AREA AGENCY ON AGING AREA PLAN
2014-2017

GREATER SPRINGFIELD SENIOR SERVICES, INC.
## CONTENTS

Planning and Service Area Map ........................................................................................................... 2
Narrative .................................................................................................................................................. 3
   Executive Summary ............................................................................................................................. 3
   Context ................................................................................................................................................ 2
   Goals and Objectives .......................................................................................................................... 8
   Strategies ............................................................................................................................................ 13
   Quality Management .......................................................................................................................... 16
Attachments ........................................................................................................................................ 17
   Attachment A: Area Agency on Aging Assurances and Affirmation ............................................. 18
   Attachment B: Area Agency on Aging Information Requirements ................................................. 22
   Attachment C: AAA Organizational Chart ......................................................................................... 27
   Attachment D: AAA Corporate Board of Directors – Form 1 ......................................................... 28
   Attachment E: AAA Advisory Council Members – Form 2 ............................................................ 30
   Attachment F: AAA Funded Services Document – Form 3 ............................................................... 31
   Attachment G: Focal Points Document – Form 4 ............................................................................. 34
   Attachment H: Projected Budget Plan – FFY 2014 .......................................................................... 36
   Attachment I: Title III-E Family Caregiver Breakout – FFY 2014 ................................................. 37
   Attachment J: Quality Assurance Plan ............................................................................................. 39
   Attachment K: Bibliography .............................................................................................................. 47
   Attachment L: Greater Springfield Senior Services Annual Report ................................................. 48
Narrative

Executive Summary

Our mission is to help frail older adults live at home safely and independently for as long as possible by providing assistance and access to a comprehensive range of services.

- Greater Springfield Senior Services, Inc.

Incorporated in 1972, Greater Springfield Senior Services, Inc. (GSSSI) is a private nonprofit organization which provides in-home and community-based services to thousands of elders each year. GSSSI is an Aging Services Access Point (ASAP) funded primarily by the Commonwealth’s Executive Office of Elder Affairs. As a designated Area Agency on Aging (AAA), GSSSI oversees and administers federal programs and community grants for the provision of services in accordance with Older American’s Act (OAA) mandates. Not only do we strive to serve those living at home, but also those residing in community settings such as long term care facilities, rest homes, elderly housing, assisted living and congregate settings.

Our service territory includes urban, suburban and rural areas, and includes the communities of Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield and Wilbraham.

Our services include:

- Adult Day Care
- Adult Foster Care
- Caregiver Assistance
- Companions, Medical Transportation
- Congregate Housing
- Congregate Meals
- Evidenced-Based Healthy Living
- Home-Delivered Meals
- Home Health Services
- Housekeeping/Chore Services
- Information & Referral Services
- Meal Preparation
- Money Management
- Nursing Home Screenings
- Long Term Care Ombudsman
- Personal Care Services
- Protective Services

This area plan will support services and programming for older adults and caregivers and specifically targets:

- 60 years of age and older
- Low income
- Greatest social need
- Socially isolated including those with limited English proficiency
- Reside in rural areas
- Minority elder
- Isolated including those living alone
Older American’s Act Title III funds support specific mandates (Access, Legal Services, & In-Home), as well as those needs identified in this plan (see also listing in Attachment F):

- Alzheimer’s Support
- Caregiver Assistance
- Dietetic Consultations
- Healthy Living
- Information and Referral
- Interpreter Services for the Deaf
- Legal Assistance
- Medical Escort
- Money Management
- Nutrition
- Ombudsman
- Outreach
- Protective
- Respite to Caregivers
- Transportation

Greater Springfield Senior Services, Inc.’s Area Agency on Aging Area Plan 2014-2017 is a component of the network through which the Executive Office of Elder Affairs developed the Massachusetts State Plan on Aging, 2014-2017, for submission to the U.S. Assistant Secretary for Aging with the Administration for Community Living (ACL). The Massachusetts State Plan on Aging is an opportunity for the Aging Network in Massachusetts to showcase statewide efforts in our mission to promote the independence and well-being of elders and their caregivers.

GSSSI’s AAA Area Plan presented the opportunity to engage in an organized, inclusive, development of goals and objectives for serving elders in our community. This plan will guide our efforts to develop, maintain and expand elder services; advocate for and promote services that nurture elder independence; promote and protect elder rights; and manage programs effectively. It has been developed through concentration of the following items:

- U.S. Administration for Community Living Mission Statement
- Elder Affairs’ Mission Statement
- Elder Affairs’ Vision Statement
- Executive Office of Elder Affairs Agency Goals
- Massachusetts 2013 Statewide Needs Assessment Project

Local input was gleaned through surveys, interviews and focus groups with professionals, community leaders, caregivers, seniors, family members and other interested persons; those in senior housing, councils on aging, vendors, caregivers and ASAP leadership shared their experiences, insight and expertise.

Review of research and statistical information provided a clearer picture of the needs of those in our community and in some instances reinforced information heard from in the interviews and focus groups. Sources included data from the Commonwealth of Massachusetts Executive Office of Elder Affairs, Professional Association such as National Association of Area Agencies on Aging; and professional journals. A complete list of these resources can be found in Attachment K: Bibliography.
Greater Springfield Senior Services, Inc.’s Area Agency on Aging Area Plan 2014-2017 will serve as a guide for the network of local elder services to meet the challenges presented in the coming years. This comprehensive plan does include some components which should be highlighted:

- Core services will be continued and reviewed for efficiency
- Core services will be built upon to adapt to the changing needs in our community i.e. investigation of specialized therapeutic meals
- Intensive efforts will be made to identify and reach out to those isolated seniors; with the assistance of Area Agency on Aging Advisory Council members and other groups
- Utilization of additional outreach opportunities afforded by social media
- Development of new collaborations i.e. Hampden County Estate Planning Council, LiveWell Springfield

The number of seniors seeking services is growing and changing, however this planning process has given us a vehicle to utilize our experiences and bring more resources and knowledge to meet the needs for services for seniors.
CONTEXT

The number of seniors seeking services is growing and the characteristics of these new seniors are changing, this planning process has provided the opportunity to take a look at the needs of seniors in the coming years.

The assessments and goals in GSSSI’s Area Agency on Aging Area Plan 2014-2017 are not “more of the same” but “same and much more.” The quality management of this program has demonstrated the importance and effectiveness of the ASAP Services – Outreach, Nutrition, Information and Referral, Homecare, Caregivers Services, etc. etc. The scope and depth of the work of those who serve seniors is growing and changing and these changes will be built on a solid foundation of their experience of providing these essential services. That is the “same,” we expect to be offering more of these in the near future. However, as society and our communities evolve; some needs will change and how we respond to this changes are the "much more" that will be presented in this plan.

Though our communities are changing, many of the changes in demographics in the population have long been predicted. The “Baby Boomers” have begun to reach their senior years and the proportion of the elderly in our population has grown. The number of those over age 65 has increased by over 15% since 2000 and is projected to be an additional 28% from 2010 to 2020. According to the U. S. Census Bureau by 2030, more than 70 million Americans – twice the number in 2000 – will be 65 and older. At that time, older Americans will represent nearly 20 percent of the population, one in every five Americans will be a senior.

In addition, life expectancy has increased, in Massachusetts life expectancy is 80.7 years.

These two factors present an evolving challenge to those serving seniors; to serve a potentially increasing number of consumers and to meet the needs of the “older seniors” who as they live longer and may become more frail and require more resources. This will be balanced with the challenge of addressing the needs of “younger seniors” whose expectations may differ significantly from those of the “Greatest Generation.”

