# Highland Valley Elder Services, Inc.

# Area Agency on Aging

# Area Plan Fiscal Year 2026-2029

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**Executive Summary (Narrative)**
**AAA Area Plan 2026-2029**
**Highland Valley Elder Services**

Highland Valley Elder Services, Inc. (HVES), a designated Aging Service Access Point (ASAP) and an Area Agency on Aging (AAA) has existed since 1975 as a private, nonprofit 501(c) (3) organization, to plan, coordinate and provide information, resources, and services to older adults, caregivers, and family members in 24 towns representing Hampshire and Hampden counties in Western Massachusetts. HVES service area includes the following cities and towns: Amherst, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Granville, Hadley, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield, Westhampton, Williamsburg, and Worthington.

HVES delivers programs and services directly related to our agency's mission:
"*Highland Valley Elder Services serves older adults and their families through collaboration, education, advocacy, and range of programs designed to support them where they live."*

Our core programs and services include:

- Information & Referral
- Care Advisement/Case Management Services
- Protective Services
- Benefits Support Program
- Money Management Program
- Ombudsman Services
- Clinical Assessment & Eligibility
- Community Transitions Liaison Program
- Options Counseling
- Family Caregiver Program
- Supportive Housing
- Community Dining Centers
- Home Delivered Meals
- In-Home Service Coordination
- Respite Services

*See our website for more detailed descriptions of these programs and services:*
https://highlandvalley.org/

HVES has evolved into a regional leader in the provision of long-term community services for older adults, caregivers and adults with disabilities residing in the community. HVES promotes the development of comprehensive and coordinated community-based long-term care systems to serve older and disabled persons as well as family caregivers. HVES, along with Lifepath, Inc., Greater Springfield Older Senior Services, Inc. (GSSSI), Access Care Partners (ACP), and Stavros Independent Living Center are part of the Pioneer Valley Aging and Disability Resource Consortium (PVADRC).

HVES continues to expand our efforts to understand, identify and offer resources and services to consumers under age 60 with disabilities. The 2026-2029 Area Agency on Aging Plan is a component of the Executive Office of Aging & Independence (AGE) developed the Massachusetts State Plan on Aging, 2026-2029, which is submitted to the U.S. Administration for Community Living (ACL). The Area Plan will provide information on how HVES will accomplish work on specific goals and objectives that correspond to the guidelines set forth by the U.S. ACL and AGE. HVES maintains a Comprehensive Emergency Preparedness Plan to ensure continuity of operations through emergency and disaster situations (Attachment I).

The Older Americans Act (OAA), originally enacted in 1965, supports a range of home and community-based services, such as meals-on-wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention, and caregiver support. These programs help older adults stay as independent as possible in their homes and communities. In addition, OAA services help older adults avoid hospitalization and nursing home placement and, as a result, save federal and state funds which would otherwise would be spent on such care. The original OAA established the Administration on Aging (AoA) and the aging services network that provides essential home and community-based supportive services. Under Title III of the OAA, AAA funding supports grants and direct services under the categories listed below:

- **Supportive Services (Title III-B)** - allocates funds for legal assistance, enhanced service access and a variety of in-home services.
- **Nutrition and Meal Services (Title III-C)** - to include home delivered meals and congregate meals (referred to as community dining at HVES) provided to older adult centers and other organizations serving elders. Meals are provided to older adults and disabled individuals under 60 years old residing in Supportive Housing.
- **Disease prevention and Health Promotion (Title III-D)** – the delivery of evidence-based healthy aging programs that are designed to assist older persons to be empowered to participate in their own well-being and care of their own health.
- **Family Caregiver Support Program (Title III-E)** – this program assists and empowers family caregivers of older persons and grandparents who are the primary caregiver of children 18 years and younger. Services include a free consultation visits, resources/services and recommendations on caregiver strategies, individual training to provide support and skills regarding important decision-making, respite care to provides some temporary relief of day-to-day care, and supplemental services to provide funds to caregivers for emergency needs, medical equipment, and other assistance.

**Title III Funding-** HVES uses available funds to support programs and service options in our 24 towns and cities. Awarded sub-grant programs are reviewed and monitored to ensure continued success in meeting the goals and objectives outlined in their proposals for funding. The Associate Director of Quality Assurance (serving as the AAA Planner) facilitates this work, along with the Title III Advisory Council, which is comprised of dedicated representative community members. The Advisory Council provides guidance and is integral to the Request for Proposal (RFP) process, reviewing and evaluating program applications for appropriateness and merit in meeting established criteria.

The AAA Area Plan is based on data collected through HVES participation in the AGE Statewide Needs Assessment, gathering input from the communities we serve. The intent of the

Needs Assessment is to focus attention on identifying and addressing the needs of persons 60 and over and their caregivers who reside in the HVES service area. See the Context and Attachment D sections of this plan for more details on the AAA Needs Assessment.

HVES will continue to work closely to collaborate with our communities to identify and work to develop programs to meet the needs of older adults, individuals with disabilities and caregivers who reside in Hampshire and Hampden counties. Our collaborations include councils on aging, other ASAP's and AAA's, health care provider organizations, and private sector businesses. We have continued to see growth in the number of older adults seeking services. Our goal is to provide the experience, knowledge and resources to meet the needs of our elders so they may maintain the quality of life they deserve. The Area Plan for the next four years will be HVES' guide in meeting the challenges elders will be presented with over the coming years. Highlighted below are some of the components in the plan:

- HVES core services will continue to be managed for program efficiency and growth.
- HVES will use available Title III-C nutrition funds to provide nutritious meals for homebound elders and meals to our community-dining sites to promote social interaction. HVES will continue to offer an alternate choice meal, and will strive to expand the Nutrition Counseling program.
- HVES will use available Title III-B supportive services funds to award sub-grants to address key needs identified in the Planning and Service Area (PSA), including transportation, in-home supports, outreach, information & assistance, housing, and opportunities for socialization.
- HVES will assist older adults and disabled individuals dealing with chronic health conditions by providing evidenced based programming through the Title III–D healthy aging programs.
- HVES will use available Title III-E caregiver funds to award grants for caregiver support groups to provide support and resources to families and caregivers.

**Context**
**AAA Area Plan 2026-2029**
**Highland Valley Elder Services**

Highland Valley Elder Services, Inc. (HVES) programs are provided under a contract with the Massachusetts Executive Office of Aging & Independence (AGE), as an Aging Services Access Point (ASAP), to provide services to frail, low-income elders in 24 towns in Hampshire and Hampden counties, who meet financial and clinical eligibility. Other funding, is provided through a contract with AGE, which designates HVES as an Area Agency on Aging (AAA).

**Home Care Resource Program** is responsible for the information and referral components of the agency. Seven Home Care Resource Specialists respond to all requests for information and services. They are responsible for handling all of the intakes for Home Care, Older adult Care Organizations (SCO), One Care, Home Delivered Meals, Nursing Screens, and Money Management. These staff maintain an updated resource database and research additional resources on an ongoing basis to ensure adequate response to inquiries regarding local, statewide and national resource and service information. In addition, they provide Options Counseling throughout the PSA, and Resident Service Coordination in the HVES Supportive Housing site and additional housing sites in Westfield and Southwick through a grant partnership with the Westfield Housing Authority.

**Nutrition Program** provides daily hot, nutritious meals that are cooked and prepared in our own kitchen in Northampton and delivered to twenty community-dining sites. Given our challenging geography, some community-dining sites operate daily; others operate on a less frequent schedule. Intensive preparation is given in the development of our menu to meet Recommended Dietary Allowance (RDA) requirements. HVES offers diabetic meals in addition to the regular meal. The menu is designed to utilize USDA Commodity food products available to us. HVES has established relationships with local farms and is able to offer fresh fruits and vegetables as essential ingredients in the menu planning. The Nutrition Project Council meets regularly and offers feedback regarding the meals received. HVES has expanded the program to include a two meal options each day to participants, as well as offers Nutrition Counseling services to eligible consumers.

**Family Caregiving Program** offers support and resources to identified caregivers through self-referral and referrals by HVES staff and other professionals. Caregivers are community-based or are known caregivers who are connected to Home Care and Protective Service consumers receiving services. HVES offers guidance through counseling and resources to support caregivers in their roles. In addition, available monies are designated for family caregiving awards for respite services or supplemental supports, as well as safety and wellbeing products.

**Evidenced-Based Healthy Aging Programs** have been offered through HVES since their introduction in Massachusetts through Elder Services of Merrimack Valley. HVES strives to develop new program offerings during this planning cycle. The Information and Referral Supervisor, along with identified volunteers will facilitate evidenced based

programs in the PSA. HVES will review and consider community partnerships to provide Evidence Based Programming.

**Participant-Directed/Person Centered Planning** continues to be the model for which HVES approaches care planning across departments, and remains a philosophy for the provision of care. HVES continues to offer consumer directed services for consumers in the state home care program and maintains information on PCA programs on the resource database. This model supports and empowers consumers to choose the mechanism of how and where services are delivered.

**Protective Services** is a core HVES program that focuses on ensuring the rights and safety of elders in the community. Protective Service Workers (PSW) visit consumers out in the community on a daily basis. PSW are trained to identify issues regarding safety in the home, self-neglect, caregiver neglect, financial exploitation, physical and emotional abuse and legal issues. PSW are mandated reporters and receive updated training each year. PSW inform consumers about ways to help improve their quality of life. PSW are available to assist consumers as they make their own choices on what form of resources, assistance or care they may need.

In addition, our **Money Management Program** provides support and oversight to consumers identified by staff or others as needing money management services. The program provides support and education to HVES staff and Money Management volunteers to understand a consumer's capacity to manage their accounts, including fraud and other financial exploitations. Community education occurs to ensure that community partners/mandated reporters are aware of the program and their responsibilities of reporting elder abuse, neglect and exploitation.

HVES is pleased to provide a state designated **Long-Term Care Ombudsman Program** that supports nine long-term care facilities. Volunteers are the essential component of this program. Certified ombudsman volunteers work with residents and their families to help ensure the highest quality of life for residents. Ombudsman volunteers visit facilities regularly to speak with residents, provide advocacy, advise residents of their rights and investigate concerns regarding care.

**Elder Justice** remains a priority at HVES and is ensuring through internal programs and partners with community agencies. For many years, HVES has supported the Community Legal Aid (CLA) Elder Law Project, which offers access to free legal service and support to low-income elders who do not have access to the legal system. HVES HC Resource Specialists, Care Advisors in Home Care, and Protective Service Workers make referrals. This service is essential and an invaluable community resource. CLA is invited yearly to conduct in-services to staff and community partners to educate on the basic tenets of elder law and changes in the law. HVES also maintains an updated resource list of elder law attorneys in the area.

The Administration for Community Living (ACL) encourages Area Agencies on Aging to address focus areas as part of the plan efforts. The focus areas set forth for FFY 2026-2029 are:

- Older Americans Act Core Programs
- Greatest Economic Need and Greatest Social Need
- Expanding Access to Home-and Community-Based Services (HCBS)
- Caregiving

HVES is following the guidelines set by the ACL and AGE to focus on areas with populations targeted in the Older Americans Act and Title III services. The Massachusetts Title III program funding formula targets older individuals with the greatest economic need and older individuals with the greatest social need, with attention on low-income individuals and those living in rural areas. The populations identified:

- Living Alone (Isolated) Older Adults
- Low Income Older Adults
- Minority Older Adult Populations
- Native American Populations
- Rural Older Adult Populations
- Socially Isolated Populations

In addition to priority areas outlined by ACL and AGE, HVES prioritizes needs identified through the Needs Assessment process, as outlined in *Attachment D - Area Agency on Aging 2025 Needs Assessment Project and Public Input.*

**Focus Areas: Goals, Objectives, Strategies, and Performance Measures:**
**AAA Area Plan 2026-2029**
**Highland Valley Elder Services**

## Introduction:

Highland Valley Elder Services, Inc. (HVES) engages in the ongoing partnership between the Executive Office of Aging and Independence (AGE) and all statewide Area Agencies on Aging (AAA), to promote independence, empowerment, and well-being for the benefit of the older adults, individuals with disabilities, and caregivers in our Commonwealth. Our service area population informed our focus for the upcoming four years, in conjunction with Commonwealth identified areas of highest need. HVES consumers reside in a combination of small western Massachusetts (MA) cities and rural towns, to comprise 24 different communities. During the needs assessment that took place in the fall of 2024, HVES received 813 survey responses, conducted 14 service provider interviews, conducted 4 listening sessions, and attended 2 community health fairs. Needs assessment engagement activities revealed that the greatest needs of older adults in the planning and service area (PSA) include access to in-home support for maintaining independence, transportation access and availability, and nutrition support. Other high areas of need identified during the engagement activities include assistance with access to services (for example, getting help with Food/SNAP benefits and financial services, and applying for health insurance) and access to health care (for example, accessing affordable health services, insurance, managing prescription costs). The top three needs identified by caregivers in the PSA include respite care, home care support, and transportation. The 2023 Profile of Older Americans report showed that "the number of people 65 and older increased by 34%, from 43.1 million in 2012 to 57.8 million in 2022… By 2040, about 78.3 million people will be 65 or older, more than twice as many as in 2000 (35 million)." *(ACL, 2023)* Additionally, the report showed "in 2021-2022, 37.1 million family caregivers provided unpaid care to a family or non-family member 65 and older." *(ACL, 2023)* This projected growth of the older adult population, and volume of unpaid care provided by family caregivers, emphasizes the need to bolster necessary services and supports for both older adults and caregivers in the PSA. Our planned efforts as an AAA to address these areas of need for the upcoming four years are identified below in four detailed focus areas.

## Focus Areas- Goals, Objectives, Strategies, and Performance Measures:

### Focus Area 1 – Older Americans Act Core Programs

**Goal #1:** HVES will work with community partners to provide older adults opportunities to access in-home and health supports, transportation resources, and application assistance services, through coordination and expansion of Title III programs.

**Overview:** During the needs assessment process, older adults in the HVES PSA identified access to in-home supports, transportation, access to services and healthcare as top needs. Additionally, in Federal Fiscal Year (FFY) 2024 similar needs were highlighted through calls to the HVES Information and Referral (I&R) department, with over 5,300 call topics documented for ASAP

services, 640 for health/in-home services, and 100 for transportation. HVES will address these areas of need using the objectives outlined below.

**Objectives & Strategies:**

- Continue to utilize available Title III B funding to support local programs that provide in-home health support and care for older adults, particularly those residing in rural communities.
- Continue to utilize available Title III B funding to support local programs that provide transportation services to older adults, particularly in the rural hilltowns.
- Continue to bolster transportation resources in the Home Care Program.
- Continue to utilize available Title III B funding to support the Transportation Concierge program through HVES, which serves to assist older adults in identifying transportation options specific to their needs, works to find payment assistance options for transportation, and can assist in scheduling transportation for older adults.
- Seek additional opportunities to collaborate with community organizations to bolster transportation options and enhance supportive service offerings for older adults, particularly in the rural hilltowns.
- Promote the Personal and Home Care Aide State Training (PHCAST), to assist in growing and strengthening the home care workforce, allowing for greater access to in-home supports for older adults in the PSA.
- Continue to expand on the State Home Care (SHC) provider network, to assist in getting in-home supports and services to older adults in the PSA.
- Expand access to assistive technology for older adults through the utilization of funds in the SHC program to purchase assistive technology devices and by maintaining community technology assistance resources and supports on the HVES resource database.
- Utilize available Title III B funding to support application assistance programs, via the HVES Benefits Support Program and/or connector programs with community partners.
- Continue to ensure that Title III programs are offered without cost to consumers, ensuring low-income older adults equal access to the same supportive services and resources.
- Encourage and promote community programs that aim to serve minority populations.
- Encourage and promote communities' age and dementia friendly efforts in the PSA.
- Continue to support family caregivers in locating in-home respite supports and resources through consultations with HVES Caregiver Specialists, using available Title III E Caregiver funding.
- Continue to support older Native Americans in accessing essential services and supports, including nutrition services and caregiver supports.
- Promote Title III programs on the agency website, social media, during community outreach events (such as health fairs), and provide ongoing education with HVES staff on all Title III program offerings, as well as other community programs that support older adults and caregivers.

**Goal # 2:** HVES will address malnutrition by supporting older adults in obtaining access to affordable, nutritious food options that meet their needs and preferences.

**Overview:** Nutrition support was identified in the top three needs for older adults in the PSA on the 2024 needs assessment. One-third of all respondents to the HVES needs assessment survey indicated that they "Need help with meals or nutrition." Nutrition was also among one of the top call topics documented by the HVES I&R department in FFY2024, with over 1,000 calls logged for "Nutrition." HVES has seen significant growth in the Nutrition program since the last Area Plan development, with 27,532 Community Dining/Grab & Go meals delivered in FFY21, to 47,489 meals in FFY24, and 100,362 Home Delivered Meals in FFY21, to 191,366 in FFY24. HVES had 2,793 consumers receive meals in FFY24, more than doubling since FFY21, when 1,200 consumers received meals. HVES will remain committed to addressing malnutrition issues for older adults, by continuing to provide nutritious, balanced meals to consumers, and bolster nutrition resources to older adults, using the objectives outlined below.

**Objectives & Strategies:**

- Continue to provide nutritionally balanced home delivered meals (HDM) and community dining meals, that meet recommended daily intake (RDI) requirements, through the Title III C Nutrition Program and other funding sources.
- Continue to provide nutritious and balanced meals using its own commercial kitchen and utilizing available United States Department of Agriculture (USDA) commodity foods.
- Continue to provide home delivered meals (HDM) services to all 24 communities within the geographic region, at least 5 days per week, through the Title III C Nutrition Program and other funding sources.
- Continue expansion of the Choice meals program, allowing HDM and community dining consumers at least 2 meal options.
- Continue to maintain twenty community-dining sites and/or grab-and-go sites, as permitted, throughout the PSA, and continue to explore opportunities to expand community-dining programs to other locations in the PSA.
- Encourage older adults to attend community-dining sites to promote socialization while minimizing costs, and promote a participant directed model for dining sites, providing opportunities for volunteer engagement and empowerment.
- Continue to screen and refer consumers for the nutrition services, as appropriate, through Home Care, Information & Referral, and Protective Service programs.
- Continue to support socially isolated populations through the Nutrition program by providing staff education and using representative symbols on advertising indicating the agency supports and are here for all people in our PSA.
- Continue to collaborate with local COAs and human service organizations to engage consumers in community dining programs, as well as to support their need for transportation to access community-dining sites. Continue to support COA carpool programs using available Title III B funding.
- Expand therapeutic meal offerings, to ensure consumers person-centered and medically necessary nutrition needs are being met by the HVES program.
- Expand nutrition education throughout our PSA, through community presentations by the HVES Registered Dietician, monthly education on the HVES Nutrition Program menus, and resource education to HVES program staff.
- Use available funding to expand access to public nutrition benefits, such as SNAP, by ensuring consumers are aware of these benefits and have access to application assistance programs through HVES and/or community partners.

