance Measures:

- a. Number of referrals and consumers under the age of 60.
- b. Creation of viable billing system.

Goal 4: Provide enhanced supports for caregivers of older adults and older adults with Alzheimer’s and related dementias, caregivers of adult disabled children, and grandparents caring for grandchildren.

Objectives:

1. Train staff and volunteers to recognize the signs of cognitive impairment and make referrals for support.

Performance Measures:

- a. Number of trainings.
 - b. Results of ACL ADPI grant evaluation (conducted by UMass/Boston).
2. Provide education on resources available for parents caring for adult children.

Performance Measures:

- a. Number of referrals.
 - b. Number of interactions with parents caring for adult children.
3. Strengthen partnerships with adult day health programs and other respite care providers.

Performance Measures:

- a. Number of referrals.
 - b. Number of new vendor partnerships.
4. Enhance outreach and supports to grandparents raising grandchildren.

Performance Measures:

- a. Number of new referral sources.
- b. Number of support groups.
- c. Number of individuals participating in support groups.

Goal 5: Explore “specialty services” (e.g., podiatry, barbers/stylists) as in-home services for consumers.

Objectives:

1. Research avenues for offering “specialty services” in-home, including barbers/stylists, podiatrists, etc.

Performance Measures:

- a. Number of potential providers and associated costs.
2. Research pet care services, including dog walking, litter box maintenance, etc.

Performance Measures:

- a. Number of potential providers and associated costs.

Goal 6: Expand our existing transportation offerings to increase accessibility for consumers with complex needs.

Objectives:

1. Expand pilot transportation program, CareRide, to include a wider service area, transportation to life-sustaining treatment, and accommodation for those with more complex accessibility needs.

Performance Measures:

- a. Service expansion to additional communities.
 - b. Number of referrals for rides.
 - c. Number of new referral sources.
 - d. Number of accessible vehicle vendors available.
2. Explore partnerships with Councils on Aging and other community-based organizations serving our diverse communities to expand and enhance transportation options.

Performance Measures:

- a. Number of partnerships.
 - b. Number of new transportation options.
3. Expand capacity to engage with consumers who speak languages other than English.

Performance Measures:

- a. Hire or initiate contracts with bilingual drivers.
4. Expand ESMVNS's existing Medical Advocate program.

Performance Measures

- a. Number of referrals.
 - b. Number of placed Medical Advocates.
5. Expand our capacity to provide transportation to consumers with more complex accessibility needs, including those who use wheelchairs, oxygen machines, or other large assistive devices.

Performance Measures:

- a. Number of accessible vehicles.

Goal 7: Ensure that as an organization, ESMV-NS leadership and staff reflect the cultural diversity within the communities we serve, and that our supports, services, and service delivery reflect cultural competency.

Objectives:

1. Partner with VISIONS, Inc., a non-profit training and consulting organization, specializing in diversity and inclusion, to help us build internal capacity to continue this work long-term.

Performance Measures:

- a. Number of trainings for Board members, staff, and volunteers on topics including unconscious bias, barriers to inclusion, cultural competency.
- b. Proportion of staff who identify as coming from communities of color.
- c. Three-year retention of staff who identify as coming from communities of color.

- d. Proportion of middle and senior managers who identify as coming from communities of color.
- 2. Maintain agency Diversity, Equity, and Inclusion Steering Committee to stay on track with diversity and inclusion best practices.

Performance Measures:


- a. Number of meetings.
 - b. Number of recommendations made and enacted.
 - c. Representation from all levels of staff and from underrepresented communities.
- 3. Hire and develop diverse talent, cultivating a culture of belonging and inclusivity.

Performance Measures:

- a. Proportion of staff who identify as coming from communities of color.
 - b. Three-year retention of staff who identify as coming from communities of color.
 - c. Proportion of middle and senior managers who identify as coming from communities of color.

Attachment A: Area Agency on Aging Assurances and Affirmation

For Federal Fiscal Year 2022, October 1, 2021, to September 30, 2022, the named Area Agency on Aging hereby commits to performing the following assurances and activities as stipulated in the Older Americans Act of 1965, as amended in 2020:



Section 306, Area Plans

Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

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

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services

under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

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

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated.

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

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

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

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

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

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

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

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

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

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

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

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

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

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

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

provided by community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) be coordinated with services described in subparagraph (A); and (C) be provided by a public agency or a nonprofit private agency that—

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

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

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

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

(9) provide assurances that—

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

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

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

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

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older

individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2022 and affirm their Area Agency on Aging's adherence to them.

