



## **AREA PLAN ON AGING 2026-2029**

---

300 Commercial St., #19 • Malden, MA 02148 • FAX 781-324-1369 • TTY 781-321-8880 • MassOptions 1-800-243-4636

Partnering with older adults, people with disabilities, and caregivers residing in Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop.

# Mystic Valley Elder Services Area Plan on Aging Federal Fiscal Years 2026-2029

## Table of Contents

Planning and Service Area Map.....	3
Executive Summary.....	4
Context.....	6
Goals, Strategies, and Performance Measures.....	14
<b>Required Attachments.....</b>	<b>18</b>
• Attachment A: Area Plan on Aging Assurances and Affirmation	
• Attachment B: AAA Information and Requirements	
• Attachment C: AAA Planning and Service Area Map	
• Attachment D: AAA 2025 Needs Assessment Project and Public Input	
• Attachment E: AAA Organizational Chart	
• Attachment F: AAA Administrative and Financial Information	
○ AAA Corporate Board of Directors	
○ AAA Advisory Council Members	
○ AAA Designated Focal Points	
○ AAA Title III=B Funded Services	
○ AAA Title III-C1/2, D, E, and OMB Funded Services	
○ AAA Title III-E Family Caregiver Breakout	
○ AAA FFY2026 Project Budget Plan	
<b>Additional Attachments.....</b>	<b>52</b>
• Attachment G: Incident and Complaint Reporting Form	
• Attachment H: MVES Planning and Service Area Demographic Data	
• Attachment I: Older Adult Needs Assessment Survey and Results	
• Attachment J: Caregiver Needs Assessment Survey and Results	
• Attachment K: MVES Annual Report	
• Attachment L: FFY 2024-2025 MVES Title III Grantee Summaries	
• Attachment M: MVES Fact Sheet	

**Mystic Valley Elder Services, Inc.**  
**Area Agency on Aging/Aging Services Access Point**

[www.mves.org](http://www.mves.org)

300 Commercial St, Suite 19  
Malden, MA 02148

TEL: 781-324-7705

FAX: 781-324-1369

TDD: 781-321-8880



## Executive Summary

Mystic Valley Elder Services (MVES), a private, nonprofit organization, has a 50-year history of providing home and community-based services to more than 20,000 individuals annually within a 68-square mile region in north suburban Boston, Massachusetts. Since 1975, MVES has been the Area Agency on Aging (AAA) for eight communities, and since October 2015, following a merger with Chelsea Revere Winthrop Home Care, 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 20 Area Agencies on Aging (AAA) in Massachusetts. Established in 1973 under the Older Americans Act (OAA) of 1965 (reauthorized in 2020), AAAs are federally funded with monies that flow through the State Unit on Aging (Massachusetts Executive Office of Aging & Independence or AGE), and are charged with responding to the needs of older adults by providing a range of options, programs, and services to enable people 60 years of age and older to have the support they need to live the life they choose.

The OAA intends that MVES, as an AAA, shall be the leader relative to all aging issues on behalf of older people in the Planning and Service Area (PSA). This means that the AAA shall proactively carry out, under the leadership and direction of AGE, 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 are designed to assist older adults, people with disabilities and their caregivers in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

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, available nutrition services, existing multipurpose senior centers, and legal assistance supports, as well as the distribution of older individuals who have the greatest economic and social need (with particular attention to economically insecure minority individuals) in the region. The total population in the 11-cities and towns in the MVES PSA is 412,847. Twenty-two percent (88,585) is 60+ years of age. Eleven percent of those 60+ living in our PSA were below the poverty line in the last 12 months and forty percent speak another language at home.

As mandated by the OAA, MVES plays a vital role in the service area and serves as the key vehicle for information and resources for older adults, people 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 older adults and federal funding to support a variety of access, legal, in-home, and nutrition services for older adults of any income level. MVES holds this designation of an ASAP as well as an AAA.

As a designated ASAP and AAA, MVES offers a wide range of federally and state-funded programs. These include home-delivered and congregate meals, as well as health and wellness initiatives focused on topics such as fall prevention and chronic disease management. We provide in-home support services to assist with daily tasks and care management, along with transportation assistance to help schedule rides to medical appointments. Additionally, we offer programs that help individuals understand and enroll in Medicare and other benefits. Our services are not only available to older adults but also to adults (21+) with disabilities, as well as to the caregivers who support individuals in both populations. Caregiver support programs include access to support groups, educational resources, and referrals to community-based programs and services.

Using the knowledge and experience gained through 50 years of working with older adults, people with disabilities, and caregivers, as well as the data gathered through the Needs Assessment our organization conducted in the fall of 2024, MVES developed an Area Plan to guide our work over the next 4 years. This plan establishes the following seven goals that our organization will focus on:

- 1) Promote health and wellbeing of older adults through access to programs that offer leisure, social, and recreational activities.
- 2) Enable older adults and people 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.
- 3) 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.
- 4) Address the social needs of isolated older adults through interventions that will connect people to social opportunities that are positive, engaging, and promote overall optimal health.
- 5) Maximize the right of elders to remain in the community setting of their choice.
- 6) Maximize our existing transportation offerings to increase accessibility for our consumers and their caregivers.
- 7) Provide support for caregivers of older adults and people with disabilities.

## **Agency and Planning and Service Area Profile, Focus Areas and Needs Assessment**

### **Agency and Area Profile**

Mystic Valley Elder Services, Inc. (MVES) was founded in 1975 to ensure that older adults and people with disabilities can live the life that they choose. Our mission is to support the right of older adults and people with disabilities to live independently with dignity in a setting of their choice by providing them and their caregivers with information, advice, and access to quality services and resources. This mission aligns with that of the Massachusetts Executive Office of Aging & Independence (AGE), which promotes seven core values: partnership, inclusion, justice, humanity, community, connection, and choice. MVES upholds these values by integrating the mission and vision of AGE into our work.

The MVES Planning and Service Area (PSA) is comprised of 11 cities and towns: Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop. The following four of the communities in our PSA are designated as a gateway municipality under the General Laws of Massachusetts<sup>1</sup>: Chelsea, Everett, Malden, and Revere. MVES caters to more than 88,500 older adults and many more caregivers reside in our service area, representing dozens of ethnic and linguistic groups and a full range of socioeconomic needs.

Across the MVES PSA, approximately 11% of residents aged 60 and older lived below the poverty level in the last 12 months. This rate is higher in specific communities: 24% in Chelsea, 16% in Malden, and 13% in Revere and Everett. Approximately 47% of older adults in the PSA live in rental housing, with even higher rates in some cities — 71% in Chelsea, 64% in Everett, and 58% in Malden.

Predominate languages among the total population in the 11-city and town service area include Arabic, Chinese dialects, French or Haitian Creole, Italian, Portuguese, Russian, Spanish, and Vietnamese. While the overall average for PSA race and ethnicity is 61% White, 23% of Everett respondents identified as multi-racial, 29% of Malden is Asian, and 65% of Chelsea is Hispanic.

---

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

## Community Needs Assessment Process and Top Results

Along with other Massachusetts AAAs/ASAPs, MVES conducted a community needs assessment in the fall of 2024, seeking to understand the changing needs of older adults, people with disabilities, and caregivers. The needs assessment activities are vital to the development of the Area Plan and are critical in determining the services MVES should develop, enhance, and fund for the next four years.

Needs Assessment surveys were distributed to older adults and their caregivers throughout the MVES PSA. Surveys were distributed at MVES' 20 supportive housing sites, Councils on Aging in all 11 communities, and with home-delivered meals received by some of MVES consumers. Surveys also were mailed to 300 eligible residents in each community who had not previously been connected to MVES programs or services. These surveys were available in 14 different languages and made available on paper and online. Overall, MVES collected a total of 488 responses: 434 from older adult self-respondents and 54 from caregiver respondents.

It is important to note that the data gathered from these surveys reflects the perspectives of those individuals who opted to participate. While efforts were made to reach a wide cross-section of adults and caregivers across the MVES PSA, it's likely that certain groups may be overrepresented, while others (including homebound individuals, individuals with limited education, and those with complex medical, housing, or financial needs) may be underrepresented.

Among older adult respondents, the most common needs identified were:

1. **Staying Active/Wellness Promotion (59%)** – *finding classes on healthy aging, information on physical wellness, fitness programs, exercise classes for older adults, and support for caregivers.*
2. **In-Home Support for Maintaining Independence (54%)** – *help with aging in place, assistance with activities of daily living, home and property maintenance, housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.*
3. **Opportunities for Leisure, Recreation, and Socialization (53%)** – *finding and participating in social activities, information about programs, reduced rates at sites/museums, outdoor spaces for seniors, and socialization in rural communities.*
4. **Affordable Health Care (51%)** – *accessing affordable health services, insurance, managing prescription costs.*
5. **Transportation Access and Availability (49%)** – *finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.*

Caregiver respondents' most identified needs were:

1. **Community Resources (52%)** - *Information about community resources and services available to caregivers.*
2. **Training and Education (46%)** - *Training on caregiving skills, dementia care, and information on managing specific conditions.*
3. **Transportation Services (46%)** - *Access to transportation for the care recipient's medical appointments and other needs.*
4. **Support Groups (44%)** - *Access to support groups for emotional and social support.*
5. **Respite Care (43%)** - *Temporary relief from caregiving responsibilities.*

Comparing the identified needs from this Assessment to those from the previous Needs Assessment conducted in 2020 is difficult because the format and style of the questions differed significantly. Additionally, this Assessment approached the concept of need from a different perspective, making direct comparisons challenging. Nevertheless, some consistent trends emerged — particularly a continued interest in active wellness opportunities and a strong desire for activities that help reduce social isolation.

In addition to the Needs Assessment survey, we conducted a focus group with the directors—or their designees—from the Councils on Aging, representing each of the communities in our PSA. This session took place on October 17, 2024, with participants from Wakefield, Medford, Melrose, Chelsea, Everett, Revere, Stoneham, and North Reading. During the discussion, participants expressed concern about reaching individuals in our communities who are isolated and not currently connected to services. They highlighted the need for enhanced transportation resources, as well as support for social and educational activities. Emphasis was placed on offering diverse programs and services to reflect the varied needs of the populations within our PSA.

The findings from this Needs Assessment and focus group will serve as the foundation for the MVES Area Plan for 2026 to 2029. Strategies to address the documented needs of local older adults and caregivers will include both the continuation and improvement of long-established MVES services and programs, as well as the introduction of new initiatives designed to meet evolving concerns.



## **Plan Development**

MVES prides itself on being a progressive, mission-driven, statewide leader in addressing the needs of older adults, people with disabilities, and caregivers. MVES centers its work around strategic pillars that will also serve as the foundation for this Area Plan:

- Recruiting, Retaining, and Supporting Staff
- Strengthening Existing and Forging New Partnerships
- Using Data to Improve Policy and Action
- Addressing Health Equity
- Targeting Consumer Needs

While the plan is grounded in these core priorities, it is also shaped by the four focus areas identified by the Administration for Community Living (ACL), detailed below, and is tailored to address the specific concerns of people in the MVES Planning and Service Area, especially those facing the greatest social and economic challenges.

### **Focus Area 1 - Older Americans Act Core Programs**

OAA core programs are found in Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and serve as the foundation of the aging services network. Below are MVES plans to strengthen and expand Title III and VII services and continue integration of these core programs across the network.

#### **Staying Active/Wellness Promotion**

- Support healthy lifestyles and promote healthy behaviors through evidence-based disease prevention and health promotion programs designed to reduce the need for more costly medical interventions.
- Partner with local Councils on Aging and other community based organizations to offer Title III D evidence-based programs within our service area including Tai Chi, Matter of Balance, and other programs for balance/falls prevention; programs for chronic conditions including Chronic Disease Self-Management and Diabetes Self-Management; and those for strength and fitness including Enhance<sup>®</sup> Fitness as well as new programs as they are certified and available to the network.
- Continue to offer an annual virtual Healthy Aging Workshop that can be marketed towards isolated and homebound older adults otherwise unable to participate in fun, stimulating, group activities.

#### **Opportunities for Leisure, Recreation, and Socialization**

- Expand outreach and partnerships with local organizations to support socialization and recreation activities through Title III grants and other collaborations.
- Reengage our social engagement program to reach those who are unable to attend events or activities in the community.

- Connect caregivers to information and resources available through our Family Caregiver Support Program.

### **Affordable Health Care**

- Empower older adults and their caregivers to make informed decisions about health insurance and other benefits through the SHINE (Serving the Health Insurance Needs of Everyone) program.
- Reach out to older adults, people with disabilities, low-income, non-English speakers, LEP individuals, those lacking sufficient health insurance, and social insecure/isolated older adults to inform them about and enroll them in Medicare, MassHealth, Prescription Advantage and other benefit programs.
- Identify additional language needs within the Regional SHINE contract area; develop and implement a plan to enhance counselor recruitment and training.

### **Technology Access**

- Offer Technology Access Program (TAP) services such as one-on-one tech support and tech courses in local Councils on Aging and Libraries to assist older adults with the ability to connect with others, attend telehealth appointments and engage in virtual social events.
- Translate TAP courses into other languages such as Spanish and Mandarin to expand the reach of the programs.
- Research and engage with other service providers who offer technology services including Tech Goes Home, AARP, and others.
- Continue to research ways to provide access to technology to socially isolated individuals to help them access technology and learn how to use it to connect with others.

### **Elder Abuse, Neglect and Financial Exploitation**

- Respond to reports of elder abuse by opening cases and provide case management services as appropriate.
- Increase awareness of elder abuse, neglect, and exploitation by continuing to identify and educate a broad spectrum of community partners including first responders, health services professionals, hospice workers, VNAs, and banking institutions.
- Partner with behavioral health providers to maintain and increase access to in-home behavioral health services including peer to peer counseling and telehealth as available.
- Provide paid and volunteer staff with ongoing in-service training on topics including housing search, behavioral health, dementia, hoarding, and substance misuse disorders.

## **Focus Area 2 -Greatest Economic Need and Greatest Social Need**

The OAA requires services to be targeted to older adults 60 years and older with greatest economic and greatest social need. The area plan must address activities to reach this population.

### **Support Services**

- Engage and partner with agencies that serve culturally isolated older adults and people with disabilities.
- Increase the bilingual capacity of both staff and volunteers to meet the growing need of with the populations we serve.
- 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, and the SHINE Program counseling.

### **Nutrition**

- Support older adults through Home Delivered Meals, which primarily address nutrition and food security, while also offering valuable social interaction. Continue offering congregate dining to promote social engagement and provide access to nutritious meals.
- Continue offering medically tailored meals to improve health outcomes among older adults and people with disabilities, with the potential to expand as funding allows.
- Improve access to culturally appropriate congregate and home-delivered meals and explore expanding meal options based on the needs of emerging populations and cultures.
- Offer nutrition counseling services and education sessions conducted by our Registered Dietitian, in partnership with local COAs and community groups.
- Educate low-income consumers about qualifying for and accessing SNAP benefits.

### **Transportation**

- Provide consumers with access to safe, cost-effective, and essential transportation services utilizing a variety of public, for-profit, and nonprofit vendors.
- Continue cultivating community and agency partnerships to coordinate transportation services.
- Improve access to transportation for culturally isolated individuals by connecting them to interpreters and/or providing translated information.
- Continue promoting and expanding the participant-directed TRIP Metro North program as funding allows.
- Provide transportation to ensure that individuals can receive post-hospital or rehab medical care.
- Provide transportation services for Community Transition Liaison Program (CLTP) participants, who are seeking permanent housing following discharge from nursing home stays.

## **Focus Area 3 -Expanded Access to Home-and Community-Based Services**

Home and Community based services are fundamental to making it possible for older adults to age in place. Below are MVES plans to support these services.

### **In-Home Support for Maintaining Independence**

- Help older adults and people with disabilities live independently at home for as long as possible by providing high-quality, cost-effective interventions tailored to support a wide range of in-home needs. Coordinate access to a variety of in-home and community-based services with ongoing care management, including administration of the State Home Care Program, Community Choices Program, Enhanced Community Options (ECOP), and MassHealth funded community-based care programs including Adult Day Health, Group Adult Foster Care, Senior Care Options (SCO), and Integrated Care Organizations (One Care).
- Facilitate access, as appropriate, to managed care programs including Personal Care Attendant (PCA) and PACE programs.
- Provide Long Term Services and Supports (LTSS) to Accountable Care Organization (ACO) eligible older adults.
- Offer long-term care options counseling.
- Coordinate services and supports for eligible veterans and their loved ones through the Veterans Independence Plus (VIP) program
- Provide seamless “no wrong door” access to health and long-term care in collaboration with Aging and Disability Resource Consortium (ADRC) and Independent Living Center (ILC) partners.
- Educate and empower individuals to make informed future health care decisions, including having discussions with family and completing advance directives.
- Use the Comprehensive Screening and Services Model (CSSM) and Clinical Assessment and Eligibility (CAE) to assess eligibility for long-term care facilities and support transitions back to the community.
- Educate and advise older adults on home-related cost-saving programs, including the Circuit Breaker tax credit, fuel assistance, property tax work off programs, and access to legal services.
- Partner with local housing organizations including Greater Boston Legal Services, Housing Families, and the MA Coalition for the Homeless to support individuals in need.
- Inform consumers about and facilitate their access to assistive technology through the Technology Access Program (TAP) as funding allows.
- Expand Money Management services to a greater number of consumers as funding allows.
- Prioritize outreach to transportation-insecure residents, especially those in low-income and underserved communities within our service area.

### **Public Health Partnerships and Linkages**

- Expand the Public Health Wellness initiative through which MVES nursing staff provides onsite office hours, wellness presentations, and health promotion activities at local housing sites.

- Partner with local nursing facilities to expand access to the Community Transition Liaison Program (CTLP), which assists individuals interested in transitioning back to the community.
- Explore funding opportunities to sustain our Hospital to Home Partnership Program, which embeds MVES staff in hospitals to collaborate with care teams and help patients access the services and supports needed to safely transition back to the community.

## **Focus Area 4 -Caregiving**

Services and supports for caregivers that provide a range of support services to family and informal caregivers to assist in caring for loved ones and focus on promoting person-centered support and developing tools and services that address caregiver needs.