- Maintain updated nutritional support options on the HVES online resource database, for ease of access to HVES staff and community members.
- Continue to offer nutritional supplement options, in addition to HDM, for consumers in the SHC program.
- Explore additional options for promoting nutrition education and counseling services, such as providing access to webinars on specific topics and/or social media posts.
- Continue growing the Nutritional Counseling service through the SHC program, prioritizing eligible consumers identified at highest nutritional risk on the Comprehensive Data Set (CDS) assessment.
- Expand the offering of Nutritional Counseling by continuing to explore contracts with Medicare and Medicaid to provide the services to additional consumers and continuing to promote the availability of the program in the community via flyers, social media, and other means.
- Continue gathering ongoing feedback from consumers on the HVES meals program and use feedback to tailor service offerings.
- Increase volunteer support throughout the Nutrition program especially for meal delivery, via HVES recruitment efforts and partnerships. Continue to partner with Retired Senior Volunteer Program (RSVP) and other community employment organizations for recruitment in the Nutrition Program.
- Promote meaningful employment and volunteer opportunities for older adults, in the Nutrition programs.

**Goal #3:** HVES will support older adults in our PSA to live free from abuse, neglect, and exploitation through prevention, detection, assessment, intervention, and investigation of elder abuse, neglect, and financial exploitation.

**Overview:** Protective Services is a core program through HVES which serves to support and protect older adults in the PSA from physical and emotional abuse, financial exploitation, self-neglect and neglect. HVES leverages critical partnerships in the community, such as with legal service providers, to enhance efforts to protect the rights of older adults. Consumers receive support for issues like housing evictions and mediations, unemployment issues, access to public benefits, among other areas from legal service providers. In FFY24, the HVES legal partner, Community Legal Aid, served 125 unduplicated consumers, with 566 units of service provided. HVES will continue to promote elder justice following the objectives outlined below.

**Objectives & Strategies:**

- Continue to support the Community Legal Aid (CLA) Elder Law Project through available Title III B funding. CLA offers access to free legal services to low-income older adults.
- Continue to partner with CLA to conduct an annual in-service for HVES program staff, to educate staff on the basic tenets of elder law, changes in the law, and resources.
- Continue to ensure that the resource database maintained on the agency website contains information on CLA and other trusted elder law attorneys, for those who do not qualify for CLA services. HVES staff will continue to refer consumers to legal services as appropriate.

- Continue to partner with the MA Attorney General Office of Consumer Protection to provide in-services to staff and consumers on common scams, and will refer to them as necessary.
- Continue to identify and investigate issues of elder abuse, neglect, and exploitation through the Protective Service (PS) department.
- Provide community and staff education through PS department on elder rights, mandated reporting, features of financial exploitation, elder abuse, and neglect, to promote the prompt and appropriate reporting of elder abuse.
- Expand community education on prevention, detection, assessment, intervention, and investigation of elder abuse, neglect, and financial exploitation, via community presentations in the PSA from our PS department.
- Expand and maintain updated emergency resources on the HVES resource database including information on emergency shelter, respite support, emergency nutrition support, and behavioral health support.
- Ensure consumers have access to public services and benefits through the HVES Benefits Support Program and leverage support from CLA in navigating issues with public benefits.
- Continue to expand support to older adults in necessary financial management through the Money Management Program, aiding in the identification and reduction of financial exploitation.
- Maintain a Money Management Advisory Council that is comprised of community representatives from local banking institutions, the Northwest District Attorney Office of Consumer Protection, Community Legal Aid, and the Board of Directors.
- Continue to expand education to HVES staff and Money Management volunteers to understand consumers' capacity to manage their accounts and detect financial exploitation.
- Provide advocacy and education for resident rights in long-term care settings through the Ombudsman program.
- Promote HVES' PS, Ombudsman, Money Management, and Benefits Support programs, as well as CLA and other benefits support programs in the community, via agency website, social media, advertisements, and in community outreach efforts.
- Support multi-disciplinary responses to addressing the complex needs of older adults by continuing to facilitate weekly interdisciplinary case share with representatives of protective services, home care, nursing, and information and referral departments, as well as engaging with other core members of an older adult's care team, such as health care professionals and informal supports.

**Goal # 4:** HVES will continue to support the Ombudsman Program in long-term care facilities to ensure consumers are aware of their rights, benefits, and entitlements, and have support as issues arise.

**Overview:** The Ombudsman Program has been a longstanding support for older adults residing in skilled nursing facilities and rest homes. The program aims to ensure consumers are aware of their rights and have the support and advocacy to address concerns as they relate to rights, benefits, and entitlements. HVES will continue to promote resident quality of life through the objectives outlined below.

**Objectives & Strategies:**

- Continue weekly outreach to each facility in the PSA to ensure older adults are supported and can address their needs.
- Ensure HVES staff and volunteers continue to have access to Personal Protective Equipment (PPE) and receive infection control training, to ensure safety of residents, staff, and volunteers during on site facility visits.
- Recognize that residents in long-term care facilities may feel isolated and encourage participation in group activities, community programming, and other avenues of social support.
- Continue to encourage visitations and support from outside family and friends, to enhance resident quality of life and reduce isolation.
- Attend resident council meetings and individual care and discharge planning meetings to advocate for the needs and rights of each resident, as appropriate.
- Continue to offer mediation when families, staff, and residents are in disagreement about care.
- Increase volunteer education and development through workshops and trainings. Focus educational efforts on working with residents from varied backgrounds. Continue to promote our support for all people and their rights in the long-term care setting.
- Have adequate volunteer Ombudsman to cover all facilities, and recruit additional volunteers, as needed, to support the program.

**Goal # 5:** HVES will continue to utilize Title III D funding for facilitation of Evidence Based, Healthy Aging programs, which promote the health, well-being and quality of life for older adults.

**Overview:** The Evidence Based Programs approved by the Administration for Community Living (ACL) have provided a long-standing support network for older adults and caregivers around chronic health conditions, shared experiences of aging, and caregiving for older adults. HVES will continue efforts to offer valuable evidenced based programming using the objectives outlined below.

**Objectives & Strategies:**

- Engage new volunteers and/or staff in the Chronic Disease-Self Management program, to ensure older adults in the HVES PSA can access this program periodically.
- Engage with new volunteers and/or staff for training on the Bingocize® program, to provide this program in the HVES PSA.
- Promote caregiver education and support through Title III D funding by providing Powerful Tools for Caregivers and/or Savvy Caregiver programs in the PSA.
- Explore options to implement other Evidence Based Programs in the PSA.
- Engage community partners by inviting them to host programs, refer their consumers to active programs, and to encourage partners to apply for Title III D funding when they have the interest and ability to facilitate Evidence Based Programs.

- Support program leaders by offering them opportunities to attend trainings offered by the Healthy Living Center for Excellence to maintain certifications and encourage leaders to cross-train in other Evidence Based Programs.
- Support older adults in accessing programs by providing information and referral to transportation resources to attend on site programming, respite care for caregivers to attend programming, and/or assistive technology to attend virtual programs.

## Focus Area 2 – Greatest Economic Need and Greatest Social Need

**Goal #1:** HVES will continue to identify and serve older adults and caregivers in the greatest economic and social need through provision of services to reduce isolation and promote inclusion.

**Overview:** HVES focused outreach efforts during the 2024 Needs Assessment process to engage with low-income older adults, as identified through HVES financial assessment and Medicaid enrollment status, as well as those in greatest social need, as identified through rural residency, primary language other than English, those identifying as having disabilities, and other social factors. Low-income survey respondents, with household income < $20,000, reported greater levels of social isolation and need for housing accessibility and maintenance, than respondents of higher income levels. Nearly 30% of respondents to the HVES needs assessment survey reside in a rural location, 7.5% reported speaking a language other than English at home, and over 63% reported having a physical disability. HVES will continue efforts to enhance services in the PSA, ensuring those with the greatest social and economic needs benefit from programming, as outlined in the objectives below.

**Objectives & Strategies:**

- Continue to support programs that serve older adults and caregivers residing in rural communities, by providing sub-grants to local organizations using available Title III B funding. Programs may include transportation support, in-home service support, and programs that provide opportunities to socialize/reduce isolation.
- Continue to provide support to low-income older adults in identifying and applying for subsidized housing, through the continuation of the Housing Specialist program at HVES, with available Title III B funding.
- Ensure equal access to service and resource support to older adults and caregivers of any primary language, through the continued partnership with translation and interpretation providers, as well as connecting multilingual employees of HVES and contractors with consumer and caregivers for service provision, whenever possible.
- Expand support to those residing with physical disabilities through continued use of Environmental Accessibility and Adaptation service providers to provide home modifications and durable medical equipment for accessibility of environment.
- Explore the impacts of HVES services and supports provided by Title III sub-grantees on social determinants of health, through ongoing collection of consumer satisfaction data and monitoring of overall health outcomes.
- Continue to expand meal offerings in the HVES Nutrition program, to ensure cultural considerations and preferences are considered for populations residing in the HVES

service area. Continue to collect survey data from participants to gauge satisfaction with meal services and feedback on meals consumers would like to have access to.

- Continue to maintain current community dining sites, and explore additional dining site locations in the PSA, allowing older adults with opportunities to socialize and engage in wellness and educational activities, to reduce isolation.
- Continue to expand and support partnerships and available services with provider partners to expand access for consumers residing in rural locations, non-English speaking consumers, and consumers who are resistant to traditional in-home service provision.
- Continue collaboration with community organizations to use innovative methods to expand services for those of greatest social need, including partnerships with providers located in rural communities whose workforce understands and supports the needs of the communities, use of assistive technology to expand access of telehealth services that meet person-centered cultural needs, and expansion of services that reduce isolation for older adults and caregivers, such as companion, peer support, and dementia coaching.
- Utilize survey response data from HVES consumers and Title III partners to emphasize the impact of programs and services offered on social isolation and loneliness. Educate HVES staff on consumer feedback and utilize results to adjust or enhance programs.

**Goal #2:** HVES will continue to offer consumer direct services, to empower consumers, families, and caregivers in making informed decisions regarding services, and to support needs of maintaining independence and safety at home.

**Overview:** HVES recognizes that ensuring consumers have the right to choice and are engaged in all care planning decisions is essential to maintaining independence. It is important that older adults, caregivers, and families have knowledge of choices available for care and support, so they make informed decisions on what is best for them. HVES will promote participant directed care and person-centered care planning using the objectives outlined below.

**Objectives & Strategies:**

- Continue to utilize available Title III B funding to support local programs that reduce isolation and provide opportunities for socialization, particularly in the rural hilltown communities, such as social groups/programs, exercise programs, outreach programs, community dining, and multigenerational programs.
- Promote the HVES SHC Consumer Directed Care (CDC) program to eligible older adults, at the time of intake and at reassessment intervals. Enhance advertising for this program to ensure that individuals in priority populations have knowledge of, and access to this service option.
- Encourage CDC program for members of minority populations, consumers with cultural and linguistic needs/preferences, Native Americans, consumers residing in rural communities, and to older adults who already have identified caregivers, when appropriate.
- Increase staff education on the CDC program to ensure all program and service staff are comfortable explaining and referring to this program option. HVES staff will also receive education on Medicaid funded Personal Care Attendant program, to ensure that all consumers have the choice of a consumer-directed model, regardless of program enrollment.

- Continue to ensure HVES staff are trained on person-centered care planning which encourages consumers to consider personal preferences regarding service provision and care planning decisions. HVES upholds that the consumer is entitled to choose how, when, and where their care is delivered.
- Continue to explore and implement additional service offerings in the SHC Program, as a greater variety of service options will allow more effective and individualized care plans.
- Continue to provide Options Counseling to assist older adults and their families in making informed decisions regarding services and living arrangements that best meet their long-term service and support needs.
- Continue to provide support to family caregivers with one-on-one support sessions to relay resources and supports specific to their needs, through the Massachusetts Family Caregiver Support Program (MFCSP).
- Continue promoting consumer directed services through provision of Caregiver Supplemental and Respite Stipends, with available Title III E funding.
- Provide ongoing training to educate staff and volunteers on issues of dementia, mental health, and other topics, along with appropriate resources to ensure that they are equipped to provide consumers and caregivers with helpful, person-centered supports, with humanity.
- Promote consumer right to choice and participant directed care in nursing facilities and rest homes, through the Ombudsman program.

### Focus Area 3 – Expanding Access to Home-and Community-Based Services (HCBS)

**Goal # 1:** HVES will provide effective information and referral services, person-centered resources, and community programming to ensure older adults have access to supports they need to reside in the setting of their choice.

**Overview:** It is critical for older adults to have knowledge of and access to community resources in order to participate in the services that meet their person-centered needs. During the 2024 HVES Needs Assessment, access to in-home services and supports was among the top three greatest challenges identified by older adults, and access to respite and in-home services were among the top needs identified by family caregivers. In FY2024, over 90% of respondents to the HVES Information & Referral (I&R) consumer satisfaction survey reported "satisfaction" with their call and that they "received the information (they) needed," emphasizing the importance of I&R services in educating older adults on their long-term care support options. From the start of the last Area Plan, FFY2022, over 900 individuals enrolled in the Options Counseling program through HVES, many of which were triaged to critical programs like State Home Care, Benefits Counseling, Senior Care Options, Money Management, and Protective Services. HVES will continue to address the service education needs of older adults in the PSA using objectives outlined below.

**Objectives & Strategies:**

- Uphold the standard that all call and email correspondences made to HVES' Information and Referral department will be responded to within twenty-four business hours, to ensure timely follow-up to consumer and caregiver needs.

- Increase the business acumen by providing ongoing education to staff areas of need identified by older adults and on appropriate resources available to meet those needs.
- Ensure appropriate staff receive training and credentials as Certified Information & Referral Specialists. Ensure that all staff have the required annual in-service trainings, as indicated by AGE.
- Ensure that the resource database available on our website has current, updated resources, so that HVES staff and community members can benefit from this resource.
- Utilize database resources, paper resources and online resources to prepare comprehensive responses to consumer inquiries.
- Utilize the Options Counseling program to assist older adults in identifying what options may meet their person-centered needs, and referring to those options, as necessary. Bolster resources and training for Options Counselors on helping older adults obtain affordable housing.
- Promote Options Counseling through advertisement on brochures, on the agency website, on agency social media, and through outreach efforts with both community members, other professionals, and HVES staff and volunteers across departments. Resources through the Aging and Disability Resource Consortium (ADRC) will be utilized during Options Council sessions and will be shared with other HVES staff so they may promote these resources to the consumers, caregivers, and families served.
- Take opportunities to promote all core services and programs through community outreach efforts, such as health education events. Focus on reaching low-income older adults, adults residing in rural communities, and socially isolated older adults in outreach efforts.
- Assist older adults in obtaining the appropriate health insurance benefits through referrals to the SHINE program and the Benefits Support Program. HVES will continue to support rural Health Connector programs, which provide benefits support services to older adults in their homes, with available Title III B funding.
- Support older adults in managing food costs and living on a fixed income by providing resources and guidance, and/or referring to the Money Management Program, which can assist with bill payer and representative payee services, as well as with applications through the Benefits Support Program.
- Collaborate with community partners to identify and work to remedy service gaps, to enable older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers, in alignment with AGE and AAA core values.
- Continue to support consumers in institutional settings who wish to return to the community in that effort through service planning in the Community Transition Liaison Program (CTLP) and Hospital to Home partnerships.
- Continue to provide nursing assessments through HVES' Clinical Assessment and Eligibility (CAE) program to assess consumers for Enhanced Community Options and Frail Elder Waiver programs. These programs broaden access to in-home services and supports for consumers who are at risk of institutionalization because of limitations on their ability to function independently.
- Continue efforts to increase enrollments in the Medicaid funded, Frail Elder Waiver programs, as they provide wrap-around support to older adults residing in-home.

- Continue to assess consumers in the SHC program for medical conditions, including diabetes, Alzheimer's and related dementias, and HIV/AIDS, using the CDS tool, and provide appropriate resources and service supports to aid in the maintenance of those conditions.
- Continue to promote the SHC program via social media, HVES' website, flyers and brochures in the community, and through outreach events, to ensure knowledge of available in-home and community-based long-term care services.
- Continue to assess for fall risk and provide information, resources, and services to older adult to aide in preventing falls.
- Enhance quality assurance efforts by monitoring live calls and providing feedback to staff on performance. Continue to utilize satisfaction surveys to gauge caller feedback on their experience in speaking with HVES staff. Revise and update this survey to reflect current points of interest and ensure ease of completion.
- Continue utilizing call log data to assess reported needs of consumer and areas of frequent inquiry, to ensure that staff have the appropriate resources and services to refer consumers.
- Support older adults living alone in accessing supportive services, as well as providing resources on opportunities for social engagement through local Councils on Aging and other community organizations.

## Focus Area 4 – Caregiving

**Goal # 1:** HVES will continue to support families and caregivers utilizing Title III E funding to provide group and individual services and supports to those caring for older adults in the community.

**Overview:** Supporting the needs of caregivers in the community is essential for ensuring that older adults receive the care they need. The MA caregiver resource webpage indicates that, "approximately 53 million caregivers have provided unpaid care for an adult or child in the last 12 months" and "about 16.3 million adult family caregivers care for someone with Alzheimer's disease or a dementia-related disorder" *(MA, 2025).* Access to respite services, in-home supports, transportation, and information and resource support were the top needs identified by caregivers. HVES will continue to support caregivers in the community using the techniques outlined below.

**Objectives & Strategies:**

- Continue to assess caregiver needs using the Family Caregiver Support Program (FCSP) assessment tool in Aging & Disability database, then providing one-on-one consultation, counseling, service planning, resources and supports to family caregivers through the HVES MFCSP, utilizing available Title III E funding.
- Provide individual Caregiver Initiative Grants (CGI) to support respite costs and supplemental services, utilizing available Title III E funding.
- Ensure HVES Information & Referral department maintains an array of resource information to share with family caregivers on the agency website, promoting core partners such as the Alzheimer's Association.

- Increase outreach to the community on the MFCSP and Aging Service Access Point (ASAP) services, in alignment with the National Strategy to Support Family Caregivers *(ACL, 2022).*
- Continue to provide education to all program staff on caregiver support programs and resources available in the community.
- Utilize available Title III D funding to provide Powerful Tools for Caregivers and/or Savvy Caregiver programming to the PSA and support caregivers by offering respite resources and service options to allow caregivers to participate in programs. Achieve this by first identifying appropriate staff and/or volunteers to be trained to host the program.
- Continue to utilize available Title III E funding to support caregiver support groups in the community, which are accessible to caregivers throughout the PSA, including the rural hilltown communities.
- Continue to utilize available Title III E and B funding to support social programs for caregivers and care recipients in the community, such as Memory Cafés.
- Continue to bolster the respite services available under the SHC program to ensure consumers/caregivers have options to meet their person-centered needs, in alignment with the National Strategy to Support Family Caregivers *(ACL, 2022).*
- Continue to strengthen and support the direct care workforce through the promotion of available trainings, such as PCHAST and Advanced Skills trainings for home health workers to gain knowledge and skills in supporting individuals with dementia related disorders and/or behavioral health conditions.
- Promote CDC and PCA programs as a mechanism for informal caregivers to become paid caregivers, where appropriate.
- Increase agency staff knowledge of services and resources provided through the National Technical Assistance Center on Grandfamilies and Kinship Families and Lifespan Respite Care program, so these programs may be leveraged in HVES' work with caregivers.
- Increase outreach and education opportunities to grandparents caring for grandchildren and older adults caring for adults with disabilities, through social media, the HVES website, and community events.
- Assist caregivers through I&R supports in making connections with other caregivers, for support and resource sharing, in alignment with AGE and AAA core values.