Enter Area Agency on Aging

Area Agency on Aging

Date

Signature - Chairperson of Board of Directors

Date

Signature - Chairperson of Area Advisory Council

Date

Signature - Area Agency on Aging Executive Director

Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging period (2022-2025), in support of each Older Americans Act (OAA), as amended 2020, citation as listed below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

OAA Section 306 (a)(4)(A)(i)(I)

Describe the mechanisms and methods for assuring that the AAA will:

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

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

Response: ESMV-NS remains committed to providing services to our priority populations. These include older adults in the Merrimack Valley and North Shore who are in greatest need of assistance due to economic and/or social need, as well others at risk of institutional placement. We conduct outreach to low-income older adults, people who are home-bound or otherwise isolated, and to minority communities throughout our service area. We gather information about their economic status, including their income, during intake and referral conversations to ensure they are eligible for a variety of Home Care services. We target specific programs and services to these populations (e.g., Elder Brown Bag Program, Basic Necessities, DiStefano Family Care Fund, Rep Payee and Money Management). We prioritize low-income, at risk, and LEP elders in our Title III-B RFP and award selection; retain Title III-B funds for outreach to minority and other underrepresented populations. For example, we partner with Councils on Aging to reach and engage LGBTQ older adults, coordinate the LGBT Senior Social Connection in the Merrimack Valley and the Over the Rainbow Coalition on the North Shore, and play a major role in coordinating the annual LGBT Elders Conference. We collaborate with a variety of community referral sources and service providers to ensure older adults have easy access to our services; and we make a concerted effort to include these populations during our quadrennial Community Needs Assessment for the Area Plan development. A newly formed Community Outreach Team will focus on enhancing and expanding our service delivery to low-income and minority older adults, as well as to veterans, LGBT seniors, and LEP older adults. The new team will focus on the broad goal of health equity by providing digital access, training, and ongoing support; engaging in COVID-19 vaccine outreach and education, including removing barriers to vaccination and providing referrals to vaccine clinics; buttressing the work of our Nutrition Program by expanding our response to elder food insecurity through our Brown Bag and Elder Community

Market programs; and providing support in accessing and enrolling consumers in public benefit programs such as SNAP and others.

OAA Section 306 (a)(4)(A)(i)(II)

Describe the mechanisms and methods for assuring that the AAA will:

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

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

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

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

Response: All Providers with whom we contract are vetted and required to provide us with a list of service areas they can support within our geographical area, as well as the language capacity of their staff. We ensure we contract with Providers who can support our consumer needs. Contracts contain “Non-Discrimination in Service Delivery” language which states that they must furnish services to consumers without regard to race, color, religion, national origin, disability, age, sex, sexual orientation, or status as a recipient of public assistance, and must comply with all applicable laws. We have sole responsibility for determining consumers’ eligibility for service, the number of units to be furnished, and the duration of each service.

OAA Section 306 (a)(5)

Include information detailing how the AAA will:

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

Response: ESMV-NS is fortunate to partner with the Northeast Independent Living Program (NILP) to form the Merrimack Valley Aging Disability Resource Consortium (MV-ADRC). By doing this, we established “no wrong door” access to each agency’s information and referral, Options Counseling, and care coordination services. Our Home

Care, Clinical, and Protective Services staff have established relationships with state disability agencies (DMH, DDS, MRC) and their local area offices, community-based mental health centers and behavioral health providers, etc., to promote access to services and supports our clients' needs and wants. ESMV-NS and NILP also joined forces to establish the Merrimack Valley Community Partner Program (MVCP). The MVCP contracts with MassHealth to participate as a Long-Term Services and Supports Community Partner (LTSS CP), conducting outreach, supporting engagement, and coordinating care services. The MVCP has contracted with nine Accountable Care Organizations (ACOs) and two Managed Care Organizations (MCOs) to cover the greater Haverhill, Lawrence, and Lowell areas to provide these services. We also offer a Flex Services program for those enrolled in one of MassHealth's Accountable Care Organizations who meet certain criteria. Flex Services, which is also available to MVCP members, addresses consumers' housing and nutrition needs.

The Merrimack Valley Community Partnership (MVCP) has been certified as a Long-Term Services and Supports Community Partner (LTSS CP). The LTSS CP initiative is part of the MassHealth Delivery System Reform Incentive Payment (DSRIP) initiative with Accountable Care Organizations (ACOs). It Medicaid recipients with complex LTSS needs. Our leadership continues to pursue partnerships and collaborations that build the capacity of ESMVNS and NILP to better address the needs of adults with disabilities who enter our service system as they age.

OAA Section 306 (a)(6)

Describe the mechanism(s) for assuring that the AAA will:

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

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

Response: The views and needs of our consumers are central to our work and mission. In preparing for the development of this Area Plan, we conducted a broad-based Community Needs Assessment across our PSA, the Merrimack Valley, and North Shore. The needs assessment included two components: surveys and focus groups. We distributed 7,500 surveys (paper and digital, in English and Spanish). And, although the COVID-19 pandemic precluded our holding in-person meetings, we successfully conducted 12 virtual focus groups. Participants included consumers and other older adults, Board and Advisory Council members, staff, caregivers, and representatives from a broad range of community partners.

