

**AREA AGENCY PLAN
FFY 2018-2021**

**WESTMASS ELDERCARE, INC.
4 VALLEY MILL RD.
HOLYOKE, MA 01040**

SEPTEMBER, 2017

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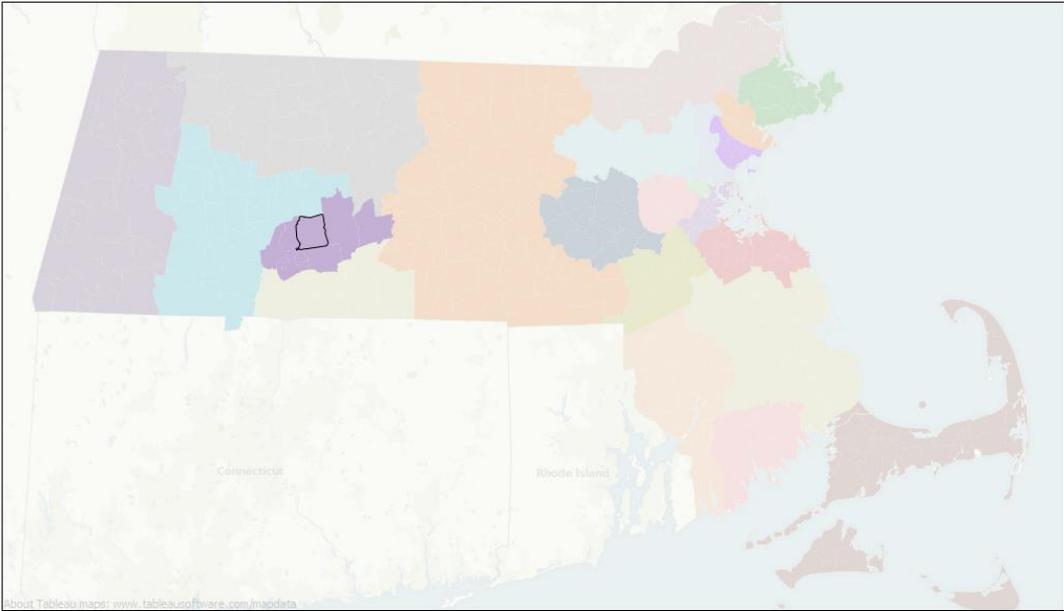
FEDERAL FISCAL YEARS 2018-2021 WESTMASS ELDERCARE AREA AGENCY PLAN

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Plan Narrative

Executive Summary:

Originally incorporated in 1974 as the Holyoke-Chicopee Home Care Corporation, WestMass ElderCare (WMEC) has evolved into a multi-faceted human services organization. We are designated as both an Area Agency on Aging (AAA) and Aging Services Access Point (ASAP) with a mandate to serve the communities of Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley and Ware. (A map of the WMEC Planning and Service Area [PSA] is located on the previous page). WestMass ElderCare also assists consumers outside this seven-community region through programs such as Adult Foster Care, Personal Care Management, Senior Care Options and One Care.

Programs and services delivered by WestMass ElderCare directly relate to the agency mission, which is:

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

In its Area Agency role, WestMass ElderCare fosters the development of comprehensive and coordinated community-based long-term care systems. Our essential approach includes a combination of collaboration, innovation and solution-driven planning. This 2018- 2021 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 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 comprising 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. In Massachusetts, OAA funding is funneled from the federal government to EOEA and then onto 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 housing facilities (that are occupied by older persons);
- Disease Prevention and Health Promotion (Title III-D)- offers evidenced-based healthy aging activities 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 assist older persons become empowered 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 and 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 (i.e. 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"). Major targets are those individuals in the *greatest economic and social need* -- meaning that funding priorities are primarily aimed toward low-income persons, who may be isolated for reasons related to social, cultural, religious, or geographic location. Isolation may restrict a person's ability to perform normal daily tasks or live independently. These activities are discussed further in the "Context" section of the Area Plan.

Strategies identified in this Area Plan are based on data collected during the local needs assessment activities, including input from consumers, stakeholders and WestMass ElderCare staff. However, it is acknowledged that successful implementation of the Area Plan depends on continual efforts to forge new community partnerships. Our colleagues within the aging network include many groups: State Executive Office of Health and Human Services, local councils on aging, LGBT community members, programs serving persons with mental and physical disabilities medical care provider organizations, and housing facilities. These and other collaborations are described in more detail within the "Planning Strategies" section of the Area Plan narrative.