**Sources Cited:**

ACL. (2023). 2023 Profile of Older Americans. Pg. 5 & 19.

MA.gov. (2025). https://www.mass.gov/info-details/learn-about-family-caregivers#are-you-a-caregiver?-

ACL. (2022). 2022 National Strategy to Support Gamily Caregivers. https://acl.gov/sites/default/files/Natl-Strategy/NationalStrategyInfographic_508.pdf

**Additional Resources:**

Aging & Disability – Reports – Call Topics, Options Counseling Care Enrollments, Home Delivered Meal Consumer Counts – Federal Fiscal Years 2022-2025

HVES Needs Assessment Summary Data – 2024

Community Legal Aid – Legal Report – Federal Fiscal Year 2024

HVES Information & Referral Consumer Satisfaction Survey Data – State Fiscal Year 2024

## 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 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:**

6/25/25
Date

Signature - Chairperson of Board of Directors

6/23/25
Date

Signature - Chairperson of Area Advisory Council

6/11/2025
Date

Signature - Area Agency on Aging Executive Director

## 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.***

**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:**

(aa) HVES will continue outreach efforts to engage and support older adults with greatest economic need, including Medicaid recipients and older adults residing in subsidized housing, as well as greatest social need, including rural community residents and homebound seniors. HVES will continue to support older adults at risk for institutional placement, including provision of services through the Community Transition Liaison Program and administration of the Frail Elder Waiver. HVES will provide support to older adults with greatest economic and social need, and those as risk for institutionalization, through the specific objectives outlined in the *AAA Focus Area Coordination* section of this document.
(bb) HVES will continue to identify low-income minority populations within the Planning and Service Area (PSA) through community engagement and outreach to community partners and support those individuals through the specific objectives outlined in the *AAA Focus Area Coordination* section of this document. HVES will continue to prioritize the employment of multilingual individuals from diverse backgrounds at the agency, to strengthen support to older adult populations in the community. HVES will ensure all older adults and caregivers with limited English proficiency have equitable access to information, resources, and services, through contracts with Language Service providers. HVES has a widely rural service area and will continue outreach and support to older adults and caregivers in rural communities through the specific objectives outlined in the *AAA Focus Area Coordination* section of this document.

**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:**

(I) Individuals and agencies applying as AAA providers must provide specific details on their priority populations and how they will engage with and support low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider. Providers will be selected by Title III Advisory Council based on these commitments and provider agreements with AAA will indicate requirements for serving the identified priority populations and reporting on older adults served.
(II) Providers of services through the AAA are required to utilize funding specifically to support one or more of the priority populations listed above and are prohibited from changing a cost for services provided through AAA funding.
(III) Providers objectives for supporting and providing services to priority populations are outlined within their proposals. Providers will be selected by Title III Advisory Council based on these objectives. AAA Planner will monitor progress in meeting their goals and objectives through monthly reports of units and consumers served and annual monitoring of program compliance.

**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:**

(i) HVES consistently engages with community partners including local Councils on Aging, Health Care Facilities, Social Service Organizations, First Responders, and others via social media, community presentations, email blasts, information material

distribution and other means. This outreach is intended to educate providers on essential AAA and ASAP services, so individuals in need may be properly triaged to HVES for services and supports. These and other outreach activities also directly intended to reach target populations, including underserved individuals. Specific objectives on HVES' outreach efforts to the priority populations listed above are included in the *AAA Focus Area Coordination* section of this document.

**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:**

(A) The AAA conducted a robust Needs Assessment in the Fall of 2024, to assess the needs of older adults and caregivers in the communities served. This feedback largely influenced the goals and objectives outlined throughout this Area Plan. Additionally, HVES provides a 30 day public input period on the contents of this document, allowing any community member to provide feedback and input and/or share their views on the Draft Area Plan. Details of the Needs Assessment and Public Input period are outlined within the *AAA 2025 Needs Assessment Project and Public Input* section of this document. The AAA will continue to solicit feedback on participant and community member views on the AAA services provided throughout this plan via annual surveys and will provide opportunity for grievances, as outlined in *Attachment G- AAA Protocol for Grievances.*

(B) HVES serves as both a AAA and ASAP for the region and is an active member of Massachusetts Aging Access (MAA). MAA "work(s) with (our) members across the state to ensure the highest-quality care for older adults and people with disabilities, and to ensure that caregivers have the support they need" (MAA 2025). MAA serves as a policy leader in the network, ensuring members are educated on policies, programs, hearings, levies, and community actions that impact older adults and caregivers served, and provide guidance to members on how to properly advocate on issues impacting these populations. HVES will continue to be a member of MAA and work closely with other members to advocate for necessary services and supports. HVES leadership convenes with community organizers, such as the United Way, local neighbors organizations, our ADRC partners, local elected officials, and other non-profit organizations to discuss how to best collaborate on topics impacting older adults and caregivers.

**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:**

(I) AAA will remain available to assist in dissemination of information about the State assistive technology entity, and will work to ensure older adults and caregivers in the HVES PSA have information on and access to these critical resources. HVES will ensure available/applicable resources are listed on the public Resource Database, on the HVES website. HVES' specific objectives to expand access to assistive technology for older adults are outlined in the *AAA Focus Area Coordination* section of this document.

**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:**

(A) HVES will continue to facilitate the development and implementation of home and community based long-term care services, through consistent contact and collaboration with community partners. HVES will engage in outreach efforts with local public and private agencies to ensure the mission and services of the AAA/ASAP are known to the community, and that additional community needs are identified and addressed through AAA/ASAP efforts. Specific details on how HVES collaborates and coordinates activities with community agencies are outlined in the *AAA Focus Area Coordination* section of this document.

(B) HVES will continue to collect data within the Aging & Disability database on the activities provided to older adults and caregivers and features of program recipients. This data will be utilized to identify areas where additional support may be needed and to identify recipients at high risk for institutional placement. HVES can leverage this data collected to modify program offerings as a AAA/ASAP, as well as to provide recommendations on higher level programmatic and policy changes, in conjunction with member organization, MAA.
(C) HVES will continue to expanding Evidence Based program offerings as outlined in the *AAA Focus Area Coordination* section of this document.

**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:**

(10) HVES maintains a protocol for grievances, which is publicly available on the HVES website. See *Attachment G- AAA Protocol for Grievances.*

**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:**

(A) There is not currently a significant population of older Native Americans in the HVES planning and service area.
(B) There is not currently a significant population of older Native Americans in the HVES planning and service area.
(C) HVES will continue to ensure equitable service provision to older Native Americans residing in the PSA, as outlined in the *AAA Focus Area Coordination* section of this document.

**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:**

(17) HVES has developed an Emergency Preparedness plan that offers 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 policy also identifies current local and national emergency preparedness resources (e.g. FEMA, MEMA, & municipal emergency preparedness planners in our PSA).

HVES has developed one agency document relating to emergency preparedness, inclusive of the agency's Emergency Action Plan and Continuity of Operations Plan, titled "Comprehensive Emergency Preparedness Plan" (CEPP), see *Attachment I: Comprehensive Emergency Preparedness Plan – Public.* The CEPP provides guidance on disaster/emergency preparation, agency leadership succession, specific responsibilities of staff in the event of an emergency, and alternative communication strategies in the event that HVES' office cannot be occupied. The CEPP and related protocols are reviewed annually to ensure awareness of all parties and compliance with standards. HVES participates in a Memorandum of Agreement – "Statement of Mutual Aid and Assistance"- which cements the collaborative arrangements between the Aging & Disability Resource Consortium (i.e. Access Care Partners, Lifepath, Elder Services of Berkshire County, and Greater Springfield Senior 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. HVES follows all AGE instructions issued on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers.

HVES' CEPP contains agency's All Hazards Emergency Response Plan (including fire, flood, snow, hurricane, and cyber incidents). The CEPP identifies critical functions (operations and services), key staff for those functions, and 2 levels of succession for key staff in the event of any emergency. Successors are trained on required functions, to ensure continuity of services without interruption. HVES' building evacuation procedures are accessible on the agency share drive which can be accessed by all staff and are posted throughout the building including at the reception desk. Documents contain information on rally point, evacuation routes, provisions of evacuation procedures for people with

disabilities, and the protocol for ensuring all staff in the building are accounted for (in and out board tablet which is located at the front of the building by reception). HVES conducts an annual risk assessment which informs updates to the CEPP.

As part of the Title III program monitoring process, the AAA Planner reviews sub-grant provider emergency preparedness plans and training compliance.

**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:**

(E) HVES partners with Community Legal Aid (CLA) to provide legal services to eligible older adults in the PSA. CLA priority populations are indicated on their bi-annual application for funding and must include the priority areas including legal issues related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. CLA performance and populations served through AAA funding are monitored on an ongoing basis through monthly reporting and the annual AAA monitoring visit. CLA continues to provide outreach to the HVES staff and general community on their ability to support individuals in these priority areas. CLA also assists in triaging individuals to appropriate legal services who do not meet their eligibility criteria or are needing assistance with legal issues falling outside the scope of their priority areas. Additional details on HVES partnership with CLA are outlined in the *AAA Focus Area Coordination* section of this document.

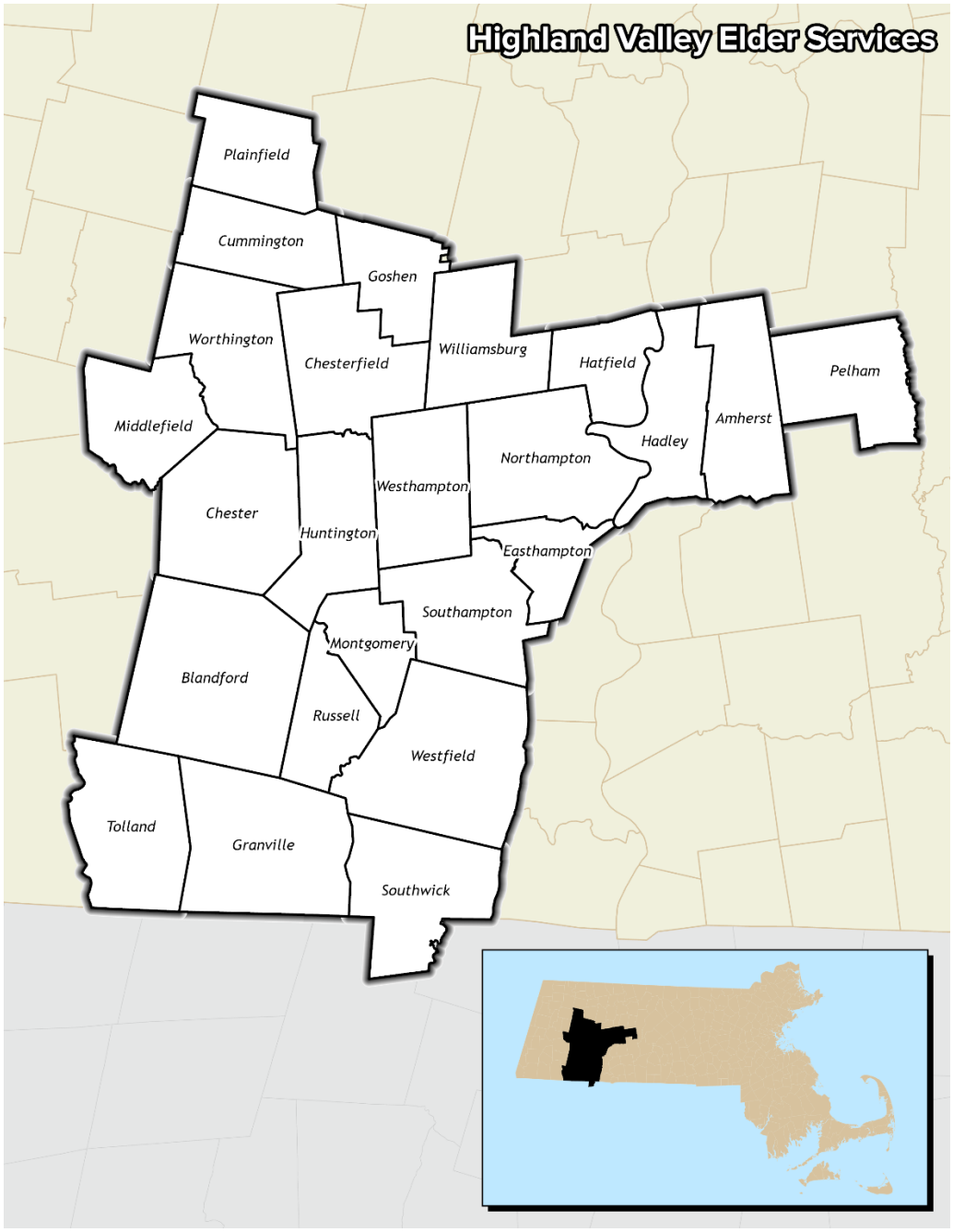
**Sources cited:**
MAA 2025. *https://agingaccess.org/*

**Attachment C: AAA Planning and Service Area Map**

**Highland Valley Elder Services, Inc.**
**Area Agency on Aging/Aging Services Access Point**
**www.highlandvalley.org**

**320 Riverside Drive, Suite B**
**Florence, MA 01062**

**Phone: 413-586-2000**
**Fax: 413-584-7076**
**Email: info@highlandvalley.org**



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

In preparation for the development of the 2026-2029 Area Agency on Aging Plan, HVES took part in a Statewide Needs Assessment by collecting data on needs in the PSA, as well as gathering input from all Area Agency on Aging's (AAA). The intent of the Needs Assessment is to focus attention on identifying and addressing the needs of people 60 and older and their caregivers, who reside in the 24 towns in the HVES service area. The Needs Assessment is an important tool in the development of the agency Area Plan and the agency's goals and strategic plans for the future.

Throughout the Fall of 2024, HVES conducted Needs Assessment activities including the mass distribution of the state Needs Assessment survey, provider interviews, solicitation of consumer feedback at community events, and solicitation of feedback from AAA employees, board members, advisory council members, volunteers, and stakeholders. The purpose and process were explained to participants. The Needs Assessment is conducted every four years as part of HVES Area Agency on Aging (AAA) plan development, to identify and address the needs of older adults, their caregivers, and the communities served. These activities gathered information to help develop programs and services to meet elder needs.

The AAA Needs Assessment Survey was the main source of data collection during the needs assessment process, with 813 surveys submitted to HVES by older adults and caregivers between September and December 2024. The needs assessment survey was distributed through a mass mailing and email blast to current HVES consumers, recent callers, participants of the Massachusetts Family Caregiver Support Program (MFCSP), home delivered meals participants, staff members, volunteers, local COAs, Title III partners, advisory council members, local healthcare groups, local faith based organizations, local subsidized and supportive housing sites, rainbow social clubs, memory cafes, food bank distribution sites, and various other community members. HVES and community partners offered to provide assistance to those in need to complete the survey. Of the 140 Caregiver surveys received, 59 were submitted on paper and 81 were submitted directly online. Of the 673 older adult surveys received, 422 were submitted on paper and 251 were submitted directly online. Paper surveys that were mailed to the agency were inputted to the state online survey tool by the HVES Data Specialist. Through these efforts, HVES successfully received survey responses from individuals in all 24 towns/cities in the PSA and exceeded the state-set benchmark for number of surveys required for the Needs Assessment.

The needs assessment survey was accessible on the agency website and was advertised through the agency social media. The survey flyer with survey QR code was posted at over fifty sites across the HVES PSA. HVES attended a Rainbow Coffee Hour in Amherst, as well as Health Fairs in Amherst and Westfield, to gather feedback from attendees. HVES also interviewed fourteen in-home service provider organizations and held four focus groups with HVES staff in the Home Care, Protective Services, Nursing, and Information and Referral departments. Staff and providers were solicited for their feedback on the most commonly identified needs of older adults in the PSA. Need for in-home services for older adults, and respite care for caregivers, were resounding needs identified across interview settings. The participants' feedback largely aligned with the need areas identified on the survey results and provided helpful input on potential solutions to address areas where service gaps exist. Ideas and feedback on current and

potential service offerings were incorporated into the Focus Area Coordination section of this Area Plan.

Reported data collected identified the top five identified need areas for Caregivers to be: 1) Respite Care 2) Home Care Support 3) Transportation 4) Information and Resource Support and 5) Training and Education Support. See *Attachment H: AAA Needs Assessment Summary Data 2025* for full needs assessment summary details.

Reported data collected identified the top five identified need areas for Older Adults to be: 1) In Home Support 2) Transportation 3) Nutrition 4) Access to Health Care and 5) Access to Services. See *Attachment H: AAA Needs Assessment Summary Data 2025* for full needs assessment summary details. The top three needs identified in this Needs Assessment process were also presented within the top five needs in the 2020 Needs Assessment.

HVES' top two identified needs align with the statewide Needs Assessment results. Nutrition was not a top need identified on a state level, which could represent greater access to nutrition services in other parts of the state, or an emphasis of the importance of nutrition services for older adults in the HVES PSA in staying safe at home. Considering Nutrition as a top need for HVES' PSA, the agency will continue to focus on bolstering access to food supports through our Nutrition Program, as outlined in the Focus Area Coordination section of this document.

Through this process, HVES learned the priorities of older adults and caregivers in the PSA. These priorities will aide in guiding efforts of the AAA moving forward through the FY26-29 Area Plan. In an effort to engage key stakeholders in this data, HVES has presented 2024 Needs Assessment data with agency staff, the general public via the HVES website, and has provided by-town and summary data to all twenty-four Councils on Aging in the PSA. HVES will continue to bolster efforts to meet needs identified by older adults and caregivers in the PSA using the specific objectives described in the *HVES AAA Focus Area Coordination 2026-2029* section of this document.

To ensure the views of older adults, family caregivers, service providers, and the general public are considered in the development of this Area Plan, HVES posted the Draft FY26-29 AAA Area Plan on the agency website for public input from May 23, 2025 – June 23, 2025. Viewers were encouraged to submit feedback via the email or phone number provided on the website posting. The public input period was advertised on a banner for all who accessed the HVES website during that period. There were 8,612 visits to the HVES website during the public comment period. The opportunity for public input was emailed out to over 300 key stakeholders including local COA Directors and Chair persons, HVES Board Members, Title III Advisory Council members, AAA/ASAP service providers, HVES staff, HVES volunteers, and other community partners. Although no formal public input was submitted during this period, internal HVES staff members who reviewed the plan confirmed that contents align with priorities expressed by older adults and caregivers in the planning and service area. Public input outcomes were shared with the Senior Administrative Leadership Team and Board of Directors. Public input through the Needs Assessment process and this public input period greatly informed the final development of the FY26-29 AAA Area Plan.

