



**Mystic Valley**  
*Elder Services*

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# **AREA PLAN ON AGING**

## **2022-2025**

Submitted to:  
The Executive Office of Elder Affairs  
One Ashburn Place, Boston MA 02108  
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# Mystic Valley Elder Services Area Plan on Aging 2022-2025

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## **Section 1: Executive Summary-Introduction and Agency Overview**

Mystic Valley Elder Services (MVES), a private, nonprofit organization, has a 46-year history of providing in-home and community-based elder care to more than 20,000 individuals annually within a 68-square mile of the north suburban Boston, Massachusetts region. Since the mid-1970s MVES has been the Area Agency on Aging (AAA) for eight communities, and since October 2015, following a merger with the former Chelsea Revere Winthrop Elder Services, the AAA for the 11-community Planning and Service Area (PSA) of Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop.

MVES is one of 22 Area Agencies on Aging in Massachusetts. Established in 1973 under the Older Americans Act (OAA) of 1965 (reauthorized in 2020), Area Agencies on Aging are federally funded with monies that flow through the State Unit on Aging (the Massachusetts Executive Office of Elder Affairs (EOEA)), and are charged with responding to the needs of older adults by providing a range of options, programs, home and community-based services to enable people 60 years of age and older to age in place in their homes and communities.

The Older Americans Act intends that MVES, as the Area Agency on Aging, shall be the leader relative to all aging issues on behalf of older persons in the PSA. This means that the area agency shall proactively carry out, under the leadership and direction of the Massachusetts EOEA, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in each community in the PSA. These systems shall be designed to assist older persons, adults living with disabilities and their caregivers in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

MVES was designated as the Area Agency on Aging for the 11 communities by the EOEA on behalf of the Administration on Aging, an agency under the umbrella of the U.S. Department of Health and Human Services' Administration for Community Living. The communities which constitute the PSA of an AAA are determined by various factors including the population size and geographic distribution of older adults, the incidence of need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, and the distribution of older individuals who have the greatest economic and social need (with particular attention to economically insecure minority individuals) in the region.

As mandated by the Older American Act, MVES has always sought to play a vital role in the service area and serve as the key vehicle for information and resources for elders, individuals living with disabilities and their caregivers. In Massachusetts most AAAs are also state-funded Aging Service Access Points (ASAPs) that provide supportive long-term community-based care to financially insecure elders and federal funding to support a variety of access, legal, in-home and nutrition services for elders of any income level.

Each AAA has a staff position designated as the Planner whose responsibility it is to develop and carry out the AAA's area plan as described in the Older Americans Act. Planning, resource development, and program monitoring are three important components of the Planner's job. At MVES, the role of the AAA Planner is held by the Director of Community Programs.

## **Section 2: Planning and Service Area Profile Context and Needs Assessment**

### **2.1 Area Profile**

MVES PSA is comprised of six cities: Chelsea, Everett, Malden, Medford, Melrose, and Revere and the towns of North Reading, Reading, Stoneham, Wakefield, and Winthrop. Among the six cities, Chelsea is the most densely populated, is one of three cities in the Commonwealth in which the majority of the total population identifies as Hispanic, and is one of four cities in the PSA designated under the General Laws of Massachusetts as a gateway municipality<sup>1</sup>. The other three gateway communities in the PSA are Everett, Malden, and Revere (Attachment K). MVES is one of the largest elder service agencies in Massachusetts, catering to an exceptionally diverse region of the state. More than 70,000 older adults and many more caregivers reside in our service area, representing dozens of ethnic and linguistic groups and a full range of socioeconomic need.

The total population in the 11 cities and towns PSA is 396,007. Twenty-two percent (81,530) is 60 to 80 plus years of age. Twenty-five percent of those living in the five towns are 60 plus while only 18 % of city residents are 60 plus. The town of Stoneham has the highest percentage of older adults (29%) (Attachment L).

Predominate languages among the total population in the 11-cities and towns service area include Arabic, Chinese dialects, French or Haitian Creole, Italian, Portuguese, Russian, Spanish and Vietnamese. The most common languages among non-English speakers and Limited-English Proficient (LEP) elders 60 plus include Chinese, primarily in Malden; French or Haitian Creole, primarily Everett, Malden, and Medford; Portuguese, primarily Everett; and Spanish, primarily Chelsea and Revere. While the overall average for PSA race and ethnicity is 70% White, diversity exists as follows; 18% of Malden is Black, 22% of Malden is Asian, and 67% of Chelsea is Hispanic (Attachment L).

An average of 9% of the PSA residents age 65 plus live below poverty level; Chelsea totals are 19%, Malden 18%, and Revere 13%. An average of 41% of the PSA residents age 65 plus live in rental units; Chelsea totals are 74%, Everett 61%, and Malden 59%. On average, an approximate 3% of elders in the PSA live alone and with depression and 62% report living with four or more chronic health conditions. An estimation for LGBT residents age 60 and older for the PSA ranges from 3.1% to 7.8% (Attachment L).

### **2.2 Community Needs Assessment**

The mission of MVES is to support community life for elders and their caregivers. During November and December of 2020, MVES asked targeted groups of local people to assess what older adults and their caregivers need to “thrive and live well” in the 11 cities and towns (Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop) of the MVES service area. Older adults and caregivers were asked to think about their own individual needs. AAA Staff, partners within the elder services network, and other citizens were asked to consider the needs of the elders they serve and their community neighbors. Through phone interviews, Zoom group meetings, and mailed and online surveys, a total of 622 responses were collected and tallied (Attachment M).

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<sup>1</sup> <https://massinc.org/our-work/policy-center/gateway-cities/about-the-gateway-cities/>

Two Needs Assessment Surveys were implemented, one to reveal concerns regarding older adults in the PSA (Attachment N) and one regarding their caregivers (Attachment O). Nearly all of the potential “Needs” proposed in the checklist registered as some level of concern for respondents. However, certain “Needs” scored as “Very High” and “High” among the greatest numbers of respondents as follows; finding social opportunities to connect with others to relieve social isolation, finding affordable housing, learning about benefits, programs, and services, learning to use email, internet, apps, and digital technology, and finding leisure, social, and recreation activities (Attachments N and O).

Comments documented from the telephone interviews, Zoom meetings, and surveys both confirm survey results and reveal additional patterns of concerns/suggestions and are paraphrased here:

### **Older Adults Needs Assessment Survey**

- There needs to be a better way of making elders aware of programs. There are too many scattered services. We need one place to guide us.
- Getting home-based medical care would be a Godsend.
- More professional and competent vendors for home health aides, personal care workers, and homemakers is a big need.
- Additional options for housing choices is needed so that elders can remain in the communities they consider their hometowns.
- LGBTQ resources should be a top priority.
- Walking Exercise Programs are needed.
- More assistance for families dealing with dementia, please!
- I feel this country needs to do more for the elderly such as affordable health insurance and cheaper prices for prescriptions.
- Transportation for people who do not drive should be addressed. We do not have a bus line in North Reading.
- Create an Elder Advisory Board SOON!