Below are several examples of activities that we are pursuing in the next four-year cycle:

- Given with the tremendous need for additional elder transportation resources, WMEC has reached out to a number of organizations in the region to elicit applications for elder transportation services. Recent awards from our FFY 2018-2019 Title III RFP are targeting funds to three elder transportation programs in different communities of the PSA. Our on-going participation in the Pioneer Valley Regional Coordinating Council (RCC) also enables us to tap into information about transportation programs throughout western Massachusetts, with emphasis on serving low-income minorities, rural and other socially/culturally isolated segments of the population.
- Collaboration between WMEC, the Western Mass. Healthy Aging Coalition and the Healthy Living Center of Excellence offers opportunities to create sustainable evidenced-based healthy aging programs in the western region of the state.
- Continued work planned between the WMEC Family Caregiver Support Program, the Massachusetts/New Hampshire Alzheimer's Association and Dementia Friendly Communities Initiative will enable increased effort in prevention and control of Alzheimer's disease and related dementias.
- Interface between WMEC Nutrition Department, Fernandez Family Restaurant, and the Holyoke Council on Aging has provided synergy in the further development of

Title III-C congregate meal programming that target isolated individuals in the region. Authentic Latino noontime congregate meals provided at Fernandez and a monthly evening meal offered at the Rainbow (LGBT) Supper Club through Holyoke COA are truly unique assets in western Massachusetts. WestMass ElderCare looks to fuel the growth of these nutritional health and socialization activities during the next four years.

Context:

The Administration for Community Living (ACL) has encouraged State Units on Aging and Area Agencies on Aging to address the following specific focus areas as part of planning effort:

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

WestMass ElderCare is using this guidance from ACL to establish service priorities in the 2018-2021 Area Plan. A further explanation of these areas is provided in the section on “Planning Strategies” of the Area Plan document.

Massachusetts Statewide Needs Assessment Project:

During the period of September, 2016 – January, 2017, WestMass ElderCare implemented needs assessment activities within its PSA that included input from a variety of constituencies (i.e. consumers, stakeholders and ASAP/AAA staff who were involved in ten assessment events). Our needs assessment data collection process followed different channels: Key informant interviews, focus groups, a round table discussions and a brief targeted survey. There was participation by representatives of racial and linguistic minority groups, residents of rural sections of the region and representatives of the Western Massachusetts LGBT community. A number of individuals reported living in conditions of economic hardship and social isolation. EOEa provided the needs assessment framework for all AAAs to use in the data collection phase, as well as compiling the results into a report format (See attachments section: *SFY 2017 Needs Assessment Report-WestMass ElderCare*).

Needs assessment activities conducted in our PSA revealed five top service priorities. These are noted below:

- Transportation services for both shopping and medical escort
- Access to high quality health care services
- Assistance in maintaining independence
- Social isolation
- Access to mental and behavioral health services

Additionally, Elder Affairs supplied each AAA with a compilation of call log data from calendar year 2016 for their Information and Referral Department (I & R). The WestMass ElderCare data indicated that the most calls originated from those individuals in the age 65-84 bracket and related to the following topic areas:

- State Subsidized Home Care/ASAP Services

- Personal Care/Personal Care Attendant
- Adult Foster Care
- Adult Day Health-MassHealth
- Senior Care Options

Population Trends:

Information from the 2010 U.S. Census describes the population trends of older individuals in the WestMass ElderCare PSA. It is noted that Chicopee represents the largest pool of elders in the service region and Belchertown has the highest rate of growth among age 60+ (when comparing 2000 with 2010 Census periods).¹ A breakdown of these population data by each community in the PSA appears in the attachments section of the Plan.

Belchertown Needs Assessment Results:

During 2016, the Belchertown Council on Aging commissioned a needs assessment of individuals 50 years and over who resided in the town. This needs assessment was administered by the Center for Social & Demographic Research on Aging Gerontology Institute at the University of Massachusetts- Boston. It included a community forum, focus testing and survey research. Among the key findings revealed during analysis were the following: 1) Substantial growth in the town’s older population since the last census; 2) Major concerns voiced by respondents related to: Financial security, limited transportation resources, assistance with family caregiving responsibilities and access to health care and long term support services as they age in place. (See attachment section for more information about the *Needs Assessment for Belchertown Council on Aging*).

Goals and Objectives:

As an Area Agency on Aging and Aging Services Access Point, WestMass ElderCare receives federal, state and local funds to provide a range of services for elders, family caregivers and persons with disabilities. The following goals and objectives identify specific service activities that correspond to the ACL Focus Area identified in the Context section and will be undertaken at WestMass ElderCare during the next four years. Also included are management and program development initiatives. Mandated objectives are noted by “*MO” and are listed in **bold print** under the various service categories.

Goals:

Goal I: Promote and support the strengthening of comprehensive and coordinated **community based service systems** to ensure that such services are available, accessible and acceptable to older persons, family caregivers and persons with disabilities.

Goal II: Develop and implement new strategies for more effectively **targeting** resources and programs for the needs of the **most vulnerable** individuals, with special emphasis on **low income isolated and minority populations**.

¹ EOE Research & Data Unit, Massachusetts Elder Population by Age Groups, Rate of Change 2000-2010, Population Ranking and Households (U.S. Census Bureau, 2010 Census), Table DP-1.

Goal III: Promote the recognition of the importance and the development of prevention in-home and community-based supportive services as vital components of the continuum of care (i.e. **Prevention and Alternatives to Institutional Care**)

Goal IV: Develop and implement strategies for **strengthening the family and interdependence of generations.**

Goal V: Promote the recognition of **older persons, caregivers and persons with disabilities as a resource to themselves**, to their community, and to the nation.