# Attachment E: Area Agency on Aging, Organizational Chart

## AREA PLAN ON AGING, 2026 - 2029
## Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2026

**Area Agency on Aging : Highland Valley Elder Services Inc.**

| Member Name | Identify Officers by Title | City/Town of Residence | Membership Affiliation |
|---|---|---|---|
| Patrick Brough | Vice President | Easthampton | Easthampton COA |
| Nilda Cohen | Treasurer | Southampton | |
| Robert Dionne | | Northampton | Northampton COA |
| Polly Ryan | | Plainfield | Plainfield COA |
| Kathryn Service | Secretary | Northampton | Friends of Northampton COA |
| Estelle Stasz | President | Holyoke | |
| Dana Litturi | | Southampton | Southampton COA |
| Marianne Drake | | Chesterfield | Chesterfield COA |
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|---|---|
| 88% | Percentage of the Board that are 60+ years of age. |
| 0% | Percentage of the Board that are minority persons. |
| 0% | Percentage of the Board that are 60+ and minority persons. |

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

**Area Agency on Aging: Highland Valley Elder Services Inc.**

| Member Name | Identify Officers by Title | City/Town of Residence | Membership Affiliation |
|---|---|---|---|
| Nilda Cohen | Chair of AC | Southampton, MA | Rural Community Member |
| William Anjos | AC Member | Westfield, MA | Healthcare and In-home Service Provider |
| Marianne Drake | AC Member | Chesterfield, MA | Chesterfield COA; Rural Community Member |
| Kathryn Pekala-Service | AC Member | Northampton, MA | Community Member; Friends of Northampton COA |
| Cathy Martin | AC Member | Westfield, MA | Veteran & Healthcare Provider |
| Patrick Brough | AC Member | Easthampton, MA | Easthampton COA |
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|---|---|
| 50% | Percentage of the Advisory Council that are 60+ years of age. * |
| 0 | Percentage of the Advisory Council that are minority persons. |
| 0 | Percentage of the Advisory Council that are 60+ and minority persons. |

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

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

**Area Agency on Aging: Highland Valley Elder Services Inc.**

| 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 |
| Williamsburg Council on Aging- Carpool & Companion | 141 Main St. | Haydenville | X | X | X | | |
| Hilltown CDC- HEN & Transportation | 387 Main Rd. | Chesterfield | | X | | | |
| Chesterfield Council on Aging- Multigenerational & | 400 Main Rd. | Chesterfield | X | X | X | X | |
| Hilltown Community Health Centers- HOPE Program | 9 Russell Rd. | Huntington | | X | | X | |
| Community Legal Aid- Elder Law Project | 20 Hampton Ave. | Northampton | | X | | | |
| Highland Valley Elder Services- Title III Programs Coordinator, Transportation Concierge, MFCSP, Evidenced Based Programs, Nutrition | 320 Riverside Dr. Suite B | Florence | | | X | X | |
| Cooley Dickinson Hospital- Memory Care Initiative | 30 Locust St. | Florence | | X | | X | |
| Huntington Council on Aging- Hilltown Memory Café, | 24 Russell Rd. | Huntington | X | X | X | X | |
| Hampshire Regional YMCA- Live-strong Cancer Support | 286 Prospect St. | Northampton | | X | | | |
| Northern Hilltown Consortium- Information & Assistance and | 400 Main Rd. | Chesterfield | X | X | X | X | |
| Northampton Council on Aging- Transportation | 67 Conz St. | Northampton | X | X | X | X | X |
| Jewish Family Services- Caregiver Support Groups | 15 Lenox St. | Springfield | | X | | | |

***FFY25 Focal Points indicated above - subject to change. FFY26 Focal Points TBD based on available funding and sub-grant application determinations.***

## AREA PLAN ON AGING, 2026 - 2029
## Form 4a - Title III-B Funded Services - Federal Fiscal Year 2026
## Programs Funded in Whole or in Part by Title III-B

**Area Agency on Aging: Highland Valley Elder Services Inc.**

| 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 |
| **AAA or PROVIDER** | | | | | | | | | |
| Community Transportation Programs | | B | N | | 10 & 34 | I | | 17,000.00 | |
| HVES - Housing Specialist | | B | Y | | 19 | A | | 20,325.00 | |
| In-Home Care and Health Outreach for Older Adults in Rural Communities | | B | N | | 19, 14, 13 | I | | 28,835.00 | |
| Isolation and/or Support Older Adults with ADRD | | B | N | | 32, 19 | O | | 30,764.00 | |
| Community Legal Aid | | B | N | | 11 | L | | 33,216.00 | |
| Highland Valley Elder Services- Transportation Concierge | | B | Y | | 10 | A | | 25,860.00 | |
| Highland Valley Elder Services - Ombudsman Program | | B | Y | | 31 | O | | 37,510.00 | |
| Non-Evidence Based Programming | | B | N | | 24 | O | | 6,633.00 | |
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(&) Minimum Adequate Proportion Services: A - access; I - inhome; L - Legal; O - other.

Total $ 200,143.00 $ -

## 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: Highland Valley Elder Services Inc.**

| 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 |
| **AAA or PROVIDER** | | | | | | | | |
| Highland Valley Elder Services- Community Dining | | C1 | Y | | 7 | | 241,262.00 | |
| Highland Valley Elder Services- Home Delivered Meals | | C2 | Y | | 4 | | 164,675.00 | |
| Highland Valley Elder Services- Evidenced Based Programs | | D | Y | | 65 | CDSMP | 2,235.00 | |
| Highland Valley Elder Services- Evidenced Based Programs | | D | Y | | 133 | Bingocize | 2,235.00 | |
| Highland Valley Elder Services- I&R PD and Supervisor (Family Caregiver Program) | | E | Y | | 1/5 | | 54,593.00 | |
| Programs to Support Caregivers & Individuals with ADRD | | E | N | | 1 | | 15,237.00 | |
| Caregiver Support Groups | | E | N | | 1 | | 10,201.00 | |
| Highland Valley Elder Services- Caregiver Grant Initiative | | E | Y | | 4/3 | | 63,132.00 | |
| Highland Valley Elder Serivces - Safety & Wellbeing Product Initiative MFCSP | | E | Y | | 4/3 | | 5,000.00 | |
| Ombudsman Program | | OMB | Y | | 31 | | 54,428.00 | |
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| Total | | | | | | | $ 612,998.00 | $ - |

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

### Area Agency on Aging:

### Highland Valley Elder Services Inc.

**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.** $ 93,703.00

| Program Cost | Percentage (%) of Total |
|---|---|
| All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). * | 25% |
| Supervision cost. * | 10% |
| All respite service costs. | 11% |
| All supplemental service costs. * | 33% |
| Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach. | 11% |
| Administration costs. * | 9% |
| Other (explain on separate attachment) | 2% |
| Total estimated percentage must equal 100% of Title III-E planning budget. | 100% |
| Projected **total** * FTE count for Title III-E (breakdown under "Detail" below). | |

**Detail - Family Caregiver Support Program**

| Personnel Position Title | FTE |
|---|---|
| Family Caregiver | 0.25 |
| I&R Program Director | 0.10 |
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| | |
| **Total FTE** | 0.35 |

# AREA PLAN ON AGING, FFY2026 - 2029
## PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026

**Area Agency on Aging: Highland Valley Elder Services Inc.**

**OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026**

| | Area Plan Admin | Title III-B Supp Svs | Title III-C1 Cong. Nutr Svs | Title III-C2 HDM Nutr Svs | Title III-D Evi-Based Svs | Title III-E Caregiver Svs | Ombudsman Services |
|---|---|---|---|---|---|---|---|
| **Title III Planning Award:** | | | | | | | |
| Prior FFY Standard Estimated Carryover | | | | | | | |
| FFY2026 Title VII LTCO Planning Award | | | | | | | |
| FFY2026 Standard Planning Award | 83,390 | 188,814 | 241,262 | 164,675 | 14,987 | 93,703 | 54,469 |
| FFY2026 Estimated Total Title III Income | $ 83,390 | $ 188,814 | $ 241,262 | $ 164,675 | $ 14,987 | $ 93,703 | $ 54,469 |
| **Other Income:** | | | | | | | |
| NSIP Cash | | | | | | | |
| NSIP Commodity Credit | | | 38,000 | 32,000 | | | |
| Other Federal (non-Title III or NSIP) | | | | | | | |
| Program Income (Client Contributions) | | | 50,000 | 55,500 | | | |
| State Home Care Program | | | | 1,500,000 | | | |
| State Elder Lunch | | | | 185,000 | | | |
| State - Other (attach detail) | | | | | | | |
| Non-Federal Inkind | | | | | | | |
| Local (attach detail) | | | 3,000 | 6,150 | | | |
| Other (attach detail) | | | 500 | 185,000 | | | |
| **Total Other Income:** | $ - | $ - | $ 91,500 | $ 1,963,650 | $ - | $ - | $ - |
| **Total Available Income:** | $ 83,390 | $ 188,814 | $ 332,762 | $ 2,128,325 | $ 14,987 | $ 93,703 | $ 54,469 |
| **Budgeted Expenditures:** | | | | | | | |
| **AAA Number of Supported FTEs** | 1.00 | 0.80 | 0.40 | 3.25 | 0.17 | 0.32 | 0.65 |
| Wages and Salaries | 47,646 | 38,145 | 19,098 | 156,318 | 8,059 | 15,273 | 31,524 |
| Payroll Taxes/Fringe Benefits | 12,950 | 9,509 | 5,899 | 38,609 | 1,295 | 3,857 | 7,859 |
| Mileage/Travel | | 50 | 14,615 | 95,663 | | 268 | 3,174 |
| Occupancy Costs | 2,077 | 1,820 | 31,691 | 207,407 | 78 | 872 | 1,464 |
| Equipment Purchase/Rental/Maintenance | 1,273 | | 150 | 9,670 | | | |

## Area Plan on Aging 2026 - 2029
## PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026

**Area Agency on Aging:** Highland Valley Elder Services Inc.

**OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026**

| | Area Plan Admin | Title III-B Supp Svs | Title III-C1 Cong. Nutr Svs | Title III-C2 HDM Nutr Svs | Title III-D Evi-Based Svs | Title III-E Caregiver Svs | Ombudsman Services |
|---|---|---|---|---|---|---|---|
| Meal Prep and Related Costs | | | 211,518 | 1,422,667 | | | |
| Other Program Support | 2,893 | 177 | 11,774 | 68,944 | 314 | | 412 |
| Agency Admin Support Allocation | 16,551 | 16,199 | 38,017 | 129,047 | 2,695 | 6,688 | 10,036 |
| Direct Services to Caregiver | | | | | | 51,678 | |
| Subgrants - Access | | | | | | | |
| Subgrants - In-Home | | | | | | | |
| Subgrants - Legal | | 33,216 | | | | | |
| Subgrants - Other (or Caregiver Svcs) | | 89,698 | | | | 15,067 | |
| Subgrants - Inkind | | | | | 2,546 | | |
| **Total Budgeted Expenditures:** | $ 83,390 | $ 188,814 | $ 332,762 | $ 2,128,325 | $ 14,987 | $ 93,703 | $ 54,469 |

| | |
|---|---|
| Budgeted Expenditures - Caregivers Serving Elders | $ 93,703 |
| Budgeted Expenditures - Grandparents Serving Children | $ - |

Signature of Area Agency on Aging Fiscal Manager: _____ Date: 7/2/2025

Signature of Area Agency on Aging Executive Director: _____ Date: 7/02/2025

**Attachment G: AAA Protocol for Grievances**
To Address Dissatisfaction with Title III Services

Individuals over age 60 who are eligible for Title III services may file a complaint with the Area Agency on Aging (AAA) if they are denied services or if they are dissatisfied with services. All new consumers receive information regarding the Request for Aging Service Access Point (ASAP)/AAA Appeals Process.

**Who May File a Complaint**

- Individuals receiving or eligible for Title III services.

**Process**

- An eligible consumer may file a written complaint with the AAA regarding dissatisfaction with or denial of services (Request for ASAP Review).
- Request for ASAP Review Form should be sent to the Associate Director of Quality Assurance (ADQA), who oversees AAA activities.

**Internal Grievance Review Process**

- ADQA will contact consumer within seven (7) calendar days notifying them of receipt of document.
- ADQA will arrange a time to conduct a phone or in-person interview to discuss the situation. Notice of ASAP Review Date will be sent to consumer.
- ADQA will conduct a meeting with the consumer and other family members to gather information to understand the consumer's dissatisfaction with services or denial of services within twenty one (21) calendar days of receipt of document.
- If consumer during the course of the discussion comes to a different understanding and choses to withdraw the grievance, that will be noted.
- If consumer is unable to come to an understanding regarding the dissatisfaction or denial of services, the ADQA will bring the information gathered to the Senior Leadership Team for review.
- Senior Leadership Team (Executive Director, Chief Financial Officer, Associate Director of Programs and Services, Associate Director of Human Resources, and ADQA) will meet to discuss and review complaint.
- Dependent on the situation and Title III service, the Executive Director may choose to request that a member or the Chair of the Title III Advisory Council participate in the Complaint Review.
- The Senior Leadership Team may identify that further investigation is needed to understand the current complaint. A plan and timeline will be determined on how that will occur. Information will be gathered and documented by the ADQA.
- Within 7 business days, the consumer will be notified of the decision or resolution to the complaint by mail by the ADQA.

**Extended Review Process**

- Once the consumer has been notified of the Senior Leadership Team's decision and if still dissatisfied, within seven (7) business days, the consumer may request to meet with the Executive Director.
- The Executive Director will meet with the consumer and share the background information and the basis for the denial of the request for review within fourteen (14) business days.

**Appeal to Board Level**

- If the consumer continues to be dissatisfied with the final decision, the consumer may request a meeting with the President of the Board of Directors. Written request must be submitted within thirty (30) business days of decision notification.
- The Board President will review this request in a timely manner with the Executive Committee.
- The Board decision will be the final decision. The Board President will complete a written communication to the consumer informing the consumer of the decision that will be mailed to the consumer.

**Documents:**

Your Appeal Rights to the Aging Services Access Point
Notice of ASAP Review Date
Request for ASAP/AAA Review
Notice of ASAP/AAA Review Decision

# Needs Assessment Survey Results 2024

## For Both Caregivers & Older Adults

Highland Valley ELDER SERVICES

# DISCLAMER

The results presented in this report are based on survey responses from older adults and caregivers who chose to participate. As respondents were not randomly sampled from all older adults or caregivers, the findings do not fully represent all older adults or caregivers in Massachusetts. In this case, because AAAs surveyed people who attended certain events, were easy to contact, and so on, certain groups may be overrepresented or underrepresented based on who was surveyed. For example, if more survey respondents were people who attend senior centers, the results may not fully reflect the needs of homebound older adults or those who are less engaged with services. The data should be interpreted as insights from those who participated rather than a complete picture of all older adults in Massachusetts.

In this report, on slides 19-23 ”N” represents the total number of survey respondents for each specific question or category. Since not all participants may have answered every question, N can vary across different sections of the report. It provides context for interpreting the percentages, ensuring that the reported findings accurately reflect the number of individuals who responded to each specific item.