### **Caregiver Needs Assessment Survey**

- The isolation and boredom are deadly. There needs to be some sort of programming on local TV for caregivers and our loved ones to break up the day and keep us busy and having fun. Something that includes music and sing-alongs, interesting topic discussions, chair exercises, audio books, and other activities would be so helpful.
- Legal and financial advice would really help with planning and costs, in other words “funding the care”.
- We have all learned a lot about how to manage caregiving “on the fly”. If we could work together on a “Tips for Caregivers” resource, that would help us and all the new caregivers out there.
- Would love to see a second level of Caregiver Support groups that are smaller and customized for caregivers with the same specific problems. That way we could drill down even deeper!
- Help us to deal with the frequent mood swings that come with this!

Additionally, data pulled from a variety of released SAMS Reports and secondary sources such as the US Census Bureau, confirm many aspects of the MVES profile and needs as revealed by

the Needs Assessment activities. SAMS Reports point to a MVES consumer population experiencing a risk of serious falls and food insecurity; a public seeking help with Companionship/Friendly Visiting, general financial issues, nutrition/food, transportation, Home Care Services, housing, and legal aid; and caregivers with questions about legal advice and applying for MassHealth.

In summary, these Needs Assessment responses, SAMS Reports, various demographic data, and direct feedback from a diverse group of stakeholders all serve as the foundation of the Mystic Valley Elder Services Area Plan for 2022 to 2025. Strategies to address the alleviation of these well-documented needs of local elders and caregivers will include a continuation of longstanding MVES services and programs and the addition of new initiatives to tackle recent concerns.

*All plans will take into account the impact of the current COVID-19 pandemic. COVID disruptions to operations will continue to affect the provision of some services proposed. MVES will continue to deliver needed interventions as able, through alternative versions such as Healthy Aging workshops via Zoom and SHINE Counseling over the phone, all while planning to provide services closer to pre-COVID, in-person methods as restrictions open up and safety guidelines dictate. The effect of COVID on populations, service delivery methods, programs funding levels, and targeted outcomes will indeed shift as we transition through the latest stages of COVID to whatever is beyond. Service delivery activities will be specifically planned to reflect these varying stages and levels and to advance the MVES effort from year 1 to year 4 of the new Area Plan period, 2022 to 2025.*

### **Section 3: Plan Development – Goals and Objectives**

Mystic Valley Elder Services prides itself on being a progressive, mission driven, statewide leader in the field of elder services with a strong vision and commitment to excellence. The vision, goals and objectives of the MVES four-year Area Plan seek to expand upon agency accomplishments and meet new challenges to support family caregivers and empower elders and individuals living with disabilities to maintain their health and independence by serving as advocates and providing leadership and a comprehensive, coordinated, collaborative and cost-effective system of home and community-based services. The plan's overarching goals under the Administration for Community Living focus areas of Older Americans Act Core Programs, Participant-Directed/Person-Centered Planning and Elder Justice combined with Area Agency on Aging and the EOEA commitment to supporting healthy aging among socially insecure/isolated, low-income, minority, and non- or limited-English elders are in concert with MVES' mission, core values, and proven practices.

#### **Mystic Valley Elder Services Mission**

The MVES mission is to support the right of elders and adults living with disabilities to live independently with dignity in a setting of their choice by providing them and caregivers with information, advice and access to quality services and resources.

#### **Mystic Valley Elder Services Core Values**

- Empower people by providing quality choices
- Offer professional, compassionate care
- Encourage excellence and innovation
- Recruit, support and retain the best staff and volunteers
- Embrace diversity and inclusion
- Foster collaborations with consumers, professionals and organizations
- Expect individual responsibility within a team environment

## **Section 4: MVES Area Plan on Aging Strategies and Performance Measures 2022-2025**

This Area Plan for 2022-2025 connects the three Administration for Community Living (ACL) **Focus Areas** to the concerns of the most socially and economically needy populations in the MVES Planning and Service Area and the MVES strategies for addressing those needs.

### **4.1 ACL Focus Area -Older Americans Act Core Programs**

MVES promotes a broad mission to maximize health, wellbeing, and independence for older adults, adults living with disabilities, and caregivers by providing information, advice, and access to a wide range of resources, services and supports.

A high priority need identified in this Needs Assessment Survey, was **“finding social opportunities to connect with others to relieve social isolation”**. One respondent reported, “The isolation and boredom are deadly”. Additionally, an average of almost 32% of elders in this area live alone, with Chelsea elders at 45% living alone.

#### **Goal 1:**

MVES will direct efforts to address the social needs of the significant numbers of isolated people suffering poor health outcomes and emotional distress exacerbated to a serious degree by the recent pandemic and its social distancing requirements. Interventions will connect people to social opportunities that are positive, engaging, and promote overall optimal health.

#### **Strategies and Performance Measures:**

- Expand the developing Social Engagement Program to include elders in the wider service area, in addition to current agency consumers. Along with its Telephone Reassurance Service, add a Card/Letter Sharing activity, an Email Pen Pal opportunity, and Friendly Visitor engagements;
- Continue to cultivate a wide array of worthwhile Volunteer Opportunities that engage older adults in their community and enable them to connect with those in need and the wider world;
- Provide additional support to isolated elders living alone with Home Delivered Meals and bulk healthy, fresh food deliveries, primarily a nutrition and food security intervention, but noted significantly in a SAMS reports that the driver is very often the only person that interacts with the elder and allows them to feel “less lonely”;
- Works towards the further development of virtual Healthy Aging Workshops (for example Matter of Balance and Chronic Disease Self-Management) that can be marketed towards isolated and homebound elders otherwise unable to participate in fun, group activities;
- When CDC guidelines dictate, re-establish the MVES “Mystic Tea’ congregate meal site and social gathering for elder members of the LGBTQ+ population;
- Continue to support and partner with Title III grantee organizations; the Melrose Council on Aging that hosts community social events to reach marginalized groups of elders such as LGBTQ+ and economically disadvantaged people; the Massachusetts Alliance for Portuguese Speakers, the Immigrant Learning Center, and the Greater Boston Chinese Golden Age Center with their social activities and gatherings for LEP elders, and
- Learn about eligible non-profit organizations with programs that address Social Isolation among elders and invite them to apply for Title III funding during the RFP grant cycle.



A second high priority need, identified in this PSA, was **“finding affordable housing”**. Chelsea leads the PSA with 19% of those age 65 and older living below the poverty line and 74% of the total population in renter occupied housing.

### **Goal 2:**

The MVES mission to support community life for elders has at its center, the right of the elder to choose the setting of their own choice and this typically means housing that is affordable, well located, safe, clean, and available. MVES is committed to helping elders in their search for the right housing that will ensure their safe independence in the community.

### **Strategies and Performance Measures:**

- Continue to help elders learn about and apply for affordable housing through the MVES Housing Specialist and other housing support staff;
- Explore potential community partners in the housing field for ways to collaborate and help people referred for housing assistance;
- Consider participation in community advocacy efforts such as the North Suffolk Housing Work Group, and other emerging groups, with similar missions to help people access affordable housing;
- Utilize existing MVES resources, such as transportation services, to maximize people’s ability to navigate the housing search and travel to various sites for example, and
- Continue to connect Title III Grantee Greater Boston Legal Services with MVES Protective Services/Quality Improvement Specialist; elders at risk for eviction due to COVID are shared between the two and assisted so that they have a better chance of retaining the housing they already have.

