AREA PLAN ON AGING, 2014-2017
SENIORCARE INC.

Main Office
49 Blackburn Center
Gloucester, MA 01930
&
100 Cummings Center, Suite 106-H
Beverly, MA 01915

Mission Statement:

SeniorCare Inc., a consumer centered organization, provides and coordinates services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community.

Developed by:

Jane Militello, Assistant Executive Director

SeniorCare Inc. Area Plan on Aging, 2014-2017-Table of Contents

Planning and Service Area Map 1

Executive Summary 2

Mission and Functions of SeniorCare Inc. 5

SeniorCare New Initiatives and Evolving Partnerships 7

Demographic Profile 12

Needs Assessment FY 2012 15

Focus Areas for Area Plan on Aging 2014-2017 16

Quality Assurance 19

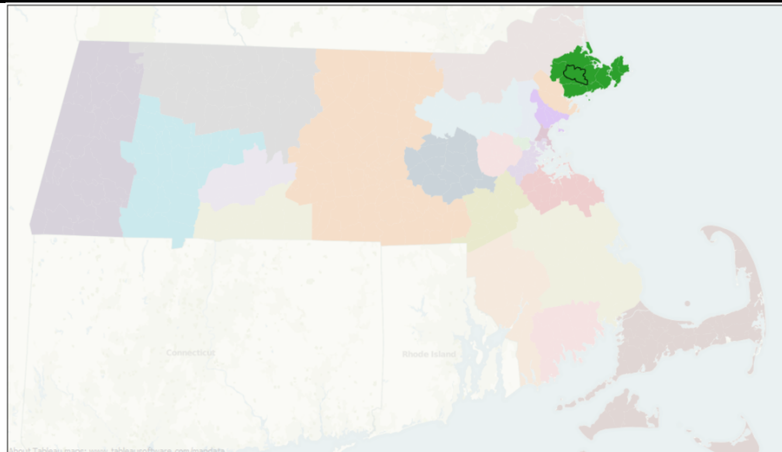
SeniorCare Inc. Area Plan on Aging, 2014-2017-Attachments

A. Area Plan on Aging Assurances and Affirmation 20
B. AAA Information Requirements 32
C. AAA Organizational Chart 37
D. AAA Corporate Board of Directors, FFY 2014-Form 1 38
E. AAA Advisory Council Members FFY 2014-Form 2 39
F. AAA Funded Services Document-Form 3 40
G. AAA Focal Points-Form 4 41
H. AAA Projected Budget Plan-FFY 2014 42
I. AAA Needs Assessment FY 2012-13 45
J. AAA Planner's Needs Assessment FY 2012 52
K. SFY 2013 Municipal Questionnaire Summary 55
L. AAA Literature Search 57
M. AAA Demographics 61
N. AAA Public Hearing 66
O. AAA Focus Area Coordination 2014-17 70
P. AAA Annual Report 84

SeniorCare Inc.
Area Agency on Aging/Aging Services Access Point
www.seniorcareinc.org

49 Blackburn Center
Gloucester, MA 01930
978-281-1750 or 866-927-1050
FAX: 978-281-1753

100 Cummings Center, Suite 106-H
Beverly, MA 01915
TDD: 978-282-1836
FAX: 978-969-0358



Assisting elders in Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield, & Wenham

Executive Summary

The work of the Area Agency on Aging (AAA) is to develop and document planning efforts; achieve program development and expansion of possibilities; and to provide vision and a place for the provision of services to prospective populations (Executive Office of Elder Affairs, Memorandum, 2013).

Founded in 1972, SeniorCare Inc. is a consumer centered organization that provides and coordinates services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining a part of their community. SeniorCare offers a wide variety of programs and services to meet the needs of elders, their families, caregivers and others in the nine-community planning and service area (psa) of Beverly and greater Cape Ann on the North Shore of Massachusetts.

SeniorCare is a federally designated Area Agency on Aging and a state designated Aging Services Access Point (ASAP). It establishes priorities and plans for services to meet the needs of elders in its role as an Area Agency on Aging. It provides care management and authorizes funds and monitors various home care services to prevent unnecessary institutionalization, primarily in its role as an Aging Services Access Point. SeniorCare is an integral part of the Aging Network which operates on a federal, state, regional and local level.

SeniorCare has been providing an Area Plan on Aging since 1979. This document represents the required 4-year Area Plan on Aging for FY 2014-2017. Combined with federal and state goals, SeniorCare's second strategic plan goal, "SeniorCare Inc. will provide effective and efficient services, develop innovative programs, and meet the needs of consumers and the diversity within the communities it serves," fosters a comprehensive, coordinated and cost effective system of home and community based services that help elders, family members, caregivers, and others maintain their independence in their homes and communities.

External influences that have shaped the 4-year Plan include, but are not limited to, the recorded 2010 census shifts in population of those who are 60+ residing in communities across the state. SeniorCare, although higher than the state average in the percentage of 60+ elders, realized a reduction in funding due to the redistribution of federal dollars.

The Administration for Community Living (ACL) was created in 2012 by bringing together the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities into a single focal point dedicated to improving the lives of those with functional needs into a coordinated, focused and stronger entity. This action has influenced the aging network and system on several levels including the creation of Aging and Disability Resource Consortiums (ADRCs), newly created funding streams, and opportunities resulting in grants and pilot programs. This restructuring has necessitated shared resource development and cross training between the disabilities communities and the elder communities, inclusive of sensitivity training and operational philosophies.

Also unique to the psa is the economic concern that Essex County has one of the highest costs of living and it is projected that Social Security will only cover 51% of that cost of living. This has direct implications for elders for maintaining their quality of life along with the economic and financial impacts that have had an overshadowing effect across a myriad of services, systems and access opportunities.

Nearly one in every four individuals (27,238) is age 60 and over (23.5%) and 16.4% are age 65 and over (see Attachment M). The percentage for SeniorCare's psa is approximately 4% over the state average for the 60+ category and 2.6% for the 65+ category per the 2010 Census. Within the psa the percentage of the overall minority representation of 60+ is 2.1 %. Of those residents who are 65+ with a disability, the average is 30% with a range from 21.5% to 33.5% throughout the nine communities. Those who are 65+ and have an income below the poverty level, average 6.44% and the minority populations within that age category average .63%. 2010 Census data indicate that the number of householders age 65+ living alone in the psa is 5,713 (12.23%) up by 0.7% from the 2000 census. This is higher than the state average of 10.5%. The 85+ population has increased to greater than 2%, which is higher than the state average. These groups are most likely to be potential users of home and community-based services.

The Older Americans Act (OAA) Core Programs are incorporated into 15 identified goals and objectives (see Attachment O) that respond to the Administration for Community Living's four focus priorities: Discretionary Grants, Participant-Directed/Person-Centered (PD/PC) Planning, Elder Justice, and the OAA Core Programs.

- ACL Discretionary Grant Programs are reflected in SeniorCare programs, partnerships and service provision which include Evidence-Based programming, the Kiosk, Benefits Specialist, NeedyMeds, Caregiver Support and Volunteer Medical Transportation.
- The (PD/PC) Planning services and programs are provided through Options Counseling, the Comprehensive Screening and Service Program, Money Follows the Person, nursing facility Section Q Program, Care Transitions, and the ECOP Independence Plus program.
- Elder Justice planned efforts are addressed through Elder Rights/Protective Services provision and support as provided through contracted legal services, and direct service provision of the LTC Ombudsman services, and the Money Management program.

All of these goals provide a foundation for elder service planning through education, prevention, initiation, and provision of services throughout the AAA's planning and service area.

SeniorCare's discovery process to identify present and future needs has included needs assessment surveys, focus groups, one-on-one interviews, survey reports, consumer satisfaction analyses, relevant literature searches, and peer surveys of providers and others, on local, state and national levels (see Attachment I). Demographics; global forecasts; economic indicators for retirement needs, illness and disease impacts; mental health needs forecasts; and the effects on caregivers and systems were included in the process. Additionally the location and access of many of the communities in the planning and service area were considered. For example, some Cape Ann (Gloucester and Rockport) elders experience a sense of isolation or "over the bridge" effect that can hamper their connection to services and resources.

The findings of the needs assessment process identified housing, maintaining independence, economic security, long term service support, mental and behavioral health, health care, transportation, access to social services, safety and security, caregiver support, nutrition and spirituality respectively, as the top needs. Other more individualized needs surfaced through the demographics in identifying the oldest, old population higher than the state average; the heightened needs of women financially and socially; a doubled percentage of grandparents caring for grandchildren; and a gradual and immerging increase of minority populations who are 60+. Consideration will be needed in relation to the various forms of social isolation that affect aging populations including the lesbian, gay, bi-sexual and transgender populations (LGBT), religious affiliations, and those with mental and behavioral health conditions and issues. Overshadowing all of the findings is economic security as it can affect all areas for maintaining and assuring aging with dignity and independence.

Solutions and recommendations are proposed and will unfold as partnering, advocacy, policy advancement and development, and individual personal empowerment continue to be focused to address the needs of an aging society. Through an inclusive and holistic approach of physical, emotional, mental and spiritual well-being, positive outcomes can be realized. Environmental aspects and affects, local to global, and inclusive of the need for individualized access in relation to community and in-home services and solutions, must be included.

The emerging utilization of various social media, service provision approaches, or technology adds to the mix. Advancing the new modes of education and providing the tools needed for health self-management, while keeping economic limitations ever present, has viability. Access to nutritious and healthful foods in community settings such as congregate dining and locally supported evening meals for socialization, community connections and nutritional health, including the participation of caring volunteers and others, enhances the support system. The revision, recanting, or establishment of policies and procedures for rapidly changing times is anticipated. Foremost asking and listening to what individuals want and require for promoting their best quality of life is central.

Through its ongoing core services, grant-funded opportunities, partnering efforts, community outreach and planning, SeniorCare will educate, inform and empower elders, caregivers and others to promote community livability by: assisting them in making informed decisions; providing services; and coordinating an engaging environment for developing programs and services. Also informed decision making about available options to long term care, housing and a variety of services will be fostered. Screenings will be provided for community living transitioning from nursing home placement. Elder empowerment will be fostered during care transitions; enhanced in-home service options; resulting in older adults remaining independent at home. Elder justice interventions through Protective Services, Money Management, community collaborations, and victim support will also contribute to the safety and security of elders within their communities which can contribute to enhanced mental health, economic security, and factor into their maintenance of independence through physical, behavioral, and mental health supports.

Through these services and programs, the focus is to attain the best possible physical, cognitive and mental health for older adults and others and to provide effective and efficient services, develop innovative programs and meet the needs of consumers and the diversity within the communities that SeniorCare serves. They help to foster independence and safety and security; increase accessibility and promote health self-management; and provide economic, social and emotional supports.

Mission and Functions of SeniorCare Inc.

SeniorCare's Mission
SeniorCare Inc.'s mission is "SeniorCare Inc., a consumer centered organization, provides and coordinates services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community". Founded in 1972, SeniorCare offers a wide variety of programs and services to meet the needs of elders and their families in Beverly and the greater Cape Ann planning and service area (psa) on the North Shore of Massachusetts. SeniorCare programs are available to elders, family members, caregivers, and others living in the cities of Beverly and Gloucester and the towns of Essex, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield, and Wenham. The area encompasses 140 square miles. Approximately one out of every four individuals living in the area is age 60 or over with one out of ten being 85 or older.

SeniorCare is a federally designated Area Agency on Aging (AAA) and a state designated Aging Services Access Point (ASAP). It establishes priorities and plans for services to meet the needs of elders in its role as an Area Agency on Aging. It provides care management, authorizes, funds and monitors various home care services to prevent unnecessary institutionalization, primarily in its role as an Aging Services Access Point. It operates under the advice and direction of an Advisory Council and Board of Directors. These are comprised of citizens from the nine cities and towns in SeniorCare's psa. The majority of the members on the Council and Board are age 60 or over. The area planner staffs the Advisory Council meetings (see Attachment C: SeniorCare Organizational Chart). SeniorCare receives funding from state, federal, and local sources and other public and private organizations and individuals.

The Aging Network
SeniorCare is part of the aging network. The "Aging Network" operates on a federal, state, regional, and local level. Federally, there are programs such as Social Security and Medicare and legislation such as the Older American's Act and the Affordable Care Act. Established in 2012 the Administration for Community Living is the lead department in the federal government for issues affecting elders and others. The Administration of Aging (AOA) is the federal level administering agency for Aging Services. The Executive Office of Elder Affairs in Massachusetts administers on the state level. SeniorCare is the designated Area Agency on Aging representing federal mandates and the Aging Services Access Point representing state mandates for the area and region. Councils on Aging (COA) serve on the local community level. In addition to these agencies, departments and corporations, there are private agencies such as Visiting Nurse Associations, Programs of All-inclusive Care for the Elderly (PACE), Adult Foster Care (AFC) and Senior Care Options (SCO) programs as well as various medical facilities, community providers and governmental departments. The aim is to have a seamless web of services and programs for elders and others. SeniorCare is overseen by and adheres to regulations developed by the Executive Office of Elder Affairs, the Older American's Act, and other regulatory agents as applicable.

Aging Services Access Point (ASAP)
Massachusetts provides a structure which combines the Area Agency on Aging and Aging Services Access Point functions. Under Massachusetts General Laws, Chapter 19A: Section 4B, Aging services access points, an ASAP is the single entry point for home care services for seniors age 60 and over who meet functional impairment and income eligibility criteria set by the State. Trained Care Managers work in an interdisciplinary team with Registered Nurses and

respond to referrals. They provide an assessment of the elder's needs, develop a care plan and monitor that plan. Last year the Home Care Department at SeniorCare provided services to over 1,969 elders and their families. Most of the actual services are provided through local public or private agencies that contract with SeniorCare. The services include assistance with personal care, laundry, meal preparation, homemaking, and other services that help elders maintain their independence at home. SeniorCare also has special programs such as Enhanced Community Options Program (ECOP), Community Choices, Comprehensive Service and Screening Model, and Money Follows the Person. These programs offer a greater level of service for frailer elders. SeniorCare's nursing team oversees a myriad of programs that offer elders the choice of remaining in their community setting. The nurses are involved with health and personal care assessments for the Home Care program; in determining nursing home eligibility along with personal care needs for the ECOP and the Community Choices programs, and providing medical and professional oversight to SeniorCare's Medication Management Program.

Area Agency on Aging (AAA)
Area Agencies on Aging are public or non-profit agencies, such as SeniorCare, designated by the federal government through the State to address the needs and concerns of all older Americans age 60 and over at the regional level. The Area Agencies on Aging are a creation of the federal government's Older American's Act Legislation, originally passed in 1965 and most recently amended in 2006. Since 1973, AAAs have received federal money administered by the state Executive Office of Elder Affairs to create, implement and monitor a wide range of supportive and nutrition services.

SeniorCare provides three important functions for Americans age 60 or over in its program and service area. First it develops a four-year Area Plan on Aging for the development of comprehensive, community-based services, which meet the needs of older adults in its psa. SeniorCare is currently operating under its 2010-2013 Area Plan. Second, it provides information on available services, programs and policies that affect seniors and advocates for improved services for older Americans and their caregivers. Third, it coordinates Older American's Act funds and other funds to provide services for unmet needs. This is done largely through contracts with local service providers.

Title III B Priority Services/Programs (see Attachment A: Area Plan on Aging Assurances and Affirmation)
SeniorCare's array of priority services and programs for FFY 2013 consists of access services including Transportation, through contracted vendors, including a COA and an in-house Volunteer Medical Transportation program. Access is also provided by five COA's within the psa through contracted Outreach services. Long Term Care (LTC) Ombudsman and Information and Referral services are also provided for the psa and legal services are provided for all communities. In-home services are offered through in-home mental health services, Money Management and the services of a Benefits Specialist. Through Title III D, evidence-based (EB) programming is provided through three EB programs. Additionally Caregiver Support is provided through Title III E. Nutrition services, through congregate and home-delivered meals are ongoing under Title III C.

For FFY 2014 reconfiguration of Title III service provision has been initiated as a result of the needs assessment outcomes and Title III budget cuts. Transportation service provision remains a primary focus for access and support and has been extended to an area with demographic barriers. Access through COA provision continues with targeted Outreach to identified minority populations within the designated communities. LTC Ombudsman and Information and Referral are ongoing along with legal services. In-home services will see the addition of a unique

telecommunications system to provide in-home social connections, through individual and group venues, to isolated elders. Additionally Money Management and Benefits Specialist will continue to serve elders at home and nutrition services with congregate and home-delivered meal provision will be ongoing. Caregiver support continues with the addition of the EB program Powerful Tools for Caregivers.

SeniorCare provides many other valued and beneficial programs and services that go beyond the scope of the ACL Focus Areas and EOEA state planning request.

SeniorCare New Initiatives and Evolving Partnerships

Addressing the rapidly increasing 60+ population and the identified trends and unique needs associated with it, SeniorCare's new initiatives and evolving partnerships offer a sample of the forward approaches that are being taken to target specific needs and to contribute to an established foundation for future planning and service provision.

SeniorCare New Initiatives

SeniorCare and NeedyMeds Drug Discount Card Partnership

In FY 13 SeniorCare entered into a partnership with NeedyMeds for a drug discount card program created for elders and others to help them to save money on prescription medications. NeedyMeds is a Gloucester-based national non-profit. The drug discount card, which is widely accepted by major chains and local pharmacies, provides a discount of up to 80% on prescription drugs and other medical supplies.

Through this joint project the card may be used to obtain a discount on prescription medications, over-the-counter medications or medical supplies written as a prescription, as well as pet medications purchased at a pharmacy. Although the card cannot be used in combination with insurance or state or federal programs, many seniors find that it helps with medicines not covered by their insurance or Medicare Part D and in the insurance gap known as the "donut hole".