### **Support Services**

- Advocate for, empower, and support family caregivers to help them navigate available services and care for their loved ones at home for as long as possible.
- Support family caregivers by planning, developing, and coordinating resources including one-on-one consultations and care planning advice, caregiver support groups, information and referral, and respite services.
- Offer programs to reduce caregiver stress including the Alzheimer's Association 12-hour evidence-based Savvy Caregiver.
- Explore offering a bereavement group.
- Increase outreach and support to isolated family caregivers including LGBTQ individuals, grandparents raising grandchildren, and non-English speaking and LEP caregivers and older adults.
- Partner with agencies including the Alzheimer's Association to assist families impacted by Alzheimer's disease; connect families to needed services and supports.
- Identify and implement appropriate technologies to support and assist family caregivers
- Continue offering and promoting co-located caregiving programs in collaboration with COAs and local community organizations including Memory Cafés and the Iron Stone Horse Farm Dementia Caregiver Program.
- Continue existing and offer new caregiver respite support groups that reduce isolation and provide peer connection, stress relief, and guidance, while care recipients participate in activities facilitated by a home care aide.

# Goals, Strategies and Performance Measures for 2026-2029 Area Plan

## Goal 1:

Promote the health and well-being of older adults and caregivers by providing access to leisure, social, and recreational programs that support independent living and enhance quality of life

- **Strategy:** Expand Healthy Aging programs by increasing the number and variety of offerings and exploring the use of Health and Wellness Toolkits for independent learning.
  - **Performance Measure:** Number of new program options introduced, total number of programs run and number of Health and Wellness Toolkits distributed to participants.
- **Strategy:** Develop a comprehensive calendar of activities across the PSA by collaborating with partner organizations to increase access to programs that align with older adults' interests and availability.
  - **Performance Measure:** Number of partner-submitted activities included in the calendar and total number of older adults reached through programming.
- **Strategy:** Partner with providers, Councils on Aging (COAs), and community organizations — both existing and new — to offer caregiver respite support groups across the service area.
  - **Performance Measure:** Number of caregiver respite support groups offered, and number of partner organizations engaged.

## Goal 2:

Enable older adults and individuals with disabilities to live independently in their homes for as long as possible through the provision of high quality, cost-effective interventions.

- **Strategy:** Provide and coordinate access to a wide range of in-home and community-based services through effective management of state and MassHealth-funded care programs, including the State Home Care Program, Community Choices, ECOP, Adult Day Health, Group Adult Foster Care, SCO, PACE, and One Care.
  - **Performance Measure:** Number of individuals served across each care program and percentage of participants receiving ongoing care management services.
- **Strategy:** Provide Clinical Care Management Services with contracted mental/behavior health care providers to support older adults in need of more intensive community supports.
  - **Performance Measure:** Number of older adults connected to clinical care management services and mental/behavior health care providers.

### Goal 3:

Provide clear, concise, and easily accessible information on resources, services, and supports to help older adults and caregivers make informed decisions for themselves and their care recipients.

- **Strategy:** Increase engagement and outreach across the PSA to connect residents, especially those in diverse and limited English proficiency communities, with information about benefits, services, and caregiver resources.
  - **Performance Measure:** Number of outreach events held, materials distributed in multiple languages, and individuals reached in high-diversity or limited English proficiency areas.
- **Strategy:** Provide comprehensive support to family caregivers by planning, developing, and coordinating resources, with targeted outreach to isolated caregivers, including LGBTQ individuals, grandparents raising grandchildren, and non-English speaking or LEP populations.
  - **Performance Measure:** Number of caregivers served, disaggregated by target population, and number of new resources or support efforts developed and implemented.
- **Strategy:** Collaborate with Title III Grantees and community partners to share information, promote mutual referrals, and boost enrollment in supportive programs across the PSA.
  - **Performance Measure:** Number of partner collaborations, mutual referrals made and measured increase in enrollment in supportive programs.

### Goal 4:

Address social isolation by connecting older adults to opportunities that are positive, engaging, and promote overall health.

- **Strategy:** Increase engagement in the Social Engagement Program to reduce isolation among older adults.
  - **Performance Measure:** Number of participants enrolled in the Social Engagement Program and frequency of engagement activities.
- **Strategy:** Cultivate and promote a diverse range of volunteer opportunities to connect older adults with meaningful roles in the community.
  - **Performance Measure:** Number of older adult volunteers engaged, and summary of activities contributed monthly and/or annually.
- **Strategy:** Enhance support for isolated older adults living alone by providing Home Delivered Meals and healthy bulk fresh food deliveries.

- **Performance Measure:** Number of individuals served through home-delivered nutrition services and frequency of deliveries and increased rates of satisfaction with home delivered services as reported by consumer survey respondents
- **Strategy:** Develop and market virtual Healthy Aging workshops (A Matter of Balance, Chronic Disease Self-Management) to reach isolated and homebound older adults.
  - **Performance Measure:** Number of virtual workshops offered and participant enrollment rates among homebound individuals.
- **Strategy:** Expand the MVES “Mystic Tea” social program for LGBTQ+ older adults.
  - **Performance Measure:** Number of participants attending Mystic Tea events and frequency of gatherings.
- **Strategy:** Continue partnerships with Title III grantee organizations to host inclusive community social events, with a focus on LGBTQ+, economically disadvantaged, and LEP older adults.
  - **Performance Measure:** Number of events co-hosted with grantees and demographic makeup of event attendees.
- **Strategy:** Identify and invite eligible nonprofit organizations with programs addressing older adult social isolation to apply for Title III funding during the RFP cycle.
  - **Performance Measure:** Number of organizations invited to apply, and applications received from organizations focused on social isolation.

## Goal 5:

Actively promote and support the ability of older adults to remain in the community setting of their choice.

- **Strategy:** Utilize Comprehensive Screening and Services Model (CSSM) and Clinical Assessment and Eligibility (CAE) processes to assess eligibility for long-term care facility placement and to support transitions from institutional settings back to the community when appropriate.
  - **Performance Measure:** Number of individuals assessed using CSSM and CAE tools, and number successfully transitioned from long-term care facilities to community-based settings.
- **Strategy:** Educate and advise older adults on home-related cost-saving programs such as the Circuit Breaker tax credit, fuel assistance, property tax work-off programs, H.O.M.E. program, and available legal services.
  - **Performance Measure:** Number of individuals reached through outreach and educational efforts and referrals made to specific programs.



- **Strategy:** Address transportation insecurity across the PSA by prioritizing outreach to low-income and underserved residents, continuing the TRIP volunteer-based transportation program, and collaborating with partners to develop an accessible transportation options guide.
  - **Performance Measure:** Number of individuals served through TRIP, number of guides distributed or accessed, and increase in transportation access among targeted populations.
  
- **Strategy:** Inform consumers and caregivers about and facilitate access to innovative and assistive technology through our Technology Access Program (TAP), while pursuing grants to expand this program or develop new ones.
  - **Performance Measure:** Number of consumers and/or caregivers assisted through TAP, and amount of grant funding secured to support program growth.
  
- **Strategy:** Inform consumers about and facilitate access to bill paying services available through the Money Management Program, while pursuing grants to support this work.
  - **Performance Measure:** Number of consumers enrolled in MMP, and amount of grant funding secured to support program growth.

## Required Attachments

### **Attachment A: Area Agency on Aging Assurances and Affirmation**

*For the Federal Fiscal Year 2026, October 1, 2025, to September 30, 2026, the named Area Agency on Aging (Mystic Valley Elder Services) hereby commits to performing the following assurances and activities as stipulated in the Older Americans of 1965, as amended in 2020:*

#### OAA Sec. 306, AREA PLANS

(a) 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 sub-clause (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 sub-clauses (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 (42U.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 areawide 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)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(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;

(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

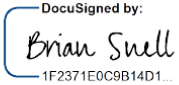


(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(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 2026 and affirm their Area Agency on Aging's adherence to them.***

**Area Agency on Aging:**

7/9/2025	
Date	Signature – Brian Snell Chairperson of Board of Directors
7/9/2025	
Date	Signature – Mary Prenney Chairperson of Area Advisory Council
7/8/2025	
Date	Signature – Lisa Gurgone Area Agency on Aging CEO

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

*Area Agencies on Aging must provide responses, for the Area Plan on Aging (2026-2029) in support of each Older Americans Act (OAA), as amended 2020, citation as presented below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.*

---

### **1. OAA Section 306 (a)(4)(A)(i)(I)**

**Describe the activities and methods that demonstrate 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;

### **AAA Response:**

Mystic Valley Elder Services, Inc. (MVES) continues to provide and manage a broad array of person-centered, in-home, and community-based services, along with ongoing care management, to meet the needs of older adults, particularly those with the greatest economic and social need and those at risk of institutional placement. MVES ensures that all consumers, regardless of language proficiency, can access services. This commitment includes a wide range of bilingual and bicultural staff as well as access to professional translation and interpreter services. MVES has developed specific services to support low-income minority older adults and those with limited English proficiency. These services are outlined below and demonstrate how MVES utilizes funding from the Older Americans Act and other sources to meet the diverse needs of the populations we serve.

The MVES Nutrition Program operates 20 congregate dining sites, offering both hot and cold meals, including culturally specific options such as Caribbean meals served in Chelsea. The home-delivered meals program manages over 63 routes each day, delivering more than 2,500 meals daily. Meal options include breakfast, hot and cold meals, and culturally diverse choices such as Kosher, Chinese, Haitian, Caribbean, Vegetarian, and Russian-style cuisine. To meet specialized dietary needs, MVES provides medically tailored meals, including Carb-Controlled, Cardiac, and Renal diets, as well as textured modifications like chopped/soft, ground, and pureed meals. Additionally, the Nutrition Department coordinates monthly deliveries of nutritional supplements, such as Glucerna and Ensure, to support the health and well-being of participants.

In addition, MVES care managers, nutrition staff, and both staff and volunteers from the Money Management and SHINE (Serving the Health Insurance Needs of Everyone) programs help consumers access SNAP benefits. Farmers Market coupons are distributed annually, and bags of fresh produce are provided through partnerships with local farms.

MVES' Information and Referral Department and staff and volunteers from the SHINE program ensure that older adults and individuals with disabilities receive accurate and timely information about a wide range of services and providers. SHINE counselors offer health benefits counseling, provide information about the One Care program, and assist consumers in selecting the most appropriate and cost-effective health insurance and prescription drug plans. In FY 24, 2,527 individuals across the 11 cities and towns in MVES' service area received assistance from a SHINE counselor.

The Technology Assistance Program (TAP) offers both group and one-on-one instruction to older adults on the use of technology. TAP participants are taught how to connect with others through messaging and social media apps and phone calls and are given access to mobile devices if they do not have one. MVES has partnered with the Greater Boston Chinese Golden Age Center and the Chelsea Senior Center to broaden the program's reach and effectiveness. Through FY25 TAP has had a large impact in our PSA reaching 242 unduplicated individuals by facilitating almost 50 guided classes and 100 individual support both at participants' home and various community settings.

MVES administers Title III grants through Older Americans Act (OAA) funding, and sub-grantees are required to meet the needs and interests of priority populations. These sub-grantees submit monthly reports and are monitored annually to ensure compliance and effectiveness. This grant structure allows MVES to extend services to a wider population through strategic partnerships. In addition to these subgrantees MVES using Title III funds to support our Healthy Aging program which provides evidence-based health education programs throughout our PSA.

MVES offers several other services that support priority populations, beyond those funded through the OAA. These include the Home Care Program, Enhanced Community Options Program, and the Community Transition Liaison Program. Each of these initiatives focuses on reaching those older adults most in need of support and connecting them with the necessary services and resources. MVES also operates One Care and Senior Care Organization (SCO) programs, which provide comprehensive care coordination for individuals dually eligible for MassHealth and Medicare.

## **2. OAA Section 306 (a)(4)(A)(ii)**

### **Describe the activities and methods that demonstrate 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 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 [as germane] within the planning and service area;

**AAA Response:**

MVES has 50 years of experience delivering innovative programs, services, and resources to support older adults, people with disabilities, and their caregivers across 11 communities north of Boston. We serve a racially, ethnically, and socioeconomically diverse population, including the Gateway Cities of Chelsea, Everett, Malden, and Revere. MVES is committed to cultural inclusivity across all programming. Our multilingual team includes staff fluent in Arabic, Belorussian, Cantonese, French, Haitian Creole, Italian, Khmer, Mandarin, Russian, Spanish, Taiwanese, Ukrainian, and Vietnamese. We regularly translate vital program information into commonly spoken languages such as Chinese and Spanish, and our website is equipped with multilingual translation features to ensure broader accessibility.

MVES is committed to enhancing partnerships with local organizations to better understand and address the needs of the populations we aim to serve. We work to fund collaborations with these organizations through the issuance of our Title III grants. Within the Title III grant application process each organization is required to clearly show that they will be reaching those individuals in our PSA with the greatest social and economic need which includes those with limited English proficiency and low-income minority individuals. During the grant review process these answers are considered to decide the best organizations to provide with a Title III grant. MVES incorporates specific provisions in all provider agreements to ensure that contracted service providers effectively address the needs of low-income minority individuals and older adults with limited English proficiency. All external service providers must attend a mandatory orientation that outlines the objectives of the Area Agency on Aging (AAA). This includes a particular emphasis on equitable service delivery to underserved populations and details the processes for ongoing compliance and performance reporting.

MVES maintains data-driven oversight of all providers, who are required to submit monthly reports. These reports must include the total number of individuals served, with a breakdown of demographic information on newly served clients.

In addition to these regular reports, MVES maintains active communication with providers throughout the year, offering technical assistance, clarification of requirements, and strategic guidance as needed. Each provider also undergoes an annual monitoring visit to evaluate adherence to contractual obligations and to ensure that services are delivered in alignment with MVES' mission and federal funding guidelines.

### **3. OAA Section 306 (a)(4)(B)**

#### **Describe how the AAA 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 organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

#### **AAA Response:**

MVES conducts regular outreach that is targeted at older adults with the greatest economic and social need, older adults with disabilities, older adults with limited English proficiency as well as those at risk of institutional placement or with Alzheimer’s disease or related neurological brain dysfunction (and caregivers.) This outreach is conducted through a coordinated effort from all departments within MVES to make sure that we are having the largest impact on the community. The outreach committee at MVES is comprised of representatives from all consumer-facing departments, including Clinical Services, Nutrition, Protective Services, Community Programs, and Information, Referral and Intake. The Committee meets once a quarter to review current outreach plans, with a focus on reaching those older adults and caregivers with the greatest needs.

Outreach efforts include participation in community health fairs at local Councils on Aging or community events, partnering with local community-based organizations to provide information and referral resources, working with banks for programs on abuse and financial fraud, offering nutrition information sessions led by a registered dietitian, and more. In addition, MVES partners with local housing sites to coordinate distribution of information to residents, presentations on various health and wellness topics, and other services as needed. MVES works closely with these community partners and leaders who know each community well and can assist in connecting with those older adults in greatest need as listed above. In the MVES Outreach Committee we continually brainstorm new relationships to build to continue to grow our community of partners thus expanding our reach further.

### **4. 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;

**AAA Response:**

Every four years, MVES engages in a community Needs Assessment, which provides an opportunity to hear directly from the older adults and caregivers in our PSA. Surveys are distributed throughout the PSA, both in paper and online, with questions available in 14(?) languages. MVES also has the option of conducting focus groups and interviews with stakeholders.

All data collected through the Needs Assessment is analyzed by the MVES Quality Improvement staff. MVES relies on a continuous QI model, through which both quantitative and qualitative data is collected, analyzed, and applied to make modifications to programs, processes, and systems. The Quality Improvement team uses this same approach when analyzing the Needs Assessment data, to determine needs throughout the overall MVES PSA. Results are broken out by community, as well as by respondent age and income level. The data, which informs the area plan, is shared with local community leaders, MVES stakeholders, and agency staff. All are invited to submit feedback on the initial draft version of the plan, which is finalized once that input is collected. This process ensures that the work of MVES is aligned with the needs of our community and allows us to ensure that the sub-grantees we fund are meeting these needs as well.

Once funded, Title III sub-grantees are contractually obligated to conduct program evaluations and with results reported 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.

In all its work, MVES advocates for and supports policies, programs, and activities that enable older adults and adults living with disabilities to remain in the community and supports caregivers in our PSA. Much of this advocacy is done through outreach to and with the support of various stakeholders. MVES has an active Advisory Council and Board of Directors, which includes appointees from at least 60% of the Councils on Aging in the PSA. MVES also maintains direct communication with local, state, and federal policymakers and has a solid working relationship with older adult advocacy organizations. MVES representatives actively participate in local, state, and national efforts that impact policies, programs, and activities for older adults, adults living with disabilities, and family caregivers. These efforts include one-on-one meetings with legislators, representatives for AARP, Councils on Aging, Mass Senior Action Council, Dignity Alliance of Massachusetts, local community based “HUB” coalitions, local boards of health, and Mass Aging Access staff and supporters, among others.

MVES hosts an annual well-attended legislative breakfast that features a consumer or family caregiver who shares details of their personal connection to MVES. Other consumer stories are communicated through the electronic newsletter *The Beacon*, via social media, and in local newspapers. MVES maintains membership in USAging, Meals on Wheels of America, and other appropriate advocacy organizations.

**5. OAA Section 306 (a)(6)(I)**

**Describe the mechanism(s) for assuring that the Area Plan will include information detailing how the AAA will:**

(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;

**AAA Response:**

Mystic Valley Elder Services will coordinate with the state agency to ensure that information about assistive technology entity and access to assistive technology options is shared with older adults in our PSA. Members of our Information and Referral department will actively share resources on assistive technology at the events and programming in which they participate. In addition, our staff regularly attend relevant events and trainings and share information on the assistive technology available for our consumers.

**6. OAA Section 306 (a)(7)**

**Describe how the AAA will address the following assurances:**

(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;



### **AAA Response:**

MVES has a 50-year history of serving older adults and individuals with disabilities by providing access to and managing a variety of in-home and community-based services. These include administration of various programs, including the State Home Care program, Enhanced Community Options Program (ECOP), as well as MassHealth funded programs including Community Choices, Senior Care Options (SCO), and One Care.

MVES Resident Services Coordinators staff supportive housing sites in twenty communities, providing support for the older adults and adults with disabilities living there. MVES provides Information & Referral services, in-home behavioral health services, Money Management (both billpayer and representative payee), and access to legal services. MVES manages the Serving the Health Insurance Needs of Everyone (SHINE) program for a 16-city and town region and interacts directly with MassHealth specialists on a regular basis who assist care managers with applications and answer technical questions.

