



Area Agency Plan on Aging 2014-2017

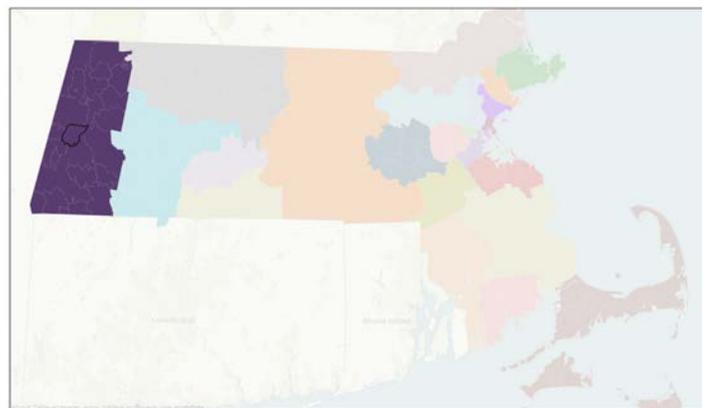
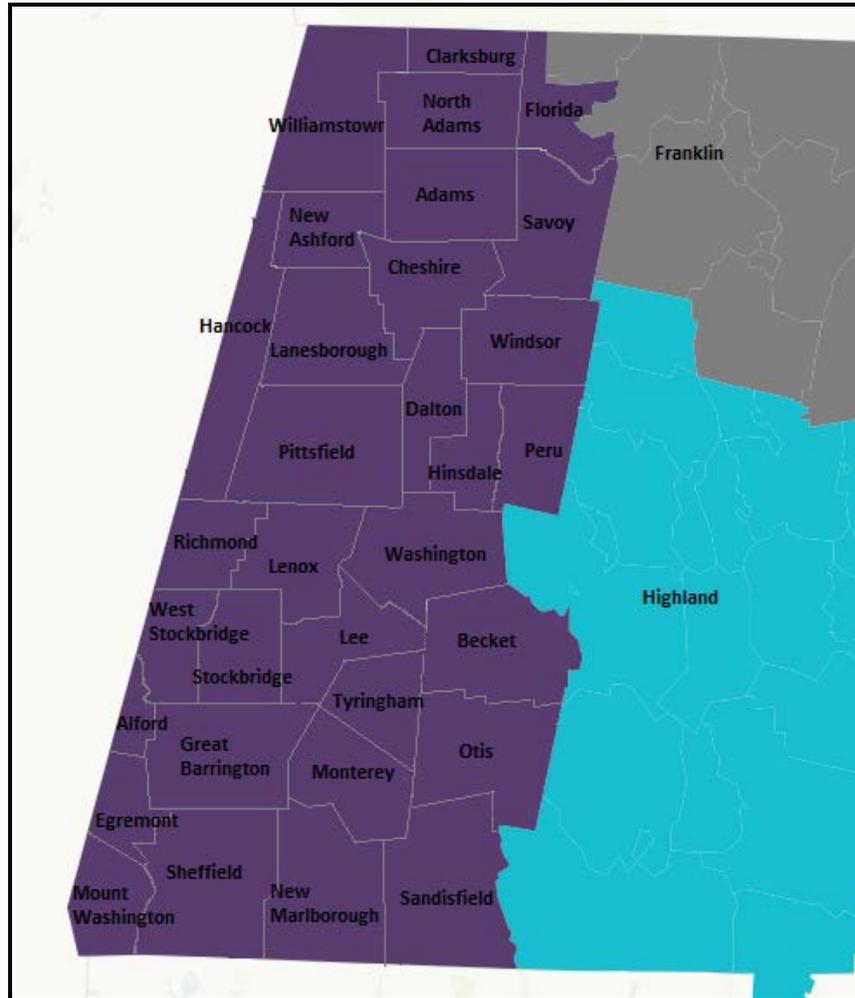
Submitted September 23, 2013

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Area Plan 2014-2017 Executive Summary

Elder Services of Berkshire County, Inc. (ESBC) was established in 1974 as a private, nonprofit Home Care Corporation, in accordance with the Older Americans Act. In 1975, ESBC was federally designated as Berkshire County's Area Agency on Aging. In 1997, the Massachusetts Executive Office of Elder Affairs designated ESBC as the Aging Services Access Point for Berkshire County, covering all 946 square miles and 32 cities and towns.

ESBC's mission is to provide seniors the opportunity to live with dignity, independence, and self-determination, and to achieve the highest possible quality of life.

To accomplish our mission, ESBC offers a range of programs and services to help seniors continue to live independently in their own homes and communities and delay or avoid more costly and confining nursing facility placements.