The NeedyMeds card is accepted at over 70,000 pharmacies nationwide and anyone, regardless of age, insurance status or income level, may use the card. An entire family can use the same card or each person can have their own. This national effort has realized a savings of $39,468,365 since its inception with thousands of individuals being assisted.

SeniorCare and ADRCGNS Inc. "Kiosk for Living Well"

SeniorCare is participating in the "Kiosk for Living Well" project as part of a grant in partnership with Greater Lynn Senior Services (GLSS), North Shore Elder Services (NSES), the Independent Living Center of the Greater North Shore (ILCGNS), the leadership agencies of the Aging and Disability Resource Consortium of the Greater North Shore, Inc. (ADRCGNS). Funding comes from the National Center on Senior Transportation, the New Freedom Initiative, and other funding.

SeniorCare has been operating the Kiosk for Living Well weekly at the Beverly Senior Center since November, 2012. The Kiosk is staffed each Tuesday with two trained Volunteer Advisors, a Travel Counselor from GLSS, an Options Counselor from SeniorCare and/or a Career Counselor from the North Shore Career Center, who assist visitors with problem-solving and connect them with resources around a variety of issues, including transportation and mobility, health self-management, nutrition and exercise, and planning for the future. In addition the interactive kiosk setting is designed to assist with a host of fun learning games and modes of

communication. The Kiosk features an exciting touch screen computer called the IN2L which stands for “It’s Never Too Late.” The computer is easy for all ages to use and is designed to offer hundreds of different experiences. One can take a virtual ride on roads through the French countryside, or visit the Egyptian Pyramids; play a variety of brain teasing games; e-mail or Skype with family and friends; participate in on-line programs; and more.

Presently there are three Kiosks which are part of the grant; SeniorCare’s which is currently located at the Beverly Senior Center; North Shore Elder Services at Danvers Council on Aging; and the Lynn Library, sponsored by Greater Lynn Senior Services.

This new outreach venture incorporating a combination of teaching, guidance, and peer support through technology and volunteer participation, incorporates the coordination of several agencies serving the aging and disabilities populations and brings the service to where elders and individuals gather. It is proving to provide a platform for crossing many barriers to an improved quality of life.

Compulsive Hoarding & Acquiring Program
This program was launched in January 2013 to meet the needs of hoarding elders and their families and caregivers. The program is based on the Harm Reduction Model and is appropriate for elders who are willing to engage in working on their hoarding issues. The primary goal of the program is to reduce the risk to the individual, not to clean out their belongings or completely stop them from hoarding. The SeniorCare program utilizes a team approach which includes SeniorCare staff, specially trained personal care homemakers (PCHM) and the elder, as well as the SeniorCare Clinical Team. Informal collaterals may also be included as a part of the team when deemed appropriate. Referrals are received internally and externally. Appropriate elders are matched with a specially trained PCHM who has been trained to work with them in a patient and nonjudgmental manner. The person enters into a contract that is developed in coordination with the clinical team to determine a course of action. SeniorCare staff maintains bi-weekly contact with the PCHM as well as performs weekly, biweekly or monthly home visits with the elder.

SeniorCare staff has provided two vendor trainings for contracted service providers with a third scheduled. Since January 2013, the program has served twenty individuals, consulted with many family members, friends and other involved professionals. In addition to this, the program is providing a bi-weekly support group for family members of hoarders.

SeniorCare Presents: Living Wisely, Aging Well
In September 2013, SeniorCare will launch a new community access program on Cape Ann TV entitled “SeniorCare Presents: *Living Wisely, Aging Well*”. The show will be dedicated to raising awareness of the services that SeniorCare provides, informing older and disabled adults and those who care for them, of resources and services that are available to them, and communicating information about positive aging and promotion of healthy lifestyles. The monthly half-hour show will air several times each month in the Cape Ann TV service area and recordings of the shows will be made available for airing on other community access television stations in the SeniorCare catchment area. Cape Ann TV has been a willing and encouraging partner throughout the planning and design process and will continue throughout the production.

Community Conversation for LGBT Elders
A presentation of the film “Gen Silent” was shown at a local cinema in Gloucester hosted by SeniorCare and several supportive sponsors. The showing was an outcome of an expressed interest that resulted from a lesbian, gay, bi-sexual and transgender (LGBT) focus group which

was held earlier in the year as a part of SeniorCare's needs assessment process. The participants requested the film be available for those elders and others who did not want or were able to leave their local communities to see it in more distant venues. They also felt that it would impart a message of inclusivity by providing it in a local setting.

A Community Conversation was held after the airing. The results of the Conversation will influence future outreach plans and efforts for SeniorCare. Some of the comments included: We need more training in all kinds of diversity; more education on this topic needed; money is still an issue for lesbians; men are retired, women are still working; would like to see LGBT folks have confidence that the people who come to their homes are sensitive to the issue; and how do you learn to speak the language of inclusiveness?

Additional suggestions were made for future ventures: Would it be possible to start small in extending this conversation by having a monthly event, and then having a luncheon; or a local church might have a meeting to show the LGBT community that folks are thinking about these issues and how they affect lesbians, gays, bisexuals and transgender populations as they age.

Interest was evident by those who attended, participated and completed questionnaires; however the challenge remains reaching those LGBT individuals who remain isolated, unsure and unconnected to the resources that are available to them. Collaboration efforts are underway and future ventures to benefit elders and others are anticipated.

SeniorCare's Evolving Partnerships

Diversity Outreach

In 2012, through consultation with the LGBT Aging Project of Boston, a Diversity Statement was developed;

> *SeniorCare is committed to serving a diverse consumer population and fulfilling the Agency mission through employee, volunteer and business partners who reflect this diversity. This ongoing effort will include continually educating ourselves on the needs of both those we serve and employ and the deliberate inclusion of their perspectives in the activities of this organization.*

It was incorporated into SeniorCare's Employee Handbook along with: defining inclusive language; changes incorporated in policies and procedures; trainings provided to staff; and future efforts initiated such as: training on cultural sensitivity and working with diverse populations in the LGBT populations; community outreach through focus groups was started and will continue to identify those populations that require unique approaches to best meet their needs; one of the findings resulted in the community showing of the film "Gen Silent" at a local cinema; a community discussion was held after the showing and the attendees were solicited for their needs in the present and going forward. Follow-up actions are on-going and the identification process of populations with sensitive needs is replicable.

Senior Mobile Markets

This year marked the five year anniversary of the Senior Mobile Market, a joint program of SeniorCare, The Open Door, and the Gloucester and Rockport Councils on Aging that provides quality, nutritious foods to limited income elders. During monthly distributions, qualified older adults come to the Councils on Aging to pick up bags of fresh fruits and vegetables, along with other fresh and frozen products such as yogurt and frozen fish, and shelf stable items such as grains, dried beans, peanut butter, soup and canned fruits and vegetables. Whenever possible, lower sodium items are offered. Approximately 150 older adults participate in the program each

month. Distributions take place on the last Friday of the month at the Rose Baker Senior Center and the first Thursday of the month at the Rockport Community House. In addition to increasing access to healthy foods, the program offers a different way to serve and reach out to the older adult population. Other Mobile Markets for the psa are planned and those hard to reach communities will have unique approaches developed such as a Traveling Market through The Open Door food pantry.

Transportation Forums
Due to the unique isolation factors affecting the demographics of Cape Ann, transportation has been an identified need within its psa for decades. This need also encompasses other communities in the psa in that regional transportation, such as the Ride, does not operate within their borders. Their demographics also create pockets of isolation which exacerbate the need.

SeniorCare conducted a Transportation Forum for its psa in 2011 sponsored by the AAA Advisory Council. A panel of five providers of transportation related their access, availability, future foreseeable needs and plans, and their targeted interactions with local elder residents.

A question and answer period followed and many consumers, vendors and COA's took part. SeniorCare staff attended and contributed to the discovery process. A final exercise with those who were present resulted in priorities for transportation needs being identified. The primary needs were safety, availability (on several levels) and affordability. This information was incorporated into SeniorCare's contracting, program initiatives and partner efforts through the ADRC and in other venues. Future transportation forums are planned for the psa and focus on consumer driven approaches to help address transportation needs are ongoing through projects such as Mobility Links, the Kiosk, Councils on Aging, and other referral sources.

Aging and Disabilities Resource Consortium of the Greater North Shore Inc. (ADRCGNS, Inc.)
SeniorCare is a leadership partner in the Aging and Disability Resource Consortium of the Greater North Shore Inc. (ADRCGNS). The ADRCGNS is an incorporated not-for-profit organization serving the communities of southern Essex County in Massachusetts dedicated to promoting consumer choice, activation and self-management, including health self-management, within the overall context of greater community inclusion, integration, mobility and a more robust livability. In pursuit of these purposes, the ADRCGNS:

- Promotes a coordinated system of information and access and meaningful consumer-driven dialogue that ensures consumer preference and direction for all persons seeking resources to foster their health, independence and well-being regardless of age, disability, income or lifestyle.
- Provides individualized information that empowers consumer choice and informed decision making regarding the community and long-term services and supports that best meet needs and preferences.
- Promotes stream-lined and "no wrong door" access to the full range of community options, resources, and services.
- Supports transitions across care settings based on principles of consumer activation, self-direction, and evidence-based health self-management supports.

- Conducts ongoing discovery and assessment activities designed to identify both resource gaps as well as the cost-effective and innovative consumer driven approaches for closing those gaps.
- Works with appropriate community agencies and organizations to develop integrated and effective models of resource access and delivery systems across community sectors within the region.
- Develops comprehensive and integrated curricula that promote deep cross-disabilities awareness, sustained consumer engagement, and an effective outcomes focus.
- Implements appropriate training and support programs for staff and consumers.

In its leadership role, for planning and programming purposes, fiscal forecasting and national and local initiative opportunities, SeniorCare engages in extensive coordination and cooperation as a partner in the ADRCGNS. Weekly calls with the ADRCGNS leadership members, monthly leadership board meetings, bi-monthly partners' meetings, on-going committee meetings, and an annual ADRCGNS conference make up the core participation elements of the newly incorporated 501C(3). These efforts have impacts that are realized on the local, state and national levels. Although the partnership has been an active entity for several years this past year, as a result of the incorporation, has accelerated activity, commitment and partnered engagement.

Demographic Profile

SeniorCare Demographic 2012 (see Attachment M: Demographics)
The Beverly and greater Cape Ann psa is comprised of the nine communities of Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield and Wenham. Beverly and Gloucester are the two cities with the heaviest concentration of population. The communities vary in size from Ipswich's 33.5 square miles to Rockport's 7.08 square miles. The population density ranges from 2,616 persons per square mile in Beverly to 250 persons per square mile in Essex. A total of 115,782 individuals live in the 140 square mile area. This number does not include the summer residents who come to live in the area for three to six months a year, especially in the communities of Rockport, Gloucester, Manchester-by-the-Sea, Hamilton and Wenham.

The 2010 US Census reported data influences the direction of SeniorCare's 2014-2017 Area Plan on Aging (see Attachment M: Demographics). For SeniorCare's nine community planning and service area shifts and trends have been identified. These include the increase in the older old population of the 85+ from four communities to seven that is greater than 2%. This increase in individual communities implies that elders are aging in place and may have increasing needs for service supports within the community setting.

Reportedly the number of grandparents responsible for the care of their grandchildren has doubled from an average of 20% to 40% according to the psa data. This highlights a emerging demographic of a group of caregivers who may require respite and other self-care and well-being services such as the evidence-based and community-housed programming that is available, along with caregiver support, across multiple venues.

The elderly population is predominantly white. There is a slight increase on the overall minority representation of the 60+ to slightly over 2% from 1.4% in 2007. The expectation is for this trend to continue although less rapidly than other aspects of the demographics. Thus the need for a continued focus on cultural sensitivity through training, targeted outreach, collaboration

with other more urban ASAP's and the Independent Living Center of the Greater North Shore, and to provide the appropriate supports through these efforts for the emerging population.

Although demographics show a slight decrease of elders who fall within the federal poverty level guidelines, those below the poverty level identified as 65+ ranged from 9.6% in one community in the psa to 1.8% in another. This leads to recognition of more polarized areas of those with economic needs. One identified community is Essex and collaboration with a local food pantry is underway to expand food availability within this community in a way that elders can more easily access. Also increased access for elders to the NeedyMeds cards and information about supportive services continues through various venues.

The demographics indicate that there are more women than men in all 60+ categories, i.e. 60-64, 65-74, 75-84 and 85+. There are several factors which affect this population. Reportedly elderly men are more likely to have a spouse or live with others. This contribute to the results that the majority of individuals requiring home care and other long term care services are women and most of them are living alone. Outreach efforts in elder housing, councils on aging, within volunteering venues and community gathering points, including meals sites, food pantries, grocery store, and churches are ongoing and will be enhanced.

Elders with disabilities are a highly vulnerable population. The average percentage in SeniorCare's psa is slightly greater than 30% with a high of 33.5% and a low of 21.5% across the psa communities. Often individuals, according to the literature, have chronic disease along with physical disabilities, dementias or other cognitive impairments. From many of the identified populations the utilization of the evidence-based programming for chronic disease self-management could prove to be beneficial for increased disease self-management. Also community based programming, such as the Kiosk for Living Well project, will help to advise and inspire elders and others to increase their self-sufficiency through knowledge, connections, and interrelationships. Coordinated efforts with the Hoarding Risk Reduction practice to promote safer environments for self-care and well-being also contribute to the safety and security of elders and others.

Socio-economic Backgrounds and Living Arrangements

2010 Census data indicate that the number of householders age 65 and over living alone in the psa is 5,713 (12.23%) up by 0.7% from the 2000 census. This is higher than the state average which has essentially remained unchanged at 10.5%. Also this is the group that is most likely to be potential users of services. The number of households with individuals age 65 or over is 13,547 or 29.01% (2000 Census 12,587 or 27.98%) in the psa. Again, this is comparable to the state percentage of 25.64% (2000 Census 24.74%). The rate of change from 2000 to 2010 in the psa remains higher than for the state. The rate of change for individuals 60 and over is 4.13% (state-2.18%); for an individual age 65 or over is 0.93% (state 0.24%) and age 85 and over 0.41% (state 0.38%). The calculations show the number of elders living within intact households is greater in the SeniorCare psa than in the state. This may imply that these elders live with families who could provide support and care, however the increased numbers overall must be considered for planning purposes.

Global Demographic Forecasts

The impact of the boomer generation plays a significant part in the planning for services and supports on all levels and venues and in demographic areas across the nation and especially for the aging network. From 2000 to 2010, there was an 18.48% increase in the number of people aged 60 and over within SeniorCare's service area. In every state, except Utah, Baby Boomers make up approximately 25% of the population. Unlike prior generations, about 12% of

them never married, which is three times the rate of their parents' generation. As these individuals move into older age, economic, social, and care giving issues can become magnified.

By 2030, 20% of the entire country's population will be age 66-84 and an economic impact is predicted for this growing population. As reported in The Wall Street Journal, "The median household headed by a person aged 60 to 62 with a 401(k) account has less than one-quarter of what is needed in that account to maintain its standard of living in retirement, according to data compiled by the Federal Reserve and analyzed by the Center for Retirement Research at Boston College for The Wall Street Journal."

Major illnesses and diseases will be a consideration in planning for example there are currently 5.4 million Americans of all ages suffering from the disease of Alzheimer's, with payments for care estimated to be $200 billion according to the Alzheimer's Association. By the year 2050, more than 15 million people could have the disease according to the US News, Dave Bernard reporting.

Heart disease and cancer, followed by chronic lower respiratory diseases, stroke, Alzheimer's, diabetes, influenza and pneumonia are the leading causes of death among U.S. adults aged 65 or older in 2007-2009 according to the Centers for Disease Control. It is estimated that one in three adults age 65 and over fall every year resulting in moderate to severe injuries such as hip fractures and head traumas. Falls among older adults are the leading cause of injury or death. Epidemiological studies indicate that two out of three older Americans have multiple chronic conditions. Just 9.3% of adults with diabetes have only diabetes. Other common conditions include arthritis, asthma, chronic respiratory disease, heart disease, and high blood pressure. Some people with chronic disease may also have physical disabilities, dementia or other cognitive impairments.

The number of older adults in the U.S. with mental illnesses of any kind—mild, moderate, or severe is expected to double from 7 million to 14 million. The number may be higher due to the people with mental disabilities "hidden" by their parents. In previous generations, the mentally ill disabled were often sent to live in state schools, and other venues, but since "mainstreaming" took hold, they may still live with aging parents. The implications for caregiver issues for aging adults are significant.

Aging parents of adults with serious mental illness (SMI) are often called upon to provide long term or even life-long assistance to their disabled children, because of the chronic and episodic nature of SMI. This comes at a stage in life when most other aging parents can look forward to their adult children achieving self-sufficiency and independence. These issues are often further complicated by shortages of formal services and residential options for a person with SMI (Biegel, Song, & Chakravarthy, 1994; Lefley, 2009; Solomn, 2000). The complex and debilitating problems experienced by these adult children, and their continued dependency, may have serious negative consequences for their aging parents." National Institute for Health Public Access, October 2010, Kaufman, Allan V. et.al.

With a view for five, ten or more years ahead the factors highlighted above must be considered. An infrastructure will have to be developed that can sustain the rising and unique needs and it will need local focus that incorporates the needs and demographics of its elders for viability and sustainability.

