



**AREA AGENCY ON AGING
AREA PLAN**

FEDERAL FISCAL YEARS 2022-2025



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WestMass ElderCare

Planning and Service Area



EXECUTIVE SUMMARY

WestMass ElderCare, Inc. (WMEC), a designated Area Agency on Aging and Aging Services Access Point, was founded in 1974 to serve older individuals, persons with disabilities and family caregivers. Based in Holyoke, Mass., our Planning and Service Area (PSA) includes the following communities: Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley and Ware (see Map, page 3). WMEC services provided through our Adult Family Care, Personal Care Management, Senior Care Options, and One Care programs and our Long Term Services and Supports Community Partner also allow us to assist consumers outside this region. All programs and services delivered by WestMass ElderCare directly support our agency's mission:

To preserve the dignity, independence and quality of life of elders and persons with disabilities desiring to remain within their own community.

In fidelity to our role as an Area Agency on Aging, our work and mission align closely with the mission and pro-aging values of the Executive Office of Elder Affairs:

Mission:

To promote the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

Values:

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

In its Area Agency role, WestMass ElderCare fosters the development of comprehensive and coordinated community-based long-term care systems. Our approach to service delivery includes a combination of collaboration, innovation and solution-driven planning. This 2022-2025 Area Agency Plan constitutes a “blueprint” of strategic goals and objectives that correspond to the guidelines set forth by the U.S. Administration for Community Living (ACL) and the Massachusetts Executive Office of Elder Affairs (EOEA).

The Older Americans Act (OAA) was established in 1965 as the first federal level initiative aimed at providing comprehensive services for older adults. It created a national aging network

compromising both federal and local agencies, including the Administration on Aging (now part of the Administration for Community Living), State Units on Aging, and Area Agencies on Aging (AAAs). In Massachusetts, OAA funding is channeled from the federal government to EOEA and eventually to the state's 25 AAAs. The service categories described below cover the breath of OAA-funded program activity:

- Supportive Services (Title III-B): provides a variety of in-home and community support services such as legal assistance, access services (such as transportation), and health promotion;
- Nutrition and Meal Services (Title III-C): includes home-delivered and congregate meals provided at senior centers and other organizations serving elders and delivery of meals to disabled individuals under 60 years old residing in low-income housing facilities;
- Disease Prevention and Health Promotion (Title III-D): offers evidenced-based healthy aging workshops virtually and in community settings. These programs have been vetted at teaching and research institutions (e.g. Stanford University's Chronic Disease Self-management Program) and designed to empower older persons to participate in maintaining their own health;
- Family Caregiver Support Program (Title III-E): targets family caregivers (including grandparents serving as parents) with information and assistance on caregiving strategies, individual counseling, training and respite care. Specific eligibility guidelines of the Massachusetts Family Caregiver Support Program are:
 - Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older;
 - Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's Disease and related disorders;
 - Grandparents or relatives (not parents) 55 years of age or older providing care to children under the age of 18 years
 - Grandparents and other relatives (not parents) 55 years of age or older providing care to adults with disabilities aged 18-59 years

Older Americans Act funding provides for the delivery of gap-filling services (as stipulated by the OAA: "Funds are not to be used to supplant or replace any funds that are or would be expended for local services"). The target population for OAA-funded services are those individuals in the *greatest economic and social need*. This includes:

- Isolated elders (living alone)
- Low-income elders
- Minority elder populations
- Rural elder populations
- Socially isolated populations (including limited English proficient [LEP] elders, individuals isolated due to cultural identity, gender identity and/or sexual orientation)

Strategies identified in this Area Plan were developed based on data collected during local needs assessment activities coordinated by WMEC during the summer and fall of 2020, including input from consumers, stakeholders and WestMass ElderCare staff (see **Context**, page 7). However,

successful implementation of the Area Plan depends on WMEC’s continual efforts to forge new community partnerships. Our partnerships within the aging network involve work with many groups, including state agencies, local councils on aging, LGBTQ+ community members, programs serving persons with mental and physical disabilities, medical care provider organizations, housing facilities, and more. Given the continued impacts of COVID-19 on our community’s vulnerable older adults and caregivers, our collaboration with these groups is more critical than ever. In the next four years of the Area Plan Period, we anticipate strengthening partnerships with several key initiatives by:

- Collaborating with EOEA and the leadership at the Holyoke Soldier’s Home (HSH) to successfully implement the new HSH Ombudsman Program and ensure its long-term success as an advocacy resource for residents and family members;
- Increasing Title III-C investment in local food pantries (Salvation Army, Lorraine’s Kitchen) and increasing engagement in community partnerships to address food insecurity such as the Holyoke Food Insecurity Coalition, and the ACO Flex program of the Western Mass. Food Partnership;
- Supporting local Senior Centers’ efforts to reduce social isolation by increasing access to technology and skill-building for both older adults and caregivers, by investing in initiatives such as the South Hadley Council on Aging’s Technology Specialist program;
- Continuing our participation in the Pioneer Valley Planning Commission’s “Age Friendly Pioneer Valley” initiatives in several communities in WMEC’s Planning and Service Area, including Chicopee, South Hadley, Holyoke, Belchertown, and Ware;
- Networking with community agencies serving the Latinx Population (i.e. the Holyoke Council on Aging, Cuidadores Unidos, Fernandez Family Restaurant, and Enlace de Familias) to increase Spanish-language programming and supports for this underserved population, including nutrition services and evidence-based educational opportunities; and
- Developing strategic messaging campaigns to our target populations (i.e. caregiver services and outreach to the Latinx population), and enhancing the capacity and responsiveness of our Information and Referral team to ensure prompt, timely and comprehensive communication with everyone who contacts WMEC by phone, email, chat or the contact form on our website.

These and other collaborative initiatives are described in more detail within the “**Strategies and Performance Measures**” section of the Area Plan narrative (Page 13).

CONTEXT

The Administration for Community Living (ACL) has identified the following key Focus Areas which must be addressed in all State and Area Plans on Aging across the country:

- Older Americans Act Core Programs
- Participant-Directed/Person-Centered Planning
- Elder Justice

WMEC's Area Plan includes strategic goals and objectives which align with the ACL Focus Areas and prioritize services which meet the needs of the OAA target population: those individuals with the greatest economic and social need, including low-income and isolated individuals. WMEC's 2020 Needs Assessment Project, described below, was critical to our understanding of local and regional issues which face older adults and caregivers in our Western Massachusetts communities, how those issues align with state and national aging trends in the COVID recovery era, and how they should be prioritized and addressed in our long-term strategic planning.

WestMass ElderCare 2020 Needs Assessment Project

From August through December 2020, in parallel with other Massachusetts AAA/ASAPs as part of the Statewide Needs Assessment Project, WestMass ElderCare implemented needs assessment activities within its Planning and Service Area (PSA) that included input from several key constituencies. Although the social distancing restrictions due to the pandemic limited our ability to conduct in-person needs assessment activities, we were able to successfully facilitate virtual focus groups with several groups of consumers, stakeholders and AAA staff members including:

- WMEC Citizen Advisory Group Members
- WMEC Program Management Team
- Council on Aging directors from all seven COAs in our PSA
- Members of WMEC's Rainbow Supper Club (LGBTQ+ support group)
- Members of WMEC's "Cuidadores Unidos" Spanish-speaking caregivers group

In addition, targeted surveys were conducted with caregivers receiving WMEC services, WMEC home-delivered meal consumers, and consumers participating in the grab & go meal program at Fernandez Restaurant (a local family restaurant and community partner which provides a Title III-funded congregate meal program). See Attachment M for a comprehensive list of data and resources used in our Needs Assessment Project.

Although there was consistency among responses of the various constituents in traditional areas of need in elder services including transportation and health care, we noted several recurring themes and responses that were specific to individual groups. For example, the Spanish-speaking members of WMEC's "Cuidadores Unidos" caregiver support group emphasized the need for more services and materials in Spanish, as well as the need for more recreational

activities for individuals with Alzheimer's and related dementias. Members of the LGBTQ+ Rainbow Supper Club spoke to the need for cooperative housing for older adults and help with routine maintenance to enable them to live independently in their homes. Staff members from both WMEC and our member COAs consistently reported that the COVID pandemic has revealed the widening "digital divide" and the need to increase technology resources, training and supports for both older adults and caregivers.

In summary, across all of the focus groups and surveys conducted as part of the WMEC Needs assessment, a strong consensus emerged to reveal the following five prioritized areas of need among our constituents:

- Social isolation
- Caregiver supports and resources
- Economic and Financial security
- Access to health care
- Access to technology training & support for older adults and caregivers

Additional Needs and Priorities: Lessons Learned from COVID-19

One noted impact of the COVID pandemic on WMEC operations has been a sustained drop in volume to our call center during the last 12 months. In reviewing I&R Quarterly Call Trend Data for FY20-21 released by EOEA, WMEC experienced a 30% drop in call volume to our I&R Call Center from Q1 FY2020 to Q2 FY2021. This decreased call volume correlated directly with quarantine orders related to the pandemic. One plausible interpretation of this data is that many consumers who otherwise may have sought home-care services during this time were reluctant to do so based on fears regarding COVID transmission. In addition, all of WMEC's community-based, in-person outreach activities were suspended for the duration of the statewide State of Emergency, likely further contributing to the slow call volume. In place of these in-person activities, we did have limited opportunities for drop-offs of information and promotional items, as well as video-based networking meetings with established and/or new community coalitions.

An important conclusion that we draw from this data is that we must continue to prioritize outreach and messaging to reach those who need us in the next four years. Increased bi-lingual outreach is needed to deliver safety messaging so that consumers feel secure and confident in seeking WMEC home-based services. It is clear that as we enter the next four –year Area Plan period, COVID-19 remains a reality and we must remain vigilant in our efforts to combat it. To this end, it will be essential to continue sharing information about the risks of COVID 19 transmission and providing free personal protective equipment (PPE) to staff and consumers. Additionally, we will promote COVID-testing resources and vaccine initiatives in an effort to control the spread of contagious variants and ultimately help increase the number of fully vaccinated individuals in our community.

Similar to previous years, WMEC's I&R Call Trend Data for FY20-21 indicated that self-referrals continue to account for approximately 30% of all calls to WMEC's call center. Most callers were individuals in the age 65-84 bracket and requested information regarding the following topic areas:

- State Subsidized Home Care/ASAP Services
- Personal Care/Personal Care Attendant Services
- Home Delivered Meals
- Adult Family Care Services
- Shine Counseling/help with Medicaid Waiver

The I&R Quality Assurance Surveys from 2019-2020 (Attachment L) documented that 82-84% of callers were female, which is important information to guide our future outreach and marketing efforts.

Social isolation among older adults is not a new problem, but the COVID-19 pandemic has clearly amplified how devastating it is for many older adults to lack social connections and the support of family and friends. Data from WMEC's Elder Nutrition Satisfaction Survey (Attachment L) illustrate how many of our consumers suffer from loneliness, and how impactful our nutrition program is in alleviating their feelings of isolation. 37% of Home Delivered Meal (HDM) consumers report that they live alone with no one to check on them except their driver, while 78% agree that "Because of my driver, I feel less lonely." While the nutritional benefits of our home delivered meals program are also clearly supported by the survey data – with 65% of respondents stating that their home delivered meal makes up at least 50% of their daily nutritional intake - the social and safety benefits of this program are needed more than ever. In the COVID-recovery era, when vaccine access and acceptance is variable and some consumers are reluctant to return to congregate dining programs, support for our HDM program will remain an important priority. It should also be noted that COVID 19 accelerated changes in the Congregate Dining model such as congregate sites moving to "Grab n Go" models and virtual Nutrition Education. These changes and adaptations will be monitored and adjustments made as appropriate during this Area Plan period.

While the pandemic has revealed many service gaps and unmet consumer needs, it has also showcased some strengths and areas of opportunity and growth in our community-based work. For example, WMEC's Evidence-Based (EB) Programs staff have greatly strengthened their technology acumen in order to adapt our healthy living workshops to virtual delivery. This has significantly expanded the reach of these programs by making them accessible to those beyond our geographic catchment area. However, much work remains to be done in ensuring that consumers and caregivers have the equipment and training they need to participate successfully in virtual EB programming.

There remains a great need for training and education to support both caregivers and older adults in our service region. In addition to the need for caregiver-focused trainings documented in our Needs Assessment findings, a review of Home Care Falls Assessment Data (Attachment L) for

our consumers in 2020 underscores the continued need for Falls Prevention education. 71.4% of our home care consumers reported feeling unsteady when walking or standing, and 61.6% report worrying about falling. These data suggest that increased falls prevention education for consumers should be prioritized and increased (in 2020, falls prevention education referrals were made with only 15.3% of consumers).