# Needs Assessment Received Paper VS Online

Total number of assessments received: 813

- Caregivers: 140

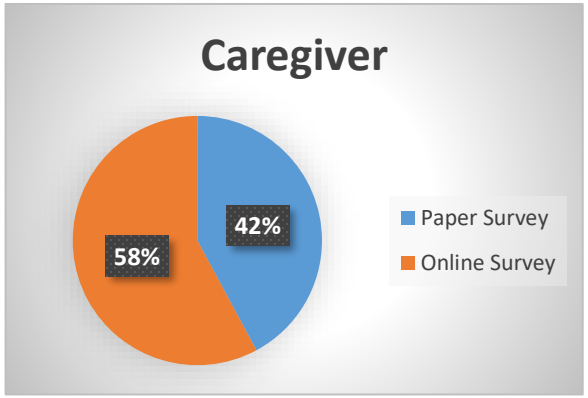
Paper Survey: 59

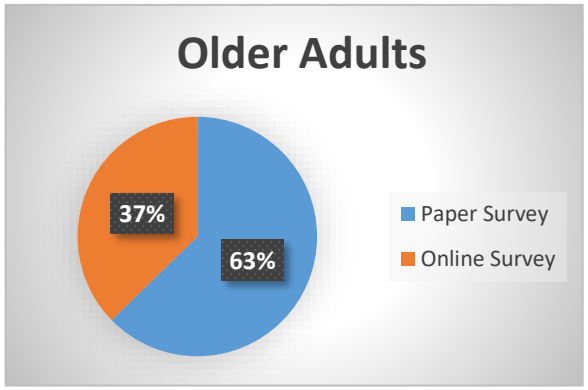
Online Survey: 81

- Older Adults: 673

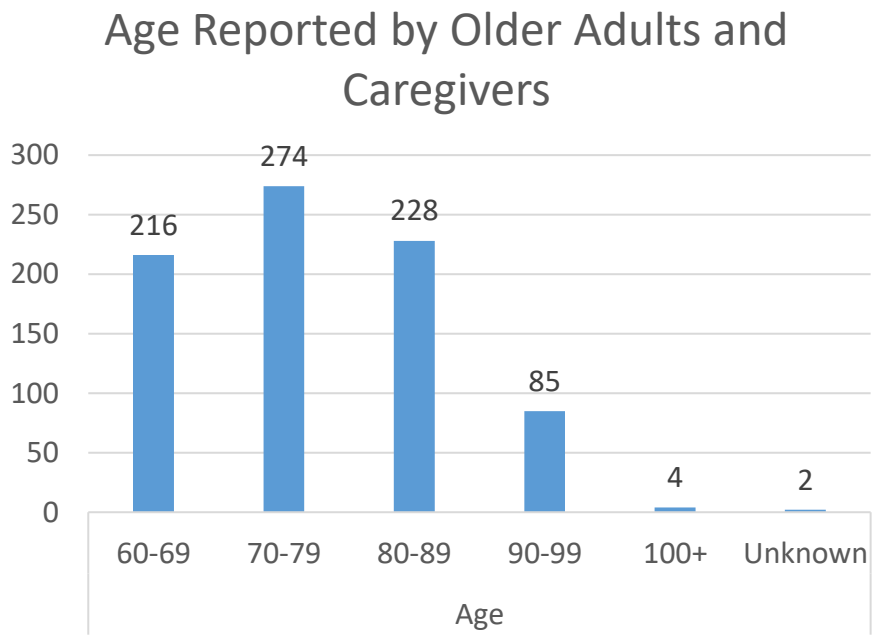
Paper Survey: 422

Online Survey: 251



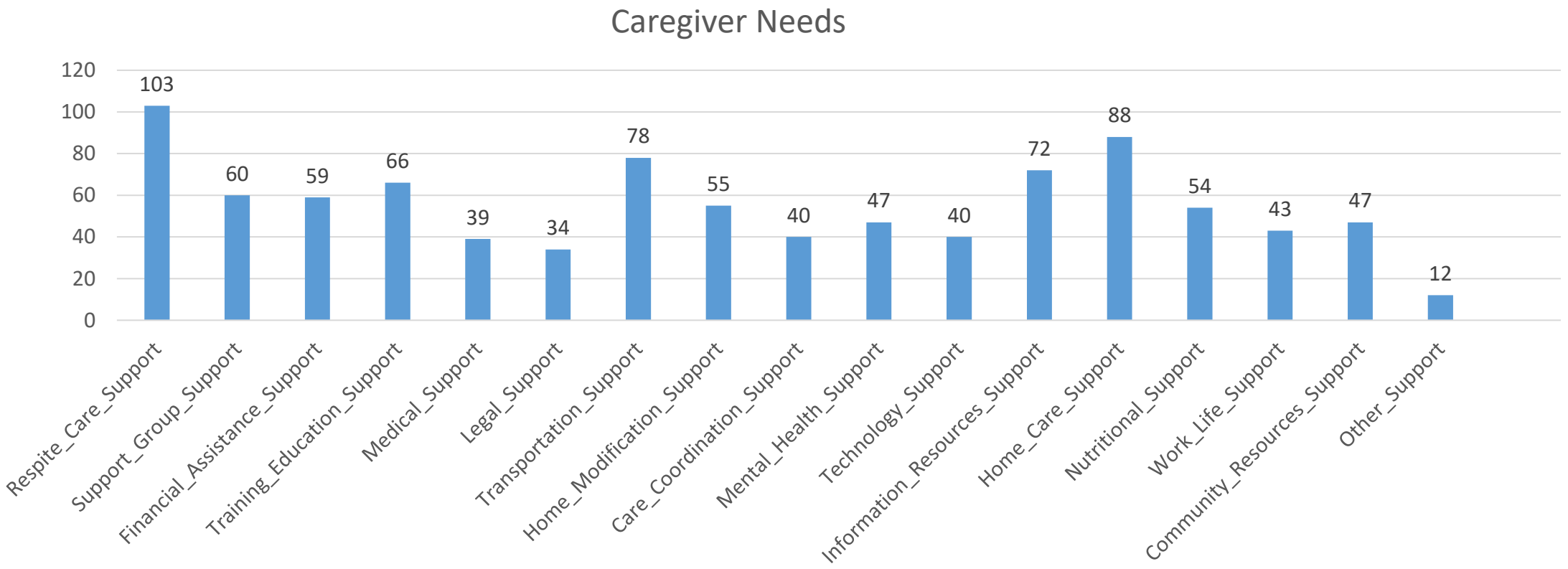

Average Age: 77yrs



# Questions Asked for Caregiver Needs

-Respite Care
-Support Groups
-Financial Assistance
-Training and Education
-Medical Support
-Legal Assistance
-Transportation
-Home Modifications
-Care Coordination
-Mental Health Support
-Technology Support
-Information and Resources
-In-Home Care Services
-Nutrition Support
-Work-Life Balance
-Community Resources
-Other Needs

# HVES Caregiver Needs




The top 5 of what caregivers feel the greatest needs are for themselves

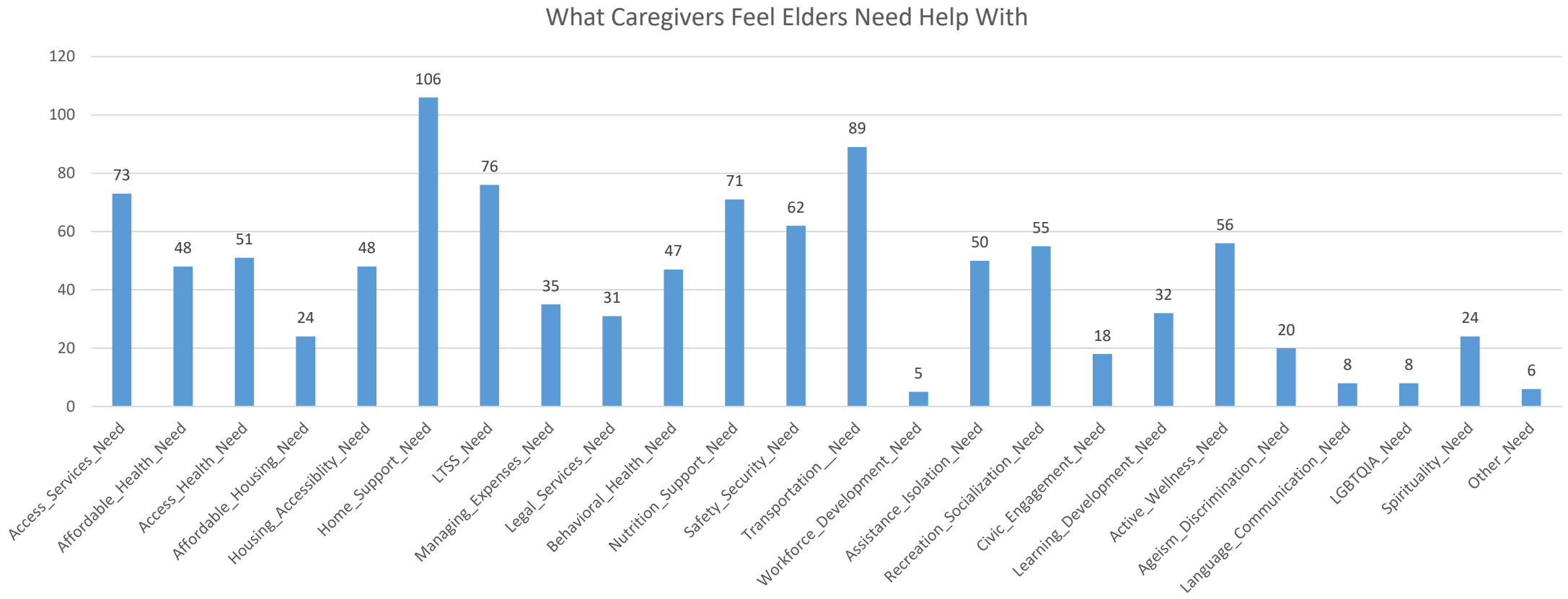
1. Respite Care
2. Home Care Support
3. Transportation
4. Information and Resource Support
5. Training and Education Support

# Questions Asked for Caregivers about what they feel the greatest needs are for Older Adults

- Access to Services
- Affordable Health Care
- Access to Health Care
- Housing Accessibility and Maintenance
- Long Term Services and Supports
- Assistance Managing Other Expenses
- Legal Services
- Mental Health and Behavioral Support
- Nutritional Support
- Safety and Security
- Transportation

-Workforce Development
-Addressing Social Isolation
-Recreation and Socialization
-Learning and Development
-Staying Active
-Addressing Ageism
-Language and Communication Barriers
-LGBTQIA+ Support
-Spirituality Support
- Other Needs

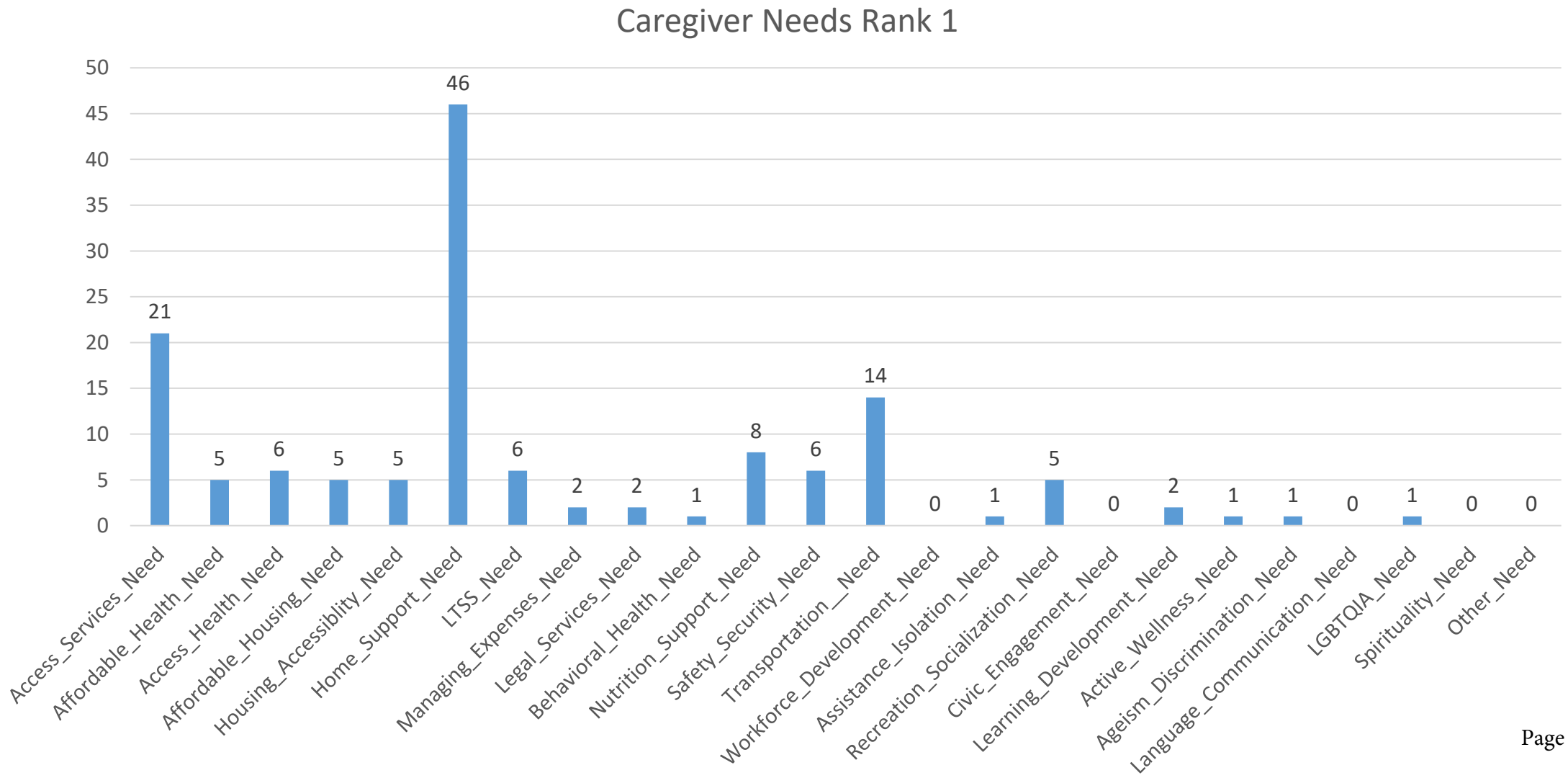
# What Caregivers Feel Older Adults Need Help With



