AgeSpan

Choices for Life's Journey

AgeSpan
Area Plan
FY 2026 - 2029

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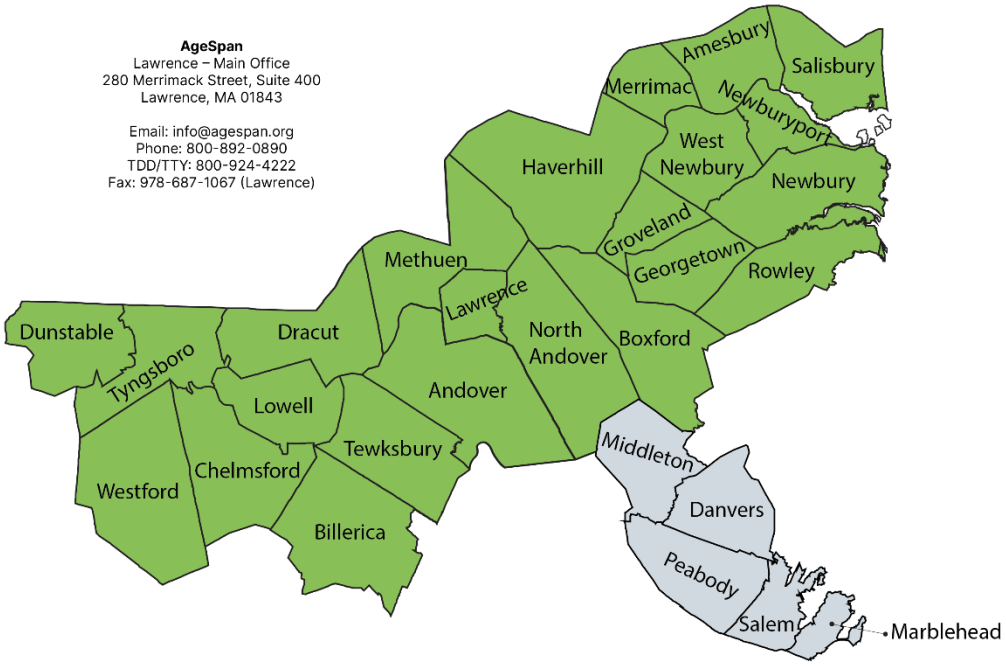
AGESPAN PLANING AND SERVICE MAP



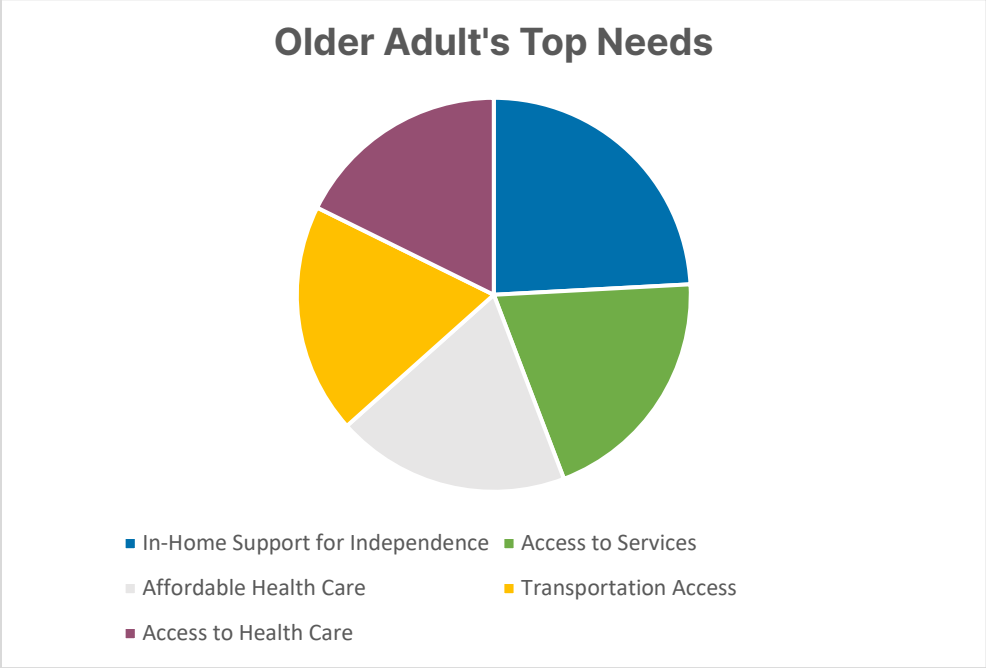
EXECUTIVE SUMMARY

Since its founding in 1974, AgeSpan, Inc. has been a cornerstone of support for older adults, people with disabilities, and caregivers across the Merrimack Valley and North Shore. As a federally designated Area Agency on Aging (AAA), state Aging Service Access Point (ASAP), and elder protective service agency, AgeSpan is committed to empowering individuals to live independently, safely, and with dignity in their communities.

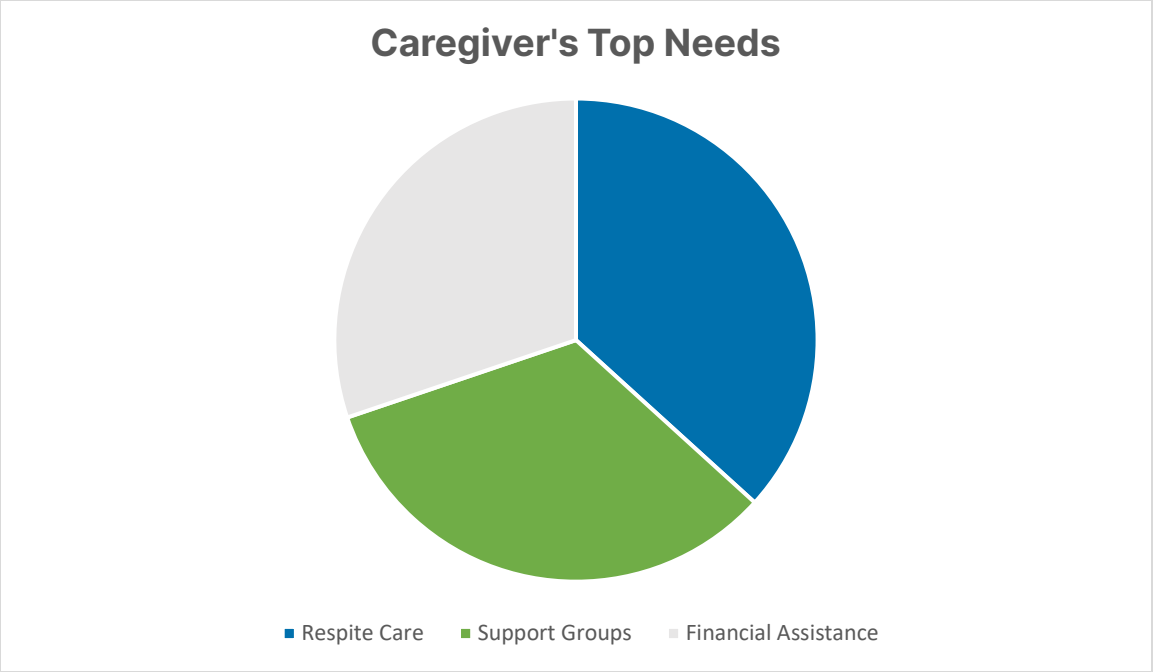
AgeSpan serves 28 diverse communities and reaches nearly 190,000 older adults—over 11% of the Commonwealth's 60+ population. In partnership with the Northeast Independent Living Program, AgeSpan co-leads the Merrimack Valley Aging and Disability Resource Consortium, ensuring inclusive access to essential services. With a workforce of nearly 500 and collaborations with over 70 providers, AgeSpan delivers vital supports such as health care access, housing assistance, food security, and financial resources.

2025 Community Needs Assessment Highlights

To shape this 2026–2029 Area Plan, AgeSpan conducted a comprehensive community needs assessment, collecting input from over 8,500 older adults, caregivers, and partners through surveys and focus groups. Key findings include:



- Wellness, Nutrition, Housing, and Socialization rounded out key concerns



- In-Home Care, Training, Mental Health, and Legal Assistance

Key Trends:

- Increased concern around affordability (health care, housing) and access to services
- A growing need for wellness and social engagement among older adults
- Rising caregiver burnout, with calls for respite and structured support services

Strategic Focus Areas for FFY2026–2029

Aligned with the missions of the U.S. Administration for Community Living, the Executive Office of Aging and Independence, and AgeSpan's own values, the 2026–2029 Area Plan will address four priority areas:

1. Older Americans Act Core Programs – Enhance and expand essential services like nutrition, in-home support, and transportation.
2. Greatest Economic and Social Need – Target resources to underserved, low-income, and socially isolated individuals.
3. Expanding Access to Home- and Community-Based Services – Promote independence and reduce institutionalization.
4. Caregiving – Strengthen caregiver support, education, and respite options.

Goals for 2026-2029

- **Goal 1:** Enhance access to in-home support services that help older adults maintain
- **Goal 2:** Enhance access to timely services that support older adults aging in the community.
- **Goal 3:** Improve access to dependable, affordable, and accessible transportation for older adults and individuals with disabilities in the AgeSpan service area to support independence, reduce isolation, and ensure access to essential services.
- **Goal 4:** Improve the affordability and accessibility of health care services for AgeSpan consumers and other older adults throughout our service area.
- **Goal 5:** Provide enhanced nutrition service delivery, 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 6:** Improve housing stability, affordability, and safety for older adults throughout our service area by addressing barriers related to cost, accessibility, and home maintenance.
- **Goal 7:** Enhance mental and behavioral health support for older adults in our service area by building staff capacity to identify and respond to high-risk consumers.
- **Goal 8:** Reduce social isolation and loneliness among community-dwelling older adults, with a particular focus on those who are homebound.
- **Goal 9:** Enhance the quality of life and well-being of caregivers by increasing access to support services, resources, and education tailored to their diverse needs.

Moving Forward

As AgeSpan enters the next four-year planning cycle, its commitment remains firm: to deliver compassionate, inclusive, and high-quality services that enable older adults and caregivers to live well and age with dignity. Amid changing demographics and evolving federal priorities, AgeSpan's vision is rooted in the belief that everyone deserves the opportunity to thrive—safely, independently, and on their own terms.

CONTEXT

Since its establishment in 1974, AgeSpan, Inc. 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. AgeSpan is a designated federal Area Agency on Aging (AAA), state Aging Service Access Point (ASAP), and elder protective service agency for this region. We partner with the Northeast Independent Living Program to form the Merrimack Valley Aging and Disability Resource Consortium to extend our assistance to disability populations and families caring for disabled adults. Our staff of nearly 500 works with thousands of people each day to make sure they have access to financial and health services, living arrangements, nutritious food, proper health care and benefits. In addition to our dedicated staff, more than 450 volunteers generously donate their time and expertise to help expand the impact of our work. We contract with more than 70 different care providers to provide services, and many of those services are available across the Commonwealth. 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 2025 Massachusetts Healthy Aging Data Report, the Commonwealth is home to 1,661,076 adults 60 and over, representing 24% of the Commonwealth's population. Of that total, 11.41%, or 189,604 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.

Since publication of our FY2022-2025 Area Plan, we have recovered from the COVID-19 pandemic and now face a changing landscape at the federal level requiring a fresh perspective on service focus and delivery. Regardless of the times, the health and well-being of our consumers remain paramount, and we look forward to continuing to provide compassionate and high-quality programs and services to our consumers without interruption.

As we prepared for this 2026-2029 Area Plan, we conducted a comprehensive needs assessment in collaboration with the Executive Office of Aging and Independence (AGE). 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; Greatest Economic and Greatest Social Need; Expanding Access to Home- and Community-Based Services; and Caregiving.

MISSION ALIGNMENT: Administration for Community Living (ACL), Executive Office of Aging and Independence (AGE), and AgeSpan, Inc.

AgeSpan's efforts reflect and align with the missions of the Administration for Community Living (ACL) and the Executive Office of Aging and Independence (AGE)):

- US Administration for Community Living Mission Statement: Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.
- Executive Office of Aging and Independence Mission Statement: Together we support aging adults to live and thrive, safely and independently— how and where they want.
- AgeSpan Mission Statement: To ensure everyone's choice to lead fulfilling lives as they age.

AGESPAN 2025 COMMUNITY NEEDS ASSESSMENT FINDINGS

For our 2025 needs assessment, we distributed 8500 paper surveys to consumers and other older adults throughout our service area. We also sent an electronic survey to our caregiver consumer population, as well as to our partners and providers. We hosted five focus groups with consumers, caregivers, and partners to explore the following topics: Health and Wellness, Community and Social Support, Economic and Daily Living Support, Housing and Transportation, and Inclusion and Accessibility.

The top needs cited most frequently by older adults include:

- In-Home Support for Independence (64.8%)
- Access to Services (53.8%)
- Affordable Health Care (51.5%)
- Transportation Access (50.7%)
- Access to Health Care (47.5%)
- Staying Active/Wellness Promotion (42.3%)
- Nutrition Support (39.3%)
- Affordable Housing (39.1%)
- Leisure, Recreation, and Socialization (39%)
- Long-Term Services and Supports (38.2%)

Our caregiver respondents cited the following needs:

- Respite Care (71.43%)
- Support Groups (64.29%)
- Financial Assistance (58.57%)
- In-Home Care Services (55.71%)
- Tied: Information and Resources and Training and Education (54.29%)
- Tied: Community Resources and Mental Health Support (47.14%)
- Care Coordination (44.29%)
- Tied: Home Modifications and Legal Assistance (41.43%)

COMPARISON OF IDENTIFIED NEEDS: 2021 vs. 2025

Older Adult Reporting

Consistent Priorities (2021 and 2025):

- In-Home Support/Personal Care remained a top concern, reinforcing the importance of services that help older adults maintain independence at home (e.g., housekeeping, bathing, meal prep).
- Transportation Access continued to be a significant barrier in both years, underscoring the need for affordable and reliable mobility options.
- Nutrition Support/Food Insecurity was a shared concern in both years, though it ranked slightly lower in 2025, possibly reflecting progress or shifting attention to other pressing issues.

New or Elevated Concerns in 2025:

- Affordable Health Care (51.5%) and Access to Health Care (47.5%) emerged as top needs in 2025, indicating a growing concern around medical costs and system navigation.
- Affordable Housing (39.1%) and Long-Term Services and Supports (38.2%) gained attention in 2025, suggesting increasing economic pressures and a need for stability.
- Staying Active/Wellness Promotion and Leisure/Socialization also appeared in 2025, reflecting interest in overall well-being and quality of life.

Caregiver Reporting

Consistent Priorities (2021 and 2025):

- Financial Assistance remained a high-priority need in both 2021 and 2025, reflecting ongoing strain from caregiving-related expenses.
- Support Groups/Emotional Support continued to be vital for caregiver well-being.
- Information and Education remained essential, particularly regarding caregiving techniques and available resources.

Emerging or Elevated Needs in 2025:

- Respite Care (71.43%) was the most frequently cited need in 2025, showing a marked increase in demand for breaks and relief from caregiving duties.
- In-Home Care Services and Care Coordination were identified more explicitly in 2025, pointing to growing needs for structured, ongoing support.

- Home Modifications, Legal Assistance, and Mental Health Support appeared as notable needs in 2025, highlighting broader challenges caregivers face beyond direct care.

Summary of Key Shifts:

- Older adults in 2025 voiced stronger concerns about affordability (health care, housing), system access, and holistic wellness.
- Caregivers in 2025 reported more burnout, emphasizing respite, structured services, and legal/mental health needs.
- While many 2021 concerns remain relevant, the 2025 results reflect greater urgency around systemic access, affordability, and caregiver overload.
- AgeSpan findings mirror those indicated at the statewide level where the top three identified needs were In-Home Support for Maintaining Independence, Transportation Access, and Affordable Health Care.

FOCUS AREAS: The Massachusetts Executive Office of Aging and Independence has identified four "focus areas" to be addressed through the FFY 2026-2029 Area Planning process: 1. Older Americans Act Core Programs; 2. Greatest Economic and Greatest Social Need; 3. Expanding Access to Home- and Community-Based Services; and 4. Caregiving.

FOCUS AREA #1: OLDER AMERICANS ACT CORE PROGRAMS

Core programs at AgeSpan 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.

Title III-B Supportive Services: Supportive services include case management; information and referral; health, including mental health; transportation; long-term care; legal assistance; and Councils on Aging (COAs) and Senior Centers

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

- Emergency shelter and supportive services to homeless older adults through a partnership with an area shelter.
- Legal assistance through a partnership with Northeast Legal Aid to low-income older adults and minority or immigrant older adults on issues such as housing stabilization and tenancy, accessing benefits, and community education on legal issues.
- Outreach, case management, advocacy, and education to very low-income/high risk older adults through local Councils on Aging.

