

OLD COLONY PLANNING COUNCIL
AREA AGENCY ON AGING



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PLANNING COUNCIL

2022-2025 Area Plan on Aging

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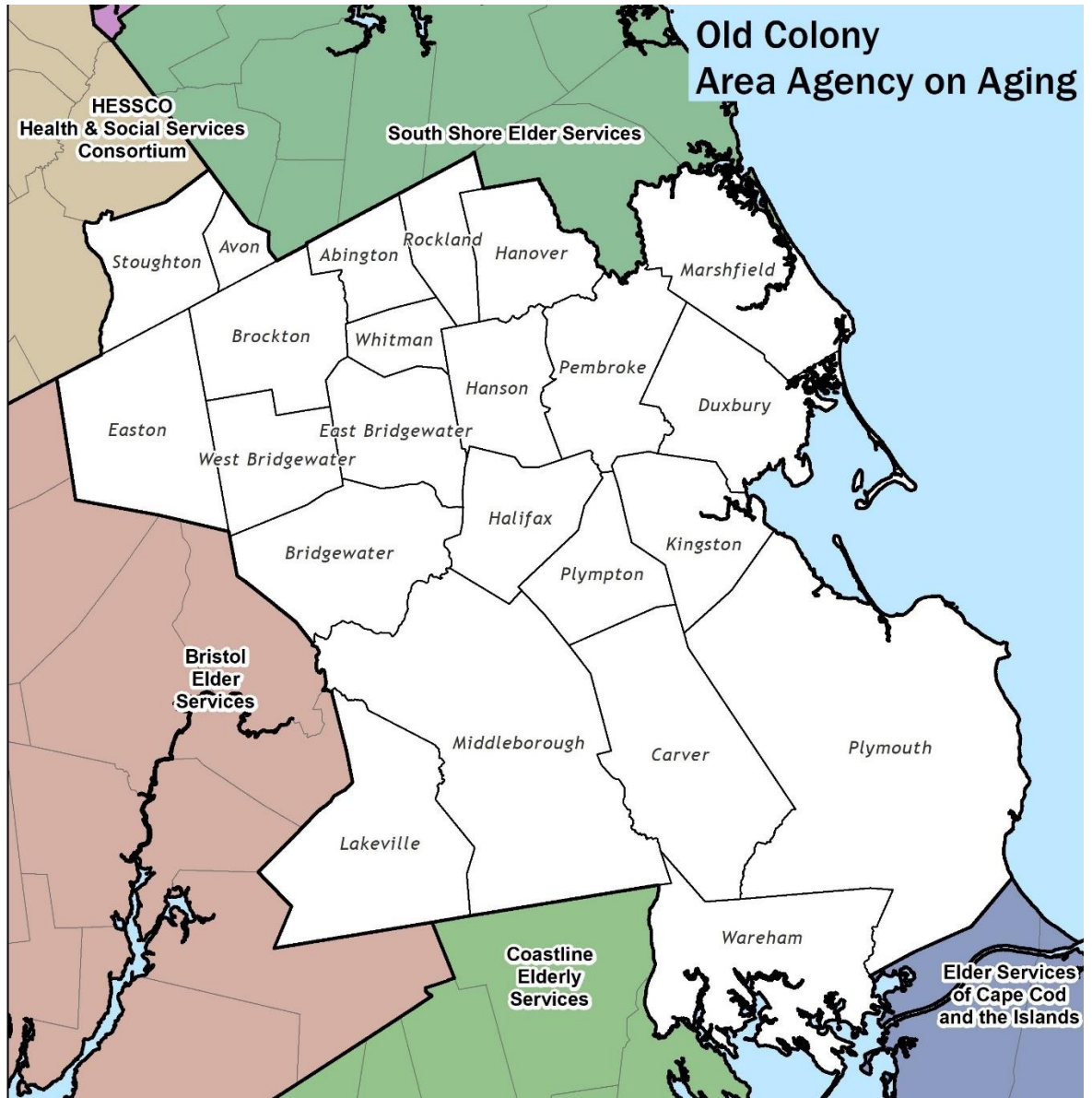
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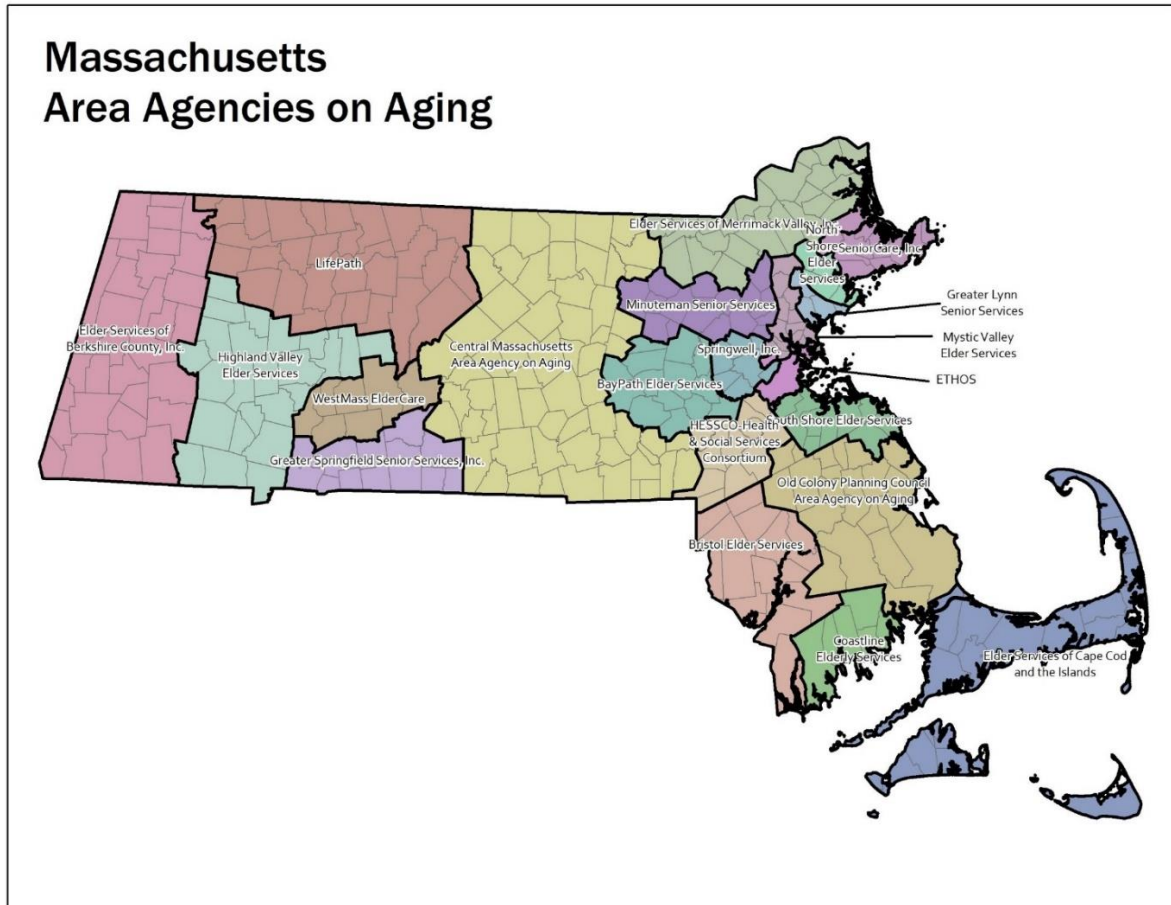
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Executive Summary:

Introduction:

The Old Colony Planning Council-Area Agency on Aging (OCPC-AAA) is the designated entity responsible for administering Older Americans Act (OAA) funding in a 23-community region in Southeastern Massachusetts. We are partners with the Massachusetts Executive Office of Elder Affairs (EOEA), the U.S. Administration on Aging within the Administration for Community Living (ACL), and numerous public and private organizations and individuals that comprise the elder service network.