MVES offers a successful Hospital to Home Partnership Program, which embeds MVES staff in a local hospital to ensure consumers a smooth and safe transition back to the community with the appropriate supports in place.

MVES is a member of the Metro Boston ADRC; works closely with Eliot Community Health Services, North Suffolk Mental Health and Riverside Community Care; has a long-established relationship with the Middlesex County District Attorney's office and with first responders throughout the PSA. MVES staff members participate in monthly multidisciplinary meetings focused on identifying and supporting high-risk residents across several cities and towns within our service area such as the Stoneham Police Department High Risk Meeting. These meetings, led by local police departments, bring together a range of community partners to collaborate on intervention strategies and resource coordination. MVES attends meetings in Chelsea, Medford/Malden, Melrose, Stoneham, and Wakefield. Other key collaborators include the 11 Councils on Aging in the PSA; local housing authorities; the Community Action Programs that serve the MVES cities and towns including: ABCD, CAPIC, and local community-based organizations including: Bread of Life, Housing Families, and The Bridge Recovery Center to name a few.

MVES is engaged in a partnership with Door2Door by SCM Community Transportation and the MBTA and 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) committee. Representatives from community affiliates serve on the MVES Board of Directors, the Advisory Council and other agency committees. These affiliates include Tufts Medicine Melrose Wakefield Hospital, the Gerontology Program at UMASS Boston, Those Who Can for Those in Need, as well as several community banking institutions. Mystic Valley is a member of

several local Chambers of Commerce and has an excellent relationship with both local leaders and Massachusetts legislators who represent communities in the PSA.

Since 2010 MVES has successfully promoted, managed, and conducted evidence-based wellness programs through the agency, via partnerships, and by sub-granting Title III D funds. Programs offered include Chronic Disease Self-Management, Chronic Pain Self-Management, Diabetes Self-Management, Enhance® Fitness, Matter of Balance, Powerful Tools for Caregivers, Savvy Caregiver, Tai Chi for Arthritis, and A Matter of Balance Fall Prevention. Community partners include local senior centers and libraries, 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. Through FY25 MVES conducted over 50 evidence-based courses throughout our PSA. This does not include the evidence-based courses that were run through the title III grantees listed above. These courses reach approximately 500 individuals throughout our PSA over the course of FY25.

#### **7. OAA Section 306 (a)(10)**

**Provide the policy statement and 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;

#### **AAA Response:**

MVES is committed to providing the highest quality information, programs, and services to achieve successful outcomes and improve the lives of older adults and people with disabilities. 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. MVES conducts monitoring visits for all Title III sub-grantees, during which they are questioned about their grievance policies and procedures.

MVES has a written grievance policy and procedure that is shared with all staff. This policy is as follows:

**Purpose**

To ensure that concerns, complaints, and grievances are quickly and thoroughly evaluated/investigated and acted upon to resolve, improve services, and prevent further potential incidents, violations and/or complaints.

**Policy**

Mystic Valley Elder Services, Inc. (MVES) is committed to providing excellent service to its consumers and to creating a safe and welcoming environment for all employees. The agency will promptly and thoroughly evaluate, investigate, and resolve all complaints and grievances regarding agency programs and services and workplace issues, such as unjust treatment, harassment, and/or health and safety concerns.

**Procedure**

Consumers and third-party agency partners can file complaints to express dissatisfaction with MVES services and programs and interactions with agency staff. A complaint is any expression of dissatisfaction where a response or resolution is explicitly or implicitly expected. Complaints can be made verbally or in writing and there is no difference between a “formal” and “informal” complaint. All incidents and complaints are investigated by the manager. All incidents must be documented on the Incident and Complaint form (Attachment G).

The manager shall investigate the incident and shall make every attempt to develop a resolution within 15 business days. The individual investigating will make attempts to speak to the reporter and all individuals identified as involved on the form. Management shall ensure the investigation is conducted in a timely manner, investigated adequately, and appropriately documented. If not resolved within 15 days the incident, complaint or grievance is referred to the COO.

**8. OAA Section 306 (a)(11)****Describe the procedures for assuring 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;

### **AAA Response:**

MVES is committed to serving older Native Americans throughout our PSA by providing culturally responsive information, services, and support. Our efforts include outreach, engaging activities, and coordinated service delivery. A review of the most recent US Census data compiled in the Healthy Aging Data Report from the team at the Gerontology Institute in the Manning School of Nursing and Health Sciences at UMASS Boston found that only 271 of the over 87,000 individuals over the age of 65 who live in the communities served by MVES are Native American.

MVES provides home delivered meals and congregate dining opportunities to promote nutrition and social connection for older Native Americans in our PSA. In addition, MVES provides access to Home Care services designed to support independence and well-being. Our Information and Referral department connects older Native Americans to appropriate resources and referrals as identified through outreach and community engagement.

To strengthen these efforts, MVES will also identify and connect with organizations serving larger Native American populations, building partnerships that enhance access to our programs and ensure services are responsive to the community's needs.

### **9. 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;

### **AAA Response:**

MVES has developed Emergency Preparedness plans that offer detailed procedures for staff to follow to ensure the continuance of essential agency functions in circumstances that lead to serious staff reduction, reduce direct care workforce capacity, leave consumers at risk, pose cyber/security threats, disrupt communications and/or business operations (e.g. extreme weather, public health emergencies, circumstances that impact business operations and other disasters). The plan also identifies current local, state, federal and other emergency preparedness resources.

MVES has developed two agency documents relating to emergency preparedness that are updated annually:

- Continuity of Operations Plan (COOP)
- Disaster Preparedness and Response Plan

These documents provide guidance on disaster/emergency preparation, agency leadership succession and specific responsibilities of staff in the event of an emergency and/or disaster. They include the use of a completed risk assessment. MVES department protocols are reviewed regularly to ensure that staff contact is maintained with our highest risk consumers, and the plans are reviewed annually. The plans will include alternative communication strategies in the event that the MVES office building cannot be occupied.

MVES participates in a Memorandum of Agreement which cements the collaborative arrangement with Somerville Cambridge Elder Services which specifies inter-agency cooperation for sharing space, technology and other resources in the event that one of the parties must evacuate their building premises following an emergency or disaster. This document is updated annually.

All Massachusetts Area Agencies on Aging, including MVES, annually receive a letter from AGE instructing AAA staff on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers.

As part of the MVES Title III Program Application process, organizations receiving OAA funding must submit their Evacuation and Disaster Plan. This plan is reviewed annually during the program monitoring process.

In response to the FFY2024 Older Americans Act Final Rule, by October 1, 2025, MVES strengthened its emergency planning documents and tools to comply with § 1321.97 and § 1321.103 of the 2024 OAA Final Rule, including:

- MVES' Continuity of Operations Plan will be expanded to outline the agency's All Hazards Emergency Response Plan (including fire, flood, snow, hurricane, and cyber incidents).
- The COOP will identify critical functions (operations and services), key staff for those functions, and 2 levels of succession for key staff (Successor 1, Successor 2) in the event of any emergency. Additionally, the plan will address a training plan so that all Successor staff will be trained in their assigned critical functions.
- Mystic Valley Elder Services' emergency preparedness documents will contain provisions that the plans will be updated and exercised annually, giving staff an opportunity to practice the plan and ensuring that building evacuation procedures are up to date. These building evacuation procedures will:
  - Be placed in a prominent location
  - Outline emergency evacuation procedures including:
    - Rally point
    - Evacuation routes which include provisions for evacuation procedures for people with disabilities

- Provisions to ensure that all staff have left the building/are accounted for
- Mystic Valley Elder Services has reviewed and strengthened its long-range emergency and disaster preparedness protocols by the October 1, 2025 Final Rule deadline, reviewing and updating our commitment to coordinated emergency response with AGE, other AAAs, MEMA, our PSA Councils on Aging, service providers, etc.

#### **10. 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.

#### **AAA Response:**

Under the Older Americans 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 older adults, persons with disabilities, and from minority populations. GBLS focuses its work 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.

## **Attachment C: Area Agency on Aging, Planning and Service Area Map**

Mystic Valley Elder Services  
300 Commercial Street, Suite 19, Malden, MA 02148  
781-324-7705 | TDD: 781-321-8880 | FAX: 781-324-1369  
[www.mves.org](http://www.mves.org)



## **Attachment D: Area Agency on Aging, 2025 Needs Assessment Project and Public Input to Area Plan on Aging**

**[1. AGE: Present a summary of the 2025 Needs Assessment Project as conducted by the AAA. Include process, data collection methods, findings, and lessons learned toward targeting OAA identified populations and in development of the Area Plan on Aging.]**

### **AAA Response:**

In the fall of 2024, Mystic Valley Elder Services (MVES) conducted a community needs assessment to better understand the evolving needs of older adults, individuals with disabilities, and their caregivers. This Needs Assessment serves as the basis for shaping the Area Plan and guiding decisions about services that MVES should develop, improve and/or expand over the next four years.

To get the best results from the Needs Assessment, MVES conducted various outreach efforts to gather input from older adults and their caregivers across the service region. MVES worked with the 11 cities and towns in our Planning and Service Area (PSA) to receive the voting registration for each community. From those reports, we were able to put together a list of approximately 300 older adults from each city/town who did not access services through MVES or live in a building with a MVES resident services coordinator to mail surveys to. This technique would bring in survey responses from individuals who were otherwise not connected to MVES and thereby enrich the results from the assessment.

In addition to the mailings, surveys were distributed through a network of community partners. The needs assessment was emailed to organizations such as Councils on Aging (COAs) and Title III Grant partners, along with flyers they could display. These flyers included the online survey link and translated copies of the assessment in the languages spoken by the communities they serve. MVES staff also visited these locations to deliver printed surveys, flyers, and self-addressed return envelopes to make participation as accessible as possible. To further expand outreach, surveys and return envelopes were included in Meals on Wheels deliveries and distributed at supportive housing sites. To further encourage participation, MVES brought copies of the Needs Assessment Survey and flyers with a QR code when at public events such as town days or wellness fairs. MVES also conducted targeted outreach to caregivers during MVES' Caregivers Gala on November 14, 2024 where attendees received copies of the Needs Assessment so that the voices of both caregivers and care recipients were represented in the assessment. Lastly, MVES posted the link to the online Needs Assessment on our website so that visitors to the MVES website could complete the survey if desired.

A total of 488 individuals responded to the Needs Assessment well exceeding our goal of 250 surveys. Of those, 434 were self-respondents and 54 were caregivers providing insight into the challenges they and their care recipients face.



It is important to note that the data gathered from these surveys reflects the perspectives of those individuals who opted to participate. As mentioned above, efforts were made to reach a wide cross-section of adults and caregivers across the MVES PSA, it is likely that certain groups may be overrepresented, while others (including homebound individuals and those with pressing medical, housing, or financial needs) may be underrepresented.

Among older adult respondents, the most common needs identified were:

1. **Staying Active/Wellness Promotion (59%)** – *finding classes on healthy aging, information on physical wellness, fitness program, exercise classes for older adults, and support for caregivers.*
2. **In-Home Support for Maintaining Independence (54%)** – *help with aging in place, assistance with activities of daily living, home and property maintenance, housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.*
3. **Opportunities for Leisure, Recreation, and Socialization (53%)** – *finding and participating in social activities, information about programs, reduced rates at sites/museums, outdoor spaces for seniors, and socialization in rural communities.*
4. **Affordable Health Care (51%)** – *accessing affordable health services, insurance, managing prescription costs.*
5. **Transportation Access and Availability (49%)** – *finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.*

Caregiver respondents' most identified needs were:

1. **Community Resources (52%)** - *Information about community resources and services available to caregivers.*
2. **Training and Education (46%)** - *Training on caregiving skills, dementia care, and information on managing specific conditions.*
3. **Transportation Services (46%)** - *Access to transportation for the care recipient's medical appointments and other needs.*
4. **Support Groups (44%)** - *Access to support groups for emotional and social support.*
5. **Respite Care (43%)** - *Temporary relief from caregiving responsibilities.*

Comparing the identified needs from this assessment to those from the previous needs assessment conducted in 2020 is difficult because the format and style of the questions differed significantly. Additionally, this assessment approached the concept of need from a different perspective, making direct comparisons challenging. Nevertheless, some consistent trends emerged — particularly a continued interest in active wellness opportunities and a strong desire for activities that help reduce social isolation.

MVES also held a focused discussion with the Council on Aging directors or designated staff on October 17, 2024. Representatives from all 11 communities were invited, and we had attendees from Wakefield, Medford, Melrose, Chelsea, Everett, Revere, Stonham and North Reading. During this session, participants spoke about many different topics and there were

common themes. Participants consistently emphasized the need for increased support for mental health services, noting that the resources currently available at their community sites are never sufficient to meet the demand. They also highlighted ongoing challenges related to transportation and housing. When asked what keeps them up at night, many shared a common concern: “Am I doing enough?”—a reflection of the needs in their communities. In addition, they expressed concern for the older adults who remain out of reach, those who are not actively seeking services but may still be in need, and who often go unnoticed until a crisis occurs.

The findings from this Needs Assessment and focus group will serve as the foundation for the MVES Area Plan for 2026 to 2029. Strategies to address the documented needs of local older adults and caregivers will include both the continuation of long-established MVES services and programs, as well as the introduction of new initiatives designed to meet evolving concerns.

**[2. AGE: In alignment with Needs Assessment Project goals and summary data released to AAAs, Needs Assessment Project Review, AAAs that did not meet AGE recommendations per PSA populations for survey responses by population - >100K pop = 750 surveys; <100K pop = 250 surveys - are required to develop strategies and plans to address their outreach methods and are required to develop an action plan for implementation by the year end 9.30.2026.]**

**AAA Response:**

Not Applicable

**[3. AGE: The Needs Assessment Project Review data release identifies circumstances where towns /municipalities realized zero survey responses. AAAs with such data points must develop strategies to foster older adults and family caregivers in the towns/municipalities as identified and incorporate such approaches and timeframes for implementation within their Title III operation. While items 2. and 3. can be addressed within Attachment D, AGE will require separate submission of follow-up reports for 2. and 3.]**

**AAA Response:**

Not Applicable

**[4. AGE: Aligning with 45 CFR 1321.65 (b)(4), describe how the AAA considered the views of older adults, family caregivers, service providers and the public in developing the Area Plan on Aging, and how the AAA considers such views in administering the Area Plan. Include a description of the public review methodology, timeline of the public review and comment periods, summaries of public input (including Board and Advisory Council), and how the AAA responded to public input and comments in the development of the Area Plan.]**

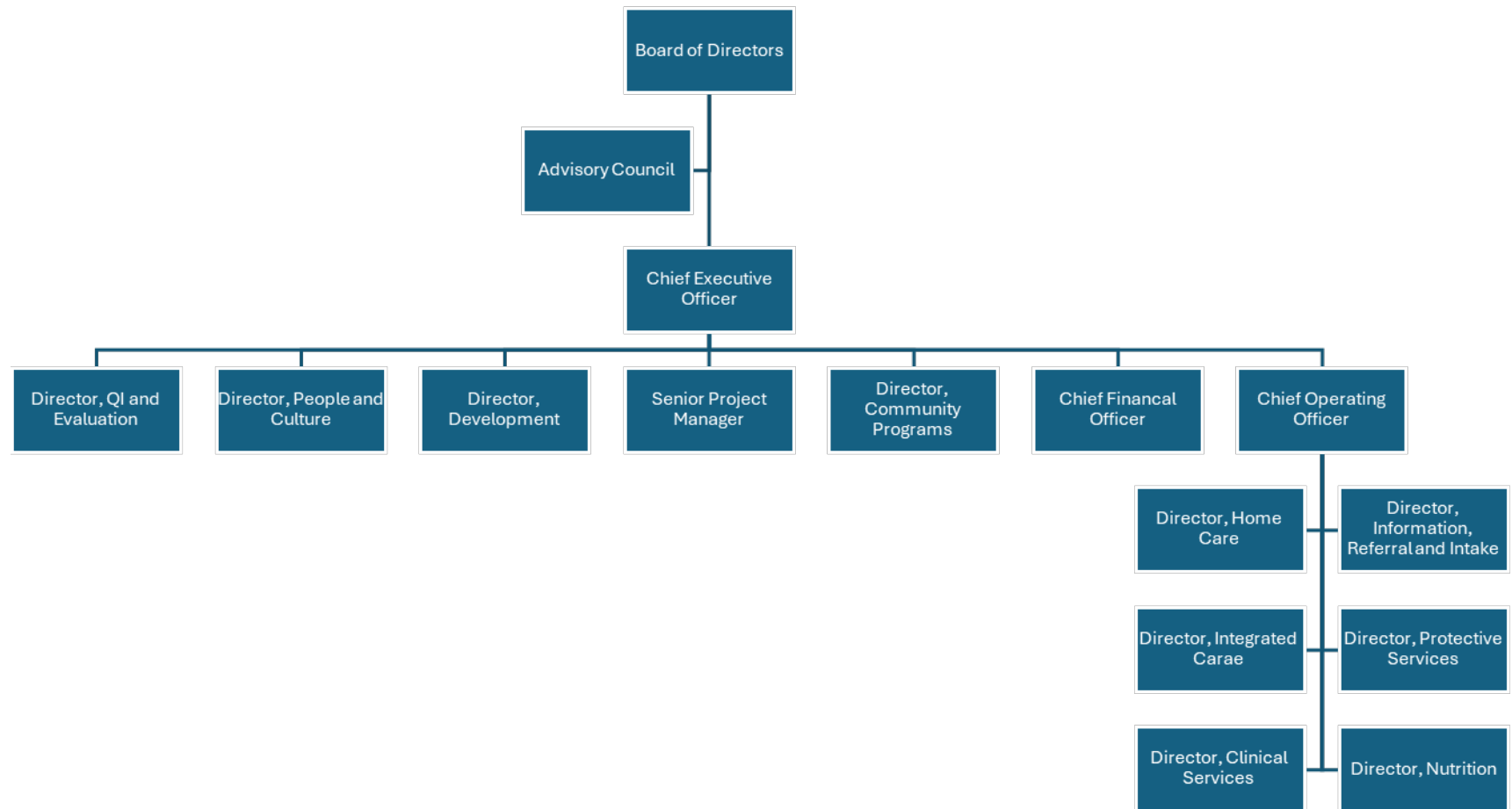
**AAA Response:**

The draft Area Plan was posted on the MVES website on June 5th, where it remained open for public comment for 30 days. Community members were invited to download the plan and provide feedback via email or phone, ensuring transparency and encouraging public engagement in the planning process. This information was also shared on our social media platforms and was added to the banner on the front page of the website to make the document easy to navigate to.