- Outreach, education, and referral to services for older adults in communities of color, older veterans, and older adults who identify as LGBTQIA+ through our own Community Outreach Program.
- Transportation services through local Councils on Aging.
- Outreach to older adults in the deaf community through collaboration with the New England Homes for the Deaf.
- Coordination of Merrimack Valley Veterans' Collaborative to reach underserved, low-income, older veterans.
- Coordination of Senior Social Connection, a program that includes social and educational opportunities for low-income, isolated LGBTQIA+ older adults.
- Coordination of annual Pride and Progress Conference, a virtual, one-day event focused on advancing knowledge and dialogue about the needs of aging LGBTQIA+ adults and their caregivers, aiming to bridge gaps, increase visibility, and promote equity in LGBTQIA+ aging.
- Certified Application Counselors to assist low-income older adults with MassHealth renewals and applications.

Title III-C Nutrition: AgeSpan's Nutrition Program includes many components designed 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:

- Home-delivered meals (including medically tailored and culturally appropriate meal options) with wellness checks.
- Drivers use the Serv-Tracker app which provides access to daily delivery routes and directions to locations on their mobile devices. rivers can also enter real-time consumer data and transmit to Nutrition staff, and message with staff.
- Congregate dining sites and grab-and-go meal options
- Nutrition education, counseling, and health screenings
- Monthly Travelling Chef Program

Other Food Access Initiatives

- **Mobile Market Program**, a partnership with the Greater Boston Food Bank, local Councils on Aging (COA) and other community-based organizations that provides 3000 bags of food/month to older adults in need.
- **Local Harvest,** a collaboration with a local farmer that brings fresh fruits and vegetables at no cost to over 300 older adults at senior housing sites and Councils on Aging in several communities in the Merrimack Valley.

Title III-D Disease Prevention and Health Promotion Services: AgeSpan'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. Our programs include:

- **My Life, My Health: Chronic Disease Self-Management Program**: My Life, My Health is designed for adults and their caregivers who live with the daily challenges of one or more ongoing health conditions. Participants will learn methods for managing health and lifestyle conditions.
- **Tomando Control De Su Salud:** Culturally appropriate Spanish version of the Chronic Disease Self-Management Program.
- **Better Choices, Better Health**: Online version of the Chronic Disease Self-Management Program designed for adults and caregivers who are unable to attend weekly, in-person workshops.
- **Diabetes Self-Management Program**: Adults living with diabetes and their caregivers learn health and lifestyle skills to better manage their medical condition.
- **Living La Vida Dulce:** Culturally appropriate Spanish version of the Diabetes Self-Management Program.
- **Healthy Eating for Successful Living in Older Adults Program:** This program is for older adults looking to improve nutrition and increase physical activity. The program promotes heart and bone health and aids in the prevention and management of chronic health conditions through goal setting and nutrition education.
- **Savvy Caregiver Program**: This program is for caregivers actively caring for a friend or family member living with Alzheimer's Disease or Related Dementia in the community. The goal of this informative and interactive program is to increase caregiver knowledge, skills, self-efficacy, and well-being.
- **Cuidando Con Respeto:** Culturally appropriate Spanish version of the Savvy Caregiver Program.
- **Powerful Tools for Caregivers:** This is an educational program to help family and friends caring for older adults with long-term health conditions. This workshop helps caregivers develop skills to cope with the everyday demands of caregiving and improves confidence for better self-care.
- **Building Better Caregivers**: This workshop includes skills that may lead to stress reduction for caregiver and the care partner, self-care methods to improve caregiver's health, dealing with difficult emotions, managing difficult care partner behaviors, planning for the future, information about resources, and increasing communication skills.

- **Healthy IDEAS (Identifying Depression Empowering Activities for Seniors):** A community program designed to detect and reduce the severity of depressive symptoms in older adults with on-going health conditions and functional limitations. The program ensures adults receive the assistance needed to manage symptoms of depression while living a fuller life.
- **EnhanceWellness:** An individualized program where people receive personalized health action plans that identify a person's health risks and the steps needed to improve health and well-being. The goal is to promote positive behavior change and to minimize health risks while maintaining or increasing functional status in the community.
- **Matter Of Balance**: 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. Although its origin can be traced to the contemporary simplified 24-form Tai Ji Quan routine, TJQMBB represents a significant paradigm shift in the application of Tai Ji Quan, moving the focus from its historical use as a martial art or recreational activity to propagating health by addressing common but potentially debilitating functional impairments/deficits.
- **Chronic Pain Self-Management Program**: Chronic pain and discomfort limit activities adults may enjoy. This workshop teaches adults suffering from chronic pain simple techniques to better manage their pain, improve sleep, increase energy, eat healthier, and develop an exercise regimen

In addition to offering these workshops, HLCE now offers **BetterAge,** a free online tool developed through a collaboration with BetterAge. This tool is designed to assess our consumers' well-being across multiple dimensions, offer personalized recommendations, and help uncover ways to enhance their quality of life. HLCE also offers **Re-Framing Aging trainings** to influence public understanding to create a more just, inclusive, and age-friendly society.

Other Initiatives to Support Older Adults

- **DiStefano Family Care Fund** to assist older adults in emergency situations or with an urgent or otherwise unmet need (with funds raised/donated throughout the year).
- **Basic 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 basic 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- and dementia-friendly initiatives** in the communities we serve, including Lawrence, Lowell, and Salem.
- Continue to strengthen a "No Wrong Door" approach. AgeSpan continues its partnership with Northeast Independent Living Program in the **Aging and Disability Resource Consortium** (ADRC). Through our ADRC work, we assist older adults and people with disabilities seeking services and support, 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 support.

Title VII Elder Rights/Protective Services Programs

AgeSpan provides programs and services to help prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation. Our Title IIIB 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. These include Our Long-Term Care Ombudsman Program and Protective Services.

Long-Term Care Ombudsman Program (LTCOP)

Our LTCOP staff and volunteers cover the largest territory in the state with regard to the number of long-term care facilities - currently 136 facilities and 12,760 individuals. We have a phone intake system, 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 to strengthen collaboration on behalf of the older adults we serve.

Protective Services – Elder Abuse and Neglect

AgeSpan's Protective Services Program provides services to older adults, age 60 or over, who may be at risk of physical or emotional abuse, neglect, or those at-risk due to self-neglect or financial exploitation. Skilled and experienced protective service case workers work with individuals to investigate abuse, neglect and self-neglect issues and develop service plans to educate, empower, and alleviate requested concerns. Reports of any type of alleged abuse are kept confidential. In the past year, AgeSpan's PS program responded to over 5,246 reports of alleged abuse.

The Protective Services team works directly with the Financial Resources group to provide formal assistance to older adults who 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 older people who require a third party to take over all bill payment and social security income management. For older adults who require only assistance with budgeting and check writing, the **Money Management** program provides in-home assistance with writing monthly bills and checks, balancing checkbook, and a sense of security that older adults can maintain their independence. The Money Management program is staffed with volunteers and AgeSpan staff.

In coordination with the Protective Service program, **community workshops** are offered to inform older adults about financial exploitation and current scams. Older adults who work with our Financial Resources Program are assisted with managing their finances to give them a greater perspective and make sound financial decisions. The PS and Money Management teams also offer **trainings to community-based partners** and organizations to raise awareness of elder abuse, provide education on what to look for and how to report possible elder abuse, and promotes efforts to prevent elder abuse in the Merrimack Valley and North Shore.

FOCUS AREA #2: GREATEST ECONOMIC AND GREATEST SOCIAL NEED

AgeSpan has historically focused on providing programs and services to older individuals and family caregivers with the greatest economic and social need. We are headquartered in Lawrence, a former mill town and one of the Commonwealth's 26 Gateway Cities. Our service area includes five additional Gateway Cities: Haverhill, Lowell, Methuen, Peabody, and Salem. Gateway Cities are defined by having a population greater than 35,000 and less than 250,000, a median household income below the state average, and a rate of educational attainment of a bachelor's degree or above that is below the state average. These mid-size urban areas are also home to diverse ethnic and racial groups and have long faced significant economic and social challenges. Our Outreach Team is on the front lines, ensuring we are reaching those older adults and family caregivers with the greatest economic and social need. Our Outreach Team regularly represents AgeSpan at health fairs and other community events to promote the programs and services that benefit those who need them most. We also have developed rich partnerships with

community-based organizations that represent myriad ethnic and racial populations, as well as veterans and the LGBTQIA+ community and collaborate with these partners to reach underrepresented and underserved populations. Outreach and engagement initiatives include:

- **Digital Equity Program:** providing free tablets, technology training (1:1 and small group), and data plans for low-income older adults throughout our service area. Trainings are customized to the individual and can encompass basic instruction, as well as help accessing Facebook or a telehealth appointment.
- **SHINE Program:** free, unbiased help in navigating the complex Medicare insurance program.
- **Senior Medicare Patrol (SMP) Program:** free service to reach, educate and counsel Medicare and Medicaid beneficiaries, family members, and caregivers on preventing, detecting, and reporting healthcare errors, fraud, and abuse.
- **Food initiatives** (Mobile Markets and Local Harvest) to support older individuals stretching tight monthly grocery budgets and combat food insecurity.
- **LGBTQ+ Senior Social Connection:** social and educational forums for older adults who identify as LGBTQ+ interested in a safe and inclusive forum for social engagement.
- **Participation in the MA Coalition to Build Community and End Loneliness**: Created in 2019, the Coalition consists of 240+ members representing nearly 150 organizations, including state- and city-level governments, nonprofits, academic institutions, advocacy groups, thought leaders, and other partners, who collaborate to ensure all residents of the Commonwealth feel connected to their community and enjoy a strong sense of social health. The group works to mobilize local organizations, thought leaders, and other partners to join forces and use our collective resources and ingenuity for maximum impact.
- **Partnership with BetterAge** to offer a free, online tool designed to assess well-being, offer personalized recommendations, and help individuals and organizations enhance the quality of life for older adults.

FOCUS AREA #3: EXPANDING ACCESS TO HOME- AND COMMUNITY-BASED SERVICES (HCBS)

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.

AgeSpan continues to pursue opportunities to strengthen performance regarding quality, value, and person-centered care. We hold **Case Management for Long Term Services & Supports (CM-LTSS) Accreditation** from the National Committee for Quality Assurance for our Home Care Program. 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.

We provide participant-directed and person-centered services to our consumers and their caregivers through a robust range of programs:

- Options Counseling
- Home Care Basic
- Enhanced Community Options Program
- Community Choice Program
- Frail Elder Waiver
- Consumer-Directed Care
- Veterans Independence Plus
- Congregate Housing
- Supportive Housing
- Nutrition Program offering home-delivered, medically tailored, cultural and congregate meals
- Behavioral Health Case Management
- ADRC with Northeast Independent Living
- Managed Care
    - Senior Care Options: five Senior Care Organizations (SCO) who offer the Senior Care Options (SCO) insurance program.
        - United Healthcare
        - Senior Whole Health (SWH)
        - Commonwealth Care Alliance (CCA)
        - Fallon – Navicare
        - Tufts Health Plan
        - Mass General Brigham
    - Personal Care Attendant Program (PCA)
    - One Care Program: AgeSpan partners with three One Care Programs:
        - United Healthcare
        - Commonwealth Care Alliance (CCA)
        - Tufts Health Plan
- Long-Term Care Ombudsman Program
- Community Transition Liaison Program

FOCUS AREA #4: CAREGIVING

Title III-E National Caregiver Support Program: AgeSpan's Family Caregiver Support Program (FCSP) has grown, in terms of our capacity, targeted population, and offered programs. Our staff is professionally trained and has 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
- Grandfamily and kinship family support
- Grandparent Campership Scholarships
- Family Meeting Facilitation
- Alzheimer's/Dementia Education and Support
- Special Events for Caregivers

Future initiatives planned to support caregivers and care recipients include a partnership on the **GUIDE (Guiding an Improved Dementia Experience) mode**l, a comprehensive, coordinated dementia care program aimed at improving the quality of life for individuals with dementia and their caregivers, while enabling people with dementia to remain in their homes and communities. The model includes a comprehensive assessment and development of a personalized care plan, and care navigators to provide care for both patients and caregivers.

With secured funding from Community Care Corp, we are initiating a **new volunteer training program**. We plan to recruit and train former caregivers as volunteers to increase capacity, including Spanish language capacity, on our caregiver team. Former caregivers often tell us they would like to use their caregiving experience to support other caregivers. These volunteers will help to facilitate support groups and assist with special programs for caregivers.

Goals, Objectives, Strategies and Performance Measures

In developing our goals, objectives, strategies, and performance measures to address the needs and challenges identified by our consumers and other older adults, caregivers, and our partners and providers, we drew not only on data from the needs assessment process, but also on several additional sources. Most notably, our approach aligns with the Commonwealth's Age-Friendly State Plan*, ReiMAgine Aging 2030: the Massachusetts Plan*, the 2020 Census, and the *2025 Healthy Aging Data Report* for Massachusetts.

Goal 1: Enhance access to in-home support services that help older adults maintain independence and safely age in place.

Objective:

1. Increase the number of older adults receiving in-home services (e.g., personal care, homemaker, chore assistance) by 5% over the next two years, with a focus on individuals with the greatest economic need and have significant functional impairments.

Strategies:

- Expand partnerships with local in-home care providers to increase service area availability.
- Conduct targeted outreach in underserved areas to identify and enroll eligible individuals.
- Utilize consumer feedback to refine service delivery and prioritize needs.
- Continue education and training with outreach staff regarding assessment for services.

Performance Measures:

- Number of providers who expand their service area coverage annually.
- Number of outreach events held in underserved communities and number of individuals enrolled through those efforts (annually).
- Percentage of consumers surveyed annually, and the proportion of service changes made based on feedback.
- Number of staff trained annually and pre-/post-training assessment scores showing increased knowledge or confidence.

Goal 2: Enhance access to timely services that support older adults aging in the community.

Objective:

1. Decrease the number of days older adults wait for services to begin in the Home Care Program by 10% over the next two years.

Strategies:

- Ensure timely referral processing within the Information & Referral Department.
- Train staff to improve follow up time after conducting an initial assessment.
- Expand partnerships with local in-home care providers to increase service area availability.
- Increase outreach from Service Procurement to providers regarding consumers in hard to fill areas or unique situations to decrease wait time.

Performance Measures:

- Average number of days between initial contact and referral processing completion (tracked quarterly).

- Number of staff completing training annually and average follow-up time post-assessment (tracked quarterly).
- Number of providers who expand their service coverage annually.
- Number of outreach attempts per month and decrease in their percentage of cases waiting over 90 days for services.

Goal 3: Improve access to dependable, affordable, and accessible transportation for older adults and individuals with disabilities in the AgeSpan service area to support independence, reduce isolation, and ensure access to essential services.

Objectives:

1. Increase awareness and utilization of existing transportation services (public, private, and volunteer-based) by 20% by FY2026.
2. Strengthen regional partnerships to coordinate and advocate for age- and disability-friendly transportation systems.

Strategies:

- Map existing transportation resources, including:
    - Merrimack Valley Regional Transit Authority (MVRTA)
    - COA van services and Dial-A-Ride programs
    - Medical transportation vendors and volunteer driver programs
- Develop and widely distribute information on regional transportation resource guides in collaboration with:
    - Councils on Aging in AgeSpan service area
    - Northern Essex Elder Transport
    - Local housing authorities, libraries, and health centers

Performance Measures:

- Number of community engagement events or sessions held (target: at least 6), and number of older adult participants (target: 200+)
- Distribution of 5,000 transportation resource guides (print and digital)
- 20% increase in older adult usage of identified transportation services by FY2026, tracked in collaboration with MVRTA and local providers.

Goal 4: Improve the affordability and accessibility of health care services for AgeSpan consumers and other older adults throughout our service area.

Objectives:

1. Increase access to affordable primary and preventive health care services for older adults.
2. Reduce out-of-pocket health care costs for older adults.
3. Advocate for improved health care access and funding for underserved older adult populations.

Strategies:

- Offer bilingual navigation services to help older adults enroll in Medicare, Medicaid, or other benefit programs.
- Provide counseling on health insurance options and medication assistance programs through SHINE (Serving the Health Insurance Needs of Everyone) or similar services.
- Facilitate prescription drug assistance via programs such as Extra Help or pharmaceutical discount cards.
- Engage in policy advocacy with state and local representatives around older adult health care funding and access.
- Collect and share data and client stories to inform public policy.
- Collaborate with local coalitions and stakeholders to push for systemic improvements.

Performance Measures:

- Number of older adults served by outreach events.
- Percentage increase in enrollment in health coverage programs (Medicare Savings Program, MassHealth).
- Number of individuals receiving SHINE or benefits counseling services.
- Number of advocacy meetings or public testimonies conducted annually.
- Inclusion of older adult health access issues in local/state health improvement plans.
- Policy changes influenced or supported through AAA advocacy efforts.