Though their characteristics may be different; many seniors share the same goals. An AARP survey in 2010 found nearly 90 percent of seniors wanted to remain in their current home for as long as possible. Seniors who participated in the GSSSI Needs Assessment 2013 – indicated their top priority is to “Maintain Their Independence.” Many articulated this would be achieved through financial security. Financial security was also identified as the “top challenge in meeting the needs of older adults” by Maturing of America – Communities Moving Forward for an Aging Population report (June 2011). It is a reoccurring theme – seniors want to remain in control of their lives and surroundings and see financials as a major determining factor.

This concept of “Maintaining Independence” is the basis of The Older American Act Core Services (ACL Focus Area 1.). This foundation of the national aging services network is designed to address the need to maintain independence; including the provision of access to services and information, nutrition, transportation, etc.
Greater Springfield Senior Services, Inc.

GSSSI provides Advocacy and Outreach services including benefits – through ASAP staff, Councils on Aging Outreach staff members and through cooperation with Serving Health Information Needs of Elders (SHINE) program, etc. These key community players represent access to valuable information for seniors and caregivers. These are the services one might consider “the same.” And indeed, ASAP information and assistance staff members report 38.5% of callers are seeking homecare; an important service for those wishing to remain independent in their homes and the original service offered when the program was established forty-one years ago. However, staff members also report that those calling are presenting with a myriad of issues and more complex situations. Though many seniors are facing financial challenges, they are complicated by family dynamics, interpretation of policies and benefits, etc. In an effort to do “more” and keep their skills sufficient to meet the challenges of the seniors, caregivers and professionals who are seeking assistance, GSSSI Information and Referral team members have completed SHINE program training.

It is important to not only provide complete and accurate assistance, but to do “more” to reach out to those who may not be connected to a community or service and may not be aware of available assistance. In the next four years, special efforts will be made to insure that seniors who are isolated will have information about these accessible entry points. These may be those with the greatest economic need, reside in rural areas, are living alone, those who are a minority and socially isolated including those with limited English proficiency. In partnership with the AAA Advisory Council members a multifaceted approach will be taken which will include specialized professional training, outreach through informal helping networks, cable television, municipal services, faith community, etc.

Additional avenues will be explored to identify other isolated groups. One example might be seniors who are still active in the workforce. This is a growing population according to American Community Survey Census Bureau Data reporting that the percentage of people 65 and older in the labor force increased from 12.1% in 2001 to 16.1% in 2010. While this trend is also true in Massachusetts, the increases have been much more significant in our area. In 2000 the rate of those 65+ employed was 6% lower than the state, but by the 2005-2009 period, this gap was reduced to 2%. Two rural communities in our area have a large percentage of their 65+ citizens in the workforce; they are Wales (24.4%) and Monson (20.9%). This may be due to increased life expectancy, workplace fulfillment or due to economic need. These mature adults may not be available to access resources at the local senior centers due to work schedules and employers may not have the knowledge to assist employees with “senior” benefits.

Financial constraints may have another impact on seniors – access to proper nutrition. Those in rural communities experiences differences in access to adequate and affordable food supplies. In most rural communities, residents rely more on small supermarkets or “mom and pop” stores, where prices are higher and food choices are more limited than those found in larger supermarkets.

Nutrition is extremely important to maintain wellness and stave off the negative effects of chronic diseases. Good nutrition is essential to protect and promote the well-being and quality of life of elders. As an individual ages their nutritional needs shift to require consuming less calories while eating more nutrient dense foods.
The 2013 Needs Assessment Survey: Municipal Questionnaire, Council on Aging members identified nutrition as the top service priority in this AAA area.

Poor nutrition has many detrimental effects. In Massachusetts:
- There are more than 200,000 obese seniors.
- 95,000 seniors are reported to be marginally food insecure.

Hospital readmissions have been attributed to non-medical reasons - “social determinants of health;” not enough to eat, an inability to pay utility bills or living in unsafe housing.

GSSSI Nutrition program offers traditional, modified, pureed, kosher and Latino menu choices and provides congregate dining, home delivered meals and nutritional counseling. GSSSI will continue to support a partnership with local farmers to maximize the use of fresh local produce. GSSSI offers direct service meals and provides Title III awards to Council on Aging Nutrition Programs in Agawam, East Longmeadow, Longmeadow, Monson and West Springfield.

Recently GSSSI has begun to work cooperatively with five Councils on Aging in a partnership with Senior Care Options (SCOs) and Program of All-Inclusive Care for the Elderly (PACE) programs to provide Home Delivered Meals to consumers and to include them in Congregate Programs when appropriate.

In the Pioneer Valley in 2010 more than 31 percent of those over the age of 65 years old live alone; and more than half of householders age 75 and older live alone. 51% of GSSSI Home Delivered Meal Clients live alone; this program not only provides a nutritious meal, it offers monthly nutrition education and a daily visit with a friendly HDM Driver who provides a wellness check in addition to meal delivery. The Congregate Meals Program continues to provide a welcoming socialization opportunity for those isolated elder to receive a nutritious meals and the opportunity to make and keep important connections with others. The Riverview Senior Center in Springfield is the site of the largest GSSSI congregate meal program and serves the Latino community.

As we continue to find ways to serve the needs of seniors, The AAA team is aware of and makes note of “unfilled requests.” These are reviewed with the AAA Director and slated for action, waiting or discarded. In the past several years, GSSSI Nutrition Team has received inquiries from seniors and caregivers to offer therapeutic meals to homebound residents with more complex nutritional needs, requiring low sodium, cardiac, renal menus. GSSSI will explore this possibility in the next few years.

Healthcare can also cause financial stress. Alzheimer’s was recently determined to be the most expensive disease in the U.S., costing families and society $157 billion - $215 billion a year according to a study by National institute on Aging. Alzheimer’s is the most common form of dementia, it is the sixth leading cause of death and more than 5 million Americans are living with the disease. GSSSI information and Referral Staff, case managers, Eldercare Advisors from Massachusetts Family Caregiver Support Program and Long term Care Options Counseling Advisors provide support to those living with this disease.
Title III Grantee organizations; Baystate Visiting Nurse Association and Hospice and Springfield Partners for Community Action work closely to provide services to seniors and families. These services are not only critical to those afflicted with these diseases but for their caregivers. More than 60 percent of these caregivers rate the emotional stress of caregiving as high or very high; more than one third report symptoms of depression. These programs provide support available to caregivers who are very vulnerable and meet needs that are not covered by other services.

In addition the GSSSI State Home Care team is participating in the Alzheimer’s Disease and Related Disorders) Grant which provides “more” in-home services. These services included: supportive Home Care Aides with specialized training to better provide emotional support, socialization and habilitation therapy to provide education and support to the caregiver and to provide suggestions to modify the elements of the environment which may exacerbate the disabilities of the disease.

GSSSI will explore with new partners, Hampden County Estate Planning Council opportunities to provide training to certified financial planners on how to work with consumers who might have Alzheimer’s or other age related dementias. This strategy is currently being developed by EOEA with the Massachusetts Financial Planners Association.

The Area Agencies on Aging Planners’ Needs Assessment identified Health as the second area of concern report (surpassed only by transportation). Yet, a recent poll shows that too few comprehend the changes in lifestyle needed to offset the chronic illnesses and gradual slowdown that hit just about everyone in the 70s, 80s and beyond. The United States of Aging Survey 2013 conducted by the National Council on Aging, UnitedHealthcare and USA TODAY reports sixty percent of seniors expect their health to stay the same over the next five to 10 years, compared with 53 percent of adults ages 18-59. And more than half (51%) of seniors have not set any specific goals to manage their health in the past 12 months.