ESBC's 100-plus staff members and nearly two hundred volunteers serve more than 10,000 seniors (those 60 and over), individuals with disabilities, and caregivers a year. ESBC provides a wide variety of services to Berkshire seniors, including Meals on Wheels, Senior Group Lunches, Information & Referral, Case Management, Homemaker, Personal Care, Grocery Shopping, Companionship, Laundry Service, Personal Emergency Response Systems (PERS), Money Management, Supportive Housing, Serving the Health Insurance Needs of Everyone (SHINE), Caregiver Services (including respite care, support groups and one-on-one support), Clinical Assessment and Eligibility, Long Term Care Ombudsman program, Adult Family Care, Group Adult Foster Care, Healthy Aging Workshops, Community-based Care Transition Program (CCTP) and the Senior Community Service Employment Program (SCSEP).

As the Area Agency on Aging for all of Berkshire County, ESBC offers the following Older Americans Act/Title III programs: Volunteer Services-Community Support, Information and Referral, Congregate and Home Delivered Meals, Caregiver Support, Long Term Care Ombudsman, *Berkshire Senior* newspaper, Berkshire Senior TV, and Title III Subgrants. ESBC also offers the SHINE (Serving the Health Insurance Needs of Everyone) and Money Management Programs. ESBC is unique among the ASAPs in offering the Title V Senior Community Service Employment Program (SCSEP) as an EOEA subgrantee.

Community Volunteer program: ESBC's Assisted Transportation program volunteers escort seniors to and from medical appointments and, pending driver availability, take them to do other necessary errands. Volunteer Shoppers take seniors to grocery stores, or shop for them with a list. Companion volunteers provide friendly visits to seniors. The Community Volunteer program averages 95 rides per month. Specific populations that are represented in the group of seniors needing transportation, companionship and grocery shopping are isolated, low-income and rural.

ESBC's Information and Referral Department (I&R) is Berkshire County's gateway to aging information and services. I&R maintains an extensive database containing contact and program information on local, statewide and national resources for elders. ESBC's two SHINE and CIRS-A certified I&R specialists provide a wealth of aging information and resources to more than 6,000 callers and walk-in visitors each year.

I&R also serves as the entry point for all of ESBC's services. I&R Specialists gather caller information and make direct referrals to ESBC's programs, including State Home Care, Meals on Wheels, Money Management, SHINE, Long Term Care Options, and Caregiver Support. They also provide contact information on community resources outside of ESBC, and have become cross-trained with our Aging and Disability Resource Consortia (ADRC) partner, AdLib, to provide a seamless point of entry for elders and individuals with disabilities. In the future, this connection will be enhanced by a shared information technology system wherein AdLib's I&R department and ours can transfer referrals to one another through the Cloud.

Good nutrition is an important part of healthy aging, and each weekday ESBC's **Nutrition/Meals on Wheels program** prepares and delivers over 1,000 hot, nutritious, noontime meals to Berkshire seniors. In FFY 2012, ESBC prepared and served over a quarter-million meals. Over 200,000 were delivered as Meals on Wheels to the homes of frail elders who might not otherwise have had a hot meal or a friendly visit. The remaining meals were served to seniors attending ESBC's 15 group lunch sites located throughout the county, including one site serving kosher meals three days a week in collaboration with the Jewish Federation of the Berkshires. All meals provide a third of the daily RDA for essential nutrients, and have no added sodium. ESBC retains the services of a Registered Dietician/Licensed Dietitian Nutritionist, who composes the menu and provides presentations on healthy eating at our senior lunch sites. The Dietician contributes a monthly column to our *Berkshire Senior* newspaper, providing facts and recommendations regarding a healthy diet. *Berkshire Senior* also highlights the many health-promoting activities available at the county's Councils on Aging, such as exercise classes and yoga.

ESBC's Nutrition program meets a critical community need by bringing nutritious meals to physically and socially isolated seniors, and is a lifeline for low-income and rural seniors.

ESBC's Caregiver Coordinator provides one-on-one counseling and service linkages to Berkshire caregivers, and currently leads three Caregiver Support Groups. For many years, ESBC has given a Title III Subgrant to the Alzheimer's Association to present a six-week Caregiver Training series, one session of which is led by ESBC's Caregiver Coordinator. "Chicken Soup for Caregivers", a caregiver program offered in collaboration with the Pittsfield Council on Aging, offers a support group for caregivers with simultaneous supervision for their care recipients. ESBC's Caregiver Coordinator writes articles for ESBC's monthly newspaper, *Berkshire Senior*, on topics such as 'difficult conversations', 'handling the holidays,' 'considering nursing homes,' and others.

Since 1992, ESBC has been designated by the Executive Office of Elder Affairs to provide coverage for the volunteer-based **Long Term Care Ombudsman Program** throughout all of Berkshire County. The goals of the Long Term Care Ombudsman Program are to receive, investigate and resolve complaints, protect residents' rights, provide information, and advocate for positive change in the long-term care system.

In addition to the Older Americans Act Core Programs, ESBC offers the Money Management, Serving the Health Insurance Needs of Everyone (SHINE), and Senior Community Service Employment (SCSEP) programs. ESBC has a very active Healthy Aging Program, funded by the Tufts Health Plan Foundation

The AARP Money Management Program (MMP), operated by ESBC since 1994, provides assistance to low-income Berkshire residents age sixty and older who have difficulty writing checks, balancing their checkbooks, and managing their money. Trained volunteers visit seniors monthly and help them manage their household finances.