As an agency, we conduct ongoing consumer and provider satisfaction surveys as well as caregiver satisfaction surveys. Results of these are reviewed by program managers and aggregated for leadership staff. We have enhanced our agency website to create interactive opportunities for consumers and caregivers and disseminate a monthly e-newsletter, *Shoreline*, which highlights consumer stories, raises awareness about critical issues, recognizes ESMV-NS staff and programs and the community partners and other contributors who enhance our mission. Our growing distribution list includes consumers, caregivers, and partners across the Merrimack Valley and North Shore.

In addition to our frequent program/service surveys, there are a variety of mechanisms available to consumers who wish to file a complaint or express dissatisfaction. We also routinely receive letters of appreciation, gratitude, and support from consumers and/or caregivers who have been assisted by our dedicated, compassionate staff. We share these letters at monthly all-staff meetings as “good news stories” that reinforce our commitment to our clients and highlight the difference we make in people’s lives. These are a validation of our staff and a booster of their morale.

ESMV-NS continues to advocate for policies, program development, funding, etc., at the local, state, and federal level to address the unmet needs and concerns of older adults in the Merrimack Valley and North Shore. As an Area Agency on Aging (AAA), we recognize our responsibility to understand and respond to the priority interests, needs, concerns, and wishes of those we serve. We continue to monitor legislation at the state and federal level, mobilize others in our community, and, within our networks, to advocate for/against policy change; advocate for adequate/increased funding and against budget cuts; strengthen rights protections; and raise awareness of critical issues such as elder hunger, abuse, neglect, and financial exploitation. We actively participate on several committees and task forces, e.g., the Elder Mental Health Collaborative and the MA Healthy Aging Collaborative (MHAC), to express the need for programs, services, education, and training. We also join forces with the Mass. Home Care Association (MHCA) and other advocacy groups to ensure that policymakers, legislators, funders, and key public officials understand exactly how their actions affect the people we serve and represent. Our Chief Executive Officer, Joan Hatem-Roy, serves on the Board of Mass Home Care, as well as on the Boards of My Care Family – Merrimack Valley Accountable Care Organization and Steward Health Care Network Community Partner. Joan advocates on behalf of consumers at the national level as a member of the Board of Directors USAging.

OAA Section 306 (a)(7)

Include information describing how the AAA will:

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

Response: The purpose of the long-term care system is to support older adults and adults with disabilities to live independently, with dignity, in the settings of their choice. This mission is defined first by Chapter 19A, by the state’s Community First Policy, the Equal Choice Law, and national precedents like the Olmstead Decision. As an Aging Service Access Point (ASAP), we provide all the essential services and supports to help older adults and families live in their chosen settings, including information and referral assistance; intake; assessment; development, implementation, and monitoring of service plans; interdisciplinary care management; reassessment of needs; and protective services that investigates situations of elder abuse and neglect.

As an Area Agency on Aging (AAA), our mission extends beyond the ASAP scope of services. The AAA mandate to assess community needs and build network capacity is an extension of our ASAP mandate to assess individual consumer needs and bolster consumers’ capacity for independence. We approach these dual roles by emphasizing consumer engagement and empowerment and addressing a variety of “social determinants of health” that act as barriers to independence and aging-in-community. These barriers include chronic disease, isolation, poverty/low-income, food insecurity, access to transportation, housing stability, and more.

We are a multi-disciplinary, team-based agency. To ensure the quality of our assessments, service planning, and problem solving, Care Coordination staff are assigned to multi-disciplinary self-managed teams. These are comprised of Nurses and Care Managers from a variety of backgrounds. A team-based approach provides support and expertise across disciplines on a daily basis. Teams are located together so that members are available for daily consultation or assistance – and able to back each other up to ensure continual coverage. Regular team meetings allow casework and decision-making to be discussed and difficult cases reviewed. Team members share a sense of responsibility for all of the consumers assigned to the team, not just the specific individuals that make up their caseload. This team approach enhances the “art” of case management with consumers and strengthens our understanding of consumers’ needs. The multi-disciplinary team model also enhances staff’s ability to manage the “science” of their work and ensures the quality of work related to assessments, service planning, problem solving, and documentation.

We have fully embraced the philosophy of consumer-directed care and choice.

Within our role as the Merrimack Valley Aging & Disability Resource Consortium (MV ADRC), ESMV-NS partners with the Northeast Independent Living Program (NILP) to offer “no wrong door” access to information, referral, care management and Long-Term Services and Supports (LTSS). Both agencies share a philosophy rooted in consumer choice and self-determination.

We also offer a range of in-home services for older adults to maintain their independence and continue to live in their homes. Our Care Managers assist consumers in developing a plan of care that best fits their needs. Options include:

Community Choice Program

The Community Choice program offers MassHealth standard enrollees who are nursing home-eligible the choice of receiving their care at home. This can delay or prevent imminent placement in a long-term care facility. The Community Choice Program provides assistance with activities of daily living and personal care. To qualify for this program, MassHealth recipients must be 60 years of age or older. A Care Manager/Nurse team conducts a needs assessment to determine eligibility. This team works with the consumer and his/her family members to determine a plan of care and offer ongoing case management support. Services can include homemaker, personal care, Adult Day Health and Dementia Day Programs, home delivered meals, home health services, a personal emergency response system, laundry services, and medical transportation.