Our mission and purpose are driven by the vision of EOEA and ACL: *“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...and to ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity.”*

Needs Assessment:

Part of our responsibility as an AAA is to maintain a comprehensive understanding of the greatest unmet or under-met needs of elders who reside in the region. This is accomplished through various means, including surveys of provider agencies and older people. Our most recent 2021 elder needs assessment project identified the following as significant needs for elders in our region:

1. Mental Health*
2. I & R - Finding Supportive Services**
3. Transportation
4. Finding Leisure & Recreation Activities
5. Affordable Housing

***Mental Health (a combined 49.5% on our needs assessment survey) included a combination of: Anxiety, Depression, Confusion, and memory loss.**

****I & R (Information & Referral – a combined 39% on our needs assessment survey) included help with: Benefit forms, Legal Assistance, Long-Term in-home services, and Caregiver information.**

ACL Focus Areas:

In addition to the Title III funded service goals, the OCPC-AAA also works as a partner with various organizations in seeking to address the focus areas established by the ACL. Specifically, the OCPC-AAA seeks to address the needs of target elders in relation to OAA core programs, ACL discretionary grants, participant-directed/person-centered planning, and elder justice. We do so by requiring responding agencies to specify their plans for providing identified services to target group elders in the region. This Area Plan provides a detailed explanation of our efforts to address the established focus areas; either directly with Title III funded programs and services, and/or indirectly with administrative support to other agencies and programs working on these focus areas.

Area Plan Goals and Objectives:

Using the findings from the needs assessment, in conjunction with mandates from the OAA, and focus area concentrations established by the ACL, the OCPC-AAA has established the following service priorities for OAA funding for the region:

- Transportation
- In-Home Health and Supportive Services
- Supportive Community Services to Targeted Populations
- Legal Services
- Long Term Care & Assisted Living Services
- Regional Nutrition Services (Cong & Home Delivered)
- Medication Management/Healthy Living Services
- Mental Health & Reduction of Social Isolation
- Regional Family Caregiver Support

The OCPC-AAA places an emphasis on meeting the needs of “Target Group” elders in the region, defining target groups as elders who are low-income, minority, have limited English-speaking ability, disabled elders, and older people suffering from different forms of dementia, and their caregivers.

Our request for proposal process establishes minimum standards for addressing specific target group service provision requirements, and outlines goals for responding agencies in meeting the service requirements for the region. Proposals that do not meet this standard are not considered for funding.

Quality Management:

All Title III funded programs are required to maintain a level of performance and service that is monitored on an ongoing basis by the OCPC-AAA. Monitoring is accomplished by regular contact with grantee agencies, review and analysis of monthly program performance reports and funding requisition requests, and annual site visits. With this system, we monitor and track program performance in relation to the agency proposal and OCPC-AAA’s expectations for performance.

2022-2025 Area Plan on Aging

Introduction:

The Old Colony Planning Council is the designated Area Agency on Aging (OCPC-AAA) for the 23-community region in Southeast Massachusetts known as Region IV-A. The OCPC-AAA is a working partner with the Massachusetts Executive Office of Elder Affairs (EOEA), and the federal Administration on Community Living (ACL). Through our role in this partnership, we seek to promote and advance the mission and vision of the ACL and EOEA:

“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” (ACL)

“To ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity” (EOEA)

These two brief statements describe the purpose, role, and focus of the OCPC-AAA.

The OCPC-AAA is one small part of an extensive network of government and private agencies, organizations and individuals that comprise the elder service network. This is a complex network of different programs and services, administered under different rules, guidelines, and eligibility criteria. Despite the complexity of the network, the above stated mission and vision provide a simple, straight-forward path for the efforts and focus of the network.

With this 2022-2025 Area Plan on Aging, we seek to outline our role and function in the Massachusetts elder service network and provide a framework for achieving the goals of the mission and vision statement. This Plan presents a detailed explanation of our most recent elder needs assessment process, the goals, and partnerships for addressing the focus areas of the ACL, the OCPC-AAA Area Plan goals, and objectives for the next four years, and a summary of the quality management measures used to monitor program and agency performance.

Needs Assessment Process:

The OCPC-AAA is responsible for administering Older Americans Act (OAA) funding in Greater Plymouth County. As part of this responsibility, we seek to maintain an ongoing understanding of the needs and issues facing older people from throughout the region. We accomplish this in various ways, including maintaining an understanding of existing elder service agency experiences and demands, the types of requests for information and assistance that different information and referral sources receive, the mandates and requirements of the OAA, and most importantly, the views, perspectives and needs of elders from the region. One method of gathering information directly from older people is to conduct periodic needs assessment surveys in the region. With gracious logistical help from our partner, Old Colony Elder Services, our most recent regional Needs Assessment (NA) project was conducted in late 2020 and early 2021 using Survey Monkey online. Responses were accepted in both electronic and paper formats, with the hardcopy responses then input into Survey Monkey for consolidated reporting. 40% of all survey responses collected were electronic. This occurred across an impressive range of ages. **A complete report of the 2021 Needs Assessment project will be available on the OCPC web site (ocpcrpa.org) and using the following link:**

<https://www.surveymonkey.com/results/SM-37BFC2LY9/>

(Hover over link, right click and hit control to open the hyperlink to the survey)

The survey process identified the following as some of the greatest, most pressing needs of elders in the region:

- 1. Mental Health***
- 2. I & R - Finding Supportive Services****
- 3. Transportation**
- 4. Finding Leisure & Recreation Activities**
- 5. Affordable Housing**

*Mental Health (a combined 49.5% on our needs assessment survey) included a combination of: Anxiety, Depression, Confusion, and memory loss.

**I & R (Information & Referral – a combined 39% on our needs assessment survey) included help with: Benefit forms, Legal Assistance, Long-Term in-home services, and Caregiver information.

OAA/ACL/EOEA - AAA Focus Area Coordination

The foundation from which OCPC-AAA Focus Area Coordination builds upon includes:

Older Americans Act Core Programs - Integrating AAA and Statewide goals with ACL Focus Areas provides that Older Americans Act core programs target the following populations to assist older individuals with the greatest economic and social needs:

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

ACL Focus Areas - To meet the needs of OAA target populations, the Administration for Community Living established the following Focus Areas and associated pillars (in italics):

1. **Older Americas Act Core Programs** – *Supporting families and caregivers.*
2. **Participant-Directed/Person-Centered Planning** – *Connecting people to resources.*
3. **Elder Justice** – *Protecting rights and preventing abuse.*

Elder Affairs Goals – As a means to update and further support the serving of OAA target populations and the development of ACL Focus Area programs, Elder Affairs formulated the following goals:

1. **Support aging in community, including supporting age-friendly and dementia-capable communities.**
2. **Prepare for evolving demographic trends and support the care-force.**
3. **Empower healthy aging.**
4. **Prevent injury, violence, and exploitation of older adults.**
5. **Strengthen a “no wrong door” approach to aging and disability services**
6. **Ensure quality, person-centered and community-based care through data-driven, evidence-informed methods.**

Elder Affairs Values – To add context in support of AAA chosen services to provide-assistance for OAA target populations and the development of responses for furthering of ACL Focus Areas, Elder Affairs has also articulated the following Values: **We value growing older.**

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

Sources of Comparative Data:

There was an interesting demographic parallel between age responses from the OCPC Needs Assessment (NA) project and Elder Affairs supplied “I&R - Call Trend data,’ both local and statewide. As shown below these disparate collections of data showed very-similar age category responses. This consistency across multiple forms of data collection supports and validates the needs expressed in a ‘Participant-Directed/Person-Centered Planning’ fashion by and for older individuals, those of any age with a disability and from the care-force.

<p>OCPC Needs Assessment (NA) Responses by age group:</p> <p>Under 60 3% Age 60 + 97% Age 75 + 58% Age 85 + 20%</p>	<p>Vs.</p>	<p><u>Old Colony & State Call Trend</u> Responses by age group:</p> <p>Under 60 8% Age 60 + 92% Age 75 + 53% Age 85 + 20%</p>
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Elder Index *Measuring the income older adults need to live independently*

Another interesting and very-powerful resource to help as an economic needs-identifier is the

UMass Boston – Center for Social and Demographic Research on Aging’s:

‘Elder Index,’ which is a dynamic tool developed over the past five years through the UMB School of Gerontology and partner organizations. Individuals responsible for the report include Jan Mutchler, Yang Li, and Ping Xu.

“The Elder Index allows researchers to tailor the adequacy measure to the elderly while still providing a relatively simple way to evaluate retirement security.”

—Congressional Budget Office (2017). [Measuring the adequacy of retirement income: A primer.](#)

One way the Elder Index is used is as a tool to help support and even validate the need for both OAA Core Programs and the ACL’s associated ‘Participant-Directed/Person-Centered Planning’ focus area approach.

As articulated on the www.ElderIndex.org website: “The **Elder Index**, a tool developed by the Gerontology Institute, is a measure of the income that older adults need to meet their basic needs and age in place with dignity. The Index is specific to: Household size, Location, Housing tenure, and health status.

Its metrics include the costs of:

- Housing
- Health care
- Transportation
- Food
- And Miscellaneous essentials

To learn more, go to: <https://elderindex.org/about>.