Goal 5: Provide enhanced nutrition service delivery, combat food insecurity, 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. Reduce food insecurity among homebound and low-income older adults by increasing enrollment in nutrition services.
2. Improve the nutritional quality and personalization of meals to support older adults with chronic medical conditions (including diabetes, hypertension, renal disease) and those with cultural dietary needs.

Strategies:

- Expand outreach through agency's Outreach team and partnerships with community-based partners to reach those not currently engaged with services.
- Implement targeted screening for food insecurity during intake and home visits.
- Increase capacity for home-delivered meals through volunteer recruitment.
- Continue to provide and expand medically tailored meal options.
- Implement a vegetarian meal option.
- Implement individual nutrition assessment and nutrition counseling for all new consumers.
- Offer group and individual nutrition education sessions in English and Spanish.

Performance Measures:

- Number of older adults newly enrolled in Home-delivered and congregate programs.
- Number of outreach events or materials distributed in multiple languages (e.g., Spanish, Khmer)
- Number and types of medically tailored and culturally appropriate meal options.
- Percentage of consumers receiving a nutrition assessment within 30 days of enrollment.
- Number of consumers participating in nutrition education/counseling sessions.

Goal 6: Improve housing stability, affordability, and safety for older adults throughout our service area by addressing barriers related to cost, accessibility, and home maintenance.

Objectives:

1. Increase access to affordable housing options for older adults.
2. Increase access to home modification and accessibility improvements for at least 100 older adults with mobility challenges over the next two years.
3. Assist 150 older adult homeowners or renters annually with minor home repairs and maintenance to prevent displacement or unsafe conditions.

Strategies:

- Partner with local housing authorities, developers, and nonprofits to prioritize older adults in affordable housing projects.
- Advocate for inclusion of older adults in city housing plans and funding opportunities.
- Provide housing navigation support to help older adults apply for and access subsidized housing.
- Collaborate with organizations offering home modification services (e.g., ramps, grab bars, stair lifts).
- Secure funding through grants, local donors, or state programs to subsidize home modification costs.
- Promote awareness of available home accessibility programs through outreach and case management.

Performance Measures:

- Number of new or existing affordable housing units made available to older adults annually.
- Number of older adults successfully assisted in applying for or moving into subsidized housing.
- Number of homes modified for accessibility annually.
- Percentage of home modification recipients reporting increased ability to safely remain at home (via post-service survey).
- Amount of funding secured for accessibility improvements.
- Number of older adults receiving home repair assistance annually.

Goal 7: Enhance mental and behavioral health support for older adults in our service area by building staff capacity to identify and respond to high-risk consumers.

Objectives:

1. Ensure relevant staff receive suicide prevention training.
2. Increase staff knowledge, skills, and confidence to identify warning signs and administer interventions.
3. Embed suicide prevention into organizational policies and procedures.
4. Promote on-going learning and support for staff to maintain competency and workforce well-being.

Strategies:

1. Implement mandatory evidence-based suicide prevention training to managers and frontline staff.
2. Use supervision to review real-life case scenarios and debrief after crisis intervention.
3. Update organizational procedures to include suicide risk protocols such as screening, documentation, and referral.
4. Offer refresher training once a year.
5. Establish peer support network and mental health resources for staff.

Performance Measures:

1. 100% of front-line workers will be trained annually.
2. 80% of training participants will demonstrate an increase in knowledge and confidence.
3. Within the first year, 75% of staff will report an improved ability to support at-risk individuals.

Goal 8: Reduce social isolation and loneliness among community-dwelling older adults, with a particular focus on those who are homebound.

Objectives:

1. Launch one intergenerational social engagement program by the end of 2025.
2. Bridge the digital divide by increasing access to online resources, services, and engagement opportunities for older adults with limited digital literacy
3. Increase awareness of volunteer opportunities for older adults and family caregivers, particularly those opportunities connecting volunteers to isolated older adults.

Strategies:

- Partner with local housing sites and local Children's Services organization in Andover to design and implement intergenerational programming.
- Provide ongoing and enhanced digital literacy training and access to technology for older adults.
- Develop communication strategies centered around the value of social connection for volunteers and isolated individuals.

Performance Measure:

- 10% decrease in feelings of isolation or loneliness among program participants and volunteers.
- Increased confidence in using technology to connect safely and securely with family, friends, neighbors, providers, and others.

Goal 9: Enhance the quality of life and well-being of caregivers by increasing access to support services, resources, and education tailored to their diverse needs.

Objectives:

1. Strengthen emotional and peer support for caregivers through support groups and mental health services.
2. Improve access to financial assistance and planning resources.
3. Expand availability and awareness of in-home care services.
4. Provide accessible, high-quality information, training, and resources to caregivers.
5. Expand volunteer engagement within AgeSpan by integrating volunteer roles into the Family Caregiver Support Program to enhance support for caregivers.

Strategies:

- Facilitate regular caregiver support groups (in-person and virtual).
- Integrate mental health check-ins during caregiver assessments.
- Partner with behavioral health professionals to provide counseling sessions.
- Provide financial literacy workshops tailored to caregivers.
- Connect caregivers with benefit programs (e.g., Medicaid waivers, tax credits).
- Coordinate referrals to in-home care providers and maintain an updated directory of vetted home care agencies.
- Advocate for funding to support low- or no-cost in-home care services.
- Offer educational workshops/webinars on caregiving skills, self-care, etc.

- Create a centralized online caregiver resource page.
- Distribute printed and digital caregiver guides in multiple languages.
- Develop new volunteer roles that provide respite, emotional support, or resource navigation for family caregivers.
- Conduct listening sessions or surveys with current and former family caregivers to identify specific support needs and preferred volunteer services.
- Provide specialized training for volunteers to ensure they are equipped to collaborate with caregivers effectively and sensitively.

Performance Measures:

- Number of support groups held and average attendance per session.
- Number of caregivers accessing mental health services.
- Number of caregivers reporting reduction in stress or emotional burden.
- Number of caregivers attending financial workshops.
- Number of caregivers referred to financial assistance programs.
- Self-reported improvement in financial knowledge and stability.
- Number of caregivers connected with in-home care services.
- Number of caregivers attending trainings or webinars.
- Website traffic and downloads from the resource page.

DATA SOURCES

- **ReiMAgine Aging 2030: The Massachusetts Plan | Mass.gov**

- **2020 Census**
  https://www.census.gov/programs-surveys/decennial-census/decade/2020/2020-census-main.html

- **Massachusetts Healthy Aging Data Report**, through the Massachusetts Healthy Aging Collaborative, funded by the Point32Health Foundation with research conducted by the Gerontology Institute in the Manning College of Nursing and Health Sciences at the University of Massachusetts Boston.
  https://mahealthyagingcollaborative.org/data-report/explore-the-profiles

- **AgeSpan FFY2025 A&D Data on Native American Consumer Population**

- **AgeSpan Surveys**
  - Congregate Customer Satisfaction, Food Quality
  - Home-Delivered Meals Customer Satisfaction, Driver Satisfaction, Food Quality
  - Home Care Consumer Satisfaction Surveys for Interdisciplinary Care Management and ASAP Customer Service
  - Home Care Consumer Satisfaction Survey for Services and Providers
  - AgeSpan Designation Review Results
  - Family Caregiver Support Program Consumer Satisfaction Survey
  - SHINE Consumer Survey
  - PCA Customer Satisfaction Survey

REQUIRED ATTACHMENTS:

a. Attachment A: AgeSpan Assurances and Affirmation, 2026

b. Attachment B: AgeSpan Information Requirements, 2026-2029

c. Attachment C: AgeSpan Planning and Service Area Map

d. Attachment D: AgeSpan 2025 Needs Assessment Project and Public Input

e. Attachment E: AgeSpan Organizational Chart

f. Attachment F: AgeSpan Administrative and Financial Information

i. AgeSpan Corporate Board of Directors – Form 1

ii. AgeSpan Advisory Council Members – Form 2

iii. AgeSpan Designated Focal Points – Form 3

iv. AgeSpan Title III-B Funded Services – Form 4a

v. AAA Title III-C1/2, D, E and OMB Funded Services – Form 4b

vi. AAA Title III-E Family Caregiver Breakout – Form 5

vii. AAA FFY2026 Projected Budget Plan

ADDITIONAL ATTACHMENTS

1. 2024 Annual Report
2. Agency At-A-Glance
3. Comprehensive Service and Screening Model
4. Congregate Housing
5. Continuity of Operations Plan (COOP)
6. Digital Access Program
    a. Ring Program Info
7. DiStefano Family Care Fund
8. EnhanceWellness
9. Family Caregiver Support Program
    a. Bowling Event
    b. Dementia Friendly Event with Ironstone Farm
    c. Fair Housing Presentation with Community Teamwork
    d. Habilitation Therapy
    e. It Takes a Herd Series
    f. Latino Caregiver Event
    g. Mind-Body Skills Group
    h. Support Group Schedule
    i. River Boat Event
10. Frail Elder Waiver
11. Healthy Living Center of Excellence
    a. Better Age
    b. Healthy IDEAS
    c. Rethinking Aging & Agism
12. Home Care Program
    a. Community Choice Program
    b. Consumer Directed Care Program
    c. Enhanced Community Options Program
    d. Personal Care Attendant Program
13. LGBTQ+ Senior Social Connection
14. Local Harvest Program
    a. Local Harvest Example Schedule- AHEPA Housing
15. Long Term Care Ombudsman Program
16. Merrimack Valley Veterans Collaborative Meeting Flyers
    a. August 2024

    b. June 2025
17. Mobile Market Program
    a. Mobile Market Schedule
18. Nutrition Program
19. One Care Plan
20. Options Counseling
21. Pride and Progress Conference: Shaping the Future of LGBTQIA+ Aging
22. Power of Pets Program
23. Protective Services Program
    a. Financial Resources Program
24. Senior Care Options Program
25. Senior Medicare Patrol Program At-A-Glance
    a. 11th Statewide Conference: Primary Care at a Crossroads
    b. Diversity Speaker Series: LGBTQ+ Training
26. SHINE Program
27. Supportive Housing
28. Volunteer Programs
29. Needs Assessment: Caregiver Survey
30. Needs Assessment: Older Adult Survey

Attachment A: Area Agency on Aging Assurances and Affirmation

For the Federal Fiscal Year 2026, October 1, 2025, to September 30, 2026, the named Area Agency on Aging hereby commits to performing the following assurances and activities as stipulated in the Older Americans of 1965, as amended in 2020:

OAA Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

(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 sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that

meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

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

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

(H) in coordination with the State agency and with the State agency responsible for 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 areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 2026 and affirm their Area Agency on Aging's adherence to them.

Area Agency on Aging:

5-21-25	*Michael Peter Rurak*
Date	Signature - Chairperson of Board of Directors
6/27/2025	*Laurie Fullerton*
Date	Signature - Chairperson of Area Advisory Council
5/21/2025	Joan Hatem-Ray
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 (2026-2029) in support of each Older Americans Act (OAA), as amended 2020, citation as presented below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

1. OAA Section 306 (a)(4)(A)(i)(I)
Describe the activities and methods that demonstrate 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;

AgeSpan Response:

AgeSpan is committed to ensuring that services are equitably provided to older individuals most in need, consistent with state and federal priorities. To achieve this, AgeSpan employs a range of planning, outreach, and evaluation methods designed to identify and address the needs of the most vulnerable populations. These include individuals with the greatest economic and social need, those at risk of institutional placement, low-income minority older adults, individuals with limited English proficiency, veterans, and older individuals who identify as LGBTQ+.

(aa) Setting Specific Objectives Consistent with State Policy
To align with state policy and effectively serve older individuals with the greatest economic and social need, as well as those at risk of institutional placement, AgeSpan engages in the following activities:

- **Targeted Outreach**: Develop and implement outreach strategies in underserved areas to increase awareness of available services, such as home-delivered meals and in-home support.
- **Service Prioritization**: Use eligibility and intake tools that prioritize services for individuals with limited income, poor health status, limited support networks, and functional impairments that may lead to institutionalization.
- **Strategic Partnerships**: Partner with housing authorities, health care providers, behavioral health organizations, and long-term care ombudsmen to reach individuals at risk of institutionalization and provide coordinated services that support aging in place.

- **Performance Goals**: Set measurable objectives within the Area Plan and evaluate outcomes through annual performance reviews and consumer satisfaction surveys.

(bb) Objectives for Specific Populations
AgeSpan recognizes the need for focused efforts to reach underserved subpopulations. Specific objectives include:

- **Low-Income Minority Older Individuals**:
  - Increase culturally appropriate service offerings by partnering with community-based organizations serving minority populations.
  - Expand outreach using trusted community leaders and faith-based networks.
  - Set targets to ensure new service recipients are from minority groups living below the poverty line.
- **Older Individuals with Limited English Proficiency (LEP)**:
  - Develop multilingual materials and hire bilingual staff or interpreters to facilitate access to services.
  - Host community forums in primary languages spoken by LEP populations to understand their unique needs.
  - Ensure all critical service communications are available in the top five non-English languages spoken in our service area.
- **Older Individuals in Rural Areas**: N/A

2. OAA Section 306 (a)(4)(A)(ii)
Describe the activities and methods that demonstrate 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 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 [as germane] within the planning and service area;

AgeSpan response:

Activities and Methods to Meet Assurances Regarding Equitable Service Provision

AgeSpan is committed to ensuring equitable access to services for all older adults in our service area, with a focus on reaching low-income minority individuals, older adults with limited English proficiency (LEP), and those living in underserved or hard-to-reach areas. To fulfill the assurances outlined under the Older Americans Act, AgeSpan implements the following activities and methods:

(I.) Provider Agreements and Service Planning

In alignment with AGE policy, AgeSpan requires that all Home Care providers complete the Administrative Overview, a standardized document reviewed at the start of each provider contract and resubmitted every three years as part of the Request for Proposals (RFP) process.

Each provider agreement includes a formal requirement to:

- Describe the provider's capacity to serve older adults from diverse ethnic, linguistic, and socio-economic backgrounds, including individuals with disabilities.
- Indicate the provider's in-house ability to communicate with consumers in languages other than English, or the process for accessing interpretation services when needed.

AgeSpan also promotes awareness of the Personal and Home Care Aide State Training (PHCAST) initiative, an AGE-sponsored workforce development program. PHCAST offers culturally and linguistically accessible training for individuals who speak English, Spanish, Haitian Creole, Brazilian Portuguese, Simplified and Traditional Chinese (Mandarin and Cantonese), and Russian. Graduates receive certificates and are listed on a job board accessible to AgeSpan's contracted providers, expanding their capacity to meet the linguistic and cultural needs of consumers.

(II.) Targeted Service Provision

To the maximum extent feasible, contracted providers are expected to:

- Prioritize outreach and service delivery to target populations by engaging in culturally relevant communication, partnering with trusted community-based organizations, and employing bilingual and bicultural staff.
- Integrate cultural competency training into staff orientation and ongoing professional development.
- Offer translation and interpretation services and ensure that consumer materials are written in plain language and translated into languages commonly spoken in the region.

(III.) Meeting Specific Objectives Set by AgeSpan

Each provider is expected to make progress toward reaching underserved populations. Objectives include:

- Setting annual goals for outreach and enrollment of low-income minority and LEP older adults.
- Expanding geographic service coverage to include not only urban hubs like Lawrence, but also less densely populated or transportation-limited communities in our service area.
- Tracking performance measures such as client demographics, use of language access services, and consumer satisfaction data.

Providers are also asked to review the following documents as part of the RFP response process:

AGE Documents:

- PI-97-55 Privacy and Confidentiality
- PI-03-17 Elder Rights Review Committee
- PI-07-03 Requirements of Prevention, Reporting, and Investigation of Abuse by Homemakers and Home Health Aides (For Homemaker and Home Health Agencies only)
- PI-09-19 Revised CORI Regulations
- PI-11-06 Risk Management
- PI-11-07 Prohibition on Non-Compete Agreements
- Provider Network Quality Assurance Manual
- Provider Agreement
- Attachment A Service Descriptions (for applicable services)
- Homemaker Standards (For Homemaker Agencies)
- Personal Care Guidelines (For Homemaker Agencies) •
- Executive Order 504 Provider Certification and Data Security Addendum

Commonwealth of Massachusetts Documents:

- 105 CMR 155.00 (For Homemaker and Home Health Agencies)
- 201 CMR 17.00
- 808 CMR 1.00
- Commonwealth Terms and Conditions for Human and Social Service Providers
- Executive Order 526 Regarding Non-Discrimination, Diversity, Equal Opportunity, and Affirmative Action
- MassHealth All Provider Bulletin 196

This comprehensive approach ensures that AgeSpan and its provider network not only recognize the needs of underserved populations but actively work to meet those needs through inclusive, culturally responsive, and accountable service delivery practices.