An additional top priority need revealed by the local needs assessment project was **“learning about and accessing benefits, programs, and services”**. One survey taker commented, “There needs to be a better way of making the elderly aware of programs. There are too many scattered services. We need one place to guide us”.

### **Goal 3:**

MVES strives to provide information that is clear, concise, and easy to find, about a wide range of resources, services, and supports, so that people can make an informed plan about their best life in the community.

### **Strategies and Performance Measures:**

- Develop redefined MVES positions that focus on engagement and outreach in our 11 cities and towns to connect people with information about benefits, programs, and services, including Caregiver resources. Emphasis will be on enhancing the MVES profile in areas of high diversity and LEP to ensure that all citizens have access to help;
- Assist people in need of guidance by providing them with information about benefits and resources through the MVES Information and Referral team, the Options Counseling staff, the COVID Vaccine Information Group, and the SHINE Program counseling;
- Set as a priority with current and potential Title III Grantees, service activities that connect people to information and resources, including technology education classes that teach participants how to research their own resources, organizations, and benefits, as part of the curriculum;

- Collaborate more deliberately with Title III Grantees and other community partners to share information about related resources to encourage mutual referrals and higher enrollment in supportive programs throughout the PSA, and
- In addition to the above noted efforts, direct mail outreach (for example in English and Spanish) to all area elders to inform them of service and program options available along with local print media releases, the use of social media and cable TV to reach out to our target audiences.

When surveyed, local respondents also expressed a strong need to **“learn to use email, internet, apps, and digital technology”** in order to thrive and live well.

#### **Goal 4:**

MVES will continue to enhance the ability of people to live independently by increasing their opportunities to connect virtually from the community to important support systems.

#### **Strategies and Performance Measures:**

- Implement the newly created MVES Technology Access Program (TAP) that will lead the effort to connect elders with technology and all its form, including obtaining devices, instructions on use, and education on the ways to use technology to receive services and telehealth interventions;
- Explore and connect to businesses that can leverage technology resources for elders, such as Comcast and their reduced internet costs for elders;
- Research and refer people to any technology device troubleshooting and IT resources such as the SDM Foundation of Melrose that helps people to use technology to “enrich their lives”;
- Adopt additional aging in place technology as it become available, and
- Partner with current Title III Grantees such as the Eliot Family Resource Center that teaches technology classes for elders and caregivers and continue to learn about new eligible non-profit organizations with similar technology programs and invite them to apply for Title III funding during the RFP grant cycle.

Both elders and their caregivers revealed that **“finding leisure, social, and recreation activities”** are a priority. “There needs to be some sort of programming on local TV for us caregivers and our loved ones to break up the day and keep us busy and having fun. Something with music and sing-alongs and chair exercises would be so helpful”, explained one caregiver.

#### **Goal 5:**

MVES will promote the health and well-being of older adults through access to programs that offer leisure, social, and recreational activities. The higher quality of life derived from such connections contributes greatly to someone’s ability to live independently in the community.

#### **Strategies and Performance Measures:**

- Explore possibilities to offer programming through virtual options, podcasts, and local community access television around areas such as; chair exercises, music/sing-alongs, interesting topic discussions, storytelling/book reading events. Target caregivers and their loved ones, as well as other elders, for these programs;

- Continue to offer Healthy Aging health and wellness programs by increasing its number of virtual options as well as exploring Health and Wellness Toolkits that can be mailed to participants for independent study, and safely distanced versions such as the outdoor Walking with Ease and Tai Chi classes, and
- Partner with Title III Grantees such as the MGH Revere Healthcare Center Senior Wellness Group that offers twice monthly social activities for isolated elders, the Melrose Council on Aging that provides vibrant programming for people in need of community engagement opportunities, and the Malden YMCA with its online version of the Senior Enhanced Fitness Workshops.

#### **4.2 ACL Focus Area -Participant-Directed/Person-Centered Planning**

Mystic Valley Elder Services supports the right of elders and individuals living with disabilities to live independently with dignity in a setting of their choice by providing them and caregivers with information, advice and access to quality services and resources and promotes the individual's ability to maximize their independence through informed decisions and choices regarding services and supports.

Survey comments affirmed that elders want reasonable options so they can plan how to live well in their community and included; "Additional options for housing choices is needed so that seniors can remain in the communities they consider their hometowns", "Transportation for people who do not drive should be addressed and we do not have a bus line here in North Reading, and "Create an Elder Advisory Board SOON"!

#### **Goal 6:**

Enable older adults and individuals living with disabilities to remain in their homes and maintain their independence for as long as possible through the provision of high quality, cost effective proven interventions that meet a wide range of needs in a person's home to support independent living.

#### **Strategies and Performance Measures:**

- Provide and manage access to a variety of in-home and community-based services and ongoing care management including administration of the State Home Care Program, Community Choices Program, Enhanced Community Options (ECOP), MassHealth funded community-based care programs including Adult Day Health, Group Adult Foster Care, Senior Care Options (SCO), PACE and Integrated Care Organizations (One Care);
- Facilitate access, as appropriate, to managed care programs including PCA, AFC and other integrated care programs;
- Provide Long Term Services and Supports (LTSS) to Accountable Care Organization (ACO) eligible elders;
- Offer long-term care options counseling;
- Function as part of the Veterans Independence Plus (VIP) team;
- Provide seamless "no wrong door" access to health and long-term care in collaboration with ADRC and Independent Living Center (ILC) partners;
- Educate and empower individuals to make future health care decisions including discussions with family and advance directives, and

- Deliver the Clinical Care Management program and the Financial Stabilization program to provide a wide array of support to elders in need of assistance with mental health issues and behavioral health challenges, enhancing their ability to successfully live a safe independence in their homes. Continue to provide clinical care management services to work with contracted mental/behavioral health care providers to support older adults in need of more intensive community supports to meet their needs.

**Goal 7:**

Maximize the right of elders to remain in the community setting of their choice.

**Strategies and Performance Measures:**

- Utilize Comprehensive Screening and Services Model (CSSM) and Clinical Assessment and Eligibility (CAE) to determine appropriateness for services in a long-term care facility and provide assistance with transitioning to the community;
- Educate and advise elders about home related cost savings including the Circuit Breaker, fuel assistance, the property tax work off program, the H.O.M.E program, and legal services;
- Inform consumers about and facilitate their access to assistive technology;
- Reduce economic insecurity by extending Money Management services to a greater number of consumers;
- Continue to target transportation insecure residents throughout the PSA with particular focus on low-income communities, underserved residents in North Reading, crisis generated needs like COVID vaccination transportation, and other elders in need of rides not covered by traditional HCBS, and
- Continue to offer the unique volunteer based transportation program TRIP that allows elders to access funds to provide travel stipends to volunteer drivers they recruit to offset the costs for travel.

**4.3 ACL Focus Area -Elder Justice**

Through its mission and actions MVES endeavors to protect elders from abuse including physical, emotional and sexual abuse, neglect/self-neglect, financial exploitation and other threats to their independence, wellbeing, and quality of life. MVES has identified three overarching goals to promote Elder Justice within the agency's 11-cities and towns PSA.