Aging will take a toll on the health and wellbeing of most citizens; to many it comes in the form of a chronic disease. Chronic diseases affect over 80% of adults age 60 or older. Not only are many chronic diseases preventable, treatable and manageable, but staying active and healthy is an essential component for those wishing to maintain their independence. If the data cited above is any indication, many are in denial about the importance of their participation in their own wellness. Feeling well and being responsible for one’s own healthcare inoculates our seniors against depression and isolation and is essential to maintain a good quality of life. GSSSI’s Needs Assessment project participants identified health and health care as significant concerns. It will be our task in the next four years to move those in our community from conversation to action. Evidence based programs offered through GSSSI Healthy Living – A Matter of Balance, Healthy Eating and My Life My Health are tremendous vehicles to engage and educate seniors (ACL Focus Area 2.). And there is more - two additional curricula will be added to our offerings in the next few years.

Another strategy directed at protecting and promoting the well-being and the quality of life of seniors is through collaborative efforts to deliver community education. GSSSI will utilize the resources of Pioneer Valley Aging & Disability Resource Center (ADRC), provide leadership for the Western Mass Regional Eldercare conference to insure staff training and reach out to the

Greater Springfield Senior Services, Inc.
community through local health fairs, flu vaccination clinics, community safety fairs and other public health conferences and events aimed at healthy aging as well to the thousands of participants in the Title III Nutrition program.

And there is positive news – America’s Health Rankings Senior Report names Massachusetts as the 4th healthiest state for older adults. Massachusetts was recognized for its high prevalence of dental visits, high community support expenditures, low geriatrician shortfall and high percentage of health screening. These successes can be celebrated but there is clearly more to be done.

If the top priority of seniors is to “Maintain Their Independence” the concept of Participant-Directed/Person-Centered Consumer Directed Care provides the consumer with the opportunity to be an active participant in their care planning. This is not a culture shift. GSSSI has always participated in consumer directed care while enabling seniors to maintain their independence (ACL Focus Area 3). GSSSI staff ascribe to the philosophy that elders and caregivers should have a degree of choice and control over services and supports.

Elder Advisors from the Long Term Care Options Counseling Program provide elders and individuals with disabilities with the information and support they need to make an informed choice about their long term care support services as does GSSSI Family Caregiving Program.

GSSSI offers the entire spectrum of Long Term Care services – home, community and institutional care through participant-directed/person-centered planning. These include traditional home care services, Personal Care Attendant Program, Senior Care Options and Adult Foster Care Program. GSSSI staff members will participate in training to be informed about new options such as PACE and OneCare. They will also participate in educational programs to insure they are responsive to those who may be considered “hard to serve” as well as to isolated seniors including those who are gay, lesbian, bisexual or trans-gendered. GSSSI policies and procedures will be reviewed to determine that there are no barriers to service in our institutional practices.

This is an exciting time for those knowledgeable about latest developments in technology. To insure that the staff members and seniors are benefiting as appropriate with the most efficient and effective tools to serve their needs, a review and analysis of developments in the field of technology (adaptive equipment, computers, etc.) will be done.

Technology is a wonderful boon; however it brings certain liabilities. According to the Federal Trade Commission, nearly 25 million Americans are victims of consumer fraud each year. Senior citizens continue to be a rapidly increasing segment of the population, and they are a prime target for con artists and thieves. Studies have shown that senior citizens are more at risk to be targeted by telemarketing scams than other age groups, and fraudulent telemarketers direct anywhere from 56 to 80 percent of their calls at older Americans. No wonder, in many instances, this segment is least equipped to know the intricacies of these areas.

GSSSI is committed to Elder Justice (ACL Focus Area 4.) and will protect seniors against threats to their independence, well-being and financial security, ensure the rights of older people and prevent their abuse, neglect and exploitation. GSSSI will continue to investigate mistreatment or neglect of a
person 60 years of age or older. Staff will continue to share information to key community
members through training, public articles and social media strategies. Support of Title III Grantee -
Community Legal Aid, the Hampden County Bar Association and a new partnership with the
Hampden County Estate Planning Council will ensure continued access for seniors to the legal
system and some measure of protection from those who seek to prey on them.

The Pioneer Valley Plan for Progress 2013 State of the People of the Pioneer Valley Report assigns a
rating system to evaluate the condition of the region with respect to subject area through assessing
a number of related indicators. The quality of life and quality of care for the elderly population
received a “C” rating indicating a neutral trend. With a growing population of seniors and more
complex issues to address; we cannot be content with a “standing in place” rating. It is imperative
that all those engaged in the development of this Greater Springfield Senior Services, Inc.’s Area
Agency on Aging Area Plan 2014-2017 stay engaged in its implementation. The contributions of
those long time collaborators: Councils on Aging and caregivers as well as new partnerships PACE,
Hampden County Estate Planning Council and those over 60 will provide a tangible benefit from
these services to which each has made their own unique contribution.
GOALS AND OBJECTIVES

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

Goal #1 Greater Springfield Senior Services, Inc. will develop, provide and/or fund an array of mandated Advocacy and Outreach services that utilize advocacy, education and interventions specifically targeting issues and problems encountered by seniors and their caregivers in the services area.

Objectives:
- Provide mandated Outreach and Advocacy services to those in our rural, suburban and urban communities through funding to Councils on Aging as well as other nonprofit organizations specifically serving socially isolated individuals i.e. Springfield Vietnamese American Civic Association, Baystate Deaf Seniors, etc.
- Provide mandated Outreach and Advocacy through Information and Referral services which offer information, education and resource materials to empower seniors and their caregivers to make informed decisions about their care and lives.
- Offer training to ASAP staff, volunteers and others in the community concerning the needs of gay, lesbian, bisexual, trans-gendered clients.
- Identify and reach out to isolated elders (urban and rural) who would benefit from access to services and programs.
- Provide mandated Outreach Services to seniors, informal and formal caregivers through the publication and distribution of the “GSSSI Caregivers Guide” (print and web format).

Goal #2 Greater Springfield Senior Services, Inc. will provide either directly or indirectly, Home Delivered and Congregate meals, including culturally and ethnically appropriate meals, for the provision of meals for older adults that are at a minimum of 33 and 1/3 percent of the current daily recommend dietary allowance as established by the Food and Nutrition Board of the National Research Council of the National Academy of Science.

Objectives:
- Provide tasty quality meals (traditional, kosher, Latino and therapeutic) to seniors in their homes and in community settings.
- Offer comprehensive Nutrition Assessments to eligible older adults, nutritionally at-risk.
- Continue and nurture our partnership with local farmers through Senior Mobile Market program and “Bringing the Goodness of Summer to You” summer produce program with home delivered meals clients.
- Explore partnerships to expand our therapeutic meals program to serve those homebound seniors with special nutritional requirements to promote health and reduce hospitalizations.
Goal #3 Greater Springfield Senior Services, Inc. will provide and fund services that support those who have been affected by Alzheimer’s disease and dementia.