In addition to the public posting, copies of the draft plan were emailed to the MVES Advisory Council and Board of Directors for their review and input. The plan was also shared with the agency's Leadership Team to gather feedback from internal stakeholders. This multi-tiered review process ensured that the plan was carefully evaluated from both community and organizational perspectives before being finalized.

During this review process we received comments and feedback from five external stakeholders. An overall summary of the feedback was that the document read well and covered topics and information well. Many of the comments were focused on minor changes around layout and punctuation. Some of the feedback included the use of language and making sure that the document was inclusive specifically around the work with socialization activities. This feedback was incorporated into the final document as well as the other minor edits.

## Attachment E: Area Agency on Aging, Leadership Organizational Chart



## **Attachment F: Administrative and Financial Information**

[illegible]

**AREA PLAN ON AGING, 2026 - 2029**  
**Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2026**

Area Agency on Aging:	Mystic Valley Elder Services		

[illegible]

60%	Percentage of the Advisory Council that are 60+ years of age. *	
30%	Percentage of the Advisory Council that are minority persons.	
20%	Percentage of the Advisory Council that are 60+ and minority persons.	

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

**AREA PLAN ON AGING, 2026 - 2029**  
**Form 3 - Focal Points - Federal Fiscal Year 2026**

	<b>Area Agency on Aging:</b>	<b>Mystic Valley Elder Services</b>					
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
Chelsea Council on Aging	10 Riley Way	Chelsea	X	X		X	
Everett Council on Aging	90 Chelsea Street	Everett	X	X		X	
Markey Senior Center	7 Washington Street	Malden	X	X	X	X	X
Medford Council on Aging	101 Riverside Drive	Medford	X	X	X	X	X
Melrose Council on Aging	235 West Foster Street	Melrose	X	X	X	X	X
Edith O'Leary Sr Center	157 Park Street	North Reading	X	X	X	X	X
Reading Elder Services	16 Lowell Street	Reading	X	X		X	
Rossetti-Cowan Sr Center	25 Winthrop Avenue	Revere	X	X	X	X	
Stoneham Senior Center	136 Elm Street	Stoneham	X	X	X	X	
Wakefield Council on Aging	30 Converse Street	Wakefield	X	X	X	X	
Winthrop COA /Deleo Sr Center	36 Harvard Street	Winthrop	X	X	X	X	

<b>AREA PLAN ON AGING, 2026 - 2029</b> <b>Form 4a - Title III-B Funded Services - Federal Fiscal Year 2026</b> <b>Programs Funded in Whole or in Part by Title III-B</b>									
Area Agency on Aging: <b>Mystic Valley Elder Services</b>									
FUNDED SERVICES	EOEA Use Only	Title III Funding Category	Direct Service Status (Y/N)	Goal Number	Title III Code #s ('1 to '135)	Minimum Adequate Prop Svc 'A', 'I', 'L', 'O' (&)	Name of Evidence- Based Program In Use	FFY2026 FUNDING - PLANNED	
								Title III-B Funding (Planning and Estimated Carryover)	Non-Title III Funding
<b>AAA or PROVIDER</b>									
Bread of Life		B	N		39,40	A		\$5,000.00	\$882.35
Chinese Culture Connection		B	N		6,13,14,37	A, I		\$10,000.00	\$1,764.71
Greater Boston Chinese Golden Age Center		B	N		6,13,37	A		\$10,000.00	\$1,764.71
Greater Boston Legal Services		B	N		11	L		\$55,800.00	\$9,847.06
GreenRoots		B	N		13,23,32,52	A		\$10,000.00	\$1,764.71
Housing Families, Inc.		B	N		11,31	L		\$15,000.00	\$2,647.06
Immigrant Learning Center		B	N		11,6	A		\$10,000.00	\$1,764.71
Latinos Unidos en Massachusetts		B	N		6,13,14,37	A		\$5,000.00	\$882.35
Mass Alliance for Portuguese Speakers		B	N		6,13,31, 37	A		\$10,000.00	\$1,764.71
Medford Council on Aging		B	N		23,31,52.89	A		\$5,000.00	\$882.35
Melrose Council on Aging		B	N		23, 131	A		\$5,000.00	\$882.35
Reading/Burbank YMCA		B	N		22, 33	A		\$5,000.00	\$882.35
MVES Clinical Care Management		B	Y		13,23,	I		\$1.00	\$1.00
MVES Information & Referral		B	Y		13	A		\$303,991.00	\$186,135.00
MVES Social Engagement Program		B	Y		33,35	A		\$1.00	\$1.00
MVES Technology Access Program		B	Y		75	A		\$1.00	\$1.00
(&) Minimum Adequate Proportion Services: A - access; I - inhome; L - Legal; O - other.									
Total								\$449,794.00	\$211,867.41



**AREA PLAN ON AGING, 2026 - 2029**  
**Form 4b - Title III-C (1 and 2), D, E and OMB (III and VII) Funded Services - Federal Fiscal Year 2026**  
**Programs Funded in Whole or in Part by Title III**

Area Agency on Aging: **Mystic Valley Elder Services**

FUNDED SERVICES	EOEA Use Only	Title III Funding Category (C1/C2/D/E/ OMB)	Direct Service Status (Y/N)	Goal Number	Title III Code #s (1 to 135)	Name of Evidence- Based Program In Use	FFY2026 FUNDING - PLANNED	
							Title III Funding (Planning and Estimated Carryover)	Non-Title III Funding
<b>AAA or PROVIDER</b>								
Greater Boston Chinese Golden Age Center		D	Y		65	Chronic Disease Self- Management Program	\$2,500.00	\$441.18
Greater Boston Chinese Golden Age Center		D	Y		111	Tai chi Moving for Better Balance	\$2,500.00	\$441.18
MVES Healthy Aging Program		D	Y		114	Tai Chi Arthritis	6,552.00	7,059.00
MVES Healthy Aging Program		D	Y		67	Healthy Eating	6,552.00	7,059.00
MVES Healthy Aging Program		D	Y		65	Chronic Disease Self- Management Program	6,552.00	7,059.00
MVES Healthy Aging Program		D	Y		66	Diabetes Chronic Disease Self- Management Program	6,552.00	7,059.00
MVES Healthy Aging Program		D	Y		68	Matter of Balance	6,551.00	7,058.00
MVES Family Caregivers Program		E	Y		51		210,894.00	90,127.00
MVES Nutrition Program		C1	Y		7		534,401.00	390,558.00
MVES Nutrition Program		C2	Y		4		368,923.00	7,265,207.00
						Total	\$1,151,977.00	\$7,782,068.35

**AREA PLAN ON AGING, 2026 - 2029**  
**Form 5 - Title III-E Family Caregiver Services Breakout - FFY 2026**

**Area Agency on Aging:**

**Mystic Valley Elder Services**

Based on the FFY2026 Title III-E Planning Budget Total (refer to Projected Budget Plan tab), provide percentage (%) estimates below for the Program Costs listed.

\$ 287,687.50

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). *	65%
Supervision cost. *	10%
All respite service costs.	8%
All supplemental service costs. *	2%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	0%
Administration costs. *	14%
Other (explain on separate attachment)	
Total estimated percentage must equal 100% of Title III-E planning budget.	100%
Projected <b>total</b> * FTE count for Title III-E (breakdown under "Detail" below).	

**Detail - Family Caregiver Support Program**

Personnel Position Title	FTE
Family Caregiver Coordinators	2.00
LICSW supervisor	0.25
<b>Total FTE</b>	2.25

AREA PLAN ON AGING, FFY2026 - 2029 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026							
Area Agency on Aging: <b>Mystic Valley Elder Services</b> OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026							
Area Plan	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E	Ombudsman	
Admin	Supp Svs	Cong. Nutr Svs	HDM Nutr Svs	Evi-Based Svs	Caregiver Svs	Services	
<b>Title III Planning Award:</b>							
Prior FFY Standard Estimated Carryover	-	-	-	-	-	-	
FFY2026 Title VII LTCD Planning Award							
FFY2026 Standard Planning Award	183,430	416,426	534,401	388,923	32,759	210,894	
FFY2026 Estimated Total Title III Income	\$ 183,430	\$ 416,426	\$ 534,401	\$ 388,923	\$ 32,759	\$ 210,894	\$ -
<b>Other Income:</b>							
NSIP Cash			187,905				
NSIP Commodity Credit			10,000	50,000			
Other Federal (non-Title III or NSIP)							
Program Income (Client Contributions)			35,000	140,000			
State Home Care Program				4,850,000			
State Elder Lunch			139,309	634,047			
State - Other (attach detail)				7,500			
Non-Federal Inkind	61,143	25,729			882	-	
Local (attach detail)							
Other (attach detail)			52,000	1,500,000		30,000	
Total Other Income:	\$ 61,143	\$ 25,729	\$ 424,216	\$ 7,231,547	\$ 882	\$ 30,000	\$ -
Total Available Income:	\$ 244,573	\$ 442,155	\$ 958,619	\$ 7,600,470	\$ 33,641	\$ 240,894	\$ -
<b>Budgeted Expenditures:</b>							
AAA Number of Supported FTEs	1.50	5.50	11.16	44.35	0.57	2.25	
Wages and Salaries	142,422	357,245	84,893	686,858	40,000	172,950	
Payroll Taxes/Fringe Benefits	35,681	98,456	19,520	157,931	5,200	41,988	
Mileage/Travel	500	600	462	3,738	100	1,750	
Occupancy Costs	20,000	10,000	11,550	93,450	500	5,000	
Equipment Purchase/Rental/Maintenance	1,000	7,000	1,366	11,214	500	1,000	
<b>Area Plan on Aging 2026 - 2029 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026</b>							
Area Agency on Aging: <b>Mystic Valley Elder Services</b> OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026							
Area Plan	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E	Ombudsman	
Admin	Supp Svs	Cong. Nutr Svs	HDM Nutr Svs	Evi-Based Svs	Caregiver Svs	Services	
Meal Prep and Related Costs			747,089	6,195,000			
Other Program Support	10,000	10,000	2,888	23,363	14,253	5,000	
Agency Admin Support Allocation	35,000	60,000	57,173	462,578	7,500	30,000	
Direct Services to Caregiver						30,000	
Subgrants - Access		65,000					
Subgrants - In-Home		10,000					
Subgrants - Legal		70,800					
Subgrants - Other (or Caregiver Svs)					5,000		
Subgrants - Inkind		25,729			882	-	
Total Budgeted Expenditures:	\$ 244,573	\$ 712,830	\$ 924,959	\$ 7,634,130	\$ 73,935	\$ 287,668	\$ -
						Budgeted Expenditures - Caregivers Serving Elders	\$ 281,021
						Budgeted Expenditures - Grandparents Serving Children	\$ 20,000
Signature of Area Agency on Aging Fiscal Manager: _____						Date: 9/16/25	
Signature of Area Agency on Aging Executive Director: _____						Date: 9/16/25	

## Additional Attachments

### Attachment G: Incident and Complaint Reporting Form



#### Incident/Complaint Report

Date of Report \_\_\_\_\_ Date of Incident/Complaint \_\_\_\_\_

Initiated by \_\_\_\_\_

Incident/Complaint details:

- |   |   |
|---|---|
| <input type="checkbox"/> Consumer Injury/accident               | <input type="checkbox"/> External complaint             |
| <input type="checkbox"/> Policy/Procedure noncompliance         | <input type="checkbox"/> Internal complaint             |
| <input type="checkbox"/> Suspected or alleged criminal activity | <input type="checkbox"/> Fraud, waste, abuse or neglect |

Incident/Complaint by:

☐ Consumer ☐ Family member ☐ Staff member ☐ Community Partner

Location of Incident/Complaint: \_\_\_\_\_

Describe Incident/Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences of the Incident/Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Responses/Actions taken to date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons involved in Incident/Complaint:

Name _____	Title _____	Telephone _____
Name _____	Title _____	Telephone _____

Reported to:

Name _____	Title _____	Date _____
Name _____	Title _____	Date _____

## Attachment H: MVES Planning and Service Area Demographic Data

Population By Age	Total Community Population	% Age 60 -69	Number Age 60-69	% Age 70-79	Number Age 70-79	% Age 80+	Number Age 80+	Total % Age 60+ Per Community	Total Number Age 60+ Per Community
Chelsea	39,460	8.2%	3,227	4.5%	1,794	3.3%	1,300	16.0%	6,321
Everett	49,236	7.6%	3,753	4.5%	2,210	2.9%	1,449	15.1%	7,412
Malden	65,509	9.5%	6,199	5.2%	3,403	3.3%	2,167	18.0%	11,769
Medford	59,062	10.4%	6,153	6.4%	3,755	4.4%	2,590	21.2%	12,498
Melrose	29,488	11.4%	3,359	9.1%	2,694	6.0%	1,773	26.5%	7,826
North Reading	15,634	13.5%	2,105	6.2%	970	2.9%	449	22.5%	3,524
Reading	25,448	16.7%	4,239	8.8%	2,236	4.1%	1,041	29.5%	7,516
Revere	59,933	11.3%	6,748	5.9%	3,562	4.4%	2,612	21.6%	12,922
Stoneham	22,986	11.3%	2,595	9.5%	2,187	6.2%	1,433	27.0%	6,215
Wakefield	27,284	14.4%	3,935	7.9%	2,153	5.2%	1,414	27.5%	7,502
Winthrop	18,807	13.1%	2,457	9.8%	1,836	4.2%	787	27.0%	5,080
<b>Totals &amp; Averages Per PSA</b>	<b>412,847</b>	<b>10.8%</b>	<b>44,770</b>	<b>6.5%</b>	<b>26,800</b>	<b>4.1%</b>	<b>17,015</b>	<b>21.5%</b>	<b>88,585</b>

Poverty Level and Housing	Age 60+ % Below Poverty Level	Total Population% Renter Occupied Housing
Chelsea	24.1%	70.8%
Everett	12.6%	63.5%
Malden	15.7%	57.9%
Medford	10.2%	46.9%
Melrose	6.9%	32.2%
North Reading	7.0%	16.2%
Reading	4.7%	16.9%
Revere	13.5%	49.9%
Stoneham	8.1%	28.9%
Wakefield	5.8%	29.6%
Winthrop	10.9%	44.4%
<b>Averages Per PSA</b>	<b>11.2%</b>	<b>46.5%</b>

<b>Total Population Race and Ethnicity</b>	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Chelsea	26.9%	7.0%	0.7%	2.9%	0.0%	11.7%	50.9%	65.0%
Everett	42.6%	12.8%	0.7%	7.8%	0.2%	12.5%	23.4%	31.3%
Malden	44.4%	13.8%	0.3%	28.6%	0.0%	4.2%	8.6%	8.1%
Medford	69.4%	6.6%	0.0%	12.0%	0.0%	3.9%	8.1%	8.9%
Melrose	78.6%	2.2%	0.0%	9.7%	0.0%	2.2%	7.3%	6.0%
North Reading	88.1%	0.5%	0.0%	5.4%	0.0%	0.7%	5.3%	2.1%
Reading	87.1%	0.3%	0.1%	6.2%	0.0%	0.8%	5.6%	4.6%
Revere	56.4%	4.9%	0.4%	4.2%	0.0%	13.6%	20.6%	38.6%
Stoneham	83.0%	0.9%	0.0%	7.1%	0.0%	2.3%	6.6%	4.6%
Wakefield	88.0%	0.8%	0.1%	4.9%	0.0%	1.3%	5.0%	2.4%
Winthrop	80.0%	3.4%	1.9%	1.7%	0.0%	5.8%	7.1%	19.8%
<b>Averages Per PSA</b>	<b>61.2%</b>	<b>6.5%</b>	<b>0.4%</b>	<b>10.1%</b>	<b>0.0%</b>	<b>6.5%</b>	<b>15.3%</b>	<b>20.2%</b>

<b>Languages at Home Adults Age 5 +</b>	Only English	Spanish	Other Indo-European Languages	Asian and Pacific Island languages	Other
Chelsea	29.6%	59.3%	5.3%	2.2%	3.6%
Everett	37.1%	26.0%	29.9%	4.5%	2.6%
Malden	50.9%	5.5%	20.3%	19.8%	3.4%
Medford	70.0%	6.8%	14.6%	7.7%	0.8%
Melrose	78.8%	4.8%	7.5%	6.4%	2.5%
North Reading	90.6%	1.6%	5.6%	2.2%	0.0%
Reading	88.7%	1.4%	5.5%	4.4%	0.0%
Revere	43.4%	35.4%	13.9%	2.3%	5.0%
Stoneham	82.1%	2.8%	8.5%	4.1%	2.6%
Wakefield	87.1%	2.0%	7.2%	2.7%	1.0%
Winthrop	69.8%	18.0%	7.9%	1.7%	2.6%
<b>Averages Per PSA</b>	<b>59.8%</b>	<b>17.2%</b>	<b>13.8%</b>	<b>6.6%</b>	<b>2.5%</b>

<b>Population Characteristics</b>	<b>% Age 60+ LGBT (county)</b>	<b>% Age 65+ Living Alone</b>	<b>% Age 65+ Living with Depression</b>	<b>% Age 60+ with any Physical Activity Within Last Month</b>	<b>% Age 65+ Living with 4 or more Chronic Health Conditions</b>
Chelsea	6.0%	42.0%	45.1%	54.1%	67.4%
Everett	3.6%	27.3%	37.1%	71.5%	63.8%
Malden	3.6%	31.8%	34.6%	71.5%	60.4%
Medford	3.6%	28.0%	36.1%	71.5%	63.1%
Melrose	3.6%	29.1%	34.7%	71.5%	60.3%
North Reading	3.6%	22.8%	29.5%	78.2%	57.9%
Reading	3.6%	26.1%	33.2%	78.2%	56.7%
Revere	6.0%	35.0%	40.6%	54.1%	66.0%
Stoneham	3.6%	33.6%	32.9%	73.6%	60.0%
Wakefield	3.6%	27.1%	33.9%	73.6%	59.8%
Winthrop	6.0%	38.3%	37.7%	54.1%	63.0%
<b>Average Per PSA</b>	<b>6.0%</b>	<b>42.0%</b>	<b>45.1%</b>	<b>54.1%</b>	<b>67.4%</b>

Source of all data is American Community Survey 2023 Five Year Estimates.