“Legal advice would be a Godsend. I feel this country needs to do more for the elderly”, said one survey respondent.

**Goal 8:**

Respond to reports of elder abuse via the Elder Protective Services program operated by MVES for the PSA.

**Strategies and Performance Measures:**

- Receive reports of elder abuse and neglect, conduct investigations and provide case management to eliminate or reduce the risk of further abuse and neglect while supporting independent living;
- Utilize a full range of community and agency-based professional resources as may be required including housing, behavioral health, legal services, the FAST Team (Financial Abuse Specialist Team), and Money Management program, and

- Continue with the online version of the Rep Payee Program to increase capacity and the efficient service delivery of the Money Management Program.

**Goal 9:**

Increase awareness of elder abuse, neglect and exploitation within the PSA.

**Strategies and Performance Measures:**

- Continue to identify, outreach to and educate a broad spectrum of community partners including first responders, health services professionals, hospice workers, VNAs, and banking institutions;
- Partner with district attorneys to conduct community education programs about scams and other forms financial exploitation;
- Partner with legal services to establish and support abuse prevention community coalitions;
- Partner with Greater Boston Legal Services and other like entities such as Malden's Housing Families Inc. to advocate for elders vulnerable to both eviction and utility cut-offs due to the COVID-19 pandemic and other circumstances that could impact stable housing, and
- Increase capacity to identify, help develop, and participate in community coalitions with the same mission to protect elders.

**Goal 10:**

Advocate for the rights and ensure the safety of residents in long-term care facilities.

**Strategies and Performance Measures:**

- Support the Long-Term Care Ombudsman Program provided by ESMV/North Shore Elder Services, and
- Conduct outreach and recruit additional Ombudsman volunteers as needed.

## **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.*

Enter Area Agency on Aging

Area Agency on Aging

9/8/21


Date


9 / 9 / 21


Date

9/13/21

Date

  
Signature - Chairperson of Board of Directors

  
Signature - Chairperson of Area Advisory Council

  
Signature - Area Agency on Aging CEO

## **Attachment B: Area Agency on Aging Information Requirements**

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*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:**

(aa) Mystic Valley will continue to provide and manage an array of person-centered in home and community-based services and ongoing care management to meet the needs of older adults, with the greatest economic and social need and those at risk for institutional placement along with adults living with disabilities and caregivers. More than 9,000 individuals in the PSA receive services annually through the State Home Care program including Basic Home Care, Respite, and Enhanced Community Options Program (ECOP). MVES provides case management and/or offers access to the Community Choices program, Senior Care Options (SCO), Integrated Care Organizations (One Care), Adult Day Health, Group Adult Foster Care (GAFC), and Options Counseling, PCA, and PACE. Additionally MVES, as a member of the Metro Boston ADRC, reaches out to financially insecure elders and individuals living with disabilities and maintains warm transfer capabilities to the appropriate Independent Living Center (ILC) from its robust Information and Assistance/Referral service. MVES provides in home behavioral health, Protective Services, Money Management (including Representative Payee), legal services, and is a Community Partner (CP) to provide Long Term Services and Supports (LTSS) to Accountable Care Organization (ACO) eligible elders. Prior to the impact of COVID-19, the MVES Nutrition program managed 21 dining sites and 14 food pantries, 10 of which were in MVES supportive housing sites. Congregate meals included hot and cold options as well as Chinese meals in Malden and Latino meals in Chelsea. Currently, a few congregate sites are opening with a “Grab and Go” option for serving meals. Based on public health guidance, congregate dining sites will re-emerge as needs and preferences dictate. Food pantries have been replaced with a home delivered approach where bags of fresh food and other staple items are delivered to those who are at nutritional risk and are low income. This program is in partnership with Greater Boston Food Bank and Bread of Life Malden. We plan to maintain this service post pandemic as it has proven more efficient and targeting to those most in need. There are 35+ home delivered meals routes providing 2,500+ meals per day including breakfast and hot/cold meal options, Kosher, Chinese, Haitian, Caribbean, Russian style meals along with carbohydrate controlled, and a variety of therapeutic meals. In addition, Care managers, Nutrition staff, Money Management and SHINE staff/volunteers ensure consumers are familiar with and able to access SNAP benefits. Farmers Market coupons are distributed annually as well as bags of fresh produce from

a local farmer. Additionally, the SHINE program reaches out to the community to ensure elders and individuals living with disabilities receive health benefits counseling; information about One Care, if eligible; and assistance selecting the most appropriate and cost-effective health insurance and drug plans. There were 6,722 individuals in the MVES 11 cities and towns PSA received assistance from a SHINE counselor in FY20 and 5,970 individuals were served in FY21 (the COVID-19 pandemic suppressed service in FY21).

(bb) Mystic Valley will continue to identify needs and respond to emerging financially insecure minority, limited English proficient (LEP) and non-English speaking populations within the agency's Planning and Service Area (PSA). In the past four years MVES has increased bilingual capacity and diversity among paid staff by 10% and 10% among those who provide direct service to consumers. Callers are able to speak with staff that can assist them in the predominant languages in the PSA: Cantonese, Haitian Creole, Mandarin, Russian, Spanish, as well as Italian, which while not a predominant language is one that is still spoken among a significant number of consumers in the PSA. Title III Older Americans Act Title III B funds have supported outreach, translation services, and decision making support to Chinese elders in the PSA for more than 20 years, and for the growing Portuguese-speaking elder population for the past five years. Additionally, Title III-B funds continue to be directed to English as a second language (ESL) programs to empower non or limited English speaking elders to gain language skills so they are able to advocate for themselves. Both the Money Management and the SHINE programs have expanded bilingual capabilities among paid and volunteer staff and continually seek opportunities to increase bilingual capacity. Mystic Tea, the monthly LGBTQ meal site launched in December 2012, went in to hiatus during the pandemic and plans are underway to resume operations when public health data indicates it is safe to do so.

#### **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:**

(ii) MVES has and will continue to collaborate with Aging and Disabilities Resource partner agencies (ADRCs) and others to enhance access to home and community-based care for people with severe disabilities and individuals at risk for institutional placement by working to improve the linkages between and among health care providers, long term services and supports (LTSS) and behavioral health (BH) providers and advocacy organizations through contracts with Accountable Care Organizations (ACOs), MassHealth directly, commercial health insurers and health care providers such as hospitals and long term care/rehabilitation facility operators. MVES has entered into a business relationship with six other LTSS/BH providers to form Boston LTSS for the purposes of becoming a certified Community Partner (CP) that will be eligible to contract with ACOs serving eastern Massachusetts. The Boston LTSS members are Vinfen and Baycove Human Services (two large behavioral health providers), Boston Center for Independent Living (BCIL, an ADRC partner agency and disability services and advocacy organization), Justice Resource Institute (JRI, a BH provider with a focus on serving children and young adults), and two other ASAPs: Somerville Cambridge Elder Services and Boston Senior Home Care. The partnership's goal is to improve access and services to individuals who are Medicaid eligible and require both LTSS and BH services to maintain community living. The partnership is operational and effective. The MassHealth demonstration program is nearing the end of the five-year pilot phase so the goal is to maintain the program with direct contracts with ACOs and others payers. MVES continues to expand its role as a MassHealth contract agency to not only determine if an individual is clinically eligible to access long term care services in an institution that will be paid by MassHealth, but more importantly to help people with severe disabilities avoid or delay nursing home placement and for those residing in an institution assist them with care coordination and services that will allow them to return to a community setting.