Needs Assessment FY 2012-13

SeniorCare Needs Assessment FY 2012-13 (see Attachment I: AAA Needs Assessment FY 2012-13)
SeniorCare's 4-year Needs Assessments was conducted from August 2012 through January 2013. Ten separate data collecting events, personal interviews, focus groups or survey solicitations were executed. Data was collected, recorded and organized to reflect the top needs for older adults. The results were submitted to the state office of Elder Affairs for their State Plan. Findings were utilized for the development of SeniorCare's Area Plan on Aging, 2014-2017.

After analysis of the data the results were presented to SeniorCare's Advisory Council for their review and comment. The Needs Assessment results were then presented to SeniorCare's Board of Directors for their review and comment.

After appropriate weighting of the findings, the following areas of needs were identified in order of their importance; housing, maintain independence, economic security, long term service support, mental and behavioral health, health care, transportation, access to social services, safety and security, caregiver support, nutrition, and spirituality.

From there the needs assessment findings, a literature search, present trends and projected trends in the aging field, the Advisory Council and Board of Directors' input, analysis of the present Title III service configuration in the psa, and the input and feedback from the elder network through local, state and national venues, were synthesized and utilized in the planning for future service provision through contracted vendors, granting opportunities, coordinated efforts with partners, and direct service provision.

Area Agencies on Aging Planners' Needs Assessment Activities (see Attachment J; Area Agencies on Aging Planners' Needs Assessment Activities September 17, 2012 through December 21, 2012)
Twenty-three Area Agencies on Aging were requested to submit information about needs assessment activities conducted for their specific area plans. As a result of the 22 reporting AAA's needs assessments, transportation was the foremost reported need with housing and health care following. Several aspects of transportation were highlighted including times, types and access variations. Help around the homes and affordable housing were critical needs identified along with health care, as a number of elders were neglecting basics such as dental, vision and hearing care, all of which can greatly impact a person's quality of life.

Municipal COAs Survey FY 2013 (see Attachment K: SFY 2013 Municipal Questionnaire Summary)
Through a survey conducted by the State Executive Office of Elder Affair 222 COA's were queried. They reported the top five priorities to be transportation, physical activity and wellness, community outreach, leisure and recreational activities, and nutrition. All COAs indicated the above as the top five service priorities for their respective communities, with the exception of health insurance and benefits ranking fifth for communities with 5,000 or more elders.

Focus Areas for Area Plan 2014-2017 (see Attachment O: Focus Area Coordination 2014-17

ACL/EOEA/SeniorCare
The Area Plan is developed under the direction of the State Unit on Aging, the Executive Office of Elder Affairs, and reflects the mission and goals of the Administration for Community Living, the Executive Office of Elder Affairs and SeniorCare Inc.

US Administration for Community Living Mission Statement:
To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.

Administration for Community Living Focus Areas:

- Older Americans Act Core Programs
- ACL Discretionary Grants
- Participant-Directed/Person–Centered Planning
- Elder Justice

Elder Affairs' Mission Statement:
We promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership, and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families, and caregivers.

Elder Affairs' Vision Statement:
The vision of the Executive Office of Elder Affairs is to ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity.

Executive Office of Elder Affairs Agency Goals:

- Expand income and financial support opportunities for elders.
- Expand capacity and availability of and enhance the quality of community based long term services and supports.
- Increase supports available to informal caregivers.
- Protect and promote the well-being and quality of life of elders.
- Strengthen housing-with-supports options.
- Attain and sustain the best possible physical, cognitive, and mental health.
- Develop operational improvements that provide better service, quality and efficiency.

SeniorCare Inc. Mission Statement:
SeniorCare Inc., a consumer centered organization, provides and coordinates services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community.

SeniorCare Inc. Agency Goals:

- SeniorCare Inc. will be a highly visible, well-respected agency that attracts increased numbers of consumers and higher levels of contributions to support operations.
- SeniorCare Inc. will provide effective and efficient services, develop innovative programs and meet the needs of consumers and the diversity within the communities it serves.

- SeniorCare Inc. will maintain and develop a highly qualified and motivated workforce that delivers the mission of the agency.
- SeniorCare Inc. will maintain financial security through the continuation of cost savings, efficiencies and development.
- SeniorCare Inc. operations will be in new office space by end of 2012 (completed, ended July 2013).
- SeniorCare Inc. will take proactive steps to effectively assist disabled adults by increasing its staff knowledge through both internal and external means (new, established July 2013).

SeniorCare's second goal: to provide effective and efficient services, develop innovative programs and meet the needs of consumers and the diversity within the communities it serves; incorporated into the other referenced goals, focuses efforts to develop a comprehensive, coordinated and cost effective system of home and community-based services that helps elders, family members, caregivers and others, to maintain their health independence in the settings of their choice.

Focus Area Priorities

The four focus areas for the ACL for the 2014-2017 Area Plan on Aging are: Older Americans Act Core Programs, ACL Discretionary Grants, Participant-Directed/Person–Centered Planning and Elder Justice.

The Older Americans Act Core Programs are incorporated into the fifteen identified goals and objectives that respond to the Administration for Community Living Discretionary Grant, Participant-Directed/Person-Centered (PD/PC) Planning and Elder Justice. In summary Grants are reflected in goals 1-6, PD/PC Planning 7-10 and Elder Justice 11-15.

ACL Discretionary Grant Programs that support community living enabling seniors to remain in their own homes with high quality of life as long as possible and empower older people to stay active and healthy are reflected in the Grants which include Evidence-Based programming, the Kiosk, Benefits Specialist, NeedyMeds, Caregiver Support and Volunteer Medical Transportation.

Participant-Directed/Person-Centered (PD/PC) Planning services and programs that are home and community–based that help people of all ages across all types of disabilities maintain their independence and determine for themselves what mix of personal assistance supports and services work best for them are provided through Options Counseling, the Comprehensive Screening and Service Program, Money Follows the Person and nursing facility Section Q Program, Care Transitions, and the Enhanced Community Options Program (ECOP) Independence Plus.

Elder Justice planned efforts to prevent, detect, assess, intervene and/or investigate elder abuse, neglect, and/or financial exploitation are addressed through Elder Rights/Protective Services' response to reportable conditions; detection, assessment and intervention through community education; and assistance through victim support activities. In addition support is provided through legal services, the Long Term Care (LTC) Ombudsman services, and through the Money Management program.

Through these services and programs the focus is to attain the best possible physical, cognitive and mental health for older adults and others and to provide effective and efficient services,

develop innovative programs and meet the needs of consumers and the diversity within the communities that SeniorCare serves. They help to foster independence and safety and security; increase accessibility and promote health self-management; and provide economic, social and emotional supports.

Achievement of Goals and Objectives
SeniorCare will educate, inform and empower elders, caregivers and others to promote community livability by: empowering individuals and families to make informed decisions; assisting older adults and others by providing a comprehensive array of services; and by coordinating an engaging environment for developing programs and services. Also elders will be assisted in making informed decisions about available options to long term care, housing and a variety of resources. Screenings will be provided that can result in community living transitioning from nursing home placement. Elder empowerment will also be fostered during care transitions, enhanced in-home service options, and older adults remaining independent at home. Elder justice interventions through Protective Services, Money Management, community collaborations, and victim support will also provide safety and security for elders within their communities contributing to enhanced mental health, economic security, and factor into the maintenance of independence through physical, mental, and emotional supports.

All of the above goals and objectives provide a foundational base for elder service planning through education, prevention, initiation, and the provision of services throughout the AAA's planning and service area.

Quality Assurance

Although all agency personnel are responsible for the quality of the services they provide, SeniorCare's Quality Assurance Director has overall responsibility for the quality system, internal audits, corrective action, and survey data analysis. Various Consumer Satisfaction Surveys are conducted yearly for Home Care and Title III services where SeniorCare solicits input from its consumers and they: rank the services provided for quality and adequacies; comment on interactions with agency staff and others; and provide comments where they feel the need.

The Executive Office of Elder Affairs (EOEA) requires all ASAPs to measure 14 quality parameters Waiver Quality Measures (WQMs) each month. There are also department level quality measurements. SeniorCare's Quality Improvement Team (QAT) comprised of a vertical and horizontal cross section of agency personnel along with the QA Director use the aforementioned measurements, data analysis and feedback, and audit findings to identify and drive the agency's quality improvement efforts.

Title III programs and services are monitored on an annual basis, reporting and invoicing is required monthly, and a monthly Community Services report is presented to the AAA Advisory Council. The Council provides ongoing input into the processes of contracting, monitoring, and performance and provides recommendations to the Board. The AAA Board acts on recommendations and provides ongoing input into the Title III processes.

Attachment A: Area Agency on Aging Assurances and Affirmation

---

For Federal Fiscal Year 2014, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended, and all relevant regulations:

1) Each area agency on aging shall 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, outreach, information and assistance, and case management services);

   (B) in-home services, including supportive services for families of older individuals who are victims of 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. ((a)(2))

2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))

3) Each area agency on aging shall 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:

   (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

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

   (C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

   (A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

   (B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

5) Each area agency on aging shall 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:

   (A) older individuals residing in rural areas;

   (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

   (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

   (D) older individuals with severe disabilities;

   (E) older individuals with limited English-speaking ability; and

   (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

6) Each area agency on agency shall provide 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. ((a)(4)(C))

7) Each area agency on aging shall 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, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. ((a)(9))

9) Each area agency on aging shall 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. ((a)(11))

10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))

11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:

    (A) 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

    (B) the nature of such contract or such relationship. ((a)(13)(B))

12) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships. ((a)(13)(C))

13) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships. ((a)(13)(D))

14) Each area agency on aging shall provide assurances that the area agency will, 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. ((a)(13)(E))

15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

16) Each area agency on aging shall 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. ((a)(15))

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2014 and affirm their Area Agency on Aging's adherence to them.

SeniorCare Inc.

(Area Agency on Aging)

9/5/13 (Date) — (Signed) Thomas Tanous (Chairperson of Board of Directors)

9/5/13 (Date) — (Signed) Patricia Ambrose (Chairperson of Area Advisory Council)

9/5/13 (Date) — (Signed) Scott Trenti (Area Agency on Aging Executive Director)

Attachment A: Documented Assurances

For Federal Fiscal Year 2014, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended and all relevant regulations.

Each area agency on aging (AAA) shall provide assurances that the AAA will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, with objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and shall provide proposed methods of carrying out the preference in the area plan. Additionally, AAA's shall inform older individuals with Alzheimer's disease and related disorders in neurological and organic brain dysfunction (and caretakers of such individuals) of the availability of such assistance. Outreach shall be provided to older individuals with severe disabilities and those with limited English proficiency.

Meeting the needs of elders targeted within the Older Americans Act

The Older Americans Act specifies certain groups as priorities for funding. These are elders with greatest economic need (defined as below the federal poverty level); elders with greatest social need; (elders who are isolated due to language, social, geography, and other factors); minority elders (defined as Black/African-American; American Indian or Alaskan Native, Hispanic/Latino, Asian; and Native Hawaiian/Pacific Islander), with special attention to low-income minorities; and those with Alzheimer's disease and related disorders in neurological and organic brain dysfunction and the caretakers of such individuals; and those individuals with limited English proficiency. Also included for consideration when identifying need for isolated elder populations due to greatest social need, are religious minorities and individuals isolated because of their sexual orientation or gender identity.

All elders age 60 and over served by SeniorCare are eligible to participate in programs funded fully or partially with money from the Older Americans Act. Available funding is categorized in various parts or Titles: Title III B funding for Supportive Services; Title III C for Nutrition Services; Title III D for Preventive Health Promotion Services; Title III E for Family Caregiver programs; and the Long Term Care (LTC) Ombudsman Services. Service Focus Areas are also designated within this Plan that highlight proposed service provision focused on the needs of elders.

Meeting the needs of low income elders with special attention to low income minorities

Just over 2% of the elderly population living in SeniorCare's psa is a member of a minority group. This percentage is a 1.1% increase over the past 10 years. The year 2010 Census indicates there are approximately 572 minority elders residing in the psa. An estimated 1,222 of the population age 65 and over in the psa are under the federal poverty level. The number of low income minority individuals in the psa 65+, is estimated to be 120 or 0.63% (see Attachment M: Chart Planning and Service Area Demographic Profile).

SeniorCare projects providing services to minority elders to increase throughout the duration of the Plan, primarily in transportation, outreach, nutrition, legal services and the LTC Ombudsmen program. SeniorCare's Title III vendors are required to specify in their contracts how they will meet the needs of low-income minority elders in their communities.

Assurance 1.

1. *Each area agency on aging shall 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 in Access, In-home, Legal and Other services:*

Title III B Priority Services/Program Funds Awarded FFY 2013

Access

Cape Ann Transportation Authority P.O. Box 511 Gloucester, MA 01930	*$18,690*
Beauport Ambulance P.O. Box 1261 Gloucester, MA 01930	*$14,240*
*SeniorCare Volunteer Transportation (DS)** 49 Blackburn Center Gloucester, MA 01930	*$9,307*
Topsfield Council on Aging Transportation Town Hall Topsfield, MA 01983	*$1,958*
Beverly Council on Aging 90 Colon St. Beverly, MA 01915	*$6,379*
Essex Council on Aging 17 Pickering Street Essex, MA 01929	*$1,247*
Gloucester Council on Aging 6 Manuel Lewis St. Gloucester, MA 01930	*$9,228*
Hamilton Council on Aging 299 Bay Road So.Hamilton, MA 01982	*$1,247*
Wenham Council on Aging 4 School Street Wenham, MA 01984	*$1,247*
SeniorCare Inc. (DS) *Long Term Ombudsman Program* 49 Blackburn Center Gloucester, MA 01930	*$25,971*
SeniorCare Inc. (DS) *Information and Referral* 49 Blackburn Center Gloucester, MA 01930	*$4,450*

* DS = direct service offered by SeniorCare

Legal

Neighborhood Legal Services 181 Union Street, Suite 201 Lynn, MA 01902	*$15,895*

In-Home

SeniorCare Inc. (DS) *$8,900*
In-home Mental Health Counseling Program
49 Blackburn Center
Gloucester, MA 01930
SeniorCare Money Management Program (DS) *$4,450*
49 Blackburn Center
Gloucester, MA 01930
SeniorCare Benefits Specialist (DS) *$5,607*
49 Blackburn Center
Gloucester, MA 01930

Total Expenditures for Priority Supportive Services: $128,816

Assurances 2, 4, 5, 6 and 7.

2. *Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, including specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and including proposed methods of carrying out the preference in the area plan. ((a) (4) (A) (i))*

4. *With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:*
   A) identity the number of low-income minority older individuals and older individuals residing in rural areas in the planning and services;
   B) describe the methods used to satisfy the services needs of such minority older individuals; and
   C) provide information on the extent to which the area agency on aging met the objectives described in clause (a) (4) (A) (i). ((a)(4)(A)(iii))

5. *Each area agency on aging shall 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 the above noted populations.*

6. *Each area agency on aging shall provide 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 resigning in rural areas. ((a) (4) (C))*

7. *Each area agency on aging shall provide assurance 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, with agencies that develop or provide serves for individuals with disabilities. ((a) (5))*

Methods to be utilized to satisfy the service needs of elder populations targeted under the Older Americans Act in the 2014-17 Area Plan are as follows:
The number of low-income minority elders in the nine cities and towns is identified and AAA outreach is and will be provided through a variety of methods, including funding of outreach workers at local Councils on Aging, news releases, newspaper articles, mailings, and

community outreach events, SeniorCare's website, e-newsletter, and the Information and Referral department.

- Each applicant for Title III funds is required to specify how they will outreach and meet the service needs of targeted individuals.

- SeniorCare will publicize and ensure bi-lingual staff at its contracted legal services program for elders. Additionally, SeniorCare has bi-lingual staff including bi-lingual care managers. Through recruitment efforts bi-lingual staffing levels are maintained or enhanced.

- There is a minority representation on SeniorCare's Board of Directors and efforts are on-going to recruit for the Advisory Council.
- Cultural sensitivity and awareness training is provided to staff on an on-going basis.
- SeniorCare's menu of services is available in multi-languages for identified populations in the psa. The website is available in multiple languages through a translation application. A translation service is available during hours of operation and additional translation services are available after hours.
- Home delivered and congregate meals are available throughout the service area. An emphasis will be placed on providing ethnic meals applicable to the ethnic populations in the psa at congregate settings as need is identified.

Meeting the needs of elders with greatest social need and those older individuals with limited English proficiency.

The needs of elders with greatest social need and those with limited English proficiency are addressed in several ways:

- The availability of Dial-a-Ride and transportation through two local vendors. Schedules are available in multi-languages that are appropriate for the population of their service area.
- Volunteer transportation arranged through SeniorCare is available for medical appointments. Elders with greatest social need and limited English proficiency are provided with this one-on-one transportation service. Referrals are also made to local providers of transportation.
- Outreach services through Councils on Aging are provided through Title III funding for outreach positions at the Councils on Aging. Outreach workers will continue to contact elders with greatest social need and those with limited English proficiency. Targeting efforts are outlined in Title III B contracts for 2014. Translators are available to assist and bi-lingual providers are scheduled for informational sessions on a regular basis.

- Individuals will receive home delivered meals and congregate meals. Ethnic meals will be offered as the need is identified at congregate settings.

- In-home mental health counseling has been provided to individuals with greatest social need and limited English proficiency as they received in-home mental health counseling.
- Bi-lingual staff at SeniorCare who speak Italian, Spanish and other unique languages, will be available for elders of greatest social need and with limited English proficiency.

- Friendly visitor programs at Councils on Aging will continue to outreach to elders with greatest social need and arrangements are made for those of limited English proficiency.

- Protective Services are offered through SeniorCare as the department responds to instances of abuse or neglect concerning elder individuals with greatest social need and will continue and translator services are available.