Comparing Local and National Data:

The Elder Index uses local and national comparative data for regional older adult costs-of living.

PLYMOUTH COUNTY, MA Example:

In this example, the Elder Index shows that a Plymouth County, MA couple who own their home and happen to be in good health would need earnings of \$54,480 per year in-order to meet the Elder Index threshold for being “Economically Secure.”

The UMass Elder (2020) Index in Plymouth County, MA for a couple who their home is: \$54,480/ year, which is 124% of the national average of \$43,776.

Miscellaneous (Couple)	\$564
Food (Couple)	\$498
Transportation (Couple)	\$395
Good health	\$1,130
Housing (Owner, mortgage)	\$1,953

Total = \$4,540 Per Month X 12 = \$54,480 Annually

Comparing OCPC-AAA Needs Assessment income data to the Elder Index demonstrates that responses to the Needs Assessment income question, including that of its highest of eight of the category response choices, of someone who makes between \$39,640 and \$44,120 annually, is not necessarily ‘economically secure.’ Boston is a wonderful city in many ways, but this adds to the narrative about how expensive Boston and similar metropolitan areas can be for those in retirement; further quantifying and demonstrating the need for Supportive Services for older adults and those who may have a disability in our region and beyond.

OCPC – Area Agency on Aging - Area Plan Goals and Objectives:

In keeping with Older Americans Act (OAA) target populations and core programs, Administration for Community Living (ACL) directed intra-State focus areas, and Massachusetts Executive Office of Elder Affairs (Elder Affairs) goals and values. The Old Colony Planning Council Area Agency on Aging (OCPC-AAA) has established the following Service Priorities for the 2022 – 2025 Area Plan on Aging:

- Transportation
- In-Home Health and Supportive Services
- Supportive Community Services to Targeted Populations
- Legal Services
- Long Term Care & Assisted Living Services
- Regional Nutrition Services (Cong & Home Delivered)
- Medication Management/Healthy Living Services
- Mental Health & Reduction of Social Isolation
- Regional Family Caregiver Support

The focus areas of service are similar-to those identified over the past twenty-five years in the region, reflecting the nature of ongoing but also ever-evolving needs.

The basis for OCPC-AAA 2022-2025 Area Plan Focus Area priorities is a synthesis of building blocks from the OAA and ACL, as well as Elder Affairs goals and guidance on existing demand for assistance. At the same-time it is also based upon input from provider agencies and older adults themselves via the 2020-2021 OCPC-AAA developed regional Needs Assessment (NA).

Supportive and Home & Community Based Services - Title III-B

The majority-of Title III funding that is administered by the OCPC-AAA goes to programs designed or intended to address the needs of “target population” groups. For example, 65% of standard Title III-B funding (\$234,000) is applied to the categories of In-home Health and Supportive Services, Legal Services, and Supportive Services to Target Populations. Programs funded under these categories have specific target population goals (low-income, minority, economically and socially isolated), and specific unit of service provision requirements. Most of the service provision from these service categories is to elders in the identified target groups.

The OCPC-AAA currently provides limited funding (\$10,000) to one minority-owned and operated agency (Cape Verdiana De Brockton) for the specific purpose of outreach and assistance to minority elders in Brockton and surrounding communities. Also, the OCPC-AAA provides approximately \$7,000 in Title III-B funding for the purpose of subsidizing the cost of Social Day Program attendance for low-income elders (low-income, isolated). Additionally, the OCPC-AAA provides funding to support the Dorn-Davies Senior Center, a private, non-profit agency that is housed in one of the public housing high-rise facilities in Brockton. This program serves target population elders (low-income, minority, socially and economically isolated) from Brockton and surrounding communities.

Additionally, the OCPC-AAA provides funding for emergency assistance and service to disabled elders. In FFY 2020, the OCPC-AAA provided approximately \$131,000 in standard Title III-B funding for these two service categories. It is noted that in the category of emergency assistance, most of the funding (90%) was used for critical financial assistance to ensure basic survival (heating oil, food, medication). The emergency assistance program is for elders who are in emergency situations that cannot be addressed through any other sources. One of the newer services covered by the OCPC funded emergency assistance program includes finding of alternative transportation, such as rides through Lyft, via our regional partner Old Colony Elder Services (OCES). It is our contention that the elders served through this program all fall into one of the “target population” categories.

The OCPC-AAA believes that the current service priorities for the region reflect some of the most critical, unmet, or under-met needs of the “target population” elders in the region. It is our hope and expectation that existing programs will continue to strive to meet the needs of the target groups, with the understanding that any increase in Title III- funding will include an increase in service provision, where possible.

Healthy Living - Title III-D - The 2022-2025 OCPC Area Plan priorities reveal establishment of Medication Management/Healthy Living as a formal category of Evidence-based Disease and Disability Prevention Program (DDPP) priorities for the region. The establishment of this priority is based on ongoing need and demand for such service and activity in the region. During FFY 2020, the OCPC-AAA provided 100% of our standard III-D allocation (\$28,693) for the purpose of funding medication management/Healthy Living. Unfortunately, during most of FFY 2020 due to Covid-19, senior center, and other closures, which prevented some Medication Management/Healthy Living programs from being able to run.

The OCPC-AAA views *Medication Management/Healthy Living* as a critically important component of the community-based supportive service system in our region. Feedback from clients and providers continually highlight the importance and necessity of this type of assistance for helping to keep some of the most at-risk elders living in their own homes in as safe and reasonable a manner as can be provided. While the OCPC-AAA has established the DDPP category of *Medication Management* as a priority in the region, for funding purposes through our partner Old Colony Elder Services (OCES), we also acknowledge the value and importance of *Healthy Living* as another type of DDPP including such courses as: Healthy Eating for Successful Living in Older Adults, A Matter of Balance, Chronic Pain Self-Management, and newer evidence-based programs such as Memory Training. A further listing of such programs from OCES can be found at: <https://healthyliving4me.org/programs/>.

1. Participant-Directed/Person-Centered Planning:

As an organization dedicated to advocating for the needs and rights of older persons, the OCPC-AAA wholeheartedly supports the concept of participant-directed/person-centered planning and service/care decision making (PDPC). We believe that all decisions regarding community-based care and support, to the extent possible, should be made by the older person. It is our expectation that all Title III funded programs in the OCPC-AAA region will continue to give elder participants final decision-making authority in terms of whether to receive service, the type and amount of service, the specific details of the service plan, etc. That said, not all community-based programs and services lend themselves well to PDPC. For example, limited funding often limits the amount of service available. Also, eligibility criteria for different programs and services will often limit who can receive service, and the extent of service that can be provided. Nevertheless, the OCPC-AAA supports the concept of allowing older persons the latitude to choose what is best for them.

2. Elder Justice:

As an Area Agency on Aging, the OCPC-AAA views elder justice issues as paramount to the work of the aging network. Too often, the frailest, most vulnerable older people in our society are harmed and/or exploited by others. The OCPC-AAA supports the efforts of all the different components of the network of elder justice providers (Adult Protective Services, law enforcement, LTC Ombudsman, legal assistance, etc.) to address such issues. While the OCPC-AAA does not provide Title III funding for all these different components, we wholeheartedly support their efforts and are always willing to work in partnership to eliminate abuse, neglect, and exploitation.

The OCPC-AAA currently administers the Title VII, Long-Term Care Ombudsman (LTCO) program for our region. With Covid-19, FFY 2020 statistics were almost non-existent due to visitation not being allowed at any of the area skilled nursing facilities for 10 of the 12 reporting months. To provide a contrast for the sake of context, during FFY 2019 the OCPC LTCO provided approximately 1,700 visits with residents in 31 different facilities in the region. The program is staffed by 1.5 FTEs, and 14 volunteers. The FFY 2019 program responded to and helped resolve 190 cases from consumers dissatisfied with quality of care in the facilities. The program expects a return to generating similar service provision levels in future years.

Funding for the Ombudsman program changed during FFY 2020 as well when the OCPC-AAA supplemented its allocation for Ombudsman services with federal CARES act funding provided due to Covid-19. Funding was further extended in FFY 2021 through the American Rescue Plan Act (ARPA). The OCPC LTCO believes strongly in the purpose and mission of the program, and most importantly the impact that the work has on the lives of the residents. The program empowers residents by providing advocacy, support, guidance, and problem resolution. More importantly, the program helps to provide residents with peace of mind and a sense that they remain important and valued members of the community.

As noted, the OCPC-AAA does not provide funding for the Adult Protective Services (APS) program in our region, which is handled directly by our local Area Services Access Point (ASAP) partner, Old Colony Elder Services, but our LTC Ombudsman program maintains ongoing referral relationships with Adult Protective Services, local law enforcement, the Attorney General's office, and others.