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

(a5) 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;

**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:**

Mystic Valley is committed to providing the highest quality interdisciplinary care management that achieves outcomes and improves the lives of consumers. The mission of Mystic Valley Elder Services (MVES) is to support community life for elders and their caregivers. During November and December of 2020, we asked targeted groups of local people to assess what older adults and their caregivers need to “thrive and live well” in the 11 cities and towns (Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop) of the MVES service area. Older adults and caregivers were asked to think about their own individual needs. A specific focus was placed on the most socially and economically needy, as well socially isolated individuals. AAA staff, partners within the elder services network, and other citizens were asked to consider the needs of the elders they serve and their community neighbors. Through phone interviews, Zoom group meetings, and mailed and online surveys, a total of 622 responses were collected and tallied. Mystic Valley has an established quality assurance plan for each program area. The agency's quality improvement program is based on a continuous QI model. Both quantitative and qualitative data are collected, analyzed and used to make modifications to programs, processes and systems. Title III sub-grantees are contractually obligated to conduct program evaluations and report their results to the MVES Planner, Advisory Council and Board of Directors. Advisory Council members are encouraged to participate in monitoring visits to gain a better understanding of the nature, scope and results of the funded programs.

(B) Mystic Valley advocates for and supports policies, programs and activities that will enable older adults and adults living with disabilities to remain in the community and to support the role of caregivers. MVES has an active Board of Directors and Advisory Council, and more than 60% of Council on Aging Executive Directors in the PSA are represented on the Board. Mystic Valley maintains direct communication with local, state, and federal policymakers and has a solid working relationship with elder advocacy organizations. MVES representatives actively participate in local, state, and national efforts which impact policies, programs, and activities for older adults, adults living with disabilities and family caregivers including one-on-one meetings with legislators, AARP, Councils on Aging, Mass Senior Action Council, Dignity Alliance of Massachusetts, local community based “HUB” coalitions, local boards of health, Mass Home Care meetings and events, to name a few. An annual (when safe to do so) well attended legislative breakfast features a consumer and/or family caregiver who shares their story and how they have benefited from MVES services and what other barriers to community living they encounter that MVES and others should address. Other consumer stories are communicated through the electronic newsletter *The Beacon*, via social media and monthly features in local newspapers. MVES maintains membership in the National Association of Area Agencies on Aging (n4a) and other appropriate advocacy organizations.

**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:**

(A) Mystic Valley Elder Services has a 46 year history of serving elders and individuals living with disabilities by providing access and managing a variety of in-home and community-based services including administration of the State Home Care program comprising Home Care Basic, the Respite Program, Enhanced Community Options Program (ECOP), as well MassHealth funded programs including the Community Choices, Senior Care Options (SCO), and One Care programs. MVES Resident Services Coordinators staff housing authority sites in ten (10) communities. Mystic Valley provides Information & Assistance services, in-home behavioral health services, Money Management (both bill payer and representative payee), and legal services. MVES manages the Serving the Health Insurance Needs of Everyone (SHINE) program for a 21-city and town region, and interacts directly with MassHealth specialists on a regular basis who assist care managers with applications and answer technical questions. Mystic Valley, at the conclusion of the successful hospital to home care transitions pilot program funded by the Centers for Medicare and Medicaid Services (CMS), continues to work with area hospital systems to ensure consumers a smooth and safe transition from hospital to home and to follow up medical care. MVES is a member of the Metro Boston ADRC; works closely with Eliot Community Health Services and Riverside Community Care; participates in the Chelsea Police coordinated Chelsea Hub and a similar group in Medford, has a long established relationship with the Middlesex County District Attorney's office; Stoneham TRIAD, and with first responders throughout the PSA. Other key collaborators include the 11 Councils on Aging in the PSA (I & R staff regularly interacts COAs in the PSA, now via Zoom and telephone during the pandemic); local housing authorities; the Community Action Programs that serve the MVES cities and towns: ABCD, Community Action Programs CAPIC, Greater Lawrence Community Action Council, Inc. (GLCAC), Lyn Economic Development (LEO), and Bread of Life.

MVES is engaged in a partnership with Door2Door by SCM Community Transportation and the MBTA, and a member of the senior staff chairs the Boston North Regional Coordinating Council (RCC). MVES participates in several community-based health coalitions including Everett Community Health Partnership (ECHIP), Medford Health Matters and serves on the North

Suburban Health Alliance (CHNA 16) steering committee. Representatives from community affiliates serve on the Mystic Valley Board of Directors, the Advisory Council and other agency committees. These affiliates include the Social Security Administration, AARP Massachusetts, the City of Medford's diversity and inclusion director, Housing Families, NAACP Mystic Valley Area Branch, a member of Mass NAELA, and the Chinese Culture Connection, as well as several community banking institutions. Mystic Valley is a member of most of the local Chambers of Commerce and has an excellent relationship with Massachusetts legislators who represent communities in the PSA.

(C) Since 2010 MVES has successfully promoted, managed, and conducted evidence based programs through the agency, via partnerships, and by sub-granting Title III D funds. Programs offered include Chronic Disease Self-Management, Chronic Pain, Diabetes Self-Management, Enhance®Fitness, Matter of Balance, Powerful Tools for Caregivers, Savvy Caregiver, Tai Chi for Arthritis, and Tai Chi: Moving for Better Balance. Community partners include local senior centers and libraries, Triangle for people with abilities in Malden, as well as the Malden YMCA (one of the Title III sub-grantees). In addition to offering the programs in English, MVES awarded Title III D funds to the Greater Boston Chinese Golden Age Center to facilitate Chronic Disease Self-Management, A Matter of Balance, and Tai Chi: Moving for Better Balance in Cantonese and Mandarin.

**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:**

(10) Mystic Valley Elder Services is committed to providing the highest quality information, programs, and services to achieve successful outcomes and improve the lives of older adults and individuals living with disabilities. A solid quality assurance program is essential to ensuring the agency's stated commitment to outstanding customer service and quality programming is realized. Both quantitative and qualitative data are collected and analyzed and are used to make modifications to programs, processes and systems. Consumer welcome packets include a Consumer's Bill of Rights and Responsibilities that clearly states consumers have the right to voice complaints freely without fear of retaliation and/or loss of services. The document is available in Chinese, English, Haitian-Creole, Italian, Khmer, Portuguese, Russian, and Spanish. All questions and/or concerns are responded to in a timely manner and actions taken as needed.

The Title III sub-grantees are contractually required to conduct program evaluations and report their results to the MVES Planner and Advisory Council and are questioned during the monitoring visit about their grievance procedures. (See attachments for the MVES AAA Policies and Procedures Title III Grievance Procedure.)