- Telephone Reassurance will be offered in FFY 14 to provide direct social support for socially isolated populations.
- Targeted outreach through needs assessment surveys, focus groups and event planning and presentations, is ongoing for the Lesbian, Gay, Bisexual and Transgender populations.
- Options Counseling is available in multiple venues, to aging individuals and their caregivers and functionally impaired individuals.

Meeting the needs of elders with Alzheimer's disease and related disorders in neurological and organic brain dysfunction and the caretakers of such individuals
The needs of these elders and their caretakers along with special emphasis on the OAA identified targeted populations are ongoing and will be met by:

- SeniorCare's Long Term Care Nursing Home Ombudsmen program providing advocacy and assistance with concerns for those in nursing and rest homes. Elders and disabled

  adults will receive assistance from SeniorCare's nursing home ombudsmen.
- SeniorCare's Elder Caregiver Support and Elder Care Advisor programs provide information, education and support to caregivers of elders with dementia and related

  disorders. Elders and their caregivers will receive assistance through one-on-one contact
  or groups provided through these programs.
- Options Counseling is available in multiple venues, to aging individuals and their caregivers and functionally impaired individuals.

Meeting the needs of older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities
The needs of these individuals are being met through and by:

- Coordination efforts are on-going within the context of the Aging and Disabilities Resource Consortium of the Greater North Shore, Inc. (ADRCGNS, Inc.) SeniorCare is a founding leader in the ADRCGNS, Inc. Collaborative efforts are ongoing and at a minimum they include leadership meetings, shared granting opportunities, educational conferences, events and participation on planning boards and committees. Cross training curriculum development, participation by staff and others, and evaluation of staffing needs is ongoing.

The methods to satisfy the needs of low-income minority elders are specified above in Assurances 2, 4, 5, 6 and 7, and SeniorCare has no areas designated as rural.

Assurance 3.

3. *Each area agency shall provide assurances that the area agency on aging willinclude in each agreement made with a provider of any service under this title, a requirement that such provider will:*
   A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
   B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services;
   and,
   C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a) (4) (A) (ii))

Meeting the needs of low-income minority individuals by providers
In each agreement with a provider SeniorCare will require that the provider will indicate how they will satisfy service needs of low-income minorities; how they will provide services in accordance with the needs for the same; and that they will meet objectives set forth by SeniorCare for this provision within the contents of the RFR and contract. Focus groups will also be conducted to identify minority needs and provide supportive responses.

SeniorCare also agrees to meet Assurances 8 through 16. In reference to Assurance 9 addressing older individuals who are Native Americans, presently the number of identified older Native Americans within the psa is 20. (see Attachment M, Chart, SeniorCare Elderly Population, Age 60+ by Race by Town) Should there be a significant increase in this population needs will be assessed and services will be provided as indicated.

Financial and Program Management Requirements

While AAA's must be in support of the guarantees delineated by the Area Plan Assurances as described in section 306(a) of the Older Americans Act (see Attachment A), Elder Affairs assigns particular focus to the following requirements:

Match Requirements
The Older Americans Act specifies the minimum percentage of the total costs of an activity that must be met with funds other than Federal grant funds. In order to be used to meet the Title III non-Federal share requirement, funds must be expended or services provided for allowable program costs. Area Agencies on Aging meet match requirements under the various Title III service categories using a variety of funding sources, including, but not limited to; state appropriated funds, county and city government funds, fund raising activity funds, sub-grantee cash and in-kind resources and other local sources of funding. The Title III match requirements include:

- *Title III regulations require a non-Federal share of 25 percent for Area Plan Administration; that is, Federal funding must not pay for more than 75 percent of the associated costs of administering the Area Plan;*
- *The non-Federal share requirement for Title III-E Family Caregiver Services is 25 percent;*
- *For services provided under Title III (except for Title III-E), the non-Federal share requirement is 15 percent, and;*

- *There is no match requirement for Long Term Care Ombudsman services; however, additional funding generated under the program can significantly expand services and program coverage.*

SeniorCare assures that it will meet the match requirements under the various Title III service categories as specified by Elder Affairs using a variety of non-federal funding sources.

Priority Services
As required under the Older Americans Act, section 307 (a)(2)(C), and as specified within the Area Agency Area Plan on Aging, each AAA makes an assurance regarding priority services. Elder Affairs has established that a minimum proportion of the funding received by each AAA in the state under Part B of the Act be mandated for the provisions of certain priority services; access, in-home, and legal services. The following indicates the current minimum funding percentages for priority services:

- *Access Services two (2) percent of Part B funding allocated.*
- *In-home Services two (2) percent of Part B funding allocated.*
- *Legal Services *eight (8) percent of Part B funding allocated.*

* *The figure for legal services is based on a minimum standard plus an individual maintenance of effort required separately of each AAA;* (see Minimum Funding Percentages-Legal Services chart below).

SeniorCare assures that priority services will meet the minimum standard for percent of Part B funding as allocated.

Direct Services
As highlighted in Section 307(a)(8) of the Older Americans Act, no supportive services, nutrition services, or in-home services can be directly provided by an AAA without the prior approval from the State Unit on Aging. Elder Affairs has maintained the longstanding policy that AAA's must submit a request for review of all new direct service requests. All direct services currently approved through FFY2013, need only be incorporated into the plan and budget procedures, and by default will continue to be accepted as a direct service in good standing, as part of an approved Area Plan on Aging.

SeniorCare assures that those direct services that are currently provided have been approved by Elder Affairs and no new direct services will be added without prior approval.

Executive Office of Elder Affairs
Area Plan on Aging 2014 - 2017 Development

Minimum Funding Percentages -- Legal Services
As Applied to Part B Allocation of Title III Funding

Area Agency on Aging	Legal Services Minimum % Rate Requirements as Adopted
BAYPATH	27%
BERKSHIRE COUNTY	10%
BOSTON COMMISSION	22%
BRISTOL COUNTY	15%
CAPE COD & ISLANDS	14%
CENTRAL MASS	18%
CHELSEA/REVERE	8%
COASTLINE	20%
FRANKLIN COUNTY	10%
GREATER LYNN	11%
GREATER SPRINGFIELD	14%
HESSCO	22%
HIGHLAND VALLEY	18%
MERRIMACK VALLEY	18%
MINUTEMAN	28%
MYSTIC VALLEY	17%
NORTH SHORE	17%
OLD COLONY P C	27%
SENIORCARE	10%
SOMERVILLE/CAMBRIDGE	22%
SOUTH SHORE	18%
SPRINGWELL	10%
WESTMASS	9%
TOTALS	N/A

Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging period (2014-2017), in support of each Older Americans Act citation as listed below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

<u>Section 306 (a)(4)(A)(i)</u>
Describe the mechanism(s) 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;

SeniorCare projects services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement to increase throughout the duration of the Plan, primarily in housing, health care, long term service supports, transportation, nutrition services, and economic assistance programs. SeniorCare's Title III vendors are required to specify in their contracts how they will meet the needs of these targeted populations of elders within their communities. Several of SeniorCare's focus areas and initiatives are specifically targeted to the above noted populations and serve to:

- Inform, educate, and empower elders, their caregivers and others to maintain their health, well-being and independence in the community through Evidence-Based programming.
- Provide services through community-based projects such as the Kiosk for Living Well.
- Empower individuals and family members to make informed decisions about medical insurance coverage in relation to long-term care services through the Benefits Specialist project.
- Assist older adults and others through providing effective and efficient services and developing innovative programs/resources to meet their needs through partnering with the NeedyMeds prescription and health care assistance program.
- Empower elders and others to make informed decisions about their available options for long-term care, housing, personal services and the mix of personal assistance supports and services that work best for them through Options Counseling.

<u>Section 306 (a)(5)</u>
<u>Include information detailing how the AAA will:</u>
(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;

<u>Meeting the needs of older individuals with disabilities</u>
SeniorCare is a leadership partner in the Aging and Disability Resource Consortium of the Greater North Shore, Inc. The ADRCGNS is an incorporated not-for-profit organization serving the communities of southern Essex County in Massachusetts dedicated to promoting consumer choice, activation and self-management, including health self-management, within the overall context of greater community inclusion, integration, mobility and more robust livability. In pursuit of these purposes, the ADRCGNS:

- Promotes a coordinated system of information and access and meaningful consumer-driven dialogue that ensures consumer preference and direction for all persons seeking resources to foster their health, independence and well-being regardless of age, disability, income or lifestyle.
- Provides individualized information that empowers consumer choice and informed decision making regarding the community and long-term services and supports that best meet needs and preferences.
- Promotes stream-lined and "no wrong door" access to the full range of community options, resources, and services.
- Supports transitions across care settings based on principles of consumer activation, self-direction, and evidence-based health self-management supports.
- Conducts ongoing discovery and assessment activities designed to identify both resource gaps as well as the cost-effective and innovative consumer driven approaches for closing those gaps.
- Works with appropriate community agencies and organizations to develop integrated and effective models of resource access and delivery systems across community sectors within the region.
- Develops comprehensive and integrated curricula that promote deep cross-disabilities awareness, sustained consumer engagement, and an effective outcomes focus.
- Implements appropriate training and support programs for staff and consumers.

As a result of the above and through future partnered endeavors SeniorCare assures that older individuals with disabilities will be covered under section 306 (a)(5).

Section 306 (a)(6)

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

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

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

SeniorCare assures that contractors conduct client satisfaction surveys and that the results are available for the AAA. Targeted areas for improvement are identified and solutions are sought. Vendor monitoring is conducted on an annual basis and corrective action is followed up on as appropriate. SeniorCare's Quality Assurance department conducts in-depth analysis of client satisfaction surveys for in-house services and results are utilized to determine trends, areas for improvement and further evaluation. Needs assessments, surveys and focus groups are conducted and the results are analyzed and incorporated into planning and service provision.

Additionally, SeniorCare participates in various planning committees, with hospitals, local governments, agencies and organizations, housing authorities and partner agencies, on local and state levels. The Mass Home Care Association, Mass Meals on Wheels Association, Lifetime Group, and ADRCGNS present at venues for offering testimony, comments and other input into policies, programs, hearings, and other community actions. Also comments/recommendations are offered on the national level as appropriate. SeniorCare has and is participating in several innovative ventures to improve the quality of life for elders and others and presents the processes and findings on local, state and national levels. SeniorCare

also utilizes the expertise of a Board of Directors and Advisory Council made up of representatives of its psa.

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.

(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;

Collaboration and coordination along with consulting with other organizations is essential to SeniorCare's successful operations. The aging network collaborations are ongoing and can be regularly scheduled meetings such as the Cape Ann Resource Exchange group which meets bi-monthly to provide information on available resources for consumers. Additionally specialized taskforces such as the Suicide Prevention Coalition recognized statewide; the Hoarding Task Force of Gloucester addressing the needs of identified elders who hoard and hoarding in general; volunteer networking including special events like the Dinner Bell in Ipswich which provides a volunteer-based effort for meals and socialization for community members, many of whom are elderly; reaching faith-based communities through the Conversations for Caring initiative with the ADRCGNS, Inc.; the Hospice of the North Shore and Boston offering clinical rounds quarterly to collaborate on consumer needs and offer training programs for staff; and Police Departments which are regularly consulted with projects and events. Other long standing partnerships exist with housing authorities and shelters, Adult Foster Care Providers, PACE, SCO's and the Independent Living Center of Greater North Shore and Cape Ann.

SeniorCare provides evidence-based programs with many partners, through a variety of programs and at several venues. Through collaborative efforts with other Aging Services Access Points, Councils on Aging personnel, and the Independent Living Center of the Greater North Shore and Cape Ann, the evidence-based programs have been provided since 2006. The programs include Chronic Disease Self-Management, A Matter of Balance, and Healthy Eating for Successful Living in Older Adults. The programming has taken place at ASAP's, COA's, housing and a local medical practice. This year SeniorCare is adding Powerful Tools for Caregivers through the Caregiver Support program. The programming has been promoted in numerous ways including social media, shared resource announcements, within medical practices and housing sites and within the greater elder network including an annual ADRCGNS, Inc. conference.

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;

SeniorCare has a policy and procedure whereby all consumers (i.e. home care consumers, caregivers, family members, friends, and any other persons involved with the home care consumers) complaints are documented and if necessary, investigated by SeniorCare staff regarding the vendors providing services. A Provider Report Form is used to document and track consumer complaints and compliments, and will also serve as the primary means of obtaining Provider/Vendor response(s) including actions taken and any supporting documentation needed for serious complaints or allegations. In addition, SeniorCare will conduct an internal investigation regarding any consumer complaints made against a SeniorCare employees pending senior management review. This process is audited periodically by the Quality Assurance Director. Where home care services are denied, the consumer is provided with easy to follow instructions and a form to start the appeal process. The consumer (or the consumer's representative) has the choice of meeting with SeniorCare's Review Committee in the consumer's home, at SeniorCare, or over the phone to resolve any dispute with SeniorCare. If the consumer is dissatisfied with the decision made by SeniorCare, the consumer has the right to appeal that decision with the Executive Office of Elder Affairs. For Title III Services there is a grievance/appeal process in place under Title III of the Older Americans Act.

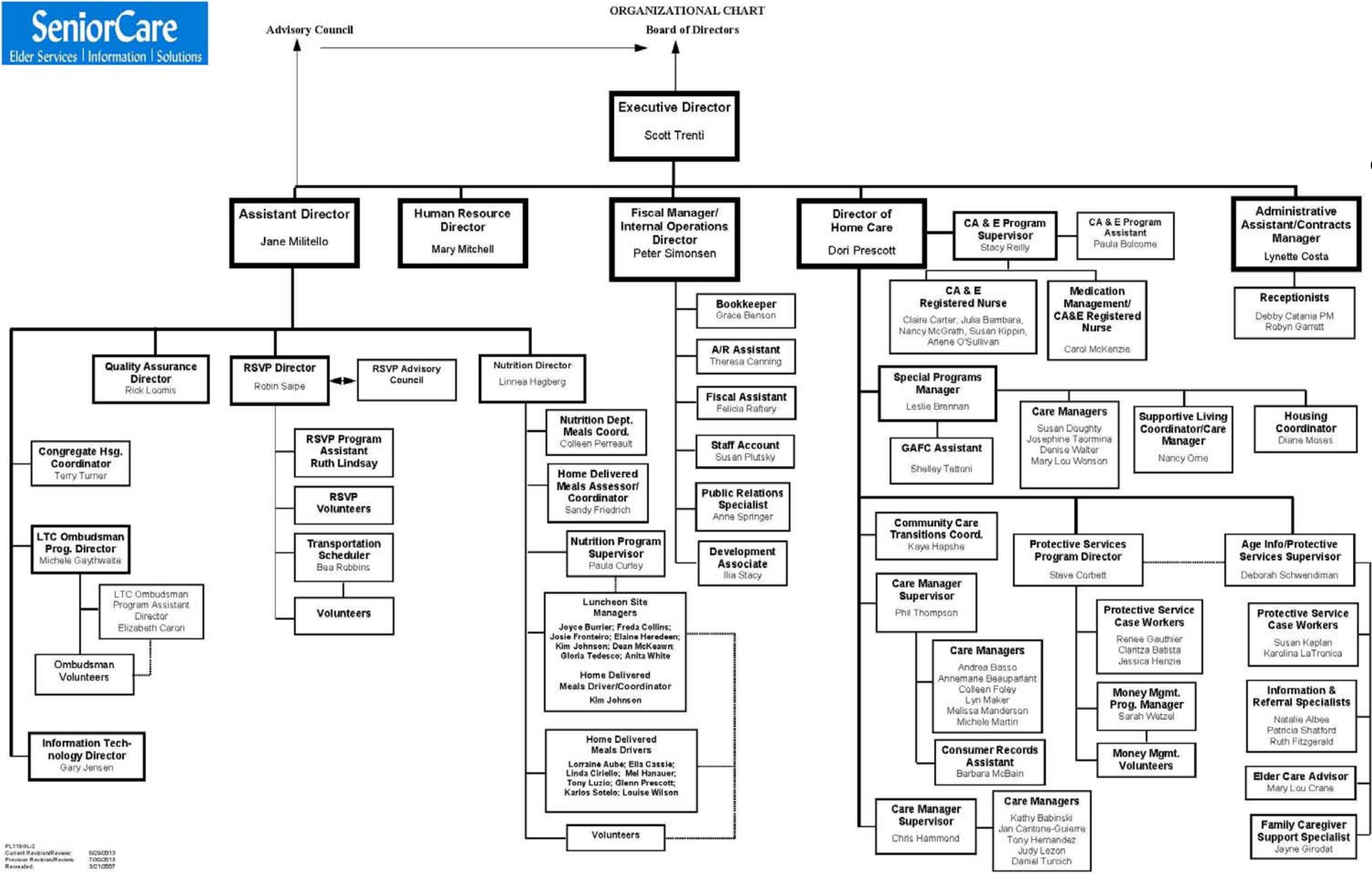
Section 306 (a)(17)

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.

SeniorCare has a Continuity of Operations Plan (COOP) which outlines a comprehensive approach to ensure essential services are provided to consumers in the event of an influenza pandemic, or other civil emergencies, or loss of its offices. The plan ensures the well being of employees, emergency delegation of authority, the safekeeping of records vital to the agency and its consumers, emergency acquisition of resources necessary for business resumption, and the capabilities to work at alternative work sites (remote locations including a reciprocal Memorandum of Understanding with another ASAP) until normal operations can be resumed. The Quality Assurance Director functions as the Disaster Coordinator for SeniorCare and attends Cape Ann Emergency Planning Team (CAEPT) meetings representing the agency. The CAEPT is comprised of local and state emergency response agencies. Meetings include but are not limited to: Fire, Police, Departments of Public Works, Red Cross, and Massachusetts Emergency Management Agency. SeniorCare also has procedures for snow storms, power outages, and short term emergencies, which detail how each of the services provided by the agency function under various conditions.