Consumer Directed Care

Consumer-directed care is designed for older adults who want to recruit, hire, and schedule their own care providers, rather than obtain the services of a worker who is an employee of a commercial vendor. Elder Services helps “coach” elders who are directing their own care. A fiscal intermediary manages the financial transactions between the elder and their care provider.

Enhanced Community Options Program

The Enhanced Community Options Program is designed to address the needs of nursing home-eligible elders who do not qualify for MassHealth standard and who require additional supports and services to remain living safely and independently at home. A Care Manager/Nurse team conducts a needs assessment to determine eligibility for this program. The Care Manager/Nurse team works with the consumer and his/her family members to create a plan of care as well as the ongoing support of case management.

Mental Health Care Management

Our mental health care management team is highly skilled and specially trained to manage the many challenges faced by older adults living with mental illness. Sensitive to

an elder's right to dignity, respect, and high-quality services, our Care Managers build relationships for the long-term. They foster an environment of trust and safety. We understand that elders managing difficulties like anxiety, depression, and other symptoms of mental illness may confront unique barriers to maintaining independence in the community. Mental Health Care Managers work with elders with mental health concerns in need of home care services to develop individualized plans of care which allow them to maintain their independence and continue to live at home.

Personal Care Attendant (PCA) Program

Individuals who receive Medicare and MassHealth Standard or Commonwealth benefits can exercise choice within the Personal Care Attendant Program to hire their own personal care workers. These workers can be non-relatives or relatives other than spouses, parents, legal guardians, or PCA Program Surrogates.

We are committed to community outreach and use a variety of tools to establish a strong presence throughout the region. It is vital that our agency be visible so that older adults, adults with disabilities, their families, and caregivers know what we offer and how we can help them manage the challenges of aging, disability, and other aspects of their lives. We work diligently to maintain a strong presence with local media and the community-based organizations our consumers use, from hospitals to senior centers. Our Information and Referral Department handles over 2,300 calls a month—a strong testament to the reach of our visibility efforts. ESMV-NS has committed staff resources to strengthen our capacity for outreach to underrepresented communities, including ethnic minorities, veterans, and members of the LGBT community in the Merrimack Valley and North Shore. In addition to our agency website, ESMV-NS:

- Uses social media (Facebook, LinkedIn, Twitter)
- Distributes a monthly e-newsletter, *The Shoreline*, to a broad audience
- Produces *All Things Aging*, a local access program that explores the many programs and services available from our agency and partners that support older adults, caregivers, and people with disabilities
- Conducts monthly network meetings that are well-attended by local professionals and organizations in the aging services field
- Coordinates monthly Merrimack Valley Veterans' Collaborative meetings, drawing representatives from 30-40 veterans' services organizations throughout our service area

We believe in cross-sector collaboration and have built strong relationships within (and beyond) the elder network to better serve our consumers. ESMV-NS's size and scope presents both opportunities and challenges. Our service area covers 28 cities and towns, including six Gateway Cities (Haverhill, Lawrence, Lowell, Methuen, Peabody, and Salem) over two counties. We manage a wide range of close partnerships (28

Councils on Aging, several local hospitals, two county court systems, two District Attorney Offices, etc.). Cultural and linguistic diversity in such a large geographic region requires sensitive outreach and responsive services.

One enduring example of ESMV-NS's cross-sector approach is our monthly elder network meetings. These popular lunchtime meetings allow professionals from across the spectrum of health and social service organizations to connect, and share information, new activities, or developments. It continues to promote connection and communication to strengthen the elder network and build stronger collaborative relationships. Another cross-sector example is the Merrimack Valley Veterans' Collaborative monthly meetings we facilitate. Membership in this group continues to grow, with an average of 35 veterans' services organizations participating each month. Our staff participate in a variety of ongoing community forums to raise awareness of our supports and services, as well as to explore partnerships and collaborations with community partners that help us reach underrepresented groups. These forums include the Mayor's Health Task Force (Lawrence), COVID Community Response (Lawrence), Elder Services Task Force (Andover), Haverhill High School Healthcare Occupations Advisory Committee, and the Greater Lowell Health Alliance.

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

ESMV-NS was an early adopter of the evidence-based programs developed by Stanford University to address chronic disease, health, wellness, and safety. By empowering older adults and their caregivers to take better care of their health, stay active, manage chronic illness and painful conditions, and maximize the benefits of supportive services, we enable them to remain independent, exercise greater options, and enjoy a better quality of life.