The Options Counseling 2019-2020 Consumer Satisfaction Surveys (Attachment L) revealed that access to long-term care supports is still limited. Over 32% of those surveyed responded that they are not in the long-term care setting of their choice because they are either not eligible for or cannot afford the services in that setting.

Currently, approximately 14% of Massachusetts residents over age 65 have Alzheimer's disease or a related form of dementia. Holyoke (19%) and Springfield (17%) have some of the highest prevalence rates of Alzheimer's disease or related dementias in Western Massachusetts, according to a 2019 community health study conducted by Health New England.

According to the *2021 Alzheimer's Disease Facts and Figures Report*, the number of older adults in Massachusetts with Alzheimer's is expected to increase by 15.4% between 2020 and 2025 (Attachment L). The value of the caregiving necessary to meet this growing need is already staggering: hundreds of millions of hours, and more than \$8.5 billion in unpaid care. The caregivers we serve at WMEC, including those we surveyed in our Needs Assessment project, consistently report that they lack the resources needed to sustain the hardships of caregiving, including respite care, training about dementia, and time for self-care. Our work to support caregivers clearly needs to remain prioritized.

GOALS AND OBJECTIVES

WMEC has identified strategic goals and objectives to be implemented in the Area Plan period (2022-2025), aligned with the OAA's Focus Areas:

Focus Area I: *Older Americans Act Core Programs*

- Goal I.A: Reducing Social Isolation of Older Adults
 - Objective I.A.1: Expand access programming, including transportation and outreach resources
 - Objective I.A.2: Promote technology skills development & access to online learning and supports for older adults
- Goal I.B: Increasing Caregiver Supports
 - Objective I.B.1: Broaden respite care options and resources for self-care
 - Objective I.B.2: Increase access to training and education (English & Spanish) on Alzheimer's and related dementia
 - Objective I.B.3: Promote technology skills development & access to online learning and supports for caregivers

Focus Area II: *Participant-Directed/Person Centered Planning*

- Goal II.A: Increasing investment in workforce development and training to strengthen clinical skills and expertise of agency staff in the delivery of consumer-focused care
 - Objective II.A.1: Revise and strengthen agency staff recruitment and retention efforts to attract and retain a highly skilled consumer-facing workforce
 - Objective II.A.2: Expand upon existing professional development programming to improve clinical competencies and person-centered care practices of both agency management and consumer-facing staff
- Goal II.B: Increase awareness of choices in care for consumers through targeted media campaigns and outreach activities
 - Objective II.B.1: Increase consumer choice information across all messaging platforms (print and digital)
 - Objective II.B.2: Improve outreach/messaging to Latinx community; increase translation of consumer-choice related marketing and intake materials
 - Objective II.B.3: Increase focused outreach for specific programs which promote participant-directed care, i.e. Adult Family Care, PCA, Consumer-Directed Care, and Options Counseling

- Objective IIB4: Strengthen WMEC call center’s capacity to respond to consumer and caregiver inquiries by working closely with Caregiver and Options Counseling staff and using data and reports to guide training needs as well as internal and external collaborations and referrals.

Focus Area III: *Elder Justice*

- Goal III.A: Strengthening systems which protect elder rights and promote elder justice
 - Objective III.A.1: Increase investment in legal services with Title III American Rescue Plan Act (ARPA) funds (i.e. collaboration with Community Legal Aid on internal and community education)
 - Objective III.A.2: Building/strengthening the new Ombudsman Program at Holyoke Soldiers Home; increase volunteer engagement with all WMEC OMB programs
 - Objective III.A.3: Continue collaboration with community partners to reduce domestic violence among older adults and contracting with GSSSI in provision of Elder Protective Services
- Goal III.B: Helping consumers access vital resources to aid in COVID recovery: housing, public benefits, nutrition, financial help, health care, and LTSS supports
 - Objective III.B.1: Building volunteer development, training, and retention efforts to strengthen consumer-facing programs like Money Management, Ombudsman and Nutrition Services
 - Objective III.B.2: Use ARPA funding to strengthen internal and community programming to respond to pandemic-related and COVID-recovery needs for consumers.
 - Objective III.B.3: Increase engagement with local community partnerships to address food insecurity, housing needs, LGBTQ+ community needs, home and community care options, etc.

These high-level goals will provide strategic direction and focus to all WMEC programs and services from 2022-25. The following section will describe how WMEC will accomplish and measure its progress towards these goals as they relate to each of the ACL Focus Areas.

STRATEGIES AND PERFORMANCE MEASURES

The following narrative describes WMEC's current and future efforts which support the goals and objectives identified above, within the framework of the three ACL focus areas. Alignment with specific goals and objectives is indicated by the **Goal/Objective number** in parentheses.

The success of these initiatives will be evaluated in a number of ways. Currently, WMEC's Planner reviews goals and objectives annually with WMEC management to analyze and document progress and challenges in each program area, and shares this progress in a report to the WMEC Advisory Council and Board of Directors. Our agency's ongoing Quality Improvement activities also serve a performance measurement function by tracking individual programs' progress towards identified annual goals (Attachment K). Additionally, consumer satisfaction surveys, monthly program census reports, and call volume data are important tools used to evaluate the success of the interventions and initiatives described in this plan.

Focus Area I: Older Americans Act Core Programs

WMEC has just completed its FY2022-23 Title III Request for Proposal process (see Attachment O: Title III Request for Proposal Legal Notice FFY2022-23). Given its timing in the pandemic, this RFP cycle will be an opportunity for us to address the needs identified in our needs assessment project, especially those that have been illuminated and exacerbated by COVID-19. In the next four years, WMEC's Title III Community Grants, along with our in-house Title III-supported programs (Ombudsman, Money Management, Caregiver Support & Evidence-Based Programming) will be vital to our efforts towards mitigating the negative impacts of COVID and making progress towards the strategic goals outlined above.

Title III-B: Supportive Services

Most of our current Title III B Supportive Services sub-grantees have applied for continued funding to support and expand access/outreach services to low-income elders in FY2022-23 funding cycle.

- Currently, four of our area Councils on Aging (Ware, South Hadley, Belchertown, and Chicopee) provide Title IIIB-funded transportation service for elders to access medical appointments and shopping. During the pandemic, each COA modified its transportation service as needed to meet COVID needs and restrictions. For example, the Ware COA used its van service to deliver grab & go meals to elders in this rural community who cannot easily access the senior center. Modifications and flexibilities like these will remain important in the months and years to come, to ensure long-term safety and COVID prevention success. **(I.A.1)**
- Our Title IIIB Legal Services provider, Community Legal Aid, will continue to be pivotal in protecting the civil legal rights of elders in our community. CLA's target population aligns precisely with that of the Older Americans Act, focusing on vulnerable older adults including those who are low-income, minority, frail/disabled,

homebound, institutionalized, or living in rural areas. Priority is given to the issues of greatest concern to vulnerable elders, so they are able to obtain and retain adequate income, food, shelter, medical care, personal freedom and dignity, and ensure that their basic necessities are met. We have seen in the pandemic that those elders who are vulnerable have become more so; resources that were sparse have become sparser, and access to public benefits and services has become more challenging than ever. See Focus Area III, Elder Justice, for specific examples of CLA's plans to meet these increased pandemic-related needs. **(III.A.1)**

- Granby COA provides Title IIIB-funded outreach services, modified creatively during COVID to conduct outreach programming virtually for many older adults in Granby. This has expanded the impact and access of this service and opens up possibilities for the continuation of virtual programming post-pandemic. **(I.A.1)**

In addition to these community grants, WMEC utilizes Title III-B funds to help support our Money Management (MMP) and LTC Ombudsman (OMB) Programs. WMEC's Money Management Director and volunteers assist low-income elders with financial management issues through the Bill Payer and Representative Payee programs. The Long Term Care Ombudsmen visit nursing and rest home facilities on a weekly basis to assist and advocate for residents. Both programs rely on volunteers to deliver in-person services and both have been challenged during the pandemic as many volunteers discontinued their services out of precautions and fear of COVID transmission. Over the next four years, strengthening our volunteer development and retention efforts will be critical to restoring these programs to their pre-COVID capacity and enabling them to meet the continually growing needs of OMB and MMP consumers. WMEC will use Title III-ARPA funds to create a new part-time administrative position to grow our volunteer management capacity and provide overall program support to our Title III initiatives. **(III.B.2)**

Using Title III-B CARES funds, WMEC purchased dozens of tablets to distribute to isolated elders and caregivers, to enable them to access services and medical appointments virtually, and to sustain crucial social connections to family and friends through social media and other online platforms. This has been an important step in our efforts to reduce the increased social isolation facing older adults during the pandemic. Many of our most vulnerable consumers are homebound, living in rural areas on limited income, and managing multiple chronic health conditions, which put them at greater risk for serious illness if they were to contract COVID-19. Without cellphones, tablets and/or computers, or experience in using them, these elders have little or no ability to connect with others during this challenging time. This lack of social connection threatens their physical, emotional, and mental well-being. The vaccine rollout also demonstrated that without the ability to access or use technology, access to vital goods and services including vaccine registration is a significant barrier for some older adults. We have been on a steep learning curve in the rollout of this tablet distribution program; recognizing that going forward we must significantly increase training supports and internet access to successfully reach and help our target population. **(I.A.2, I.B.3)**

In addition, in response to the shutdowns associated with the pandemic, WMEC invested Title III-B CARES funds in a targeted communication campaign to reach homebound older adults and caregivers in our community. We increased our messaging across platforms (including social media, e-mail marketing, and website improvements such as the implementation of a translation tool) to deliver messaging about COVID safety, WMEC services and supports, free PPE distribution to WMEC clients, and other community services available to help during the pandemic (for example, food security-related resources). As a result of these investments, we have documented several encouraging growth trends: a 30% increase in website traffic, 26% increase in Facebook followers and 730% increase in LinkedIn followers. We will continue to invest in these strategic communication efforts in the next Area Plan period to reach our ultimate goal of reaching more consumers in need as evidenced by increasing call volume, referrals and intakes to pre-COVID levels. **(II.B.1-4)**

Title III-C: Nutrition

With the help of our great team and Title III relief funding, WMEC's Nutrition Department experienced no service interruptions due to COVID-19 since the pandemic began in March 2020. Over the last 18 months, our program absorbed a 30% increase in demand for its home delivered meals (HDMs) as all of our area congregate dining programs closed due to social distancing restrictions. We have delivered over 450,000 meals to over 2,600 consumers. Part of our increased meal delivery this year was a 7-pack shelf-stable emergency meal distribution to every HDM consumer, to ensure that their nutritional needs would be met in case of a COVID-related or other emergency. Thinking forward to the next four years, we anticipate that not all consumers will return to congregate dining, and that depending on COVID variant fluctuations and vaccination rates, we may see a sustained demand for HDM services which will remain higher than pre-COVID levels. Many of our communities have been offering grab and go meals independent of Title III funding. We will continue to assess and monitor how congregate dining may evolve during the plan period of 2022-2025. **(III.B.2)**

Taking lessons from the pandemic, we will continue to improve our emergency preparedness through shelf-stable meal distribution, expand our methods of communicating with consumers virtually, and maintain the collaborations we have forged with community partners to alleviate ongoing food insecurity. In addition, COVID-19 has reinforced the importance of being as proactive as we can regarding recruitment and retention of HDM drivers. Our goal for the next four years is to expand our messaging and hiring practices to build a deep "bench" of both paid and volunteer drivers. Volunteers greatly strengthened our Nutrition program's capacity during the pandemic, with over 30 new individuals signing up to deliver meals since March 2020. Over the next Area Plan period, we plan to further expand our volunteer team by implementing targeted efforts to add capacity for volunteer recruitment and management. **(III.B.1)**

During the pandemic, demand for Latino meals increased by 18-20% among our HDM consumers. Providing these culturally-tailored meals to our Latino consumers will continue to be a strategic priority during the next Area Plan period. Beyond meal delivery, we will seek to engage more Latino consumers by expanding nutrition education and outreach to this underserved community. We will continue to partner with Fernandez Restaurant to offer a congregate dining option for Latino consumers within COVID-safety parameters (Fernandez has served its meals grab-and-go style during the pandemic and has recently resumed in-person dining services). **(III.B.3)**

Our partnership with the Holyoke Council on Aging to serve the LGBTQ+ elder population in our community through our Rainbow Supper Club has continued and grown in popularity over the last several years. During the pandemic, this program “pivoted” to become a weekly virtual support group. Although our members have missed the benefit of in-person gatherings, they have participated consistently in the virtual programming which has featured supportive discussions, guest speakers, film viewings, and educational topics. The RSC’s monthly supper activities at the Holyoke COA will resume at least in modified fashion in the fall of 2021. **(III.B.3)**