Goal VI: Creating increased awareness through public information about the challenges and opportunities presented by the growing population of older persons, caregivers and persons with disabilities.

Service Objectives:

I. IN-HOME SERVICES (GOALS I & II)

***MO (#1-11)**

- 1. Provide 375,000 units/year of homemaker services for low income, frail elders.**
- 2. Provide 205,000 units/year of home health services for low income, frail elders.**
- 3. Provide care management and service coordination for a minimum of 2,600 low-income consumer/year under State Home Care and Senior Care Options (SCO) Programs.**
- 4. Provide 200,000 units/year of personal care assistance for frail, low-income elders.**
- 5. Provide 750 units/year of chore services for frail, low-income elders.**
- 6. Provide 1,000 units/year of laundry services for frail, low-income elders.**
- 7. Provide 30 units/year of nursing service for frail, low-income elders.**
- 8. Provide 1,000 Emergency Response units/year to frail, low-income elders through State Home Care and SCO Programs.**
- 9. Track referrals made to in-home behavioral health interventions.**
- 10. Provide 600 units/year of in-home money management services to 40 consumers/year.**
- 11. Conduct falls prevention assessment (checklist) with consumers at point of intake.**

II. COMMUNITY BASED PROGRAMS (GOALS I & II)

***MO (#1,3,5,6)**

- 1. Provide a variety of community based options for frail elders and persons with disabilities including the following services:**

a.	Supportive Day Care	1,200 service days/year
b.	Adult Day Health	800 units/year
c.	Respite Care	100 consumers/month
d.	ECOP (175 clients/month)	2,100 consumers/yr.
e.	Companion Services	400 hours/year
f.	Clinical Assess./Eligibility	1312 nursing home screenings/yr. 1,220 On-site Assessments 275 HC Pers. Care Assess/Reassess
g.	Group Adult Foster Care	2 consumers/year
h.	Adult Foster Care	280 consumers/yr MassHealth Stndrd 70 consumers/yr enrolled in SCO Ins. 10 consumers/yr enrolled in One Care
i.	Personal Care Management	775 consumers/year
j.	Community Choices	100 consumers/month

2. WestMass ElderCare will participate in a local “Dementia Friendly Communities” initiative to provide additional resources for elders and their family caregiver.
3. **Through Title III grant, offer Alzheimer’s Disease caregiver support to family caregivers in Granby and South Hadley. Provide a Memory Café for caregivers in Ludlow.**
4. Ongoing tracking of documented communication between WMEC assessment nursing team and home care providers in cases involving complex care consumers and/or Home Health Aide (HHA) cases.
5. **Assist 15 elders and persons with disabilities/year with needed one-time only goods and services through the Little Necessities grant.**
6. **Through at Title III grant, provide nutrition assessment and counseling to 7 elders who are nutritionally at risk.**
7. WMEC Home Care Dept. Supervisor will participated in the Central/Western Massachusetts Department of Mental Health Site Board meetings (Holyoke/Chicopee Area) to address needs of elders, family caregivers and persons with disabilities with behavioral issues.
8. Through a Title III grant, provide elders with outreach services in Belchertown.
9. Through a Title III grant programs, family caregivers will receive respite services and Alzheimer’s support in Chicopee, South Hadley and Belchertown.
10. Review all service options with consumers at point of intake to facilitate a process of consumers choice in decision-making about services.
11. Through Money Follows the Person (MFP) Program, assist 4 individuals/year to move from a nursing facility to community setting.
12. Continue promoting the Coleman Model of Care Transitions Programs in collaboration with Holyoke Medical Center to reduce unnecessary re-admissions, including attendance at Cross Continuum Team Meetings at HMC.

III. PREVENTION OF ELDER ABUSE, NEGLECT AND EXPLOITATION (GOAL II)

1. Coordinate annual training for WMEC direct service staff, Title III grantees and meal drivers on Protective Services (recognizing and reporting elder abuse and neglect).
2. Collaborate with Greater Springfield Senior Services Protective Services Dept. to review the existing MOU on providing services to individuals in WMEC’s PSA region.

IV. EMPLOYMENT AND VOLUNTEER PROGRAMS (GOAL V)

1. Maintain 2 companion volunteers in the Companion Program.
2. Maintain 20 Money Management volunteers.
3. Conduct on-going training sessions for Money Management volunteers.
4. Maintain minimum of 8 Ombudsman volunteers and provide on-going training/supervision.

V. HOUSING (GOAL I & II)

***MO (#1-3)**

1. **Provide congregate housing for 25 elders/year in Ludlow and Holyoke. Provide supportive housing services for a minimum of 75 clients/year in Chicopee.**
2. **Work with ElderCare Initiatives Board of Directors to maintain 44 units HUD funded supportive housing for low-income, frail elders located in South Hadley.**
3. **Promote onsite wellness screening clinics at supportive and congregate housing.**

VI. TRAINING AND EDUCATION (GOAL III)

1. Coordinate a minimum of 10 staff trainings/year., including topics on cultural diversity and public benefits.
2. Agency newsletter will be distributed 3-4 times/year to 5,000 readers, announcing updates in services for elder, disabled and caregiver populations.
3. Training sessions for Adult Foster Care host families will be conducted monthly.
4. Agency staff will participate in at least one planning committee/year for educational events for aging network including such as Councils on Aging.
5. Continue contact annually with area colleges that offer programs appropriate to a potential field site for internships at WestMass ElderCare.
6. Promote person-centered interventions through on-going staff training in the evidenced-based “Coleman Care Transitions” program.
7. Provide staff development opportunities on evidenced-based healthy aging programs (i.e. Chronic Disease Self Management & Powerful Tools for Caregivers).
8. Collaborate with other community human service organizations to increase offerings of evidenced-based healthy aging workshops to elders in service region.