The MMP's primary objective is to provide ongoing bill payer and budgeting assistance to seniors who are feeling confused or overwhelmed by bills and paperwork.

ESBC's SHINE (Serving the Health Insurance Needs of Everyone) Program's objective is to provide consistent, accurate, and objective health insurance information and counseling to all Medicare-eligible consumers in a timely and courteous manner. ESBC's SHINE program currently has 29 counselors, distributed across all of Berkshire County.

ESBC's SCSEP (Senior Community Service Employment Program) promotes and facilitates the training and job placement of low-income individuals aged 55+ into unsubsidized employment. Participants are given 20-hour per week job assignments at host agencies, and provided with on-the-job training.

The SCSEP program serves low-income individuals aged 55 and over who are either unemployed or not earning more than \$14,363 a year. Many of the participants live alone, all are low-income.

Berkshire Senior Newspaper and Berkshire Senior TV: *Berkshire Senior Newspaper*, containing important news about ESBC's programs and services, as well as timely and interesting articles of interest to seniors and their families, has a circulation of 11,000. Each Meals on Wheels recipient receives the paper, over 4,000 copies are mailed out to individuals in all towns in Berkshire County, and the rest are distributed to drop-off points in stores, physicians' offices and restaurants. *Berkshire Senior TV* tapes one show a month on important topics for seniors, to be aired weekly on local cable access TV stations throughout the Berkshires.

Healthy Aging: From August, 2012 to date, ESBC has conducted eight "My Life, My Health" Chronic Disease Self-Management workshops, with one currently in progress. A total of 53 individuals have completed the workshops. Since May, 2013, ESBC has conducted two "Healthy Eating for Successful Living in Older Adults" workshops, with one in progress; 23 individuals have completed these workshops.

Over the next four years, ESBC will continue to offer both long-established and innovative Older Americans Act and Title III-funded programs to the seniors, individuals with disabilities, and caregivers of Berkshire County.

Area Plan 2014 – 2017 Context

As the Area Agency on Aging for Berkshire County, Elder Services of Berkshire County, Inc., (ESBC) facilitates the process of identifying unmet senior needs, and developing responsive programs to meet those needs. As is required of each of the 23 Area Agencies on Aging in Massachusetts, Elder Services prepares and submits an Area Plan every four years to the MA Executive Office of Elder Affairs. The development of the four-year Area Plan for Older American Act Title III-funded programs is guided by the following six items:

- 1. US Administration for Community Living Mission Statement:** To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.
- 2. Elder Affairs' Mission Statement:** We promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership, and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families, and caregivers.
- 3. Elder Affairs' Vision Statement:** The vision of the Executive Office of Elder Affairs is to ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity.
- 4. Executive Office of Elder Affairs Agency Goals:**
 1. Expand income and financial support opportunities for elders.
 2. Expand capacity and availability of and enhance the quality of community based long term services and supports.
 3. Increase supports available to informal caregivers.
 4. Protect and promote the well-being and quality of life of elders.
 5. Strengthen housing-with-supports options.
 6. Attain and sustain the best possible physical, cognitive, and mental health.
 7. Develop operational improvements that provide better service, quality and efficiency.
- 5. Massachusetts 2013 Statewide Needs Assessment Project:** Interpreting and identifying needs across multiple efforts facilitates our goal toward developing and delivering quality services to elders and family caregivers. AAAs will use the needs and data revealed through their PSA needs assessment activities to identify plans and opportunities in addressing elder needs. Emphasizing the findings of the Project will serve to identify the particular needs of each Planning and Service Area.

6. Elder Services' Berkshire County Needs Assessment 2012

In November and December of 2012, ESBC conducted a County-wide Needs Assessment soliciting input from six groups of individuals, five of which were elders:

Three surveys were distributed to assess elder needs: a Referral Source Survey, sent to 130 staff members of organizations who refer elders to us; a survey distributed at the most rural meal sites, and a survey hand-delivered to the most rural Meals on Wheels recipients.

Three Small Group Listening Sessions were conducted at the Sheffield and Adams COAs, and at the Christian Center in Pittsfield. The Christian Center serves the needs of both low-income African-Americans, and individuals with disabilities.

These Needs Assessment activities targeted the following populations: rural, minority, low-income, isolated and disabled. All were given the same questionnaire, and asked to provide clarifying comments, and/or to list additional needs not on the survey.

The number one need cited was dental care, which was in the top three needs identified by the various groups of seniors at five of the six activities. The need for adequate and affordable housing was ranked as number two. Tied for number three were paying for food, utilities, Medicare Supplements, and drug co-pays, and transportation.

In alignment with the mission of the Administration for Community Living and Elder Affairs' Mission, Vision and Goals, ESBC will continue to maintain and develop services and programs that help elders maintain their health and independence.