**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.

### **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:**

Mystic Valley Elder Services has a comprehensive disaster and Continuity of Operations Plan (COOP) emergency plan, revised in 2020 that includes procedures for severe weather (heat or snow), power outages, natural or manmade disasters (hurricane, blizzard, fire, flood and/or tornado), health pandemic, and/or terrorist attack. The plan includes staffing procedures for the main office, resident service coordinators, and Nutrition program congregate and home delivered meals staff and includes a seamless telephone and remote access system. Specific considerations in the event of an emergency include:

#### **Section III**

- Identification of Consumers with Disabilities Who Require Special Assistance Partners in the Event of a Disaster and Possible Relocation of Consumers  
Identification of Potential Emergency Evacuation Shelters
- Identification of Potentially Available Vehicles
- Identification of Staff Assigned to Assist at Emergency Shelters Procedure for Telephone Reassurance to Consumers Preparedness for Delivery of Emergency Meals
- Identification of MVES Emergency Personnel

#### **Section IV**

- Emergency Staff Resource Contingency Plan Essential Functions
- Devolution of Essential Functions Warning Conditions
- Direction and Control (Succession and Delegation of Authority) Assumptions

#### **Section V**

- Emergency Situation Activation
- Initial Actions Following Emergency Notifications Transition of Responsibilities

## Section VI

- Responsibilities of Senior Management Responsibilities of Professional Personnel  
Responsibilities of Administrative Personnel

## Section VII

- Vital Records and Databases
- Tests, Training and Exercises (TT&E) Communications
- Security

Shelf stable meals are delivered on a regular basis and prior to any weather related storm advisories or warnings. During periods of extreme heat, information about cooling centers is shared among cities and towns, Councils on Aging, and MVES care managers, nurses and home delivered meals drivers are advised to pay extra attention to at-risk individuals. In-home vendor agency personnel are also advised to focus care on identified high risk individuals during any weather related or manmade crisis. All care managers and Money Management staff maintain current lists of at-risk consumers to contact to determine if assistance is needed, and if warranted the list will be shared with emergency personnel. MVES works with public safety and emergency shelters and provides staffing at shelter sites as may be required. The system has been tested and determined to work well. Mystic Valley also has a partnership with a local ambulance service to notify consumers via robocall when inclement weather will close congregate sites, prevent the delivery of meals, or for any other emergency.

### **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:**

Under the Older American's Act, MVES provides Title III B grant support to Greater Boston Legal Services (GBLS) to provide legal assistance and advocacy particularly to financially and socially insecure elders, persons living with disabilities and/or from minority populations with the focus on tenancy preservation and public benefits acquisition and protection MVES also collaborates with other area organizations that provide advocacy and legal services including but not limited to: Housing Families, Eliot Community Services and North Suffolk Mental Health.

**Mystic Valley Elder Services**  
*Management Structure*

**Board of Directors**  
**Janice Houghton**  
*President*  
**Charles Randall**  
*Treasurer*  
**Karen Rose**  
*Vice President*  
**Brian Snell**  
*Clerk*

**Community  
Advisory Council**

**Daniel O'Leary**  
*CEO*  
*doleary@mves.org*  
*781-388-2301*

**Lorna Ciccarelli**  
*Executive Assistant*  
*lciccarelli@mves.org*  
*781-388-2371*

**Joanne Solazzo\***  
*Director,*  
*Client Services*  
*jsolazzo@mves.org*  
*781-388-2302*

**Lauren Reid**  
*Director, Community*  
*Programs /Planner*  
*lreid@mves.org*  
*781-388-2382*

**Angie Fitzgerald**  
*Director,*  
*Nutrition*  
*afitzgerald@mves.org*  
*781-388-2331*

**Jennifer Vanasse**  
*Director,*  
*Development*  
*jvanasse@mves.org*  
*781-388-4802*

**Amy Cataldo**  
*Director, Integrated*  
*Programs*  
*acataldo@mves.org*  
*781-873-4405*

**Sandy Fall**  
*Director,*  
*Eligibility &*  
*Enrollment Services*  
*sfall@mves.org*  
*781-873-4421*

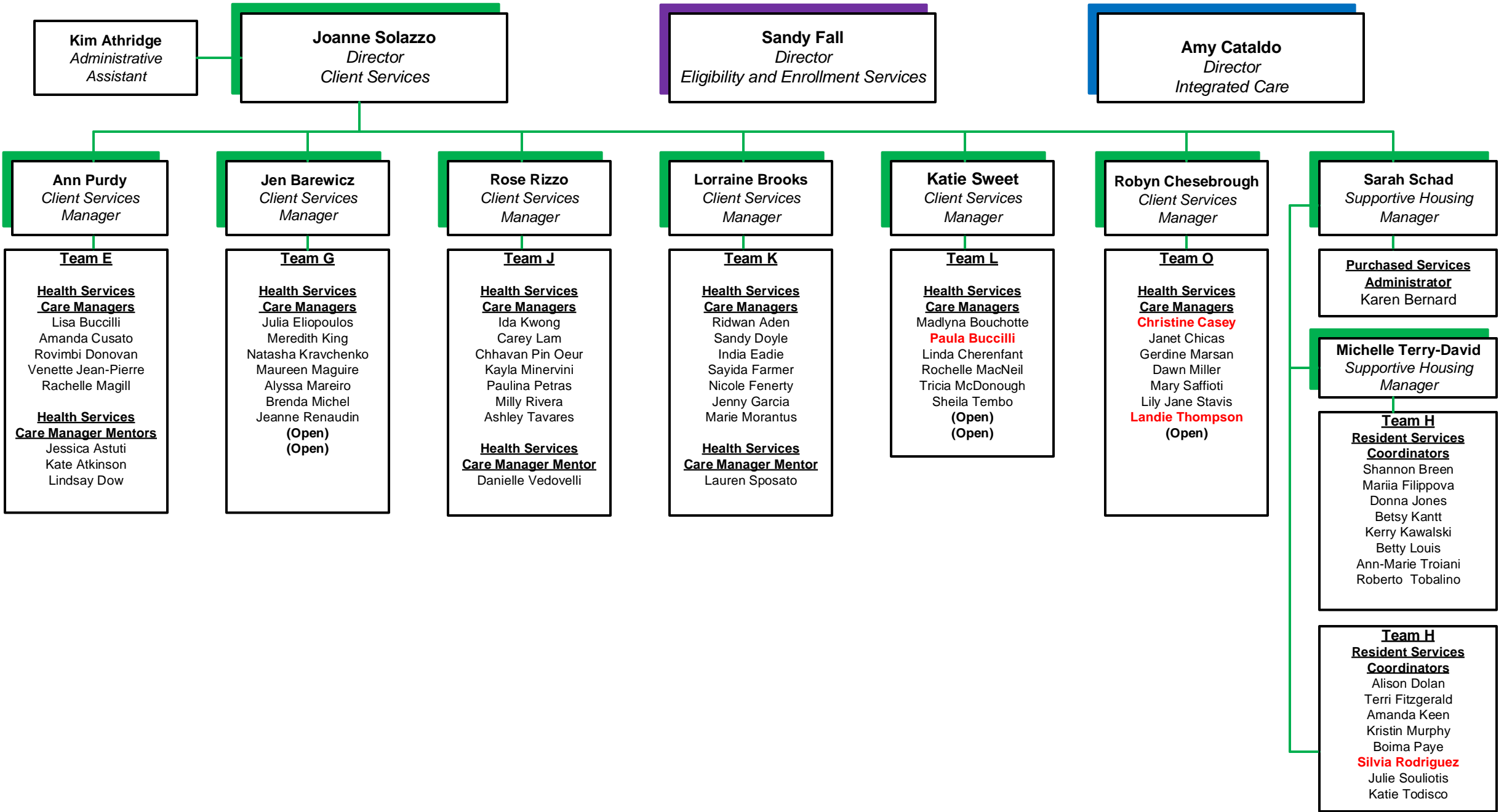
**Sean Hubacz**  
*Director,*  
*Finance*  
*shubacz@mves.org*  
*781-388-2340*