VII. FAMILY CAREGIVER SUPPORT PROGRAM (GOAL IV)

1. Caregiver Specialist conducts a minimum of 8 outreach activities annually to local community health/human service agencies, businesses, caregivers, elders and disabled adults.
2. Caregiver Specialist will meet with each local Council on Aging in the WestMass ElderCare region once per year to identify priority caregiver needs.
3. Caregiver Specialist creates and distributes resource materials (part of WMEC “caregiver packet”) to caregivers and care recipients, including information on disaster preparedness, food banks, heat advisory precautions.
4. Revise the brochure for WMEC’s Family Caregiver Support Program .
5. Caregiver Specialist will attend regional and statewide meetings as scheduled.
6. On-going integration of the family caregiver program with other WMEC services through presentations to WMEC departments once annually.
7. Caregiver Specialist will promote grandparent support activities by developing an informational flier to distribute in schools, camps, and youth programs.
8. Caregiver Specialist will assist individuals 60 years and over with MassHealth and Food Stamp applications.

VIII. LONG TERM CARE OMBUDSMAN PROGRAM (GOAL III)

1. LTC Ombudsman Program will conduct a minimum of 20 outreach presentations/year to community groups, nursing home staff, families, and students in health services (e.g. nursing).
2. LTC Ombudsman staff will visit area nursing and rest homes 4 times/month to give the approximately 1084 residents of those facilities the opportunity to discuss and resolve problems (i.e. 1084 residents X 4 contacts each month = 52,032).
3. Ombudsman Director and/or designee meet with the Department of Public Health Surveyors at their annual inspections of the 11 nursing homes and 1 rest home.
4. The Ombudsman Director will be available on an as needed basis to consult with WMEC case managers and other staff regarding nursing facility issues.

IX. LEGAL (GOAL II)

***MO #1**

- 1. Through a Title III grant, provide legal advice, referrals and other direct legal services for elders related to housing, entitlement programs, income maximization, abuse, long term care, home care and essential utilities.**
2. Through a Title III grant, coordinate staff in-service on elder law training.

X. NUTRITION (GOAL I)

***MO (#1-6; 8-10)**

- 1. Provide 90,000 congregate noon meals/year at mealsites, schools and supper/luncheon clubs.**
- 2. Provide 350,000 home delivered meals/year to a minimum of 1,900 frail elders.**
- 3. Provide 50,000 supper meals/year for 350 frail, homebound elders/year.**
- 4. Provide 25,000 holiday/weekend meals/year to 370 frail, homebound elders.**
- 5. Provide 900 emergency meals for 300 frail, homebound elders/year.**
- 6. Provide 45,000 Latino congregate and home delivered meals/year for 500 Latino elders.**
7. Provide nutrition education at each congregate mealsite and luncheon clubs 2 times/year.
- 8. Provide written education materials relevant to homebound meal recipients 12 times per year.**
- 9. Written nutrition education will be provided 12 times/year in Spanish for homebound and congregate meals clients.**
- 10. Provide 2,700 meals for 40 homeless elders/year.**
11. Through a Title III grant, provide home delivered and congregate meals to low- income frail elders in Belchertown.
12. Work with a faith-based organizations (e.g. "Take and Eat") to enhance services to homebound elders.
13. Develop and implement a targeted nutrition outreach plan for populations under 65 years and disabled (i.e. One Care Plan, PACE Programs and Chicopee & Holyoke Block Grants).
14. Serve 360 meals to 40 individuals through the WestMass ElderCare LGBT supper club and/or other LGBT meal site programs.

XI. RECREATION (GOAL II)

1. To coordinate two recreational event for approximately 500 elders/year.
2. Participate in minimum of two recreational events aimed at the LGBT community

XII. TRANSPORTATION (GOAL II)

***MO (#1)**

- 1. Through targeted Title III grant programs, provide transportation services to isolated, low-income elders/persons with disabilities in the communities of Ware, Chicopee and South Hadley.**
2. Provide assurance that transportation services are provided to congregate nutrition mealsites.

XIII. OUTREACH (GOAL VI)

***MO #2**

1. Staff will promote agency services at all appropriate Health Fairs, elder events and community events held in the PSA (approximately 2/year).
2. Agency services will be publicized through: Speaking engagements, local media, agency newsletter & brochures. Expand use of agency website and Facebook page. Provision of information in **Spanish and other languages**.
3. Promote public benefits programs by screening elders who contact agency.
4. I & R Staff will glean updated information on public benefit programs, and keep agency staff informed of eligibility criteria, & application procedures.
5. Money Management staff will conduct community speaking engagements and distribute program brochure to faith communities.