Looking forward

In recognition of a history of strong commitment to Elder Justice in the Old Colony region the OCPC-AAA-LTCO was honored to be identified as one of three Regional State sites to oversee the expansion of the State Assisted Living Facility (ALF) Ombudsman program. There will be 1 FTE with the plan to recruit and train volunteers. Utilizing approximately \$96,000 in budgeted funding the program will provide advocacy, support and empowerment to all Assisted Living residents and their families and ensure their rights as valued members of our communities. The program will encompass 64 assisted living facilities in the areas served by four other ASAP's that will include Cape Cod Elder Services, Coastline, Bristol Elders and HESSCO.

The OCPC-AAA will be providing \$125,000 in Title III-B for Legal Services in our region in FFY 2022. This amount represents about 30% of all non-Covid-19 related Title III-B funding available to the region. This high percentage of funding for legal assistance is, in part, driven by State requirements, but is also a reflection of the importance of this type of assistance for a region like ours that has a large concentration of low-income and minority elders.

In FFY 2020, the Legal Services program provided legal assistance to 143 unduplicated elders. Of the elders served, 22% were minority, 19% were low-income minority, and 62% of all clients served were low-income. The main categories for legal assistance were in the areas of housing (46% of all cases), public benefits (14% of all cases), and health and consumer issues including Bankruptcy (5% of all cases).

Even beyond Covid we anticipate similar if not higher service provision levels for the upcoming fiscal years due to Covid-19 economic repercussions. It is our contention that the legal issues addressed and resolved by the legal assistance program would not have been resolved favorably for the elder without the assistance provided by the program. It is also our contention that the formal avenue to justice for elders provided through the program is an absolute necessity for our region. We continue to view the Legal Assistance program as one of our most important and impactful Title III funded programs in the region.

Old Colony Elder Services Feedback for the MA State Plan on Aging, 2022-2025

As part of the regional response to the ACL established focus areas, the OCPC-AAA asked our elder service network partner **Old Colony Elder Services (regional ASAP)** to provide a summary of their activities and efforts relative to the issues identified, including the influences of Covid-19. Their responses are provided here, as follows.

Title III/Person -Centered Care planning Focus Area:

1. The Family Caregiver Support Program:

- Music & Memory (M&M)– This will continue to be offered as this programming reaches caregivers in a creative way, OCES continues to have two people from Healthy Living (HL) completing caregiver assessments as part of the M&M protocol. M&M is non-threatening, and it increases referrals to FCSP. M&M is an intervention that can be used universally – there are no cultural or language barriers.
- Savvy Caregiver – This evidence-based class will continue to be offered as it reaches additional caregivers and provides significant support to caregivers of loved ones with dementia, helping to keep older adults in the community.
- Due to COVID-19, OCES has converted in-person FCSP Programming into a virtual program. OCES currently has one caregiver support group that is offered via zoom.

2. The Nutrition Program:

- Kennedy meal site- This meal site was closed for a few months during COVID-19 but was re-opened as a Grab & Go site to support older adults living alone, low-income older adults, minority older adults and socially isolated populations. Our plan is to reopen this as a Community Dining site, when approved by the City of Brockton and Board of Health. Ideally, OCES will continue to offer the Grab & Go meals once the Community Dining site is reopened, as an additional option to reach additional older adults. Providing more opportunities to get meals into the community helps fight malnutrition.
- Culturally-focused initiatives – The Haitian meal site is on hold due to COVID-19 but plans to reopen as soon as state guidelines can allow; the Caribbean meal program has continued to provide Grab & Go meals throughout COVID-19 closures. These meal options serve all the populations identified in the AAA focus area except for #4 and #5. Our plan is to provide Caribbean Home Delivered Meals (HDM) to the older adults in the Brockton area as a pilot program as OCES is currently serving one Brockton Housing Authority site only. Brockton has the largest group of minority

older adults which is why the Pilot will be focused on Brockton to start.

Opportunities for additional support will be pursued as they arise.

- Nutrition Education – Virtual Nutrition education presentations are scheduled throughout our catchment area, regardless of whether they are OCES meal sites. Printed Nutritional education material is distributed with Home Delivered Meals. Individual in-home consultations are conducted, when needed.
- Community Dining sites are offering Grab & Go meals in place of in-person dining. In-person dining is closed due to COVID-19; we plan to re-open the dining sites when approved and possibly continue limited Grab & Go.

3. The Healthy Living Programs:

- Honoring Choices (HC)- (Title IIID supports several Healthy Living expenses) - With 2 certified Honoring Choices facilitators, we will continue to offer group presentations. In FFY 21, we will expand internally to training Home Care CMs. HL is funded in part by Title III and HC supports Person-Centered Planning.
- Healthy Living presentations have been offered as virtual trainings during COVID-19. This has reached a new group of older adults in the community that did not attend the in-person trainings and has resulted in more trainings being offered/completed. We plan to continue with virtual, as well as in-person trainings, if approved.
- A new Memory Training presentation is being offered. In addition, more fall prevention trainings are offered. This will continue with our goal to support older adults in the community, allowing them to live safely in the community longer.

4. The Home Care Program:

- Home Care (HC) staff/I&R staff participated in BU CADER courses.
- I&R/Options Counselor's (OC) and Transition staff completed ACL No Wrong Door/PCCTP courses.
- OCs provide short term assistance with consumer-directed decision support. We would like to expand this program to work with more hospitals to support safer discharges home.
- OCES is member of ADRC SE SM and supports No Wrong Door and Person-Centered Counseling (PCC). ADRC supports all ages; older adults, individuals living with disabilities and their caregivers.
- OCES has SHINE certified benefits advisors.
- HC also has experience administering/delivering person centered planning through the Consumer Directed Care (CDC) delivery option and the Veteran's Independence Plus (VIP) programs that offer individualized flexible care planning.

- Experience collecting consumer satisfaction data and incorporating feedback into practice.
- Transitions staff have successfully participated in Money Follows the Person (MFP) to promote safe transitions from skilled nursing facility care to community living with LTSS, incorporating consumers' needs and preferences.
- HC/Transitions staff has Partnered with Patient Ping to receive real-time admission and discharge notifications to ensure services are reinstated promptly upon discharge home.

Elder Justice:

1. The Protective Services Program:

- All PS staff have completed trainings provided by EOEA in the following areas: Alzheimer's Disease and Related Dementias (ADRD); Introduction to Massachusetts Elder Protective Services; Massachusetts Elder Protective Services Investigation Training; Massachusetts Elder Protective Services Legal Issues; and Massachusetts Elder Protective Services Risk Assessment. PS Staff will continue to complete these required trainings as they become available from EOEA.
- PS staff has responded to the COVID-19 pandemic by adjusting how they conduct in person visits. Staff bring extra/additional PPE to provide to the consumers when they visit. PS staff has also been conducting virtual visits with consumers when appropriate and accessible to the Consumer. PS staff will continue to offer virtual visits to consumers as an alternative way to maintain contact.
- PS staff has recently partnered with Public Guardianship Services (PGS) and is able to utilize them in certain cases where the consumer needed a guardian or conservator. PS staff will continue with this partnership moving forward to ensure consumers who are high risk have the appropriate representative to maintain their care and wellbeing.
- PS staff will continue to work with PCSPC Plymouth County Suicide Prevention coalition to provide trainings on suicide prevention.
- PS staff are members of the Plymouth County Outreach HUB. The HUB is a collaborative group consisting of members from local law enforcement, hospitals, behavioral health providers, and various other community agencies. The goal of the HUB is to assist individuals and families who are dealing with behavioral health and refer them to appropriate services and resources. This has helped enhance OCES and PS relationships with community organizations and providers.
- OCES's Protective Services training has been recorded on video and disseminated to agency providers and within OCES. This has been helpful to get more individuals trained since it can be shared via email as opposed to before

when staff had to be present for a live-in person training. In addition, this training has been translated in many other languages to meet our service areas linguistic needs.