The COVID-19 pandemic has inspired our Nutrition Staff to develop several creative innovations in the delivery of its Nutrition Education programming. Our Registered Dietician has offered several Zoom trainings and workshops to engage isolated HDM consumers, promoting both social connection and learning. “Food Safety for the Holidays” and “Back of the Menu Bingo” are a couple of examples of this new “COVID-inspired” programming. We see that the viability and need for engaging consumers through technology may continue into the post-pandemic period, and will look at ways to reach more isolated consumers virtually using digital formats. **(I.A.2)**

Throughout the current Area Plan period, WMEC Title III-C funds have continued to support the independent meal program at Belchertown Council on Aging. As with WMEC’s in-house nutrition program, in 2020, Belchertown’s home delivered meal program saw a substantial increase in demand due to the pandemic. Over 650 Belchertown elders received home-delivered meals and weekend/evening meals. We anticipate continuing our partnership with the Belchertown COA to provide the nutritional and social benefits of Meals on Wheels to the residents of this rural community, many of whom are homebound and lack transportation resources. **(III.B.2)**

Looking ahead to the next four years, other priorities that emerge for our Nutrition Services include Title III-ARPA investments to budget for minimum wage increases for drivers; purchase additional emergency shelf-stable meals for HDM consumers; streamline our operating and delivery protocols with tools such as ServTracker software; and add administrative support for our Nutrition team to strengthen our outreach and responsiveness to consumers **(III.B.1-2)**

Title III-D: Evidence-Based Programming

In the next four year period, WestMass ElderCare will continue to use Title III-D funding to provide the following evidenced-based programs to older adults and caregivers in our communities: *Powerful Tools for Caregivers*, *Chronic Disease Self-Management*, *Matter of Balance* (falls prevention), *the Savvy Caregiver*, *Cuidando con Respeto*, *Memory Training*, *Healthy IDEAS*, and *EnhanceWellness*. (See Attachment N: WMEC Healthy Living Programs 2021). **(I.B.2)**

A significant accomplishment in the current area plan period has been the creation of a part-time Evidenced-based Program Coordinator position to oversee EBP leader recruitment and training, identify host sites for programs, and carryout program documentation tasks. Our EBP Coordinator is herself leader-trained in all of the programs in our EBP library with the exception of *Cuidando Con Respeto*. During the pandemic, she participated in tech trainings and gained skills in virtual delivery of EBPs which has significantly expanded the reach and impact of our Healthy Living Programming. We believe that virtual delivery of EBPs will be a continued opportunity for growth and impact in the 2022-2025 Area Plan period, and hope to further expand the capacity of this program with investment of Title III ARPA funds. **(I.A.2, I.B.3)**

This spring, WMEC has applied for a direct services waiver to EOEA to receive reimbursement for the delivery of many of the programs in our EBP library. This will strengthen the financial support of this program and allow for more sustainable growth of programs like EnhanceWellness and Healthy IDEAS, which are both delivered individually through 1:1 training and coaching. We are optimistic that as we build capacity with these programs, we can positively impact health outcomes and facilitate health care access for many of our consumers. More information on caregiver-focused EBPs is shared in the following section. **(II.A.2)**

Title III-E: Caregiver Supports

WMEC has a new part-time Family Caregiver Specialist (CS) who also works as a Care Manager in our Home Care Department. Our CS conducts in-home caregiver assessments, one-one counseling, and family meetings (traditionally in-person and virtually during COVID-19); arranging respite, sharing resources, and providing supplemental services for caregivers with emergency needs. We will invest Title III ARPA funds to expand the position of the Family Caregiver Specialist in order to broaden our caregiver programming in the next four years **(I.B.1-3, III.B.2)**

Additionally, WMEC continues to be the only agency in Massachusetts that offers the Spanish-language version of *The Savvy Caregiver*, *Cuidando Con Respeto*. The WMEC staff member who is leader-trained in *Cuidando* has been asked to serve on the state-wide Advisory Council for the *Cuidando* program, which has been spearheaded by the Healthy Living Center of Excellence with the support of an ACL grant. The goal of the *Cuidando* Advisory Council is to expand programming both virtually and in-person in communities

across the state. We are pleased to provide leadership in this important initiative and will continue to prioritize caregiver education to the Spanish-speaking consumers in our community (Holyoke has a large Latino population) and across the Commonwealth. We also serve Spanish-speaking caregivers in our community by sponsoring a support group, *Cuidadores Unidos*, and collaborating with several community partners on a grant from the Tufts Health Care Foundation to provide its members with crucial respite and self-care opportunities such as virtual yoga classes and Spanish-language workshops. This vibrant, thriving group is successfully self-governed and clearly meets its members' needs for mutual support. We will continue to prioritize outreach and programming to this underserved community in the next Area Plan period. **(I.B.1-3, II.B.2)**

We learned from our Needs Assessment activities and caregiver surveys that technology remains a significant barrier to services and supports for many caregivers. To address this, we used Title III-E CARES funds to create mini-grants for community partners to establish tablet loan programs. We have learned from our COA partners/grantees in this process that thoughtful planning for initial and ongoing training is key to the success of such programs. Many of our caregivers do not have experience or ease working with computers or smartphones, and get easily overwhelmed by their complex functions and applications. Our new Caregiver Specialist is scheduled to undergo training in the virtual delivery of *The Savvy Caregiver* and *Powerful Tools for Caregivers*, which will help to bridge the “digital divide” for caregivers by enabling them to access digital resources for support and training - one of our agency's key strategic priorities for the next four years. **(I.B.1-3)**

Currently, WMEC's Caregiver Specialist hosts a bi-weekly virtual support group for family caregivers. Given all the uncertainties surrounding COVID, we envision that this virtual caregiver program will remain an important resource for caregivers in our community in the next Area Plan period. In addition, we continue to promote EOEA's monthly “Caring for the Caregiver” webinar by sharing information and links through WMEC's social media and website. **(I.B.1, I.B.3)**

WMEC will seek to expand our Title III-E community grant services focusing on caregiver counseling, respite services and “grandparent as parent” support activities in our service region. The Ludlow Council on Aging's Memory Café and Valley Opportunity Council's Senior Companion Program have been awarded Title III-E subgrants for FY2022-23, and will be key initiatives in these efforts. **(I.B.1-2, III.B.2)**

Title VII: Elder Rights Protection

Protecting the rights of elders will continue as a priority focus for WestMass ElderCare in the post-COVID era. Our LTC Ombudsman Program provides weekly visits to eleven nursing homes and one rest home in our service region in order to monitor residents' care and advocate for their rights. Funded under Title VII of the Older Americans Act, this program protects elder rights by supporting the independence, well-being and financial security of residents in nursing homes. Ombudsmen are also a resource for families who are in the

process of finding a facility for a loved one and for safe discharge back into the community or a less restrictive setting. (III.A.2)

A key initiative in WMEC's efforts to strengthen and sustain elder rights work in our community over the next four years is our agency's participation in the creation and implementation of an Ombudsman (OMB) Program at the Holyoke Soldiers' Home (HSH). Created as a partnership between the Massachusetts Department of Veterans' Services and EOEA, this program was developed as a response to the investigated and documented leadership failures which led to a devastating COVID outbreak at the HSH in the early days of the pandemic, resulting in the death of at least 76 veterans. The development of this program began in Spring 2021 and is well underway. In June, WMEC hired a full-time Ombudsman Program Specialist for the Soldier's Home who has been trained and supervised by WMEC's Ombudsman Director. The successful rollout and operation of this program, and the continued strengthening of our OMB activities at the other long-term care facilities we support, will be important priorities during the next four years. (III.A.2)

WMEC will continue to access and partner with the Protective Services Unit at Greater Springfield Senior Services (GSSS) for Protective/Elder-At-Risk Services for our consumers. As part of our Memorandum of Understanding with GSSS, training will continue for our agency staff on essential protective services/elder abuse topics (e.g. mandated reporting, types of abuse investigated, signs and symptoms of abuse, self-neglect, and PS screening and reporting processes). Beginning this year, GSSS will have a Protective Services Supervisor on site at WMEC's office monthly for case consultations and coordination with WMEC's ANCHOR Program Care Manager, whose caseload focuses on consumers with behavioral health conditions. Also, a Holyoke-based Community Resource Team will continue as a cross-agency networking, training, and resource/referral collaboration to sustain domestic violence-related work for people over 50 under a now-expired federal grant in which WMEC partnered with the Holyoke Police Department, Alianza (a local domestic violence agency) and the District Attorney's Office. (III.A.3)

Other Supportive Services

WMEC has continued its participation in the Pioneer Valley Aging and Disability Resource Consortium (PVADRC), a statewide network of "one-stop" resource centers for older adults, younger individuals with disabilities, family caregivers, as well as persons needing long-term support. WestMass ElderCare, LifePath, Greater Springfield Senior Services, Highland Valley Elder Services and Stavros Independent Living Center make-up this partnership in the Pioneer Valley region of Western Massachusetts. Representatives from the five member agencies' Information & Referral teams meet quarterly to exchange resource information, network and problem solve regarding timely and current challenges in assisting consumers. (III.B.3)

Within the current Area Plan period, WMEC has played the lead role in a collaboration with other PVADRC member agencies in the creation of the Care Alliance of Western Mass (CAWM). CAWM, a long term services and supports community partner (LTSS CP) provides person-centered care coordination services for eligible MassHealth ACO and MCO members ages 3-64. Our participation in CAWM will continue to be a pivotal strategy in WMEC's efforts to provide long-term services and supports to individuals with disabilities and chronic conditions. The first five year 1115 Waiver Demonstration will end in December 2022. It is expected that Massachusetts will apply for a second 1115 Waiver Demonstration which will include Community Partners. (III.B.3)

The Pioneer Valley Planning Commission (PVPC) has spearheaded many Age Friendly initiatives in our Planning and Service Area with funding from the Tufts Health Plan Foundation. Currently, the cities of Chicopee and Holyoke and the town of South Hadley have partnered with the PVPC to create a regional action plan for more age-friendly and dementia-friendly communities in Western Massachusetts. The plan will address quality of life issues such as safety and accessibility of outdoor spaces, transportation needs, information access, and social isolation, particularly in relation to older adults. Belchertown and Ware are also engaged with the PVPC to develop and implement Age and Dementia Friendly activities in their towns. These activities and supports are needed more than ever, as social isolation and transportation barriers have increased during the pandemic. In the next four years, WMEC will continue to participate in and support Age Friendly Pioneer Valley efforts to create facilities and services that can help older adults participate more fully in our communities. (III.B.3)

Focus Area II: Participant Directed/Person Centered Planning

Person-centered planning is a process that identifies and addresses a consumer's changing strengths, capacities, goals, preferences, needs and desired outcomes. In this model of care, the consumer maintains a high degree of involvement in services and exercises control over decisions. This approach is part of our agency's "No Wrong Door" strategy to provide multiple entry points for consumer's access to services. (See Attachment M: *Consumer Choice* brochure, which promotes person-centered planning and is reviewed and shared with consumers during the intake process). WMEC also participates in 413cares, an online resource directory serving Western Mass.

WestMass ElderCare's delivery of participant directed/person centered planning revolves around assessment and reassessment encounters with consumers. This care planning process includes services that support, maintain and assist the consumers in maintaining independence in their own home. Consumer needs not met through the Home Care Program service or by informal supports may be addressed through other resources within WestMass ElderCare or other community-based human service organizations. For instance, consumers enrolled in Home Care Basic Non Waiver may qualify for the Home and Community Based Waiver (HCBS), Community Choices, Consumer Directed Care or Enhanced Community Options Program.

HCBS Waiver services also serve adults in transition from a nursing facility or long stay hospital to the community setting (i.e. individuals with Acquired Brain Injuries). WMEC Options Counselors, Community Resource Specialists, and Home Care Care Managers provide consumers with information about other available community programs and supports such as Assisted Living, PACE, SCO, ONE Care as well as public benefits to support individuals in their own home.

To ensure continuity of care, WMEC Care Managers assist in the development of extended care service plans and help to facilitate back-up plans with consumers and their formal and informal supports. Care Managers and Home Care Supervisors review the consumer's "Plan of Care" and adjust it if changes occur in their physical and/or cognitive health, ADL/IADL function or support systems. During the last four years, WestMass ElderCare provided extended care services to 13 Home Care consumers. These consumers receive intensive in-home supports that included 42 or more hours of Home Health Aide, Personal Care, and Companion assistance services, providing an alternative to nursing facility placement for these individuals.