ATTACHMENT C: Organizational Chart



Attachment D: AAA Corporate Board of Directors-Form 1

AREA PLAN ON AGING, 2014 - 2017
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2014

Area Agency on Aging: SeniorCare Inc.

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
George Anderson		Topsfield	Resident
Laurel Eisenhauer		Essex	Resident
Carol Grimes		Ipswich	Banker
Grace Hagstrom		Rockport	Resident
Leigh Keyser	Clerk/Secretary	Hamilton	Council on Aging
Lorraine Laddin		Ipswich	Resident
Randolph Maloney, MD,		Beverly	Specialist
Linda Anderson-Mercier		Beverly	Resident
Jane Moginot		Rockport	Resident
George Nickless		Manchester-by-the-Sea	Resident
Patricia Roach	Treasurer	Gloucester	Resident
Thomas Sullivan, MD		Beverly	Medical Doctor
Thomas Tanous	President	Wenham	Council on Aging
George Winston	Vice-President	Beverly	Resident

93%	Percentage of the Board that are 60+ years of age. Percentage of the Board that are minority persons. Percentage of the Board
7%	
7%	

Attachment E: AAA Advisory Council Members-Form 2

AREA PLAN ON AGING, 2014 - 2017
Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2014

Area Agency on Aging: SeniorCare Inc.

Member Name	Identify Officers by Title	City/Town of	Membership
Patricia Ambrose	Chairperson	Manchester-by-the-Sea	Resident
Diana Campbell		Topsfield	Lawyer
Jerry Congdon, Esq.		Ipswich	Lawyer
William Coughlin		Beverly	Resident
Elizabeth Dunbar	Vice	Hamilton	Nurse
Jerome Guilebbe		Beverly	Veteran's
Kathleen Hurlbert		Gloucester/Rockport	Resident
Jane Richardson		Wenham	Resident
Dr. Richard Sagall		Gloucester	Physician
Rebecca Sumner		Beverly	Banker

90%	Percentage of the Board that are 60+ years of age.
0%	Percentage of the Board that are minority persons.
0%	Percentage of the Board

Attachment I: Compilation SeniorCare Needs Assessment FY 2012-13

SeniorCare's 4-year Needs Assessment was conducted from August 2012 through January 2013. Ten separate data collecting events, personal interviews, focus groups or survey solicitations were executed. Data was collected, recorded and organized to reflect the top needs for older adults. The results were submitted to the state office of Elder Affairs for their State Plan. Findings will be utilized for the development of SeniorCare's AAA 2014-2017, 4-year plan.

After analysis of the data, on February 26, 2013, the results were presented to SeniorCare's Advisory Council for their review and comment. No changes were proposed and the Needs Assessment results were presented to SeniorCare's Board of Directors on February 27, 2013. No changes were proposed.

Following further review of the data the categories of Spirituality and Nutrition were reversed with a heavier weight identified for Nutrition needs due to the volume of individual responders and venues reporting. The following is the breakdown of the Needs for Older Adults as they were weighted to reflect the individuals who were an active part of the process and those that they represented within their particular service areas. The individualized descriptions of needs were taken from the results in no particular order.

- Housing: subsidized; affordable; fuel assistance; fuel costs; affordable senior housing; alternative senior housing; maintaining home ownership; financial; heating bills; repairs; and weatherization.
- Maintain Independence: accessibility in community, to grocery store, and public buildings; more support for elders, disabled and challenged; home-care, self-care and disability; personal care and homemaker, etc.
- Economic Security: lack of funds; fear of future; manage money, bills, claims; heating, utilities, food, clothing, credit card bills; protecting assets; financial exploitation, bill paying; health care costs; lack of resources for elders; taxes, water bills, not enough funds; financial stability.
- Long Term Service Support: finding services; accessing; finding for sick and disabled; in-home support services; home care, homemaker, chore, etc; single entry point.
- Mental & Behavioral Health: isolation/loneliness/depression: MH counseling; social isolation; understanding of MH; anxiety; substance and tobacco abuse.
- Health Care: costs; prescription drug costs; health care costs; affordable prescription programs; medical, sensory, dental , major illnesses; all types of care.
- Transportation: finding transportation; paratransit; public transportation; special rides; escort service; medical appointments, basic errands, social activities.
- Access to Social Assistance Services: prescription drugs; health care; cost saving options; health insurance, benefits eligibility and options; SSI; SNAP; co-payments.
- Safety and Security: accessibility in community; abuse, neglect and exploitation, self neglect; home safety modification; protective services; education; home improvements; home security.
- Caregiver Support: respite (five venues).
- Nutrition: accessibility to local grocery stores; food insecurity (six venues); home meals; communal meals; meals for diabetics, low-sodium meals, cardiac meals.
- Spirituality: faith based activities; community supports through churches.

SeniorCare FY 2013 Needs Assessment Results

Need	Summary			
	Top 3 Needs of Those Present	Top 3 Needs of Those Present + Group	All Needs of Those Present + Group	
Housing	1	1	1	
Maintain Independence	7	3	2	
Economic Security	4	5	3	
Long Term Service Support	9	4	4	
Mental & Behavioral Health	6	7	5	
Health Care	5	6	6	
Transportation	2	8	7	
Access to Social Services	3	2	8	
Safety and Security	8	9	9	
Caregiver Support			10	
Nutrition			11	
Spirituality			12	

Additional Findings from the Two Focus Groups Included in SeniorCare's Needs Assessment

Findings/Events/Results	Areas of need identified	Items within the areas identified
Focus Group Beverly Community Stakeholders	Oldest of old	• Isolation; lack of neighborhood supports; lack of family supports; more needs
	Public Relations	• Education needs to happen on what is available; get the word out; public education needed about what agencies do;
	Healthcare complicated and expensive	• SHINE use; bills; financial exploitation; Mass Health not pay; costs
	Emerging needs	• DMH and Aging services network; Needs of DMH population at 60; Populations require more expertise and attention; age friendly communities needed; demands of Boomers; domestic abuse; conflict between generations (driving)
Findings/Events/Results	Areas of need identified	Items within the areas identified
Focus Group Gloucester LGBT	Living with HIV & Hepatitis C.	• Living longer and aging; lack of family, friends; missing generations 60-80; not have role models and friends their age; many in 12-step programs
	Women	• Live different lives from parents; not see selves as "old"; moving into new housing; invisibility; financial disparities; scared (fear);
	Housing, public and other	• Moving later in life; prejudices; agency care providers training needed; missing generations 60-80; bullying in senior housing;
	Transgenderism	• Education needed; fear of consequences for care as an elder; elders transitioning in danger; hospital prejudices; professionals not want training;

Weighting Chart for SeniorCare Needs Assessment Events and Actions FY 2013

All Categories of those Present Plus Group

Survey	Need	Priority	Votes	Weighted	Ranking
SC Glou. (JM)	Mental and Behavioral health	1	160	160	**3,159.5**
SC PSA	Mental and Behavioral health	2	26	13	**5**
Action Glou.	Mental and Behavioral health	7	801	114.4	
Beverly Farms	Mental and Behavioral health	6	5,008	834.7	
SC Essex Park	Mental and Behavioral health	4	8,012	2,003	
Beverly	Mental and Behavioral health	7	28	4	
SC Meal Sites	Mental and Behavioral health	11	58	5.3	
SC Glou. (RS)	Mental and Behavioral health	5	61	12.2	
Lynch Park	Mental and Behavioral health	7	25	3.6	
Lynch Park	Mental and Behavioral health	11	25	2.3	
Farmer's Mkt	Mental and Behavioral health	6	42	7	
SC Glou. (JM)	Safety and Security	2	160	80	**1,164.6**
Action Glou.	Safety and Security	10	801	80.1	**9**
Beverly Farms	Safety and Security	5	5,008	1,001.6	
SC PSA	Safety and Security	9	26	2.9	
SC Glou. (JM)	Economic Security	3	160	53.3	**3,900.7**
Beverly Farms	Economic Security	2	5,008	2,504	**3**
SC Meal Sites	Economic Security	3	58	19.3	
SC Glou. (RS)	Economic Security	2	61	30.5	
Lynch Park	Economic Security	1	25	25	
Farmer's Mkt	Economic Security	2	42	21	
Action Glou.	Economic Security	9	801	89	
SC Essex Park	Economic Security	7	8,012	1,144.6	
Beverly	Economic Security	6	28	4.7	
Lynch Park	Economic Security	9	25	2.8	
SC PSA	Economic Security	4	26	6.5	

Survey	Need	Priority	Votes	Weighted	Ranking
Beverly	Housing	3	28	9.3	**1**
SC Meal Sites	Housing	1	58	58	
Lynch Park	Housing	3	25	8.3	
SC Essex Park	Housing	1	8,012	8,012	
SC Glou. (JM)	Housing	5	160	32	
SC Meal Sites	Housing	5	58	11.6	
SC Glou. (RS)	Housing	4	61	15.2	
Farmer's Mkt	Housing	7	42	6	
SC PSA	Housing	5	26	5.2	
Action Glou.	Maintain Independence	2	801	400.5	**6,333.9**
Beverly Farms	Maintain Independence	1	5,008	5,008	**2**
SC Essex Park	Maintain Independence	9	8,012	890.2	
Beverly	Maintain Independence	8	28	3.5	
SC Meal Sites	Maintain Independence	7	58	8.3	
SC Meal Sites	Maintain Independence	9	58	6.4	
SC Glou. (RS)	Maintain Independence	7	61	8.7	
Lynch Park	Maintain Independence	8	25	3.1	
Farmer's Mkt	Maintain Independence	8	42	5.2	
Beverly Farms	Access to Social Assistance Services	3	5,008	1,669.3	**1,913.20**
Beverly	Access to Social Assistance Services	1	28	28	**8**
SC Meal Sites	Access to Social Assistance Services	2	58	29	
SC Glou. (JM)	Access to Social Assistance Services	6	160	26.7	
Action Glou.	Access to Social Assistance Services	5	801	160.2	
SC Essex Park	Long Term Services and Support	3	8,012	2,671	**3,671**
SC Glou. (JM)	Long Term Services and Support	4	160	40	**4**
Action Glou.	Long Term Services and Support	4	801	200.2	
Beverly Farms	Long Term Services and Support	7	5,008	715.4	
Beverly	Long Term Services and Support	4	28	7	
SC Meal Sites	Long Term Services and Support	8	58	7.2	
SC Glou. (RS)	Long Term Services and Support	6	61	10.2	
Lynch Park	Long Term Services and Support	5	25	5	
Farmer's Mkt	Long Term Services and Support	4	42	10.5	
SC PSA	Long Term Services and Support	6	26	4.3	

Survey	Need	Priority	Votes	Weighted	Ranking
Beverly	Transportation	2	28	14	**2,451.2**
SC Glou. (RS)	Transportation	1	61	61	**7**
Farmer’s Mkt	Transportation	1	42	42	
SC PSA	Transportation	1	26	26	
Action Glou.	Transportation	6	801	133.5	
Beverly Farms	Transportation	9	5,008	556.4	
SC Essex Park	Transportation	5	8,012	1,602.4	
SC Meal Sites	Transportation	6	58	9.7	
Lynch Park	Transportation	4	25	6.2	
SC Glou. (RS)	Health Care	3	61	20.3	**2,924.3**
Lynch Park	Health Care	2	25	12.5	**6**
Farmer’s Mkt	Health Care	3	42	14	
SC PSA	Health Care	3	26	8.7	
Action Glou.	Health Care	3	801	267	
Beverly Farms	Health Care	4	5,008	1,252	
SC Essex Park	Health Care	6	8,012	1,335.3	
SC Meal Sites	Health Care	4	58	14.5	
Beverly	Caregiver Support	5	28	5.6	
SC Glou. (RS)	Caregiver Support	8	61	7.6	
Lynch Park	Caregiver Support	10	25	2.5	
CS PSA	Caregiver Support	7	26	3.7	
SC Glou. (JM)	Nutrition	8	160	20	**151.6**
Action Glou.	Nutrition	8	801	100.1	**12**
Beverly	Nutrition	9	28	3.1	
SC Meal Sites	Nutrition	10	58	5.8	
SC Glou. (RS)	Nutrition	9	61	6.8	
Lynch Park	Nutrition	6	25	4.2	
Farmer’s Mkt	Nutrition	5	42	8.4	
SC PSA	Nutrition	8	26	3.2	
Beverly Farms	Spirituality	8	5,008	626	**626**
					11

Attachment J: Area Agencies on Aging Planners' Needs Assessment Activitities
September 17, 2012 – December 21, 2012

In preparation for the State and Area Plans on Aging for Federal Fiscal Years 2014 through 2017, planners across 23 Area Agencies on Aging (AAAs) were requested to submit information about needs assessment activities conducted for their specific area plans between September 17, 2012 and December 21, 2012., using a single sheet reporting form.

Twenty-two Area Agencies on Aging gathered information about the needs of elders from over 4,700 consumers, providers, advocates and stakeholders, and staff members who participated in single-and multiple-day events in the fall of 2012. Vulnerable population participants as well as those with greatest econonmic and social needs voiced their areas of concerns along with the identification of the top three amongst all needs.

Transportation reportedly is foremost followed by housing and health care. Need for transportation is .71 times greater than the second area, housing, and overshadows all other areas of concerns. Transportation consists of three aspects of need: a) assistance to get around especially for medical appointments with an escort and to conduct routine activities and errands (e.g., shopping, bank transactions, personal care appointments, visiting family and friends), b) infrastructure improvements, that is, more affordable and more public transportation options, and c) service operation improvements such as expanded service hours, service to out-of-geographical service areas for medical appointments, door-to-door service for frail elders who have mobility difficulties, and operators who speak a second language.

Second, to help elders remain in their homes with more affordable housing and more senior housing options critically needed at the infrastructure level, and assistance with rent or mortgage payments, heating and utility bills, property taxes, and maintenance costs on the individual level. Elder renters voiced a need for assistance with roommate matching and help resolving tenant issues (e.g., cleanliness, pest control, and ventilation). Elder homeowners expressed a need for help with home repairs and maintenance, yard maintenance or landscaping, snow removal, and home modification (akin to universal designed homes).

Third, specific to health care, is the growing number of elders neglecting dental, vision and hearing care due to high health care costs or insufficient funds. Affordable ancillary health care especially dental and vision care is needed as well as assistance with medication, health insurance, and health-related co-payment costs. Need for more health care workers (doctors and nurses), and information on general health and wellness and chronic disease management were also expressed.

In 31% of the events, elders or advocates and stakeholders for limited English proficient elders were present. Twelve languages were identified with elders speaking English, Spanish, Polish and Chinese the preodominate language groups.

The term, "greatest economic need" refers to need resulting from an income at or below the poverty level. Elders with economic need participated in 73% of the events. Low income majority elders were present in 58% of the events; non-majority low income elders in 41% of the events. Elders with nutrition-meal needs participated in one-third of the events.

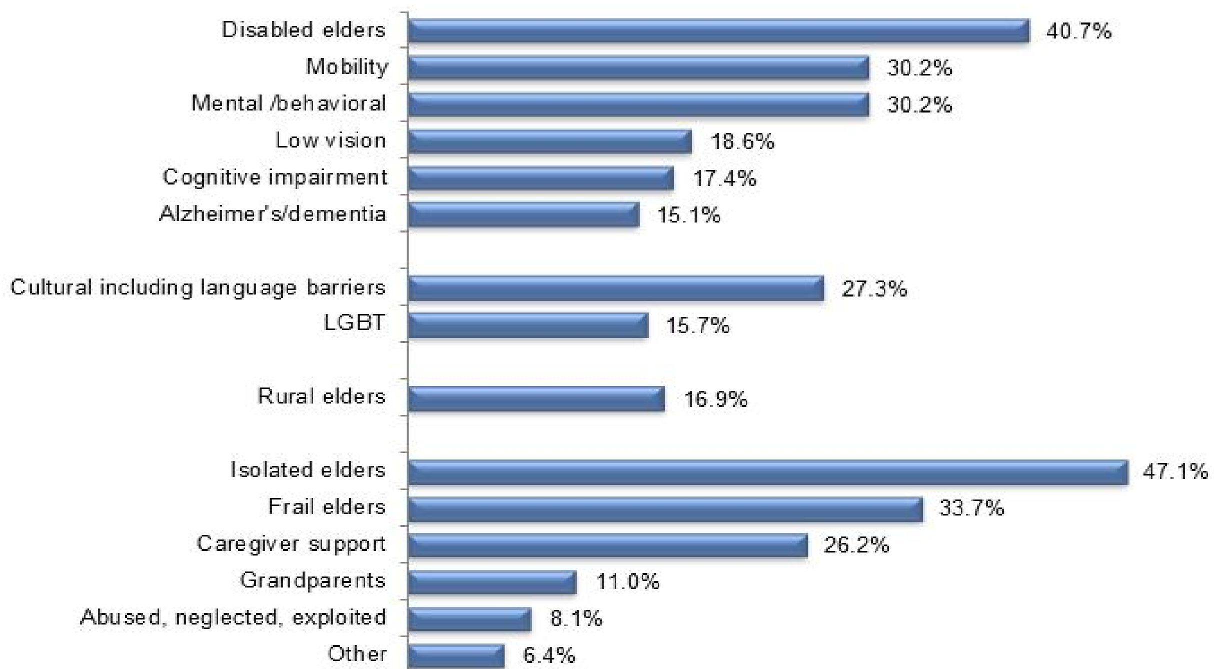
The term, "greatest social need" refers to need resulting from noneconomic factors which includes physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. Figure 1 shows the social needs of participants from the single-and multiple-day

events. Among elders with physical and mental limitations or disabilities, disabled elders participated in 41% of the events followed by those with mobility, mental/behavioral, low vision, cognitive impairments, and Alzheimer's/dementia.