Formed in 2008, our Healthy Living Center of Excellence (HLCE) disseminates the evidence-based Chronic Disease Self-Management Programs (CDSMP) and promotes healthy living statewide. The HLCE offers 14 Evidence-Based Programs (EBP) statewide and across New England: *My Life, My Health (Chronic Disease Self-Management Program)* & *Tomando Control de su Salud (Spanish version)*; *Diabetes Self-Management*; *Chronic Pain Self-Management Program*; *Better Choices, Better Health*; *A Matter of Balance*; *Care Transitions*; *Enhance Wellness*; *Healthy Eating for Successful Living*; *Fit for Your Life*; *Healthy IDEAS*; *SBIRT*, *HomeMeds*; *Arthritis Foundation Exercise Program*; *Powerful Tools for Caregiver*; and *the Savvy Caregiver Program*.

HLCE Vision: Transform the healthcare delivery system. Medical systems, community-based social services, and older adult collaborate to achieve better health outcomes and better healthcare, both at sustainable costs. Key features include:

- Statewide Provider network of (90+ member) diverse CBOs

- Seven (7) regional collaboratives, 600+ program leaders
- Centralized referral, technical assistance, fidelity, and quality assurance
- Multi-program, multi-venue, multicultural, across the lifespan approach
- Centralized entity for contracting with statewide payors
- Diversification of funding for sustainability
- EBP integration in medical home, ACO, and other shared settings

HLCE Role in spreading best practices: Community

- EBP available in every county
- Diverse programs addressing chronic disease, nutrition, physical activity, depression, caregiver support
- Reaching disability populations
- Reaching diverse populations: Latino Health Insurance Project and Enhance Asian Community on Health
- Integration of EBP in Age Friendly Communities initiative: Boston
- Integration of EBP in nine (9) Prevention and Wellness Trust Fund Communities
- Collaboration with Medical Providers and healthcare organizations
- Integration of Family Caregiver Support Network (Powerful Tools for Caregivers, Savvy Caregiver)

OAA Section 306 (a)(10)

Describe the procedures for assuring that the AAA will:

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

Response: Regarding a complaint or grievance from a consumer regarding denial of services, ESMV-NS complies with the Home Care regulations concerning an appeal process. In addition to the prescribed Home Care appeal process, ESMV-NS makes other avenues available to consumers to register a complaint:

- If a consumer is unhappy with contracted services received through ESMV-NS, s/he can file a complaint that will be reviewed by our Contracts Manager for follow up.
- If a consumer contacts ESMV-NS to complain about services provided by a community agency/organization serving elders, s/he will be referred to the EOEA Community Care Ombudsman Program, which investigates such complaints.
- If a consumer is unhappy with services received in a healthcare setting, s/he will be referred to the Department of Public Health (DPH) or our staff will file a report with DPH. Complaints that pertain to other businesses might result in the consumer being referred to the Better Business Bureau or the Attorney General's Office.

We are committed to being accessible to our consumers and welcome their feedback. If a consumer contacts our Information and Referral Department and asks to speak to our Chief Executive Officer or someone in leadership, s/he is transferred directly to our skilled administrative support staff who capture the information, attempt to resolve the complaint, or, if unable to do so, brief the Chief Executive Officer or other executive leader about the nature of the complaint. We then conduct appropriate follow-up. The consumer is contacted by the senior manager responsible for the program or service related to the complaint; on occasion, the Chief Executive Officer will speak to the consumer directly to address the complaint.

OAA Section 306 (a)(11)

Describe the procedures for assuring that the AAA will:

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

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

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

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

Response: While the cities and towns of the Merrimack Valley and North Shore are home to diverse populations, we do not have significant populations of Native Americans here. That said, we are deeply committed to pursuing activities, including outreach, to increase access of older adults, adults with disabilities, and their caregivers of all ethnicities, races, and creeds. Whenever appropriate, we are committed to coordinating services under the area plan and Title III with those under Title VI.

OAA Section 306 (a)(17)

Describe the mechanism(s) for assuring that the AAA will:

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

ESMV-NS’s Continuity of Operations Plan (COOP) is a comprehensive plan to protect the assets, records, information, well-being, and safety of employees and to provide the

continuation of essential services to the organization and its consumers. This plan is the result of interfacing with several community agencies regarding disaster and emergency planning, creating an approach to assessing risk that incorporates a level system that identifies those most at risk during an emergency, creating an infrastructure that supports continuity of operations when our office is inaccessible due to extreme weather, power outages, etc. The risk level system we created became a model for other AAAs to use in emergency preparation and response. We are a member of DPH's Office of Preparedness and Emergency Management (OPEM) Statewide Incidents and Events, and work with additional local agencies during emergencies to assist with requests for shelter, check-ins, and to ensure continuity of services to high-risk consumers. Our emergency response protocol was put to the ultimate test during the 2018 gas explosions in the Merrimack Valley. With a response plan in place, we quickly mobilized and demonstrated our capacity to prioritize resources and use them where they were needed most – serving our consumers and the community. We relied on our emergency response protocol yet again during the early months of the COVID-19 pandemic. We connected with consumers, assessed needs, and responded with appropriate services, supports, and supplies. Our Continuity of Operations Plan is included as an attachment to the Area Plan.