Objectives:
- Provide Medication Management, Health Education and outreach in-home services for those affected by Alzheimer’s disease and dementia through funding to healthcare and community organizations.
- Plan, coordinate, and facilitate regional conference for staff members and volunteers from Aging Service Access Points, Councils on Aging, and Area Agency on Aging grantee organizations, Long Term Care facilities, etc. The program will include the latest information and strategies for those faced with Alzheimer’s disease and their caregivers.
- Provide Outreach and Advocacy to those affected by Alzheimer’s disease through Information and Referral services which offer information, education and resource materials which empower seniors and their caregivers to make informed decisions about their care and lives.

Goal #4 Greater Springfield Senior Services, Inc. will fund and support transportation services to maintain the independence of older adults through greater access to services.

Objectives:
- Support volunteer medical transportation that serves elders requiring assistance and support to medical appointments through funding to Councils on Aging.
- Support GSSSI Agency escort transportation services to medical appointments.
- Explore and review alternative affordable transportation options and share with Area Agency on Aging Advisory Council and relevant community organizations.
- Participate in community advocacy effort to support regional transportation organizations.
Focus Area 2 - ACL Discretionary Grants

Goal #1 Greater Springfield Senior Services, Inc. will support and fund “Healthy Living” through evidence based programs which protect and promote the well-being and the quality of life for seniors and their caregivers. GSSSI currently offers My Life, My Health: Chronic Disease Self-Management Program, Healthy Eating for Successful Living in Older Adults and A Matter of Balance: Fall Prevention Program.

Objectives:
• Increase the number of participants in evidence based programs by 10% each year.
• Explore and secure additional funding sources to support this program.
• Expand our Healthy Living evidence-based options from three (3) curricula to five (5).

Goal #2 Greater Springfield Senior Services, Inc. will protect and promote the well-being and the quality of life of seniors and their caregivers to those with the greatest social and economic need, older individuals with severe disabilities, and older individuals with limited English speaking ability, who reside in urban, suburban and rural areas.

Objectives:
• ASAP staff members will participate in at least one specialized cross-training opportunity provided by Pioneer Valley Aging & Disability Resource Center (ADRC).
• Provide health education information to 25,000 seniors each year.
• Through CARE program professional respite services provide options to caregivers, which incorporate services such as in-home respite, community respite, limited institutional respite and support groups.
• Assistance to Caregivers of Elders (ACE) grants provide limited financial assistance for caregivers who encounter needs that cannot be met by other resources to help the elder remain in their home.
Focus Area 3 - Participant-Directed/Person-Centered Planning Efforts

Goal #1 - Greater Springfield Senior Services, Inc. will assist seniors to maintain their independence and determine with them what mix of personal assistance supports and services work best for them.

Objectives:

- GSSSI offers a Personal Care Attendant Program which supports consumers who control the design and delivery of their personal care services.
- GSSSI Long Term Care Options Counseling Program provides elders and individuals with disabilities with the information and support they need to make an informed choice about their long term care support services.
- GSSSI home care offers consumer directed programs for traditional home care services to seniors who live alone, are frail, have limited English proficiency.
- GSSSI Family Caregiving Program provides support to caregivers of older adults with the information and support they need to make informed choices about caring the care they are providing.
- GSSSI will provide training to case managers to support the needs of “hard to serve” populations as well as those isolated seniors including those who are gay, lesbian, bisexual, or trans-gendered.
- GSSSI will review and analyze industry trends in the field of technology (adaptive equipment, computers, etc.) to assist in the development of programs and services, which enhance the lives of older adults and their caregivers.
Focus Area 4 - Elder Justice

Goal #1 Greater Springfield Senior Services, Inc. will defend the rights of older adults to be free from; abuse, neglect, financial exploitation and mistreatment.

Objectives:
- Prevent, detect, assess, intervene and/or investigate mistreatment or neglect of a person 60 years of age or older by an individual known to them. This mistreatment may include elder abuse, neglect and/or financial exploitation.
- Provide training opportunities key communities - older adults, their families and professionals to thwart crimes against older persons as well as prepare for emergencies.
- Assure that all local public safety and legal entities have formal liaisons to GSSSI staff which facilitate a direct connection to share information, strategies and work cooperatively on specific issues.
- Provide Ombudsman services to adults residing in local nursing and rest home facilities to ensure compliance with resident rights issues, conflict resolution, and to monitor quality of life and care issues through the use of Certified Ombudsmen Volunteers.
- Provide Money Management services by which older adults receive assistance and oversight of their finances to promote independence and to remain in the community.

Goal #2 Greater Springfield Senior Services, Inc. will ensure access to the legal system for housing, benefit information, and other related legal issues.

Objectives:
- Providing Title III-B funding for legal services for older adults and caregivers to ensure access to the legal system for housing, benefit information, and other related legal issues.
- Provide access to resources for estate planning issues i.e. Advance Directive, Power of Attorney, simple will and healthcare proxy through Mass Justice Project/Massachusetts Senior Legal Assistance Project Advisory Council program.
STRATEGIES – Outline how goals and objectives will be achieved.

Focus Area 1 - Older Americans Act Core Programs

- Support existing Title III Grantee organizations through review of monthly reports, annual monitoring and informal communications as needed. ASAP staff will continue to serve as a resource to grantees i.e. GSSSI Information and Referral staff will continue to provide annual training to Outreach and Advocacy grantees and Nutrition Program Coordinator will work closely with COA nutrition programs.

- AAA Advisory Council will serve as a “task force” to develop strategies to identify and reach out to isolated elders. Strategies will be implemented through ASAP staff, COAs, other community organizations and social media.

- Training will be offered to ASAP staff during full staff meeting and to others in the community i.e. the Western Massachusetts Eldercare Conference or Western Mass Eldercare Providers Professional Association on important topics;
  - considerations when working with gay, lesbian, bisexual, trans-gendered clients
  - cooperate with Alzheimer’s Association to share up-to-date information on disease and treatment

- ASAP Nutrition team will continue to work cooperatively with EOEAA Nutrition staff members, caterers, meal site hosts, and other community partners to insure that direct services program continues to serve high quality tasty meals and to insure that seniors are aware of services and encouraged to attend.

- Continue partnership with local farmers through Senior Mobile Market program and “Bringing the Goodness of Summer to You” summer produce program; explore additional possibilities for collaboration.

- Continue to work with local healthcare provider to develop a partnership to offer a therapeutic home delivered meals program and pursue funding to establish this program. Approach University Nutrition faculty to consider a student intern to assess results of this program, perhaps to be shared in a journal article or at a professional conference.

- Establish partnership with Hampden County Bar Association and Hampden County Estate Planning Council to explore training opportunities for financial professionals.

- To identify and implement a method (i.e. transportation summit, best practices meeting, catalogue of successful programs) to engage other community groups in exploring and reviewing alternative affordable transportation options.

- In FFY 2015, Area Agency on Aging Grant Review Task Force will be re-created and convene to complete the award process for Title III funding.
Focus Area 2 - ACL Discretionary Grants

- Increase the number of participants in evidence-based programs by 10% each year.
  - Offer more evidence-based programs in cooperation with local partners to specifically serve those who are low income, rural and isolated.
  - Share the importance of this work, report improvements in falls management, better strategies for coping with disease, more nutritious food choices and increased levels of activity continuing existing evaluation and data monitoring tools through media and social media.
  - Support and expand the cadre of volunteer group leaders.
  - Maintain and expand formal community partnerships enabling GSSSI to reach isolated individuals in the community and share relevant information.
  - Promote evidence-based programs through public access events including social media, community newspapers, local cable promotions and special events.

- Participate in regional coalition meetings and community groups such as LiveWell Springfield to learn about funding opportunities and share information about GSSSI Healthy Living programs.