Elders facing cultural isolation including those with language barriers and LGBT elders participated in more than a quarter of the events. Elders residing in rural areas participated in 17% of the events. Elders socially isolated (47%) were the prominant participants in the events followed by frail elders, and those needing caregiver support, caring for their grandchildren, and being abused, neglected or exploited. (See figure 1 below)

Figure 1

Social Needs of Elders Attending or Participating in Needs Assessment Events



Conclusion

The AAAs used different approaches and methods to gather information about elder needs in the fall of 2012. Targeted vulnerable populations of elders participated in single-and multiple-day events. Needs gathered from over 4,700 participants were recorded under 18 areas of concerns with transportation the unassailable priority among elders. Needs pertaining to transportation are door to door service as well as an escort for medical appointments within and outside regional transportation areas, more public or paratransit services, and operational improvements by transit providers that take into account frailty, disability, and other physical and cognitive limitations of the ridership. Also topmost needs are more affordable housing and more senior housing options, and affordable dental and vision care.

Area Agencies on Aging Planners' Needs Assessment Activitities, September 17, 2012 – December 21, 2012, Executive Office of Elder Affairs, Mildred Asano.

Attachment K: State Fiscal Year Municipal Questionnaire

In preparation for the 2014-2017 State Plan on Aging, the Executive Office of Elder Affairs sought to become better informed of the services being offered by the Councils on Aging (COA) along with their current and short-term focus areas to address the needs and concerns of elders.

The *2013 Needs Assessment Survey - Municipal Questionnaire* asks about service priorities and corresponding level of importance in the next 3-5 years, four operational services, and initiatives conducted for eight targeted elder groups as well as the recognition and anticipation of the rapidly growing number of elders in their respective communities. The web-based questionnaire was emailed with a requested completion return date on or before November 21, 2012.

The survey results are based on 222 COAs representing 228 Massachusetts municipalities located across the 23 Area Agencies on Aging. Surveyed respondents represent 66% of 347 municipalities in the Commonwealth with COAs. Seventy-seven percent (981,101) of the total 60+ Massachusetts residents live in the 222 COAs.

Nearly all (98%) of the COAs are purposed strictly towards their respective communities alone; 2% have consortia agreements between or among contiguous municipalities for sharing administrative or transportation resources. Half of the COAs have fewer than 2,500 elder residents. In most COAs, less than 15% of the seniors who partake in the COA services reside in another community.

Current Service Priorities

From among eighteen listed services, the top five currently addressed by COAs are transportation, physical activity and wellness, community outreach, leisure and recreational activities, and nutrition. With the exception of health insurance and benefits ranking fifth for communities with 5,000 or more seniors, all COAs indicated the above as the top five service priorities for their respective community.

Summary and Conclusion

COAs are providing essential services for elders. The scope and depth of services vary across COAs but all are providing specific services elders use and depend upon to remain engaged in their communities. The current service priorities are stated above. In most cases, COAs that currently provide a specific service also report a higher level of importance for the service during the next 3-5 years than COAs that do not currently provide the service.

With regard to transportation options for elders, transportation will continue to be a service priority for COAs currently providing transportation options and is projected to become somewhat more important during the next 3-5 years.

COAs provide a wide range of health and disease prevention activities and services. COAs offered the three evidence-based programs promoted by ACL , but more than a third of COAs also cite other activities that promote regular physical activity to help reduce risk of disease, disability and injury to oneself. COAs hold a broader definition of evidenced-based programs that promote healthy aging and wellness. With almost all COAs currently rendering services to reduce risk of disease, disability and injury to oneself, these services are also reported to become somewhat more important during the next 3-5 years.

Less than half of the COAs held an activity to recognize and anticipate the rapid growth of elders in their respective community as well as to address better planning to reflect residents' vision of their respective "livable" community. Those that have addressed the growth of the elder population in their communities, in contrast to those that have not, project that the rapid growth of elders will become somewhat more important during the next 3-5 years.

COAs serve a key role in emergency management planning for people who require additional assistance during natural or man-made emergencies. About two-thirds of the communities maintain a registry of people who require additional assistance to respond to emergencies. On the other hand, 25% of the COAs are unsure if a registry is maintained in their respective community. In nearly half of the communities that maintain a registry, the COA is identified as the department responsible to maintain and update the registry. Improving emergency response capacity for homebound and adult disabled residents is cited by COAs as an area that will be somewhat more important in the next 3-5 years.

Housing was not a current top five service priority area; however, more than two-thirds of COAs are helping with home costs such as property taxes, fees, water/sewer, home utility and cable/internet/ phone bills, and more than half are addressing home modification, repair and maintenance services. Less than half are focusing on increasing affordable housing capacity. From among all initiative's currently being addressed by COAs though, increasing affordable housing capacity is at the forefront of importance and is considered to become much more important during the next 3-5 years, even ahead of transportation options for elders.

The vast majority of COAs promote social connections and volunteer/civic engagement activities; however, only about a fifth listed this service area in the current top five priority areas. COAs that conduct social connections and volunteer/civic engagement activities also project that this service area will be somewhat more important during the next 3-5 years. While continuing to be offered by COAs, its importance level, however, will likely be overshadowed by attention on increasing public and paratransit options, increasing affordable housing capacity, improving emergency response capacity, promoting healthy aging and wellness, and promoting leisure and recreational activities.

Communities currently engaged in physical planning to enhance elder mobility and improving access to mental health services also project that these service areas will be somewhat more important during the next 3-5 years. These service areas are likely be addressed ahead of promoting pedestrian and driver safety and employment retention or workforce development in the next 3-5 years.

Finally, community outreach, a current COA priority, is predominately undertaken by conducting general outreach and providing information and referral services. Community outreach is rendered to all OAA target groups, although not uniformly across target groups.
SFY 2013 Municipal Questionnaire, Executive Office of Elder Affairs, Mildred Asano.

Attachment L: Literature Search for Needs and Trends Affecting Older Adults

Brown University Report, 2012, Home-delivered Meals

According to a Brown University Report 2012, delivered meals help seniors stay in their homes and the more states spend on home-delivered meals under the Older Americans Act, the more likely they are to help people who don't need nursing home care to stay in their homes. The report utilized statistical analysis of a decade of spending and nursing home resident data.

The report indicated that nationwide in 2009, 12.6 percent of nursing home residents were considered "low-care", which had declined from 17.9 percent in 2000 because of a variety of efforts. However it was noted that percentages every year vary widely between the states. A major reason for that state-to-state variation turned out to be the difference that home-delivered meals can make. The researchers' analysis reported: for every $25 per year per older adult above the national average that states spend on home-delivered meals, they could reduce their percentage of low-care nursing home residency, compared to the national average, by 1 percentage point (Thomas 2012).

After all the analysis, home-based meals emerged as the only statistically significant factor among OAA programs that affected state-to-state differences in low-care nursing home population. Also home-delivered meals account for the bulk of OAA spending.

For many seniors the research indicates that meal delivery is what allows the aforementioned older adults "to remain where the ring of the doorbell is for their own door" (Thomas, 2012).

The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents, Thomas, Mor, Published online: 3 Dec 2012, Health Services Research.

Stanford Center on Longevity Report, 2010, *New Realities of an Older America: Challenges, Changes and Questions.*

According to a 2010, Stanford Center on Longevity Report*, New Realities of an Older America: Challenges, Changes and Questions, "New Realities* is a compendium that brings together the latest statistics from a range of sources, including academic research and government statistics; uses clear, engaging graphics; and asks provocative questions about impending changes."

Reportedly, "The shift toward an older population has enormous economic, social and political implications for American of all ages." Several findings were a result of the study and the following list a sampling:

- *As people live longer and healthier lives, our culture must create new opportunities for individual and societal contributions across all ages,*
- *The number of older people (age 65 and over) will double over the next 30 years, from 40 million to 80 million, and the percentage of older people in the population will increase from 13% to 20%,*
- *If retirement is not delayed there will be fewer and fewer potential workers per retiree. Longer working lives, in contrast, would make use of the most educated older population in the history of the country,*
- *Without policy and behavioral changes, the fiscal burden on individual workers and taxpayers will skyrocket,*

- *Unless people work longer, the personal financial burden also will increase as people reach older ages,*
- *Population aging will affect younger Americans as well. Their economic prospects and future tax burdens depend on how effectively today's policy makers prepare,*
- *Suburbs, designed for traditional nuclear families, increasingly will be home to singles and older couples,*
- *Diversity will increase among older people, with minorities accounting for 60% of the growth among those 65 or older.* (Stanford Center, 2010)

These findings provide communities, businesses, organizations and other planning agents challenges and opportunities for their future endeavors.

New Realities of an Older America: Challenges, Changes and Questions, 2010, Stanford Center on Longevity. View full report by going to http:/longevity.stanford.edu.

<u>The Gerontologist, 2011, Japan: Super-Aging Society Preparing for the Future</u>

As reported in The Gerontologist (2011) article, Japan: Super-Aging Society Preparing for the Future, the proportion of people aged 65+ years in the total population is highest in the world: 23% in 2009. By 2030, one in every 3 people will be 65+ years and one in 5 people 75+. These numbers are attributed to rapid declines in mortality and fertility after World War II. The life expectancy at birth is highest in the world at 86 for women and 80 for men.

To start addressing needs, policies have been put in place including but not limited to: increase funding in long-term care (LTC) to incorporate disability prevention services into the LTC benefits in 2005; exploring effective ways to maintain older adults' functional abilities and to promote independent living.

In new construction since the 2011 tsunami and earthquake, adding "engawa" inviting space for social interactions; "kairai-ban" weekly circulated bound copies of information on community events and emergency preparedness plans (containing a check-off for each person who has reviewed it); and incorporating traditional neighborhood customs into modern apartments helps to address emerging issues of an aging society as they see the need for "community-based support systems" for the growing population of elders. They have also evidenced the role of social media in emergency preparedness for older adults and see the need for it to grow.

The noted positive aspects of Japanese society included: older adults' wisdom and resilience for survival and coping; an active social and labor participation at older ages; and the strength of social relationships. The social aspect of the Japanese lifestyle and the need to continue the mechanisms that will encourage the same, were strongly emphasized as a result of the findings of the article.

Japan: Super-Aging Society Preparing for the Future, The Gerontologist (2011) 51 (4):425-432. doi: 10.1093/geront/gnr067.

<u>Massachusetts Senior Center Participation Survey, 2012</u>

A Senior Center Participation Survey was completed by the Gloucester Senior Center, located in SeniorCare's psa, in the fall of 2012. The purpose of the Senior Center Participation Survey of 2012 was to measure and report on the outcomes or benefits seniors gained from attending

the senior center. Thirty-six randomly selected senior centers across Massachusetts were mailed a four-part survey, by the Executive Office of Elder Affairs, in October 2012.

The following is a selected summary of the findings of 32 respondents who completed the Gloucester survey:

> Respondents between 70-85 comprised over 78% of the respondents; an estimated 80% of those responding were reported to be white; 4-6 years was the highest reported attendance with 1-3 years closely following; 77.+% reported attending 2-4 times a week with 16.13% daily; 96.67% reported learning about senior center activities from the Center's newsletter along with other sources; 48.+% drove themselves to the center with 25.+% utilizing family or friends and 19.36% using public transportation.

Outcome or benefit indicators reportedly showed that:

> Most of the time 87% saw friends more often or made new friends; 83% had something to look forward to each day; 65% felt happier or more satisfied with their life; additionally 88% would recommend the Center to a friend or family member; 85% felt more able to stay independent in a healthy and safe way; and 76% knew who to or where to go, if they needed to find a service such as a ride to the doctor.

The benefits indicated by active participants at the local Senior Center demonstrate the value of such gathering spaces for elders to afford them opportunities for social interaction, education and participation in structured activities. Massachusetts Senior Center Participation Survey, November 2012.

Gloucester Daily Times Report, 2012, Lahey Health System's Community Health Assessment

As reported by the Gloucester Daily Times (GDT), the Lahey Health System's community health assessment found that "overall residents of Cape Ann's communities are healthy and have access to a solid health service network." However making sure residents, especially low-income and elderly residents can access it is a central concern raised in Lahey's survey (Fletcher, 2012).

According to the article, the every 3-year required survey found that chronic disease, behavioral health issues, and elder care, are the foremost health concerns on Cape Ann. Making sure that residents have access to health services through the Addison Gilbert Hospital (AGH) or primary care practices, was the key challenge presented by the assessment according to Gerald MacKillop, manager of initial assessment for Lahey Health System, parent company of AGH.

Some of the cited findings indicated that 15+% of those surveyed said that they had diabetes. This number is more than double the state average of 7.4%. Additionally 28% surveyed said that they didn't regularly exercise.

Reportedly, the community has to do more to keep low income residents and the elderly from falling through cracks in the network and a better job of providing the resources for those residents who need access to that care. *Diabetes, Elderly Care Cited in Lahey Survey,* Gloucester Daily Times, Fletcher, October 9, 2012.

Action Inc, Needs Assessment, 2011

Action Inc., a Gloucester based agency, that serves five of SeniorCare's communities, Gloucester, Rockport, Essex, Ipswich, and Manchester-by-the-Sea, conducted their needs

assessment in 2011 for their 2012-2014 action plan. They utilized focus groups, interviews and surveys. Action provides access to public benefits; teen school programs; in-home care for elders and disabled; job training and education programs; utility programs including energy and conservation; and housing.

As a result of their efforts the top five needs identified were affordable heat and utilities; employment opportunities; affordable healthcare; affordable food (including access) and safe and affordable housing. They also received comments from respondents wanting more information and about healthy lifestyles including meals and physically focused remedies. Another annotation related to having more services geared toward those with mental health issues.

They discovered through their efforts, targeted to those individuals and families that were reportedly disadvantaged, that from 1965 to 2011 the Hispanic population grew from 1.55% to 2.7% and of the 574 reporting English was the first language, then Portuguese (50), and Spanish (23).

An interview was also conducted with the local Mayor on the factors which were influencing those identified disadvantaged populations. She reported that there was a lack of education/skills. Additionally the isolation of Cape Ann and the lack of transportation were major contributors to the needs of the populations. She also related that she had seen an increase in every issue and vulnerability as a community over the past three years.

Several top needs identified by Action's efforts are also repeated in SeniorCare's needs assessment, including affordable heat and utilities; affordable healthcare; affordable food (including access); and safe and affordable housing. Action Inc. Community Action Plan 2012-2014.

Attachment M: AAA Demographics

Demographic Profile SeniorCare Planning and Services Area

The Cape Ann/Beverly psa is comprised of the nine communities of Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield and Wenham. Beverly and Gloucester are the two cities with the heaviest concentration of population. The communities vary in size from Ipswich's 33.5 square miles to Rockport's 7.08 square miles. The population density ranges from 2,616 persons per square mile in Beverly to 250 persons per square mile in Essex.

A total of 115,782 individuals live in the 140 square mile area. This number does not include the summer residents who come to live in the area for three to six months a year, especially in the communities of Rockport, Gloucester, Manchester-by-the-Sea, Hamilton and Wenham.

Statewide Demographic Profile – Census

	60-64	65-74	75-84	85+	60+	65+	All ages	%60+	%65+	%85+
2000	236,405	427,830	315,640	116,692	1,096,567	860,162	6,349,097	17.27%	13.55%	1.84%
2010	370,547	456,460	301,065	145,199	1,273,271	902,724	6,547,692	19.45%	13.79%	2.22%

Source: 2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Census Summary File 1
2000 Census, DP-1 Profile of Demographic Characteristics: 2000, Census 2000 Summary File 1 (SF 1) 100-Percent Data

The change in the 60+ state population from 2000 to 2010 is + 176,704 = 16.11%

SeniorCare psa Demographic Profile - Census 2010

	60-64	65-74	75-84	85+	60+	65+	All ages	%60+	%65+	%85+	2000-2010 60+ Change
Beverly	2,406	2,739	2,023	1,021	8,189	5,783	39,502	20.73%	14.64%	2.58%	7.23%
Essex	263	249	173	68	753	490	3,504	21.49%	13.98%	1.94%	33.75%
Gloucester	2,305	2,646	1,713	740	7,404	5,099	28,789	25.72%	17.71%	2.57%	23.34%

Hamilton	458	498	323	119	1,398	940	7,764	18.01%	12.11%	1.53%	22.20%
Ipswich	1,085	1,186	790	375	3,436	2,351	13,175	26.08%	17.84%	2.85%	31.70%
Manchester	426	566	329	114	1,435	1,009	5,136	27.94%	19.65%	2.22%	26.77%
Rockport	670	844	504	260	2,278	1,608	6,952	32.77%	23.13%	3.74%	17.73%
Topsfield	431	483	367	202	1,483	1,052	6,085	24.37%	17.29%	3.32%	22.87%
Wenham	213	294	249	106	862	649	4,875	17.68%	13.31%	2.17%	13.57%
Total	8,257	9,505	6,471	3,005	27,238	18,981	115,782	23.53%	16.39%	2.60%	18.48%

Source: 2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Demographic Profile Data
2000 Census, DP-1 Profile of General Demographic Characteristics: 2000, Census 2000 Summary File 1 (SF 1) 100-Percent Data

	60-64	65-74	75-84	85+	60+	65+	All ages	%60+	%65+	%85+
Statewide	370,547	456,460	301,065	145,199	1,273,271	902,724	6,547,692	19.45%	13.79%	2.22%
SeniorCare psa	8,257	9,505	6,471	3,005	27,238	18,989	115,782	23.53%	16.39%	2.60%

Source: 2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Census Summary File 1
2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Demographic Profile Data

Nearly one in every four individuals (27,238) is age sixty and over 23.5% and 16.4% are age 65 and over. The percentage for SeniorCare's psa is approximately four percent over the state average for the sixty plus category and 2.6% for the 65+ category per the 2010 Census.