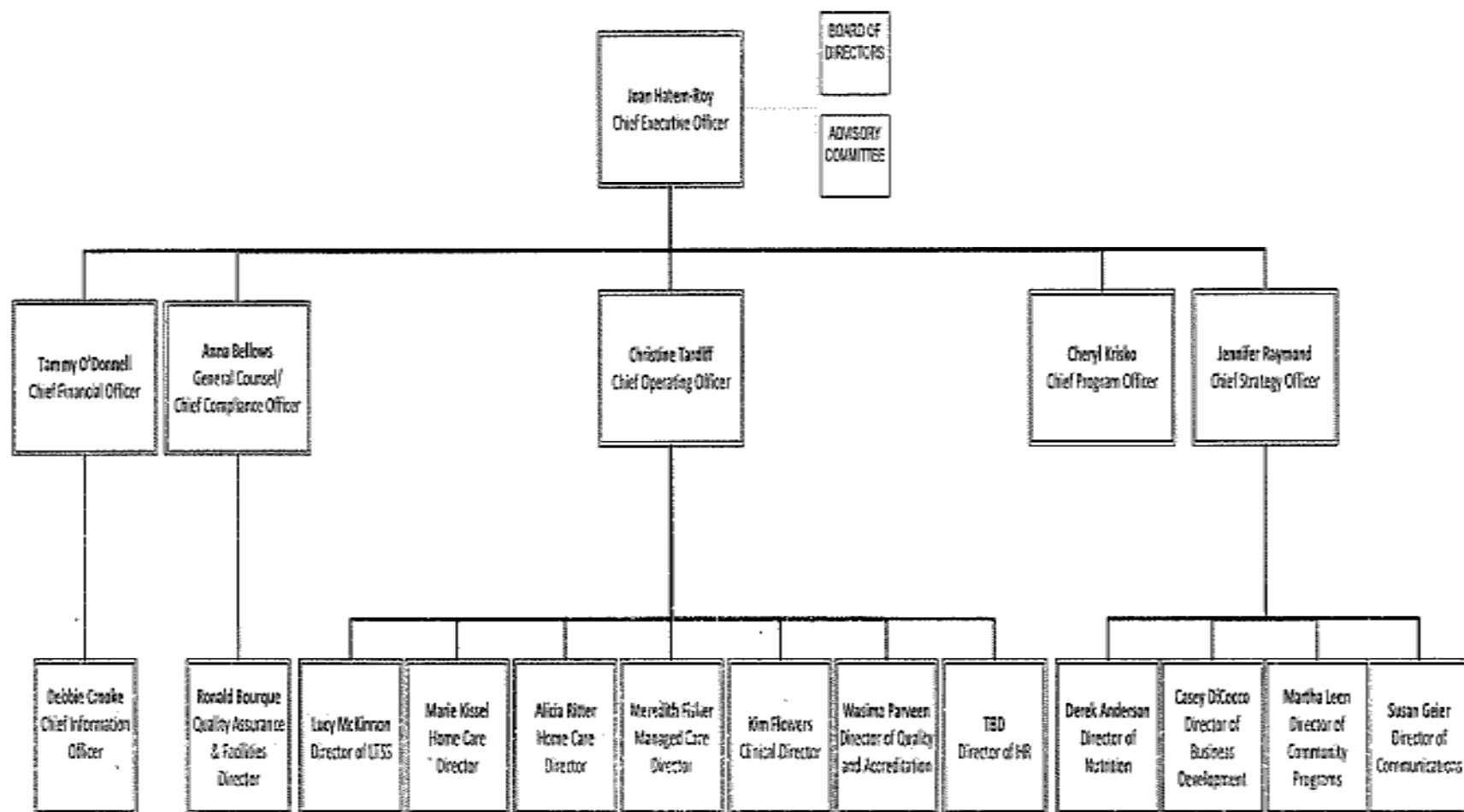
OAA Section 307 (a)(11)

In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:

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

Response: ESMV-NS is committed to giving priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. We have several mechanisms in place to support and protect our consumers. We have in-house Counsel; have several executed contracts in place between ESMV-NS and law firms that provide legal assistance in matters related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination; and have a subgrant with Northeast Legal Services for its Elder Law Project. Through its Elder Law Project, NLA provides comprehensive legal services to persons 60 and older who live in the Merrimack Valley and North Shore. The project focuses its services on elders with the greatest social and economic need in the areas of housing (eviction defense, subsidy preservation/access, and housing conditions); healthcare (nursing home/rest home/assisted living issues, healthcare benefits such as MassHealth); protection from abuse and exploitation; consumer rights; certain immigration matters (naturalization); limited estate planning (pro-bono attorney will-drafting); and public benefits of all kinds (including social security).