XIV. INFORMATION & REFERRAL (GOALS I, II & III)

1. I & R staff respond to all inquiries received, referring callers to appropriate services within 24 hours.
2. I & R staff maintain an accurate computerized data resource file, updated on an on-going basis so that every resource is refreshed annually.

EXHIBIT L1: PROGRAM DEVELOPMENT OBJECTIVES (GOAL I)

1. Representative from WMEC will serve on the Western Mass Healthy Aging Coalition to increase the capacity of local agencies to sustain evidenced-based healthy aging activities in the Pioneer valley.
2. Participate as agency member of the Pioneer Valley Aging and Disability Consortium to bring Franklin/Hampshire/Hampden ASAP/AAA/ILC networks closer together and develop options for more seamless access to area services for people regardless of their age or disability.

EXHIBIT L2: PROGRAM DEVELOPMENT OUTCOME STATEMENTS (GOALS IV & VI)

1. Maintain agency-wide Quality Assurance Initiatives, documenting activities related to improvement initiatives, integrating with the Area Plan as appropriate.
2. Develop strong partnership with Holyoke Medical Center and other local health care provider organizations to improve continuity of care of elders and persons with disabilities as they transition from the acute care setting back to the community.
3. Work with Accountable Care Organizations (ACOs) to serve the Long Term Support Service (LTSS) needs of older and disabled adults.

EXHIBIT M: MANAGEMENT OBJECTIVES (GOAL VI)

MANAGEMENT OUTCOME STATEMENTS

***MO (#6)**

1. Continue fundraising efforts to support the Nutrition Program.
2. Departmental Procedure manuals updated annually.
3. Maintain the agency Continuity of Operation Plan (COOP) and expand the content of the Staff Handbook on Disasters/Emergency Situations.
4. Progress reports of Area Plan activities to be completed quarterly and presented to

Board of Directors and Citizens Advisory Council.

5. Continue a process to enhance communication and collaborations with local COAs specific to:
 - a. Information sharing on staffing and staff development programs.
 - b. Information and referral services
 - c. Title III funding application process.
 - d. Orientation of WestMass ElderCare staff with the local COAs.
6. Continue translating all appropriate and pertinent forms and brochures for agency into **Spanish language** to assist clients in accessing services.

Planning Strategies:

In developing strategies to accomplish the Area Plan goals and objectives, WestMass ElderCare is concentrating on segments of the population in the greatest economic and social need.

Specifically, our AAA is dedicated to addressing unmet needs of the most vulnerable individuals, including:

- Elders Living Alone in Isolation
- Low Income Elders
- Minorities
- Rural Populations
- Socially Isolated Persons (including limited English Proficiency [LEP] elders, individuals isolated due to cultural identity, gender identity and/or sexual orientation)

The following discussion highlights our current and future efforts to address the specific focus areas identified by ACL (as already noted in the “Context section” of the Area Plan):

I. Older Americans Act Core Programs

Supportive Services, Nutrition Services, Disease Prevention/Health Promotion, Family Caregiver Programs as well as Disability Prevention and Title VII -Vulnerable Elder Rights Protection:

Title III-B (Supportive Services)

WestMass ElderCare currently funds access, in-home, community/health and legal services to low-income elders through Title III-B (Supportive Services) grants:

- Access: 1) Ware Council on Aging provides van service for elders in this rural community to access medical appointments, shopping and social activities; 2) Belchertown Council on Aging offers outreach to elders to encourage their participation in the BCOA Nutrition Program, fuel assistance and other key services to foster independence.
- In-home: 1) South Hadley Council on Aging provides in-home companion services to frail elders that offers assistance with shopping/errands, plus a heavy chore program that focuses on snow removal; 2) Ludlow Council on Aging provides home repair and heavy chore assistance.

- Legal: Community Legal Aid provides assistance to low-income elderly clients regarding cases in housing, public benefits, abuse, long term care, home care and utilities.
- Community/Health: 1) Chicopee Council on Aging employs registered nurses to offer elders health screenings, health education and other disease prevention services; 2) Consulting Registered Dietician provides nutrition assessment/counseling service to homebound elders identified at high nutritional risk.

In addition to these community grants, WMEC utilizes Title III-B funds to help support the Money Management and LTC Ombudsman Programs. Money Management volunteers assist low-income elders with financial management issues through the Bill Payer and Representative Payee program components. The Long Term Care Ombudsmen visit nursing and rest home facilities on a weekly basis to advocate for resident rights.

WestMass ElderCare is currently finalizing its Title III, OAA request for proposal (RFP) process (see legal notice in attachments section: *FFY 2018 & 2019 Older Americans Act Funding Available*). This RFP cycle provides an opportunity to address several unmet needs identified in the recent needs assessment, including transportation. As elder transportation continues to be among the highest priority areas for our AAA's program development effort.