The age 60 and over population has increased by 18.48% in the psa from the 2000 census to the 2010 census. This compares to a state increase of 16.1%. The age 65 and over population has increased by 3.8% from 2000 to 2010 as compared to the state increase in that population of 4.9%. However, SeniorCare's psa continues to have higher population percentages in its elder population category groups, with Rockport remaining the highest, compared to the state's: age 60 and over SC's psa 23.53% Rockport 32.77% state 19.45%, age 65 and over SC's psa 16.39% Rockport 23.13% state 13.79%, and age 85 and over SC's psa 2.60% Rockport 3.74% state 2.22%.

The 2010 census shows seven of the nine communities, in SeniorCare's psa, age 85 and over populations are greater than two percent (Beverly 2.58%, Gloucester 2.57%, Ipswich 2.85%, Manchester 2.22%, Rockport 3.74%, Topsfield 3.32%, and Wenham at 2.17%). This is in comparison to four of the nine communities reported as such in the 2000 census (Beverly 2.63%, Gloucester 2.05%, Ipswich 2.12%, and Rockport at 3.35%). These numbers have important planning implications. Studies have shown that elders 85 and over are most likely to have debilitating chronic afflictions and may require home care and specialized services. This population is most likely to utilize adult day health facilities. However, it also indicates that there may be more caregivers who need relief.

The available data for the number of grandparents who are caretakers of children age 18 or under shows a dramatic increase from the 2000 Census. Grandparents responsible for the care of their grandchildren increased from an average of 20% to an average slightly over 40%. While the number of these caregivers increased from 266 to 682 in the same time frame. This continues to highlight relatively new and increasing group of caregivers who may require some respite.

Grandparents as Caregivers

	Grandparents living in household with I or more grandchildren under 18	Grandparents responsible for grandchildren	Percent grandparents responsible for grandchildren
Beverly	621*	294*	47.34%*
Essex	0*	0*	N/A
Gloucester	553*	293*	52.98%*
Hamilton	32	15	46.88%
Ipswich	162	45	27.78%
Manchester	0*	0*	N/A
Rockport	240*	11*	4.58%

Topsfield	38*	0*	0.0%
Wenham	36	25	69.44%
	1,682	683	40.61%

Source: Table DP02 Selected Social Characteristics in the United States, 2005-2009 American
Community Survey 5-Year Estimates;* Table DP02 Selected Social Characteristics in the
United States, 2007-2011 American Community Survey 5-Year Estimates

The elderly population living in the Beverly/Cape Ann area is predominantly white. Slightly over two percent of individuals age 60 and over are a member of a minority group. The percentage remained fairly flat for a decade and a half and has shown an increase in the past few years rising from 1.40% in 2007 to 2.10% in 2010 which is a 50% increase percentage wise. The expectation is for this trend to continue.

SeniorCare Elderly Population, Age 60 + by Race by Town

City/Town	White alone	Black alone	*Amer Indian Alaskan alone*	*Asian alone*	*Hawaiian+ Pacific Isl alone*	*Hispanic*	*Total age 60+*	*Minorities*	*%Minorities*
Beverly	7,928	65	7	69	3	82	8,189	261	3.19%
Essex	736	1	1	8	0	6	753	17	2.26%
Gloucester	7,290	17	6	27	0	39	7,404	114	1.54%
Hamilton	1,365	2	1	19	0	6	1,398	33	2.36%
Ipswich	3,388	8	2	12	0	16	3,436	48	1.40%
Manchester	1,412	0	0	7	0	10	1,435	23	1.60%
Rockport	2,240	3	3	9	2	13	2,278	38	1.67%
Topsfield	1,458	3	0	6	0	10	1,483	25	1.69%
Wenham	849	2	0	7	0	4	862	13	1.51%
Total	26,666	101	20	164	5	186	27,238	572	2.10%

Source: 2010 Census, P121, P12B, P12C, P12D, P12E, 12H Sex by Age (Race & Ethnicity), 2010 Census Summary File 1
2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Census Summary File 1

The area continues to have a fairly high median income compared to the states medium income of $62,859. The median household income in the nine towns ranges from a high of $139,856 in Wenham to a low of $59,061 in Gloucester with the average median income for the psa of $92,993. The state percentage of individuals age 65 and over meeting the federal poverty guidelines in 2000 was 8.9% decreasing to 8.7% in 2010. SeniorCare's psa also shows a decrease in the percentage of poor individuals age 65 and over from 7.09% in 2000 to 6.44% in 2010. The psa 65 and over poverty percentage for 2010 ranged from a high of 9.6% in Essex to a low of 1.8% in Topsfield. Six of the communities showed a decrease in percentage while three showed an increase (Beverly 4.53% to 8.01%, Rockport 3.31% to 5.72% and Wenham 5.13% to 7.24%). The profile of poverty for elders is older, female, and living alone.

Poverty Age 65+

City/Town	Population	Estimated % of Population Poor	Estimate Poor Population	Population 65+	Estimated % of 65+ Population Poor	Estimated 65+ Poor Population
Beverly	39,502	8.8%	3,476	5,783	8.0%	463
Essex	3,504	2.7%	95	490	9.6%	47
Gloucester	28,789	8.7%	2,505	5,099	7.0%	357
Hamilton	7,764	4.8%	373	940	2.5%	23
Ipswich	13,175	4.2%	553	2,351	6.4%	150
Manchester	5,136	1.8%	92	1,009	2.4%	24
Rockport	6,952	4.5%	313	1,608	5.7%	92
Topsfield	6,085	6.9%	420	1,052	1.8%	19
Wenham	4,875	4.1%	200	649	7.2%	47
Total	115,782	6.9%	8,027	18,981	6.4%	1,222

Source: 2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Demographic Profile Data
Table S1701, Poverty Status in the Past 12 Months, 2007-2011 American Community Survey 5-Year Estimates

Fifty-six percent of age 60 and over individuals in the psa are female. There are many general differences in the lives of men and woman age 60 and over. The percentage of women comprising the population increases as the population ages. Fifty-two percent of the age 60-64 are female. Fifty-four percent of the age 65-74 are female. Sixty percent of the age 74 –85 are female. Sixty-nine percent of the age 85 and older are female. This pattern for the psa continues to closely follow that of the state

Gender Composition Age 60 +

Age	Sex	Beverly	Essex	Gloucester	Hamilton	Ipswich	Manchester	Rockport	Topsfield	Wenham	Total
60 - 64	M	1,166	143	1,118	227	524	191	305	219	108	4,001
	F	1,240	120	1,187	231	561	235	365	212	105	4,256
65 - 74	M	1,236	120	1,230	240	557	250	392	247	141	4,413
	F	1,503	129	1,416	258	629	316	452	236	153	5,092
75 - 84	M	815	83	674	140	305	151	190	147	99	2,604
	F	1,208	90	1,039	183	485	178	314	220	150	3,867
85 +	M	322	26	223	40	107	41	77	56	40	932
	F	699	42	517	79	268	73	183	146	66	2,073
	Total	8,189	753	7,404	1,398	3,436	1,435	2,278	1,483	862	27,238

Source: 2010 Census, DP-1 Profile of General Population and Housing Characteristics: 2010, 2010 Demographic Profile Data

Thus, more women than men tend to live alone after age 65. Elderly men age 65 and over are more likely to have a spouse or live with other members of the family. The majority of individuals requiring home care and other support services are women, most often, women living alone.

Heart disease and cancer, followed by chronic lower respiratory diseases, stroke, Alzheimer's, diabetes and influenza & pneumonia are the leading causes of death among U.S. adults aged 65 or older in 2007-2009 according to the CDC. It is estimated that one in three adults age 65 and over fall every year resulting in moderate to severe injuries such as hip fractures and head traumas. Falls among older adults are the leading cause of injury death. Epidemiological

studies indicate that two out of three older Americans have multiple chronic conditions. Just 9.3% of adults with diabetes have only diabetes. Other common conditions include arthritis, asthma, chronic respiratory disease, heart disease, and high blood pressure. Some people with chronic disease may also have physical disabilities, dementia or other cognitive impairments.

Population age 65 and over with a disability

	total 65+	with disability	Percent
Beverly	5,783*	1,820*	31.47%*
Essex	444	149	33.56%
Gloucester	5,099*	1,532*	30.05%*
Hamilton	869	270	31.07%
Ipswich	1,976	616	31.17%
Manchester	841	181	21.52%
Rockport	1,479	457	30.90%
Topsfield	854	203	23.77%
Wenham	631	207	32.81%
	17,976	5,435	30.23%

Source: *Table B18101 Sex by Age by Disability Status, civilian non-institutionalized population, 2009-2011 American Community Survey 3-Year Estimates (data available only for cities/towns for population of 20,000 + Beverly and Gloucester). Data for other communities listed is from the 2000 census. Note: Data for cities and towns with populations less than 20,000 will be released by the Census Bureau in December of 2013.

Longer life spans and aging baby boomers will combine to double the age 65 and older population during the next 25 years. By 2030 the older adult population will be approximately 20% of the total population. This is already placing an increased demand for the variety and hours of support services for the elder adult population.

PLANNING AND SERVICE AREA DEMOGRAPHIC PROFILE

Persons age 60 or older who are:	2000 Census	2010 Census	Census 2010, % Age 60 or older
Residents of the Planning and Service Area (psa)	22,989	27,238	23.53%
Female	13,559	15,288	56.13%
Male	9,430	11,950	43.87%
Native American	14	20	0.07%
Black or African American	49	101	0.37%
Hispanic Latino	87	186	0.68%
Asian	85	164	0.60%
White	22,582	26,666	97.90%
Total with income below poverty **(65+)**	1,297	1,222	**% Age 65 or older** 6.44%
Minority with income below poverty level **(65+)**	7	120	**% Age 65 or older** 0.63%
Residents of rural jurisdictions in the PSA	0	0	0.0%

Source: QT-P1, Age Groups and Sex: 2000, Census 2000 Summary File 1 (SF 1) 100-Percent Data; 2000 Census, P012C, P012B, P012H,
P012D, P012I Sex by Age (Race & Ethnicity), Census 2000 Summary File 1 (SF 1) 100-Percent Data; 2010 Census, DP-1 Profile
of General Population and Housing Characteristics: 2010, 2010 Demographic Profile Data; Table S1701, Poverty Status in the Past 12
Months, 2007-2011 American Community Survey 5-Year Estimate, Table B17001H Poverty Status in the past 12 Months by Sex by
Age (White Alone, not Hispanic or Latino), 2007-2011 American Community Survey 5-Tear Estimates

Socio-economic Background and Living Arrangements

2010 Census data indicate that the number of householders age 65 and over living alone in the psa is 5,713 (12.23%) up by 0.700% from the 2000 census which is higher than the state which has essentially remained unchanged at 10.5%. This is the group that is most likely to be potential users of services. The number of households with individuals age 65 or over is 13,547 or 29.01% (2000 Census 12,587 or 27.98%) in the psa. Again, this is comparable to the state percentage of 25.64% (2000 Census 24.74%). The rate of change from 2000 to 2010 in the psa remains higher than for the state. The rate of change for individuals 60 and over is 4.13% (state-2.18%); an individual age 65 or over is 0.93% (state 0.24%) and age 85 and over 0.41% (state 0.38%). The calculations show the number of elders living within intact households is greater in the SeniorCare psa than in the state. This may indicate that these elders live with families who could provide support and care.

Attachment N: AAA Public Hearing 2014

A public hearing on the Area Plan was held on August 14, 2013 from 10:00 to 11:00 am in the Myra Herrick Conference room at SeniorCare, 49 Blackburn Center, Gloucester. The conference room is handicapped accessible. A public notice of the meeting was printed in the Gloucester Daily Times and the Salem Evening News which cover all of SeniorCare's planning and service area.

SeniorCare's Assistant Executive Director and AAA planner convened the hearing. Five individuals were in attendance. An overview of the Area Plan and the process involved with the development of service priorities for the years 2014-2017 was provided by the Assistant Director. Discussion followed and several opportunities were suggested for additional ways in which SeniorCare could work with area service providers. Additions where incorporated into the plan. All attending indicated that the priorities focused on services and programs needed by and of importance to area elders.

A letter of invitation to comment and a copy of the 15 priority area goals and objectives were sent to municipalities, community agencies providing services to elders, and to the Councils on Aging to elicit comments. None of the agencies or Councils provided written comments. SeniorCare's Advisory Council and Board of Directors also received and reviewed a copy of the plan. Verbal comments were received and incorporated into the plan. No written comments were received.

Legal Notice

SeniorCare Inc., the Area Agency on Aging for the cities of Beverly and Gloucester and the towns of Essex, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield, and Wenham will conduct a public hearing on its' 2014-2017 Area Plan on Wednesday, August 14, 2013 from 10:00 to 11:00 a.m. in our conference room located at 49 Blackburn Center, Gloucester MA 01930. Individuals or organizations interested in providing written or verbal comment on the plan are invited to attend. A draft plan is available upon request or at www.seniorcareinc.org. Written comments may also be mailed to SeniorCare Inc., 49 Blackburn Center, Gloucester MA 01930, Attn: Jane Militello. If you require any special accommodations please notify us immediately.

49 Blackburn Center - Gloucester, MA 01930
100 Cummings Center, Suite 106-H - Beverly, MA 01915
978-281-1750 - 1-866-927-1050
TDD 978-281-1836

July 30, 2013

Dear Community Member:

SeniorCare Inc., the Area Agency on Aging for the cities of Beverly and Gloucester and the towns of Essex, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield, and Wenham, will conduct a public hearing on our Area Plan 2014-2017 on Wednesday, August 14, 2013 from 10:00 to 11:00 a.m. The hearing will be held in the Myra Herrick Conference Room at SeniorCare's main office, 49 Blackburn Center in Gloucester. If you are going to attend and require any special accommodations please notify us immediately.

Individuals or organizations interested in providing written or verbal comment on the Plan are invited to attend and/or comment. To view and print a draft of the Plan click here.

Written comments may be submitted via email. Download and save the Comment Sheet*, type in your comments, save and email the Comment Sheet to: Jane.Militello@seniorcareinc.org. If you prefer, you can print and mail your completed Comment Sheet to Jane Militello, SeniorCare Inc., 49 Blackburn Center, Gloucester, MA 01930. All comments should be submitted prior to August 14th for consideration.

The Area Plans on Aging highlight the elder network's efforts to develop activities over the next four Federal Fiscal Years providing the information, social, economic, and health supports and resources people need to live safe, secure, connected lives in the setting of their choice. SeniorCare Inc. works closely with our many partners and constituents to provide a comprehensive Area Plan, and to that end we welcome and appreciate your participation in this process. The final document will be available on SeniorCare's website as of September 23, 2013.

Sincerely,

Jane Militello

Jane Militello, M.Ed.
Assistant Executive Director

*If you would prefer to receive the Comment Sheet as a Word document, please email Ilia Stacy, ilia.stacy@seniorcareinc.org and request the form in Word.

AGENDA

SeniorCare's Area Agency on Aging Area Plan 2014-2017 Public Hearing
August 14, 2013 10:00 am to 11:00 am

- Welcome
- Introductions
- Area Aging on Aging Plan Development Process
  - Administration for Community Living Focus Areas
  - Executive Office of Elder Affairs Agency Goals
  - SeniorCare Inc. Agency Goals 2013
  - SeniorCare's FY 2013 Needs Assessment Priorities
  - SeniorCare's Goals #1-15
  - SeniorCare's New Initiatives and Evolving Partnerships (handout)
- Discussion

Thank you for joining us and contributing to
SeniorCare's Area Plan 2014-17

SeniorCare Area Agency on Aging - Focus Area Coordination 2014 –2017

Jane Militello, Assistant Executive Director

3/29/2013

SeniorCare Inc. Response
Administration for Community Living Focus Areas

US Administration for Community Living Mission Statement: To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.

<u>Administration for Community Living Focus Areas:</u>

- Older Americans Act Core Programs
- ACL Discretionary Grants
- Participant-Directed/Person–Centered Planning
- Elder Justice

Elder Affairs' Mission Statement: We promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership, and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families, and caregivers.

Elder Affairs' Vision Statement: The vision of the Executive Office of Elder Affairs is to ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity.

Executive Office of Elder Affairs Agency Goals:

- Expand income and financial support opportunities for elders.
- Expand capacity and availability of and enhance the quality of community based long term services and supports.
- Increase supports available to informal caregivers.
- Protect and promote the well-being and quality of life of elders.
- Strengthen housing-with-supports options.
- Attain and sustain the best possible physical, cognitive, and mental health.
- Develop operational improvements that provide better service, quality and efficiency.

<u>SeniorCare Inc. Mission Statement</u>: SeniorCare Inc., a consumer centered organization, provides and coordinates services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community.

<u>SeniorCare Inc. Strategic Plan Goals:</u>

- SeniorCare Inc. will be a highly visible, well-respected agency that attracts increased numbers of consumers and higher levels of contributions to support operations.