Highlights of ESBC's Older Americans Act/Title III-funded programs, grouped according to the Four Focus Areas identified by EOEA

1. Older Americans Act Core Programs

Community Volunteer program: ESBC's Assisted Transportation program volunteers escort seniors to and from medical appointments and, pending driver availability, take them to do other necessary errands. Volunteer Shoppers take seniors to grocery stores, or shop for them with a list. Companion volunteers provide friendly visits to seniors. In FFY 2012, the following unduplicated seniors were served: Assisted Transportation – 173, Shopping – 28, and Companion – 28. ESBC's Assisted Transportation program is now averaging 95 rides a month, utilizing 20 volunteer drivers and their own vehicles. Specific populations that are represented in the group of seniors needing transportation are isolated, low-income and rural. ESBC's 2012 Needs Assessment identified health care and transportation as unmet needs, and the Community

Volunteer program responds to both. This service relates back to the ACL and EOE mission of promoting independence and community living, while fostering senior well-being.

The Community Volunteer program's goal is to increase the current number of drivers and rides. This will mean recruiting new volunteer drivers, and replacing current drivers as they begin to retire.

ESBC's Information and Referral Department (I&R) is Berkshire County's gateway to aging information and services. I&R maintains an extensive database containing contact and program information on local, statewide and national resources for elders. ESBC's two I&R specialists provide a wealth of aging information and resources to more than 6,000 callers and walk-in visitors each year.

I&R also serves as the entry point for most of ESBC's services. I&R Specialists gather caller information and make direct referrals to ESBC's programs, including State Home Care, Meals on Wheels, Money Management, SHINE, Options Counseling, and Caregiver Support. They also provide contact information on community resources outside of ESBC, and have become cross-trained with our Aging and Disability Resource Consortia (ADRC) partner, AdLib, to provide a seamless point of entry for elders and individuals with disabilities. This connection will be enhanced by a shared information technology system wherein AdLib's I&R department and ours can transfer referrals to one another through the Cloud.

Both I&R Specialists are trained in SHINE and are CIRS-A certified.

Good nutrition is an important part of healthy aging, and each weekday Elder Services' **Nutrition/Meals on Wheels program** prepares and delivers over 1,000 hot, nutritious, noontime meals to Berkshire seniors. In FFY 2012, ESBC prepared and served over a quarter-million meals. Over 200,000 were delivered as Meals on Wheels to the homes of frail elders who might not otherwise have had a hot meal or a friendly visit. The remaining meals were served to seniors attending Elder Services' 15 group lunch sites located throughout the county, including one serving kosher meals three days a week in collaboration with the Jewish Federation of the Berkshires. All meals provide a third of the daily RDA for essential nutrients, and have no added sodium. Elder Services retains the services of a Registered Dietician/Licensed Dietitian Nutritionist, who composes the menu and provides presentations on healthy eating at our senior lunch sites. The Dietician contributes a monthly column to our *Berkshire Senior* newspaper, providing facts and recommendations regarding a healthy diet. *Berkshire Senior* also highlights the many health-promoting activities available at the county's Councils on Aging, such as exercise classes and yoga.

ESBC's Nutrition program brings nutritious meals to physically and socially isolated seniors, and is a lifeline for low-income and rural seniors. ESBC's Nutrition program helps fulfill ACL and EOEA's shared mission of providing home and community-based services to help elderly individuals maintain their health and independence. The program supports EOEA's Agency goals: protecting and promoting the well-being and quality of life of elders, and helping seniors attain and sustain the best possible physical health. It responds to the following needs in ESBC's recent Needs Assessment: Help paying for food, economic security, isolation and loneliness, maintaining independence, and nutrition. Senior nutrition helps promote health and well-being, provides a better quality of life, and supports the efforts of informal supports and caregivers.

ESBC's Nutrition program will maintain its ability to provide hot nutritious meals to all Berkshire seniors who need them. The program will also continue to reduce the amount of sodium in certain meals and to explore new sources for the fresh local produce and whole grains that are the hallmark of the program.

ESBC's Caregiver Coordinator provides one-on-one counseling and service linkages to Berkshire caregivers, and currently leads three Caregiver Support Groups. For many years, ESBC has given a Title III Subgrant to the Alzheimer's Association to present a six-week Caregiver Training series, one session of which is led by ESBC's Caregiver Coordinator. "Chicken Soup for Caregivers", a caregiver program offered in collaboration with the Pittsfield Council on Aging, offers a support group for caregivers with simultaneous supervision for their care recipients. ESBC's Caregiver Coordinator writes articles for ESBC's monthly newspaper, *Berkshire Senior*, on topics such as 'difficult conversations', 'handling the holidays,' 'considering nursing homes,' and others. The results of the most recent EOEA-administered Caregiver Satisfaction Survey were exemplary.