As noted in testimony given during the WMEC Area Plan Public Hearing, our region has benefited from recent efforts to create new transportation resources (See attachment section for *Minutes from WMEC's Area Plan Public Hearing- 8/25/17*). Included in these new services are the "Quabog Connector", a transportation service serving Ware and Belchertown and the Pioneer Valley Transit Authority (PVTA) Shuttle System.² (Although, it remains uncertain what the effects of fiscal year 2018 State budget cuts will have on PVTA's ability to sustain van and bus routes for elders in outlying areas).³

Additionally, WestMass ElderCare participates in the Pioneer Valley Regional Coordinating Council (RCC) that works to increase transportation assets for diverse populations in western Massachusetts. In 2014, this group organized an inventory of transportation resources in the region, compiled the results and disseminated the inventory through the Pioneer Valley Transit Authority and other entities.

Title III- C (Nutrition Services)

Emblematic of our agency efforts to support the lives of elders through different community-based interventions are the varied services provided by the WMEC Nutrition Department. In FFY 2016, our AAA provided over 430,000 congregate and home delivered meals to frail elders. Latino meals comprise an increasing segment of this total meal volume. Increased demand for Latino meals comes partly through referrals from the several new Senior Care Options Programs (SCOs) in our region. Participation in the WMEC Latino Restaurant Program has also shown steady growth, as word travels within Holyoke about this Spanish cultural dining option.

² Trip priorities for the Quabog Connector are related to employment and education. Requests for rides for other purposes such as medical or shopping are placed on the waiting list (Source: Welcome to the Quabog Connector! www.rideconnector.com)

³ *PVTA Adopts Service Cuts, Largely Spares Colleges*, MassLive website, July 19, 2017.

Continued emphasis on addressing the nutritional needs of Latino elders and providing health information is a key priority during the next four-year Area Plan cycle.

Recently, more national attention has been devoted to understanding the experiences of LGBT older adults.⁴ WestMass ElderCare has joined with other members of the elder service network to address the needs of the local aging LGBT population. During FFY 2017, we initiated a partnership with Holyoke Council on Aging and Massachusetts LGBT Aging Project to serve the LGBT elder population throughout the Pioneer Valley with social events and evening congregate meals (see attachment- *Rainbow Supper Club of Holyoke: Dinner & Movie- 9/6/17*). This monthly gathering is the only Title III-C funded program solely dedicated to LGBT elders (their caregivers and allies) in western Massachusetts. It also addresses social needs and reduces isolation experienced by the LGBT population. A brief survey conducted with participants in the Rainbow Supper Club indicated group interests in various elder care and family caregiver resources, as well as activities to enhance socialization. Long term, our agency strategy is to expand the LGBT meal site model to other parts of the region.

In the 2018-2021 period, the Nutrition Department also plans to broaden nutrition education offerings for congregate and homebound meal participants through distributed written material, agency website and new media (e.g. WMEC *Facebook* page). Recreational activities that promote socialization, such as the popular WMEC “Winter Holiday Party” and “Summer Picnic” events will also remain a keystone of our Nutrition Department programming. Breakfast programs will continue to be offered at all congregate meal and supportive housing sites in the PSA.

Additionally, Title III-C funds have help support the independent meal program at Belchertown Council on Aging. In FFY 2016, over 500 Belchertown elders received congregate, home-delivered meals, and weekend/evening meals. We anticipate working with Belchertown COA to boost meal participation at their site with innovative menu selections appealing to a wider age range (and meeting RDA criteria).

Finally, a combination of case management and elder nutrition services on site at local elder housing complexes will continue in supportive and congregate housing within the communities of South Hadley, Chicopee, Holyoke and Ludlow.

Title III-D (Evidenced-Based Health Promotion/Disease Prevention)

The Administration for Community Living identified evidenced- based programs (EBPs) as an important vehicle to deliver healthy aging interventions and recently clarified the program criteria.⁵ WestMass ElderCare plans to continue utilization of funding to meet these requirements. The following EBPs have been selected by our agency as being the highest priority for implementation over the next four years: *Powerful Tools for Caregivers, Chronic Disease Self-Management, Tomando Control de su Salud, Matter of Balance and Chronic Pain Self-Management.*

⁴ *Understanding Issues Facing LGBT Older Adults*, A Report by Movement Advancement Project and SAGE (Advocacy & Services for LGBT Elders), www.lgbtmap.org; www.sageusa.org, 2017.

⁵ Disease Prevention and Health Promotion Services- OAA Title III D Authorizing Legislation: Section 361 of the Older Americans Act of 1965, as amended. (www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID)

Public health data for several towns in the WMEC service region show high rates of chronic disease⁶. In FFY 2016 and 2017, WestMass ElderCare provided Title III-D funding to: RiverMills Center/Chicopee Council on Aging conduct Diabetes and Chronic Disease Self-Management workshops. Recent meetings held between WestMass ElderCare, and the Western Massachusetts Healthy Aging Coalition have pinpointed the need to fuel growth of evidenced-based healthy aging programming in the region.

Our AAA is currently considering utilizing Title III-D funds to hire a part-time “Evidenced-based Program Coordinator” to manage the administrative details of program delivery. In this scenario, the EBP Coordinator would be responsible for workshop leader recruitment and training, identifying host sites and carrying out program documentation tasks. Additionally, WMEC is exploring with the Healthy Living Center of Excellence and Western Mass. Healthy Aging Coalition opportunities to initiate more local training of EBP workshop leaders to work in medical care settings.