- Provide health education information to 25,000 seniors each year
  - Provide monthly nutrition and health information to the 1,300 nutrition program participants.
  - Share health information through GSSSI social media outlets.
  - Provide in-service education to promote healthy eating habits especially for those who participate in the congregate meal programs.
  - Participate and support local health fairs, flu vaccination clinics, community safety fairs and other public health conferences and events aimed at healthy aging.
  - Plan, coordinate, and facilitate regional conference for staff members and volunteers from Aging Service Access Points, Councils on Aging, Area Agency on Aging grantees, Long Term Care facilities, etc. which will offer presentations and workshops on health, healthcare issues and other relevant topics.
Focus Area 3 - Participant-Directed/Person-Centered Planning Efforts

- GSSSI will continue to offer regular in-service training and supervision to insure that staff understand and embrace Participant-directed/Person-Centered insuring that elders and caregivers retain a degree of choice and control of LTC services and supports and are aware of special needs of hard to serve populations and isolated seniors.
- GSSSI will review policies and procedures to insure that they do not discriminate against those who are “hard to serve” as well as those isolated seniors including those who are gay, lesbian, bisexual or trans-gendered.

Focus Area 4 - Elder Justice

- GSSSI will continue to coordinate with those in key communities, offer training as requested and share information through print media and social media.
- Support Title III Grantee Community Legal Aid through annual formal monitoring and informal communications as needed. GSSSI Protective Social Workers will continue to serve as a collaborator and resource.
QUALITY MANAGEMENT

Executive Office of Elder Affairs Surveys are completed by the participants in the Information and Referral, Long Term Care Options, Family Caregiver programs.

Nutrition Program participants complete Executive Office of Elder Affairs Client Satisfaction Surveys. Congregate Meal sites and caterers’ kitchens are inspected annually by the Nutrition Program Coordinator.

Title III Grants are monitored annually by the Area Agency on Aging Director and approved by the Area Agency on Agency Advisory Council, the GSSSI Program and Services Committee of the Board of Director and the GSSSI Board of Directors.

See also ATTACHMENT I: GSSSI Quality Assurance Plan.
ATTACHMENTS
ATTACHMENT A: AREA AGENCY ON AGING ASSURANCES AND AFFIRMATION

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

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

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ((a)(2))

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

3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

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

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(B) describe the methods used to satisfy the service needs of such minority older individuals; and

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

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

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

(6) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (a)(4)(C)

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. (a)(5)

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. (a)(9)
(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

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

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. ((a)(11))

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

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

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

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

(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))
(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

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

____________________ (Signed) ___________________________________________
(Greater Springfield Senior Services, Inc. ________________________________
(Area Agency on Aging)

____________________ (Signed) (Chairperson of Board of Directors)
(Date) ____________________________

____________________ (Signed) (Chairperson of Area Advisory Council)
(Date) ____________________________

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

**Section 306 (a)(4)(A)(i)**

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

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

- Many sources of data and information were used when creating a four-year Area Plan; to drill down into the community to assess the greatest needs. The diagram below depicts the sources our agency used in developing the 2014 – 2017 Area Plan:
Outreach Staff at each Council on Aging submit a monthly report which includes documentation of outreach activities and the issues they have encountered during that time. Review of this objective is part of the monitoring process for Title III grants and in-house audit of Title III programs.

(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 Advisory Council will serve as a “task force” to develop strategies to identify and reach out to isolated elders. Bi-annually strategies will be shared with ASAP staff, COAs, other community organizations to engage these hard to reach populations.

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

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

- As an active participant GSSSI will utilize the resources of Pioneer Valley Aging & Disability Resource Center (ADRC), to insure smooth communication and utilization of resources.

GSSSI will continue to support residents in long-term care facilities through the work of the Long Term Care Ombudsman teams.

GSSSI will continue to support residents who wish to leave long-term care facilities through the Money Follows the Person Program and CSSM program.

GSSSI AAA Team will continue to be alert to requests for services representing unmet needs; i.e. GSSSI will continue to explore the possibility of offering therapeutic meals to homebound residents with more complex nutritional needs such as low sodium, cardiac, renal, etc.

GSSSI will continue to explore cooperative opportunities with SCO, PACE and ONECARE programs.

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;

- The local needs assessment project involved dozens of seniors and caregivers through survey, interviews and focus groups. The results of the Executive Office of Elder Affairs
Surveys completed by the participants in the Information and Referral, Long Term Care Options, Family Caregiver programs were reviewed when available.

(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;

- GSSSI has and will continue to actively participate in appropriate venues to comment upon all policies, programs, hearings, levies, and community actions which will affect older individuals; i.e. state and municipal public hearings.

In several of the needs assessment tools, Transportation was identified as the number #1 unmet senior need. In this plan it is specifically states “To explore and review alternative affordable transportation options to share with key community parties and to participate in community advocacy effort.”

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

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

- Elder Advisors from the Long Term Care Options Counseling Program provide elders and individuals with disabilities with the information and support they need to make an informed choice about their long term care support services as does GSSSI Family Caregiving Program.

GSSSI works with a network of vendors to offers the entire spectrum of Long Term Care services; we will continue to offer quality home care services.

Capitalizing on the services offered by Commonwealth MassHealth programs; we will continue to cooperation with Personal Care Attendant Program and Adult Foster Care Program.

Maximizing the effect of SCO and ONECARE by assuming the effective role of Long Term Support and Services.
Continue development of services through cooperation with Council on Aging, and community organization such as but not limited to Alzheimer's Association; Baystate Visiting Nurses Association and Hospice, and Springfield Partners for Community Action.

(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;

- GSSSI is committed to increase the number of participants in evidence based programs by 10% each year; explore and secure additional funding sources to support this program and expand our Healthy Living evidence-based options from three (3) curricula to five (5).

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

- GSSSI has an appeal process in place for those who are dissatisfied or denied services. All those who are denied services, receive information about this process with their written denial notification. Anyone who requests to participate in an appeal will meet with the Area Agency on Aging Director and Program Specialist. AAA Director will hear complaint and make a decision in a timely manner. If the older individual is unsatisfied by this decision they are referred to the Executive Office of Elder Affairs.

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;

- GSSSI continues an extensive disaster preparedness process as an agency; due to our recent natural disasters, this process has become more intensive. Some notable factors in our strategies include:
  - Capacity to work offsite should conditions prohibit using headquarters with laptops and cellphones
  - At-risk lists of seniors of frail condition who are bereft of any caregiver/family/neighborhood support and who should be receive special attention from emergency services in time of disaster
  - Shelf stable distribution to all home delivered meal clients (3/client) from October – April.
- All nutrition program participants receive disaster preparedness information annually as part of education provided on back of menu.

Ann Sabato, Director of Protective Services represents GSSSI on the newly formed, Pioneer Valley Community Organization Active in Disaster. This is one of a handful of local groups organized in our state and includes representatives from MEMA, FEMA, American Red Cross, Medical Reserve Corps, etc.

Their purpose is to
- capitalize on the experience gained by responding to recent disasters
- to avoid duplication of effort in time of disaster
- be in a state of readiness for the next disaster.

The group has been cataloging organizational capacity, sharing and reviewing organizational disaster plans and will attend the first MVOAD (Massachusetts Volunteer Organizations Active in Disaster) conference in October 2013.