The Caregiver Support program serves a socially isolated population – caregivers. It responds to the following stated needs of seniors from our Needs Assessment: caregiver support, isolation and loneliness. Caregiver support ties in with the ACL and EOEA mission statements by helping elders maintain their independence and serving caregivers.

ESBC's Caregiver Support program will continue to leverage existing resources and explore creative outreach and training opportunities so that it may increase its capacity to offer support to the growing number of Berkshire caregivers.

In addition to the Older Americans Act Core Programs, ESBC offers the Money Management, Serving the Health insurance Needs of Everyone (SHINE), and Senior Community Service Employment (SCSEP) programs. ESBC's Subgrants for FFY 2014 are listed at the end of this section.

The AARP Money Management Program (MMP), operated by ESBC since 1994, provides assistance to low-income Berkshire residents age sixty and older who have difficulty writing checks, balancing their checkbooks, and managing their money. Trained volunteers visit seniors monthly and help them manage their household finances.

The MMP's primary objective is to provide ongoing bill payer and budgeting assistance to seniors who are feeling confused or overwhelmed by bills and paperwork. Some of those served would be at risk of adverse actions by creditors or threatened with eviction, were it not for the help offered through the program.

ESBC's MMP seeks to increase the number of participants from 30 to 35, which will exceed our program requirement. This will be achieved through enhanced outreach to COAs and other organizations to publicize the program. The program coordinator will discuss the features and benefits of the MMP with supervisors of other in-house programs such as SHINE and SCSEP, and meet with ESBC Client Services Coordinators on a regular basis to ensure referrals are made from within ESBC.

ESBC's MMP ties back into the stated missions and goals of ACL and EOEI by providing a home-based service to help elders maintain their independence, providing financial support opportunities for seniors, and protecting and promoting elders' well-being and quality of life.

The MMP primarily serves isolated low-income elders who live alone. The program helps address the following unmet needs as discovered in ESBC's 2012 Needs Assessment: help paying for food, utilities, Medicare supplements, and prescription co-pays, access to public benefits, economic security, maintaining independence, and safety and security.

Elder Services' SHINE (Serving the Health Insurance Needs of Everyone) Program's objective is to provide consistent, accurate, and objective health insurance information and counseling to all Medicare-eligible consumers in a timely and courteous manner. ESBC's SHINE program currently has 29 counselors, distributed across all of Berkshire County.

ESBC's SHINE program's first goal is to improve efficiency of handling incoming calls and response time.

The call documentation process will be streamlined by routing calls to a central location and assigning calls to counselors. Coverage will be maximized during peak hours by developing a set volunteer schedule. Program staff are also considering limiting the length of counseling sessions to increase the number of people counseled.

The second goal is to reorganize the program's filing systems and processes for entering information. Written procedures will be developed for inputting computer information. All counselors will be trained to uniformly complete contact form to facilitate data entry.

The SHINE program ties back into the stated missions and goals of ACL and EOEA by providing a home and community-based service to help elders maintain their health, providing financial support opportunities for seniors, and protecting and promoting elders' well-being and quality of life.

Historically, the SHINE program has exclusively served elders. Soon, SHINE training will be extended to staff of ESBC's ADRC and AdLib, Berkshire County's ILC, and counseling will become available to younger persons with disabilities as well. The SHINE program helps address the following unmet needs as discovered in ESBC's Needs Assessment: help paying for Medicare Supplements and prescription co-pays, access to public benefits, economic security, and maintaining independence.

Elder Services' SCSEP (Senior Community Service Employment Program) promotes and facilitates the training and job placement of low-income individuals aged 55+ into unsubsidized employment. Participants are given 20-hour per week job assignments at host agencies, and provided with on-the-job training.

SCSEP plans to expand participation of minority participants by providing outreach to agencies primarily serving minority populations. The program will distribute SCSEP program materials in Spanish to all such agencies.

SCSEP's second goal is to improve program statistics by working with the SCSEP Job Developer to improve placement numbers. We will also recruit additional host agencies that are likely to hire participants. ESBC will focus more on attracting "Most In Need" participants.

The SCSEP program ties back into the stated missions and goals of ACL and EOEA by providing a community-based service to help elders maintain their independence, providing financial support opportunities for seniors, and protecting and promoting elders' well-being and quality of life.

The SCSEP program serves low-income individuals aged 55 and over who are either unemployed or not earning more than \$14,363 a year. Many of the participants live alone, all are low-income. The program helps address the following unmet needs as discovered in ESBC's 2012 Needs Assessment: help paying for food, utilities, Medicare Supplements and prescription co-pays, isolation and loneliness, learning and development, access to public benefits, economic security, staying active and maintaining independence.

Elder Services Title III Subgrants for FFY 2014 are as follows:

Alzheimer's Association: Caregiver Education Series - Six freestanding two-hour workshops for caregivers are presented at ESBC in April and May. Topics included: What is Dementia? Interacting with the Person, Planning for the Future, Caring for the Person at Home, Asking for Help, and Taking Care of Yourself. The schedule is published in advance in ESBC's monthly newspaper *Berkshire Senior*.