## Attachment I: Older Adults Needs Assessment Results

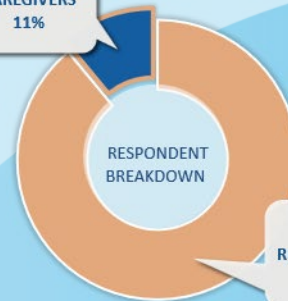
### MVES 2025 NEEDS ASSESSMENT SURVEY

- AGE set goal of 250 survey responses per ASAP

- MVES received 488 survey responses
- 434 Older Adult Self Respondents
- 54 Caregiver Respondents



CAREGIVERS  
11%



SELF  
RESPONDENTS  
89%

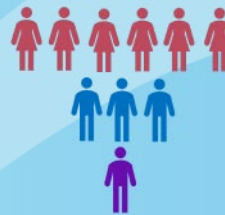
### SELF RESPONDENT DEMOGRAPHICS

Average Age of Respondent: **73**

Youngest Respondent: **42**

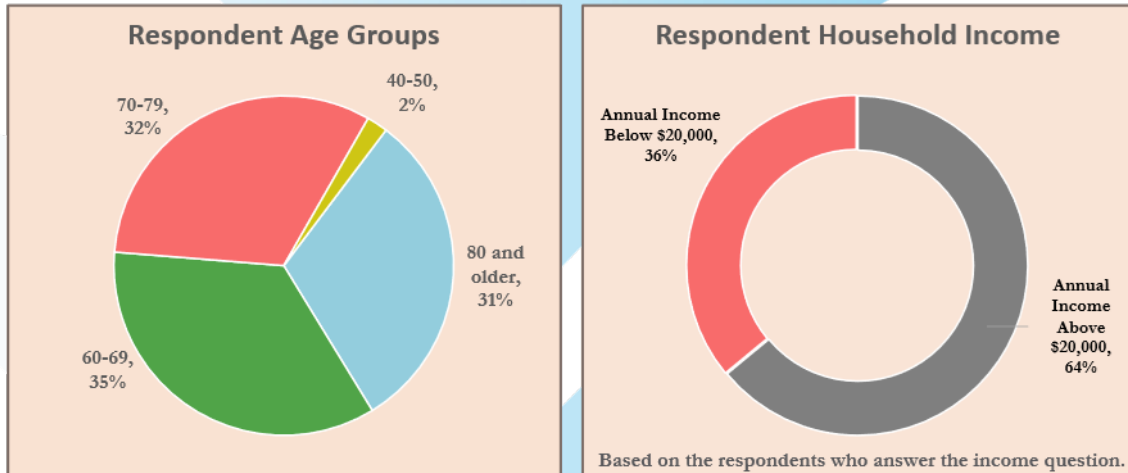
Oldest Respondent: **100**

#### RESPONDENT GENDER IDENTITY

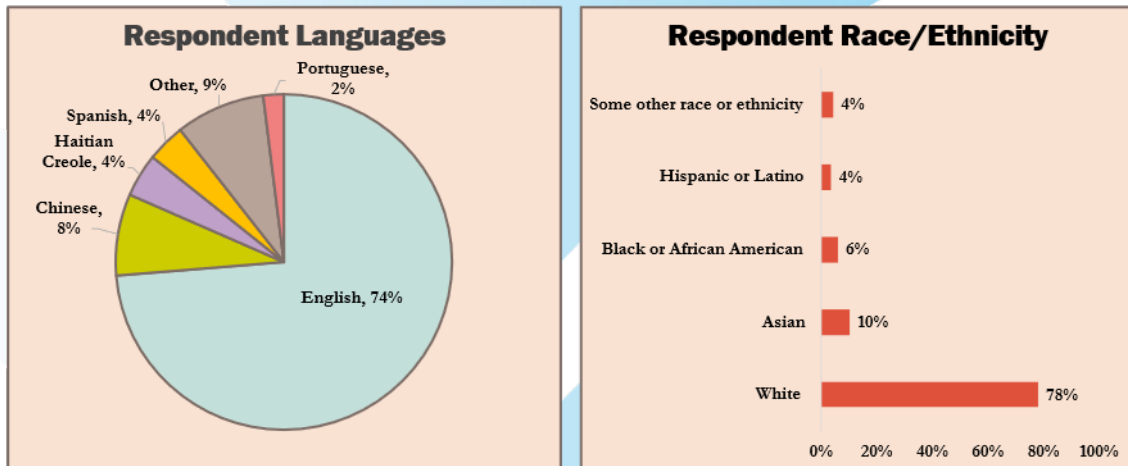




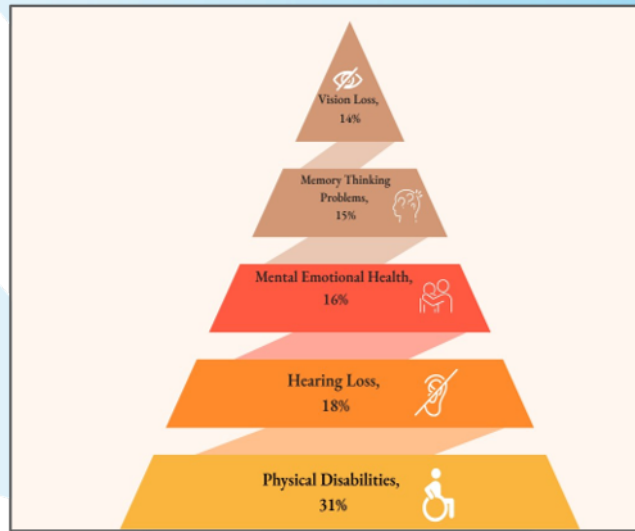
## SELF RESPONDENT DEMOGRAPHICS



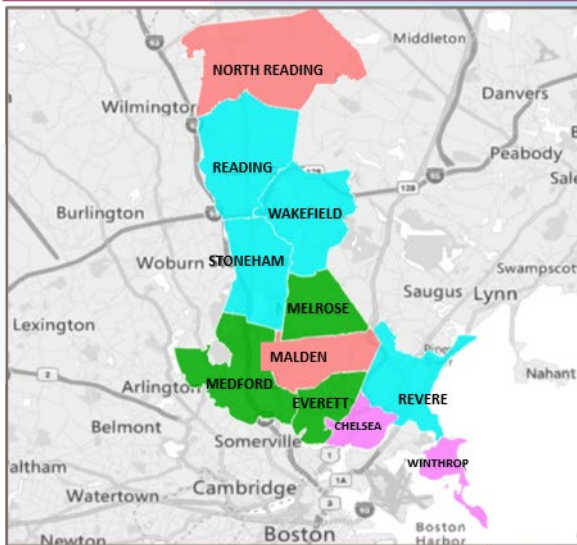
## RESPONDENT LANGUAGES, RACE, AND ETHNICITY