Central to the successful delivery of our person-centered care practices is the stability and skill level of our workforce. The pandemic has created a host of employment-related challenges including a very competitive labor market resulting in higher than average staff turnover. Our leadership team has prioritized the strengthening of our agency's recruitment and employee engagement practices in order to increase job satisfaction and employee retention in the years to come. Frequent turnover of clinical staff is difficult for consumers who develop a trusting relationship with their Care Managers; creates interruptions and inefficiencies in service delivery; and can be very costly in training investments. In the upcoming Area Plan period, WMEC will explore using Title III ARPA funds strategically to invest in workforce development and training in order to attract highly skilled clinical staff who consistently deliver high-quality participant-directed care. Adding a part-time position to provide administrative support to WMEC's HomeCare program will be instrumental in this effort. **(II.A. 1-2, III.B.2)**

Example of WMEC's participant-directed services in action:

"Roger's" journey with WMEC began when a neighbor found him crying on a park bench in Holyoke last summer. An 89 year old single veteran, Roger desired to remain in his home but had no informal supports except his neighbor who often checked in on him. Last summer, Roger told his neighbor that he had no food and had not been able to get to the clinic for Coumadin testing. Due to the restrictions of COVID-19, Roger's transportation limits were reduced; he could no longer take the bus to the grocery store or take the Holyoke COA van to the meal site there. Furthermore, Roger had unmet medical needs including sores on his back that needed attention. Feeling hopeless, Roger had told his neighbor that he wanted to die.

Thankfully, Roger's neighbor called WMEC. Our Care Manager Ginger Cruickshank conducted several outdoor, COVID-safe in-person visits with Roger and his neighbor in order to complete a thorough intake and assessment. As Roger is hard of hearing, Ginger wrote questions on a note pad and Roger would then respond to them verbally. In the intake and assessment process,

Ginger learned that Roger was an intelligent, well-read and charming man who prided himself on his independence and was reluctant to accept help. Ginger enrolled Roger in our Enhanced Community Options Program (ECOP) to address his medical and safety needs while allowing him to maintain the autonomy that was so important to him. Ginger immediately authorized home-delivered meals for Roger to meet his nutritional needs. Next she helped Roger seek medical attention to get his sores treated and his blood levels tested, and arranged for weekly nursing visits and a Personal Emergency Response System to monitor his health and safety going forward. Ginger contacted Mass Relay and the VA to secure a hearing test and ongoing assistance with Roger's hearing aides. This included allowing Roger to trial and choose between several audio devices to improve his functional hearing and ability to communicate. After reviewing our Consumer Choice services options with him, Roger accepted the services of a Home Health Aide to assist with bathing, food shopping and housework.

In short, with Ginger's help and the ECOP program, Roger was able to make informed, supported choices which resulted in measurable improvements to his health and quality of life and allowed him to remain in his own home until his recent passing.

In addition to examples like this one, person-centered care practices are integral to all agency services as evidenced by ongoing communication and collaboration between WMEC departments. For instance, our Long Term Care Ombudsman Director consults regularly with Care Managers and Nurses in WMEC's Home Care Department to ensure monitoring and advocacy when a consumer is requesting to return home even if not recommended to do so by the nursing home team. This type of clinical collaboration maximizes the consumer-driven decision-making that is central to successful participant-direct practices. Additionally, WMEC Care Managers and Nurses conduct post-hospitalization follow-up for home care consumers that have transitioned home from the hospital or skilled nursing facility. The post-hospital follow up is conducted within five business days of their transition to ensure that needed support and services are in place. The consumer Plan of Care is adjusted according to the needs and wishes of the consumer. WMEC will continue to streamline and strengthen training protocols for its clinical staff in order to maximize these person-centered case coordination efforts. **(II.A.2)**

Focus Area III: Elder Justice

In an effort to prevent injury, violence and exploitation of older consumers in our service region, WestMass ElderCare will ensure that elder justice activities are strengthened during the COVID recovery process. We currently provide Title III-B funding to Community Legal Aid (CLA) to assure that low-income and minority elders in the WMEC service region have equal access to the legal system through the provision of legal advice, representation, referral and education at no cost. CLA also advocates for elders to help them access the public benefits to which they are lawfully entitled. **(III.A.1)**

Not surprisingly, the hardships caused by the COVID pandemic have resulted in a huge uptick in demand for elder legal services in our community. In response, WMEC awarded additional Title III-B CARES Act funding to CLA to provide our community's elders with legal support related to housing (preventing eviction and foreclosure), income maintenance (appeal of benefits claims) and health care rights. CLA's outreach work has been challenging during the pandemic, but their attorneys and para-legal staff anticipate that when it is safe to do so, they will resume regular visits to meal sites, senior centers and other places where elders congregate to publicize changes in laws and regulations affecting elders. WMEC will allocate Title IIIB ARPA funds to CLA over the next three years to help meet this sustained, elevated need for legal supports in the COVID-recovery era. **(III.A.1)**

During the upcoming Area Plan period, CLA is expected to continue its work with tenant and other groups to promote the existence of safe and adequate housing. One specific initiative launched by Community Legal Aid in response to the pandemic is its COVID Eviction Legal Help Project (CELHP), intended to confront the housing crisis brought on by COVID-19 and the end of the Massachusetts eviction moratorium. Twenty new attorneys, case managers, intake paralegals and other staff have been hired to boost CLA's ability to respond to this crisis, with more new CELHP hires to come. CLA is reorganizing its existing housing unit to allow experienced attorneys to mentor new CELHP staff. Elder Unit staff are assisting with this effort, with a particular focus on the 60-and-older population's unique needs during the pandemic, including addressing the challenges presented by appearing in court virtually and coping with the restrictions of quarantine. CLA's housing-related intakes have increased dramatically and are expected to continue to climb. Title III support of CLA will empower the CELHP to address this issue through targeted advocacy and coordination with other local organizations that offer funding for rent arrears and other supports to prevent evictions. **(III.B.3)**


CLA has recently undertaken a coordinated strategic planning effort to define how they will approach services in the post-pandemic world. They have identified, for example, the need to monitor the deployment of online government/judicial systems that arose during the pandemic so that consumers can continue to have access to justice – but without penalizing those, like many elders, who may not have access to technology that can give them access to those systems. This aligns perfectly with WMEC's strategic priority in the COVID-recovery era to increase consumers' access to and capacity to use technology to meet their needs. In addition, CLA will remain a key resource in WMEC's professional development efforts, providing bi-annual staff trainings to heighten our team's skills and knowledge regarding housing and tenant rights, health care proxies and guardianship, and accessing public benefits. **(II.A.2, III.A.1)**

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ATTACHMENT A: AAA Assurances and Affirmations, 2022

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



Section 306, Area Plans

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

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

- (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

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

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

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

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

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

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or 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), in 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 State assistive technology entity and access to assistive technology options for older individuals;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) provide assurances that—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Enter Area Agency on Aging

Area Agency on Aging

8/10/2021
Date

Helen P. Florio
Signature - Chairperson of Board of Directors

8/11/2021
Date


Philip E. Dwyer
Signature - Chairperson of Area Advisory Council

8/9/2021
Date

Rosemary Martin
Signature - Area Agency on Aging Executive Director

ATTACHMENT B: AAA Information Requirements, 2022-2025

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



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

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

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

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

WestMass ElderCare has developed strategic goals and objectives in the main body of this Area Plan that set a clear path for the provision of services to older individuals in the greatest economic and social need, individuals at risk for institutional placement, minorities, as well as individuals isolated because of limited English proficiency or geographic location (i.e. rural). As explained below, several different procedures are in place to ensure the targeting of resources to these priority populations:

- *Annual Title III monitoring for sub-grant recipients and direct service providers assesses efforts made to reach consumers in the greatest economic and social need.*
- *A system is in place to assess WMEC's progress in completion of each Area Plan objective. The WMEC Planner reviews goals and objectives annually with management to review and document progress in each program area, and shares this progress in a report to the WMEC Advisory Council and Board of Directors.*
- *Guidance for applicants of Title III grant funding includes language on the requirements issued by the ACL on targeting priority populations with OAA funding. (Please see copy of the legal notice announcing FFY 2022-23 Title III funding contained in Attachment O). WestMass ElderCare also disseminates protocols and ongoing guidance to recipients of Title III funds to facilitate their compliance with Older Americans Act requirements on targeting populations with the greatest economic and social needs, minorities, individuals with limited English proficiency and residency in rural locations.*

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

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

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

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

Each Title III sub-grant applicant is required to address in their funding application how they will meet the needs of the Older Americans Act priority populations, including those of greatest social and economic need.

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

WMEC's subgrantees represent communities both rural and urban. Holyoke and Chicopee are the urban centers of our PSA, and tend to be very diverse ethnically. Granby, Belchertown, Ludlow, Ware and South Hadley are rural and suburban, with predominantly Caucasian populations. Regardless of their community's demographic makeup, each subgrantee is required to collect and document data illustrating how many of the individuals served through Title III programming are low-income, have limited English proficiency, and live in Rural Areas. This data is submitted in monthly reports to WMEC's Planner, who then generates reporting to the agency's Advisory Council and Board of Directors.

(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;

Each Title III subgrantee undergoes an annual monitoring process overseen by the WMEC Planner in which they are required to review and report on their progress towards the goals and objectives outlined in their funding application. Per the application requirements, these goals and objectives include targets for reaching these vulnerable populations in their communities.

OAA Section 306 (a)(5)**Include information detailing how the AAA will:**

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

WestMass Elder Care participated fully in the statewide needs assessment process organized during FY 2020 by EOE. This effort included conducting a combination of assessment activities including key informant interviews, targeted surveys and focus groups. Although the social distancing restrictions due to the pandemic limited our ability to conduct in-person needs assessment activities, we were able to successfully gather data from several groups of consumers and stakeholders including older adults and disabled persons, family caregivers, COA Directors and WMEC staff, some of whom reported living in conditions of economic hardship and isolation. Also represented in the sample were racial and linguistic minorities and residents of rural sections of our PSA, including caregivers in our Spanish-speaking caregivers group Cuidadores Unidos and nutrition consumers at Fernandez Family Restaurant in Holyoke. Among the top three needs identified through this process were: 1) Social Isolation, 2) Caregiver Supports and Resources, and 3) Economic and Financial Security.

Agency outreach is another avenue to contact priority target populations. WMEC staff historically participate in local health fairs and community events (e.g. Holyoke's annual Latino Heritage Festival & Puerto Rican Parade, Northampton's Annual Pride Parade). Though in-person outreach events have been curtailed due to COVID, we have increased our digital and virtual messaging during this time. A digital newsletter reaches over 750 readers every month, and a printed agency newsletter is published 3-4 times per year and is distributed to 5,000 consumers, family caregivers and service provider agencies in our region. WMEC's newly re-designed website (wmeldercare.org) contains the newsletter in digital format as well as updated COVID safety messaging as needed. Increasingly the agency website is becoming a useful vehicle for marketing our programs and services. As a result of a targeted communication campaign during COVID, our website and social media traffic has increased measurably. Planned activity for messaging in Spanish is underway. PPE and COVID vaccination educational materials continue to be distributed in English and Spanish.

The Area Plan encompasses the activities of agency departments with a large consumer base of individuals living with physical and mental disabilities (e.g. Adult Foster Care and Personal Care Management). The WMEC Information & Referral and Home Care Departments includes Community Resource Specialists and Options Counselors who assist local housing management to identify elders who are at-risk for nursing home placement, those disabled individuals whose needs meet state and federal housing eligibility criteria.

As noted in the Area Plan, WMEC is a member of the Pioneer Valley Aging and Disability Resource Consortium (PV-ADRC). The PV-ADRC is focused on bringing AAA/ASAP and the Independent Living Center (ILC) networks located in Franklin, Hampshire and Hampden counties closer together and to develop additional options for elders and persons with disabilities.

Integrated Care Plans (One Care and LTSS Community Partners programs as well as PCM and AFC programs) work with younger people with disabilities to ensure coordination, assessment and care planning for younger members and consumers. Likewise, services to grandparents raising grandchildren sometimes involve children with special needs.

WMEC also continues to apply for and receive Community Block Grant Funding for the Nutrition Program from the municipalities of Holyoke and Chicopee (for consumers under 60 years and with disabilities).

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;

Please see OAA Section 306 (a)(5), Above, describing the planning, execution and results of WMEC's 2020 Needs Assessment Project, which solicited input from a variety of consumers and caregivers currently receiving WMEC services.

As part of the Title III monitoring process, WMEC requires that Title III grant and direct service providers conduct and report on a consumer satisfaction survey. Additionally, the Title III-C Nutrition Program hold periodic "Project Council" meetings to elicit consumer feedback on meal quality. (These Project Council meetings have been suspended during the pandemic due to congregate meal program closures).