Berkshire Community Action Council, Inc.: Medical Reassurance Service - provides seniors with medication reminders by telephone as often as three times per day. The callers also check on the seniors' health and well-being.

Community Legal Aid: The Berkshire Elder Law Project - provides seniors with advice, advocacy, representation and other direct legal services pertaining to civil matters.

Sandra Doppel, RN: Skilled In-Home Foot Care – R.N. provides in-home foot care every two to three months to Berkshire seniors.

Porchlight Visiting Nurse Association: Registered Nurse In-Home Visits – registered nurses provide one-time in-home visits for single visits not covered by Medicare. Such visits may include, but are not limited to: single injections, review and clarification of medications, removal of catheters, wound or dressing changes, and monitoring of anti-coagulant levels.

Porchlight Visiting Nurse Association: Move in Time: a Falls Prevention Workshop - Porchlight VNA sends physical or occupational therapists to various senior settings, such as Councils on Aging, and assisted living, retirement and senior housing communities, to conduct 6-week interactive workshops on Falls Prevention.

Premier Home Health Care: In-Home Respite – provides temporary relief services (such as personal care, homemaking, or companion services) for caregivers of individuals over age 60 affected by Alzheimer's disease and related disorders.

1. ACL Discretionary Grants and additional program funding

- A. **Healthy Aging Program** - In March and April of 2011, ESBC presented the evidence-based 'Healthy Eating' Program to 12 participants of its Senior Community Service and Employment Program. In August of 2011, 14 ESBC staff and volunteers were trained as lay leaders of Stanford University's Chronic Disease Self-Management Program (CDSMP), and Stanford granted ESBC a three-year licensure to offer the program. Seven six-week CDSMP programs were successfully completed in 2011 - 2012, and three more were completed by March 20, 2013. ESBC applied for and received a grant from the Tufts Health Plan Foundation to hire a Healthy Aging Coordinator and continue the program's expansion. We have applied for and received another year's funding for August 2013 through July of 2014. ESBC offered its first Healthy Eating workshop to community seniors in April.

We have the full support of Jennifer Raymond, Director of Evidence-based Programs at Hebrew SeniorLife in Boston and Susan Poludniak from Elder Services of the Merrimack Valley, which hosts the Center for Excellence in Healthy Aging. We have an agreement with the county's largest health organization, Berkshire Health Systems, to help promote the workshops. ESBC is also a member of the Western Massachusetts Healthy Aging Coalition, coordinated by Leslie Kayan, Healthy Aging Program Coordinator at Franklin County Home Care Corporation.

ESBC's Healthy Aging program helps actualize the missions and vision of ACL and EOEA by helping elders maintain their health, independence, and well-being/quality of life. The program helps EOEA reach its Agency goals to protect and promote the well-being and quality of life of elders, and to help them attain and sustain the best possible physical health.

ESBC's development of evidence-based healthy aging workshops in Western MA helps expand the capacity and availability of resources that empower seniors to optimize their health. It serves low-income seniors who could not afford to pay the cost of private sector healthy aging workshops, and is being offered in locations convenient for rural and isolated elders.

In terms of ESBC's 2012 Needs Assessment, ESBC's Healthy Aging program addresses the following stated need areas: improved access to health care, better nutrition, reducing isolation and loneliness, maintaining independence, staying active and achieving wellness. Over the course of the next four years, ESBC seeks to diversify the funding sources for this invaluable program, and continue to expand the number of trainers and participants so that we may offer both the CDSMP and the Healthy Eating for Successful Living workshops to all Berkshire seniors interested in taking them. This will be accomplished through the Healthy Aging Coordinator's efforts at recruitment, outreach, training and collaboration.

For several years, ESBC has funded a Title III Subgrant to the Lee Regional VNA (LRVNA) to provide Fall Prevention services to seniors. In FFY 2011, the LRVNA, which has changed its name to Porchlight VNA, began offering Move in Time, a six-session, experiential, evidence-based Falls Prevention program developed by Cooley Dickinson VNA. Response from those who have completed the course has been most enthusiastic and appreciative. We hope to continue to fund this Subgrant in the future as part of ESBC's role in promoting healthy aging in the Berkshires.

Many of the seniors who seek support with healthy aging, including those with poor nutrition, chronic health issues and/or a propensity towards falls, live alone with few formal or informal supports.

- B. Aging and Disability Resource Consortia (ADRC)** – ESBC partners with Berkshire County's Center for Independent Living, AdLib, to provide a single, coordinated system of information and access for adults of all ages in need of long-term care supports and home and community-based services. Each agencies' Information and Referral specialists have been cross-trained in the other's long term care and support resources. Our I&R department shares information that is pertinent to seniors with AdLib, and they share information relevant to those ages 18 to 64 with us.