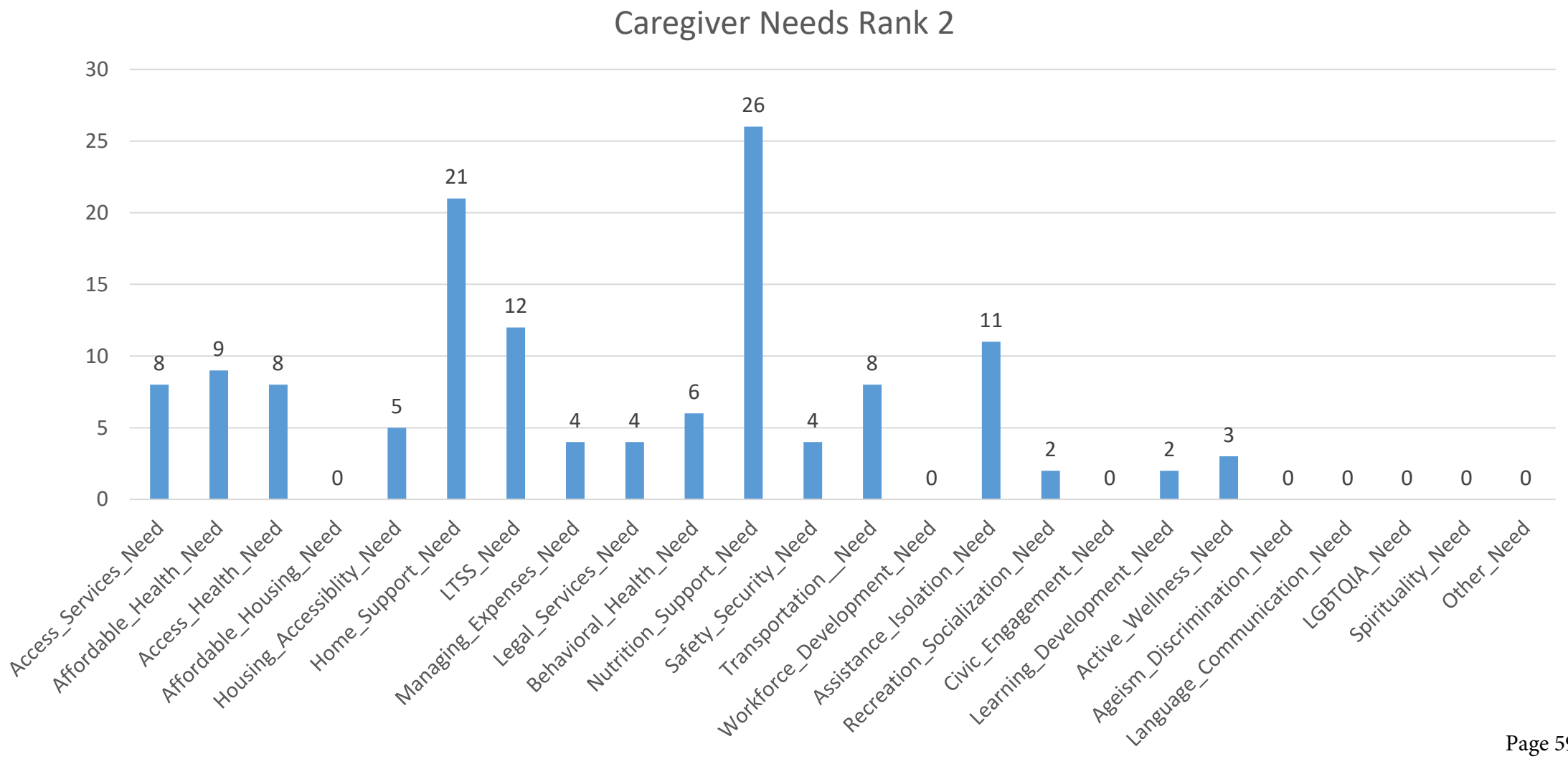

**The top 5 of what caregivers feel the greatest needs are for Older Adults**

1. In Home Support
2. Transportation
3. Long Term Services and Supports
4. Access to Services
5. Nutrition

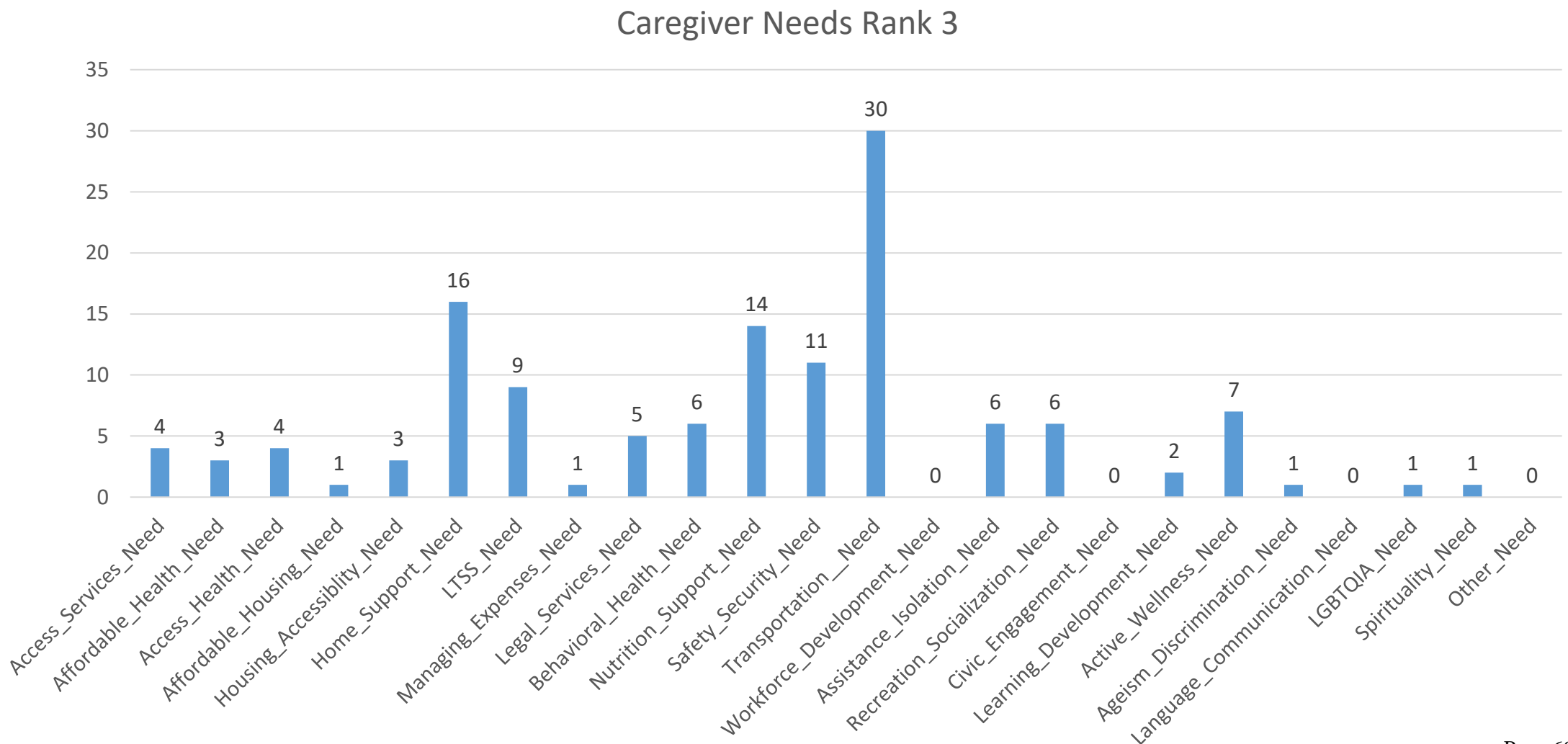
# HVES Caregiver Greatest Needs Rank 1



# HVES Caregiver Greatest Needs Rank 2



# HVES Caregiver Greatest Needs Rank 3

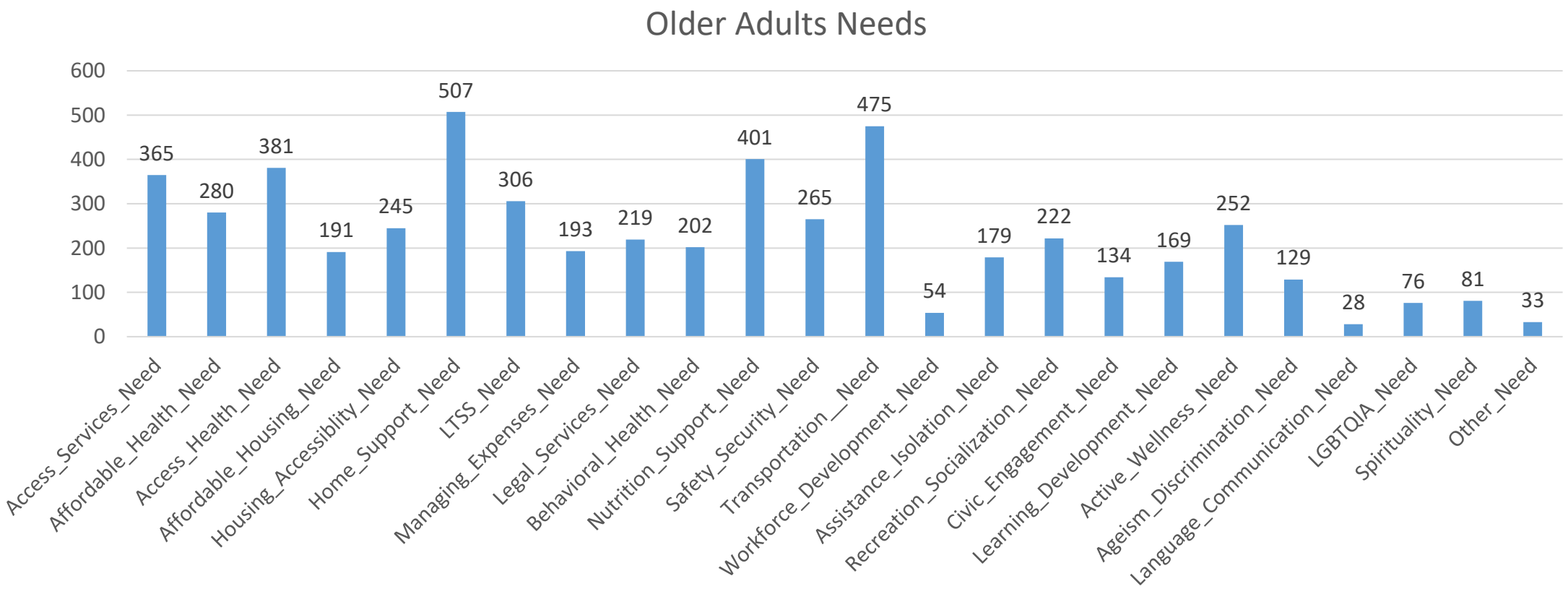


# Questions asked Older Adults regarding what their greatest needs are

- Access to Services
- Affordable Health Care
- Access to Health Care
- Housing Accessibility and Maintenance
- Long Term Services and Supports
- Assistance Managing Other Expenses
- Legal Services
- Mental Health and Behavioral Support
- Nutritional Support
- Safety and Security
- Transportation

-Workforce Development
-Addressing Social Isolation
-Recreation and Socialization
-Learning and Development
-Staying Active
-Addressing Ageism
-Language and Communication Barriers
-LGBTQIA+ Support
-Spirituality Support
-Other Needs

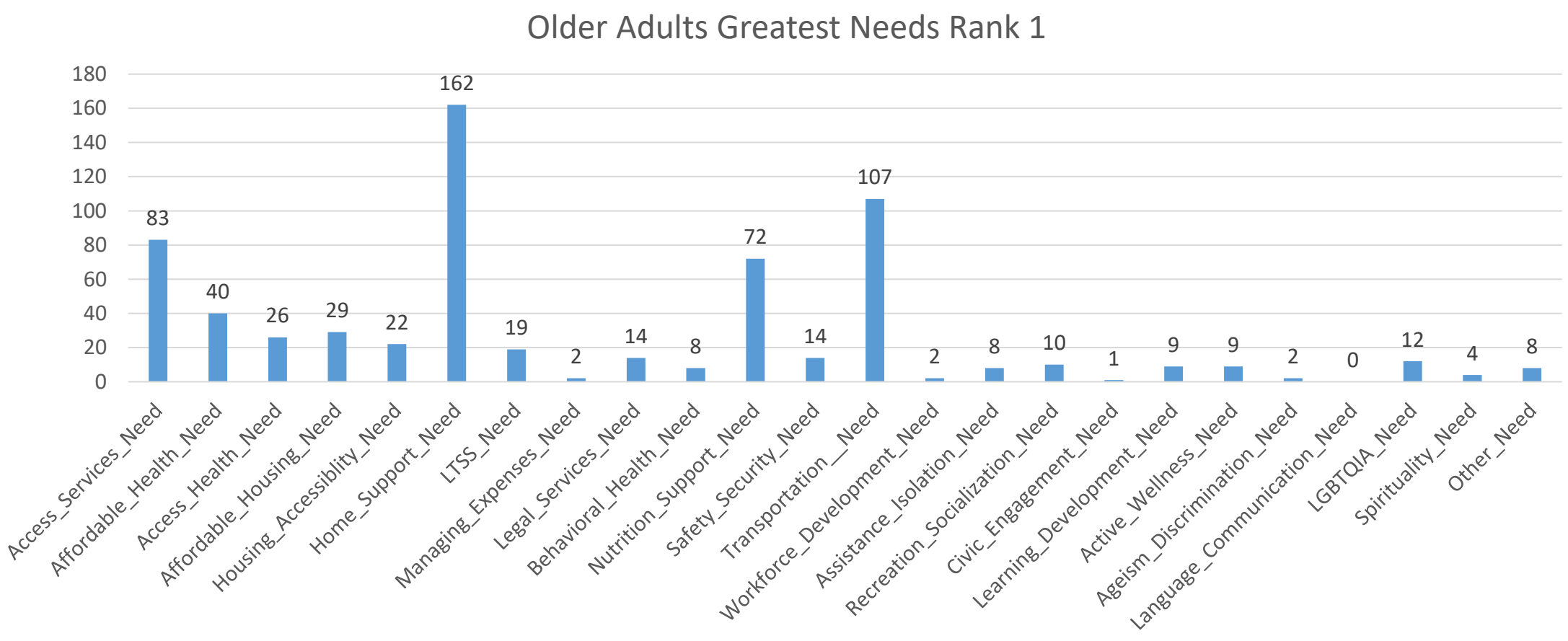
# What Older Adults Reported They Need Help With



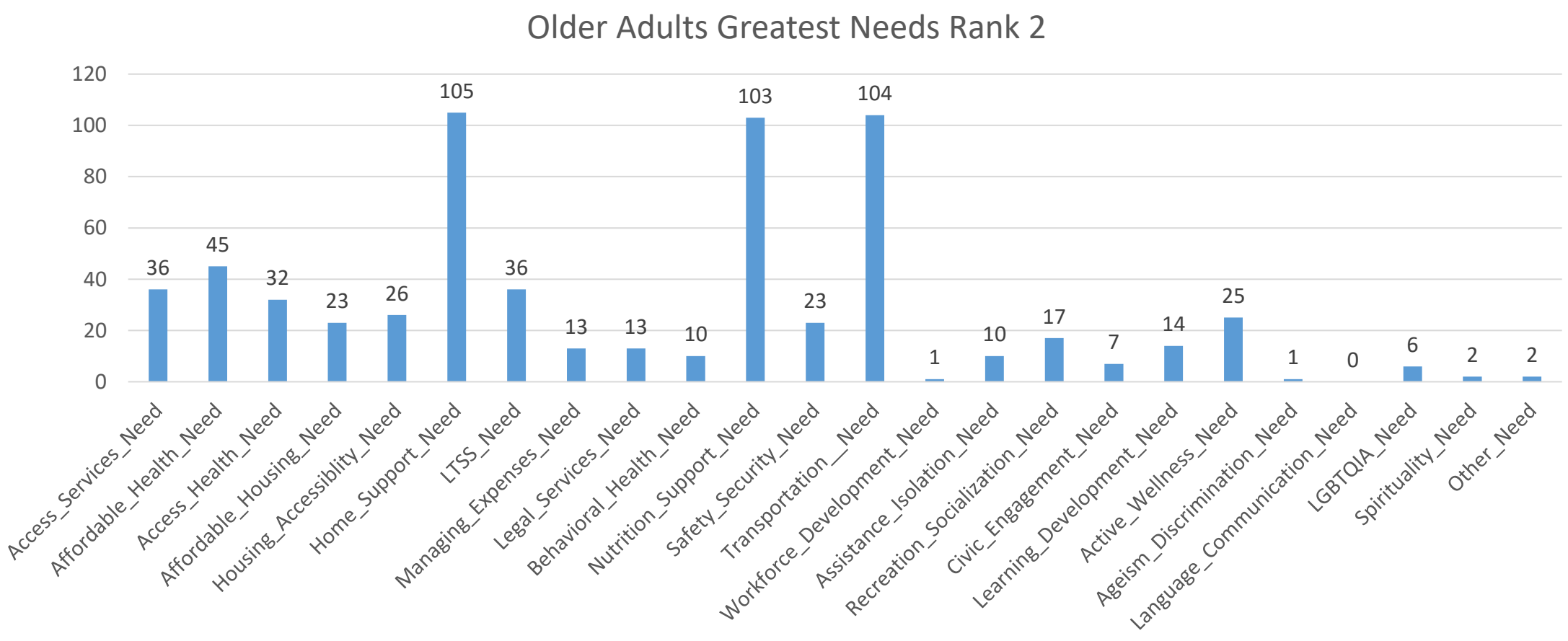

**The top 5 of what Older Adults feel the greatest needs are**

1. In Home Support
2. Transportation
3. Nutrition
4. Access to Health Care
5. Access to Services

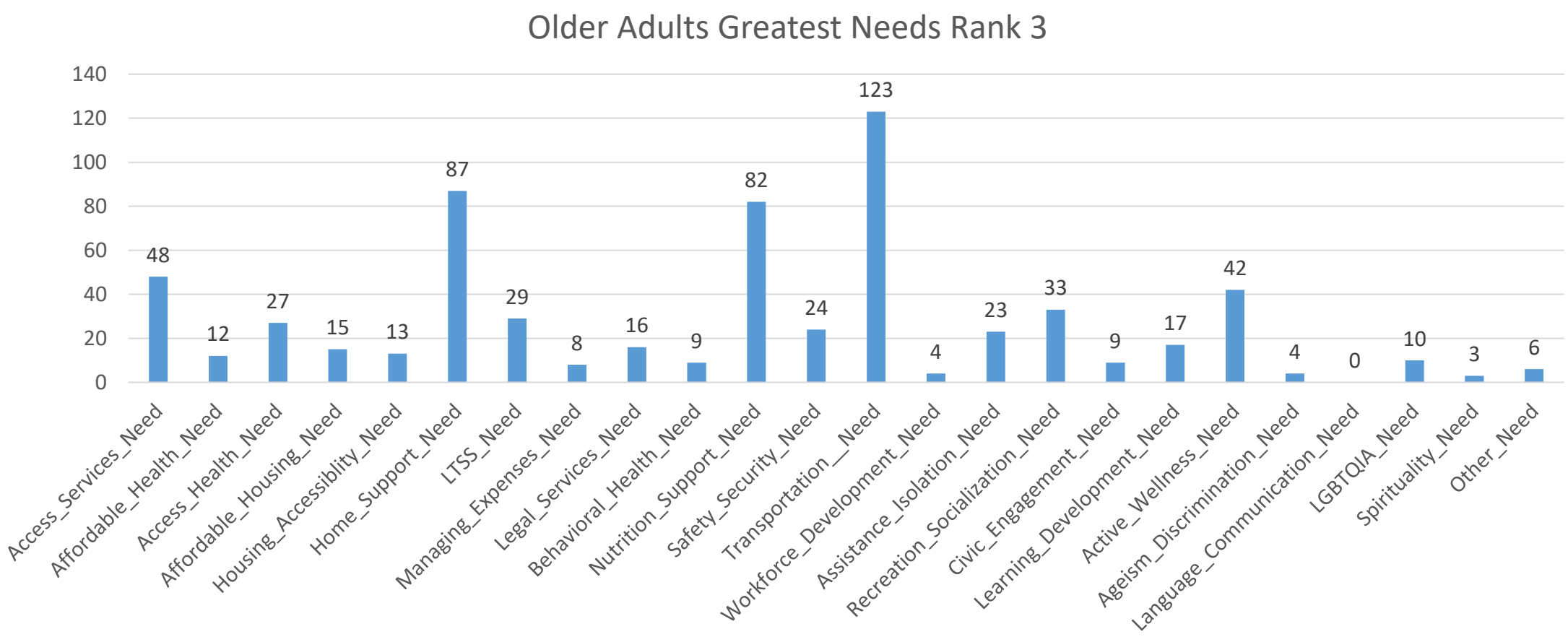
# HVES Older Adults Greatest Needs Rank 1



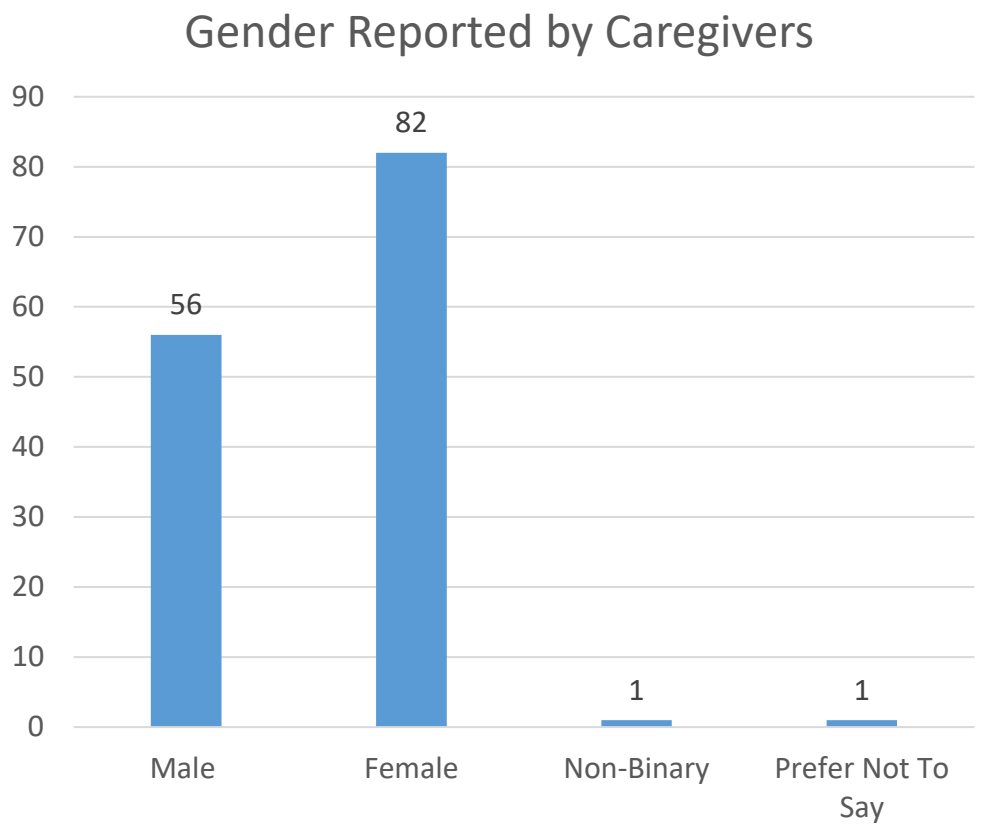
# HVES Older Adults Greatest Needs Rank 2