The WMEC Compliance and Contracts Manager is responsible for coordinating annual quality assurance surveys from consumers for each department. There are also Complaint/Compliment logs to document consumer comments about their services. Information from consumer survey tabulations and postings in the Complaint/Compliment log are presented to WMEC managers at their monthly meeting (which also serves as the agency's a Quality Assurance Committee).

- (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;

WMEC has several mechanisms for advocating for the views of older persons in the service region:

- Part of the function of the WMEC Citizens Advisory Council is to represent the views and advocate for needs of older persons in the communities represented. Our Advisory Council includes members affiliated with local councils on aging (community focal points), local human service and faith organizations, as well as a Congressional Aide for U.S. Representative Richard Neal (Springfield office).*
- WMEC collaborates with Holyoke Council on Aging to offer a monthly Title III-C funded supper club targeting LGBTQ+ individuals. This program was modified during the pandemic and has offered weekly support groups to its members since early 2020.*
- The Executive Director of WestMass ElderCare currently serves as the Vice President of Mass Home Care and as a Board Member of the Human Service Forum.*
- One of our agency's Home Care Supervisors is a member of the Western Department of Mental Health Advisory Board. Participation on this advisory body, allows the HC Supervisor to glean information about new State and local initiatives for elders in need of mental health services and advocate for better behavioral health services in the State.*
- WMEC Long Term Care Ombudsman Program Director, Holyoke Soldiers Home Ombudsman Specialist, and Ombudsman program volunteers regularly advocate for older adults in the long term care facilities in our catchment area. They do so by meeting with residents individually, bringing their concerns to facility management, and attending resident council and family council meetings periodically.*
- The WMEC Planner and Evidence-Based Program Coordinator are members of the Western Mass. Healthy Aging Coalition which organizes leader training and conducts activities to sustain evidenced-based healthy aging programming in the region. We collaborate closely with the Healthy Living Center of Excellence to expand caregiver training to Spanish-speaking populations across the state.*
- As needed, AAA staff also give testimony at public hearings pertaining to key services for elders, family caregivers and persons with disabilities (e.g. transportation).*
- The Pioneer Valley Planning Commission (PVPC) is spearheading many Age Friendly initiatives in our Planning and Service Area. Currently, the cities of Chicopee and Holyoke and the town of South Hadley have partnered with the PVPC to create a regional action plan for more age-friendly and dementia-friendly communities in Western Massachusetts. Belchertown and Ware are also engaged with the PVPC to develop and implement Age and Dementia Friendly activities in their towns. In the next four years, WMEC will continue to participate in and support these efforts to create facilities and services that can help older adults participate more fully in our communities.*
- WMEC's Executive Director and Planner advocate through periodic written correspondence to local, state and federal legislators regarding issues and funding initiatives which impact our consumers. We also interface with local leaders at legislative breakfasts and in-house events like "March for Meals."*

OAA Section 306 (a)(7)

Include information describing how the AAA will:

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

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

Since its inception during the 1970s, the Massachusetts Home Care Program has been continually refined. Our State's Executive Office of Elder Affairs (EOEA) is responsible for the administration and management of the State Home Care Program (SHC) and contracts with private non-profits agencies designated under State law as Aging Services Access points (ASAPs).

WestMass ElderCare is one of twenty-five local ASAPs charged with providing case management to eligible individuals 60 years and over. We also contract with a wide range of providers to purchase other direct services including personal care, homemaker, chore, home-delivered meals, emergency response systems and other non-medical services. Many SHC consumers also receive home health care such as nursing, physical or occupational therapy and home health aides reimbursed by MassHealth or Medicare.

WestMass ElderCare also has a number of Senior Care Options (SCO) contracts to serve dually eligible beneficiaries (Medicare & Medicaid) under the age of 65 years. Within the last four years, the number of SCO contractors and consumers have grown rapidly. These consumers are heavy utilizers of essential SHC services (e.g. home-delivered meals). SCO case management services are provided by WMEC Long Term Support Services Coordinators.

The WestMass ElderCare State Home Care Program follows EOEA's Quality Framework for Frail Elder Home and Community Based Services. Our agency's Compliance and Contract Manager facilitates and monitors quality assurance initiatives in each of the WMEC departments. Monitoring of QA activities occurs on a quarterly basis.

WestMass ElderCare is also an active partner with numerous community coalitions and professional organizations to foster collaboration in providing quality services for elders, persons with disabilities and family caregivers in the PSA. Our AAA is currently a member of the following local and national organizations:

- Alzheimer's Association
- 413cares
- AARP
- Alliance of Information & Referral Systems
- Care Alliance of Western Mass.
- Chicopee Chamber of Commerce
- Employers Association of the Northeast
- Healthy Living Center of Excellence
- Holyoke Chamber of Commerce
- Holyoke Food Insecurity Coalition
- Holyoke Safe Neighborhood Coalition
- Home Care Aide Council
- Human Service Forum
- Massachusetts Association of Older Americans
- Massachusetts Home Care Association
- Massachusetts Meals on Wheels
- Massachusetts Council for Adult Family Care
- MassOptions
- Meals on Wheels America
- n4a (National Association of Area Agencies on Aging)
- National Association of LongTerm Care Ombudsman
- National Association of Nutrition and Aging Services Program
- National Council on Aging
- Pioneer Valley Aging and Disability Consortium
- Retired Senior Volunteer Program of Hampshire, Hampden & Franklin Counties
- Society for Human Resource Management
- Western Massachusetts Elder Care Professionals Association
- Western Massachusetts Department of Mental Health Advisory Board
- Western Massachusetts Healthy Aging Coalition

- (B) 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;

WestMass ElderCare participates in the on-going delivery of evidenced-based healthy aging programs in the service region. These evidenced-based programs are frequently conducted in collaboration with local councils on aging, elder housing sites and in health care organizations. WMEC staff developed expertise in delivering these programs virtually during the pandemic, extending their reach to more isolated individuals. Presently, WMEC's Evidence Based Program Coordinator manages leader recruitment and delivery of programming for eight evidence-based programs for older adults and caregivers (see Attachment N: WMEC Healthy Living Programs 2021), including the Spanish-language version of The Savvy Caregiver (Cuidando con Respeto). Our Evidence-Based Program Coordinator participates in the Western Mass. Evidence-Based Coordinators Coalition monthly.

OAA Section 306 (a)(10)

Describe the procedures for assuring that the AAA will:

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

WestMass ElderCare has developed an agency policy entitled: Grievance Procedures for Older Individuals Who Are Dissatisfied With Or Denied Services Under Title III of the Older Americans Act. This policy outlines specific procedures for OAA direct services and grantees/subcontractors regarding grievances, including details on the following steps:

- *Posting written information about grievance procedures;*
- *Development of a "Complaint Review Team;"*
- *Process for consumer to follow when filing a complaint;*
- *Subsequent investigation process time allotted in attempting to resolve the complaint;*
- *Review of complaint by WestMass ElderCare AAA Director, Executive Director and Corporate Board of Directors.*

The grievance policy is also contained in a document provided to each funded Title III grant recipient: "Older Americans Act Title III Grant and Contract Requirements". The annual Title III Program Monitoring includes an assessment of compliance with this requirement.

OAA Section 306 (a)(11)

Describe the procedures for assuring that the AAA will:

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

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

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

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

N/A. There is no significant population of older Native Americans in WMEC's Planning and Service Area.

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.

WestMass ElderCare has created 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 (e.g. extreme weather, public health emergencies and other disasters). The policy also offers current local and national emergency preparedness resources (e.g. FEMA, MEMA, & municipal emergency preparedness planners in our PSA).

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

- *Staff Handbook for Disasters and Emergency Situations*
- *Continuity of Operations Plan" (COOP)*

These documents provide guidance on disaster/emergency preparation, agency leadership succession and specific responsibilities of staff in the event of an emergency. WMEC department protocols are reviewed regularly to insure that staff contact is maintained with the pool of highest risk consumers. The COVID pandemic has increased our capacity to deploy virtual and remote work systems quickly and efficiently. The Staff Handbook on Disasters and Emergency Situations will include alternative communication strategies in the event that the WMEC office building cannot not be occupied.

Our agency Information Technology Provider (Cooperative Systems) provides the "Survive Business Continuity Program" to be used when the WMEC servers and computer network are inaccessible due to an emergency. Instructions for use in the "Survive Program" are included in the Staff Handbook on Disasters and Emergency Situations and practice tests are conducted at least once annually for agency staff.

Additionally, WMEC is one of the signers of a Memorandum of Agreement – “Statement of Mutual Aid and Assistance”- which cements the collaborative arrangements between the Pioneer Valley Aging and Disability Consortium (i.e. Stavros, GSSS, LifePath and HVES) 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.

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.

OAA Section 307 (a)(11)

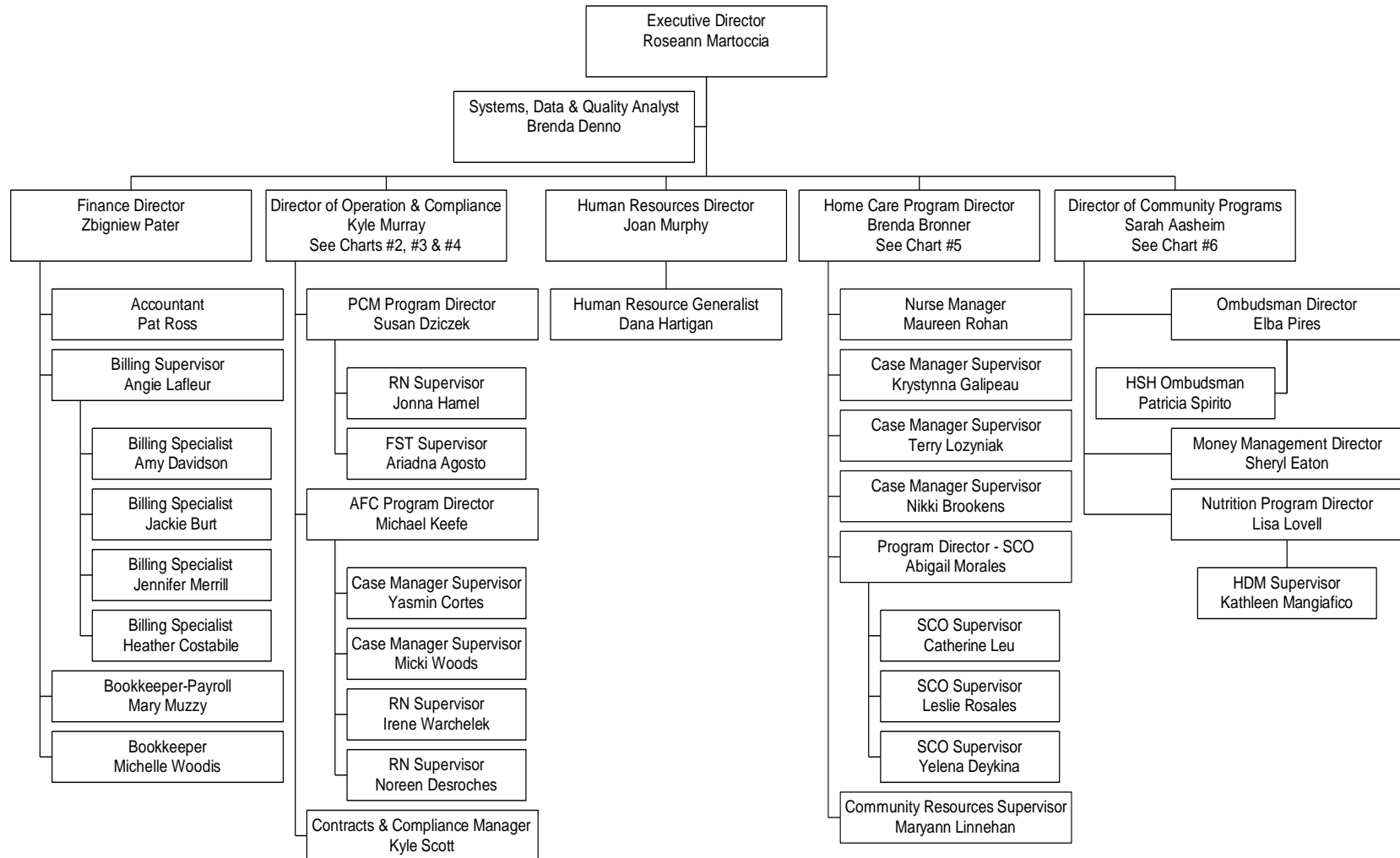
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:

(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.