3. OAA Section 306 (a)(4)(B)
Describe how the AAA 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 organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

AgeSpan Response:

Outreach Efforts to Identify and Serve Eligible Older Adults
AgeSpan is committed to equitable service delivery and ensuring that older adults with the greatest economic and social needs are identified and connected with available programs. We conduct targeted, culturally competent outreach to engage underserved populations, including those listed in the Older Americans Act. Our outreach efforts include partnerships, multilingual materials, direct engagement, and community presence throughout our service area.

(i) Identification of Eligible Individuals with Emphasis on:

(I) Older Individuals Residing in Rural Areas: N/A

(II) Older Individuals with Greatest Economic Need
(with attention to low-income minority individuals)

- Community-based outreach through local councils on aging and community-based service providers.
- Collaboration with libraries, health clinics, and faith-based organizations in more isolated or transportation-limited areas to distribute information and hold local events.

- Use of census and community data to identify zip codes and neighborhoods with high poverty rates among older adults.
- Coordination with housing authorities, food pantries, and fuel assistance programs to connect with individuals who are economically at risk.
- Development of bilingual outreach materials that address concerns about eligibility, program trust, etc.

(III) Older Individuals with Greatest Social Need
(with attention to low-income minority individuals)

- Engagement with social service agencies, community partners, and cultural centers that serve older adults who may be isolated or without family and friends supports.
- Reports from AgeSpan volunteers (Meals on Wheels, Money Management, SHINE, etc.), Outreach staff and community health workers from diverse backgrounds to identify socially isolated individuals.
- Use of social media, radio, and local cable access programs to raise awareness of available services in languages spoken by target groups, including Spanish, Khmer, and Portuguese.

(IV) Older Individuals with Severe Disabilities

- Coordination with Northeast Independent Living, our partner in the Aging and Disability Resource Center, and disability services providers to reach older adults with physical, cognitive, or sensory disabilities.
- Integration of accessibility standards in all outreach materials and events (e.g., large print, ASL interpreters, ADA-compliant venues).

(V) Older Individuals with Limited English Proficiency (LEP)

- Bilingual and bicultural staff are central to our outreach efforts—particularly in Spanish, which is widely spoken in many of the communities we serve.
- Materials are translated into Spanish and other relevant languages based on the demographic profile of our service area.
- Regular presentations at multicultural community events.

(VI) Older Individuals with Alzheimer's Disease and Related Disorders
(and their caregivers)

- AgeSpan's Family Caregiver Support Program provides a range of services, programs and support for both caregivers and care recipients, including counseling, education and training opportunities, caregiver support groups, Memory Cafes, and respite programs.
- Education programs on dementia awareness delivered in culturally and linguistically appropriate formats.

- Partnerships with assisted living centers, community health centers and hospitals and the Alzheimer's Association to identify individuals recently diagnosed.
- Partnership with Tufts on The GUIDE (Guiding an Improved Dementia Experience) Model, part of a national, eight-year initiative launched by the Centers for Medicare & Medicaid Services (CMS) to enhance dementia care by providing comprehensive, coordinated support to individuals living with dementia and their caregivers.

(VII) Older Individuals at Risk for Institutional Placement, including Holocaust Survivors

- Use of risk screening tools during intake and outreach to identify individuals at risk of institutionalization due to frailty, caregiver absence, or unsafe housing.
- AgeSpan's Behavioral Health team collaborates as needed with organizations like Jewish Family Services and elder trauma specialists to reach Holocaust survivors and other older adults with trauma histories.
- Promotion of home- and community-based services that support aging in place, such as homemaker services, personal care, nutrition programs, and care coordination.

Cross-Cutting Strategies Include:

- Data-informed outreach: Regular use of demographic, service utilization, and community health data to guide and refine outreach priorities.
- Community partnerships: Leveraging relationships with trusted community-based organizations to build awareness and reduce barriers to access.
- Cultural humility and responsiveness: Ensuring that all outreach staff are trained in cultural competence, trauma-informed care, and respectful engagement practices.

Through these coordinated outreach strategies, AgeSpan ensures that those with the greatest need are not only identified but meaningfully engaged and supported in accessing the services and supports available through our programs.

4. 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;

AgeSpan Response:

AgeSpan has established a comprehensive and community-centered approach to ensure that the views of older adults are reflected in the development and administration of our Area Plan and that the agency serves as a strong advocate and focal point for older individuals in the communities we serve.

(A) Incorporating the Views of Service Recipients in Policy Development and Administration:

To ensure that the voices of older adults are central to our planning process, AgeSpan engages in multiple strategies, including:

- **Public Hearings and Listening Sessions:** We host community listening sessions to gather direct input from older adults, caregivers, and service providers regarding their needs, preferences, and concerns.
- **Needs Assessments and Surveys:** Periodic needs assessments and targeted surveys are conducted to capture the experiences and priorities of those receiving services under the Area Plan. These data help inform policy decisions and program development.
- **Advisory Councils and Focus Groups:** We convene an Advisory Council composed of older adults, caregivers, and representatives from diverse community organizations. This Council meets regularly to provide guidance on policies, priorities, and emerging issues affecting older adults.
- **Stakeholder Engagement:** We maintain close working relationships with local Councils on Aging, senior centers, healthcare providers, housing authorities, and other community-based organizations to ensure that our planning reflects the lived experiences of service recipients.

(B) Serving as the Advocate and Focal Point for Older Adults:

AgeSpan takes seriously its role as an advocate for older individuals and acts as a central resource for aging-related issues by:

- **Monitoring and Commenting on Policy and Programs:** We monitor local, state, and federal legislation, regulations, hearings, and community initiatives that impact older adults. When appropriate, we collaborate with Mass Aging Access to provide formal comments or testimony to advocate for the interests of older adults.
- **Community Collaboration:** We collaborate with public and private organizations, including housing authorities, transportation providers,

healthcare systems, and social service agencies, to identify and address policy gaps and systemic challenges affecting older adults.

- **Public Education and Outreach:** We engage in public awareness campaigns to highlight issues such as elder abuse prevention, for example, to ensure older individuals remain visible and valued members of the community.
- **Policy Leadership:** Our staff participate in regional and statewide policy forums, task forces, and advisory committees to bring the perspectives of older adults in our service area to broader policy discussions and planning efforts.

Together, these mechanisms help ensure that AgeSpan remains responsive, inclusive, and a trusted advocate for the diverse and growing population of older adults in our region.

5. OAA Section 306 (a)(6)(I)
Describe the mechanism(s) for assuring that the Area Plan will include information detailing how the AAA will:
(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;

AgeSpan Response:

AgeSpan recognizes that technology is evolving rapidly, bringing with it a range of tools—websites, apps, sensors, and digital platforms—that help caregivers, older adults, and individuals with disabilities stay organized, connected, independent, and better able to access essential services. We share AGE's vision that *"every person has the tools, resources, and support they need to fully embrace the aging experience*."

We support the use of assistive technology (AT) to strengthen infrastructure and expand programs that promote well-being and help older adults maintain or enhance their independence. AGE defines AT as *"any device that enhances or expands a person's ability to live more independently,"* including adaptive computer equipment, walkers, hearing aids, memory aids, print magnifiers, wheelchairs, vehicle modifications, and certain home modifications. We actively coordinate with AGE to disseminate information about the Commonwealth's assistive technology entity and promote access to assistive technology for older adults in our service area.

AgeSpan Initiatives

- Partnering with the Massachusetts Broadband Institute, the Massachusetts Healthy Aging Collaborative, and eight community-based organizations throughout

the Commonwealth to provide free devices, promote digital literacy and improve internet access for older adults and adults with disabilities.

- Providing 1:1 and small group technology training to older adults in senior housing complexes and at Local Councils on Aging.
- Through a USAging-Amazon collaboration, AgeSpan has a program through which we offer two devices to help older adults live safely and independently: the Ring Battery Doorbell Plus and the Ring Stick up Cam. Both devices are provided free of charge and come with a free lifetime subscription for the recipient. AgeSpan staff also assist with device installation when needed. The Ring Battery Doorbell enhances home security by providing real-time video and motion alerts at the owner's front door. It features a built-in camera, motion sensors, and two-way audio, allowing users to see, hear, and speak to visitors through the Ring app, even when away from home. The Ring Stick up Cam is a versatile security camera that can be used both indoors and outdoors. It offers features like 1080p HD videos, color night vision, two-way talk, and motivation-activated notifications.

6. OAA Section 306 (a)(7)
Describe how the AAA will address the following assurances:
(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;

AgeSpan Response:

AgeSpan is committed to facilitating the development and implementation of a comprehensive, coordinated system of long-term care in home and community-based settings, in alignment with the requirements of the Older Americans Act. We recognize the vital importance of a responsive, person-centered approach that meets the diverse needs

and preferences of older adults and their family caregivers across our service region, the 28 cities and towns of the Merrimack Valley and North Shore.

(A) Collaboration and Coordination

AgeSpan actively collaborates with a wide range of community-based partners and providers, including:

- Councils on Aging and senior centers, housing authorities, community health centers, and other community-based partners.
- Home care providers, hospitals, and long-term care facilities.
- Behavioral health agencies, disability services, and transportation providers.
- Statewide partners like the Executive Office of Aging and Independence, Veterans' Affairs, the Department of Transitional Assistance, MassHealth, and the Massachusetts Rehabilitation Commission.

Through these collaborations, we coordinate long-term care services, streamline referrals, and ensure that older adults and caregivers can access a continuum of care across home and community-based settings.

(B) Analysis and System Recommendations

AgeSpan regularly conducts needs assessments and surveys, stakeholder engagement sessions, and data analysis to:

- Identify gaps in services, barriers to access, and changing demographic trends.
- Recommend system modifications that improve service delivery, accessibility, and cultural responsiveness.
- Enhance support for caregivers through training, respite services, and navigation assistance.

We specifically focus on:

- (i) Listening to older adults and caregivers through surveys, focus groups, and our Advisory Council.
- (ii) Supporting providers with training and funding to expand services in home and community settings.
- (iii) Targeting at-risk individuals, including those with low income, language barriers, disabilities, or limited informal supports, to help prevent unnecessary institutionalization.
-

(C) Implementation of Evidence-Based Programs

Through our Health Living Center of Excellence, AgeSpan implements and supports a number of evidence-based health and wellness programs. These programs help older adults and caregivers:

- Prevent falls and manage chronic conditions (e.g., *A Matter of Balance*, *Chronic Disease Self-Management Program, the Diabetes Self-Management Program*)
- Improve nutrition and physical activity (e.g., *Healthy Eating for Successful Living in Older Adults, EnhanceWellness)*

- Access mental health support and caregiver skills training (*Better Age, Healthy IDEAS, Savvy Caregiver, Building Better Caregivers*)

In partnership with local organizations and funding through Title III and other sources, AgeSpan delivers these programs across multiple settings—including senior centers, public housing, and virtually—ensuring accessibility for diverse populations.

Through these coordinated efforts, AgeSpan ensures that our long-term care system remains responsive, equitable, and aligned with the goal of supporting older adults to age in place safely and with dignity.

7. OAA Section 306 (a)(10)
Provide the policy statement and 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;

AgeSpan Response:

AgeSpan is committed to ensuring that all older adults receiving services under the Older Americans Act (OAA) have access to a fair, prompt, and impartial process to address complaints or concerns regarding service denial, dissatisfaction, or quality of care. In accordance with OAA Title III requirements, AgeSpan maintains a formal grievance procedure that allows consumers to express concerns and seek resolution without fear of retaliation or loss of services. The policy includes:

- Detailing all complaints in the Journal Notes of the consumer record in A&D within one business day of being notified.
- Directing all complaints to the Manager of Contracts and Provider Relations through an A&D Activities and Referral. Employee required to enter specific criteria regarding the complaint type.
- Manager of Contracts and Provider Relations has two business days to acknowledge receipt of the complaint and, if required, follow up with the employee. The Manager of Contracts and Provider Relations contacts applicable service provider regarding the complaint, who has two business days to respond.
- Service provider is required to investigate the alleged complaint and report their findings back to the Manager of Contracts and Provider Relations within seven (7) business days.
- Manager of Contracts and Provider Relations, together with the service provider, is responsible for resolving the complaint within fourteen (14) business days.
- Once resolved, the Manager of Contracts and Provider Relations communicates the results of the investigation and resolution to the employee, who informs the consumer of the outcome as appropriate.

- If the complaint meets DPH reportable criteria, such as misappropriation, the service provider is required to complete the Department of Public Health Home Health, Homemaker, and Hospice form, file it with DPH and email a copy to the AgeSpan Manager of Contracts and Provider Relations. The service provider then communicates the complaint resolution and plan for addressing the DPH reportable incident to the AgeSpan Manager of Contracts and Provider Relations, who reviews and discusses internally.
- Manager of Contracts and Provider Relations informs the appropriate Director of the DPH Complaint.
- If the DPH reportable complaint meets the AGE Reportable Incident criteria (outlined in the AGE – Critical Incidents guidelines), the applicable Director is responsible for filing a report with AGE, as outlined within the AgeSpan Critical Incident Policy.
- If a service provider receives five (5) or more complaints in a month's time, the Manager of Contracts and Provider Relations contacts the service provider and requests a meeting to address these concerns. Corrective action plans will be implemented as deemed necessary.
- If at any time the employee is unclear as to whether they should file a complaint, they should consult with their direct supervisor or the Manager of Contracts and Provider Relations. Employees are encouraged to enter all complaints associated with an AgeSpan Homecare Provider into A&D utilizing Activities and Referrals. The Manager of Contracts and Provider Relations is responsible for conveying such information to the service provider.

References: Department of Public Health Home Health, Homemaker, and Hospice Fax Reporting of Abuse, Neglect or Misappropriation; AgeSpan Critical Incident Policy; AGE Critical Incident Form; AGE Critical Incident Instructions Form.

8. OAA Section 306 (a)(11)
Describe the procedures for assuring 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;

AgeSpan Response:

AgeSpan is committed to serving all older adults in our planning and service area with equity and inclusivity, including older individuals who identify as Native Americans. While the number of older Native Americans in our service region is currently not considered significant based on available demographic data, we recognize that any population—regardless of size—deserves meaningful access to services and supports.

(A) Outreach and Access for Older Native Americans

AgeSpan affirms that we will:

- Conduct targeted outreach to raise awareness about programs and benefits available under the Older Americans Act (OAA) and ensure we are reaching all populations, including older adults who identify as Native American.
- Partner with local organizations, cultural centers, and tribal representatives where applicable to build trust and increase engagement.
- Ensure that outreach materials and services are culturally appropriate and accessible.

(B) Coordination with Title VI Services

AgeSpan is committed to coordinating with Title VI programs. We are prepared to:

- Collaborate with any Title VI grantees that serve Native American populations in or near our region.
- Align service delivery models to reduce duplication and enhance the reach of supportive services.
- Participate in shared planning efforts to better serve older Native Americans.

(C) Equitable Access to Services

AgeSpan assures that older adults who identify as Native American have full and equal access to all services available under our Area Plan, including but not limited to:

- Home and community-based services
- Nutrition programs
- Caregiver support
- Health and wellness education
- Information and referral services

All services are delivered without discrimination and are designed to be inclusive of all racial, ethnic, and cultural backgrounds. Should we identify barriers to participation for Native American older adults, we will take proactive steps to address and remove those barriers.

This commitment reflects AgeSpan's broader mission to ensure equitable aging services for all older adults and caregivers in the Merrimack Valley and North Shore regions.

9. 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;

AgeSpan Response:

AgeSpan has developed an Emergency Preparedness policy that offers detailed procedures for staff to follow to ensure the continuance of essential agency functions in circumstances that lead to serious staff reduction, reduce direct care workforce capacity, leave consumers at risk, pose cyber/security threats, disrupt communications and/or business operations (e.g. extreme weather, public health emergencies, circumstances that impact business operations and other disasters). The policy also identifies current local and national emergency preparedness resources (e.g. FEMA, MEMA, & municipal emergency preparedness planners in our PSA).

AgeSpan has also developed two agency documents relating to emergency preparedness that relate to this policy statement:

- AgeSpan Emergency Action Plan (EAP)
- Continuity of Operations Plan (COOP)

These documents (attached to this document) provide guidance on disaster/emergency preparation, agency leadership succession and specific responsibilities of staff in the event of an emergency. AgeSpan agency protocols are reviewed regularly to ensure that staff contact is maintained with our highest risk consumers and the plans are reviewed annually during a staff training overseen by the Chief Operations Officer. The EAP will include alternative communication strategies in the event that AgeSpan's office building cannot not be occupied.