Attachment C: SENIOR MANAGEMENT ORGANIZATIONAL CHART



AREA PLAN ON AGING, 2022 - 2025
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2022

Area Agency on Aging : Elder Services of the Merrimack Valley & North Shore

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Teresa Gove Arnold		North Shore	Director Salem COA
Maurice E. Balboni	Treasurer	At-Large	Retired
Joseph Berardino		North Shore	Retired
Pamela Blaquiere		Greater Lawrence	Director Boxford COA
Jean Bushnell		At-Large	Director Billerica COA
Dean Cleghorn	Vice President	Greater Haverhill	Retired
David Gravel		North Shore	President/CEO GraVoc Associates, Inc.
Robert Holloway, Jr		North Shore	MacLean, Holloway, Doherty & Sheehan
Corinne LaCharite Johnson		Greater Lawrence	Director, Methuen COA
Grace A. Lagana		Greater Lawrence	Stephen Lagana Law Office
Sandra Levin		Greater Haverhill/Newburyport	Anna Jaques Hospital
Charlene Muscato		Tyngsboro	Tyngsboro COA
Alex Perez		Greater Haverhill/Newburyport	Lawrence Partnership, ClearChoice Consultants
Colleen Ranshaw-Fiorello		Greater Haverhill/Newburyport	Georgetown COA
Michael Rurak	President	At-Large	CPA; Roy & Rurak
Robert Schreiber, MD		At-Large	Fallon Health
Barry Sinewitz		North Shore	Thriftco Printing
Grace Ann Steed		Greater Lowell	Retired
Martha Velez		Greater Lawrence	Health & Human Services Director, City of Lawrence

85%
15%
10%

Percentage of the Board that are 60+ years of age.

Percentage of the Board that are minority persons.

Percentage of the Board that are 60+ and minority persons.

Area Agency on Aging: Elder Services of the Merrimack Valley & North Shore

[illegible]

67%	Percentage of the Advisory Council that are 60+ years of age. *
0%	Percentage of the Advisory Council that are minority persons.
0%	Percentage of the Advisory Council that are 60+ and minority persons.

* Membership must be more than 50 percent older (60+) persons.

AREA PLAN ON AGING, 2022 - 2025
Form 3 - Designated Focal Points - Federal Fiscal Year 2022

Area Agency on Aging: Elder Services of the Merrimack Valley & North Shore

Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
Amesbury Council on Aging	9 School Street	Amesbury	X		X	X	
Andover Council on Aging	36 Bartlett Street	Andover	X		X	X	
Billerica Council on Aging	25 Concord Road	Billerica	X		X	X	
Boxford Council on Aging	P.O.Box 291	Boxford	X			X	
Chelmsford Council on Aging	75 Groton Road	Chelmsford	X		X	X	X
Dracut Council on Aging	951 Mammoth Road	Dracut	X		X	X	
Dunstable Council on Aging	511 Main Street	Dunstable	X				
Georgetown Council on Aging	1 Library Street	Georgetown	X		X	X	
Groveland Council on Aging	201 Washington Street	Groveland	X			X	
Haverhill Council on Aging	16 Welcome Street	Haverhill	X	X	X	X	
Lawrence Council on Aging	155 Haverhill Street	Lawrence	X	X	X	X	
Lowell Council on Aging	400 Merrimack Street	Lowell	X		X	X	
Merrimac Council on Aging	100 E. Main Street	Merrimac	X			X	
Methuen Council on Aging	77 Lowell Street	Methuen	X		X	X	
Newbury Council on Aging	63 Hanover Street	Newbury	X			X	
Newburyport Council on Aging	331 High Street	Newburyport	X		X	X	
North Andover Council on Aging	120 R. Main Street	North Andover	X		X	X	
Rowley Council on Aging	39 Central Street	Rowley	X		X	X	
Salisbury Council on Aging	43 Lafayette Road	Salisbury	X		X	X	
Tewksbury Council on Aging	175 Chandler Street	Tewksbury	X		X	X	
Tyngsborough Council on Aging	169 Westford Road	Tyngsborough	X		X	X	
West Newbury Council on Aging	381 Main Street	West Newbury	X				
Westford Council on Aging	20 Pleasant Street	Westford	X		X	X	

Danvers Council on Aging	25 Stone Street	Danvers	X		X	X	X
Marblehead Council on Aging	10 Humphrey Street	Marblehead	X	X	X	X	
Middleton Council on Aging	38 Maple Street	Middleton	X		X	X	
Peabody Council on Aging	79 Central Street	Peabody	X	X		X	X
Salem Council on Aging	401 Bridge Street	Salem	X	X	X	X	

AREA PLAN ON AGING, 2022 - 2025
Form 4a - Title III-B Funded Services - Federal Fiscal Year 2022
Programs Funded in Whole or in Part by Title III-B