Each agency has an Options Counselor (OC) who is aware of services available to seniors and to those under 60 with disabilities. The OCs help individuals and their caregivers to identify and access the long-term care services and supports that best meet their needs – “to access the right services at the right time in the right setting.” ADRCs have secured funds to get their staff SHINE-trained; and this will extend SHINE counseling to those under 60. One of ESBC's goals is to increase the number of SHINE-trained volunteers in the ADRC.

If a Mass-Health eligible individual under 60 needs personal care, ESBC refers them to our own Group Adult Foster Care program or to AdLib's PCA program. We are moving towards a seamless point of entry using a “no wrong door” approach.

ADRCs are also involved in responding to Question Q, a question that is part of the nursing homes' Minimum Data Set (MDS), an assessment tool done at least annually in which nursing facilities are required to ask each resident if he or she wants to return to the community. If the resident says yes, a referral is made to the ADRC, which works with the individual to assess the likelihood of success of independent living and how best to accomplish that transition.

- C. Community Care Transitions Program (CCTP)** - The goals of the CCTP are to improve transitions of Medicare beneficiaries from the inpatient hospital setting to other care settings,

to improve quality of care, to reduce readmissions for high risk beneficiaries, and to document measurable savings to the Medicare program.

On October 27, 2011, ESBC applied to CMS (Centers for Medicare and Medicaid Services) to be the Community Based Agency collaborating with Berkshire Medical Center (BMC) and Berkshire Visiting Nurse Association to offer CCTP services to Medicare beneficiaries in the Berkshires. The application was accepted and the award was made in March of 2012.

In July of 2012, ESBC and BMC implemented a CCTP program strategy with the following design principles:

1. ***Identify high risk patients on admission*** to arrange for transitional care services: Since its inception, the program has focused on Medicare beneficiaries admitted with any diagnosis, who are most likely to accumulate three or more hospitalizations in the 12 months following discharge.
2. ***Create a cross-setting CCTP team led by a Transitions Advocate*** to collaborate on comprehensive needs assessment, facilitate timely referrals for services prior to discharge, function as a “cross-continuum team” to improve “sending” and “receiving” processes, and review unexpected readmission events from a multi-setting perspective;
3. ***Offer self-management coaching (“Coleman method”)*** to appropriate high-risk patients;
4. ***Offer advanced community-based clinical services (“Naylor method”)*** in the post-discharge period (regardless of care setting) for complex needs high-risk patients, and allow this clinician to serve as a community-based resource for high-risk patients;
5. ***Optimize referral for existing community-based elder services***; with ESBC providing a “***support bundle***” of a core set of support services to be available to selected high-risk patients on the same day of discharge.
6. ***Facilitate referral to the BMC’s successful Heart Failure Clinic*** for Medicare Fee For Service patients who have been hospitalized with heart failure.

The CCTP’s goal is to continue to refine systems and expand the number of at-risk patients who accept the offer of transitional help. In May of 2013, ESBC sent seven staff members to be trained in the Coleman Transitions Model. ESBC will enhance the core competency of all Client

Services Coordinators to recognize and advise on the need for care transitions, thus enhancing the quality of care given to seniors. This will be accomplished through ongoing training and keeping staff informed as to the qualitative difference transitional support can make in seniors' lives and health. To increase enrollment in the program, on a rotating basis, one of the seven Coleman-trained counselors fills an hour and a half-hour long slot each weekday at the hospital, making the rounds of eligible patients with the Transitional Care Nurse Liaison. This personal contact and reassurance has been successful.

Once the two year agreement period with CMS is complete, Berkshire's CCTP goal is to be offered an annual contract with CMS for each of the next three years, to continue to help at-risk seniors avoid unnecessary re-hospitalizations.

Many if not most of the seniors who need transitional assistance live alone with few formal or informal supports. Most are socially isolated, and many are low-income.

CCTP ties in with the ACL mission of helping seniors maintain their health and independence, and is aligned with Elder Affairs' mission and vision statements in that it provides a medical and supportive service to help seniors maintain their well-being and dignity. The program helps EOEA reach its Agency goals of protecting and promoting the well-being and quality of life of elders, and helping them to attain and sustain the best possible physical health.

Helping seniors take responsibility for their own health is a key principle that transcends the 30 day transition module. There is a natural tie-in here with CDSMP and Healthy Eating that can also help empower seniors to achieve the best possible state of well-being.

CCTP addresses the following needs expressed during ESBC's 2012 Needs Assessment: improved access to health care, maintaining independence, staying active and achieving wellness.

D. Integrated Care Organization (ICO) Planning

The ICO dual-eligibles program will manage care for individuals ages 21 to 64 who are eligible for both Medicare and Medicaid. Unfortunately, no insurance carriers were willing to participate in a Berkshire-based ICO program, so at least for now, ICO will not be operating in the Berkshires.