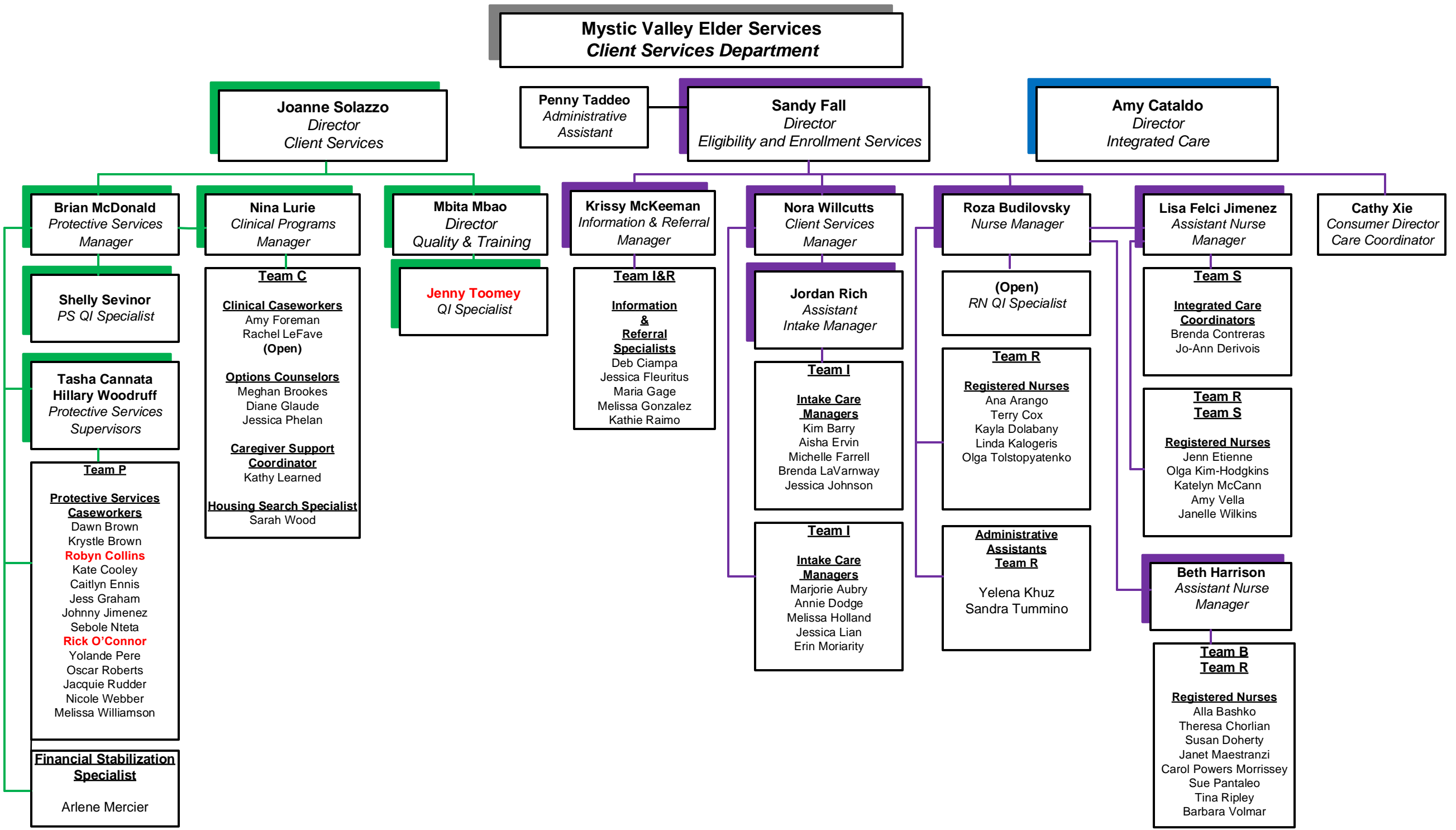
**Melissa Milione**  
*Director,*  
*Human Resources*  
*mmilione@mves.org*  
*781-388-2330*

**Shawn Middleton**  
*Director,*  
*Communications*  
*smiddleton@mves.org*  
*781-388-4866*

\*Serves as CEO in  
CEO's absence.

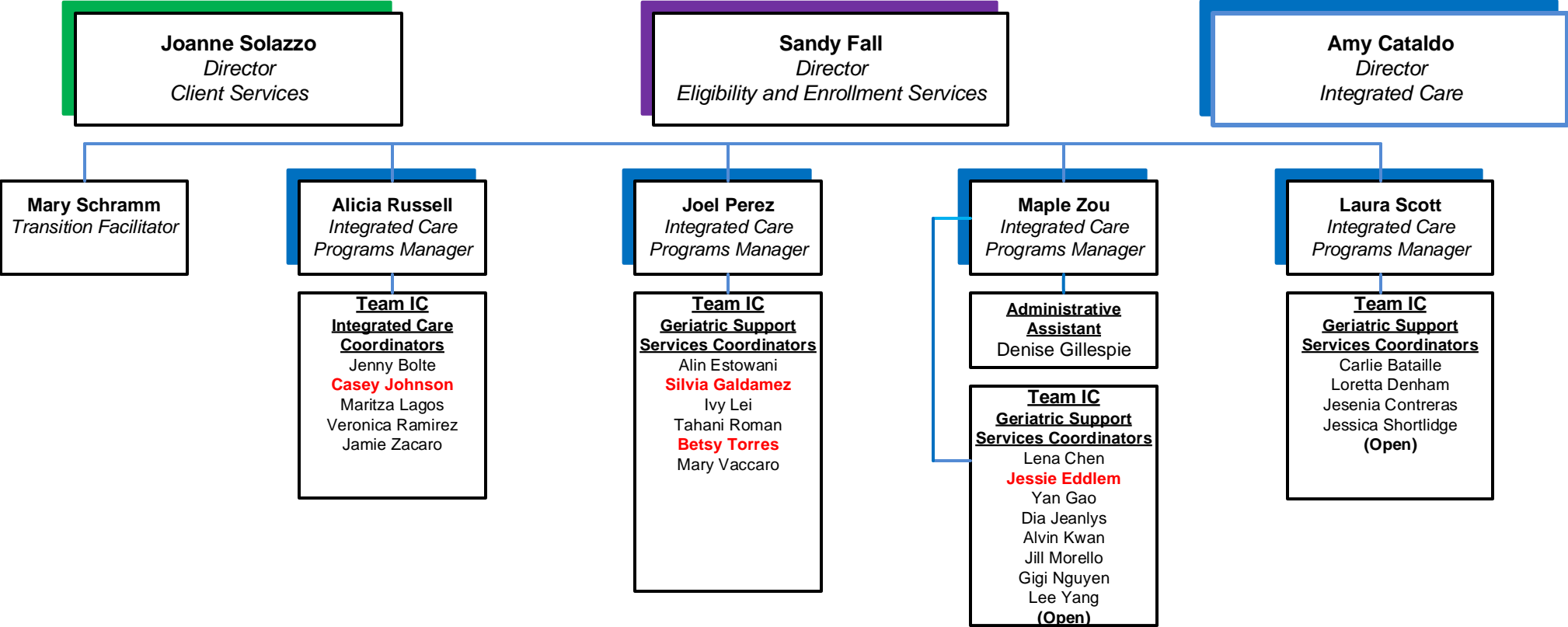
Mystic Valley Elder Services  
Client Services Department