Additionally, AgeSpan participates in a Memorandum of Agreement – "Statement of Mutual Aid and Assistance"- which cements the collaborative arrangements between our ADRC with the Northeast Independent Living Program which specifies inter-agency cooperation for sharing space, technology and other resources in the event that one of the parties must evacuate their building premises following an emergency or disaster. This document is updated annually.

All Massachusetts Area Agencies on Aging, including AgeSpan, annually receive a letter from AGE instructing AgeSpan staff on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers.

Finally, as part of the Title III Program Monitoring process, entities receiving OAA funding must delineate their organization's emergency preparedness plan and staff training efforts for fire, flood and other emergencies.

In response to the FFY2024 Older Americans Act Final Rule, by October 1, 2025, AgeSpan will strengthen its emergency planning documents and tools to comply with § 1321.97 and § 1321.103 of the 2024 OAA Final Rule, including:

- AgeSpan's Continuity of Operations Plan will be expanded to outline the agency's All Hazards Emergency Response Plan (including fire, flood, snow, hurricane, and cyber incidents).
- The COOP will identify critical functions (operations and services), key staff for those functions, and 2 levels of succession for key staff (Successor 1, Successor 2) in the event of any emergency. Additionally, the plan will address a training plan so that all Successor staff will be trained on their assigned critical functions.
- AgeSpan's emergency planning documents (COOP, EAP, risk assessment, building evacuation procedures) will each contain provisions that the plans will be updated and exercised annually, giving staff an opportunity to practice the plan and ensuring that building evacuation procedures are up to date. These building evacuation procedures will:
    - Be placed in a prominent location
    - Contain emergency numbers/contacts
    - Outline emergency evacuation procedures including:
        - Rally point
        - Evacuation routes
        - Provisions for evacuation procedures for people with disabilities
        - Provisions to ensure that all staff have left the building/are accounted for

- AgeSpan's COOP & EAP will be based on a completed risk assessment and updated annually.

- Finally, AgeSpan will review and as warranted, strengthen its long-range emergency and disaster preparedness protocols by the October 1, 2025 Final Rule deadline, reviewing and updating our commitment to coordinated emergency response with AGE, other AAAs, MEMA, our PSA Councils on Aging, service providers, Title VI programs (if applicable), etc.

10. 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.

AgeSpan Response:

AgeSpan affirms its commitment to the Massachusetts State Plan on Aging assurances by ensuring that legal assistance provided through our agency and partners prioritizes the most critical areas impacting older adults' independence, safety, and well-being.

In accordance with the Older Americans Act and state guidance, AgeSpan ensures that legal assistance resources are strategically directed toward issues that have the greatest impact on vulnerable older adults. Priority is given to legal matters involving:

- Income security, including assistance with public benefits such as Social Security, SSI, and veterans' benefits.
- Health care access and coverage, including Medicare and MassHealth.
- Long-term care rights, including advocacy for quality care and resident rights in both home and facility-based settings.
- Nutrition and food security, especially access to programs like SNAP and Meals on Wheels.
- Housing, including eviction prevention and landlord-tenant disputes
- Protective services, including intervention and legal action related to elder abuse, neglect, and exploitation.
- Defense against unnecessary or inappropriate guardianship, preserving the autonomy of older adults whenever possible.
- Abuse and neglect, with legal advocacy and protective referrals.
- Age discrimination, particularly in employment, housing, or access to services.

To meet these needs, AgeSpan works in close partnership with legal services providers such as Northeast Legal Aid and others who specialize in elder law. We ensure that older adults, especially those with the greatest economic and social need, including those isolated or at risk for institutionalization, are connected to legal supports that uphold their rights and promote their independence.

Attachments:

AgeSpan Continuity of Operations Plan (COOP)
AgeSpan Emergency Action Plan

AgeSpan Continuity of Operations Plan (COOP)

Continuity of Operations Plan
(COOP)

for

AgeSpan

FOREWORD

A Continuity of Operations Plan (COOP) identifies mission-critical organizational functions that must continue when normal operations are, or may be disrupted, and provides a framework for the continued operation of these mission essential functions under all threats and conditions.

AgeSpan's Continuity of Operations Plan was prepared following relevant COOP guidance, requirements, and best practices, including:

- The Federal Emergency Management Agency (FEMA) Continuity Guidance Circular (CGC) dated February 2018 and published in March 2018, which provides guidance for non-federal agencies conducting continuity planning

- The FEMA Continuity Assistance Tool (CAT) dated September 2013, which provides guidance for continuity planning

- Federal Continuity Directives (FCDs) 1 and 2, which establish the framework, requirements, and processes to support the development of federal agency continuity programs and specify and define elements of a continuity plan

The designated Continuity Manager for AgeSpan is:

Name	Christine Tardiff
Title	Chief Operating Officer
Address	280 Merrimack St. Suite 400 Lawrence, MA 01842
Email	ctardiff@agespan.org
Phone	978-946-1209

Organizations including corporations, non-profit organizations, government agencies and other businesses are responsible for the safety of their employees and have a moral and legal obligation to their employees, stockholders, and especially, the customers and communities they serve to continue to operate in a prudent and efficient manner even in the circumstance of an impending or existing threat or actual emergency. In the event of an emergency, state agencies in Massachusetts will make every effort to continue operations subject to limitations on resources including materials and equipment, and human resources. This plan outlines a comprehensive approach to ensure the continuity of essential services during an emergency while ensuring the safety and wellbeing of employees, the emergency delegation of authority, the safekeeping of records vital to the agency and its clients, emergency acquisition of resources necessary for business resumption, and the capabilities to work at alternative work sites until normal operations can be resumed.

INTRODUCTION

AgeSpan's Continuity of Operations Plan (COOP) was created to ensure the continuity of essential operations during a possible infectious disease outbreak or any emergency that may cause serious reductions in staff availability for work and/or their capacity to operate efficiently. These events may include food-borne illnesses, natural disasters such as severe weather events, terror attacks, or related emergency events.

AgeSpan is responsible for the safety of its employees and has a moral and legal obligation to its consumers and to the communities it serves to continue to operate in a prudent and efficient manner even in the circumstance of an impending or existing threat or actual emergency. This plan outlines a comprehensive approach to ensure the continuity of essential services while ensuring the safety and well-being of employees, the emergency delegation of authority, the safekeeping of records vital to the agency and its clients, emergency acquisition of resources necessary for business resumption, and the capabilities to work at alternative work sites until normal operations can be resumed.

CONFIDENTIALITY STATEMENT

This document, along with subsidiary plans and supporting documents, contains confidential proprietary information and is for AgeSpan's official use only. It is not to be released outside of AgeSpan without prior approval of AgeSpan's Chief Executive Officer. These documents may be exempt from disclosure under Exemption (n) to the Massachusetts Public Records Law, which applies to:

> *records, including, but not limited to, blueprints, plans, policies, procedures and schematic drawings, which relate to internal layout and structural elements, security measures, emergency preparedness, threat or vulnerability assessments, or any other records relating to the security or safety of persons or buildings, structures, facilities, utilities, transportation, cybersecurity or other infrastructure located within the commonwealth, the disclosure of which, in the reasonable judgment of the record custodian, subject to review by the supervisor of public records under subsection (c) of section 10 of chapter 66, is likely to jeopardize public safety or cybersecurity.*

TABLE OF CONTENTS

DEFINITIONS AND ACRONYMS

The following terms or phrases are found in this document.

Alternate Sites: Locations to which staff report and implement mission essential functions. Alternate Sites must be capable of supporting operations in a threat-free environment should mission essential functions and support staff be relocated to the site. If either site becomes unavailable, transition plans for alternate site and remote options will be activated.

Critical Systems: Tasks, functions, and systems that are essential to the continuation of mission essential functions. Critical systems may include but are not limited to, communications and information systems, and other specialized equipment and systems.

***Continuity Manager*:** Serves as the COOP point of contact. Responsible for coordinating the implementation of the COOP Plan; initiating appropriate notifications inside and outside the Agency/Organization during COOP Plan implementation; being the point of contact for all COOP training, testing, and exercising; assisting ERG efforts at the ERS; and initiating recovery of the Agency/Organization as part of reconstitution.

Delegation of Authority: Delegation of authority ensures appropriate individuals are authorized to act on behalf of the organization head or other officials for specified purposes and to carry out specific duties to ensure an orderly transition of responsibilities. Delegations of authority will generally specify a particular function that an individual is authorized to perform and include any restrictions or limitations associated with that authority.

Emergency Relocation Group (ERG): Personnel identified as essential staffing that are required to be on-site to perform mission essential functions and deliver critical services in the event of a continuity plan activation.

ERG Advance Team: Personnel who immediately deploy to the physical Alternate Site upon receiving a COOP warning or activation to initiate actions in preparation for the arrival of the main body of the Emergency Relocation Group.

Essential Records: Those records needed to meet operational responsibilities under national security emergencies or other emergency conditions (emergency operating records) or to protect the legal and financial rights of the Agency and those affected by Agency activities (legal and financial records).

Mission Essential Functions (MEF): A subset of organizational functions that are determined to be critical activities. These functions are then used to identify supporting tasks and resources that must be included in the organization's continuity planning process.

***Primary Operating Site*:** The main location in which the organization conducts most of its business.

Reconstitution: The process by which surviving and/or replacement organization personnel resume normal operations.

Threat Hazard Identification and Risk Assessment (THIRA): A hazard identification and risk assessment provide a factual basis for activities proposed in the strategy portion of a hazard mitigation plan. An effective risk assessment informs proposed actions by focusing attention and resources on the greatest risks. The four basic components of a risk assessment are: 1) hazard identification, 2) profiling of hazard events, 3) inventory of assets, and 4) estimation of potential human and economic losses based on the exposure and vulnerability of people, buildings, and infrastructure.

RECORD OF CHANGES AND DISTRIBUTION

Any approved additions or modifications to this Continuity of Operations Plan (COOP) will be documented and noted in this section. The date of the change, the title of the person making the change, and a summary and reason for the modifications, will be inserted into this section of the plan.

After any modification to this plan, the Emergency Management Coordinator will ensure that the updated version is distributed to the following locations and/or individuals:

- **Paper Copy:** Chief Operating Officer
- **Digital Access:** Available on the Leadership network drive

Change Number	Date of Change	Sections	Summary of Change	Change Made By (Title or Name)
1	8/21/24	Appendix D, E	Contact information	Kristen Parent
2				
3				
4				
5				
6				
7				
8				
9				
10				

PURPOSE

The AgeSpan Continuity of Operations Plan (COOP) provides a framework to ensure continued operations of mission essential functions for up to 30 days when an internal or external emergency impacts the Agency's facilities, systems, personnel, and/or operations. This COOP addresses all hazards, natural and manmade, and includes climate change considerations. The AgeSpan COOP establishes a concept of operations, strategies, and tactics to accomplish the following objectives:

- Ensure that AgeSpan can perform mission essential functions under all conditions.
- Successfully execute a timely and orderly recovery and reconstitution of mission essential functions by:
  - Identifying key staff needed to continue mission essential functions
  - Identifying and ensuring access to critical systems needed to support mission essential functions
  - Minimizing disruptions to AgeSpan's mission essential functions and operations
  - Ensuring that AgeSpan can utilize either facility where it can carry out its mission essential functions in the event one of its' facilities is unusable or inaccessible
  - Execute a successful order of succession with accompanying designated authorities should an incident render key leadership unable or incapable of assuming and performing their authorities and/or responsibilities
  - Identify and protect essential records and other essential assets in the event of an incident, and ensure they are accessible to one of the two facilities
  - Establish a training and exercise cycle to regularly test and validate the continuity of operations plans and procedures

APPLICABILITY AND SCOPE

The COOP applies to all staff and associates and worksites of AgeSpan during any emergency incident that impacts the day-to-day operations. The COOP provides guidance to sustain mission-essential operations.

The Plan considers the full spectrum of threats, hazards, and emergencies that may disrupt AgeSpan's normal day-to-day operations by rendering one or more of its sites and/or systems inoperable or inaccessible and requiring AgeSpan to relocate staff and resources from impacted location(s) to the designated alternate site or to utilize backup or redundant systems. Such emergencies could include but are not limited to storms, utility or infrastructure failures, cyber incidents, terrorism incidents, or credible security threats. In addition, the COOP addresses circumstances that may incapacitate key staff members or significant numbers of staff for a significant period, such as during an infectious disease outbreak. Such circumstances may not require relocation of staff and resources but may require the Agency to reassign staff and/or implement orders of succession to ensure the continued operation of its mission essential functions.

Please note, the COOP is not an evacuation plan. While an emergency may require the evacuation of a facility with little or no advance notice, building evacuations are typically conducted in accordance with an Occupant Emergency Plan for that location. In the event of an evacuation of a site, the COOP provides guidance on the deliberate and preplanned movement of designated staff to an alternate site once evacuation of the site is accomplished.

SITUATION

The mission of AgeSpan is to serve as the communications link between our member communities' citizens and their public safety agencies.

The Commonwealth of Massachusetts is vulnerable to a host of natural/technological hazards and deliberate acts, as identified in the Massachusetts Threat Hazard Identification and Risk Assessment. The AgeSpan COOP addresses the following hazards that have the potential to disrupt its ability to continue to perform essential functions:

Natural Hazards	Deliberate Acts	Technological Hazards
Severe Winter Storm/Nor'easter	Cyber Incident	Infrastructure Failure
Inland Flooding		
Coastal Flooding	Terrorism	
Other Severe Weather		
Hurricane/Tropical Storm	Civil Unrest	Nuclear Power Plant Event
Coastal Erosion		Hazard Material Accident/Spills
Tornado		Major Air Crash
Extreme Temperatures		Dam Failure
Invasive Species		
Earthquake	Chemical, Biological, Radiological, and Nuclear (CBRN) Incident	
Wildfire		
Drought		
Landslide		
Tsunami		
Public Health Emergency		

*Organized by highest frequency (estimated)

Any hazard identified in the Massachusetts Threat Hazard Identification and Risk Assessment could potentially cause circumstances in which normal operations are disrupted because of:

- Denial of access to a facility (such as damage to the building)
- Denial of service due to a reduced workforce (such as due to pandemic flu); and
- Denial of service due to equipment or systems failure (such as IT systems failure)

PLANNING ASSUMPTIONS

Plans to continue operations will need to be flexible to address the effects of an emergency on the organization's operations. The following list of assumptions outlines the potential impact on the agency's organizational capacity to continue operations.

Contingent assumptions:

- An incident or event affecting AgeSpan can occur at any time, with little or no warning, and have a severe impact on the agency, its worksites, systems or operations, and staff that may be called upon to continue agency operations
- AgeSpan worksites may be rendered uninhabitable or unusable by an incident, requiring the use of an alternate site
- Mission Essential Functions must be continued, regardless of the magnitude of the impact of the incident affecting worksites, systems, or operations
- In the event of a widespread or catastrophic disaster, staff may need to take steps to ensure their own safety and security, or that of their families, prior to reporting to work
- Government agencies will take appropriate and timely action to ensure the continuance of essential program functions during an emergency or disaster
- AgeSpan Executive Leadership will exercise their authority to implement this COOP plan in a timely manner when confronted with actual or threatened disasters
- The Commonwealth is committed to supporting service resumption and recovery efforts at continuity sites, if required
- When properly implemented, this plan will reduce or prevent disaster-related losses
- Staffing Levels:
    - Staffing levels may be significantly reduced due to high levels of illness and hospitalization
    - Staff may be lost due to significant mortality associated with disease
    - Remaining workers may be psychologically affected by disease, family concerns, concerns about economic loss, or fear, and require behavioral assistance
    - Staff may be reduced by the need for some workers to attend to family illness or to children remaining at home due to school closures
    - Human resource reductions may be temporary or may be long-term depending on the severity of the event

CORE COOP COMPONENTS

There are several core components of continuity planning:

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

Each core COOP component is described in detail in the following sections.

A. MISSION ESSENTIAL FUNCTIONS

Mission Essential functions are defined as those functions of AgeSpan required to accomplish core components of AgeSpan's mission as defined by applicable laws, executive orders, and/or other policies or directives. These functions cannot be halted due to any circumstance and are critical to the Agency's operation.

Appendix A of this plan contains a prioritized list of AgeSpan's mission essential functions.

B. CRITICAL STAFF

The COOP identifies and designates roles and responsibilities for continuity activations and operations, as well as minimum staffing requirements for activation of each mission essential function. Critical staff includes:

- **Director and designee(s).** The Chief Executive Officer (CEO) and/or designee(s) is ultimately responsible for ensuring that AgeSpan can continue to perform mission essential functions and deliver critical services when normal operations are disrupted. The CEO and/or designees have the authority to activate the continuity plan.