- SeniorCare Inc. will provide effective and efficient services, develop innovative programs and meet the needs of consumers and the diversity within the communities it serves.
- SeniorCare Inc. will maintain and develop a highly qualified and motivate workforce that delivers the mission of the agency.
- SeniorCare Inc. will maintain financial security through the continuation of cost savings, efficiencies and development.
- SeniorCare Inc. operations will be in new office space by the end of 2012 (completed 2012)
- SeniorCare Inc. will take proactive steps to effectively assist disabled adults by increasing its staff knowledge through both internal and external means. (adopted July 2013)

SeniorCare's FY 2013 Needs Assessment Priorities:

- Housing
- Maintain Independence
- Economic Security
- Long-Term Service Support
- Mental & Behavioral Health
- Health Care
- Transportation
- Access to Social Services
- Safety and Security
- Caregiver Support
- Nutrition
- Spirituality

SeniorCare's 4-year Needs Assessments was conducted from August through January 2013. 10 separate data collecting events, personal interviews, focus groups or survey solicitations were executed. Data was collected, recorded and organized to reflect the top needs for older adults. The results were submitted to the state office of Elder Affairs for their State Plan. Findings will be utilized for the development of SeniorCare's AAA 2014-2017, 4-year plan.

After analysis of the data, on February 26, 2013, the results were presented to SeniorCare's Advisory Council for their review and comment. No changes were proposed and the Needs Assessment results were presented to SeniorCare's Board of Directors on February 27, 2013. No changes were proposed.

After further review of the data the categories of Spirituality and Nutrition were reversed with a heavier weight identified for Nutrition needs. The following is the breakdown of the Needs for Older Adults as they were weighted to reflect the individuals who were an active part of the process and those that they represented within in their particular service areas. The descriptions of needs were taken from the results in no particular order.

- Housing: subsidized; affordable; fuel assistance; fuel costs; affordable senior housing; alternative senior housing; maintaining home ownership; financial; heating bills; repairs; and weatherization.

- Maintain Independence: accessibility in community, to grocery store, and public buildings; more support for elders, disabled and challenged; home-care, self-care and disability; personal care and homemaker, etc.

- Economic Security: lack of funds; fear of future; manage money, bills, claims; heating, utilities, food, clothing, credit card bills; protecting assets; financial exploitation, bill paying; health care costs; lack of resources for elders; taxes, water bills, not enough funds; financial stability.

- Long Term Service Support: finding services; accessing; finding for sick and disabled; in-home support services; home care, homemaker, chore, etc; single entry point.
- Mental & Behavioral Health: isolation/loneliness/depression: MH counseling; social isolation; understanding of MH; anxiety; substance and tobacco abuse;
- Health Care: costs; prescription drug cost; health care costs; affordable prescription programs; medical, sensory, dental , major illnesses; all types of care.
- Transportation: finding transportation; paratransit; public transportation; special rides; escort service; medical appointments, basic errands, social activities.
- Access to Social Assistance Services: prescription drugs; health care; cost saving options; health insurance, benefits eligibility and options; SSI; SNAP; co-payments.
- Safety and Security: accessibility in community; abuse, neglect and exploitation, self neglect; home safety modification; protective services; education; home improvements; home security.
- Caregiver Support: respite at five events
- Nutrition: accessibility to local grocery stores; food insecurity (X6 events); home meals; communal meals; meals for diabetics, low-sodium meals, cardiac meals.

- Spirituality: faith based activities; community supports through churches.

The Massachusetts' Title III intrastate funding formula targets older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income individuals and those living in rural areas. SeniorCare's Planning and Service Area (PSA) includes elders who are living along (isolated); low-income elders; minority elder populations; and socially isolated populations including LGBT and limited English proficient elders. There are no designated rural areas in the PSA and identified Native American populations are nominal.

In order to advance the health, safety and well-being of elders, their caregivers and others in our planning and service area, consisting of nine cities and towns in the northeast of Massachusetts, SeniorCare Inc. has established goals and objectives through its Strategic Plan and the AAA Area Plan for 2010-13.

SeniorCare's second goal: *SeniorCare Inc. will provide effective and efficient services; develop innovative programs; and meet the needs of consumers and the diversity within the communities it serves,* combines with the ACL's four major focus areas of: utilizing the Older Americans Act Core Programs, ACL Discretionary Grants, Participant-Directed/Person–Centered Planning; and Elder Justice programming and activities to develop a comprehensive, coordinated and cost-effective system of home and community-based services that help elderly individuals maintain their health and independence in their homes and communities. The following are SeniorCare Focus Areas that are a part of meeting that goal.

The Administration for Community Living's focus area of integrating the Older Americans Act Core Programs within the ACL's discretionary programs is evidenced in SeniorCare's goals and objectives as they are presented below.

Administration for Community Living Focus Area: ACL Discretionary Grant Programs that support community living enabling seniors to remain in their own homes with high quality of life as long as possible and empower older people to stay active and healthy.

SeniorCare Goal #1:

- To inform, educate, and empower elders, their caregivers and others to maintain their health, well-being and independence in the community through Evidence-Based programming.

SeniorCare Objectives:

- Train a minimum of two additional staff to provide evidence-based programming.
- Provide a minimum of one additional evidence-based program choice.
- Expand outreach of evidence-based programming to additional markets.

Measures:

- Number of staff trained.
- Number of elders, caregivers or others receiving evidence-based programming
- Pre and post testing administered to evaluate outcomes

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III C, D and E, Nutrition, Disease Prevention/Health Promotion; Caregiver Program

SeniorCare Needs Assessment Identified Focus Areas: Maintain Independence; Mental & Behavioral Health; Safety & Security; Nutrition.

SeniorCare Goal #2:

- To inform, educate, and empower elders and others to promote greater community livability on the North Shore through Kiosk-based services.

SeniorCare Objectives:

- Services are offered through community based Kiosks for Living Well.
- Services are provided through technology, volunteers, options counseling, career counseling, and travel coaching.
- Collaboration with ADRCGNS, Inc. members and others to provide the highlighted services.

Measures:

- Number of consumers served
- Number of volunteers trained and engaged
- Pre and post evaluations administered to evaluate outcomes

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- ADRC/SeniorCare Options Counseling

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence; Long Term Service Support; Mental & Behavioral Health; Transportation.

SeniorCare Goal #3:

- Empower individuals and family members to make informed decisions about medical insurance coverage in relation to long-term care services through the Benefits Specialist project.

SeniorCare Objectives:

- Through the Benefit Specialist project an internally developed Mass Health newsletter is distributed to inform care managers of MassHealth options, standards and changes as they affect long-term care service provision.
- Informed Care Managers empower elders, caregivers, low-income, limited English proficient (LEP), minority and socially isolated populations with up to date information for informed choices.
- In collaboration with the ADRCGNS, Inc. provide cross training for staff members through sharing of the newsletter and training.

Measures:

- Number of individuals assisted by the Benefit Specialist Program
- Maintenance of service provision
- Customer satisfaction surveys

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations, caregivers and others.

Core program:

- Title III B, E; Supportive Services, Benefits Specialist; Caregiver Support.

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence; Economic Security; Health Care; Access to Social Assistance Services.

SeniorCare Goal #4:

- Assist older adults and others through providing effective and efficient services and developing innovative programs/resources to meet their needs through partnering with the NeedyMeds prescription and health care assistance program.

SeniorCare Objectives:

- Provide information about prescription and health assistance programs through information and assistance.
- Distribute prescription assistance cards through several venues.
- Promote utilization of the prescription discount card.

Measures:

- Information and Assistance utilization tracking
- Number of SeniorCare designated cards used at pharmacies

Populations served:

- Caregivers; low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III B; Information and Assistance

SeniorCare Needs Assessment Identified Focus Areas:

- Economic Security; Maintain Independence; Health Care; Long-term Service Support; Access to Social Assistance Services.

SeniorCare Goal #5:

- Assist family caregivers and elders through providing effective and efficient services and developing innovative programs/resources to meet their needs.

SeniorCare Objectives:

- Research and update caregiver resources
- Maintain a lending library and distribute upon request
- Directly provide and/or arrange for Alzheimer's Coaching/Habilitation Therapy
- Provide Caregiver Support Groups
- Provide trainings, information sessions, and presentations to caregivers and others.

Measures:

- Lending library utilization tracking
- Referrals for Coaching/Therapy
- Caregiver Support Groups Satisfaction Surveys

Populations served:

- Caregivers; low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III E; Caregiver Support

SeniorCare Needs Assessment Identified Focus Areas:

- Caregiver Support; Economic Security; Maintain Independence, Housing; Mental and Behavioral Health; Safety and Security, Long-term Service Support; Transportation; Access to Social Assistance Services; Nutrition.

SeniorCare Goal #6:

- Assist older adults through providing effective and efficient services and developing innovative programs/resources to meet their needs through the provision of medical transportation.

SeniorCare Objectives:

- Provide medical transportation trips for older adults
- Work closely with ADRCGNS, Inc. supported Mobility Links and other transportations providers to identify appropriate transportation options
- Maintain a volunteer driver base to provide medical transportation

Measures:

- Number of elders served
- Number of trips provided
- Number of trips referred
- Client Satisfaction Survey

Populations served:

- Low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III B; Transportation

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence, Transportation.

Participant-Directed/Person-Centered Planning Focus Area: Participant-directed services that are home and community–based that help people of all ages across all types of disabilities maintain their independence and determine for themselves what mix of personal assistance supports and services work best for them.

SeniorCare Goal #7:

- To empower elders and others to make informed decisions about their available options for long-term care, housing, personal services and the mix of personal assistance supports and services that work best for them through Options Counseling.

SeniorCare Objectives:

- An Options Counseling Coach provides information, support, and follow-up of choices to individuals about services and supports.
- Provide non-therapeutic interventions either short-term or as needed.
- Provide 30 day follow-up call.

Measures:

- Number of individuals accept service
- ADRCGNS, Inc. Satisfaction Survey

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III B, C, D, E; Support Services; Nutrition; Caregiver Program; Evidence-based Disease and Disability Prevention Programs; ADRCGNS, Inc./SeniorCare Options Counseling

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence; Long Term Service support; Transportation; Access to Social Assistance Services; Caregiver Support; Nutrition.

SeniorCare Goal #8:

- To empower elders and others to make informed decisions about their available options for long-term care, housing, personal services and other through the Comprehensive Screening & Service Program (CSSM), Money Follows the Person program and nursing facility Section Q Program.

SeniorCare Objectives:

- Maintain relationships with nursing facilities to identify elders interested in participating in the program
- Create an email grouping between social workers of nursing facilities and SeniorCare to communicate directly
- Contact identified elders
- Elder signs informed consent that initiates plan of action.

Measures:

- Number of individuals assisted/successful completions
- Quality of Life survey : 30 day prior/11 month post/24 months post

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III B, C, E; Support Services; Nutrition; Caregiver Program

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence; Long Term Service support; Transportation; Access to Social Assistance Services; Caregiver Support; Nutrition.

SeniorCare Goals #9:

- To empower elders and others to make beneficial choices through Care Transitions as they transition from one setting to another between physicians' offices, hospitals and rehabilitation institutions to help prevent re-hospitalizations.

SeniorCare Objectives:

- Provide Care Transitions through trained Options Counselors in physician's offices, hospitals and rehabilitation centers and in elder's homes.
- Provide Coleman coaching with standardized methodology.
- Assist elders and others to make choices for their well-being as they transition from one setting to another.

Measures:

- Number of individuals assisted
- Follow-up calls to Coleman coaching participants at 30, 60, & 90 day intervals post coaching to determine satisfaction with the coaching and whether a hospitalization had occurred during the identified intervals.

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III B, E; Support Services, Caregiver Program; ADRC/SeniorCare Options Counseling

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence; Long Term Service support; Transportation; Access to Social Assistance Services; Caregiver Support.

SeniorCare Goal #10:

- To empower elders and others to make informed choices about their available options to purchase services for home care, personal care and other goods and services through the ECOP Independence Plus program.

SeniorCare Objectives:

- On-going care management staff training that emphasizes the participant-directed/person-centered planning model
- Through supervision encourage utilization of the ECOP Independence Plus (ECOP-IP) and State Home Care Consumer Directed program
- Through the Risk Review Committee consider the utilization of the ECOP IP and State Home Care consumer directed program
- Through team work collaborations share the success stories of ECOP IP utilization

Measures:

- Number of individuals enrolled
- Client satisfaction survey

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title III B, Information and Referral

SeniorCare Needs Assessment Identified Focus Areas:

- Maintain Independence; Long Term Service support; Transportation; Access to Social Assistance Services; Caregiver Support; Nutrition.

Elder Justice Focus Area: Planned efforts to prevent, detect, assess, intervene and/or investigate elder abuse, neglect, and/or financial exploitation.

SeniorCare Goal #11:

- To assist older adults to remain independent in their residences through responding to reportable conditions of abuse, neglect and exploitation of the most vulnerable individuals.

SeniorCare Objectives:

- Through trained staff, reports of abuse, neglect and/or financial exploitation will be received and screened.
- Where indicated screened in reports will be investigated by protective services staff.
- When allegations have been substantiated interventions will be provided as indicated and appropriate referrals will be made for risk reduction.

Measures:
- Number of reports received.
- Number of cases screened in for investigation
- Number of substantiated cases opened for on-going services.
- Number of referrals to district attorneys' offices.

Populations served:
- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:
- Title VII Elder Rights/Protective Service Programs

SeniorCare Needs Assessment Identified Focus Areas:
- Economic Security; Mental & Behavioral Health; Safety and Security.

<u>SeniorCare Goal #12:</u>
- To assist older adults to remain independent in their residences through community collaborations, trainings and presentations focused on the detection, assessment and intervention of abuse, neglect and/or financial exploitation.

SeniorCare Objectives:
- Through partnering with community based coalitions, including law enforcement, provide education about prevention and detection of elder abuse and neglect.
- Provide on-going trainings to mandated reporters to help identify risk factors and indicators of abuse.
- Provide presentations to elders and others to educate them about financial exploitation, fraud and scams.
- Refer to legal assistance programs as appropriate.

Measures:
- Number of coalitions attended
- Number of trainings provided and participants trained
- Number of presentations provided and participants trained
- Participant evaluations

Populations served:
- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:
- Title III B, Title VII; Legal Services, Elder Rights/Protective Service Programs

SeniorCare Needs Assessment Identified Focus Areas:
- Economic Security; Mental & Behavioral Health; Safety and Security.

<u>SeniorCare Goal #13:</u>
- To assist older adults to remain independent in their residences through victim support activities.

SeniorCare Objectives:
- Work closely with local police, district attorney's offices and victim witness advocates to assist in prosecuting offenders.
- Work to keep victims engaged throughout the process.
- Seek 19-A protective orders as appropriate.

- Support the victim through legal processes by attending court related cases as appropriate.
- Provide on-going collaboration and assistance for cases as appropriate.

Measures:

- Number of cases as evidenced by case documentation

Populations served:

- Living alone (isolated elders); low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title VII Elder Rights/Protective Service Programs

SeniorCare Needs Assessment Identified Focus Areas:

- Economic Security; Mental & Behavioral Health; Safety and Security.

SeniorCare Goal #14:

- To assure residents of area licensed facilities of their rights through providing Long Term Care Ombudsman services.

SeniorCare Objectives:

- Provide on-site visits to elders and others.
- Monitor per Title VII regulations.
- Support elders and other to remain part of the community.

Measures:

- Number of visits completed.
- Rights monitored.
- Systems monitored.
- Monitor closure of licensed long term care homes.

Populations served:

- Low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Programs:

- Title VII Elder Rights/Protective Service Programs, LTC Ombudsman Program

SeniorCare Needs Assessment Identified Focus Areas:

- Economic Security; Mental and Behavioral Health; Safety and Security, Long-term Service Support.

SeniorCare Goal #15:

- To assist older adults to remain in their homes through bill paying and/or representative payees Money Management Program service provision.

SeniorCare Objectives:

- Through assigned money managers eligible elders will be provided with bill payer or representative payee services.
- In the process of assistance suspected financial exploitation will be reported to protective services.
- Working with financial institutions to assistance elders with banking and/or other debt related exploitation including adherence to the Massachusetts"18-65" law where appropriate.

Measures:

- Number of individuals assisted by the Money Management program

- Amount of savings realized through tracking of the bill payer activities
- Customer satisfaction surveys

Populations served:

- Low-income elders; minority elder populations; socially Isolated populations, including limited English proficient elders, LGBT populations and others.

Core Services:

- Title VII Elder Rights/Protective Service Programs, Money Management

SeniorCare Needs Assessment Identified Focus Areas:

- Economic Security; Maintain Independence, Housing.

The above noted SeniorCare Focus Areas bring emphasis to those programs, projects and services that address and incorporate the Administration for Community Living focus areas and the Executive Office of Elder Affairs mission, vision and goals. SeniorCare provides many other valued and beneficial programs and services that go beyond the scope of this ACL Focus Area/EOEA state planning request.

###

Attachment P: SeniorCare Inc. Annual Report/Financials, September 25, 2012

Statement of Financial Condition (June 30, 2012, Unaudited)

Total Assets	$ 2,627,567
Cash & Reserves	$ 893,900
Other Current Assets	$ 1,508,570
Total Assets	$ 2,627,567
Current Liabilities	$ 1,276,920
Total Revenues	$11,503,074
Current Year Surplus	$ 74,125
Percent Current Year Surplus/ Total Revenues	0.64%

SeniorCare manages its funds judiciously...
Approximately 90% of every dollar is used
to help our consumers remain independent.

Our programs are funded in whole, or in part,
by contracts with, or grants from, the
Massachusetts Executive Office of Elder Affairs
and other funding sources.
www.800ageinfo.com
1-800-AGEINFO

SeniorCare's Form 990 is available for viewing
at:

SeniorCare is a Massachusetts Aging Services Access Point, and a federally designated Area Agency on Aging.
We are a 501 (c) (3) non-profit corporation, thus contributions are tax deductible.

Translation available.