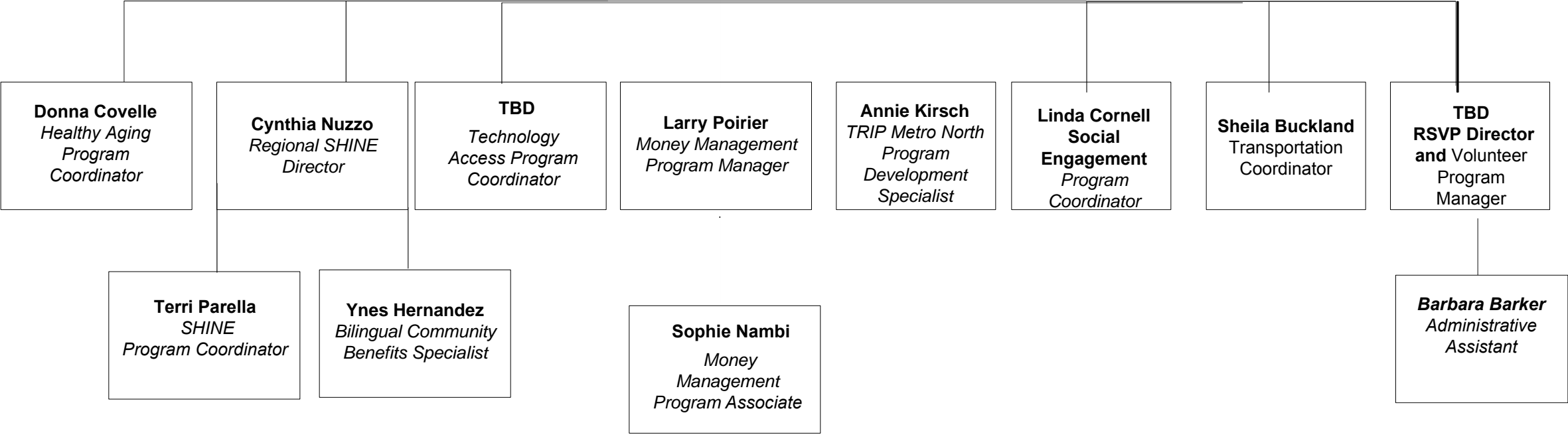


Mystic Valley Elder Services  
Client Services Department



**Mystic Valley Elder Services**  
*Community Programs*

**Lauren Reid**  
*Director,  
Community Programs/  
Planner*



**Mystic Valley Elder Services**  
*Development*

**Jennifer Vanasse**  
*Director,  
Development*

**Jan Brodie**  
*Development  
Specialist*

**Lisa McGovern**  
*Development  
Coordinator*

**Mystic Valley Elder Services**  
*Finance*

**Sean Hubacz**  
*Director, Finance*

**Alune Van**  
*Billing Specialist*

**Joel Bartlett**  
*Contracts  
Manager*

**Tara Mancini**  
*Accounting Manager*

**Joyce Sauca**  
*Sr. Billing Specialist*

**Alex Jurkevich**  
*IT Manager*

**Michael Trainor**  
*Business Systems  
Administrator*

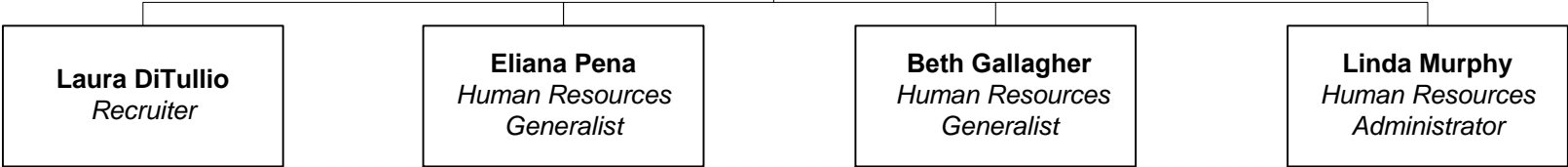
**David Nuon**  
*Staff Accountant*

**Charles Schafer**  
*Computer Applications  
Support Specialist*

**Lauren Bradford**  
*Jr. Systems  
Administrator*

**Mystic Valley Elder Services**  
*Human Resources*

**Melissa Milione**  
*Director,  
Human Resources*



**Mystic Valley Elder Services**  
*Marketing*

**Daniel J. O'Leary**  
*Chief Executive Officer*

**Shawn Middleton**  
*Director,  
Communications*

**TBD**  
*Marketing Intern*

**Mystic Valley Elder Services**  
*Nutrition*

**Angela Fitzgerald**  
*Director, Nutrition*

**Maria  
Maldonado**  
*Nutrition  
Manager*

**Brian Byrd**  
*Assistant  
Nutrition  
Manager*

**Linda Crowe**  
*Nutrition Program  
Manager*

**Carla Castillo**  
*Nutrition Program  
Manager*

**Wendy Sturgeon**  
*Nutrition Program  
Manager*

**Nancy Mullaly  
Patti Nunley  
Lisa Swift  
Judi St. Francis  
Fannon  
Barbara Sasso  
Lynne Travers**  
*Office Assistants*

**Candace Quigley**  
*Registered  
Dietitian*

*Home Delivered  
Meals Drivers  
&  
Meal Site Coordinators*

*Home Delivered  
Meals Drivers  
&  
Meal Site Coordinators*

*Home Delivered  
Meals Drivers  
&  
Meal Site Coordinators*

**Ellen Goldman**  
*Per Diem  
Registered Dietitian*

**Mystic Valley Elder Services**  
*Administrative Support Team*

**Lorna Ciccarelli**  
*Executive Assistant*

**Beverly Oriolo**  
*Administrative Assistant*

**Jaqueline Harrington**  
**Maureen Indrisano**  
**Kim Laughton**  
**Jennifer Lezcano**  
Receptionists