- **Continuity Manager.** The Continuity Manager is responsible for coordinating overall continuity activities within AgeSpan, including managing day-to-day continuity programs, coordinating efforts of continuity planners within AgeSpan, representing the AgeSpan continuity program externally as appropriate, and reporting to the CEO on continuity program activities. The Continuity manager is responsible for working with the operations team for planning and managing the Agency's transition back to normal operations, including worksites, personnel, and systems.

- **Emergency Relocation Group**. In the event of a continuity plan activation, the Emergency Relocation Group (ERG) is comprised of staff assigned to perform mission essential functions and deliver critical services until such time as additional plans are developed and implemented by the agency.

- **All Employees.** Because a continuity plan activation impacts the entire organization, all employees are responsible for understanding their roles and responsibilities when the continuity plan is activated. Personnel who are not identified as part of the ERG may be required to replace or augment pre-designated ERG personnel during the implementation of the COOP Plan. This will be coordinated between the Continuity Manager and direct supervisors/managers on a case-by-case basis.

Appendix B lists the current AgeSpan Critical COOP staff.

C. INTERDEPENDENCIES

Some agency mission essential functions may be dependent upon external systems, organizations, or supports. These systems, organizations, and supports are known as interdependencies, and those associated with AgeSpan mission essential functions have been identified as in ***Appendix A***.

D. CRITICAL SYSTEMS

The COOP identifies various tasks, functions, and systems that are important to the continuation of mission essential functions. This includes, but is not limited to, communications and information systems, and may include other specialized equipment and systems.

E. ALTERNATE SITES

Alternate Sites are locations to which ERG staff identified in ***Appendix B*** can report and implement mission essential functions. Alternate Sites must be capable of supporting operations in a threat-free environment if mission essential functions and supporting staff are relocated to the site. An Alternate Site must have sufficient space and equipment to sustain operations for as long as the event is in process. It should also have available the telecommunication and information systems, records, and databases required to support the implementation of mission essential functions.

F. ORDERS OF SUCCESSION

There may be instances where an individual in a leadership position is unable or unavailable to carry out his or her duties. Orders of succession define who takes on these duties when an individual in a leadership position is unavailable or incapacitated to ensure there are no lapses in essential decision-making authority.

A successor will assume the duties of the leadership position in the following circumstances:

- The position is vacant due to the death, resignation, or removal of the incumbent
- The incumbent is not physically present, cannot be contacted, and the situation requires that expeditious decisions are made, or actions are taken

In all cases, the successor will have all the duties, powers, and responsibilities of the incumbent as they relate to the implementation of the COOP Plan. The successor will relinquish leadership duties when the incumbent is contacted and able to resume his or her leadership role, or when a permanent successor is named by the appropriate authority.

G. DELEGATIONS OF AUTHORITY

This COOP identifies delegations of authority to ensure appropriate individuals are authorized to act on behalf of the organization head or other officials for specified purposes and to carry out specific duties. Delegations of authority will generally specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.

H. ESSENTIAL RECORDS

Essential records are documents, references, and records, regardless of media type, that are needed to support mission essential functions under the full spectrum of emergencies and disasters. Such records include those documents needed to meet operational responsibilities under emergency conditions (emergency operating records) or to protect the legal and financial rights of the government and those affected by government activities (legal and financial rights records).

Examples of essential records include:

- Standard operating procedures
- Continuity plan and other emergency operations plans
- Personnel and payroll records
- Contracts
- Vendor agreements
- Memoranda of agreement and understanding
- Orders of succession
- Delegations of authority

Essential records must be protected from damage or destruction. In addition, the AgeSpan Continuity Manager must ensure that databases and other essential records needed to support the mission essential functions of the Agency are prepositioned at each Alternate Site, carried with deploying personnel, and/or available through redundant or backup processes.

AgeSpan' essential records are detailed in ***Appendix C.***

COORDINATING INSTRUCTIONS

Vital Records and Databases

Personnel will be deployed during an emergency to ensure the protection and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions under the full spectrum of emergencies. Agency personnel must be identified before an emergency to have full access to use records and systems to conduct their essential functions. Categories of such records may include:

1) **Emergency Operating Records.** Vital records, regardless of media, essential to the continued functioning or reconstitution of an agency/organization during and after an emergency. Included are emergency plans and directives; orders of succession; delegations of authority; staffing assignments; and related records of a policy or procedural nature that provide staff with guidance and information resources necessary for conducting operations during an emergency, and for resuming formal operations at its conclusion.

2) **Legal and financial records:** Vital records, regardless of media, critical to carrying out an organization's essential legal and financial functions and activities and protecting the legal and financial rights of individuals directly affected by its activities. Included are records having such value that their loss would significantly impair the conduct of essential agency functions, to the detriment of the legal or financial rights or entitlements of the organization or of the affected individuals. Examples of this category of vital records are accounts receivable; contracting and acquisition files; official personnel files; Social Security; payroll, retirement, and insurance records; and property management and inventory records.

The plan will account for identification and protection of vital records, systems and data management software and equipment, to include classified or sensitive data as applicable, necessary to perform essential functions and activities, and to reconstitute normal operations after the emergency.

AgeSpan is committed to safeguarding its data as well as preventing data loss in case of accidental deletion, data corruption, system failure, or disaster. Furthermore, it is the policy of AgeSpan to ensure recovery of information and business processes in a reasonable timeframe, should such events occur. To avoid unauthorized access, all data stored will be secured in a locked area and will be encrypted and password protected if stored offsite. AgeSpan is committed to safeguarding its data as well as preventing data loss in case of accidental deletion, data corruption, system failure, or disaster. Furthermore, it is the policy of AgeSpan to ensure recovery of information and business processes in a reasonable timeframe, should such events occur. To avoid unauthorized access, all data is backed up and stored in an offsite data warehouse. Backup of business data, configuration data and phone system data are run as incremental backup during business hours and nightly as a full backup. This is conducted using the Veem system as provided by our IT consultant and is transmitted to an offsite secure location for disaster recovery purposes. The offsite data is stored across three secure data centers located in three different states with different time zones.

CONCEPT OF OPERATIONS

There are four phases of continuity operations: readiness and preparedness, activation, operations, and reconstitution. These four phases are used to build continuity processes and procedures, to establish goals and objectives, and to support the performance of organizational mission essential functions during an emergency.

The objective of this plan is to ensure the execution of Age Span's essential functions and to provide for the safety and well-being of employees during any emergency. Specific objectives of this plan include:

- Ensuring the continuous performance of essential functions during an emergency
- Protecting the safety and productivity of working staff
- Reducing or mitigating disruptions of operations
- Addressing mental health issues that may affect the organization
- Pre-planning for potentially critical losses of staff through scheduling, identification of alternate resources, and temporary business reduction efforts
- Reducing loss of life and minimizing damage and losses
- Achieving a timely and orderly recovery from an emergency and resumption of full service to consumers

Phase I: Readiness and Preparedness

Readiness and preparedness are measured by the ability to respond to COOP activation. Readiness and preparedness activities include the following:

- Regular review of the COOP plan to ensure all COOP components are up-to-date and accurate
- Designate COOP personnel
- Monitor staffing levels and adjust operational services
- Identify and prepare an Alternate Site, ensuring that it remains accessible and ready for activation, and maintain critical systems and essential records
- Secure important papers/documents daily
- Save electronic documents on network drives rather than computer hard drives
- Training on COOP responsibilities for COOP staff
- Exercise the COOP plan

Phase II: Activation

The activation phase includes the decision-making process for activating the COOP, notification to and activation of COOP personnel, transition to remote work, relocation to Alternate Sites, activation of mission essential functions, and transition of essential records, databases and equipment involved with these functions.

COOP Decision Process

Authorized individuals must decide whether to activate the COOP when conditions may threaten or impede the ability of the agency to carry out mission essential functions. These conditions may include:

- Notification of a credible threat, which leads the organization to enhance its readiness posture and prepare to take necessary actions
- An emergency or a disruption to personnel, facilities, equipment, or other necessary resources necessary to perform mission essential functions
- Evacuation of a geographical area

While an infectious disease outbreak will most likely be preceded by up to several months of notification before the disease affects staffing levels, a reduction in staff may be sudden and severe.

AgeSpan will maintain routine awareness of the threat environment through normal reporting and national/local reporting. Developing situations will be noted, with emphasis on worsening situations that could develop into crisis conditions.

It is expected that AgeSpan will receive a warning from the MDPH prior to declaration of a pandemic; however, it may last several months. Under this circumstance, the process of activation would be expected to proceed in an orderly manner. Without warning, the process becomes less routine, and potentially more serious and difficult.

Warning conditions that may lead to activation of COOP may include the following:

Notification from the Massachusetts Department of Public Health regarding a novel virus alert or pandemic event.

- Declaration of a State of Emergency by the Governor
- Notification by the Massachusetts Emergency Management Agency (MEMA)
- Extensive or unusual use of sick/family leaves by personnel.

COOP Activation

The CEO or designee will convene a team of senior leadership and/or staff, to include the Continuity Manager, to review the situation and determine if the continuity plan should be activated.

The CEO or designee will make the final decision to activate the COOP plan, considering the following factors:

- Direction or guidance from higher authorities
- Health and safety of personnel
- Ability to carry out mission essential functions at each location
- Changes in threat advisories
- Intelligence reports
- Potential or actual effects on communications systems, information systems, office facilities, and other vital equipment
- Anticipated duration of the emergency

AgeSpan may direct full or partial activation of the COOP Plan. Activation of the plan may initiate the transfer of essential functions or the deployment of pre-identified personnel and equipment/supplies. Activation of the plan may also involve significant alteration of work plans and assignments of staff to critical work areas; use of contractors; extension of overtime for well workers, and similar alternatives to offset staff reduction

Upon COOP activation:

- the COOP Emergency Staffing Plan (CESP) and Staffing Response Team (SRT) will be deployed to implement COOP plans
- Notice to all staff using available modalities will be utilized advising of COOP activation and implementation of Remote Work Situation.

Staff Resource Contingency Plan

During COOP activation, Senior Management will meet at the beginning of each day to report on essential functions and the staffing needed to carry them out. The leadership team will prioritize functions across the agency and develop a contingency plan to address potential reduction in staff. The plan will include:

- Identification of resources necessary to carry out each department's functions

- Evaluation of potential health and safety issues that might arise through diversion of staff to new job roles and loss of critical staff in various positions
- Identification of alternative staffing options
- Identification of work options available
- Assessment of flexible leave options that would allow employees to address family needs while continuing to support the organization through a flexible work plan where feasible
- Provision of behavioral/psychological assistance through the Employee Assistance Program (EAP); local or state resources; health insurance provisions

Phase III: Operations

The operations phase covers the implementation and execution of the strategies identified in the continuity plan to ensure that the mission essential functions are accomplished. The operations phase includes, but is not limited to:

- Performing mission essential functions
- Accounting for personnel, including identifying available leadership
- Establishing communications with interdependent organizations and other internal and external stakeholders, including the media and the public
- Providing guidance to all personnel
- Preparing for the recovery of the organization

COOP Operations

Essential Functions

AgeSpan shall ensure essential function continuity or resumption as rapidly and efficiently as possible in the event of a staff reduction.

Essential functions are listed in ***Appendix A***.

Devolution of Essential Functions

The devolution of essential functions identifies how the agency will identify and conduct essential operations during periods of severe staff reduction. The plan for devolution of essential functions includes the identification of mission critical systems; capabilities to perform essential functions given specific losses of staff and expertise; reliable logistical support, services, and infrastructure alternatives; consideration of health, safety, and emotional well-being of personnel; communications between staff, and related computer/software issues.

Succession

AgeSpan has Orders of Succession if the **Chief Executive Officer** is no longer able to carry out his/her functions.

Delegation of Authority

Delegation of Authority under COOP creates continuity in the flow of authority from the CEO cascading to successors. The successor in each division will be responsible for delegating responsibilities to managers and staff based upon their availability.

Operating Hours

During COOP contingencies, the CEO or designee will determine the hours of operation.

Phase IV: Reconstitution

Reconstitution is the process by which the Agency returns to normal operations. Following a period of limited operations due to a threat, hazard or emergency, reconstitution can be as simple as communicating to stakeholders that offices and facilities will re-open and commence normal operations and that all employees are expected to report to work for normal operations. Reconstitution can also be as complicated as recovering from complete destruction of a facility with challenges that include relocating operations, conducting mission essential functions with survivors, and identifying and outfitting a new permanent operating facility.

Reconstitution efforts generally begin when the CEO or designee ascertains that the emergency has ended and is unlikely to reoccur. However, once the CEO or designee determines that the emergency has ended, immediate reconstitution may not be practical. Depending on the situation, one of the following options should be considered for implementation:

- Continue to operate from Alternate Sites
- Return to the primary operating facility
- Transition to another longer-term facility

Prior to relocating to the primary operating facility or another long-term facility, AgeSpan will conduct appropriate security, safety, and health assessments to determine building suitability. In addition, the Continuity Manager will verify that all systems, communications, and other required capabilities are available and operational, and that AgeSpan is fully capable of accomplishing all mission essential functions and operations at the new or restored facility.

- AgeSpan will notify all personnel using existing procedures and emergency notification tools that the emergency or threat of emergency has passed
- If the primary operating facility will be uninhabitable or unusable permanently or for an extended period of time, the CEO together with the Continuity Manager will coordinate with the Executive Leadership Team to obtain appropriate office space for reconstitution

Upon verification that all required capabilities are available and operational and that AgeSpan is fully capable of accomplishing all mission essential functions and operations at the new or restored facility, the Continuity Manager, in coordination with the Reconstitution Coordinator, will transition mission essential functions from the Alternate Facility to the new or restored primary operating facility.

COOP RESPONSIBILITIES

Chief Executive Officer

- Provides overall policy direction, guidance, and objectives for continuity planning
- Provides necessary resources to support the implementation of the AgeSpan COOP Plan and supporting activities
- Ensures adequate funding is available for emergency operations
- Ensures all AgeSpan components participate in testing, training, and exercise activities.

Chief Operating Officer

- Serves as the AgeSpan COOP program point of contact
- Coordinates implementation of the COOP Plan and initiates appropriate notifications inside and outside the AgeSpan during COOP Plan implementation
- Coordinates the COOP Training, Testing, and Exercising Program
- Aids ERG efforts at the Alternate Sites

- Initiates recovery of AgeSpan as part of reconstitution and designates a Reconstitution Coordinator
- Maintains current personnel emergency notification and relocation rosters
- Prepares backup copies or updates of essential records
- Ensures that the time and attendance function is represented on the ERG
- Designates personnel to assist security officials in securing office equipment and files at AgeSpan locations when implementing the COOP Plan
- Conducts periodic tests of AgeSpan COOP notification methods and systems

Senior Management

- A subset of the larger ERG, who deploys to the Alternate Facility to prepare it for workers to perform essential functions that can't be done remotely
- Ensures sufficient equipment, materials, and supplies are present at the alternate facility to support the performance of Mission Essential Functions
- Works with other ERG members to integrate into the facility to begin to execute Mission Essential Functions
- Continues to address any issues as the relocation is ongoing and supports the reconstitution efforts once the decision is made to do so

Designated ERG Personnel

- Designated by Senior Management
- Prepared to deploy and support mission essential functions in the event of COOP Plan implementation
- Ensure managers/supervisors have up-to-date contact information
- Understand continuity planning and their individual roles and responsibilities in the event of COOP Plan implementation
- Participate in continuity training and exercises as directed

Manager of Facilities

- Assess the status of affected facilities (as applicable) and determine how much time is needed to repair the affected facilities and/or the necessity of acquiring new facilities
- Supervises facility repairs
- If AgeSpan will not be able to return to the primary operating facility permanently or for an extended period, work with the Director to obtain appropriate office space for reconstitution
- Verifies that all systems, communications, and other required capabilities are available and operational at the new or restored primary operating facility and that the organization is fully capable of performing all functions at the new or restored primary operating facility
- Implements a priority-based phased approach to reconstitution by continuing mission essential functions at the alternate operating facility while non-essential functions return to the new or restored primary operating facilities as the organization conducts a smooth transition from one location to the other
- Supervises the return of operations, personnel, records, and equipment to the primary or other operating facilities

Department Directors/Middle Managers

- Appoints a departmental point of contact for coordination and implementation of the COOP Plan
- Keeps the Continuity Manager informed of any changes in the designation of the Department/Division COOP point of contact

- Identifies mission essential functions to be performed by the Department/Division when any element of the AgeSpan is relocated as part of the continuity planning process
- Identifies those functions that can be deferred or temporarily terminated in the event the COOP Plan is implemented
- Maintains a current roster of Department/Division personnel designated as ERG members
- Maintains accountability of staff if the COOP Plan is implemented
- Maintains detailed department plans to supplement the COOP "Departmental Plan for Essential Activities" found in ***Appendix F.***

AgeSpan front-line staff

- Reviews and understands the procedures in the Emergency Plans for emergency evacuation of AgeSpan facilities
- Reviews and understands responsibilities related to COOP support functions
- Reports to work to perform mission essential functions as instructed
- Ensures managers/supervisors have up-to-date contact information

Responsibility	Position
Update entire COOP annually (June)	Chief Operating Officer
Update Essential Functions annually (June) and submit to COOP coordinator	All Senior Management
Update senior management contact information and submit to COOP coordinator	Executive Administrative Assistant
Conduct alert and notification tests	Manager of Facilities
Develop and lead COOP training and hold annual trainings	Senior Manager responsible for COOP Planning and Divisional Directors

LOGISTICS

Transition of Mission Essential Functions to Alternate Site

Upon notification of COOP implementation, ERG advance team members will deploy to the designated Alternate Site from their current location at the time specified during notification (which may be immediate). After arriving at the Alternate Site, advance team members will ready the site for implementation of mission essential functions by:

- Ensuring infrastructure systems at the alternate facility are fully operational, including power, HVAC, and communications systems such as telephone, Internet
- Ensuring sufficient equipment, materials, and supplies are present at the alternate facility to support the restoration of mission essential functions
- Notifying vendors and service providers that AgeSpan operations have been relocated temporarily and provide direction to continue or suspend the provision of services

When the Alternate Site is ready, the Advance Team will notify the remaining members of the ERG. Upon arrival at the Alternate Site, ERG personnel will:

- Report to the advance team lead and receive all applicable instructions and equipment
- Report to their respective workspaces as notified during the check-in process
- Retrieve any pre-positioned information and activate specialized systems or equipment
- Monitor the status of department personnel and resources
- Restore and continue departmental mission essential functions
- Coordinate with the ERG Advance Team or Continuity Manager to resolve issues

Return of Mission Essential Functions to the Affected Primary Sites

The Continuity Manager, with the assistance of AgeSpan facilities and IT staff, will assess the ability of the affected primary site to resume supporting mission essential functions, ensuring that all systems and capabilities are fully operational, including:

- HVAC
- Sanitation
- Telephone communications
- Internet access and access to data on shared Agency network drives

Once the primary site is capable of supporting mission essential functions and with the concurrence of the AgeSpan Director and Continuity Manager, the Continuity Manager will supervise the return of operations, personnel, records, and equipment to the facility.