## SELF REPORTED CHARACTERISTICS



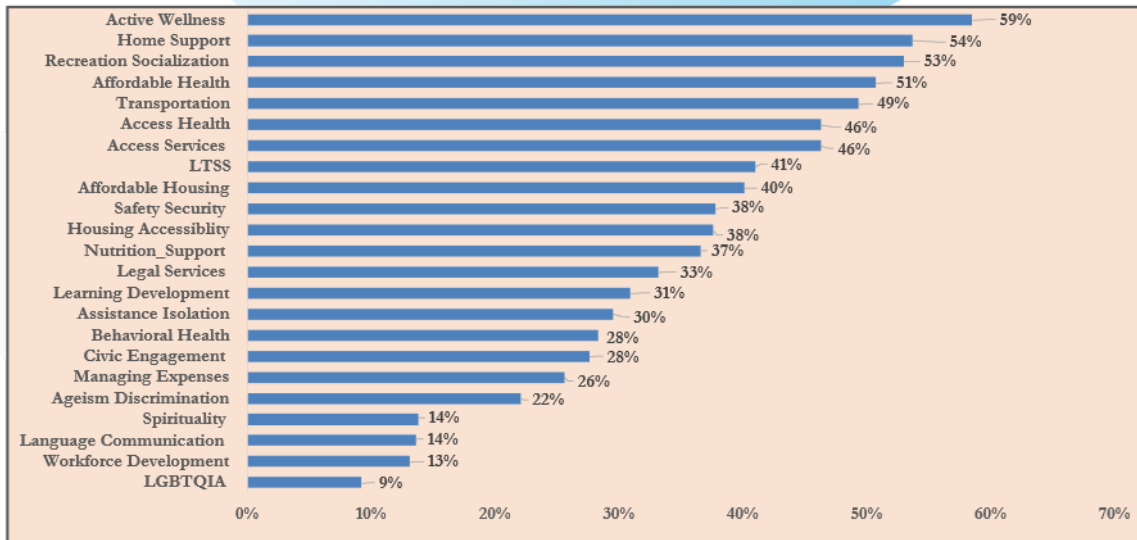
## SELF RESPONDENT RESIDENCE BY TOWN



### NUMBER OF RESPONDENTS



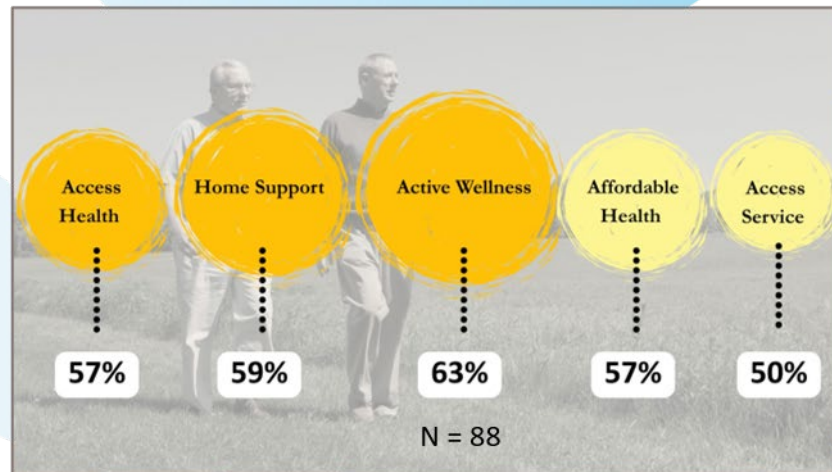
## IDENTIFIED NEEDS: SELF RESPONDENTS



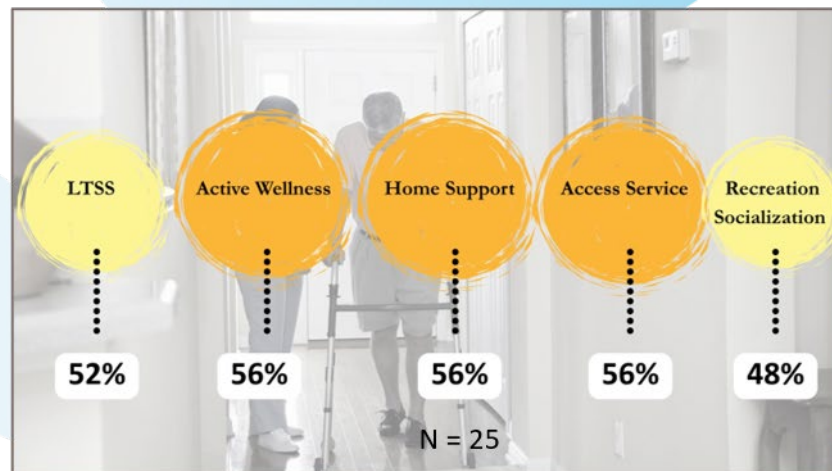
## MOST FREQUENT NEED BY TOWN



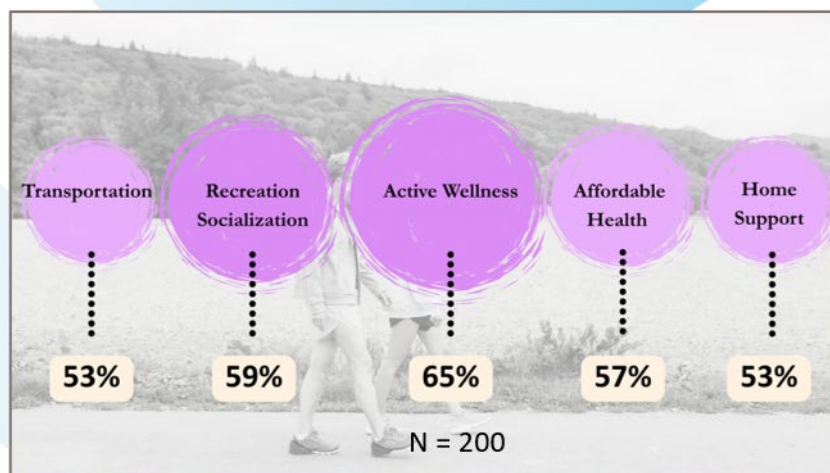
## TOP 5 NEEDS BY MEN AGED 60 TO 79



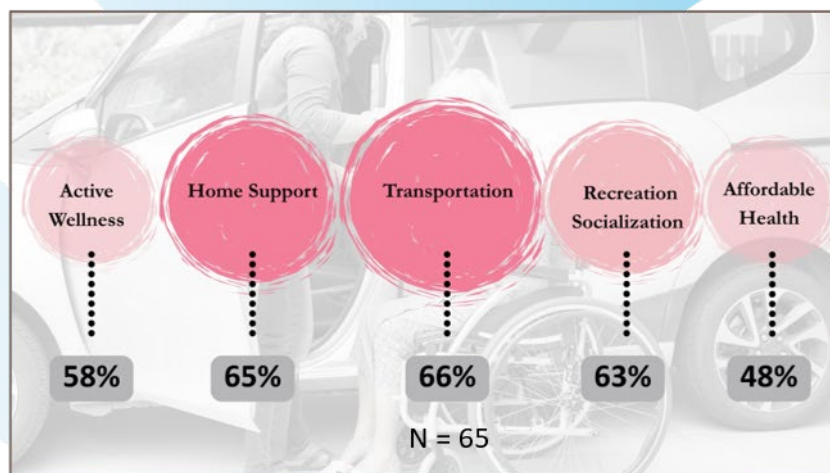
## TOP 5 NEEDS BY MEN AGED 80 AND OLDER



## TOP 5 NEEDS BY WOMEN AGED 60 AND 79

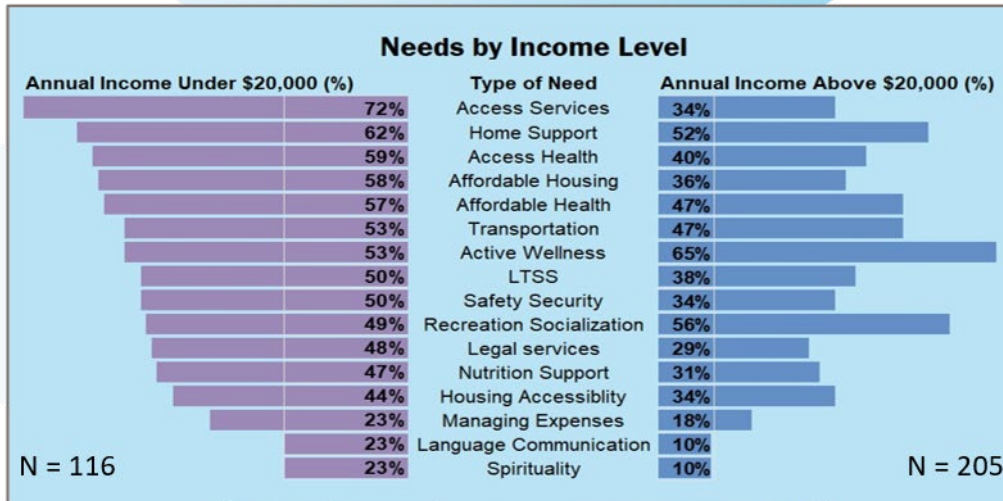


## TOP 5 NEEDS BY WOMEN AGED 80 AND OLDER

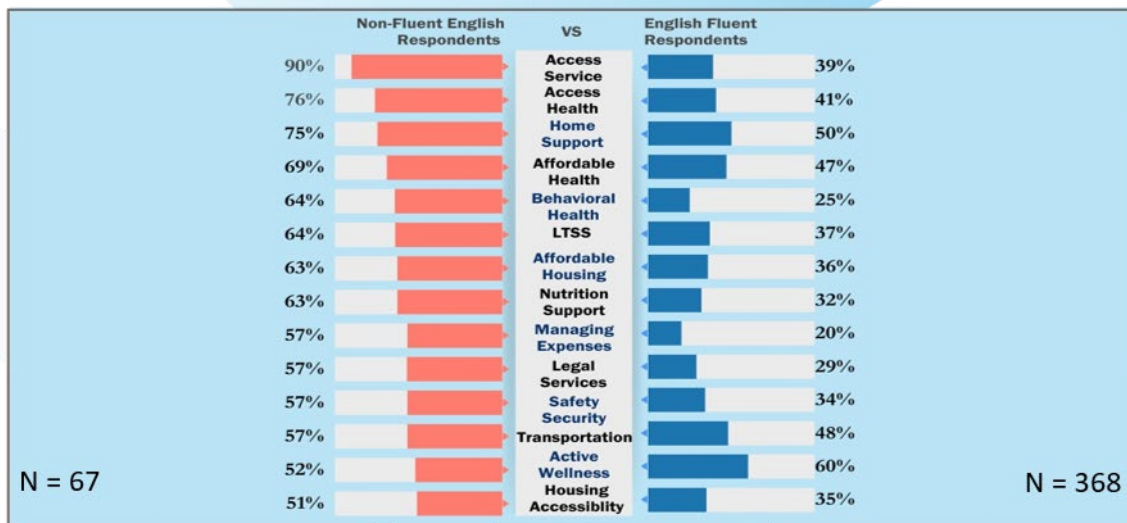




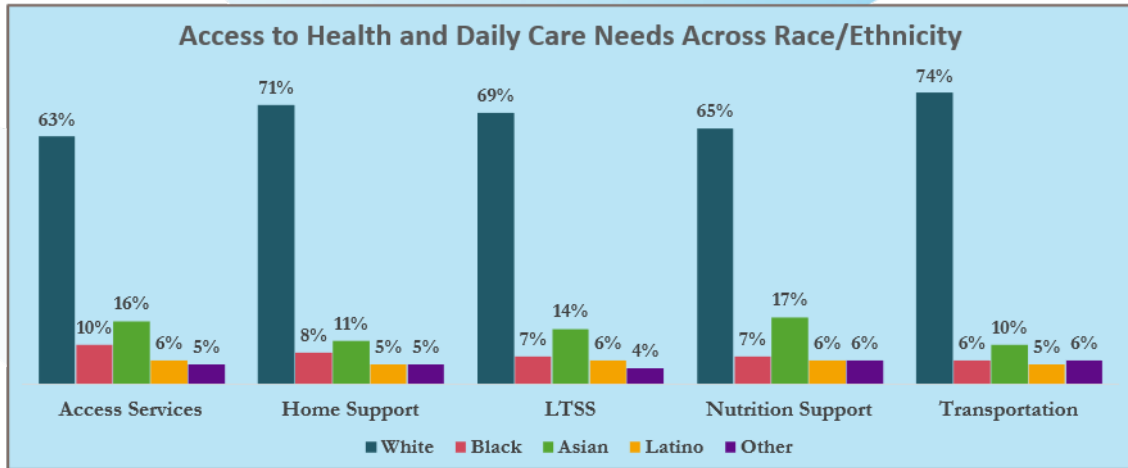
## MOST SELECTED NEEDS BY INCOME LEVEL



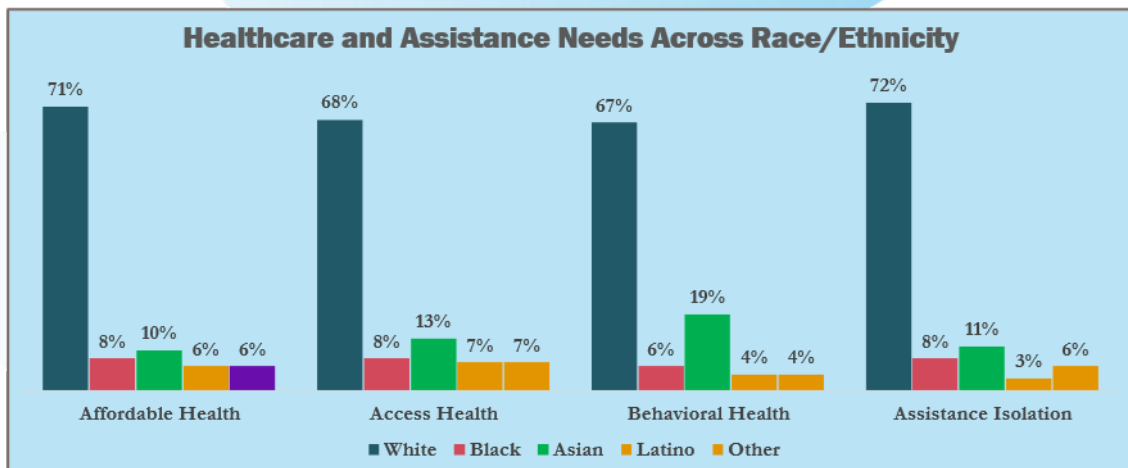
## NEEDS BY ENGLISH PROFICIENCY



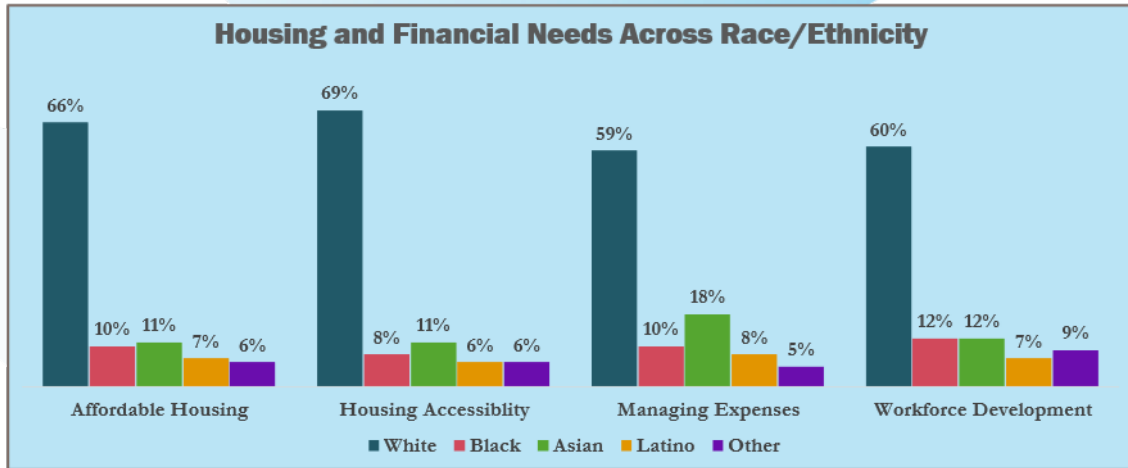
## NEEDS BY RACE/ETHNICITY



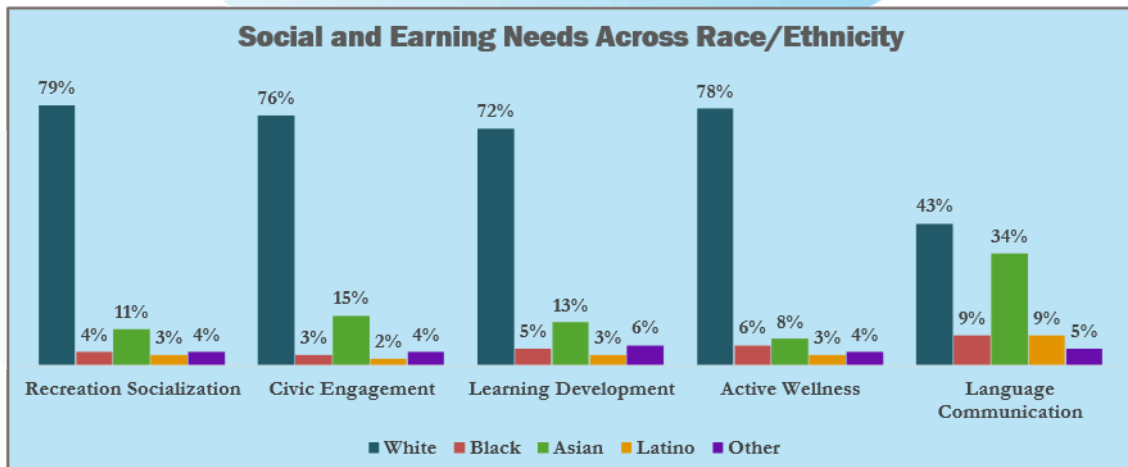
## NEEDS BY RACE/ETHNICITY



## NEEDS BY RACE/ETHNICITY

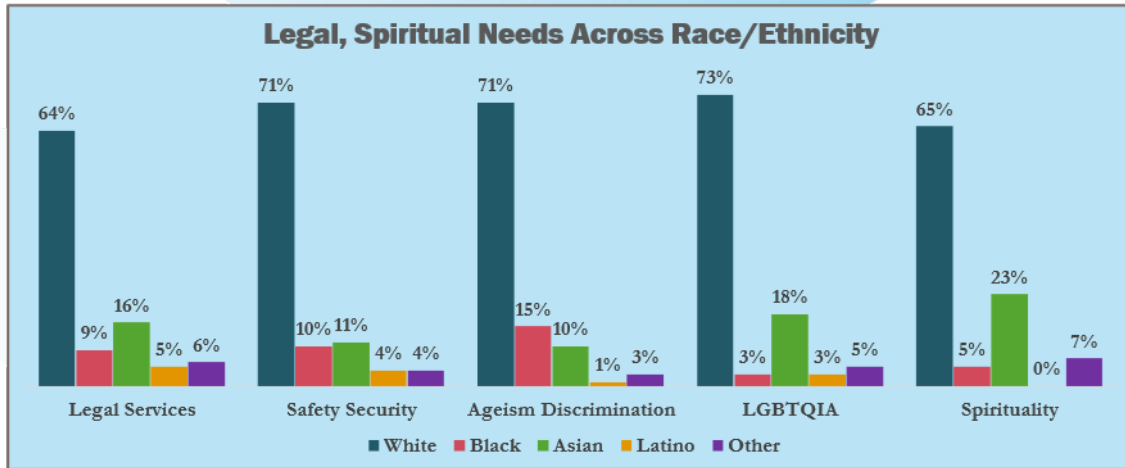


## NEEDS BY RACE/ETHNICITY





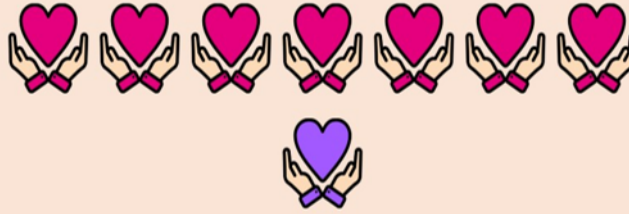
## NEEDS BY RACE/ETHNICITY



## LGBTQ+ RESPONDERS KEY PRIORITIES

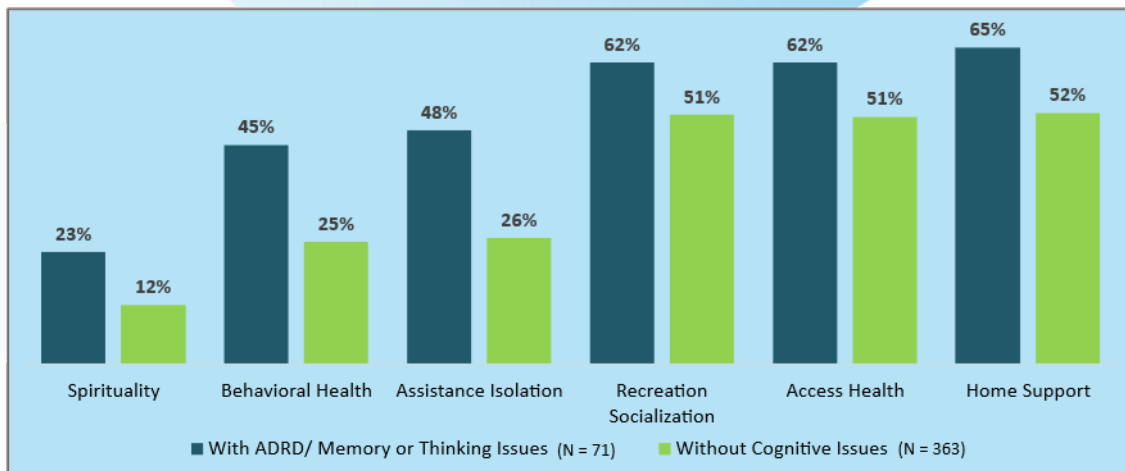


## SUPPORT FOR LGBTQ+ NEEDS BY ALL RESPONDENTS



66.7% of respondents who identified as being LGBTQ+ identified LGBTQ+ issues as a need, and 6.3% of allies identified LGBTQ+ issues as a need

## COMPARISON OF RESPONDENTS WITH AND WITHOUT COGNITIVE IMPAIRMENTS



## Attachment J: Caregiver Needs Assessment Results

### CARE RECIPIENT DEMOGRAPHICS

Average Age of Care Recipient: **79**

Youngest Age Care Recipient: **44**

Oldest Age Care Recipient: **99**

#### CARE RECIPIENT GENDER IDENTITY



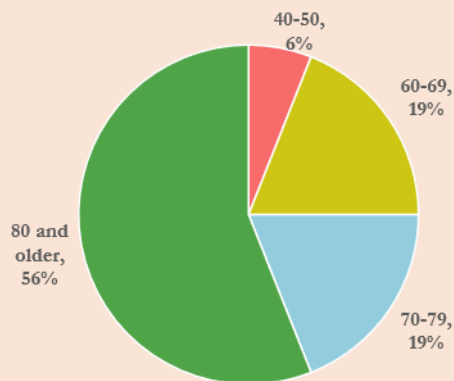
**46%** are women

**41%** are men

**13%** selected another gender identity or did not respond

### CARE RECIPIENT DEMOGRAPHICS

#### Care Recipient Age Groups



#### Care Recipient Household Income

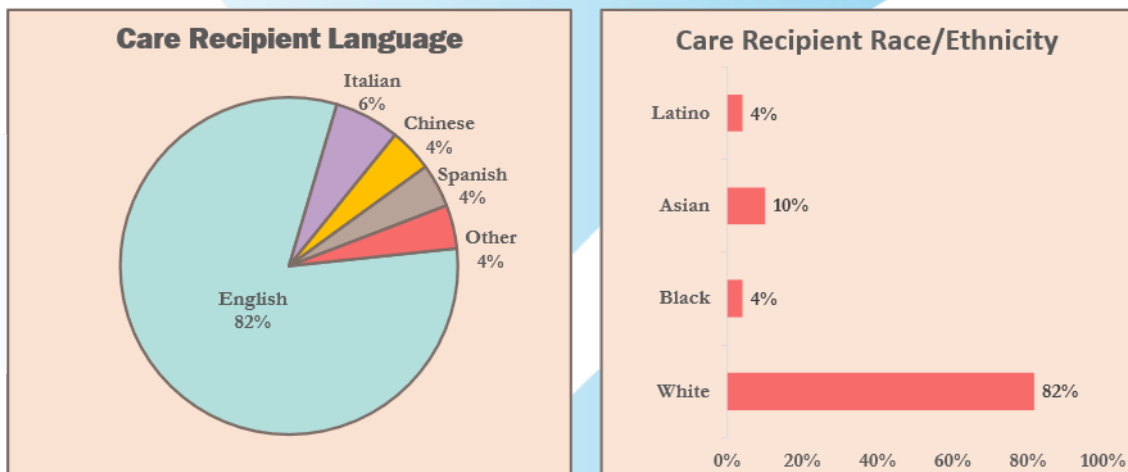
Annual Income Below \$20,000, 50%

Annual Income Above \$20,000, 50%

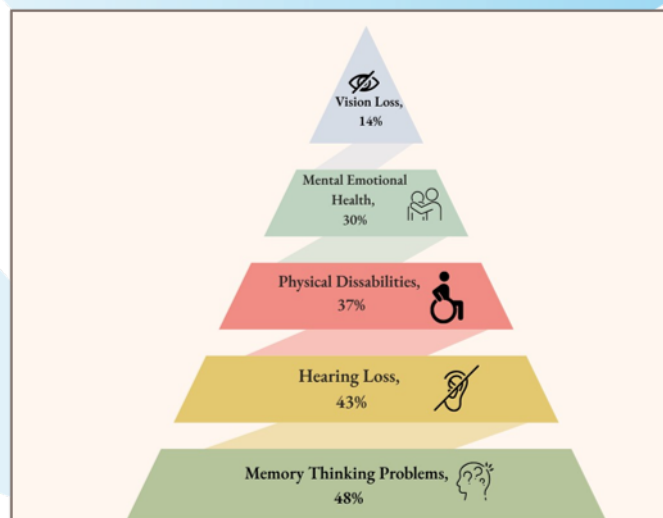


Based on the respondents who answer the income question.

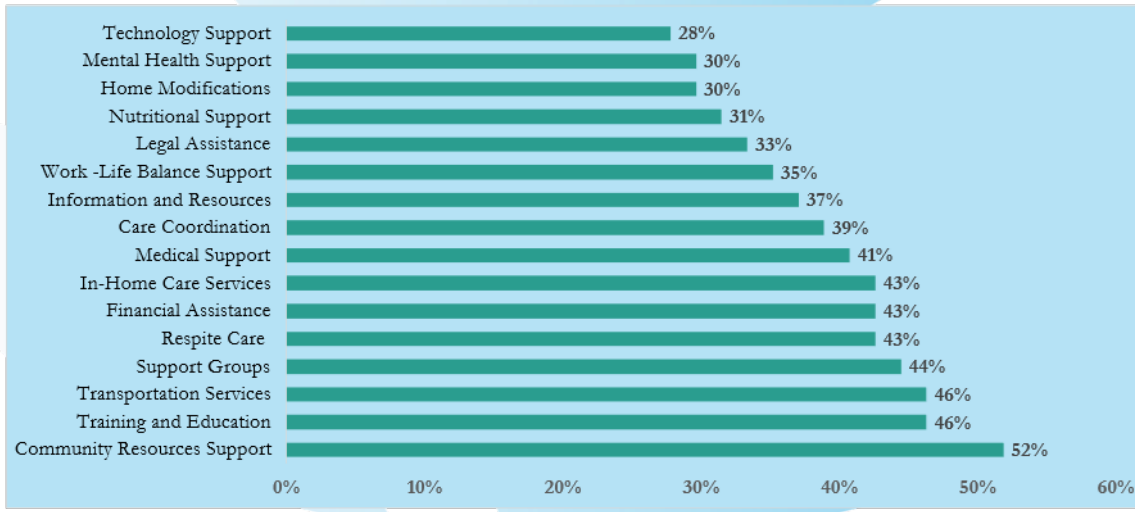
## CARE RECIPIENT LANGUAGE AND RACE/ETHNICITY