In an effort to prevent injury, violence and exploitation of older consumers in our service region, WestMass ElderCare will ensure that elder justice activities are strengthened during the COVID recovery process. WMEC meets or exceeds the minimum funding mandate of 9% of Title IIIB allocation by providing funding to Community Legal Aid (CLA) annually. We have granted additional Title III funds to CLA during the pandemic to prioritize legal protections for our community’s most vulnerable elders, assuring that they have equal access to the legal system through the provision of advice, representation, referral and education at no cost. CLA also advocates for elders to help them access the public benefits to which they are lawfully entitled.

ATTACHMENT C: ORGANIZATIONAL CHART

WestMass ElderCare, Inc. Management & Supervision



ATTACHMENT D: AAA Board of Directors (Form 1)

AREA PLAN ON AGING, 2022 - 2025

Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2022

Area Agency on Aging: WestMass ElderCare

| Member Name | Identify Officers by Title | City/Town of Residence | Membership Affiliation |
|-----------------|----------------------------|------------------------|------------------------|
| Helene Florio | President | Holyoke | Holyoke |
| David Thibault | Vice President | At-large | At-large |
| Liane Pueschel | Treasurer | South Hadley | South Hadley |
| Patrice Patla | Secretary | Chicopee | Chicopee |
| Bernice Bowler | | Holyoke | Holyoke |
| Karlene Shea | | Holyoke | Holyoke |
| James Tillotson | | Chicopee | Chicopee |
| Carol Brundige | | Ware | Ware |
| James Bell | | Belchertown | Belchertown |
| Dorothy Moreau | | Chicopee | Chicopee |
| Maria Pagan | | Holyoke | Holyoke |
| Barbara Raines | | At-large | At-large |

| | |
|----|--|
| 91 | Percentage of the Board that are 60+ years of age. |
| 9 | Percentage of the Board that are minority persons. |
| 9 | Percentage of the Board that are 60+ and minority persons. |

ATTACHMENT E: AAA Advisory Council Members – Form 2

AREA PLAN ON AGING, 2022 - 2025

Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2022

Area Agency on Aging: WestMass ElderCare

| Member Name | Identify Officers by Title | City/Town of Residence | Membership Affiliation |
|------------------------|----------------------------|------------------------|------------------------|
| Philippe Denette | Chairperson | Granby | Granby |
| Marie-Brigid Bresnahan | Vice Chair | Ware | Ware COA |
| Duane Camp | BOD Liaison | South Hadley | South Hadley |
| Josephine Fitzgerald | | Belchertown | Belchertown |
| Gwen Morrissey | | Granby | Granby |
| Phyllis Ichton | | Holyoke | Holyoke |
| Agnes Briere | | Holyoke | Holyoke |
| Beverly Feicha | | Ludlow | Ludlow |
| Joyce Gay | | South Hadley | South Hadley COA |
| Jeanne Ahern | | At-large | Elected Official |
| Joanne Chuslo | | Holyoke | Holyoke |

| |
|-----|
| 93% |
| 0% |
| 0% |

Percentage of the Advisory Council that are 60+ years of age. *

Percentage of the Advisory Council that are minority persons.

Percentage of the Advisory Council that are 60+ and minority persons.

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

ATTACHMENT F: AAA Designated Focal Points – Form 3

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

Area Agency on Aging: WestMass ElderCare

| Focal Point Name | Address | Town | Focal Point Designations (Marked with "X") | | | | |
|------------------|-------------------|--------------|---|---------------------|------------------------|---------------|------------------|
| | | | Senior Center/ Council on Aging | Community Center | Nutrition Meal Site | SHINE Site | Adjacent Housing |
| Belchertown COA | 60 State St. | Belchertown | X | X | X | X | X |
| Chicopee COA | 5 West Main St. | Chicopee | X | X | X | X | x |
| Granby COA | 10 West State St. | Granby | X | | X | X | |
| Holyoke COA | 291 Pine St. | Holyoke | X | X | X | X | |
| Ludlow COA | 37 Chestnut St. | Ludlow | X | X | X | X | X |
| South Hadley COA | 45 Dayton Street | South Hadley | X | | X | X | |
| Ware COA | 1 Robbins Rd. | Ware | X | X | X | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ATTACHMENT G: AAA Title III-B Funded Services – Form 4a

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

Area Agency on Aging: WestMass ElderCare, Inc

| FUNDED SERVICES | EOEA Use Only | Title III Funding Category | Direct Service Status (Y/N) | Goal Number | NAAPIS Code 9's (1 to 131) | Priority Svc 7A, 7B, 7C, 7D (8) | Provide Evidenced Based Program in Use (as applicable) | FFY2022 FUNDING - PLANNED | |
|--|------------------|----------------------------------|-----------------------------------|----------------|-------------------------------|---------------------------------------|---|---------------------------|-----------------------|
| | | | | | | | | Title III Award | Non-Title III Funding |
| PROVIDER | | | | | | | | | |
| Chicopee COA Older Adult Transportation | | B | N | | 10 | A | | \$ 7,500.00 | \$ 1,275.00 |
| Belchertown COA Medical Transportation | | B | N | | 10 | A | | 5,000.00 | 3,067.00 |
| Community Legal Aid Elder Law | | B | N | | 11 | L | | 20,000.00 | 8,660.00 |
| South Hadley COA Elder Transportation | | B | N | | 10 | A | | 2,069.00 | 2,046.00 |
| South Hadley COA Senior Technology Spec. | | B | | | | | | 5,304.00 | 2,284.00 |
| Ware COA Transportation | | B | N | | 10 | A | | 7,500.00 | 6,750.00 |
| Granby COA Outreach | | B | N | | 14 | A | | 4,071.00 | 620.00 |
| WMEC Long Term Care Ombudsman Grant | | B | Y | | | I | | 20,000.00 | |
| WMEC Money Management Program | | B | Y | | | I | | 90,441.00 | |
| Community Legal Aid Elder Law | | B | N | | 11 | L | | 18,113.00 | 8,660.00 |
| Marketing/Communication | | B | | | | | | 50,000.00 | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
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| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| | | B | | | | | | | |
| Total | | | | | | | | \$ 229,996.00 | \$ 33,362.00 |

& Priority Services: A - access; I - In-home; L - Legal; O - other.

ATTACHMENT I: AAA Title III-E Family Caregiver Breakout – Form 5

AREA PLAN ON AGING, 2022 - 2025 Form 5 - Title III-E Family Caregiver Services Breakout - FFY 2022 Area Agency on Aging: WestMass ElderCare, Inc.

0

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

| | |
|----|------------|
| \$ | 106,586.00 |
|----|------------|

| Program Cost | Percentage (%) of Total |
|--|-------------------------|
| All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). * | 43% |
| Supervision cost. * | 20% |
| All respite service costs. | 3% |
| All supplemental service costs. * | 5% |
| Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach. | 7% |
| Administration costs. * | 12% |
| Other (explain on separate attachment) | 10% |
| Total estimated percentage must equal 100% of Title III-E planning budget. | 100% |
| Projected total * FTE count for Title III-E (breakdown under "Detail" below). | |

Detail - Family Caregiver Support Program

| Personnel Position Title | FTE |
|--|-------------|
| CCSW Caregiver Specialist/Care Manager | 0.75 |
| Home Care Supervisor | 0.23 |
| | |
| | |
| | |
| Total FTE | 0.98 |

ATTACHMENT J: Annual Report

2020

ANNUAL REPORT



Greetings,

As we all know, 2020 has been a year like no other. Yet in spite of all the changes and challenges that came with COVID-19, WestMass ElderCare has been here for you and your families more than ever. When the pandemic began in March, we did not skip a beat, adjusting quickly to the reality of the pandemic and striving to meet our consumers' and caregivers' needs however possible.

Through it all, our primary mission has remained unchanged: to serve the community by providing information, resources and long term services and support to individuals across the lifespan as well as to support caregivers. In "COVID-times," that means we have established strict safety protocols and deliver contactless services whenever possible. Our staff and direct care workers are fully equipped with necessary PPE, and we provide needed PPE to consumers and caregivers as well. We maintain frequent telephonic and telehealth contacts with consumers and make face-to-face visits when requested or needed, always assessing for risk and safety.

As important as ever, we continue to help navigate health care and resources for those who contact us. WMEC and the Care Alliance of Western MA joined 413cares.org as charter members to make resources easily available to anyone in our community. When COVID-19 closed all area senior congregate dining sites in March, we responded by meeting the immediate increased need for home delivered meals and adapting our Meals on Wheels program to serve 35% more consumers each day. We have partnered in community-wide efforts to bring extra food to consumers using funds made available due to the public health emergency. Additionally this year, we began providing meals to ACO members with complex needs or those who return home after a hospitalization.

Our sincere appreciation goes to our dedicated volunteers and staff as well as the many community partners who work with us to deliver quality care and services. We are, as ever, thankful for the support of local officials and state and federal legislative delegations. The guidance, time and skills from WMEC's Board of Directors, Area Agency on Aging Advisory Council and Money Management Advisory Council are invaluable and especially appreciated during these challenging times. We applaud the efforts of all essential workers in health care, public safety, and the staff of community organizations like ours, giving a very special shout out to the direct care workers who travel to peoples' homes to care for those who need and rely on safe care and assistance in their homes.

WMEC remains true to its mission to preserve the dignity, independence, and quality of life of elders and persons with disabilities desiring to remain within their own community. We remain grateful for good health, strong partnerships and the organization that we are a part of to serve our communities.

Be well,

Handwritten signature of Roseann Martoccia in black ink.

Roseann Martoccia
Executive Director

Handwritten signature of Helene Florio in black ink.

Helene Florio
President, Board of Directors



For the full report, visit <https://www.wmelder-care.org/annual-report/>

ATTACHMENT K: Quality Improvement Plan (Summary)



INTRODUCTION

QI (Quality Improvement) is an evolutionary process; it is not something that is completed once and becomes a finished product. As current needs, trends, values, economies, etc. evolve over time, so does our approach to Quality Improvement. The WMEC (WestMass ElderCare, Inc.) Mission Statement embodies our commitment to engaging in continual improvement:

To preserve the dignity, independence and quality of life of elders and persons with disabilities desiring to remain within their own community.

At WMEC, quality improvement will seek to bring about change in behavior and actions that directly relate to quality standards; it will empower staff to take responsibility for practicing quality processes, focus on consistently meeting the needs of our consumers, continually clarify the needs and expectations to our provider network, continually underscore our commitment to improve performance and demonstrate the agencies' desire to not just meet compliance requirements, but to demonstrate the quality in the work done by all teams every day.

WMEC will fulfill its mission of preserving dignity, independence and quality of life for its consumers by engaging in quality practices that go beyond compliance measures, and enhance the value of the services provided to foster community independence through person centered planning. WMEC will do this through a QI plan that incorporates consumer and community partner feedback, quantitative data, EOEA (Executive Office of Elder Affairs quality assurance measures, and continual evaluation and reevaluation of internal procedures and processes to enhance the quality in the work we do every day.

The QI Plan contains goals/projects from the majority of departments at WMEC. Each participating department has submitted one goal that they will be running Plan-Do-Study-Act cycles on over the year. In this QI Plan, goals/projects will be tracked by the following departments at WMEC: Home Care, Information & Referral, Senior Care Options, Adult Foster Care, Human Resources, Finance, Nutrition, Personal Care Management, Ombudsman, and the Money Management Program. Other projects not in the prescribed format include: new telephone system project that will allow reporting, and the Care Alliance of Western MA Long-Term Support Services Community Partners QI Plan.

The Quality Assurance Committee will use the documented and data driven projects from each department to guide decision making to improve services, as well as to inform future quality improvement projects.

DESCRIPTION OF QI AND QA IN THE AGENCY

QI Philosophy

WMEC is dedicated to quality improvement in all areas of agency business. Quality improvement activity will attempt to:

- Bring about change in behavior/actions that directly relate to quality standards
- Ensure continuous improvement by practicing sound business and management practices
- Empower employees to take responsibility for practicing quality process
- Focus on consistently meeting the consumers' needs
- Provider continuous clarification of business needs and expectations to our provider network
- Create a commitment to improve performance

The WMEC approach to quality improvement emphasizes the following:

- All work is service to our customers. Customers are defined as anyone who we are in contact with when representing WMEC, including consumers, families, councils on aging, home care and non-home care providers, referral sources, community partners, payers, volunteers, donors and EOEA.
- Quality will only be achieved by identifying and consistently meeting the needs, requirements, and expectations of our customers.
- Everything done at WMEC is part of a process that adds value to meeting our customers' needs, while at the same time delivering services in the most cost-effective manner possible.
- The collection and analysis of meaningful data is critical to improving the quality of outcomes and processes.
- The WMEC QI approach will attempt to create a culture that reinforces collaborative relationships and a learning environment in order to more effectively meet the needs of our consumers.
- Fostering a culture of transparency by identifying areas for improvement to guide current and future QI projects.