Interoperable Communications

The success of AgeSpan operations at Alternate Sites depends upon the availability and redundancy of significant communication systems to support connectivity to internal organizations, other agencies, critical customers, and the public. Interoperable communications should provide a capability to correspond with the AgeSpan's mission essential functions, to communicate with other Federal agencies, State agencies, and emergency support personnel, and to access other data and systems necessary to conduct all activities.

- **Communications**
  Communications systems including cell phones, email, pagers, and similar mechanisms should be evaluated for interoperability and flexible exchange of use across the agency where feasible. Cell phone numbers, email addresses, and other information should be readily available to all staff who may be re-deployed and contact information outside the agency necessary to core operations also made available where feasible for internal use and continuity of operations.
- **Security**
  Security of agency facilities, records, materials, and other resources should be evaluated pre-event to determine the effect of staff losses on security levels, and training requirements evaluated to address security concerns. Security issues affecting staff safety should be evaluated pre-event to ensure that staff protection systems, e.g., identification, entry/exit management, etc. are maintained despite staff losses.

Procurement

AgeSpan may need to procure or augment necessary personnel, equipment, and supplies that are not already in place for continuity operations on an emergency basis. The Continuity Manager will coordinate with appropriate personnel to conduct any emergency procurement or hiring activities.

TESTING, TRAINING, AND EXERCISES

Testing

Testing demonstrates the correct operation of all equipment, procedures, processes, and systems that support the AgeSpan continuity program. Testing, training, and exercises will be carried out annually to evaluate the COOP and improve the ability of AgeSpan to execute the COOP effectively. If the COOP is initiated any time during the year, this situation will serve as the yearly evaluation of the effectiveness of the COOP. Testing will include:

- Individual and team training to ensure currency of knowledge and integration of skills necessary for plan execution
- Internal agency testing of COOP plans and procedures to ensure the ability of the agency to perform essential and mission critical functions
- Testing of alert and notification procedures and systems
- Exercising of COOP plan, where applicable and feasible

After-Action Process

After activating or exercising the COOP Plan, the Continuity Manager will conduct an After-Action Review (AAR) with all department heads and ERG personnel as soon as possible following the return to the primary operating facility or establishment in a new primary operating facility. This review will study the effectiveness of COOP plans and procedures, identify best practices and areas of improvement, and document these in an After-Action Report and Improvement Plan.

COOP PLAN MAINTENANCE

To maintain viable COOP capabilities, AgeSpan is continually engaged in a process to designate mission essential functions and resources, define short- and long-term COOP goals and objectives, forecast budgetary requirements, anticipate, and address issues and potential obstacles, and establish planning milestones. Following is a list of standardized activities necessary to monitor the dynamic elements of the AgeSpan COOP Plan and the frequency of their occurrence.

Activity	Tasks	Frequency
Plan update	• Ensure COOP considers current hazards and risks, including natural and manmade hazards, and climate change considerations • Review the entire plan for accuracy. • Incorporate lessons learned and changes in policy and philosophy. • Manage distribution.	Annually

Activity	Tasks	Frequency
Maintain orders of succession and delegations of authority	• Identify the current incumbents. • Update rosters and contact information.	Annually
Maintain relocation site readiness	• Check all systems. • Verify accessibility. • Cycle supplies and equipment as necessary.	Quarterly
Monitor and maintain essential records management program	• Monitor the volume of materials. • Update/remove files.	Ongoing

AUTHORITIES AND REFERENCES

Authority, support, and justification for continuity of operations (COOP) planning are provided through the documents listed below.

Federal Guidance

Federal Continuity Directives (FCDs) 1 and 2. These are directive documents intended for federal executive branch departments and agencies. They provide operational direction for developing continuity plans and programs and are intended to achieve seamless integration by providing common standards and parameters to all continuity partners.

FEMA Continuity Guidance Circular (CGC) 1. This is a resource for federal and non-federal entities to guide, update, and maintain organizational continuity planning efforts and appropriately integrate and synchronize continuity efforts.

Commonwealth of Massachusetts Guidance

Governor's Executive Order No. 144. EO 144 requires all Commonwealth Agencies to prepare for emergencies and disasters and to provide emergency liaisons to the Massachusetts Emergency Management Agency/Organization for coordinating resources, training, and operations.

***Commonwealth of Massachusetts Chapter 639 of the Acts of 1950, Chapter 33*.** The legislation provides basic Civil Defense / Emergency Management responsibilities for meeting dangers presented to the Commonwealth and its people by emergencies and disasters. The document directs preparedness efforts related to the common defense, protection of the public peace, health, security, and safety.

APPENDICIES

APPENDIX A: ESSENTIAL FUNCTIONS

ESSENTIAL FUNCTIONS	
BUSINESS UNIT	**ESSENTIAL FUNCTIONS – refer to departmental plan for details**
Administration	• Provide leadership and direction upon activation of the COOP Plan • Secure a work environment, physical or virtual, where all essential functions can be executed in a safe manner • Reduce and mitigate disruptions to operations • Ensure critical services are provided to consumers whose health and safety are at risk • Contact/Collaborate with local authorities and governing bodies • Ensure staff have the tools and supplies necessary to execute essential job functions in a safe manner
Administrative	• Update phone message through Answering Service, if necessary, along with usage of email to notify staff and consumers of situation and emergency operations and where to report • Maintain processes to ensure internal and external mail exchange • Maintain switchboard capacity to manage incoming/outgoing calls • Maintain processes to ensure coverage of fax and email communications
Communications	• Deliver timely, accurate communication to internal and external stakeholders • Update website and social media with appropriate operations • Assist other departments with essential functions as required
Contracts	• Monitor and Determine Provider and agency vendor status • Maintain processes to ensure provider and vendor performance as needed
Facilities	• Assess and maintain building security • Maintain regular communication with property management companies. • Provide timely, accurate updates regarding the internal and external environment
Finance	• Ensure payroll remains functional and employees are paid in a timely manner. • Ensure accounts payable remain fully functional • Ensure EOEA (state and federal) Accounts Receivable remains fully functional
Financial Services	• Assess safety and well-being of consumers including service provision, housing and/or shelter, and food • Ensure critical services are provided to consumers whose health and safety are at risk • Bill paying (rent & utilities)
Guardianship	• Assess safety and well-being of consumers including service provision, housing and/or shelter, and food • Ensure critical services are provided to consumers whose health and safety are at risk • Bill paying (rent and utilities)
Home Care & Managed Care	• Maintain processes to support external stakeholders requesting information and community resources • Maintain processes to process referrals efficiently • Assess safety and well-being of consumers including service provision, housing and/or shelter, and food

(Information and Referral and Consumer Services)	• Ensure critical services are provided to consumers whose health and safety are at risk • Coordinate with vendors to identify appropriate service plans • Documentation in system of record • Provide information about shelters and other available emergency services as it becomes available • Initiate referrals for services needed due to the pandemic
Human Resources	• Provide support to staff and leadership as appropriate • Assist other departments with essential functions as required
Information Technology	• Ensure the integrity of data systems and equipment remains intact and vital operations are fully functional • Ensure mechanisms are in place to receive external communications • Ensure staff are fully supported to work in both physical and virtual environments • Make arrangements with telephone and communications if necessary • Monitor cloud systems to ensure remote work ability • Maintain Access Control System Functionality • Assist other departments with essential functions as required
Nutrition	• Ensure nutrition services are provided to consumers whose health and safety are at risk • Maintain Congregate and Home Delivered Meal provision • Meal delivery based on priority Risk Level System status • Maintain frequent contact with vendors to assess their capacity to provide meals • If possible, provide shelf stable or frozen meals to most at-risk consumers • Plan for meal delivery if site is not available
Protective Services	• Screen and investigate claims of elder abuse and neglect to determine level of risk, providing/arranging services essential to protect client's health and safety • Ensure safety and well-being of consumers • Provide crisis intervention and management, notifying appropriate authorities as necessary (911) • Investigate cases within EOEA standards and timelines as possible

APPENDIX B: Emergency Relocation Group (on-site at Alternate Site)

Department	Functional Title	Advance Team? (Y/N)
Administration	* Chief Program Officer * Chief Operating Officer * Manager of Facilities * Facilities Assistant	Y Y Y
Administrative	* CS Administrative & Training Manager * Switchboard/Admin Assistant * Home Care Administrative Assistant * Nursing Administrative Assistant * Case Aide	
Consumer Services/I&R	* Director from the Clinical Services Senior Management Group * Guardianship CM	Y
Protective Services	* Administrative Support	
Human Resources	* HR Admin * HR Management	
Finance staff	* AP position	
IT staff	* IT Support person	
Nutrition staff	* Administrative support	

*The name and work location will be determined for each incident, dependent on staffing levels available, and relocation of which location, or both, therefore, name and location are intentionally blank on this form.

APPENDIX C: Essential records

Dept	Priority	Essential File, Record, or Database	Mission essential Functions Supported	Format (Hardcopy or Electronic)	Position Responsible	Backup Locations or Sources?	Update Frequency
HC, MC, PS/FS, Nutrition, Admin	High	Aging & Disability (A&D)	Consumer records	Electronic	State of MA	n/a	daily
HC, MC, PS/FS	High	I&R Resources (J:drive)	Information database	Electronic	IT	n/a	daily
HC, MC, PS/FS	High	Provider Online Service Center (POSC)	MassHealth	Electronic	State of MA	n/a	n/a
HC	High	Intranet/J: drive	Referral Triage	Electronic	IT	n/a	daily
Guardianship	High	CareTree	Consumer records	Electronic	CPO	n/a	n/a
Guardianship	High	J:Guardian	Consumer docs/finances	Electronic	CPO	n/a	n/a
HR, Fiscal	High	ADP	Payroll	Electronic	HR	n/a	n/a
HR	High	Blue Cross Blue Shield (bluecrossma.org)	Benefits	Electronic	HR	n/a	n/a
Admin	High	Office Status	Caller Triage	Electronic	IT	n/a	n/a
Admin	High	Nextiva	Caller Triage	Electronic	IT	n/a	n/a
Fiscal	High	Checks	Cash Flow/Revenue	Most Payments Electronic/ACH	Fiscal	n/a	n/a
Fiscal	High	AP Invoices/Doc Links	Pay Vendors	Electronic	Fiscal	n/a	n/a
Fiscal	High	Financial Records/Sage	Agency Records	Electronic	Fiscal	n/a	n/a

Dept	Priority	Essential File, Record, or Database	Mission essential Functions Supported	Format (Hardcopy or Electronic)	Position Responsible	Backup Locations or Sources?	Update Frequency
Fiscal	High	Historical Financial Records; K Drive	Agency Records	Electronic	Fiscal	n/a	n/a
Financial Resources	High	Checks, weekly client receipts, Money Mgt monthly rec	Rep Payee and Money Management	Hard copy	Financial Resources	n/a	weekly, monthly
Legal/Contact Mgt	High	J:\Legal\ Contract Mgmt	Contracts/Policies/ Compliance	Electronic	General Counsel /Dir of Contract Mgt	n/a	n/a
Financial Resources	High	Sage	Rep Payee	Electronic	Fiscal	n/a	n/a
Protective Services	High	APS / EOEA hosted and managed software system	Protective Services	Electronic	PS / EOEA	n/a	n/a
Communications	High	plans, templates, databases	agency/comms	Electronic	Comms	Jdrive & Teams	as needed

AgeSpan Emergency Action Plan (EAP)

Effective Date: 6/30/25
Next Review Date: 6/30/26
280 Merrimack Street, Suite 400, Lawrence MA
300 Rosewood Drive, Suite 200, Danvers, MA

1. Purpose and Scope

The purpose of the Emergency Action Plan (EAP) is to establish a coordinated response and recovery process to ensure the safety of all AgeSpan staff, volunteers, visitors, and consumers, the protection of property, and the continuity of essential services during and after emergencies or disasters. This plan supplements AgeSpan's Continuity of Operations Plan (COOP) and complies with federal, state, and local requirements, including the 2024 OAA Final Rule.

This EAP applies to AgeSpan's two locations and operations within the Planning and Service Area (PSA) and addresses both anticipated and unanticipated threats including but not limited to:

- Fire, flood, hurricanes, snowstorms
- Cybersecurity incidents
- Public health emergencies
- Staff shortages and workforce disruption
- Utility failures
- Evacuation scenarios
- Security threats or active shooter situations

2. Emergency Roles and Responsibilities

Chief Executive Officer: Overall command during emergencies; communicates with local and state agencies

Chief Operating Officer: Implements EAP; communicates with staff and emergency responders; oversees drills and training

Chief Information Officer: Ensures the integrity of data systems and equipment remains intact and vital operations are fully functional

Facilities Manager: Assess and maintain building security; maintain regular communication with property management companies

Senior and Middle Managers: Account for staff; assist with evacuations and safety

Switchboard: Update phone message through Answering Service; blast communication to staff and consumers notifying them of the situation and emergency operations.

All Staff: Follow procedures as directed by Department Leadership, participate in training and drills

3. Communication

- **Emergency Declaration**: The COO or designee will declare an emergency and initiate the EAP if conditions present immediate danger or disrupt critical operations.
- **Internal Notification:** Staff will be notified through verbal alerts, phone calls, text messages
- **External Notification:**
    - **Emergency Services:** 911
    - **Executive Office of Aging & Independence**

Mass Notification Tools Used:

- Agency website updates and social media
- Email alert

4. Building Evacuation Procedures

AgeSpan maintains an updated evacuation plan for both its Lawrence and Danvers locations.

- Evacuation maps and procedures are posted in Danvers in Suite 30 and Suite 200, in Lawrence in Suite 400 and on the Agency Intranet.
- An automatic alarm is triggered whenever fire, smoke or heat is detected. There are several alarms throughout both offices. The alarm systems automatically notify the local fire department.
- Exits are marked with lighted EXIT signs.
- Emergency lighting is located throughout the offices and will automatically turn on if there is a loss of power.
- The buildings are equipped with sprinkler systems.
- All staff must immediately evacuate the building upon activation of alarms or direction from emergency personnel.

Evacuation Steps:

1. Follow posted evacuation routes.
2. Assist any staff, volunteers or visitors with mobility issues.

3. Gather at designated assembly areas as noted in the site evacuation plans.
4. Middle and Senior Managers conduct headcounts.
5. Do not re-enter until cleared by emergency officials.

Designated Assembly Point for Lawrence: Visitor parking lots across Merrimack St.

Designated Assembly Point for Danvers: Parking lot immediately at the entrance of the campus.

Accounting for All Staff:

- Senior Managers and Middle Managers will account for staff and confirm with COO or designee.
- COO will confirm all staff are accounted for.