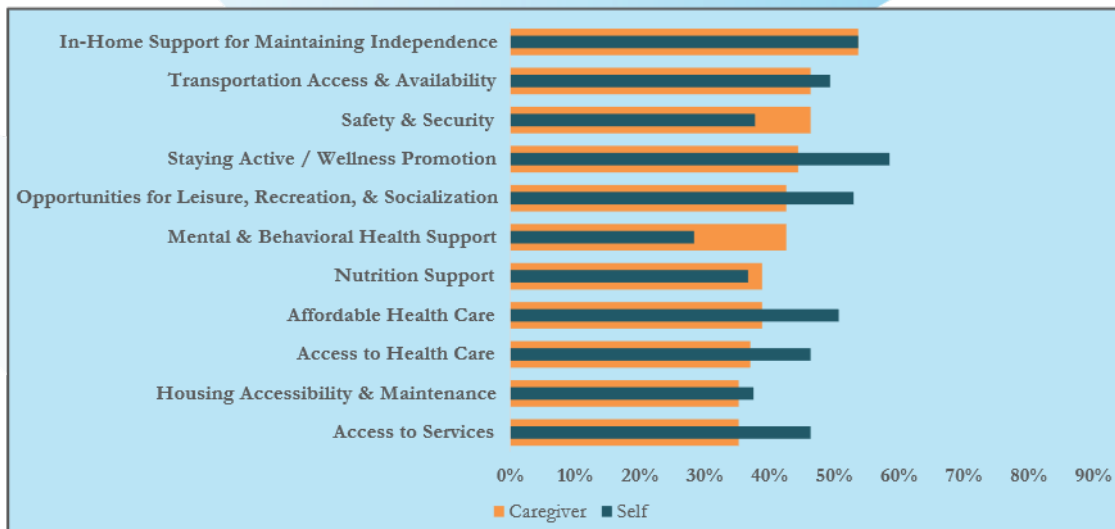
## CAREGIVER PERSPECTIVE: CARE RECIPIENT CHARACTERISTICS



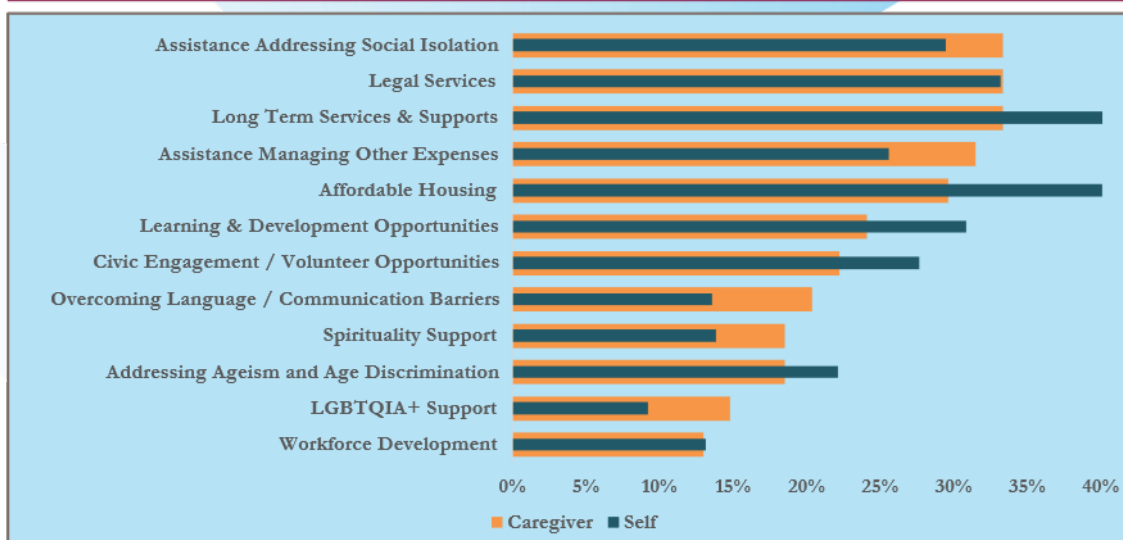
## MOST SELECTED NEEDS: CAREGIVERS



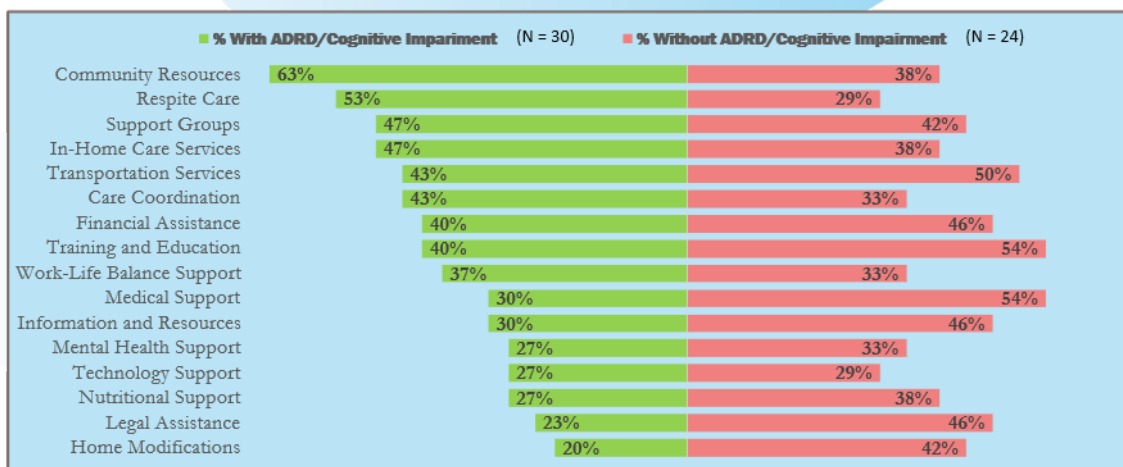
## REPORTED NEEDS: CAREGIVER vs. SELF



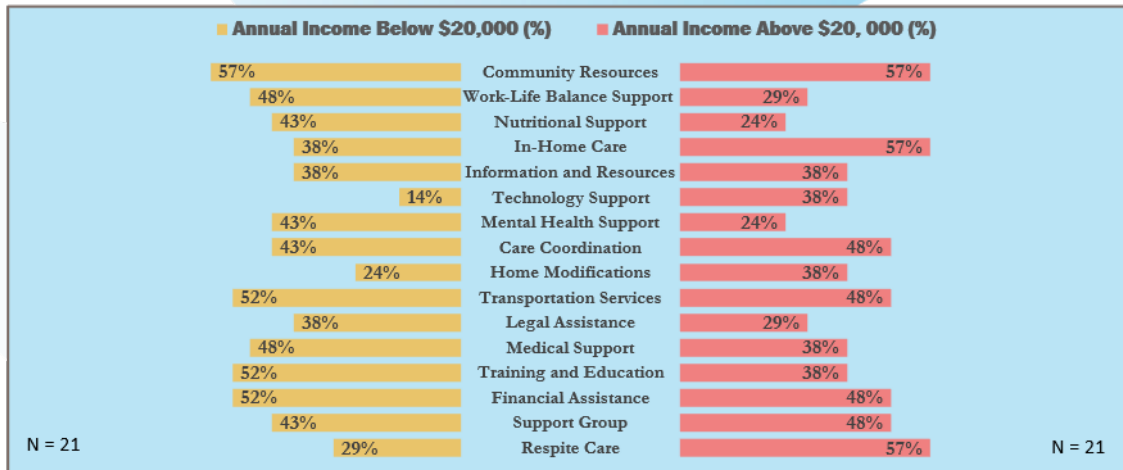
## REPORTED NEEDS: CAREGIVER vs. Self (cont.)



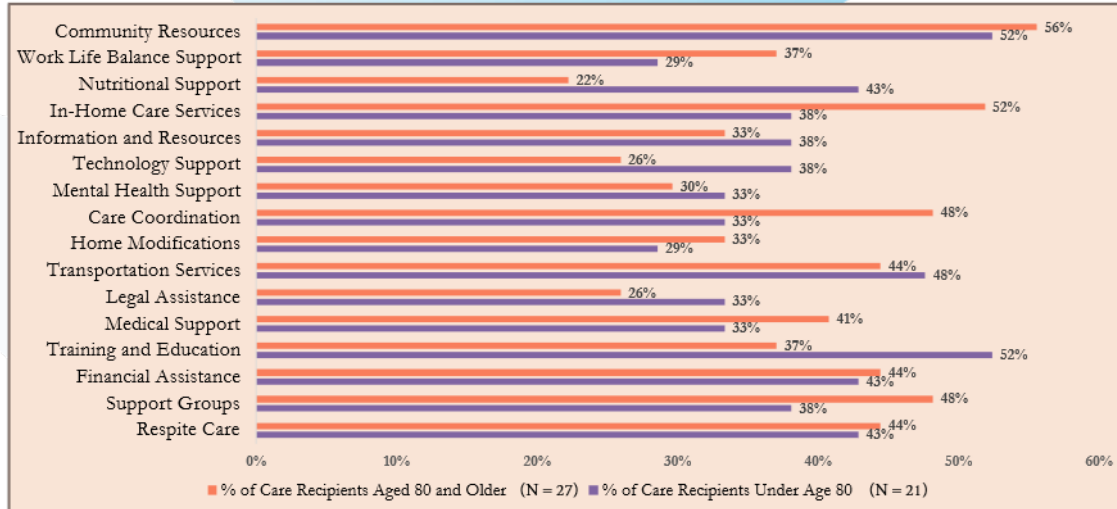
## CAREGIVER-REPORTED NEEDS BY CARE RECIPIENT WITH AND WITHOUT COGNITIVE IMPAIRMENTS



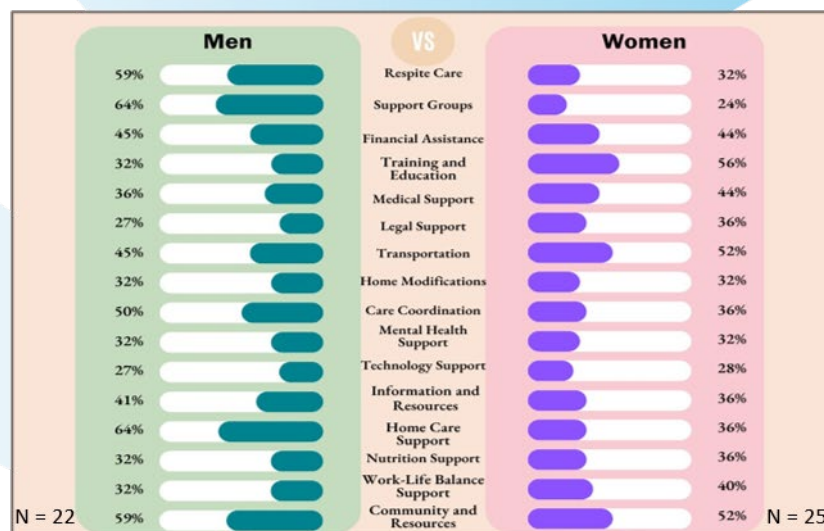
## CAREGIVER-REPORTED NEEDS BY CARE RECIPIENT INCOME LEVEL



## CAREGIVER-REPORTED NEEDS BY CARE RECIPIENT AGE GROUPS



## CAREGIVER-REPORTED NEEDS BY CARE RECIPIENT GENDER









## Dear Friends,

We are proud to share that Mystic Valley Elder Services is entering a new era of growth as Fiscal Year 2025 gets underway. Today, we are assisting more residents than ever, expanding our program offerings, handling more calls and queries, serving more meals, providing more hours of in-home care — and the list goes on.

It wasn't long ago that MVES, like all non-profits, was in a reevaluation and rebuilding period in the aftermath of COVID. How did we make this transition and how did we gain momentum rather than simply weathering the changes? The answer is simple: You! Our volunteers, donors, partner organizations, allies, leadership and staff remain committed to our core mission of empowering older adults and people with disabilities to live independently and safely in their homes and communities.

Creating age-friendly and disability-friendly communities is not a simple task. Mystic Valley Elder Services is fortunate to have you on our side as we grow and evolve to meet this challenge. With your support, here are just a few ways we have enriched the services we offered during Fiscal Year 2024.

**Expanded Wellness Nurse Program:** This initiative began as a pilot that embedded an MVES nurse at a single Supportive Housing site. Now, it has grown to encompass multiple locations in Chelsea, Everett, Malden, and Melrose. Nurses check vital signs, answer residents' questions about their health and medications, and provide referrals for further care. In addition, our Wellness Nurses offer health education events around the area, support vaccination clinics, and have begun offering "office hours" at senior centers.

**Innovative Caregiver Support Programs:** With a two-year, \$205,000 grant from the Commonwealth, MVES developed creative ways to provide relief and support to family caregivers. New options under this program include: an art therapy course for caregivers; an equine therapy series for caregivers and their loved ones; virtual reality technology that enables care recipients to share special places with their caregiver, such as a childhood home or honeymoon destination; scholarships that provide respite opportunities for caregivers; and a comprehensive guide to innovative organizations, services, and products that support caregivers.

**Extended Successful Programs:** Two of our most impactful programs, which began as limited-term pilots, are now part of MVES' ongoing services. These programs, Hospital to Home and Technology Access Program (TAP), are as different as can be, yet both have a profound impact on the lives of participants. With Hospital to Home, we partner with healthcare providers to reduce discharges to long-term care facilities. Our team creates a plan of services and support designed for each patient's individual needs. This enables residents to return to their homes and communities, and once again live safely and independently. Expanding TAP means our staff and volunteers will continue to offer tech training and troubleshooting that improve the day-to-day quality of life of residents throughout our service area. TAP will continue empowering participants to take advantage of a variety of digital and electronic resources, such as telehealth, managing finances, applying for programs, and staying in touch with friends and family.

As we approach our Golden Anniversary, we reflect on these accomplishments as part of the larger legacy of our agency. We will be hosting a series of events to celebrate each of the communities we serve. These celebrations will culminate with a gala to honor the history of Mystic Valley Elder Services. Please subscribe to our mailing list or follow us on social media to receive details on these celebrations. We look forward to seeing you there, and to serving the community in Fiscal Year 2025.



*Lisa M. Gurgone*  
**LISA M. GURGONE**  
Chief Executive Officer



*Brian Snell*  
**BRIAN SNELL, ESQ.**  
Board President





## Founded in 1975,

Mystic Valley Elder Services is a non-profit agency that provides essential home and community-based care and resources to more than 20,000 older adults, people with disabilities, and caregivers annually who live in 11 communities north of Boston and beyond. Services include coordination of home care support, transportation, Meals on Wheels, and information and advice.

### OUR CORE VALUES

- Empowering people by providing quality choices
- Offering professional, compassionate care
- Encouraging excellence and innovation
- Recruiting, supporting, and retaining the best staff and volunteers
- Embracing diversity and inclusion
- Fostering collaborations with consumers, professionals, and organizations



### OUR MISSION

Mystic Valley Elder Services' mission is to support the right of older adults and people with disabilities to live independently and with dignity in a setting of their own choice, by providing information, advice, and access to quality resources and services.



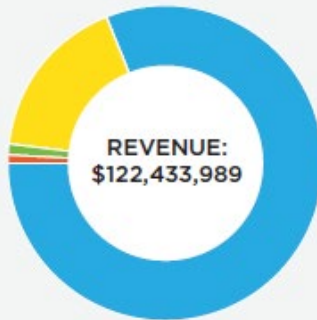
*We are grateful for the continued support from our communities we serve:*

**Chelsea  
Everett  
Malden  
Medford  
Melrose  
North Reading  
Reading  
Revere  
Stoneham  
Wakefield  
Winthrop**



MYSTIC VALLEY ELDER SERVICES | 3

# FINANCIALS



- State & Federal Funding  
\$99,657,280  
81%
- Consumer Cost Sharing  
\$1,158,869  
1%
- Contributions & Grants  
\$990,313  
1%
- Other Income/Investment Income  
\$20,627,527  
17%



- Client Services  
\$92,643,464  
77%
- Salary & Benefits  
\$24,055,602  
20%
- Other Expenses  
\$3,654,351  
3%

4 | MYSTIC VALLEY ELDER SERVICES



*Members of our Board and Advisory Council are shown at MVES events throughout the year.*

## FISCAL YEAR 2024 BOARD OF DIRECTORS

### BOARD OFFICERS

Brian Snell, Esq.  
*President*

Pamela L. Kelly  
*Vice President*

Saritin E. Rizzuto  
*Treasurer*

Janice Donatelli  
*Clerk*

Joanne M. Puopolo  
Charles W. Randall  
Edward Rocha  
Kristen Spence  
Judith A. Whatley

### ADVISORY COUNCIL

Mary Prenney  
*Chairperson*

Kristen Spence  
*Board Liaison*

### BOARD MEMBERS

Kristin Ahlman  
Allan I. Alpert  
Kathleen M. Beaulieu  
Susan Buckley  
Debra Peczkla DiGiulio  
Kathryn L. Dixon  
Janice T. Houghton  
David Kelley  
Carolyn E. Lightburn  
Jon E. Norton  
Tracy Nowicki  
James E. Oosterman

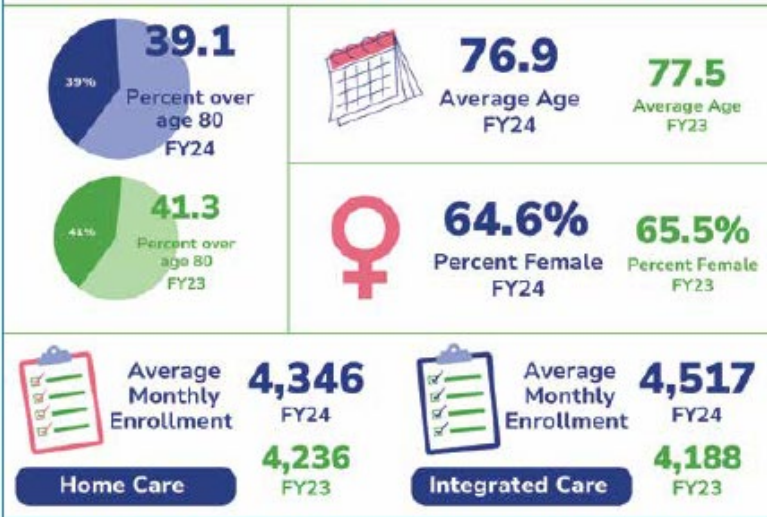
Celia Campbell  
Vandna Cartales  
Claudia Chung  
Alfred Donatelli  
Susan Downs-Cripps  
Jill Perlmutter  
Stephanie Ramy  
Suresh Rao  
Bob Repucci  
Neal Schmitt  
Anne Sullivan  
Kerry Valle

*Mystic Valley Elder Services and its programs are funded in whole or in part by contracts with the Massachusetts Executive Office of Elder Affairs under the direction of the Governor and the Legislature. For a complete list of programs and services, please visit [www.mves.org](http://www.mves.org).*