There are also interesting and practical projects implemented through local government. Holland COA Outreach worker has cooperated with the town emergency preparedness director to compile an enhanced-911 list. This identifies seniors who are frail and without supports with special needs; i.e. are on oxygen. The local Fire Department will follow up with these seniors in case of a power outage (especially if the senior does not have a generator) to insure the senior is are safe.
ATTACHMENT C: AAA ORGANIZATIONAL CHART

Board of Directors

Executive Director

Administration & Finance Director
  - Accounting Staff
  - Billing & Payroll
  - Human Resources

AAA Director
  - Nutrition Staff
  - Ombudsman Staff
  - Healthy Living Coordinator
  - Community Grants

Client Services Director
  - Home Care Program Staff
  - PCA Staff
  - Protective Services Staff
  - Nursing Program Staff
  - AFC Staff
  - SCO Staff

Community Services Director
  - Geriatric Resources Staff
  - Companion Staff
  - Money Management Program Staff
  - Family Caregivers

IT Manager
  - Senior Secretary

Office Manager
  - Receptionists
  - Custodians
**ATTACHMENT D: AAA CORPORATE BOARD OF DIRECTORS – FORM 1**

**Area Agency on Aging : Greater Springfield Senior Services, Inc.**

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Identify Officers by Title</th>
<th>City/Town of Residence</th>
<th>Membership Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caplin, William</td>
<td></td>
<td>East Longmeadow</td>
<td>Emeritus</td>
</tr>
<tr>
<td>Caritas, S.P., Sr. Mary</td>
<td></td>
<td>Holyoke</td>
<td>At-Large</td>
</tr>
<tr>
<td>Denney, Janet Rodriguez</td>
<td></td>
<td>Springfield</td>
<td>Springfield Dept. of Elder Affairs</td>
</tr>
<tr>
<td>Ellis, Olga</td>
<td></td>
<td>Springfield</td>
<td>At-Large</td>
</tr>
<tr>
<td>Faichney, Elizabeth</td>
<td></td>
<td>Monson</td>
<td>Monson Council on Aging</td>
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<tr>
<td>Goodman, Douglas</td>
<td></td>
<td>West Springfield</td>
<td>W. Springfield Council on Aging</td>
</tr>
<tr>
<td>Grimaldi, Frances</td>
<td>Assistant Treasurer</td>
<td>West Springfield</td>
<td>At-Large</td>
</tr>
<tr>
<td>Hooper, Dorothy</td>
<td>President</td>
<td>Springfield</td>
<td>At-Large</td>
</tr>
<tr>
<td>Hubert, Mary</td>
<td></td>
<td>Palmer</td>
<td>Palmer Council on Aging</td>
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<tr>
<td>Keenan, Daniel</td>
<td></td>
<td>Southwick</td>
<td>At-Large</td>
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<tr>
<td>Massoia, Louis</td>
<td></td>
<td>Feeding Hills</td>
<td>Agawam Council on Aging</td>
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<tr>
<td>Morace, Rose</td>
<td></td>
<td>Longmeadow</td>
<td>Longmeadow Older Adults Center</td>
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<tr>
<td>Morales, Nancy</td>
<td>Vice-President</td>
<td>East Longmeadow</td>
<td>At-Large</td>
</tr>
<tr>
<td>Moylan, Theresa Govoni</td>
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<td>East Longmeadow</td>
<td>E. Longmeadow Council on Aging</td>
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<tr>
<td>Sanders, Susan</td>
<td></td>
<td>Holland</td>
<td>Holland Council on Aging</td>
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<tr>
<td>Schmidt, Peter</td>
<td></td>
<td>Wilbraham</td>
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<tr>
<td>Shay, John</td>
<td>Secretary</td>
<td>Hampden</td>
<td>Hampden Council on Aging</td>
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<td>Sheehan, William</td>
<td>Treasurer</td>
<td>Wilbraham</td>
<td>At-Large</td>
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<td>Wittenberg, Sally</td>
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<td>Longmeadow</td>
<td>At-Large</td>
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<tr>
<td>Yesu, Frank</td>
<td>Vice-President</td>
<td>Longmeadow</td>
<td>At-Large</td>
</tr>
<tr>
<td></td>
<td>Percentage of the Board that are 60+ years of age.</td>
<td></td>
<td></td>
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<tr>
<td>----------</td>
<td>----------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>Percentage of the Board that are minority persons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Percentage of the Board that are 60+ and minority persons.</td>
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<td></td>
</tr>
<tr>
<td>15</td>
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</table>
## Area Agency on Aging: Greater Springfield Senior Services, Inc.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Identify Officers by Title</th>
<th>City/Town of Residence</th>
<th>Membership Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahearn, Jeanne</td>
<td></td>
<td>Springfield</td>
<td>At-Large/Elected Official Aide to Congressman Richard Neal</td>
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<tr>
<td>Dubord, Paula</td>
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<td>Wilbraham</td>
<td>Wilbraham Council on Aging</td>
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<tr>
<td>Harper, Nancy</td>
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<td>Wilbraham</td>
<td>At-Large</td>
</tr>
<tr>
<td>Harrison, Peg</td>
<td></td>
<td>Monson</td>
<td>Monson Council on Aging</td>
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<tr>
<td>Harrison, Doreen</td>
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<td>East Longmeadow</td>
<td>East Longmeadow Council on Aging</td>
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<td>Hooper, Dorothy</td>
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<td>Springfield</td>
<td>Board Liaison</td>
</tr>
<tr>
<td>Linnehan, Joan</td>
<td>Vice-Chairman</td>
<td>Springfield</td>
<td>Agawam Council on Aging</td>
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<td>Long, C. Louise</td>
<td></td>
<td>Springfield</td>
<td>At-Large</td>
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<tr>
<td>Lynch, Gina</td>
<td></td>
<td>Brimfield</td>
<td>Brimfield Council on Aging</td>
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<td>Mendoza, Moraima</td>
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<td>Springfield</td>
<td>Springfield Dept. of Elder Affairs</td>
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<tr>
<td>Mojkowski, Helen</td>
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<td>Springfield</td>
<td>At-Large</td>
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<tr>
<td>Nepomuceno, Ellen</td>
<td></td>
<td>Springfield</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Perkins, Emily</td>
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<td>Springfield</td>
<td>Longmeadow Adult Center</td>
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<tr>
<td>Pincince, Erin</td>
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<td>Monson</td>
<td>Palmer Council on Aging</td>
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<tr>
<td>Sanders, Susan</td>
<td>Chairman</td>
<td>Holland</td>
<td>Holland Council on Aging</td>
</tr>
<tr>
<td>Werman, Lauren</td>
<td></td>
<td>West Springfield</td>
<td>West Springfield Council on Aging</td>
</tr>
<tr>
<td>Wysocki, Ted</td>
<td></td>
<td>Wales</td>
<td>Wales Council on Aging</td>
</tr>
</tbody>
</table>

| Percentage of the Advisory Council that are 60+ years of age. | 47 |
| Percentage of the Advisory Council that are minority persons. | 12 |
| | 6 |
Attachment F: AAA Funded Services Document – Form 3
ATTACHMENT I: TITLE III-E FAMILY CAREGIVER BREAKOUT – FFY 2014

AREA PLAN ON AGING, 2014 - 2017
Form 5 - Title III-E Family Caregiver Breakout - FFY 2014
## Standard /Function/Regulation Being Measured

<table>
<thead>
<tr>
<th>Case Management Quality – Training – New CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care management orientation and training is thorough, comprehensive, inclusive of social, health, and financial issues related to aging, training on SIMS, Consumer Direction, functional assessments, public benefits, behavioral health, interviewing techniques, abuse and neglect, documentation standards and principals of quality assurance, the quality standards for which they will be accountable, privacy, consumer rights and appeals and other topics as is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report/Method/Activity/Process with Frequency Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation and training as detailed within training manual available from GSSSI and included in the Policies and Procedures Manual</td>
</tr>
</tbody>
</table>

## Over all Case Management Quality – Individual

- **Issues with Elders:**
  - Problem Solving;
  - Need for referrals;
  - Service Planning;
  - Training needs;
  - Adherence to and understanding of required Documentation Standards

- **Home Visit schedule:**
  - Visits for month conducted within time allotted;

- **Suspension list:**
  - Follow up with Elders on SNF/Rehab;
  - Needed CSP adjustments;
  - Other Follow up;

- **Delinquent Client Lists:**
  - Referrals needed
    - Money Management;
    - ECA;
  - Co-pay Adjustment/Waiver eligibility;
  - Possibility of need for plan to close case.