CURRENT AND FUTURE STATE OF QI IN THE AGENCY

Current State

The framework for the WMEC QI Plan, through FY 2019, has been agency-wide, and was originally adapted from the UMass Center for Health Policy and Research Quality Framework for Frail Elder Waiver Home and Community-Based Services (2007), utilizing the seven priority measures for which quality improvement initiatives are

focused: Participant Access, Person-Centered Planning and Delivery, Provider Capacity and Capabilities, Safeguards, Rights & Responsibilities, Consumer Satisfaction and Outcomes, and System Performance. Each department has been encouraged to develop annual QI goals and track QI activities related to these seven priority measures. Department heads reported quarterly on QI activities and progress towards meeting their goals. The Contract and Compliance Manager compiled these activities into a quarterly report, which has been shared with the Board of Directors.

Satisfaction surveys of consumers, stakeholders and staff are conducted at least annually in all major programs. The Data Driven Decision Making Process is utilized with all satisfaction survey results, to implement meaningful changes in any identified areas. Satisfaction survey results have been discussed at the monthly Management/QI Meeting, and included in the quarterly QI Report to the Board of Directors. The QI Committee has been comprised of all members of management and QI Plan agenda items have been included in the monthly Management Meeting. WMEC Management is comprised of all Program Directors, Managers, and Supervisors.

Through the Data-Driven Decision Making process, changes have been implemented to increase consumer satisfaction, meet compliance standards, and increase consumer participation in satisfaction surveys.

FY 2019 has been a period of learning and transition to a new QI Plan format for FY 2020. With the addition of the Data and Quality Analyst to the management team, a distinction between compliance and quality activities is better recognized. With WMEC's strong commitment to compliance, the agency looks forward to further evolution of its QI Plan in FY 2020.

Future of QI

Quality can not only be achieved by constantly evaluating, and reevaluating the goals being set by each department, but continual evaluation and reevaluation the QI processes and policies that guide the agency in its QI activities. With this in mind, WMEC's approach to QI is evolving to incorporate best practices in each department's approach to QI planning and goal setting. The Institute of Healthcare (IHI) Model for Improvement is being adopted across departments at WMEC, and will be similar to the model being adopted by EOEA and other ASAPs across Massachusetts. The goal of using this model is to create a more methodical approach to QI, increase accountability within each department participating in QI activities, and foster a culture of quality that extends beyond compliance. We are good at what we do; this is a chance for us to take a moment, refresh our approach to QI, and engage staff on all levels in the QI process through continuous education and training, and create a process where we can recognize and act on areas of improvement, demonstrate what we do well, and its value to the community.

Agency QI and QA Roles and Responsibilities

All staff have a role in implementing QI and QA (Quality Assurance) activities. For the purpose of defining QI vs. QA, QI is a process of improving and showing the value of the services that we provide to our customers. QI goes beyond QA. QA refers to compliance measures, standards, satisfaction surveys, etc. in which WMEC is required to participate. More often than not, QA activities may directly impact QI activities of each department. The current and new QI Plan is primarily managed by the Contracts & Compliance Manager, with oversight from the QI Committee. QI and QA activities are conducted by all members of management. The Contracts & Compliance Manager manages statistical data required by the EOE Provider Network Quality Assurance Manual, however each department is responsible for administering their staff, consumer, and stakeholder surveys. Each Program Manager is in charge of interpreting results, and making data driven decision for performance improvement. When the report is complete, it is signed, and scheduled for review by the QI Committee.

Management is also responsible for setting at least one QI project at the beginning of each fiscal year. Quarterly, progress reports are written and sent to the Contracts & Compliance Manager. The Contracts & Compliance Manager compiles relevant QI and QA results into one report, reviewed with the Board of Directors and the Assistant Director, on a quarterly basis.

The QI Planning Committee was initiated in the fall of 2018 to facilitate the transition from the current agency QI Plan, to the new QI Plan. The committee replaces the current QI Committee, and members include:

- Roseann Martoccia, Executive Director
 - Lead of the QI Planning meetings. Roseann directly supervises and advises senior management at WMEC carrying out QI activities. In addition, Roseann is responsible for oversight of the QI planning process, keeping the agency aware of any and all QI opportunities, and setting the agency tone and expectation for all management regarding the importance of using QI to guide our work with consumers, focusing on compliance and performance to achieve quality results.
 - The Executive Director is the liaison between staff and agency QA and QI activities, and the Board of Directors, which receives information related to QI, compliance, and performance activities, which assures that all QI and QA activities are carried out effectively, and keep us in good standing with all funders and payers.
- Kyle Murray, Director of Operations and Compliance
 - Member of senior management, directly supervises and advises the Contracts & Compliance Manager, and other Program Directors at WMEC carrying out QI activities. Kyle assists the Executive Director with setting the tone and expectation of the new QI Plan.

- Kyle Scott, Contracts & Compliance Manager
 - Liaison between the EOEA QI Work Group, and WMEC. The Contracts & Compliance manager is charged with implementing the new QI format across all programs at WMEC. Kyle provides regular updates on the transition to the new QI format, individual program QI progress, communications between EOEA and the EOEA QI work group. Kyle also provides support to individual programs developing their QI projects, and plans ongoing QI training for management staff.
- Brenda Bronner, Home Care Director
 - Member of senior management. Brenda provides oversight to the Home Care, Senior Care Options, OneCare, Options Counseling and Caregiver Programs. The Home Care project is the formal project being presented in this QI Plan, and Brenda, in conjunction with her supervisors and staff, are responsible for its implementation.
- Sarah Aasheim, Director of Community Programs
 - Member of senior management. Oversees all aspects of external Older Americans Act Title III planning, budgeting, contracts and grants management, monitoring, and internal Title III programs. Liaison to area Councils on Aging and other key partnerships of public or private health and human services agencies. Liaison to outside partners on relevant QI and QA activities occurring at WMEC.
- Brenda Denno, Data & Quality Analyst
 - Assists in education and training to staff, on all levels regarding QI and QA concepts, tools, and strategies. Brenda provides consultation to the QI Planning Committee, and to individual programs to assist with QI project planning, on an as-needed basis.

Meetings occur monthly, and minutes of each meeting are kept by the Contracts & Compliance Manager. The time is used to discuss previous staff training, monitor the progress of individual departments as they develop their QI project for the upcoming fiscal year, monitor the progress of the QI transition as a whole, and plan additional QI training for management and other agency staff. A summary of committee activities are included in the QI Board Report.

Once the new QI Plan is fully implemented in FY20, the QI Planning Committee meetings will be a platform for Management to provide updates on their project, as well as any feedback they may have about the process.

QI is an ongoing, always evolving process, and our agency QI Plan will reflect this. Using feedback from all staff, the QI Planning Committee will be in charge of editing, and updating the QI Plan, as needed.

QI Board Meeting

The Board of Directors provides oversight of the full QI Plan for the agency. The Board reviews the previous quarters' activities, and provides feedback on the results of the QI

activities. The Board QI report is distributed in advance of the meeting for adequate time for review.

Program Directors

Agency Program Directors are responsible for QI leadership and direction in each of their programs. The Program Director is a QI champion for their supervisors and staff, using results from staff and supervisor feedback, compliance measures, staff and customer complaints, etc. to guide the development of QI projects for their department(s). The Program Director reports QI progress and provides regular feedback to the Contract & Compliance Manager on progress, results, challenges, etc.

Contracts & Compliance Manager

In addition to the role of the Contracts & Compliance Manager in the QI Planning Committee, the Contracts & Compliance Manager is responsible for the oversight, and review of QA activities and QI projects for all departments at WMEC. The Contracts & Compliance Manager is in regular communication with Program Directors and Supervisors about regular and planned QI activities, and compiles summaries of all department activity for the Assistant Director. The Contracts & Compliance Manager maintains the agency QI Plan, and assists all departments, as needed and when requested, with QI planning.

Program Supervisors

Program Supervisors work in conjunction with their respective Program Directors to implement the QI project for the department. With their Program Director, they will develop and design an implementation plan to test any or all QI hypotheses in the QI project. Supervisors are responsible to communicating directly with their supervisees, and set the expectation of any changes being tested. The Supervisors report progress, results, challenges, etc. directly to their Program Director.

Care Management/Nursing Staff

Care Management/Nursing Staff (Staff) are responsible for implementation of any changes required by the department's QI project. Staff will regularly meet with, and report progress, results, challenges, etc. of the QI project to their Supervisor.

QI Process

The QI Planning Committee is implementing the EOEA QI Plan template and project structure to all programs. The mandated project will come from Home Care, and the QI Capacity Building Project is being led by the Senior Management Team.

Departments, including Human Resources and Finance, have been tasked with identifying a QI project that can be measured using the same tools as the required Home Care project. With this in mind, projects have been designed with the **S.M.A.R.T.** acronym in mind; all projects must be **Specific, Measurable, Achievable, Realistic, and Timely**. All project ideas must be supported by baseline data that can be easily measured. Generally, the same data collection standard of every two weeks at minimum applies to all projects; in order for a project to be viable, a specific data source must be

identified for easy data collection. Any variations requested will be reviewed by the QI Planning Committee for approval.

All projects will use a run chart to collect and visualize data, and PDSA (Plan, Do, Study, Act) cycles will be utilized across departments. In the first year of implementation, departments are only required to have one formal QI project. Other informal QI projects are included in the QI Plan. Optional tools have been introduced, including fishbone diagrams, flow charts, and “the 5 whys” to aid in project development and troubleshooting.

Creation and Maintenance of the agency QI Plan

The new QI Plan is a living document, using information gained through EOEa Quality Improvement meetings and presentations, as well as parts of WMEC’s previous QI Plan. The QI Plan will be continually evaluated and updated, as needed, utilizing feedback from staff at all levels. Annually, the plan will be reviewed in its entirety by the QI Planning Committee to assure that the plan is current, adequate to meet agency needs, in compliance with EOEa standards, and meeting the needs of all programs.

The new QI Plan was assembled over a period of 7 months (January 2019-July 2019). All departments have had an active role in shaping the agency QI Plan; management has received ongoing training of the new QI format (using the IHI Model for Improvement), and individual department meetings have been utilized to identify at least one goal to work on over the next 6-12 months. The following departments at WMEC have identified a formal goal: Home Care, Information & Referral, Nutrition, Personal Care Management, Senior Care Options, Money Management, Adult Foster Care, Human Resources, and Finance.

MONITORING AND EVALUATING THE QI PLAN

The QI Planning Committee is responsible for monitoring overall progress of QI and QI activities outlined in the plan. The Contracts & Compliance Manager is the point of contact for all departments. Each department will report back progress on all QI and QA projects, and a quarterly report will be compiled for review by the QI Planning Committee, and the Board of Directors.

The QI Plan will be evaluated annually by the QI Planning Committee. This will include a review of all QI/QA policies and procedures, individual department projects, and the narrative sections of the plan. The Contracts & Compliance Manager will be available throughout the year to all departments conducting QI and QA activities for support, and will be afforded the opportunity to annually discuss with the QI Planning Committee progress on the department’s specific project.

ATTACHMENT L: Data Sources - 2020 Needs Assessment Project

WMEC's 2020 Needs Assessment Project Virtual Focus Groups:

- WMEC Citizen Advisory Group Members
- WMEC Program Management Team
- Council on Aging directors from all seven COAs in our PSA
- Members of WMEC's Rainbow Supper Club (LGBTQ+ support group)
- Members of WMEC's "Cuidadores Unidos" Spanish-speaking caregivers group

WMEC 2020 Needs Assessment Stakeholder Surveys (distributed in English/Spanish):

- WMEC Home Delivered Meal consumers
- Caregivers receiving WMEC Services
- Meal consumers at Fernandez Restaurant in Holyoke (a local family restaurant and community partner which provides a Title III-funded congregate meal program)

In addition to these activities, the following data sources were consulted and referenced in WMEC's 2020 Needs Assessment Project (summarized in [Context](#), Pages 7-10).