5. Continuity of Services

- Refer to COOP for alternate service delivery methods (e.g., remote work, etc.).
- Prioritize consumer check-ins and critical service delivery (e.g., meal delivery).
- Coordinate with partners and providers to resume essential operations.

6. Training and Drills

- **Frequency:** Drills conducted periodically and at least once per year.
- **Staff Training:** Reviewed with all employees annually, with new employees upon hire, and with all employees whenever the EAP is changed.

7. Plan Review and Updates

- Reviewed annually or after any major emergency.
- Updates coordinated by Chief Operating Officer and approved by Chief Executive Officer.
- Copies of EAP plan distributed to all Middle and Senior Managers.

8. Appendices

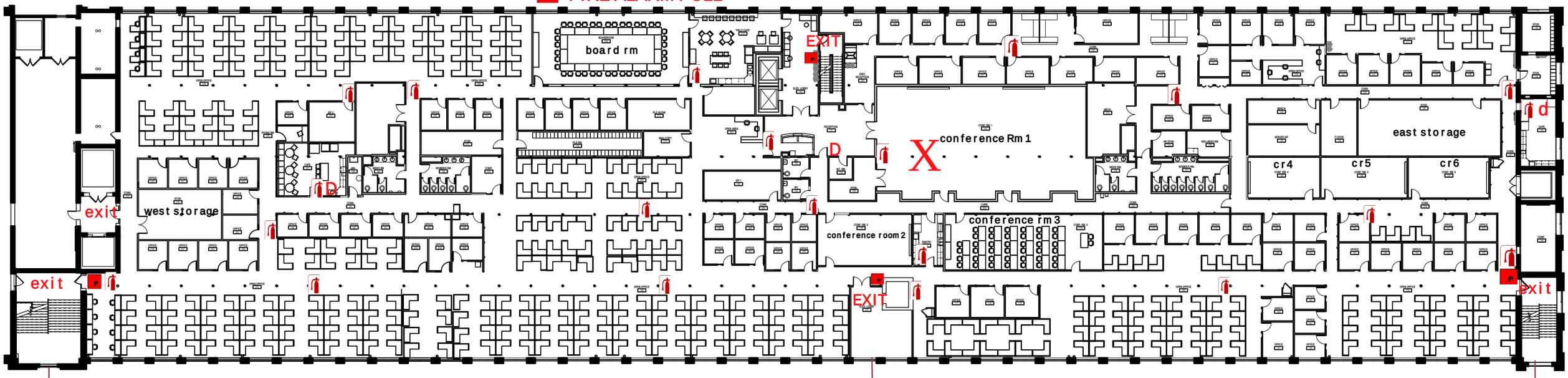
- **Appendix A** – Building Maps and Evacuation Routes – Lawrence Campus
- **Appendix B** – Building Maps and Evacuation Routes – Danvers Campus

EMERGENCY EXITS- LAYOUT

AGESPAN
280 mERRIMACK sT. sUITE 400
lAWRENCE, ma 01843

D DEFIBRILLATOR
FIRE EXt INGUISHER
P FIRE ALARM PULL

X Staging Area



Merrimack St.

AgeSpan
Designated Assembly Point
X
Visitor Parking Lot

AgeSpan
Designated Assembly Point
X
Visitor Parking Lot

Appendix B

AgeSpan
Emergency Exits & Evacu
300 Rosewood Dr. Suite 200

Exit

Up

Board Room

Exit

X – Staging Area

Small Meeting Room

Printer Table

IT Server

Kitchen

Women's Restroom

Men's Restroom

Exit

Exit

Guardianship

Group Meeting Room

Closet

Reception

Mail Room

D

Kitchen

PPE /storage closet

FIRE

STAIRWELL

Up

Electrical Room

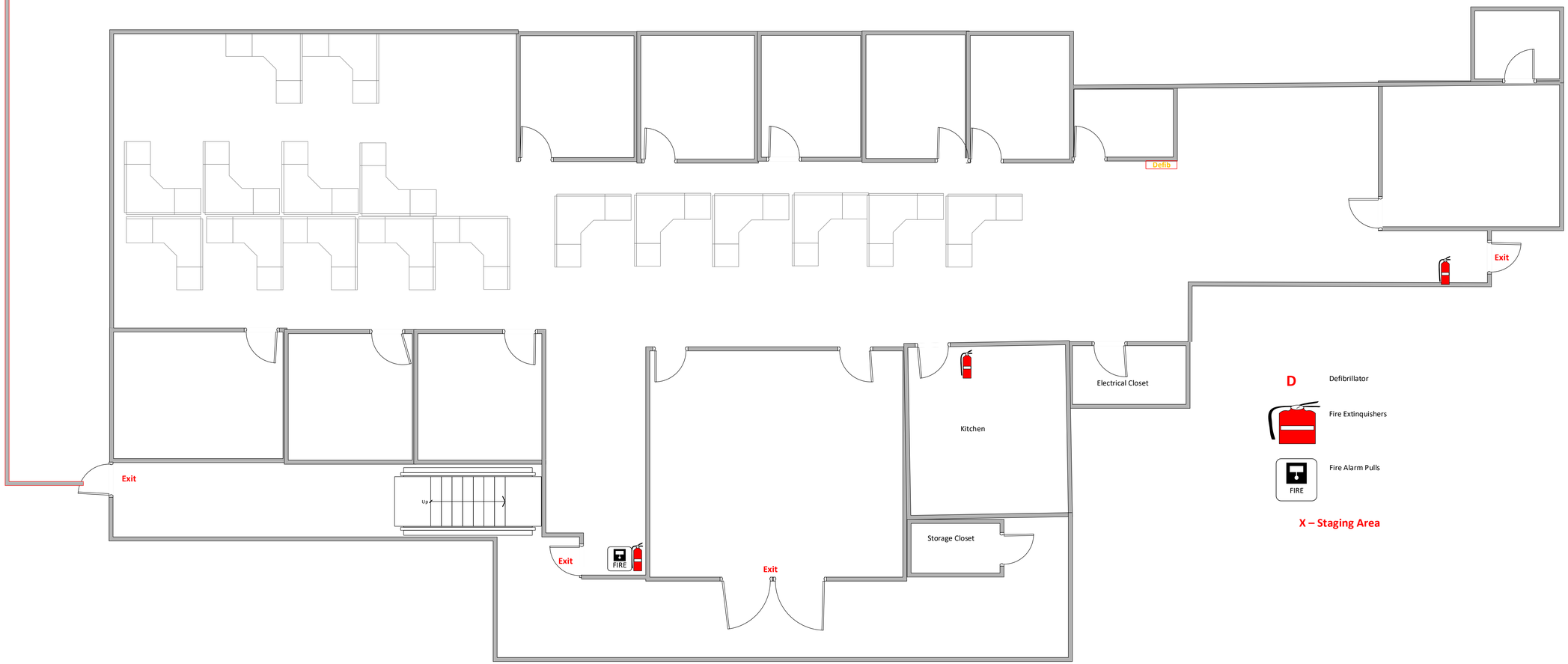
D Defibrillator

Fire Extinquishers

FIRE Fire Alarm Pulls

X – Staging Area

AgeSpan
Emergency Exits & Evacuation Sites Layout
300 Rosewood Dr. Suite 30, Danvers, MA 01923



Attachment C: Area Agency on Aging, Planning and Service Area Map

[**AGE**: Identify the AAA name; address(es); website; contact information – including telephone, TDD, FAX, email contact, etc.; PSA map(s); and identified cities/towns in each PSA. AAAs with multiple PSAs must identify such separately.]

Attachment D: Area Agency on Aging, 2025 Needs Assessment Project and Public Input to Area Plan on Aging

[**1. AGE**: Present a summary of the 2025 Needs Assessment Project as conducted by the AAA. Include process, data collection methods, findings, and lessons learned toward targeting OAA identified populations and in development of the Area Plan on Aging.]

AgeSpan response: Summary of the 2025 needs Assessment Project

Process and data collection methods:

We engaged in a multi-pronged approach in order to collect as much data as possible during our Needs Assessment process:

- Paper survey mailed to 8500 consumers and older adults
- Electronic survey sent to all active caregivers
- Electronic survey sent to community-based partners and providers
- Survey questions developed by the Executive Office of Aging & Independence (AGE)
- Surveys available in multiple languages
- Five focus groups convened to explore the following topics;
    - Health and Wellness (including health care; mental and behavioral health; nutrition; and staying active and wellness promotion)
    - Community and Social Support (including social isolation; leisure and recreation; spirituality; civic engagement and volunteer opportunities)
    - Economic and Daily Living Support (including economic security; legal services; workforce development; access to social assistance services; caregiver support; and maintaining independence)
    - Housing and Transportation (including housing; transportation; and safety and security)
    - Inclusion and Accessibility (including ageism and age discrimination; language and communication barriers; learning and development; cultural competency around LGBTQIA+ issues; and ethnic and cultural competency).

- Survey responses received from 27/28 cities/towns served by AgeSpan.

Findings and Lesson Learned – Older Adult Survey

In the Needs Assessment, older adults were given the prompt, "Please review the list below and select your most important needs related to aging." Respondents reported the following:

- In-Home Supports for Maintaining Independence (59.09%) and Access to Services (49.96%)
- Transportation: Access and Availability (48.44%)
- Health Care: Affordability (47.08%) and Access (43.87%)
- Nutrition Support (37.19%)
- Staying Active and Wellness Promotion (36.77%)
- Housing: Affordability (36.60%), Accessibility and Maintenance (33.22%)
- Opportunities for Leisure, Recreation and Socialization (34.40%)
- Long-Term Services and Supports (33.22%)
- Safety and Security (31.78%)
- Assistance Managing Other Expenses (30.35%)
- Legal Services (28.74%)
- Mental and Behavioral Health Support (28.66%)
- Assistance Addressing Social Isolation (28.40%)
- Learning and Development Opportunities (24.34%)
- Addressing Ageism and Age Discrimination (20.96%)
- Civic Engagement/Volunteer Opportunities (17.41%)
- Spirituality Support (15.89%)
- Communication Barriers (15.05%)
- LGBTQIA+ Support (6.26%)

In the aggregate, this list reflects the priorities and needs identified by older adults. The top issues—such as in-home support, transportation, affordable health care, and access to services—highlight a strong focus on maintaining independence, ensuring access to essential care, and supporting day-to-day living. Lower percentages in areas like LGBTQIA+ support, spirituality, and civic engagement suggest these are considered less pressing but still relevant to a well-rounded quality of life for some older individuals.

In terms of impact on the development of our Area Plan, we recognize a clear call to action. We are committed to strengthening core services, expanding outreach to underrepresented populations, and advocating for affordable, accessible resources—especially transportation and healthcare.

Findings and Lesson Learned – Caregiver Survey

When asked, "What specific supports would help you as a caregiver?" caregivers responded:

- Respite Care (71.43%)
- Support Groups (64.29%)
- Financial Assistance (58.57%)
- In-Home Care Services (55.71%)
- Information and Resources (54.29%)
- Training and Education (54.29%)
- Community Resources (47.14%)
- Mental Health Support (47.14%)
- Care Coordination (41.43%)
- Home Modifications (41.43%)
- Legal Assistance (41.43%)
- Medical Support (38.57%)
- Transportation Services (37.14%)
- Work Life Balance Support (35.71%)
- Nutritional Support (28.57%)
- Technology Support (25.71%)

These needs identified by caregivers reflect the significant emotional, physical, and financial demands they face while providing care. The top priority—respite care (71.43%)—shows a strong need for temporary relief to prevent burnout. High interest in support groups, financial assistance, and in-home care services indicates caregivers are seeking emotional support, economic relief, and practical help in managing their responsibilities. Needs such as training, information, mental health support, and care coordination highlight the complexity of caregiving and the desire for guidance and

professional backing. Overall, these findings show that caregivers require a broad support system to sustain their well-being and ability to care effectively.

As outlined in our Area Plan, we are committed to providing a robust range of services to support caregivers. In particular, we will continue to look for funding to support respite care, the top need articulated by caregivers. We will also offer opportunities for training and education, mental health support and care coordination.

[**2. AGE**: In alignment with Needs Assessment Project goals and summary data released to AAAs, Needs Assessment Project Review, AAAs that did not meet AGE recommendations per PSA populations for survey responses by population - >100K pop = 750 surveys; <100K pop = 250 surveys - are required to develop strategies and plans to address their outreach methods and are required to develop an action plan for implementation by the year end 9.30.2026.]

AgeSpan Response:

AgeSpan surpassed its >100K pop goal of 750 surveys. 956 older adult surveys were submitted to AGE and 79 surveys from caregivers. We received an additional 226 surveys after the AGE submission date closed.

[3. **AGE**: The Needs Assessment Project Review data release identifies circumstances where towns /municipalities realized zero survey responses. AAAs with such data points must develop strategies to foster older adults and family caregivers in the towns/municipalities as identified and incorporate such approaches and timeframes for implementation within their Title III operation. While items 2. and 3. can be addressed within Attachment D, AGE will require separate submission of follow-up reports for 2. and 3.]

AgeSpan response:

AgeSpan serves 28 cities and towns throughout the Merrimack Valley and North Shore. We received surveys from all but one of the communities we serve. We did not receive surveys from Dunstable. To increase participation and service engagement among older adults and family caregivers in Dunstable, we have developed the following outreach strategy and accompanying deliverables and timeline:

Strategy, Deliverables and Timeline

1. Launch a focused outreach initiative in Dunstable using:

- Council on Aging
- Partnerships with local community-based partners

- September 2025: Host AgeSpan 101 at the Dunstable COA

Deliverables:

- Host AgeSpan 101 session at Dunstable COA, including emphasis on the Family Caregiver Support Program
- Research community-based events and partner/participate as appropriate
- Promote Title III-funded services more visibly

Timeline:

- August 2025: Meet with Dunstable COA to plan AgeSpan 101 session for Dunstable older adults; meet with other community-based service providers in Dunstable to plan joint outreach and education events for older adults
- September 2025: Host AgeSpan 101 at the Dunstable COA

[**4. AGE**: Aligning with 45 CFR 1321.65 (b)(4), describe how the AAA considered the views of older adults, family caregivers, service providers and the public in developing the Area Plan on Aging, and how the AAA considers such views in administering the Area Plan. Include a description of the public review methodology, timeline of the public review and comment periods, summaries of public input (including Board and Advisory Council), and how the AAA responded to public input and comments in the development of the Area Plan.]

AgeSpan Response

AgeSpan placed a high priority on gathering and incorporating the views of older adults, family caregivers, service providers, and the general public during the development of our 2026–2029 Area Plan. The Needs Assessment provided the opportunity to collect input through multiple channels, including both paper and electronic surveys, as well as in-depth conversations conducted in community focus groups.

Understanding the lived experiences, needs, and challenges of our consumers and caregivers is central to AgeSpan's mission. Therefore, we took a comprehensive approach to our Needs Assessment, analyzing not only direct community feedback but also demographic and environmental data that impact service delivery. In addition to our own consumer surveys, we reviewed key data sources such as: *ReiMAgining Aging 2023*, 2020 U.S. Census, the Massachusetts Healthy Aging Data Report, and several agency surveys including Nutrition, Home Care, Family Caregiver Support Program, and SHINE. This multi-source approach allowed us to ensure that the Area Plan reflects the diverse needs, cultures, and priorities of the populations we serve across our region.

Public Review Methodology

A draft of the 2026–2029 Area Plan was posted for public review and comment for a 30-day period in late spring 2025, consistent with state guidance. To maximize public engagement, AgeSpan broadly promoted the draft plan and the opportunity for comment via our website and social media channels and outreach at public events and community partner meetings in late spring. Additionally, the draft plan was shared with both our Advisory Council and Board of Directors. Each body was asked to provide critical feedback to help refine the final version.

Timeline of Public Review and Comment Period

- Public posting period: 30 days (late spring 2025)
- Promotion and outreach: late spring 2025
- Advisory Council and Board review: Concurrent with public comment period

Summary of Public Input

Feedback received during the public review period was overwhelmingly positive. Most comments originated from Advisory Council and Board members, who felt the draft plan:

- Was clearly written and comprehensive
- Reflected the priorities identified in the Needs Assessment
- Set forth a thoughtful and actionable strategic direction

AgeSpan's Response to Public Comment

Public input affirmed the direction and content of the draft plan. As a result, no substantive changes were made. However, the feedback reinforced our confidence in the alignment between community needs and our strategic goals for the coming years.

Attachment E: Area Agency on Aging, Organizational Chart

Attachment F: Area Agency on Aging, FFY2026 Administrative and Financial Information

[**AGE**: Attachment F includes the routine Title III reporting templates that include: Form 1; Form 2; Form 3; Form 4a; Form 4b; Form 5; and the FFY2026 Projected Budget Plan. AAAs can chose to identify these seven items as separate Attachments.]