- **Caseload size**

- **Other issues as identified by Supervisor or Staff member.**

---

**Team Supervisor completes comprehensive review on all new intakes: CDS, Financial Application, SIMS screens and signs off when all is complete and accurate, reoccurring issues/areas of improvement are recorded and addressed with CM.**

**Multiple-approach on-going training and supervision**

**One on one supervision – at least monthly, often weekly and as needed**

**Annual performance Review**

**Interdisciplinary Team Meeting (as needed)**

**Daily A&R Report GSSS:**
- (CM Name) New Intakes
- (TS Name) Team Intakes
- (TS Name) New Service

**Weekly A&R Reports GSSS**
- HCPC Weekly Intake Report
- HCPC Q/A Report Intakes
- (CM Name) Monthly Visit Report
- HCPC Annual Visit Report
| Addressing issues identified by QA of files for completeness/accuracy | Quarterly Quality Assurance File Review: Comprehensive File/Sims and Documentation Review on a random group of cases, covering a range of parameters: length of time open, Care Enrollments, Case Managers* |
| o Identification of training needs, corrective action, other information dissemination | A&R Reports  
♦ GSSS (CM Name) Caseload List (monthly)  
♦ GSSS ECOP Caseload Report  
♦ GSSS Choices Caseload Report  
♦ GSSS Waitlist Caseload Report |

**Overall Case Management Quality - Teams**

| Case Conferencing, review of challenging cases as training; | Home Care Team Meetings – monthly with Supervisor |
| General guidance as result of previous QA reviews; |  |
| Review of existing and needed resources; |  |
| Changes in policies and procedures; |  |
| Review of standards |  |
| SIMS issues |  |

**Overall Case Management Quality – All Case Managers**

| Examples of challenging cases, discussion regarding effective approaches; | Monthly “All CM” meeting with Home Care Program Coordinator |
| Strategizing on issues that impact elders: mental health, dementia, depression, housing, substance abuse, physical health, insurances, community resources, quality review issues; |  |
| Changes in policies/procedures/standards |  |
| SIMS issues |  |
| Other issues impacting upon quality service for consumers |  |

**Enhancing Case Management Quality- Team Supervisor Oversight**

| Review of that month’s QA findings | Meetings two – four times per month with Home Care Program Coordinator |
| Nurse Manager monitoring of Waiver Process; |  |
| ECOP/Choices evaluation process; |  |
| Team Supervisor Case File monitoring of CM portion of case file; |  |
| Discussion of topics presented at QA Managers Meetings; |  |
| Topics/Issues presented by EOEA at HCPD or ED Meetings; |  |
| Implementation of new initiatives in the Home Care Program; |  |
| Management of home care program: |  |
| Caseloads; |  |
- Evaluation of staffing, need for positions;
- Better ways of implementing Consumer Direction;
- Training needs of staff;
- More effective ways of implementing interdisciplinary case management;
- Issues around high-risk clients, especially those with dementia, no informal supports;
- Other challenges, issues around documentation, training needs.

Consumer Listing Reports
- Caseload List (monthly)
- Caseload Report (as needed)
- ECOP Caseload Report
- Choices Caseload report

<table>
<thead>
<tr>
<th>Overall Case Management and Employee Quality – All Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>o General issues of concern to the organization;</td>
</tr>
<tr>
<td>o Staff changes, programmatic changes;</td>
</tr>
<tr>
<td>o Updates from Elder Affairs;</td>
</tr>
<tr>
<td>o Funding updates;</td>
</tr>
<tr>
<td>o Changes in policies and procedures (primarily agency, not program-related);</td>
</tr>
<tr>
<td>o Employee benefits information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Full Staff Meeting, Executive Director</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Intake Process Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Assignment of Intake completed in timely fashion</td>
</tr>
<tr>
<td>o Initial assessment conducted within 3 days of intake (or exceptions noted);</td>
</tr>
<tr>
<td>o Emergency situations triaged and addressed</td>
</tr>
<tr>
<td>o Current MassHealth status determined</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Activity and Referral Reports (A&amp;R) - Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Intake Department Roster</td>
</tr>
<tr>
<td>o (CM Name) New Intakes</td>
</tr>
<tr>
<td>o (TS Name) Team Intakes</td>
</tr>
<tr>
<td>o Meeting with Supervisor and/or Interdisciplinary Team</td>
</tr>
<tr>
<td>o REVS check routinely applied</td>
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<table>
<thead>
<tr>
<th>Initial Assessment/Eligibility Determination Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Assessment thorough, accurate with indication that all information necessary to make appropriate decisions has been obtained;</td>
</tr>
<tr>
<td>o Evidence that Uniform Intake Policy fairly applied and documented and that consumers are eligible for services as per stated requirements;</td>
</tr>
<tr>
<td>o Evidence all paperwork is signed as needed by Consumer</td>
</tr>
<tr>
<td>o Financial Application</td>
</tr>
<tr>
<td>o Comprehensive Release of Information</td>
</tr>
<tr>
<td>o Money Handling Authorization</td>
</tr>
<tr>
<td>o Notice of Privacy Practices</td>
</tr>
<tr>
<td>o Waiver Paperwork</td>
</tr>
<tr>
<td>o ISP</td>
</tr>
<tr>
<td>o SIMS screens accurate/complete</td>
</tr>
<tr>
<td>o Adherence to and understanding of required Documentation Standards</td>
</tr>
<tr>
<td>o Indication of options for other programs, as applicable: PCA, SCO, AFC;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team Supervisor completes comprehensive review on all new intakes: CDS, Financial Application, SIMS screens and signs off when all is complete and accurate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits screening Tool Completed</td>
</tr>
<tr>
<td>Checklist of required releases, documents for consumer completed</td>
</tr>
<tr>
<td>A&amp;R Reports</td>
</tr>
<tr>
<td>GSSS Monthly Visit Report (weekly)</td>
</tr>
<tr>
<td>GSSS HCPC Quality Control Activity and Referral Report (as needed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interdisciplinary Case Management as</th>
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</tbody>
</table>
- Indication that review of all public benefits has occurred;
- **Assesses for cognitive status within first six months using EA tool (to be completed when tool becomes available).**
- Financial eligibility has been determined per requirements;
- Indication of complex case noted, triggering Interdisciplinary consultation;
- Indication that eligibility has been determined within 10 days of initial assessment;
- If applicable indication that Wait List process has occurred in accordance with PI 09-10;
- Indication that all required documents have been processed;
- Indication that Consumer notifications and appeal rights have been applied.