## MVES DATA HIGHLIGHTS

### Home Care & Integrated Care Consumers



MVES *Impact*



### Nutrition: An Essential Service



Home-Delivered Meals

FY23	FY24
660,797	658,143



Congregate Meals

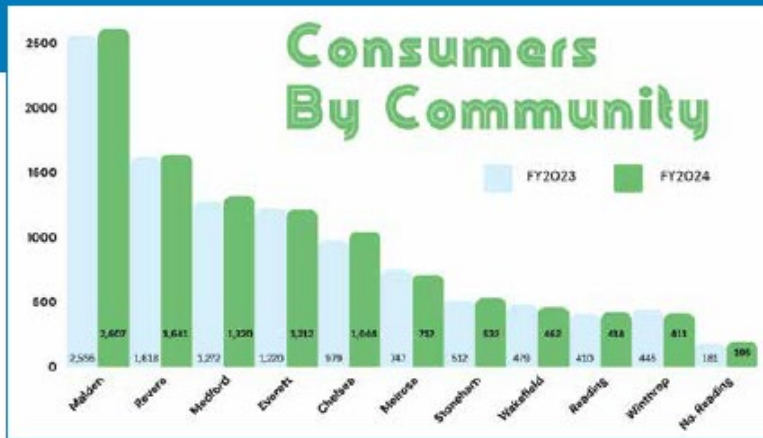
FY23	FY24
66,149	90,522

\*Increase of over 35% compared to FY23

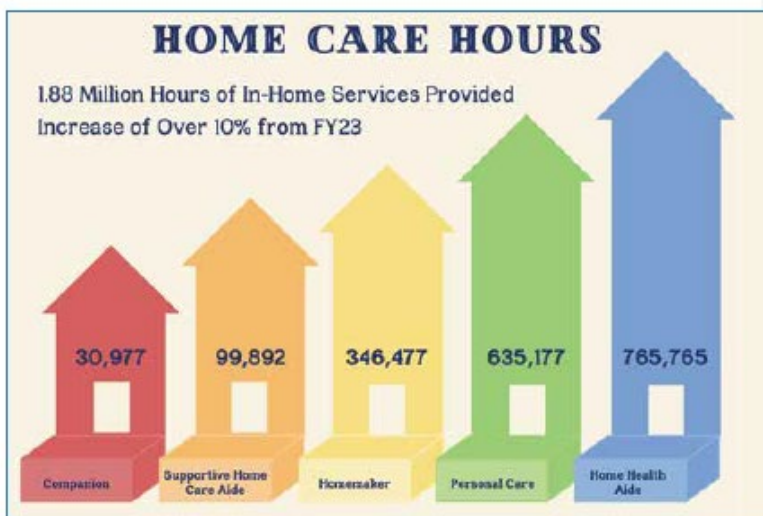
*"Our delivery person is an absolute angel. She is always happy, caring, and concerned about my parents' well-being. We look forward to seeing her smile every day."*

*"You give us hope, at 99 years. You went the extra mile for us!"*

MYSTIC VALLEY ELDER SERVICES | 5



MVES *Impact*



*"Our Case Manager has helped my family navigate a very unfamiliar time with information and support. Her dedication has made a difference in my ability to care and support my mom. You could not do anything better!"*

*"While recovering from cancer surgery, I did not have to prepare dinner or even online grocery shop. It allowed me to rest and recover and it allowed me to be independent and not burden my family who work."*





# NUMBERS AT A GLANCE

## Spotlight on MVES Programs & Initiatives

### Protective Services

- Intakes
- Completed investigations

FY24	FY23
2,206*	1,073
987	884

\*Nearly 80% over FY23

### Information & Referral

Number of I&R calls, emails, and online referrals

FY24	FY23
7,377	6,260

### Wellness Nurse Initiative

- 1-1 sessions between nurse and residents
- Attendees at wellness presentations

FY24	FY23
943	269
513	176



*"My Resident Services Coordinator (RSC) is incredibly supportive, patient and caring. She always has a smile, easy to talk to, follows up on matters. Though my children are here for me, I feel like I could always feel comfortable to reach out to my RSC."*

*"I consider my Case Manager a person who is fully invested in making sure I am well taken care of. I feel very grateful I have her to be a part of my life and have full trust in her."*

MYSTIC VALLEY ELDER SERVICES | 7



## Mystic Valley

is so thankful to our many supporters – people who give their time and their generosity. Examples include people who volunteer in our money management program to assist people with bill-paying tasks; people who send funding to support our Independence Fund; people who donate new sheets and towels to our Emergency Closet.

There are so many ways that people give to Mystic Valley Elder Services over the course of a year. Thank you for caring about your family, friends, neighbors, and people in your community who need a little help, or sometimes a lot, to hold on to their independence at home.

*Please visit [www.mves.org](http://www.mves.org) for a complete list of our FY2024 donors.*

8 | MYSTIC VALLEY ELDER SERVICES

## Save the Date!

Mystic Valley Elder Services will hold its 2025 Spring for Independence fundraiser on Thursday, April 10, at Greater Boston Stage Company, 395 Main St. in Stoneham. Part murder-mystery, part comedy, this show follows the mishaps of an ill-fated theater company in the 1920s. The night will kick off with a pre-show reception with complimentary cocktails and hors d'oeuvres, followed by the show at 7 p.m.

Please visit [www.mves.org/the-play-that-goes-wrong](http://www.mves.org/the-play-that-goes-wrong) to purchase tickets or to sponsor the show. For more about the benefits of sponsoring Spring for Independence, or for any other questions, please contact our Development Department at 781-388-4802 or [development@mves.org](mailto:development@mves.org).



## A legacy of giving

MVES received a legacy gift last year of over \$32,000 from Peter Hildebrand, a retired educator and MVES volunteer. Peter dedicated his time to assisting older adults with their money management and bill paying needs. Upon his death last year, MVES was notified that Peter had designated MVES to receive the proceeds from one of his retirement accounts. With this bequest donation, Peter continued his legacy of supporting MVES. His generous planned gift continues to provide services to meet the underfunded needs of older adults and people with disabilities.



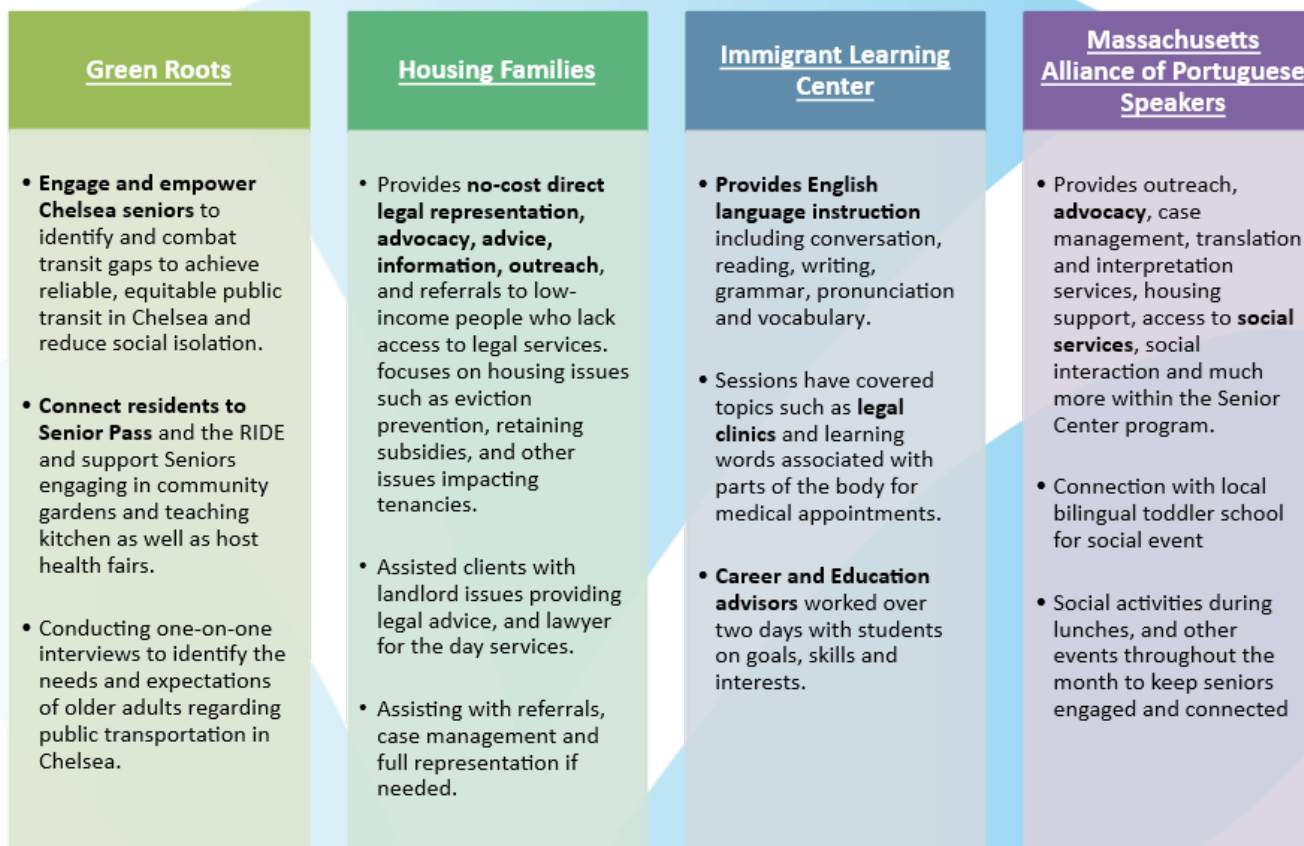
## What will your legacy be?

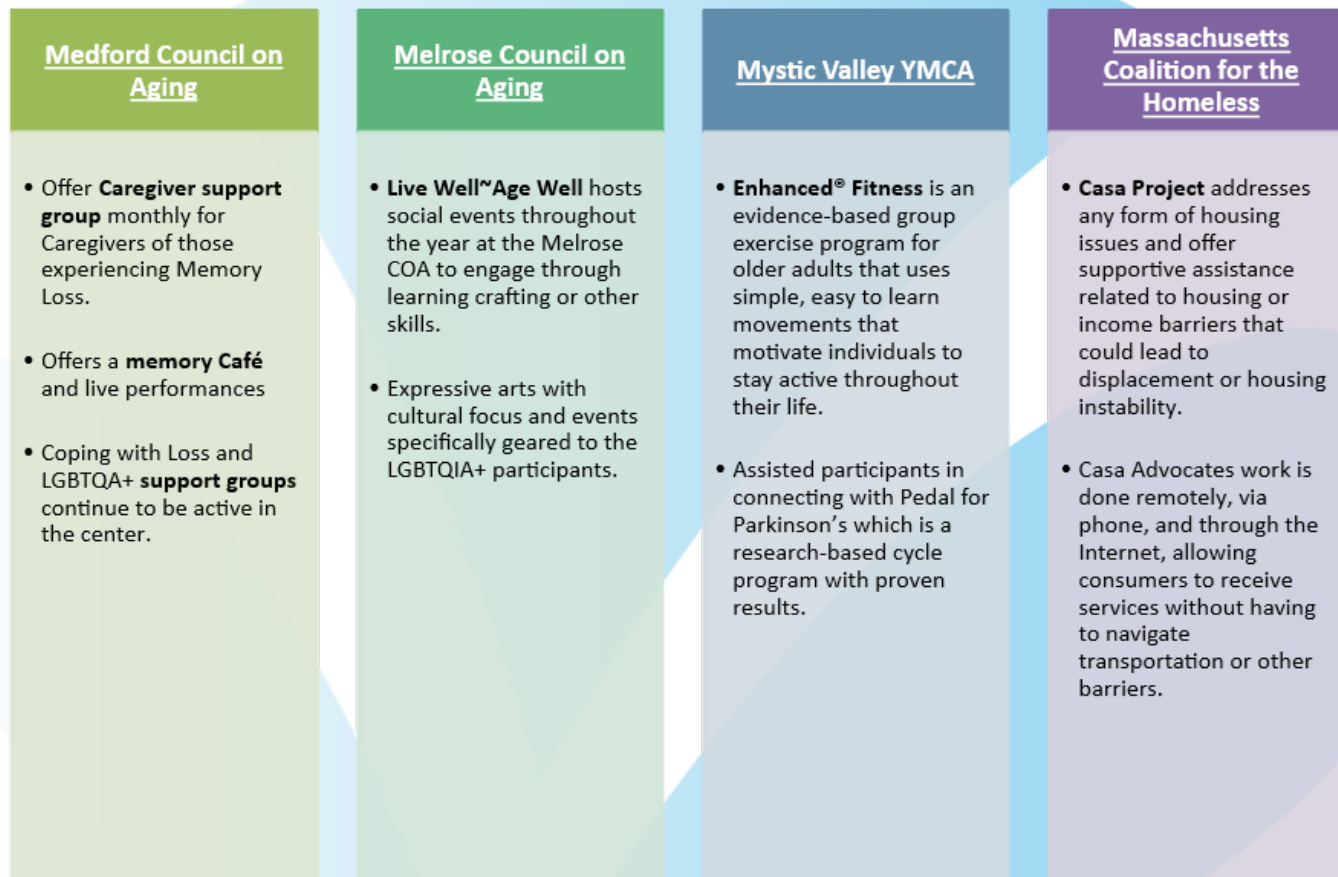
Ready to learn more about the impact of planned gifts for people served by MVES, the MVES Independence Legacy Society and how you can leave your legacy to benefit your community? Let us help. Call the MVES Development Office at 781-388-4802. You can find more information at [www.mves.org/legacy-society](http://www.mves.org/legacy-society).



## Attachment L: FFY 2024-2025 Title III Grantee Summaries

Boys and Girls Club of Stoneham and Wakefield	Bread of Life	Chinese Cultural Connection	Greater Boston Chinese Golden Age	Greater Boston Legal Services
<ul style="list-style-type: none"> <li>• Conducts <b>Lunch and Learn Workshops</b> at local Senior Centers covering Financial Scams and Emailing and Texting 101.</li> <li>• Provide <b>intergenerational</b> computer, tablet, and cell phone assistance during help sessions at the Public Libraries.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Senior Volunteer Initiative</b> expands our senior volunteer program to support food bank and engaged older adults</li> <li>• Volunteers worked on the Grab and Go deliveries to support the 1,200 grocery orders per month</li> </ul>	<ul style="list-style-type: none"> <li>• <b>East Meets West program</b> provides hands-on, educational, and fun activities such as cooking, storytelling and Tai Chi for low-income seniors, both Chinese and non-Chinese.</li> <li>• Assist with information consultation and translation for various needs (ID renewal, fuel notices, Medicare connections)</li> </ul>	<ul style="list-style-type: none"> <li>• Offers <b>social services</b>, technology classes &amp; support, English classes &amp; <b>evidence-based wellness activities</b> to Chinese-speaking Asian elders, enabling them to access essential services and maintain independent living within the community.</li> <li>• Conducted an ESL, Tai Ji Quan and Chronic Disease Self Management class at Malden Senior Center for Chinese speakers.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Elder Legal Advocacy Project</b> provides legal advice &amp; information. Prioritized cases on housing especially defense against eviction in public or subsidized housing, access to health benefits &amp; nursing home issues.</li> <li>• “We helped prevent the eviction of an older adult whose landlord was evicting him for taking the smoke detector off the wall after the property staff failed to fix it”</li> </ul>





## Attachment M: MVES Fact Sheet



# OUR core values

## **EMPOWERING**

people by providing quality choices

## **ENCOURAGING**

excellence and innovation

## **RECRUITING,**

supporting, and retaining the best staff and volunteers

## **OFFERING**

professional, compassionate care

## **EMBRACING**

diversity and inclusion

## **COLLABORATING**

with consumers, professionals, and organizations

## **EXPECTING**

individual responsibility within a team environment

### COMMUNITIES SERVED BY MYSTIC VALLEY ELDER SERVICES



TO LEARN HOW MYSTIC VALLEY ELDER SERVICES CAN HELP YOU OR A FAMILY MEMBER LIVE WELL AND INDEPENDENTLY AT HOME, PLEASE CALL 781-324-7705 OR VISIT [WWW.MVES.ORG](http://WWW.MVES.ORG)

300 Commercial Street #19  
Malden MA 02148  
TEL: 781-324-7705  
TTY: 781-281-8880  
[MVES.ORG](http://MVES.ORG)

For statewide resources:  
[www.massoptions.org](http://www.massoptions.org) | 800-243-4636

### INFORMATION & OPTIONS COUNSELING

Our information specialists and options counselors can answer your questions and give you valuable information. They offer free advice and referrals from our extensive database of local, state, and national resources and can connect individuals and caregivers to the best available resources to meet their needs. These services are offered in-person (at the office or the individual's home) or by telephone or video conferencing.

### HOME CARE AND CARE COORDINATION

Our home care program provides access to a variety of consumer-centered services for older adults and people with disabilities who wish to remain in their own homes. Care managers and nurses develop a care plan in partnership with you/your family and then continue to work together to monitor the care plan, adjust as needed, and secure and modify services over time. Services are both at home and community-based, and include personal care assistance, nutrition, transportation, homemaking, laundry, grocery shopping, and mental health and social support. We also work with you if you transfer home from a hospital, skilled nursing, or rehabilitation facility.

### NUTRITION

Healthy, satisfying meal services such as home-delivered meals that include therapeutic and various cultural meals, nutritional supplements, nutrition counseling to support a quality life, and dining programs where older adults can access a nutritious lunch in a community setting.

### CAREGIVER SUPPORT AND HEALTHY AGING PROGRAMS

The program provides information, support and guidance to help caregivers address their specific caregiving needs. Resources designed for caregivers include in-home assessments, support groups, and caregiver education in areas such as memory loss and home safety. Relief from caregiving duties are available such as companions, adult day health and other supportive services.

Healthy Aging Programs provide evidence-based workshops to teach individuals about the prevention and management of chronic diseases and other health and wellness concerns. Programs are offered both virtually and in-person.

### HEALTH BENEFITS COUNSELING (SHINE)

Trained SHINE (Serving the Health Insurance Needs of Everyone) counselors provide individuals with no-cost, confidential counseling and unbiased information regarding Medicare, Medicaid, health insurance, and prescription drug options.

### PROTECTIVE SERVICES

This program helps protect the health, safety and legal rights of individuals 60 years and older who have been abused, neglected, financially exploited, or are at risk of harm due to self-neglect. Statewide Elder Abuse Hotline: 800-922-2275

**CONTACT US TODAY FOR A FREE CONSULTATION! WE ARE HERE TO HELP.**

**TEL: 781-324-7705**



**MVES.ORG**