- OCES is a founding member of The Brockton Area Hoarding Task Force (GBAH) which meets regularly to share community resources and educational events. This collaboration assists PS staff with effective strategies to engage with consumers with hoarding concerns from a Person-centered planning perspective while using a harm reduction model. The GBAH also utilizes the interdisciplinary model to have other agencies representatives brainstorm solutions and offer referrals and guidance. The Buried in Treasures (BIT) support group has been successfully held virtually via zoom due to COVID-19. Our Consumer Advocate Program assists with being a member of the task force and works closely with PS and HC to assist with these difficult hoarding cases. We will continue with professional outreach for the GBAH on the topic of hoarding.
- OCES PS promotes elder justice issues by sponsoring two events in the greater Brockton and Plymouth areas to recognize World Elder Abuse Awareness Day and bring awareness to the communities. This has also helped enhance OCES and PS relationship with local law enforcements for collaboration, trainings on Protective Services and Elder Abuse, mandated reporting, and consultation. We have done a mass emailing campaign for our consumers that receive HDM's to assist with educating them on the signs and symptoms of elder abuse. This event was held virtually in 2020 as we were in the height of the COVID-19 pandemic. Participants used an online forum to post pictures of themselves wearing purple and holding signs that displayed what they do to assist older adults or bring awareness to the issue of elder abuse. OCES will continue to recognize WEAAD awareness to build awareness in the community.

2. The Nutrition Program:

- MAMOW Driver Training video– This is a Nutrition Program initiative that relates to “Elder Justice” and has been rolled out to all volunteers and employee drivers and is part of on-going Nutrition Program Driver Training. It addresses all procedures including the safety check and reporting issues/problems to Meal Site Managers (MSM).
- Meals on Wheels – Continuing and expanding MOW contributes to the focus on elder safety by providing for regular contact with older adults.

Ways we would like to expand programming in Title III/Person -Centered Care Planning if we had additional Funding:

1. Nutrition Program:

If we had additional funding, we would like to expand the nutrition program in the following ways:

- Some of the COA's that have their own program are not able to offer meals 5 days/week. We would be interested in exploring how to supplement this.
- We would like to target more of the cultures we serve to offer culturally sensitive/appropriate meals. We have done this very successfully with a 2x/week Caribbean meal and we have 1 Haitian Meal site, but we would like to expand and increase the types of cultures served and offer at more housing locations to ensure accessibility to these meals. We would need access to additional funding to do this in a sustainable manner.
- Increase access to nutritionally fresh foods.
- Create a grocery program to include providing one week of shelf stable food to prepare meals; addressing social isolation created by COVID-19 and food insecurity.
- Continue Grab & Go as an option to provide additional older adults with meals to combat social isolation and food insecurity. Expand to meal sites at housing units.
- Improve the Nutrition program through technology by purchasing a program to electronically provide route sheets for meal delivery drivers, notification of when a meal was delivered, status on when a consumer can expect their meal and provide immediate notification of consumers not at home. An example of this is ServTracker.
- Expand employment opportunities by adding staff to the growing Nutrition program. We would need additional funds to sustain the new positions.

2. The Home Care Program:

If we had additional funding, we would expand the HC Program to offer:

- Additional financial supports for individual's w/ disabilities under age 60
- We would expand our abilities to meet the unmet needs for housing and funding to preserve housing.
- Additional assistance with the extreme costs associated with hoarding situations and preservation of housing.
- Reduce the cost of transportation.
- Expand transportation resources.
- Expand resources to address socially isolated older adults, including limited English proficient older adults.

- Support aging in place resources/services with increased access to LTSS services or social supports identified by consumer that are not funded through ASAP contracts.
- Increase dementia friendly communities.
- Access to affordable health care and medications
- Additional assistance with the extreme costs associated with the preparation and fumigation of Bedbug treatment and assistance with replacement furniture and household items.
- Additional funding for in-home mental health and substance abuse professionals.

Ways we would like to expand Elder Justice programming:

1. The Protective Services Program:

If we had additional funding, we have identified ongoing needs in the following areas that we would like to develop:

- Emergency shelters for older adults.
- Providing tablets or other technological devices to consumers to conduct virtual meetings.
- Additional funding/financial assistance associated with the high costs it takes to resolve housing issues as-a result of hoarding and/or bed bug/pest infestation.
- Develop a partnership with patient advocates or geriatric care managers to assist consumers who need an advocate to help them navigate the complexities of multiple medical diagnoses and the varying information that is provided by their different specialist doctors.
- Develop & distribute domestic violence resources/supports specifically for older adults.
- Develop and partner with others on substance abuse centers that are specific to meet older adults' needs.
- Expand resources to address loneliness/socially isolated older adults, including limited English proficient older adults.
- Expand and partner with others on mental health trainings for staff and community.

Attachments A through J:

Attachment A: Area Agency on Aging Assurances and Affirmation

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

Section 306, Area Plans

Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency,

with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

(I) identify the number of low-income minority older individuals in the planning and service area;

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach

activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of

funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

Old Colony Planning Council

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

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

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

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

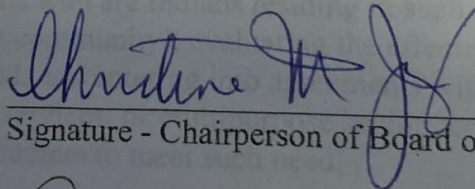
(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

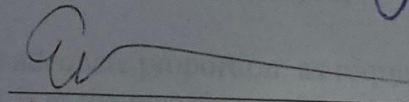
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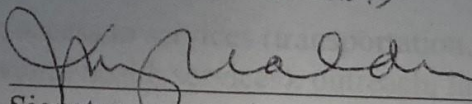
9/8/21
Date


Signature - Chairperson of Board of Directors

9/3/21
Date


Signature - Chairperson of Area Advisory Council
EMILY WILLIAMS

9/3/21
Date


Signature - Area Agency on Aging Executive Director
Mary Waldron

Attachment B: Area Agency on Aging Information Requirements

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

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

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

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

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

Response: The Older Americans Act (OAA) identifies the following target groups: Older Individuals with the greatest economic need and social need, with particular attention to low-income minority elders and rural elders, older individuals with limited English-speaking ability, older individuals with severe disabilities, and older individuals with Alzheimer’s Disease and related disorders. In keeping with the language and intent of the Older Americans Act, The OCPC-AAA seeks to provide Title III funding for services and programs that address the needs of older persons in the all the target groups noted above. Our strategy is to identify and engage agencies and individuals in the region who have unique access to and/or involvement with older persons in the target groups.

Sources:

<https://www.census.gov/quickfacts/fact/table/plymouthcountymassachusetts/PST045219>

And – American Community Survey

<https://data.desertsun.com/american-community-survey/plymouth-county-massachusetts/population/hispanic/yty/05000US25023/area/>

The OCPC-AAA region is comprised of 23 communities, with a total population of 515,303 persons. The U. S. Census indicates that there are 126,913 persons aged 60 and over in the region, and 10,588 persons aged 85 and over. Plymouth County Census data estimates indicate the approximate ethnic composition of the region to be as follows:

Caucasian =	84.2%
Black =	11.7%
Native American =	less than 1% (0.3%)
Asian=	1.6%
Native Hawaiian and Other Pacific Islander	less than 1% (0.1%)
Some Other Race=	6.2%

(American Community Survey, 2019)

The highest concentration of low-income and minority persons is in the greater Brockton Area. With the Brockton area having the greatest concentration of target populations for the region, and the greatest number of older persons in the region-as a whole, the OCPC-AAA seeks to provide funding to agencies and programs in the area that can most effectively address the needs of the identified target groups.

As such, the OCPC-AAA provides grant funding to organizations that are uniquely suited for this role. Some examples of agencies and programs that receive funding for specific target population services are Catholic Charities South, Cape Verdian Association, the LIFE Center, the Dorn-Davies Senior Center (part of Brockton Area Multi-Service Inc, known as BAMSI), Old Colony Elder Services Emergency Assistance, and Legal Services. Each of the agencies identified above have clientele that are comprised primarily of target group older individuals. For example, the Cape Verdian Association is a well-known and trusted resource for a significant portion of the Cape Verde immigrant population, including older individuals. The LIFE Center is an organization dedicated to serving disabled persons of all ages. The Dorn-Davies Senior Center is a service agency located in one of the elder high-rise public housing facilities in the city with a large concentration of target population older individuals. All these agencies have been in the Brockton area for over 20 years and have a history of service to the target groups. Each of these agencies has submitted a proposal to the OCPC-AAA identifying specific service objectives for the FFY 2022 year. These objectives, which are summarized in Attachment F of this document, comprise the OCPC-AAA service objectives for target populations for the upcoming year. Total service unit projections (objectives), by agency, are identified below:

- Catholic Charities South – In the past year, during the pandemic CC provided 1,181 units of service and served 614 people in Elder Outreach and 1,829 units of service and 664 elders in the Volunteer Home Visitation program, respectively. This occurred in 12 different communities and included 7 elder housing locations. Their 2022 goal is to serve to 650 unduplicated elders, 450 of whom will be low-income and/or minority.
- Cape Verdean Association – 650 units of service (various categories including education, translation, I &R, and advocacy) to 60 unduplicated elders, all of whom will be low-income and minority.
- LIFE Center – 1250 units of service (various categories) to 28 unduplicated elders, all of whom will be low-income and disabled (based on older data).
- BAMSI - Dorn-Davies Senior Center – 21,700 units of service (various categories including: nutrition, mental health/reduction of social isolation, as well as supportive services to target populations) to an estimated 3,100 unduplicated elders (64% women), all of whom will be low-income and 2,000 of whom will be low income and minority.
- OCES Emergency Assistance – Providing a wide variety of in-home and community-based supportive service assistance, including among many other things the prevention of eviction. This will include about 900 units of combined emergency assistance or outreach services to 255 elders or adults with disabilities, with an estimated 100 being low-income elders and 35 low-income minority elders.