Evidenced-based programming will be integrated into the array of services offered to consumers enrolled by the Long Term Support Service/Community Partners (LTSS-CP) project. Recently funded by the Massachusetts Executive Office of Health and Human Services (EOHHS), this grant will be implemented starting June, 2018 and provide a full range of supportive services for persons ages 3-64 years who enrolled in MassHealth. WestMass ElderCare will have the lead agency role for coordinating the LTSS-CP effort in a concert with other AAA/ASAPS, Independent Living Centers, behavioral health programs and Accountable Care Organizations (ACOs) in the western region.

Title III-E (Family Caregiver Support Services)

There are currently three Title III-E Family Caregiver funded services:

- South Hadley COA conducts group support for families caring for loved ones diagnosed with Alzheimer’s Disease;
- Belchertown COA offers companion/errand services to help caregivers in their municipality;
- Valley Opportunity Council offers family caregiver respite services.

It is also recognized that one in eight older adults in Massachusetts has Alzheimer’s Disease or a related dementia. During the next Title III RFP cycle, WestMass ElderCare plans to provide Title III grant funding to continue group support for family caregivers who are caring for a relative with Alzheimer’s Disease.

We also will strive to build on our agency’s recent involvement in the Dementia Friendly Communities initiative in Holyoke and South Hadley. Pilot efforts at three councils on aging have brought about the establishment of Memory Café programs to assist elders who are dealing with health and social isolation factors related to dementia. These Memory Café pilot projects were funded through the Executive Office of Elder Affairs and State Department of Public Health after a court settlement between the Commonwealth of Massachusetts and Ortho-McNeil-

⁶ Hampden County Twelve Town Community Health Assessment, EDI & Associates, Submitted to the Hampden County Shared Nurse oversight Committee, March 2015.

Janssen pharmaceuticals. In FFY 2018 and 2019 it is anticipated that Title III funding will be awarded to broaden Memory Café programming to the community of Ludlow.

WestMass ElderCare also will utilize Title III-E funding as a direct service in order to support one part-time staff person who is dedicated to coordinating services for family caregivers. The WMEC Caregiver Specialist is currently positioned in the Home Care Department and focuses on conducting in-home caregiver assessments, one-one counseling, family meetings, arranging respite, and providing supplemental services for caregivers with emergency needs (e.g. caregiver respite, durable medical equipment and support for grandparents serving as parents).

Additionally, the Caregiver Specialist leads *Powerful Tools for Caregivers* (PTC) workshops at different host sites. In FFY 2017, *Powerful Tools* workshops were held in conjunction with Holyoke COA. Our plan in the next four years is to train additional PTC workshop leaders to increase penetration of this program.

In collaboration with the Home Care Department's Options Counselors, the Caregiver Specialist has also developed plans to increase outreach to human service organizations that serve multi-cultural individuals. As part of this strategy, the Caregiver Specialist will continue to be involved with the Alzheimer's Association sponsored Pioneer Valley Diversity Committee. This body is responsible for boosting the involvement of persons of color in the annual "Walk to End Alzheimer's".

Title VII -Vulnerable Elder Rights Protection

Protecting the rights of elders continues as a priority focus of WestMass ElderCare Ombudsman Program that provides weekly visits to eleven nursing and one rest home facilities in our service region in order to monitor the care provided. 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 looking for a facility for a loved one and for safe discharge back into the community or less restricted residence.

Protective/Elder-At-Risk Service coverage will continue to be available through our on-going relationship with the Protective Services Unit at Greater Springfield Senior Services (GSSS). As part of our Memorandum of Understanding with GSSS, a key element will be continuing professional education for our agency staff (e.g. responsibilities of mandated reporters, types of abuse investigated, signs and symptoms of abuse/self-neglect, protective reporting process, and case intake screening process). As noted previously, a Title III-B grant award to Community Legal Aid provides civil rights protection to elders related to elder abuse and financial exploitation.

Other Supportive Services

The Pioneer Valley Aging and Disability Resource Consortium (PVADRC) is part of 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. All representatives of the PVADRC recently signed a

Memorandum of Agreement (MOU) for Mutual Aid and Assistance. This MOU provides a means for providing technical, logistical and material support to each other in the event that any agency could not access their building during a disaster.

Our AAA will also continue to utilize Home Care purchased services to assist with the behavioral health needs of consumers. Additionally, we are involved in the Western Massachusetts Department of Mental Health (DMH) Advisory Board. WMEC representatives attend monthly meetings of the DMH Advisory Board to learn about mental health resources that may be of value to consumer in our region.

Additionally, WestMass ElderCare will continue to build on strong linkages established with the Springfield Chapter of Massachusetts Senior Action Council (MSAC). Collaboration with MSAC has included mutual participation in the annual event at the State House that provides an opportunity for constituents for our service region to discuss with their lawmakers key legislation and budget issues affecting older persons (See attachments- *Changing Seasons* newsletter article entitled “Elder Lobby Day 2017”).