### Reassessment Standards

In addition to the standards noted above, additional measures for the Reassessment Process includes:

- Care Plan Updated and Active with expiration 12 months from date of Annual Home Visit
- Home visit conducted minimum of every three months for ECOP
- Home visit conducted minimum of every 6 months for HCP

At time of Annual Home Visit, Supervisor reviews the past 12 months of the file for accuracy/completeness as well as details of the Reassessment. Reoccurring issues/areas of improvement are recorded and addressed with CM.

**A&R Reports:**
- (CM Name) Monthly Visit Report (weekly)
- HCPC Annual Visit Report
- HCPC Quality Control Activity and Referral
- (TS Name) Care Plan Expiration Report (bi-weekly and monthly)

Quarterly Quality Assurance File Review: Comprehensive File/Sims and Documentation Review on a random group of cases, covering a range of parameters: length of time open, Care Enrollments, Case Managers*

### Plan of Care/Service Delivery/Interdisciplinary Approach

- Service plan meets the needs of the consumer to the extent possible within financial considerations
- Evidence of consumer involvement in service planning

Team Supervisor completes comprehensive review on all new intakes: CDS, Financial Application, SIMS screens

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Greater Springfield Senior Services, Inc.
Evidence of appropriate referrals made, both internally as well as to community resources;

Indication that complex care needs, extended services plans, cognitive issues and other special needs have been discussed in an interdisciplinary manner;

Indication that other forms of support have been reviewed as supplement to GSSSI service provision;

Assurance that all formal services are coordinated to avoid duplication with other possible service sources (i.e., SCO, PCA);

Assurance that services are provided within a timely manner;

Assurance that Consumer is enrolled within the most appropriate service program and that the transition occurs within a timely manner;

Indication that Consumer has been given the opportunity to choose the provider;

Service Delivery processed in timely manner

Indication that suspends are handled appropriately;

Indication that there is consistency of services;

Indication that a status of “at risk” is applied as is applicable.

**Additional Frail Elder Waiver Standards (and ECOP as is applicable)**

Initial RN assessment completed within 14 days of referral;

Require at least one Frail Elder Waiver service on a monthly basis;

Quarterly Quality Assurance File Review: Comprehensive File/Sims and Documentation Review on a random group of cases, covering a range of parameters: length of time open, Care Enrollments, Case Managers*

Monthly Administrative Report indicated #’s of consumers by program, PMPM cost

Documentation in Journal Notes

Consumers noted “at risk” discussed with Interdisciplinary Team

Access to all available agency databases to determine consumer participation in other service programs

A&R Reports: Daily

- GSSS (TSName) New Service (daily)
- GSSS HCPC Weekly Intake Report (daily)
- GSSS (PSD) Open to Service
- GSSS (PSD) Service Transactions
- GSSS (PSD) Open to Program
- GSSS HCPC Q/A Report Intakes

Random reviews of paper file

SIMS reports: Client Suspend Report

Completion of Waiver Checklist for each Waiver referral

Reviewed by supervisor

included in case file

Completion by CM of Quality Assurance Review Form – HCB Waiver Completed for

Greater Springfield Senior Services, Inc.
| Clinical Determination as per regulation; |
| Comprehensive Assessment completed in person; |
| MassHealth eligibility confirmed; |
| Initial determinations include documentation of medical sign-off of all required health status indicators; |
| Signed Recipient Choice Form is included in consumer file; |
| Home Visits/CDS completed every six months; |
| Interdisciplinary Review completed as necessary; |
| Service Plan reviewed regularly to ensure meeting Service Cost Eligibility guidelines; |
| Reassessment completed within a 12-month time frame. |

| Clinical Assessment and Eligibility |
| Ensure that determinations of eligibility are made in accordance with the service-specific clinical criteria |
| Ensure that documentation is completed in accordance with all applicable regulations and standards |
| Health Unit/CAE Team meets in the first week of every month to review a minimum of 35 screenings completed in the previous month |

| Consumers Satisfaction |
| Consumers have an opportunity to assess the quality of their services, case manager, and the administration of the program |
| Yearly Satisfaction survey provided to random list of clients. Current Survey Tool attached; tool is in the process of being revised as per new Waiver Quality Standards Completion by the CM at the time of the Annual Visit – Observation at Point of Service Delivery Form, which is given to the Purchased Services Coordinator for review and follow-up. |
*Quarterly Comprehensive Review Process:*

**When:** second Wednesdays of January, April, July and October of each year.

**Who:** QA Review Team:
- Home Care Program Manager
- Health Unit Supervisor
- ECOP/Choices Team Supervisor
- Minimum of two Home Care Program Teams Supervisors
- the Purchased Home Care Program Case Managers

**How**

**Many:** Random list of a minimum of 40 Elders/files to be reviewed ensuring a mix of cases with a minimum of:
- 10 open less than 12 months;
- 20 open more than 12 months;
- 5 ECOP;
- 5 Choices

**What:** (1) Reviewing files (paper and SIMS) for compliance with RFR specifications including but not limited to:
- Thoroughness of Assessment;
- Completion of CDS;
- Referrals made/Clinical assist sought as needed;
- Appropriate Plan of Care, delivered as authorized;
- Interdisciplinary Care Management;
- Documentation Standards;
- Eligibility Determinations;
- Home Visit/Assessment Schedule;
- Inclusion of Elder/Elder’s Representatives in Care Planning Process;
- Clinical Eligibility requirements for ECOP/Choices/Waiver;
- Service Cost Eligibility requirements for ECOP/Choices;

(2) Recording Information on QA Review Form(s) (Client Services Administrative Assistant)

(3) Compiling all findings as recorded (Home Care Program Director)

(4) Developing Corrective Action Plans as needed (Home Care Program Director)

(5) Scheduling Training sessions for individuals and or Home Care Department as needed (Home Care Program Director)

(6) Informing Client Services Director of findings, results and follow-up actions
- Making all paper files on list of Elders chosen for review available for reviewers;
o Compiling the information from QA review forms within 7 business days of Review Day.

The HCPC will be responsible for:
  o Reviewing compiled information supplied by CSAA;
  o Discussing findings as needed with HCP Supervisors;
  o Developing Corrective Action Plans as needed;
  o Scheduling Training sessions for individuals and or HCP department as needed;
  o Informing Client Services Director of results/CAPs.
ATTACHMENT K: BIBLIOGRAPHY

2013 Alzheimer's Disease Facts and Figures report, Alzheimer’s Association

2013 State of the People of the Pioneer Valley Report by The Pioneer Valley Plan for Progress

2013 Senior Report, America’s Health Rankings

Alzheimer’s Association website  www. HTTP://WWW.ALZ.ORG/MANH/  

Area Agencies on Aging Planners’ Needs Assessment Activities September 17, 2012 – December 21, 2012

Information and Referral Service Quality Assurance Survey, Executive Office of Elder Affairs Administration & Finance/Research & Data Unit 2011

Massachusetts State Plan on Aging 2014-2017

Maturing of America – Communities Moving Forward for an Aging Population report , National Association of Area Agencies on Aging, MetLife Foundation et al, June 2011

Policy 2011 Priorities, National Association of Area Agencies on Aging

Report to the Great and General Court and Executive Office of the Governor by Special Commission on Rural Access and Improving State-Sponsored Services in Massachusetts Rural Communities, May 2013

“Social Workers Attack the Nonmedical Determinants of Health,” Hospitals Journal, 7/10/2013

Survey 2010, American Association of Retired Persons.

U.S. Census Bureau Data  2010-2012
ATTACHMENT L: GREATER SPRINGFIELD SENIOR SERVICES ANNUAL REPORT