- Legal Services – South Coastal Counties Legal Services seeks to assist about 200 unduplicated older individuals with legal assistance in 2022. All 200 individuals are expected to be low-income elders, and 40 of that number (about 20%) are estimated to be low-income minorities.

Predictions on the determination of low-income status and minority status are based on the past experience of the agencies and programs identified. Low-income status is often estimated.

The OCPC-AAA does not suggest or imply that the Title III funded programs identified above are able to address and remedy all needs of the identified target populations. Nor does the OCPC-AAA suggest that all persons served under these programs are from the identified target groups. It is simply our contention that these agencies and programs are the best option available for trying to address the needs of the target groups.

It is critically important to note that because the OAA prohibits means testing for Title III services, it is simply not possible to guarantee that the most economically needy older individuals are served. Title III resources are limited, service is provided on a first-come-first-served basis, and to the extent possible, no one over the age of 60 can be denied service. As such, limited resources will only go so far, and they may not go far enough to address all the needs of target group older individuals.

No portion of the OCPC-AAA region (Region IV-A) is considered rural.

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

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

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

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

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

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

Response: Most, if not all-of the mechanisms and methods for assuring that the OCPC-AAA will A- satisfy the service needs, B- providing services to, and C- meet the objectives of the area agency on aging for such provision of services to:

- low-income minority individuals,
- older individuals with limited English proficiency, and

- older individuals residing in rural areas [as germane] within the planning and service area are being provided for through the ‘provider/agency service agreement,’ which call for monthly or quarterly reporting of the numbers and diversity of those served and the programs and services provided to them.
- Going forward the OCPC-AAA will also undertake to review our provider agreements and make modifications to further assure of the communication of these mechanisms for each provider.

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

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

Response: As noted, the OCPC-AAA places emphasis on the target populations identified by the OAA, including disabled elders. This segment of the elder population is a growing concern for the network, as is evidenced by the establishment of the Aging and Disability Resource Centers (ADRC’s). Additionally, the OCPC-AAA currently provides limited Title III funding to two (2) agencies/programs that specifically serve disabled elders. These agencies/programs include the Living Independently for Equality (LIFE) Program in Brockton that provides recreation, socialization, education, and transportation if needed to the program, and meals to wheel-chair bound people from Brockton and surrounding areas. This program serves disabled persons of all ages, including people over the age of 60. The OCPC-AAA has historically also provided limited grant funding to New England Homes for the Deaf (NEHD) for the operation of a regional deaf senior center located in Quincy. Although this center is out of our geographic region, we have deaf seniors from our area that attend the center regularly, although NEHD informed us recently that they would not be applying for Title III funding in FFY22. In addition to the two programs identified above, all other Title III funded programs and services are expected and encouraged to address the needs of disabled elders, to the extent possible. The OCPC-AAA supports the efforts of OCES and their Southeast Coalition in striving to provide Disease Prevention/Health Promotion services. More information about the OCES efforts is included in the body of the Area Plan.

OAA Section 306 (a)(6) - Describe the mechanism(s) for assuring that the AAA will:

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

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

Response: The OCPC-AAA is one component of a very large, diverse elder service network in the region. The most important and critical component in this mix are the views and opinions of needy elders. The OCPC-AAA views the perspective of older people as our primary and guiding principle. We solicit their views through public hearings, advisory committee participation, and regional needs assessments. The OCPC-AAA priorities are shaped and guided by a variety of sources including past needs, provider feedback, and mandates and focus areas of the Administration for Community Living (ACL) and the Executive Office of Elder Affairs (EOEA). However, the most important perspective will always be that of the older people of the region.

This service network is comprised of public and private organizations, both for profit and non-profit. This network includes the local councils on aging (COA's), the regional Aging Service Access Point (Old Colony Elder Services), hospitals, physicians, nursing homes and rest homes, home health agencies (VNS's), day programs, and many others. The most important component of this network is the elders themselves. All of these component parts have a voice and/or opinion regarding policies and operations of elder services. The OCPC-AAA welcomes and encourages public input on all matters related to elder issues.

While the OCPC-AAA does not have administrative or decision-making authority over partner agencies, we view our relationship with them as one of cooperation and support within the entire network. Ultimately, in the view of the OCPC-AAA, the elder service network is working towards the same goal: keeping elders safe, healthy, and independent in their homes and communities for as long as possible, hopefully for the remainder of their lives. We view this as the ultimate goal of the elder service network and seek to support this notion and advocate for the policies that best achieve this goal. Ultimately, we view the highest level of authority and influence in the elder service network as EOEA. EOEA has credibility, influence, and impact greater than the OCPC-AAA. As such, we forward our comments, perspectives, and opinions to EOEA as the filter, and ultimately, the appropriate entity for all formal advocacy, public comment, and legislative efforts. As part of our responsibility, the OCPC-AAA continually seeks input from Advisory Committee members, OCPC Board of Directors, provider agencies, and most importantly, the older people of the region. When and where appropriate, we forward such comments and perspectives to our network legislative advocate, Mass Home Care, and EOEA.

OAA Section 306 (a)(7) - Include information describing how the AAA will: (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

(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;

Response: As noted, the OCPC-AAA is one component of a much larger, diverse network of providers and agencies that serve older people in the region. The consensus amongst the elder service network, as is confirmed by numerous academic studies, is that people wish to remain independent, in their own homes for as long as possible. The State of Massachusetts has taken a proactive approach to this matter, with most of the service network working to ensure that community-based care and support exists in the manner and volume that can sustain the community-first philosophy. The network that exists operates under different rules, regulations, and guidelines, depending on the agency and service. The OCPC-AAA does not necessarily have decision making authority over the myriad agencies and programs that comprise the elder service network, only Title III related matters relevant to the OCPC-AAA. That said, the OCPC-AAA still has an advocacy role for all older people in the region. To the extent possible, the OCPC-AAA will always seek to support and encourage the further development and refinement of the existing community-based elder care system in Massachusetts. We will lend our voice of support and encouragement, primarily through our affiliation with Mass Home Care and EOE, on matters related to community-based care, as well as committing full support to our elder services partner, Old Colony Elder Services (OCES), for their 'Family Caregiver Support Program' efforts, with a solid understanding that it is the preference and desire of most citizens to remain in their own homes for as long as possible.

The OCPC-AAA will also continue to support the efforts of agencies and individuals that seek to deliver Disease Prevention/Health Promotion services and programs to the older people in the region. As noted in the body of the Area Plan, our most significant partner in the elder service network, OCES, continues to make strides in providing such services. When and where appropriate, the OCPC-AAA will also consider funding requests for such activities.

OAA Section 306 (a)(10) - Describe the procedures for assuring that the AAA will: (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

Response: The OCPC-AAA maintains a grievance procedure for older individuals dissatisfied with or denied services funded by Title III that is similar to our appeal procedure for agencies claiming to be aggrieved in the OCPC-AAA Request for Proposal and funding process. Our procedure for older individuals dissatisfied with or denied service funded by Title III is as follows:

Any individual who is dissatisfied with or denied service funded under Title III has the right to bring a formal complaint to the attention of the OCPC-AAA. The complaint can be filed formally with the Administrator of the OCPC-AAA, either by written copy or digital copy. The OCPC-AAA Administrator will investigate the matter, seeking input and details from both the individual with the complaint and the agency or program that is in question. After a review of all materials related to the complaint, the OCPC-AAA Administrator will meet with the individual to seek resolution. If, in the eyes of the OCPC-AAA Administrator, a Title III grantee agency

has made a mistake or has intentionally mistreated an older individual, the OCPC-AAA Administrator will prepare formal notification informing the Grantee agency of a finding that constitutes an unacceptable action by a Title III funded program, and the action must cease if the agency wishes to continue as a Title III agency. The OCPC-AAA will request a formal plan of action from the grantee agency explaining their efforts and/or steps to be taken to ensure that the same of similar problems will not arise in the future.