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.⁷ This approach is part of our agency’s “No Wrong Door” strategy to provide multiple entry points for consumers to access services. (See attachments section for WMEC brochure entitled *Consumer Choice in Selection of Providers*).

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 needed independence in their own home. Needs not met through the Home Care service or by informal supports are referred to other resources within WestMass ElderCare or other community. 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 (e.g. Acquired Brain Injuries).

To ensure continuity of care, WMEC Care Managers and Nurses also assist in the development of extended care service plans and help to facilitate back-up plans with consumers and their formal and informal supports. Home Care Case Managers and their Supervisors routinely review the consumer’s “Plan of Care” and adjust it if changes occur with the consumer (e.g. physical and/or cognitive health, ADL/IADL function and support systems). As well, there are efforts by the Long Term Care Ombudsman program to maximize communication with WMEC departments on a variety of resident rights issues. For instance, Care Managers and Nurses may work with the Ombudsman Director if their consumer is requesting to return home (even in instances when this approach may not recommended by the nursing facility).

⁷ Home and Community Based Services: Requirements for Person-Centered Plans for Home and Community-Based Services, Centers for Medicare and Medicaid Services, October 2015.

Additionally, person centered counseling skills of WMEC staff are upgraded through mandatory in-service training sessions on (e.g. *Motivational Interviewing*). WestMass ElderCare also currently has a Memorandum of Agreement in place with Elder Services of Worcester Area as part of a *Coleman Model of Care Transitions* initiative at BayState Wing Hospital in Palmer. WMEC staff trained in *Care Transitions* provide “coaching” for hospitalized individuals who may need assistance to comply with their discharge care plan. This intervention has the potential to reduce rates of hospital re-admission.

An example of a WMEC consumer who has goal to stay in the community:

Mrs. M. is a 90 year old blind-disabled woman who was referred to WMEC by her nursing facility for Options Counseling following her rehabilitation. She had suffered a fall at home and fractured her coccyx. Mrs. M presented as alert, oriented and had been residing alone in her own home prior to the fall. She was reported to have a history of other falls related to her neuropathy, arthritis and COPD. Upon completion of her rehabilitation at the nursing home, Mrs. M made it clear that she intended to return home. Her children expressed concern with her decision due to her history of falls and recent fracture. Mrs. M met with the WMEC Options Counselor (OC) prior to her transition from the rehabilitation unit, agreed to accept a limited service plan of her choice and was receptive to additional follow-up by the Options Counselor. The OC initiated home-delivered meals and referred Mrs. M for a Personal Emergency Response System (PERS) device. She also received a nutritional assessment and counseling sessions accessed through on of the WMEC Title III grants. During follow-up visits, it was learned that Mrs. M had been financially exploited by her son and resulted in the need for a Protective Services referral. Her daughter was unable to manage her mother’s financial affairs, so Mrs. M received assistance from the WMEC Money Management Program.

III. Elder Justice

In an effort to prevent exploitation of consumers in our service region, WestMass ElderCare ensures that elder justice activities are ongoing and visible. We currently provide Title III-B funding to Community Legal Aid (CLA) for the following:

- Assuring 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
- Advocating for elders in order that they are able to access government programs and benefits to which they are lawfully entitled.

Community Legal Aid serves all seven communities to assist elders in legal cases primarily related to housing (preventing eviction and foreclosure), income maintenance (appeal of benefits claims) and health care rights. Attorneys and para-legal staff make outreach visits to meal sites and senior centers. Other referral sources of low income, minority elder populations include municipal housing authorities, State Departments of Transitional Assistance and Mental Health, as well as councils on aging.

Currently, CLA employs bilingual and trilingual para-legal staff that help smooth the client intake process for individuals who have limited English proficiency (LEP). There are also CLA staff are able to offer specific elder law expertise (e.g. Medicare advocacy).

Mortgage Rescue Scams: Don't be a Victim is an example of print material developed by CLA to assist consumers who are applying for a mortgage or refinancing their home loan. This resource is available in English, Spanish, Portuguese and Vietnamese. WestMass ElderCare also remains committed to increasing public awareness about the ACL funded *Massachusetts Senior Legal Helpline* service and educational events sponsored by the Massachusetts Bar Association (i.e. *Taking Control of Your Future: A Legal Checkup*).

In addition, the following Pro Bono services are available to older persons in the region:

- Hampshire County- Mass Bar Foundation (for civil legal services)
- Hampden County- Volunteers for Justice (legal assistance for elders by advocates and lawyers who have recently passes the bar exam)

Community Legal Aid also remains a central part of our staff in-service education effort focusing on key elder law topics such as health care proxies and guardianship. Protective Services (PS) training for WMEC nurses and case managers, as well as meal drivers and meal site managers enable these staff to fulfill their mandatory reporting role related to cases involving a physically abused or financially exploited consumes. Additionally, the WMEC Ombudsman Director continues to attend monthly meetings held at EOEI and quarterly law meetings at the Disability Law Office in Northampton. These meetings offer information on threats to rights and financial security of residents living in long-term care facilities.