- The **Massachusetts Healthy Aging Data Report**, first released in January 2014 and updated most recently in December 2018. Community Profiles for each of the towns in our Planning and Service Area are below:
 - [Belchertown](#)
 - [Chicopee](#)
 - [Granby](#)
 - [Holyoke](#)
 - [Ludlow](#)
 - [South Hadley](#)
 - [Ware](#)
- [WMEC's FFY2020 I&R Quality Assurance Survey Results](#)
- [WMEC FFY2020 Elder Nutrition Satisfaction Survey](#)
- Home Care Falls Assessment Data
- [Options Counseling Consumer Satisfaction Surveys \(SY19/SY20\)](#)
- [2021 Alzheimer's Disease Facts and Figures Report](#)

ATTACHMENT M: Consumer Choice Brochure

CONSUMER CHOICE

WestMass ElderCare works with many service provider agencies to provide consumers with the services they need. We are committed to consumer choice in the selection of provider agencies.



Please let your Care Manager know if you prefer the services of any specific provider agencies from the listing inside this brochure.



OUR MISSION

To preserve the dignity, independence, and quality of life of elders and persons with disabilities desiring to remain within their own community.

WestMass ElderCare is a private, non-profit agency founded in 1974 which is funded in part by grants and contracts from the Massachusetts Executive Office of Elder Affairs. We are part of a network of Aging Services Access Points and Area Agencies on Aging.



4 Valley Mill Road
Holyoke, MA 01040
P 413.538.9020
F 413.538.6258
TTY 800.875.0287
info@wmeidercare.org
wmeidercare.org

CONSUMER CHOICE




WESTMASS ELDERCARE PROVIDER PARTNERS

ANJOS LLC DBA INTERIM HEALTHCARE

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Companion, Skilled Nursing Services

APEX HEALTHCARE SERVICES

Homemaker, Personal Care, Supportive Home Care Aide, Companion

ASSOCIATED HOME CARE

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion, Chore

BARTON'S ANGELS

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion

BAKUCARE LLC

Adult Day Health, Supportive Day Care, Transportation

BEHAVIORAL HEALTH NETWORK

Behavioral Health Services, Transportation

BELCHERTOWN COA

Transportation, Home Delivered Meals

CAPUANO HOME & PRIVATE HEALTH CARE, INC.

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Alzheimer's/Dementia Assessment/Coaching, Companion, Transportation

CENTER FOR HUMAN DEVELOPMENT

Adult Day Health, Transportation

COLONY CARE

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion

EPIC HEALTH SERVICES DBA AVEANNA

Homemaker, Personal Care, Companion, Home Health Aide, Skilled Nursing Services

EXCEL HOME CARE SERVICES & EXCEL NURSING SERVICES
Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Alzheimer's/Dementia Assessment/Coaching, Chore, Companion

FOOTCARE BY NURSES

Skilled Nursing Services (FootCare)

GENERAL CLEANERS

Laundry Services

HULMES TRANSPORTATION SERVICES

Transportation

INTERNATIONAL HEALTH SOLUTIONS, INC.

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Translation/Interpreting, Chore, Companion

LIFELINE SUPPORT & SERVICES

Personal Emergency Response Systems and Medication Dispenser

LINK-TO-LIFE

Personal Emergency Response Systems, Medication Dispensers, Medication Reminder Calls

LOUIS AND CLARK DRUG, INC.

Home Delivery of Medication

LOUIS AND CLARK MEDICAL SUPPLY

In-Home Adaptive Equipment

LYMAN LAUNDRY

Laundry Services

MASS SURGICAL SUPPLY, LLC

In-Home Adaptive Equipment

MEDICAL RESOURCES DBA ELARA CARING

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion, Chore

O'CONNELL PROFESSIONAL NURSING SERVICES

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Alzheimer's/Dementia Assessment/Coaching, Companion

PATIENT CENTERED MEDICAL CARE

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion, Transportation

PRIME HOME HEALTH AND COMPANION CARE

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion

PROFESSIONAL MEDICAL

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion

QUALITY LIFE ADULT DAY SERVICES

Adult Day Health, Transportation

RIVER VALLEY COUNSELING CENTER, INC.

Behavioral Health Services, Financial Assistance

SOTO HOME CARE

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion, Chore

VICTORY HOME HEALTHCARE, INC.

Homemaker, Personal Care, Supportive Home Care Aide, Home Health Aide, Skilled Nursing Services, Companion, Chore

WESTERN MASS HOSPITAL

Short Term Respite

WESTMASS ELDERCARE

Home Delivered Meals

ATTACHMENT N: WMEC Healthy Living Programs 2021



HEALTHY LIVING PROGRAMS 2021

WMEC is pleased to offer a variety of FREE, evidenced-based educational workshops throughout our community and throughout the year. Programs are offered both virtually and in-person (when safe to do so). [Visit our website](#) for a list of upcoming workshops.

Group Classes:

A Matter of Balance is designed to help older adults at risk of falling to take charge, tackle their fears, and reduce potential dangers in their environment and daily routines. Participants learn practical strategies and techniques to increase strength, balance, and flexibility and gain the confidence they need to stay active.

My Life, My Health: Living Well with Long-Term Health Conditions provides information and teaches practical skills to help you or your loved live better with chronic health conditions such as diabetes, arthritis, and hypertension. By participating, you will learn valuable tools and gain motivation needed manage the challenges of living with these conditions. The goal of this course is to enable participants to build self-confidence to assume an active role in maintaining their health and living well in spite of their challenges. Topics include healthy eating, relaxation techniques, communicating with health professionals and loved ones, goal-setting, problem solving, and more.

Memory Training is an innovative, educational course that teaches individuals techniques to improve their memory in a fun, interactive learning environment. It combines trainer presentations with group discussions, memory checks, and skill-building exercises for people with mild memory concerns. Each course is 2 hours, once per week, for 4 consecutive weeks. Targeted skill areas include remembering names and faces, remembering where you put things (like keys or glasses), remembering why you walked into a room and the ability to recall something you know ("tip of the tongue" challenges). Note: Memory Training is designed for individuals with normal age-related memory loss; not for those with Alzheimers or related dementias.

The Savvy Caregiver acknowledges that taking care of a person living with Alzheimer's or related dementia (ARD) is specialized work. To do this successfully, caregivers need special skills, knowledge, and a positive attitude which helps them care for themselves as well. This class helps you understand the impact of dementia on both you and the person you are caring for, learn the skills you need to manage daily life, communicate more effectively, and take care of you! WMEC is also pleased to offer **Cuidando Con Respeto**, the Spanish-language version of *The Savvy Caregiver*.

Powerful Tools for Caregivers is an educational program designed to help family caregivers take care of themselves while caring for a relative or friend. While *The Savvy Caregiver* focuses specifically on those caring for someone with an ARD diagnosis, *Powerful Tools* participants can benefit from this class whether they are helping a parent, spouse, friend, someone who lives at home, in a nursing home, or across the country.

1:1 Coaching Programs:

EnhanceWellness is an **individual** program where participants receive personalized health action plans that identify their 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 functioning. A trained EnhanceWellness Coach conducts home visits and follow up phone calls to help the participant reach their personal goals.

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an **individual** program integrates depression awareness and management into existing case management services provided to older adults. This program addresses depression in older adults often occurring with chronic illness and other losses later in life. Depression can negatively affect older adults' quality of life and ability to function. Healthy IDEAS ensures older adults get the help they need to manage symptoms of depression and live full lives.

For more information on how to...

- take a class
- host a session through your organization,
- become a volunteer leader to teach one of these programs

...contact Ginger Cruickshank at 413-538-9020, ext. or
vcruickshank@wmeldercare.org.

~

WestMass ElderCare receives Title III/Older Americans Act funding for its Healthy Living Programs from federal Administration of Community Living and the Mass. Executive Office of Elder Affairs.

ATTACHMENT O: TitleIII Request for Proposal Legal Notice 2022-23



LEGAL NOTICE

For Immediate Release

Contact: Sarah Aasheim, Director of Community Programs
413/538-9020, ext. 536; saasheim@wmeldercare.org
Date: April 2, 2021

**FUNDING AVAILABLE:
FFY 2022 & 2023 Older Americans Act Grants
Title III-B Elder Support Services
Title III-E Family Caregivers Support**

WestMass ElderCare announces the availability of Older Americans Act funds in Federal Fiscal Years (FFY) 2022 and 2023, through the Request for Proposal (RFP) process.

Grants will be awarded through a competitive proposal review process, to support and extend comprehensive and coordinated services enabling persons age 60 and over to remain living in their homes and communities. The WestMass ElderCare Area Agency on Aging service region includes the communities of Holyoke, Chicopee, South Hadley, Belchertown, Granby, Ware and Ludlow.

Letters of Intent ("LOIs") are required for all applicants. We encourage LOIs from organizations interested in using these funds to offer innovative programming to assist populations in the greatest social and economic need including racial/ethnic minorities; individuals with limited English proficiency (LEP); members of the Lesbian, Gay, Bi-sexual, Transgender and Queer (LGBTQ+) community; elders residing in rural areas; and other populations living in isolated conditions. Proposals from minority- and women-owned businesses are encouraged.

FFY 2022 grant year is October 1, 2021 through September 30, 2022. FFY 2023 grant year is October 1, 2022 through September 30, 2023. Satisfactory program performance is required during the first year of funding in order to receive the grant for a second year.

Title III-B grant programs require a 15% local match. A single grant award will be provided for elder legal services in the amount of \$20,000.00. Title III-B proposals must support or extend (1) access to services, (2) in-home services, (3) legal services, and/or (4) community-based services, for minority and lower income elders (60 years +). Examples of targeted services that will receive priority consideration by WestMass ElderCare include transportation, elder law, nutrition counseling, dementia-related

support, and other essential gap filling programs designed to promote the independence of elders.

Title III-E grant programs require a 25% local match. Title III-E proposals must support (1) Adult family members or other non-paid caregivers aged 18 & older providing care to individuals 60 years of age or older, or to an individual of any age living with Alzheimer's Disease or related dementia; (2) Grandparents or other relatives (not parents) 55 years of age and older providing care to children under the age 18; (3) Grandparents and other relatives (including parents) 55 years of age and older providing care to an adult with a disability who is age 18-59 years old.

Letters of Intent must include: A brief program description, projected starting/ending dates, community(ies) to be served, estimated number of unduplicated elders/caregivers to be served, estimated number of service units to be delivered in each grant year and projected program budget.

Letters of Intent must be received by mail no later than **4:00 p.m. on Friday, April 30, 2021** and addressed to: WestMass ElderCare, Inc., 4 Valley Mill Rd., Holyoke, MA, 01040 Attn: Sarah Aasheim, Director of Community Programs or emailed to saasheim@wmeldercare.org. LOIs submitted after this deadline will not be accepted.

WestMass ElderCare, Inc. reserves the right to reject any and all proposals or request additional information if needed.

Two virtual Technical Assistance meetings will be hosted on Zoom for applicants:

Friday, 4/9/21, 11:00-12:00

Wednesday, 4/14/21, 2:00-3:00

Zoom Access Info for both meetings: Meeting ID#913-5539-1786, Passcode: 138439

Information on diversity certification with the Massachusetts Supplier Diversity Office is available through WestMass ElderCare (AA/EOE) or at <https://www.mass.gov/orgs/supplier-diversity-office-sdo>.

Additional questions may be directed to: Sarah Aasheim, Director of Community Programs: saasheim@wmeldercare.org or 413-538-9020, ext. 536.

ATTACHMENT P: Public Hearing Invitation (9-8-2021)



VIRTUAL PUBLIC HEARING ON SERVICES FOR ELDERS, PERSONS WITH DISABILITIES, AND FAMILY CAREGIVERS

- WHAT** A Public Hearing regarding WestMass ElderCare's 2022-25 Area Plan
- WHEN** Wednesday, September 8, 2021
10:00—11:00 a.m.
- WHERE** [Zoom](#)
Meeting ID: 820 8748 7084
Call In: (312) 626-6799
- WHO** The following individuals are encouraged to participate:
- Older adults, family caregivers and person with disabilities from Holyoke, Chicopee, South Hadley, Granby, Belchertown, Ware and Ludlow
 - Service providers in the WestMass ElderCare service area
 - Elder advocates and the general public
- WHY** An opportunity to:
- **Learn** how the Older Americans Act and other funding sources are used to assist individuals in the WestMass ElderCare region.
 - **Express your views** about the unmet needs of older adults, their family caregivers, and persons with disabilities.

A draft of the WestMass ElderCare 2022-25 Area Plan Goals and Objectives will be available to the public on our website by **Wednesday, September 1**. A hard copy will also be available at the WMEC Office (1st floor Reception), 4 Valley Mill Road, Holyoke.

For more information, please contact Sarah Aasheim, Director of Community Programs: saasheim@wmeldercare.org or 413-538-9020 X536.

ATTACHMENT Q: WMEC Title III Spending Plan
(to be submitted pending receipt of template from EOEa)