This policy is in place with the explicit understanding that Title III funded agencies and programs are not unlimited in their ability and resources to provide service. This policy is also in place with the explicit understanding that all information and relevant opinions, from all parties, are considered when making an administrative decision regarding dissatisfaction with or denial of service

OAA Section 306 (a)(11) - Describe the procedures for assuring that the AAA will: (11)

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

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

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

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

Response: The OCPC-AAA region (Region IV-A) does not contain a significant population of older Native Americans in our planning and service area, which primarily intersects with Plymouth County, Massachusetts.

OAA Section 306 (a)(17) - Describe the mechanism(s) for assuring that the AAA will:

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. Response: The OCPC-AAA is housed within a Regional Planning Agency (RPA). We are the only RPA in Massachusetts that is also designated as an Area Agency on Aging. We are proud of this exclusive designation and believe that our background in regional planning offers us a unique and advantageous position when it comes to disaster preparedness and response.

Historically, this goes as far back as FFY 2005, when OCPC received a contract from the Department for Homeland Security to develop disaster preparedness planning data (DPPD) for vulnerable populations in the OCPC-AAA district. At that time, the outcome was a CD-based product that provides software and digital data layers regarding the twenty-three (23) communities within the AAA Region of Southeastern Massachusetts. Data layers included in this project were:

- Vulnerable Populations (developed by OCPC)
- MHD Road Inventory 2005 (developed by MassGIS)
- AAA Region of 23 Communities (developed by MassGIS)
- Surrounding Communities (Massachusetts Cities and Towns, developed by MassGIS)

All data layers could be queried by each point, line segment or polygon, or by selecting a geographic area (circle, polygon, and rectangle). Each query allowed first responders access all data pertinent to each digital location with a click of the mouse.

Based on the work of this project, OCPC began formal participation in the Disaster Preparedness efforts in the region. Since that time, OCPC has continued to stay in touch with relevant State and local resources. More recently OCPC has worked through the Massachusetts Executive Office of Energy and Environmental Affairs to help communities in the Old Colony region become aware of the and certified through the ‘Municipal Vulnerability Preparedness (MVP) program. When a community becomes certified through the MVP program, in addition to increasing its own knowledge and awareness for emergency planning purposes, it may also be eligible for assistance to develop resources to improve its own resiliency, including in more recent years, the effects of climate change. The OCPC-AAA views our role in the elder service network, and indeed the whole community service network, as flexible and open-ended. We are willing and able to help whenever and wherever possible and appropriate, as determined by local and State authorities.

OAA Section 307 (a)(11)

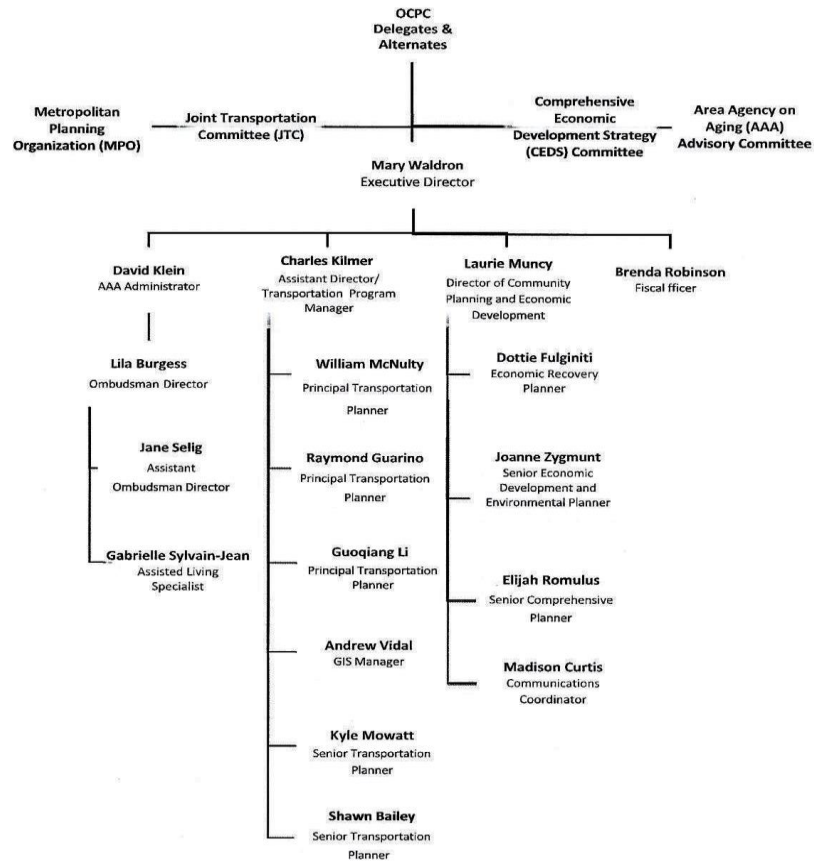
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following: (E) ...contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Response: Yes, please accept this response as assurance that the OCPC AAA has the highest regard for the need for legal assistance in the areas of income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

The OCPC AAA will continue to work with our Legal Assistance partner agency, South Coastal Counties Legal Services, to make sure that its attorneys prioritize these aforementioned areas of needed assistance, especially for low-income older adults and low-income older minority adults in our region.

Attachment C - Org Chart: Old Colony Planning Council

**Old Colony Planning Council
Organizational Chart
2021**



Attachment D:

AREA PLAN ON AGING, 2022 - 2025			
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2022			
Area Agency on Aging :		Old Colony Planning Council	
Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Steven Santeusano		Abington	Delegate
Frank Staffier		Avon	Delegate
Sandra Wright	Secretary	Bridgewater	Delegate
Sydne Marrow		Brockton	Delegate
Peter Spagone, Jr.		East Bridgewater	Delegate
Jeanmarie Joyce		Easton	Delegate
Joe Campbell		Hanson	Delegate
Valerie Massard, AICP		Kingston	Delegate
Rebecca Colletta		Pembroke	Delegate
Lee Hartman, AICP		Plymouth	Delegate
Christine Joy	President	Plympton	Delegate
Douglas Sylvestre	Treasurer	Stoughton	Delegate
Eldon F. Moreira		West Bridgewater	Delegate
Fred Gilmetti		Whitman	Delegate
Troy E. Garron		At-Large	Delegate
Alex Hagerty		Abington	Alternate
John Costa		Avon	Alternate
Preston Huckabee, PE		Brockton	Alternate
George D. Wadsworth		Duxbury	Alternate
Philip Lindquist		Hanson	Alternate
Paul Basler		Kingston	Alternate
Daniel Trabucco		Pembroke	Alternate
Forrest Lindwall		Stoughton	Alternate
Daniel Salvucci		Whitman	Alternate
	35%	Percentage of the Board that are 60+ years of age.	
	8%	Percentage of the Board that are minority persons.	
	4%	Percentage of the Board that are 60+ and minority persons.	

Attachment E:

AREA PLAN ON AGING, 2022 - 2025			
Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2022			
Area Agency on Aging:		Old Colony Planning Council	
Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Suzanne Djusberg, COA Director		Abington	Town/COA Appointed
Emily Williams, COA Director	Chair	Bridgewater	Town/COA Appointed
Janice Fitzgerald, COA Director		Brockton	Town/COA Appointed
Connie Kelly, COA Director		Carver	Town/COA Appointed
John Rutkowski		Duxbury	Town/COA Appointed
Joanne Moore, COA Director		Duxbury	Town/COA Appointed
Nancy Hill, COA Director		East Bridgewater	Town/COA Appointed
Josephine Schofield		Halifax	Town/COA Appointed
Darlene Regan, COA Director		Halifax	Town/COA Appointed
Tammy Murray, COA Director		Hanover	Town/COA Appointed
Mary Collins		Hanson	Town/COA Appointed
Paula Rossi-Clapp, COA Director		Kingston	Town/COA Appointed
Kelly Howley, COA Director		Lakeville	Town/COA Appointed
Carol Hamilton, COA Director		Marshfield	Town/COA Appointed
David Singer		Middleborough	Town/COA Appointed
Holly Begley, COA Director		Middleborough	Town/COA Appointed
Gretchen Emmetts, COA Director		Pembroke	Town/COA Appointed
Michelle Bratti, COA Director		Plymouth	Town/COA Appointed
Colleen Thompson, COA Director		Plympton	Town/COA Appointed
Andrew McCarthy		Rockland	Town/COA Appointed
Marylin Mather, COA Director		West Bridgewater	Town/COA Appointed
Mary Holland, COA Director		Whitman	
	50%	Percentage of the Advisory Council that are 60+ years of age. *	
	0%	Percentage of the Advisory Council that are minority persons.	
	0%	Percentage of the Advisory Council that are 60+ and minority persons.	