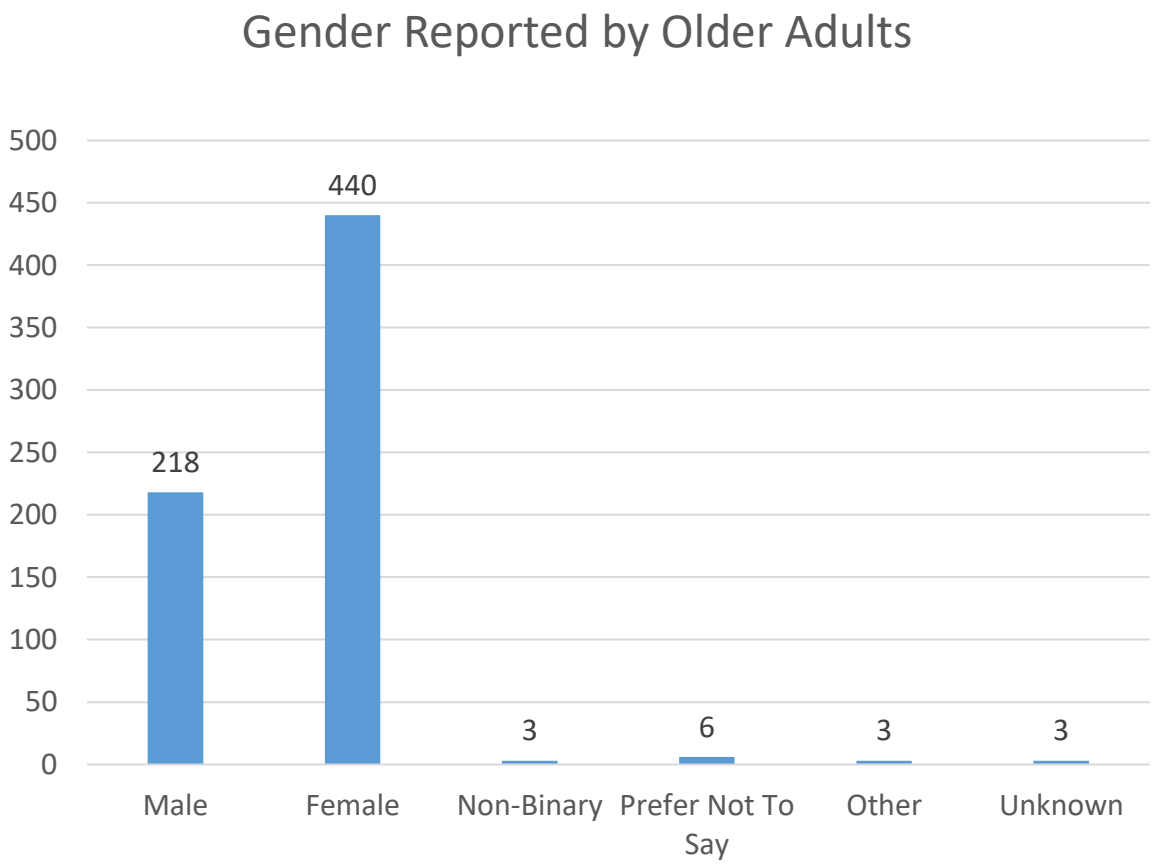


# HVES Older Adults Greatest Needs Rank 3

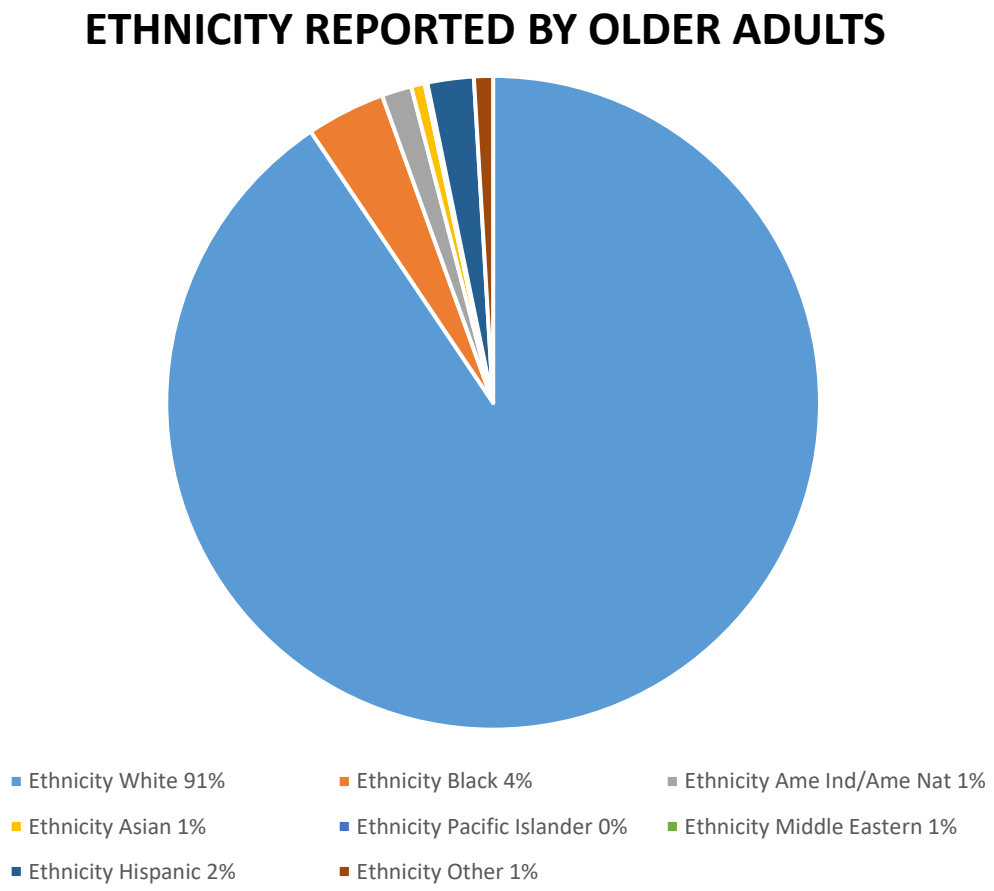


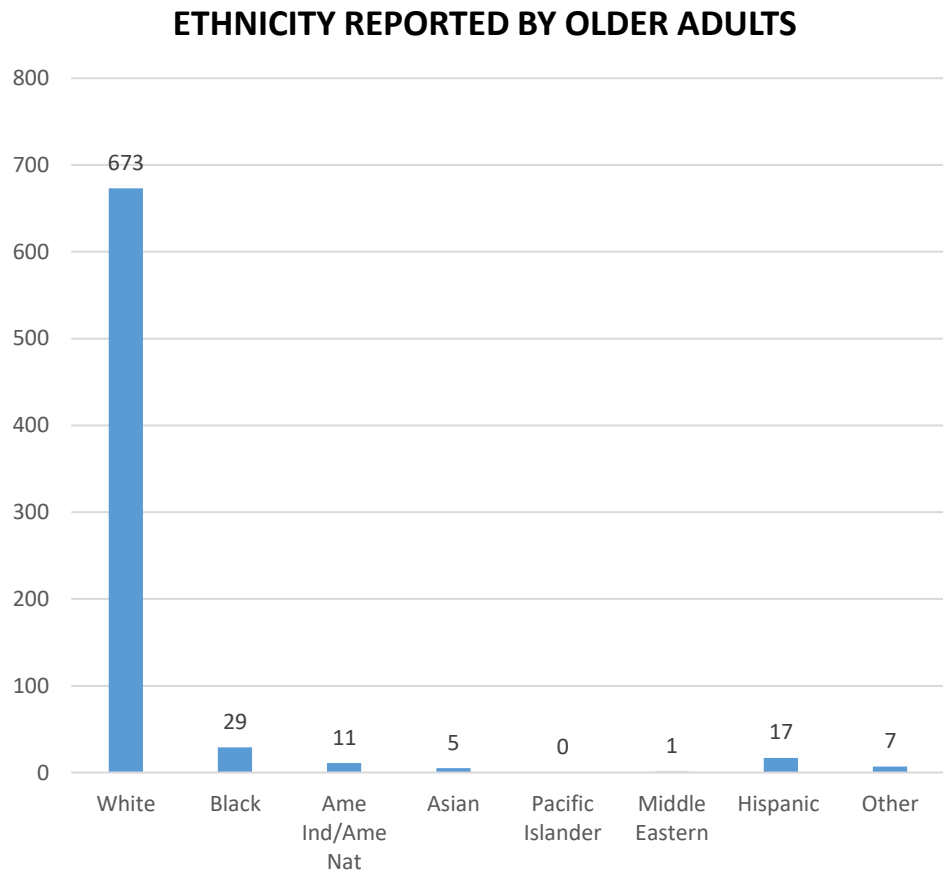
# Gender Reported by HVES Caregivers and Older Adults



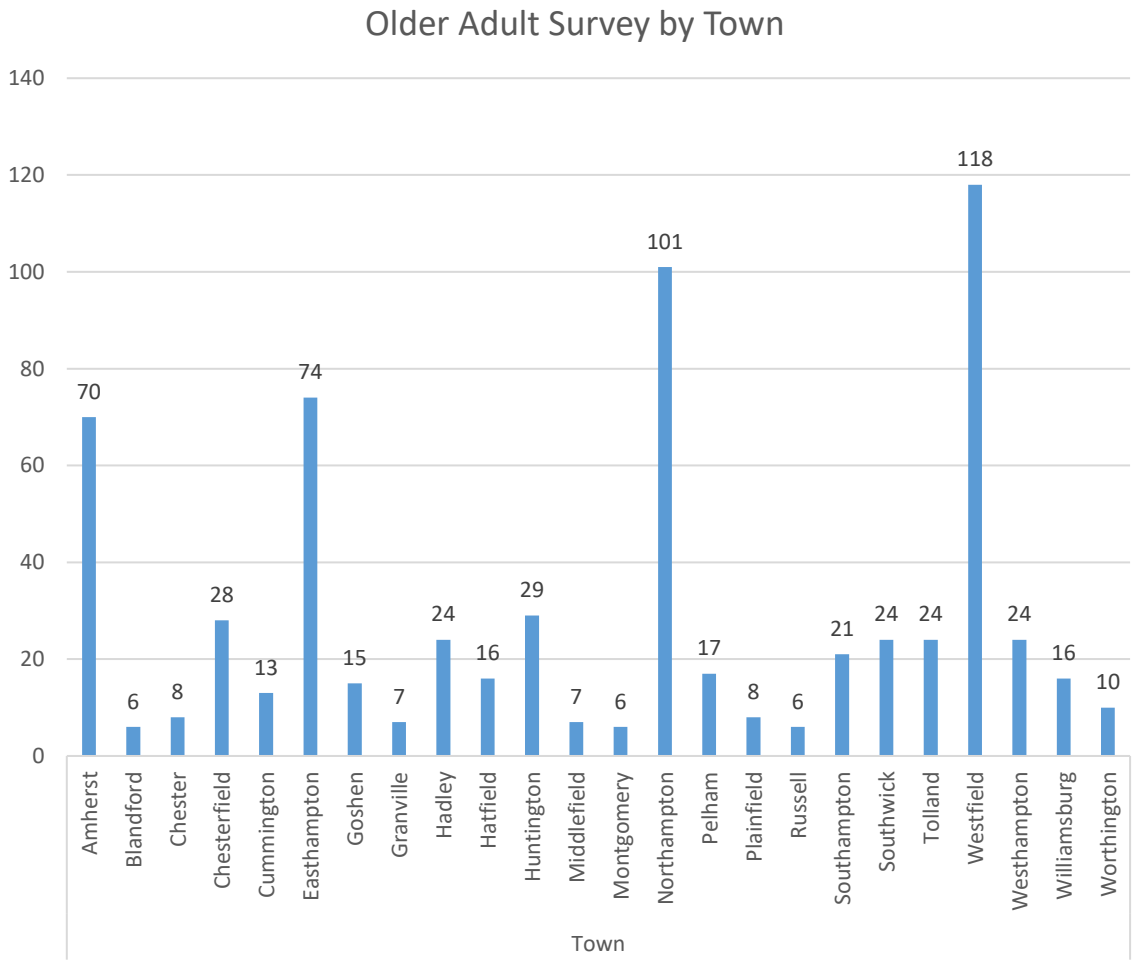



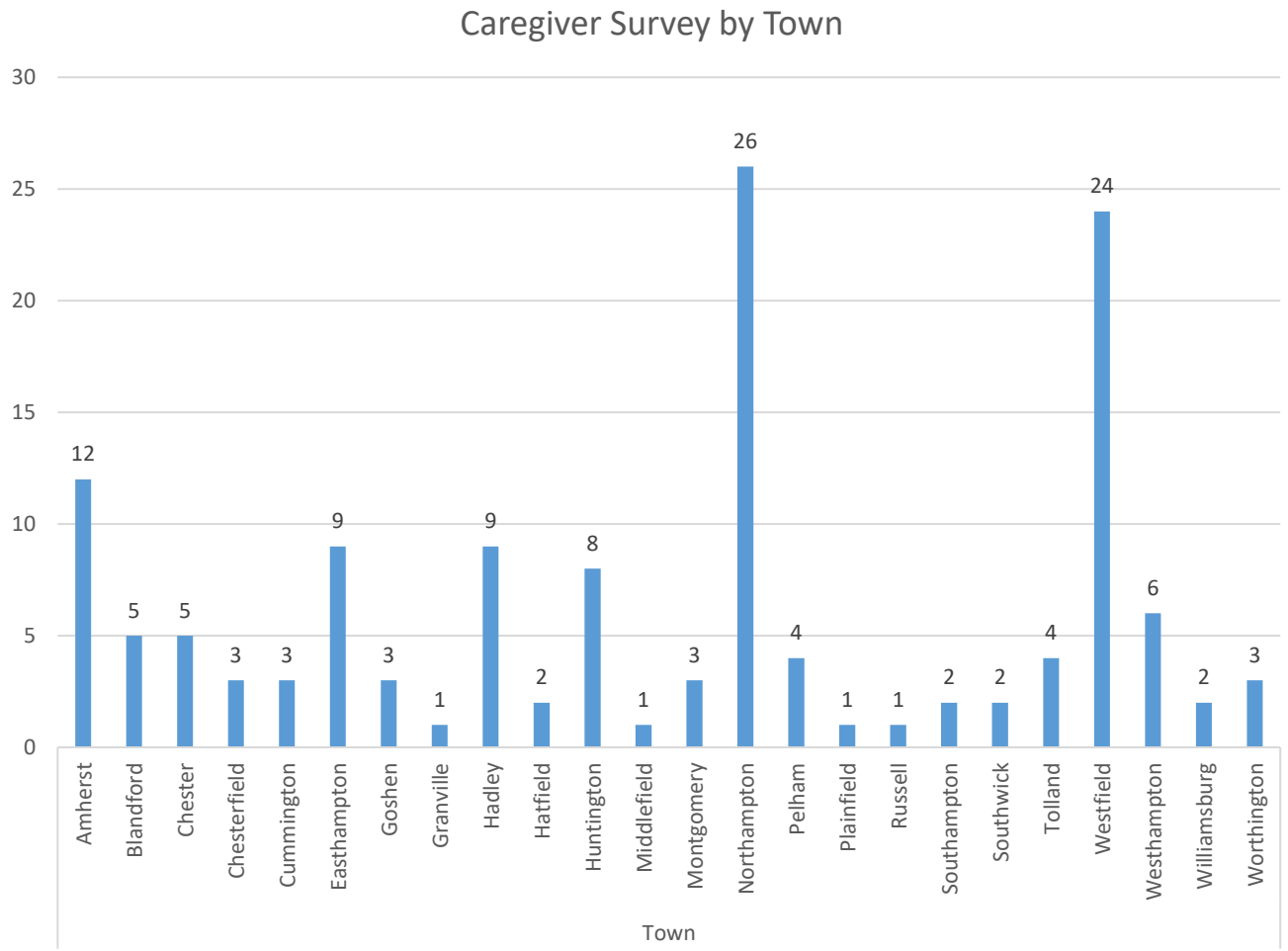
# Ethnicity Reported by HVES Older Adults



# Total Surveys by HVES Towns



# Reported Caregiver Supports Statewide

| Support | Older Adults (%) |
|---|---|
| Respite Care | 61.6% |
| Support Groups | 40.6% |
| Financial Assistance | 47.4% |
| Training and Education | 45.1% |
| Medical Support | 35.4% |
| Legal Assistance | 31.3% |
| Transportation Services | 42.6% |
| Home Modifications | 35.2% |
| Care Coordination | 38% |
| Mental Health Support | 34.5% |
| Technology Support | 23.1% |
| Information and Resources | 44.1% |
| In-Home Care | 54.8% |
| Nutritional Support | 27% |
| Work-Life Balance Support | 32.5% |
| Community Resources | 41% |
| N = 1155 | |
| Notes. The reported sample size (N) is the number of respondents who reported at least one support. | |

# Overall Needs Reported Statewide

| Need | Older Adults (%) |
|---|---|
| Access to Services | 49.6% |
| Affordable Health Care | 51.1% |
| Access to Health Care | 47.9% |
| Affordable Housing | 36.5% |
| Housing Accessibility & Maintenance | 37.9% |
| In-Home Support for Independence | 61.4% |
| Long-Term Services & Supports | 39.5% |
| Assistance Managing Other Expenses | 30.8% |
| Legal Services | 33.3% |
| Mental & Behavioral Health Support | 32.7% |
| Nutrition Support | 43.5% |
| Safety & Security | 36.9% |
| Transportation Access | 53.6% |
| Workforce Development | 11.8% |
| Social Isolation | 31.8% |
| Leisure, Recreation, & Socialization | 42.6% |
| Civic Engagement/Volunteer Opportunities | 22.2% |
| Learning & Development Opportunities | 28.9% |
| Staying Active/Wellness Promotion | 47.2% |
| Addressing Ageism | 23.5% |
| Overcoming Language/Communication Barriers | 13.7% |
| LGBTQIA+ Support | 9.5% |
| Spirituality Support | 16.5% |
| N = 8928 | |
| Notes. The reported sample size (N) is the number of respondents who reported at least one need. | |

# Reported Needs by Race/Ethnicity Statewide

| Need | Asian (%) | Black or African American (%) | Hispanic or Latino (%) | White (%) |
|---|---|---|---|---|
| Access to Services | 71.9% | 58.8% | 64.9% | 45.8% |
| Affordable Health Care | 61% | 61.3% | 60.4% | 48.6% |
| Access to Health Care | 67.9% | 50.3% | 56.8% | 45.5% |
| Affordable Housing | 46.2% | 52.2% | 59% | 31.9% |
| Housing Accessibility & Maintenance | 30.9% | 47.1% | 39.4% | 37.1% |
| In-Home Support for Independence | 54.5% | 55.3% | 63.7% | 62.8% |
| Long-Term Services & Supports | 48.4% | 42.8% | 45.8% | 37.9% |
| Assistance Managing Other Expenses | 28.4% | 41.9% | 48.4% | 28.6% |
| Legal Services | 30.9% | 45.8% | 39.4% | 31.3% |
| Mental & Behavioral Health Support | 35.3% | 40.3% | 47.8% | 30.4% |
| Nutrition Support | 49.1% | 50.8% | 53.8% | 41.8% |
| Safety & Security | 37.9% | 46.7% | 45% | 35.4% |
| Transportation Access | 56.6% | 61.1% | 59.6% | 52.7% |
| Workforce Development | 9.7% | 21.7% | 21.5% | 10% |
| Social Isolation | 30% | 36.5% | 39.4% | 31.1% |
| Leisure, Recreation, & Socialization | 40.2% | 49.7% | 45.4% | 42.1% |
| Civic Engagement/Volunteer Opportunities | 18.6% | 31.6% | 28.1% | 20.9% |
| Learning & Development Opportunities | 25% | 41% | 35.9% | 27.4% |
| Staying Active/Wellness Promotion | 42.1% | 58.3% | 48.4% | 46.7% |
| Addressing Ageism | 22.2% | 36.2% | 34.5% | 21.3% |
| Overcoming Language/Communication Barriers | 48.4% | 19.8% | 39.2% | 7.8% |
| LGBTQIA+ Support | 5.3% | 14.1% | 13.7% | 8.8% |
| Spirituality Support | 19.8% | 30.5% | 34.5% | 13.2% |
| N (Asian) = 580; N (Black or African American) = 561; N (Hispanic or Latino) = 498; N (White) = 6652 | | | | |
| Notes. Percentages reflect respondents who reported at least one need. | | | | |

# Total Needs Ranked Overall Statewide

| Needs Ranked | Ranked 1 (%) | Ranked 2 (%) | Ranked 3 (%) |
|---|---|---|---|
| Access to Services | 12% | 5% | 5.2% |
| Affordable Health Care | 11.1% | 8.4% | 3.4% |
| Access to Health Care | 5.9% | 6.5% | 4.6% |
| Affordable Housing | 8.8% | 5.5% | 3.8% |
| Housing Accessibility and Maintenance | 5.1% | 5% | 3.3% |
| In-Home Support for Maintaining Independence | 19% | 12.9% | 9.1% |
| Long Term Services & Supports | 3.2% | 6% | 5.3% |
| Assistance Managing Other Expenses | 1.5% | 2.9% | 3.1% |
| Legal Services | 1.5% | 2.7% | 4.7% |
| Mental & Behavioral Health Support | 2% | 3.6% | 3.9% |
| Nutrition Support | 4.6% | 6.7% | 6.6% |
| Safety & Security | 2.3% | 4% | 4.5% |
| Transportation Access & Availability | 7.9% | 8.8% | 10.7% |
| Workforce Development | 0.5% | 0.6% | 0.7% |
| Assistance Addressing Social Isolation | 1.8% | 2.8% | 3.7% |
| Opportunities for Leisure, Recreation, & Socialization | 2.9% | 5.3% | 6.2% |
| Civic Engagement / Volunteer Opportunities | 0.5% | 1.5% | 1.8% |
| Learning & Development Opportunities | 0.9% | 2.3% | 3.8% |
| Staying Active / Wellness Promotion | 4.6% | 5.3% | 8.3% |
| Addressing Ageism and Age Discrimination | 0.6% | 0.7% | 1.5% |
| Overcoming Language / Communication Barriers | 0.5% | 0.3% | 0.8% |
| LGBTQIA+ Support | 0.8% | 0.5% | 1.1% |
| Spirituality Support | 0.6% | 0.4% | 1% |
| Other | 1.6% | 2.1% | 2.8% |
| N = 5642 | | | |
| Notes. The reported sample size (N) is the number of respondents who ranked at least one need. Columns 2-4 might not sum to 100% due to rounding. | | | |

# Total Reported Characteristics Statewide

| Characteristic | Older Adults (%) |
|---|---|
| Experience issues with abuse, neglect, or exploitation | 3.9% |
| Live with Alzheimer's or dementia | 13% |
| Experience memory or thinking problems | 30.5% |
| Need access to cultural or social activities | 20.4% |
| Live with vision loss | 19.7% |
| Live with hearing loss | 30.1% |
| Live with physical disabilities | 49% |
| Are in frail or weak health | 22.4% |
| Are a grandparent raising grandchildren | 3.9% |
| Have housing concerns | 13.6% |
| Often feel lonely or isolated | 24.2% |
| Need legal services | 16.9% |
| Are part of the LGBTQIA+ community | 5.7% |
| Have mental or emotional health issues | 30.1% |
| Need help with meals or nutrition | 28% |
| Live in a rural area | 10.4% |
| Have employment or job-related needs | 3.8% |
| N = 7596 | |
| Notes. The reported sample size (N) is the number of respondents who reported at least one characteristic | |

# For questions on the data presented, please contact:

Kelly Ensor, Associate Director of Quality Assurance

Kensor@highlandvalley.org

Highland Valley
ELDER SERVICES

# Highland Valley Elder Services, Inc.

# Comprehensive Emergency Preparedness Plan

**October 2025**

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- Washington House, Westfield

**Walk-In Safety Protocol**

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- Riverside Drive, Florence
- School Street, Westfield
- Washington House, Westfield

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IT Contacts
Building Contacts
Power Outage
Money Management COOP

**Abbreviations**

## Objective

The role of the Comprehensive Emergency Preparedness Plan (CEPP) is to seek to ensure the uninterrupted continuation of services to the elders, caregivers and families served by Highland Valley Elder Services (HVES) in its 24 town service area of Western Massachusetts in the event of an emergency condition in the area.