Area Agency on Aging: Elder Services of the Merrimack Valley & North Shore

FUNDED SERVICES	EOEA Use Only	Title III Funding Category	Direct Service Status (Y/N)	Goal Number	NAPIS Code #s (1 to 131)	Priority Svc 'A', 'I', 'L', 'O' (&)	Provide Evidence- Based Program In Use (as applicable)	FFY2022 FUNDING - PLANNED	
								Title III Award	Non-Title III Funding
PROVIDER									
Northeast Legal Aid, Inc.		B	N		11	L		\$ 114,572.00	\$ 42,528.00
Community Action Inc.		B	N		19	A		\$ 3,000.00	\$ 105,000.00
Emmaus, Inc.		B	N		18	A		\$ 10,000.00	\$ 559,529.00
Mass Alliance of Portuguese Speakers		B	N		19	A		\$ 5,400.00	\$ 10,600.00
Danvers Council On Aging		B	N		9	A		\$ 5,000.00	\$ 94,152.00
Salem Council On Aging		B	N		9	A		\$ 13,338.00	\$ 155,801.00
Peabody Council On Aging		B	N		9	A		\$ 14,200.00	\$ 1,297,420.90
Marblehead Council On Aging		B	N		14	A		\$ 5,000.00	\$ 231,083.00
Middleton Council On Aging		B	N		14	A		\$ 20,592.00	\$ 58,475.32
New England Homes for the Deaf		B	N		14	A		\$ 6,000.00	\$ 43,610.00
Ruth's House		B	N		14	A		\$ 15,000.00	\$ 18,750.00
Newburyport COA		B	N		32	O		\$ 2,000.00	\$ 600.00
The Center		B	N		14	A		\$ 11,030.00	\$ 15,069.60
Money Management		B	Y		50	I		\$ 25,000.00	120,459.96
Minority Outreach		B	Y		14	A		\$ 35,000.00	5,000.00
Age Info		B	Y		13	A		\$ 351,376.00	1,481,198.32
& Priority Services: A - access; I - inhome; L - Legal; O - other.								Total \$ 636,508.00	\$ 4,239,277.10

AREA PLAN ON AGING, 2022 - 2025
Form 4b - Title III-C (1 and 2), D, E and OMB Funded Services - Federal Fiscal Year 2022
Programs Funded in Whole or in Part by Title III

Area Agency on Aging: Elder Services of the Merrimack Valley & North Shore

FUNDED SERVICES	EOEA Use Only	Title III Funding Category (C/D/E/OMB)	Direct Service Status (Y/N)	Goal Number	NAPIS Code #s (1 to 124)	Provide Evidence- Based Program in Use (as applicable)	FFY2022 FUNDING - PLANNED	
							Title III Award	Non-Title III Funding
PROVIDER								
Caregiver		E	Y		F5		\$ 332,592.00	\$ 110,864.00
Ombudsman		OMB	Y		19		\$ 296,188.00	\$ 506.81
Healthy Living Program/Evidence Based		D	Y		68		\$ 51,378.00	\$ 9,066.71
Nutrition - Congregate		C	Y		7		\$ 873,242.00	\$ 590,283.75
Nutrition - Home Delivered Meals		C	Y		4		\$ 435,885.00	\$ 5,793,927.04
Chronic Disease Self-Management			Y				\$ -	\$ 2,400.00
Diabetes Self-Management			Y				\$ -	\$ 2,400.00
Chronic Pain Self-Management			Y				\$ -	\$ 2,400.00
Tomando de su Salud			Y				\$ -	\$ 2,400.00
HomeMeds			Y				\$ -	\$ 2,400.00
Health IDEAS			Y				\$ -	\$ 1,200.00
Enhance Wellness			Y				\$ -	\$ 1,200.00
A Matter of Balance			Y				\$ -	\$ 2,400.00
Healthy Eating			Y				\$ -	\$ 2,400.00
Savvy Caregiver			Y				\$ -	\$ 2,400.00
Total							\$ 1,989,285.00	\$ 6,526,248.30

AREA PLAN ON AGING, 2022 - 2025
Form 5 - Title III-E Family Caregiver Services Breakout - FFY 2022

Area Agency on Aging:
Elder Services of the Merrimack Valley & North Shore

Based on the AAA FFY2022 Federal Spending Plan, list the Title III-E Budget Total, and provide percentage (%) estimates for the services listed.

\$	443,456.00
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Program Cost	Percentage (%) of Total
All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *	64%
Supervision cost. *	20%
All respite service costs.	2%
All supplemental service costs. *	2%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	
Administration costs. *	12%
Other (explain on separate attachment)	
Total estimated percentage must equal 100% of Title III-E planning budget.	100%
Projected total * FTE count for Title III-E (breakdown under "Detail" below).	

Detail - Family Caregiver Support Program

Personnel Position Title	FTE
Admin Assistant	0.20
Family Caregiver Support Program Specialist	1.00
Family Caregiver Support Program Facilitator	1.00
Community Programs Dir / Area Agency Planner	0.85
Program Manager	0.70
Caregiver Director	1.00
Total FTE	4.75