Attachment F:

AREA PLAN ON AGING, 2022 - 2025							
Form 3 - Designated Focal Points - Federal Fiscal Year 2022							
Area Agency on Aging:		Old Colony Planning Council					
Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
Abington COA	441 Summer Street	Abington	X		X	X	
Avon COA	65 East Main Street	Avon	X		X		
Bridgewater COA	10 Wally Kruger Way	Bridgewater	X		X		
Brockton COA	10 Father Kenney Way	Brockton	X		X	X	
Duxbury COA	10 Mayflower Street	Duxbury	X		X	X	
Dorn-Davies Senior Cen	1380 Main Street	Brockton	X		X	X	
East Bridgewater COA	355 Plymouth Street	East Bridgewa	X		X	X	
Halifax COA	506 Plymouth Street	Halifax	X		X		
Hanover COA	665 Center Street	Hanover	X		X		
Hanson COA	132 Maquan Street	Hanson	X		X	X	
Kingston COA	30 Evergreen Street	Kingston	X	X	X	X	
Lakeville COA	One Dear Crossing	Lakeville	X		X	X	
Marshfield COA	230 Webster Street	Marshfield	X		X	X	
Middleborough COA	558 Plymouth Street	Middleborough	X		X	X	
Easton COA	15 Barrows Street	Easton	X			X	
Pembroke COA	144 Center Street	Pembroke	X		X	X	
Plympton COA	5 Palmer Road	Plympton	X		X		
Rockland COA	317 Plain Street	Rockland	X		X		
Plymouth COA	44 Nook Road	Plymouth	X		X	X	
Carver COA	48 Lakeview Street	Carver	X			X	
Stoughton COA	110 Rockland Street	Stoughton	X		X	X	
Wareham COA	48 Marion Road	Wareham	X	X	X		
West Bridgewater COA	97 West Center Street	West Bridgewa	X		X	X	
Whitman COA	16 Hayden Avenue	Whitman	X		X	X	

AREA PLAN ON AGING, 2022 - 2025									
Form 4a - Title III-B Funded Services - Federal Fiscal Year 2022									
Programs Funded in Whole or in Part by Title III-B									
Area Agency on Aging: Old Colony Planning Council									
FUNDED SERVICES	E/OEA Use Only	Title III Funding Category	Direct Service Status (Y/N)	Goal Number	NAPIS Code #'s (1 to 131)	Priority Svc 'A', 'I', 'L', 'O' (&)	Provide Evidence-Based Program in Use (as applicable)	FFY2022 FUNDING - PLANNED	
								Title III Award	Non-Title III Funding
PROVIDER									
Brockton Area Multi-Services, Inc.		B	N	1	10	O		\$ 2,125.00	\$ 8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	12	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	13	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	14	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	22	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	32	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	35	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	36	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	41	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	43	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	48	O		2,125.00	8,244.00
Brockton Area Multi-Services, Inc.		B	N	1	19	O		2,125.00	8,244.00
Bridgewater Council on Aging		B	N	1	89	O		4,000.00	3,900.00
BB Speech Therapy		B	N	1	23	O		8,200.00	7,874.00
Cape Verdian Association		B	N	1	13	O		3,000.00	18,564.00
Cape Verdian Association		B	N	1	14	O		3,000.00	18,564.00
Cape Verdian Association		B	N	1	31	O		3,000.00	18,564.00
Cape Verdian Association		B	N	1	37	O		3,000.00	18,564.00
Cape Verdian Association		B	N	1	19	O		3,000.00	18,564.00
Catholic Charities South		B	N	1	13	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	14	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	33	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	35	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	36	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	37	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	41	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	43	O		6,111.00	6,532.00
Catholic Charities South		B	N	1	19	O		6,112.00	6,532.00
Duxbury Council on Aging		B	N	1	10	A		3,000.00	91,767.00
East Bridgewater Council on Aging		B	N	1	89	O		1,000.00	8,195.00
Lakeville Council on Aging		B	N	1	12	O		1,500.00	3,000.00
Lakeville Council on Aging		B	N	1	14	O		1,500.00	3,000.00
Living Independently for Equality		B	N	1	10	A		1,400.00	17,602.00
Living Independently for Equality		B	N	1	13	O		1,400.00	17,602.00
Living Independently for Equality		B	N	1	14	O		1,400.00	17,602.00
Living Independently for Equality		B	N	1	31	O		1,400.00	17,602.00
Living Independently for Equality		B	N	1	32	O		1,400.00	17,602.00
Marshfield Council on Aging		B	N	1	10	A		1,875.00	8,282.00
Marshfield Council on Aging		B	N	1	94	O		5,625.00	8,282.00
Middleborough Council on Aging		B	N	1	10	A		1,750.00	104,166.00
Middleborough Council on Aging		B	N	1	94	O		5,250.00	104,166.00
Old Colony Elder Services		B	N	1	3	I		2,520.00	614.00
Old Colony Elder Services		B	N	1	10	A		12,600.00	3,068.00
Old Colony Elder Services		B	N	1	48	I		100,800.00	24,550.00
Old Colony Elder Services		B	N	1	19	I		10,080.00	2,455.00
Old Colony Planning Council		B	Y	1	10	A		0.00	30,000.00
Plymouth Center for Active Living		B	N	1	14	O		7,000.00	277,352.00
Plymouth Center for Active Living		B	N	1	19	O		7,000.00	277,352.00
South Coastal Counties Legal Services		B	N	1	11	L		123,500.00	29,472.00
South Coastal Counties Legal Services		B	N	1	14	L		1,500.00	358.00
& Priority Services: A - access; I - inhome; L - Legal; O - other.									
Total								\$ 401,200.00	\$ 1,326,399.00

Attachment H

AREA PLAN ON AGING, 2022 - 2025									
Form 4b - Title III-C (1 and 2), D, E and OMB Funded Services - Federal Fiscal Year 2022									
Programs Funded in Whole or in Part by Title III									
Area Agency on Aging:					Old Colony Planning Council				
FUNDED SERVICES	EOEA Use Only	Title III Funding Category (C/D/E/OMB)	Direct Service Status (Y/N)	Goal Number	NAPIS Code #s (1 to 124)	Provide Evidence-Based Program In Use (as applicable)	FFY2022 FUNDING - PLANNED		
							Title III Award	Non-Title III Funding	
PROVIDER									
Old Colony Elder Services		C	N	1	4		\$ 577,377.00	\$ 1,575,000.00	
Old Colony Elder Services		C	N	1	7		192,459.00	525,000.00	
Old Colony Elder Services		D	N	1	60	MDS Daily	11,107.00	7,111.00	
Old Colony Elder Services		D	N	1	65	A Matter of Balance	7,643.00	3,136.00	
Old Colony Elder Services		D	N	1	65	Memory Training	7,643.00	3,136.00	
Old Colony Elder Services		D	N	1	65	Chronic Pain Management	3,821.00	1,567.00	
Old Colony Elder Services		E	N	1			195,582.00	65,200.00	
Old Colony Planning Council AAA		OMB	Y	1			116,813.00	-	
						Total	\$ 1,112,445.00	\$ 2,180,150.00	

Attachment I

AREA PLAN ON AGING, 2022 - 2025	
Form 5 - Title III-E Family Caregiver Services Breakout - FFY 2022	
Area Agency on Aging:	
Old Colony Planning Council	
Based on the AAA FFY2022 Federal Spending Plan, list the Title III-E Budget Total, and provide percentage (%) estimates for the services listed.	\$ 260,782.00
Program Cost	Percentage (%) of Total
All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *	63%
Supervision cost. *	
All respite service costs.	25%
All supplemental service costs. *	3%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	
Administration costs. *	9%
Other (explain on separate attachment)	
Total estimated percentage must equal 100% of Title III-E planning budget.	100%
Projected total * FTE count for Title III-E (breakdown under "Detail" below).	
Detail - Family Caregiver Support Program	
Personnel Position Title	FTE
Healthy Living Coordinator	1.00
Outreach and Education Specialists	2.00
Total FTE	3.00

Attachment J:

Link for Old Colony - AAA Needs Assessment Survey Results:

<https://www.surveymonkey.com/results/SM-37BFC2LY9/>

If the link appears to not open try highlighting it, hitting control, then right clicking and choosing 'Open Hyperlink' on the drop-down menu.