In its role as an ASAP, HVES is not a primary provider of services, but a liaison that plays a critical role in the provision of services to elders, caregivers, and their families through a network of community partners, contractors and empowered elders and families. As the Area Agency on Aging (AAA), HVES addresses the needs and concerns of aging individuals at the regional and local levels, through coordinating services designed to promote independent living. HVES' expertise in care advisement, information & referral, assessment and intervention places it in a unique position to ensure the safety of consumers and continuation of supportive services in emergency circumstances.

HVES will seek to design, develop, review and enhance an on-going and evolving emergency management plan to protect the assets and resources of the agency, the wellbeing and safety of its employees, and the continuation of essential supportive services to the elders, caregivers and families in its service area.

The objectives of the emergency management plan are:

1. Ensuring the ability to recognize, respond, recover and mitigate the potential impacts of an emergency situation.
2. Provide for the continuation of essential ASAP functions throughout an emergency event.
3. Protect the employees, property, assets, systems and infrastructure of the agency.

## Overview

The designated Emergency Preparedness Manager (EPM) for Highland Valley Elder Services is the Executive Director. In the absence of the Executive Director, the Associate Director for Programs & Services (ADPS), and if necessary, the Chief Financial Officer (CFO) will serve in the role of EPM respectively.

HVES maintains the following resources to ensure appropriate response and reaction to emergency circumstances:

1. **Continuous communication between ASAP departments:** HVES maintains staff contact lists that are updated, as needed, for all staff personal and professional emergency contact numbers. These lists are provided to all staff. HVES has phone system capabilities to provide "call in" messages and directions to staff and the ability to transfer phone contact to cellular technology in the event of the loss of land line capability. HVES Information & Referral team maintains all community, emergency, and disaster relief resources within an online resource database, accessible via the HVES website. The HVES website also has the ability to serve as an information resource for staff during emergencies. During emergency situations, the EPM initiates daily contact procedures, utilizing the Associate Directors, CFO and Program Directors such that each staff member is contacted and updated as to the agency's operating status. Strategize and carry out communications.
   **Responsibility of:** EPM, Associate Director of Human Resources (ADHR)

2. **Staff Notification:** HVES has the ability to notify staff of emergency declarations and related directives via phone, call-in number, media announcements and website postings. The EPM designates staff to access each of these notification outlets with a consistent message and directives to remaining staff for continuation of essential services.
   **Responsibility of:** EPM

3. **Status Reports:** The EPM is responsible for communicating with the Executive Office of Aging & Independence regularly throughout an emergency situation to provide assessments, status and requests for any assistance from AGE. The EPM will serve as the agency link to AGE and will be the designated contact for the agency for external resources including AGE, media, emergency responders, etc. AGE contacts is located on SharePoint: EOEA-ASAP Emergency Contact Protocol - Updated Jan 2023 - FINAL.pdf
   In emergency situations, HVES is responsible for communicating consumer service needs and resource gaps to AGE. HVES' follows all instructions from AGE on how to contact and coordinate emergency efforts with AGE in the event of emergencies affecting services to consumers

**Responsibility of:** EPM, Senior Administrative Leadership Team (SALT)

4. **Emergency Management Procedures:** A copy of the Emergency Management Procedures is maintained at each agency location, 320 Riverside Drive, 81 Conz Street, 16 Washington Street Westfield, 62 School Street Westfield, 12 Alice Burke Way Westfield, and 70 Boltwood Walk, Amherst, updated as needed with changes to resource documents, and reviewed annually as part of agency wide emergency response training. This agency wide training takes place in May of each year at the monthly staff meeting.
   **Responsibility of:** Director of IT (Dir of IT), ADPS, ADHR

5. **Employee Identification:** HVES maintains current and updated staff lists that can be shared with partner agencies in the case of an emergency to ensure essential access and assistance to any possible restricted area sites. These lists are kept in both hard and soft copy accessible forms that can be retrieved from both on and off-site locations.
   **Responsibility of:** ADHR

6. **Essential Documents:** HVES stores essential documents in multiple locations to provide for security and safety: (1) at the HVES corporate office in secure files on the second floor (2) in daily back up system secured on server at HVES office, (3) in daily backups stored in the Barracuda Cloud. (4) at HVES corporate office in archives in the third floor storage area.
   **Responsibility of:** Dir of IT

7. **Extraordinary Emergency Expenditures:** The HVES payroll and accounting systems allow for the identification and tracking of extraordinary expenditures related to an emergency situation. These expenditures can be tracked according to date, vendor, etc. to allow for timely retrieval and submission, if needed, for post-incident documentation. Expenses can be documented and tracked in system-based accounts, as well as, through hard copy paper-based systems, if necessary.
   **Responsibility of:** CFO

8. **Continuity of Operations Plan:** COOP are in place for the identification of essential staff in critical positions in core agency operations and essential consumer services. Program responsibility and decision-making authority follows the designated succession plan for each program. Those employees identified in plans for succession are equipped to sustain program operations and serve as the program contact for the EPM throughout the emergency situation. The Information & Referral program call center will receive back-up support from reception and the home care back up supervisor, as needed, in

the event of short-staffing. The MMP maintains a details COOP related to essential operations: "S:\CEPP\MMP Signed Continuity Plan.pdf"
**Responsibility of:** EPM, SALT, Dir of IT

9. **Emergency Situation Training:** HVES holds emergency management training each year at its monthly staff meeting in May. This training consists of overall review of the emergency management procedures at each location, as well as, review of the roles, qualifications and responsibilities of those employees on COOP lists.
   **Responsibility of:** EPM, SALT, Dir of IT

10. **Policy and Procedures:** HVES maintains an active, accurate and current set of Emergency Management Procedures at each agency location.
    **Responsibility of:** EPM, SALT, Dir of IT

11. **Off-site Operations:** HVES is prepared to perform essential functions from off-site locations enabled by staff contact lists and phone trees, call-in capability on VOIP telephones, website notifications and off-site email access. Necessary HVES staff have laptops and remote Wi-Fi devices to ensure the ability to access consumer information and document consumer encounters, needs, and service interactions remotely. HVES has established “mutual aid agreements” with its three Western Massachusetts ASAP partners (LifePath, ACP - formerly WMEC, GSSSI) to provide off-site aid and assistance during an emergency. HVES will leverage informal agreement with Delaney House, Holyoke, as well as frozen food caterer Original Pizza for nutrition services in circumstances that HVES kitchen is unavailable.
    **Responsibility of:** EPM, ADHR, Dir of IT

12. **Community Notification:** HVES maintains an active media contact list for radio, television and on-line media access to inform the community of agency capabilities during an emergency. These contacts can be accessed both on and off-site through VOIP, cellular and web-based technology. HVES communicates and collaborates with local Councils on Aging and towns/cities within the service area as necessary, based on the nature of the emergency.
    **Responsibility of:** EPM, ADHR, Dir of IT

13. **Local Regional Emergency Responders:** HVES has well established and vital relationships with local emergency management agencies throughout its service area and maintains contact and staffing lists for local agencies in its EPM procedures. Massachusetts Emergency Management Agency (MEMA) will be contacted in appropriate situations.

**Responsibility of:** ADPS, Dir of IT

14. **Evacuation Plan:** HVES reviews its evacuation plan(s) for annually. HVES 320 Riverside Dr. has maps with evacuation routes posted throughout the building. Evacuation routes are posted at all other HVES sites.
    **Responsibility of:** Dir of IT, ADPS, ADHR

15. **Risk Assessment:** An annual risk assessment is initiated by Director of IT to assess potential vulnerabilities in information technology, exposure of PHI and PI, and the likelihood of a threat vs. the impact of the threat. This risk assessment takes place in conjunction with senior leadership team and results are used to make modifications to physical setting and/or technology in order to reduce identified risks. Tabletop discussions related to risk mitigation, safety, and emergency incidents are routinely discussed in the monthly Performance and Quality Improvement Meeting.
    **Responsibility of:** Dir of IT, SALT

16. **Staff Training:** New employees are trained on CEPP upon hire by direct supervisors, as well as annually during staff meeting held each May. Powerpoint for the CEPP is located on agency share drive: V. CEPP.pptx. The CEPP is presented annually each June to the Program Directors for education and feedback.
    **Responsibility of:** EPM, SALT, Dir of IT

## Coordination of Services

In the event of an emergency situation, HVES is prepared to enact the following to ensure the continuation of services and essential functions,

1. **Staff Contact:** The Executive Director will determine if Emergency Management Procedures need to be enacted and initiate staff contact through existing staff contact list(s) to provide direction to identified essential personnel for the continuation of essential services.
   **Responsibility of:** ADHR

2. **Vendor & Provider Contact:** A provider partner contact list is maintained and updated as needed. Procedure for contact sheet updates: Provider Updates on SharePoint Procedure.doc. Providers are made aware of high risk consumers that may need a heightened level of service during emergencies, via referral information and Service Delivery Manager. All providers have policies for prioritizing high risk consumers, as required by ASAP contract. A vendor contact list is maintained and updated as needed.

The designated essential personnel will contact vendor and provider contractors within their area of operation to determine the provider's level of operation and ability to maintain services throughout the emergency situation.
**Responsibility of:** ADQA, CFO

3. **Staff Communication:** The EPM will coordinate with designated essential personnel for the contact and communication with remaining staff. HVES maintains a current staff contact list to facilitate contact during off-hour and emergency situations.
   **Responsibility of:** ADPS, ADHR

4. **Provider Partners Communication:** Designated essential personnel will contact agency Provider Partners to determine their ability to sustain operation during the emergency. Emergency policies and procedures designed to maintain operations during the emergency will be communicated to the vendors via agency staff at the direction of the EPM.
   **Responsibility of:** ADQA, ADPS

5. **Building Access and/or Relocation:** HVES has "mutual aid agreements" with three other Western Massachusetts ASAPs to ensure continued operation and maintenance of essential services during a prolonged emergency situation.
   **Responsibility of:** EPM

6. **Systems Access:** HVES maintains procedure files, databases, forms and operational instructions for all administrative tasks and IT duties to ensure the ability of successor staff to access and operate essential agency functions in the absence of assigned staff. This information is accessible both thru soft and hard copy.
   **Responsibility of:** Dir of IT

7. **Staff Compensation:** Agency payroll processing is outsourced. Time sheets may be completed manually as needed and entered into the payroll provider's database to ensure timely compensation to staff. The agency maintains multiple accounts at an area financial institution to protect against the inability to access needed funds in the case of an emergency.
   **Responsibility of:** CFO

8. **Provider Partners Payment:** The agency maintains the ability to pay Provider Partners and other vendors during emergency situations through the ability to issue both electronic and hard copy payments from agency-based systems, as well as, external

accounts. We are only able to pay providers from one bank, Easthampton Savings Bank.
**Responsibility of:** CFO

9. **Billing Capability:** HVES has the ability to sustain billing functions throughout an emergency situation unless there is a loss of power.
**Responsibility of:** CFO

10. **Banking Activities:** HVES has multiple accounts at a regional banking institution with online access available for staff from home. This account structure allows for the maintenance of banking activities and cash flow necessary to meet agency obligations.
**Responsibility of:** CFO

## Continuity of Operations

### SALT

| Function | Names Listed In Order Of Responsibility |
|---|---|
| AD of HR | CFO, Payroll\Benefits Coordinator |
| AD of P&S | PDs, AD of QA, ED |
| AD of QA<br>provider contracts\TIII<br>QA | <br>CFO, Controller<br>AD of P&S, DIR of IT |
| CFO | Controller, ED |
| Executive Director | AD of P&S, CFO, AD of HR, AD of QA |

**Program**

| Function | Names Listed In Order Of Responsibility |
|---|---|
| Caregiver | I&R Supervisor, I&R PD, AD of P&S |
| Health Care | Nursing PD, AD of P&S |
| Home Care | HCPD, HC Supervisors, AD of P&S, ED |
| Home Care Resources | I&R PD, I&R Supervisor, AD of P&S |
| Money Management | MMP Supervisor, PSPD, AD of P&S |
| Nutrition | Nutrition PD, Kitchen Manager, AD of HR |
| Ombudsman | Ombudsman PD, AD of HR, ED |
| Protective Services | PSPD, PS Supervisors, AD of P&S, ED |

## Office Systems

| Function | Names Listed In Order Of Responsibility |
|---|---|
| Building | DIR of IT, ED, CFO |
| Cost Sharing Checks | Receptionist, IO EA, RN PA, Nutrition PA, Payroll\Benefits Coordinator, DIR of IT |
| Coverage of Essential Items From Work Request Box | PAs, Receptionist |
| Maintenance of Servers | DIR of IT, IT Tech, ASI |
| Printing of Essential Monthly Reports required by AGE | DIR of IT, CFO, AD of QA |
| Upload of Monthly Meal Delivery Reports | Nutrition PA, DIR of IT |
| Processing of Monthly Cost Share Bills | Controller, CFO, DIR of IT |
| Processing of Other Essential Reports (i.e. Monthly Coverage Schedules & Visit Lists) | PAs, Receptionist, IO EA, DIR of IT, PDs, AD of P&S, AD of QA |
| Reception | Receptionist, IO EA, RN PA, Nutrition PA, DIR of IT, Payroll\Benefits Coordinator |
| Telephone System | DIR of IT, IT Tech, IT Consultant, ED |
| Service Provider/Vendor Bills | Accounting Assistant, Staff Accountant, Controller, CFO |

## Fiscal Systems

| Function | Names Listed In Order Of Responsibility |
|---|---|
| Accounts Payable | Accounting Assistant, Staff Accountant, Controller |
| Banking | Controller, CFO, ED |
| CORIs | AD of HR, Payroll\Benefits Coordinator, CFO |
| Nutrition Money | Nutrition PA, Accounting Assistant, Payroll\Benefits Coordinator, CFO |
| Payroll | Payroll\Benefits Coordinator, Controller, CFO, AD of HR |

## Fire Evacuation & Walk-In Safety

*Policies redacted from public version for security purposes.*

## Internal Threats

*Protocols for Medical Emergency, Bomb Threat, Active Shooter /Hostile Intruder, Utility Failures, Shelter in Place/Safe Shelter, Suspicious Package or Object and Weather Closures redacted in public version for security purposes.*

## Consumer Emergency Contact List

Master Participant List including all consumers and their contact information is emailed monthly to ED, ADPS, ADQA, HCPD, PSPD, Reception and HC Supervisors.

Risk 1 & 2 consumers with their contact information and their Emergency Contacts' information is emailed monthly to ED, ADPS, ADQA, HCPD, PSPD, Reception and HC Supervisors,

Receptionist prints the lists on a monthly basis and stores it in the CEPP binder at Reception, located in the top drawer of the four drawer file cabinet

**Employee Contact List**

*Contact sheets redacted from public version for privacy purposes.*

**Nutrition Program Storm Contacts**

*Contact sheets redacted from public version for privacy purposes.*

## Loss of Use of Physical Space

### Strategy for Use of Other ASAP Resources

**Office Space:**

If the Riverside Drive office cannot be accessed for a period expected to be longer than four days:
Fiscal team will be headquartered at another ASAP, all other positions can operate remotely

**Meals:**
If Walter Salvo is unable to produce meals:
Delaney House\Log Cabin is able to provide a substantial amount of meals during an emergency situation as long as they have power in their facility and we are able to use the roads to transport the meals.

*Memorandum of Understanding removed from public version for privacy purposes.*

## Attachments

*All attachments redacted from public version for security purposes.*

## Abbreviations

| | |
|---|---|
| A&D | Aging & Disability |
| AC | Air Conditioning |
| ACP | Access Care Partners, Inc. (formerly WestMass Elder Care) |
| AD | Associate Director |
| ADHR | Associate Director of Human Resources |
| ADPS | Associate Director of Programs & Services |
| ADQA | Associate Director of Quality Assurance |
| AGE | Executive Office of Aging & Independence |
| ASAP | Aging Services Access Point |
| ASI | Advanced Systems Integrators |
| CEPP | Comprehensive Emergency Preparedness Plan |
| CFO | Chief Financial Officer |
| COOP | Continuity of Operations Plan |
| DIR | Director |
| EA | Executive Assistant |
| ED | Executive Director |
| EPM | Emergency Preparedness Manager |
| GSSSI | Greater Springfield Senior Services, Inc. |
| HC | Home Care |
| HCPD | Home Care Program Director |
| HDM | Home Delivered Meals |
| HR | Human Resources |

| | |
|---|---|
| HVES | Highland Valley Elder Services |
| I&R | Information & Referral |
| IO | Internal Operations |
| IT | Information Technology |
| MEMA | Massachusetts Emergency Management Agency |
| MMP | Money Management Program |
| P&S | Programs & Services |
| PA | Program Assistant |
| PD | Program Director |
| PSPD | Protective Services Program Director |
| PVADRC | Pioneer Valley Aging & Disability Resource Consortium |
| QA | Quality Assurance |
| RN | Registered Nurse |
| SALT | Senior Administrative Leadership Team |
| TIII | Title III |
| TID | Tax payer ID |
| VOIP | Voice over Internet Protocol |
| WMEC | WestMass Eldercare |