2. Participant-Directed/Person-Centered Planning

Participant direction is both a practical philosophy, and a way of doing business that allows for maximal choice and control for the consumer. This service model empowers consumers and their

families by expanding their degree of choice and control over the long term services and supports they need to remain in their homes. ESBC staff members meet with individuals to assess and identify their needs and participate with them in creating a care plan. Part of our role is to identify risks and create risk plans, but ultimately we recognize the person's right to accept or deny services. As is reinforced in ESBC's daily interdisciplinary team meetings, and in individual supervision, the consumer is in the center of the care team, and can deny any or all services. Documentation and regular monitoring of staff interventions is key to successfully employing this model.

Training on person-centered care is also essential. ESBC understands that EOEA intends to create a training module for provider agencies that prepares homemakers, personal care workers, and other in-home staff to be ever-more responsive to the individual preferences of consumers. ESBC plans to develop a similar curriculum for client service coordinators and nurses, and will also send staff to cultural competence trainings to increase awareness of the unique social, cultural and psychological characteristics shared among members of different racial and ethnic groups. ESBC will extend person-centered and cultural competence training to all those who have direct contact with consumers. ESBC will also provide staff with LGBT (Lesbian, Gay, Bisexual and Transsexual) sensitivity training, as well as implementing changes suggested by the "Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies", produced by the National Resource Center on LGBT Aging.

The person-centered approach to human service delivery is weaving its way into each program or service we offer. Options, choice and self-determination remain vitally important as we work more closely with the disability community.

Person-centered care ties back into EOEA's stated mission and goals by maintaining a continuum of services responsive to the needs of our constituents, their families and caregivers. A person-centered approach protects seniors' dignity, and promotes their well-being and quality of life.

All targeted populations, particularly those who are minorities and those who are socially isolated, will benefit from having more self-determination and choice as to the services they will receive, and when and where they will receive them.

Person-centered care ties into ESBC's 2012 Needs Assessment by promoting consumer learning and development; individually tailoring long term care services and supports to meet the needs of the individual; and maintaining elder independence.

3. Elder Justice

ESBC has an MOU with Franklin County Home Care Corporation, which has established Berkshire Elder Protective Services (BEPS), to provide Protective Services for Berkshire County seniors. ESBC operates the Long Term-Care Ombudsman and the Money Management Programs, and provides Legal Assistance to seniors through a Title III-B Subgrant to Community Legal Aid. Berkshire Senior TV and *Berkshire Senior* newspaper provide the opportunity for ESBC to spread the word about scams and illegal schemes designed to financially exploit elders. ESBC advocates statewide and within the Berkshire community for adequate funding for home and community-based programs.

A. Long Term Care Ombudsman Program

Since 1992, ESBC has been designated by the Executive Office of Elder Affairs to provide coverage for the volunteer-based Ombudsman Program throughout all of Berkshire County. The goals of the Long Term Care Ombudsman Program are to receive, investigate and resolve complaints, protect residents' rights, provide information, and advocate for positive change in the long-term care system.

There are currently 15 long-term care facilities in Berkshire County. The federal requirement for coverage in each facility is two visits a month; EOEAs request four; ESBC is currently at eight monthly visits in a number of the homes. The state average for monthly coverage is in the low 90%; ESBC continues to provide 100% coverage, i.e., a minimum of one Ombudsman resident contact each week.

ESBC's Ombudsman team averages twelve trained, certified volunteer members. In addition to maintaining 100% coverage each week, ESBC plans to move towards having double coverage at each facility. The program currently has six facilities with double coverage. To achieve double coverage in all Berkshire County long-term care facilities, a minimum of twelve more Ombudsman volunteers will be recruited, trained, and assigned.

Another goal is to promote more frequent communication and support the development of stronger relationships between long-term care facility social workers and ESBC clinical staff, such as nurses and client services coordinators. To accomplish this, ESBC's Ombudsman program plans to host a gathering consisting of administrators and social workers from the long-term care facilities, and ESBC Client Services Supervisors and Coordinators and Consumer Assessment and Evaluation team members (nursing management and staff), with presentations and opportunity for discussion.

Information pertaining to the Ombudsman program is accessible on ESBC's web site. There are many helpful links, including the National Ombudsman Resource Center, which will put people in touch with an Ombudsman anywhere in the country: 1-800-Age-Info, Department of Public Health, including a checklist for "Choosing a Nursing Home", EOE, Centers for Medicare and Medicaid, and several more. In addition, we list Berkshire County's long term care facilities including phone numbers, addresses and number of beds; if a facility has a web site, a direct link is provided.

In the past fiscal year, the EOE State Ombudsman received a call from the MA Attorney General's office regarding North Adams Regional Hospital's Chapter 11 filing. The Court requested that an Elder Services' Ombudsman cover the facility until they either closed or fixed the problem. It was the first time in the state's history that this had happened. An experienced Ombudsman volunteer was assigned and provided weekly coverage for all patients. The hospital emerged from Chapter 11 and the assignment was completed.

The most recent Referral Source Survey reported 100% satisfaction with the ESBC Ombudsman Program.

When each Ombudsman volunteer visits a nursing home, he or she makes a verbal connection with each available resident, asking how they are doing and if everything is okay. Most of the complaints reported involved issues of quality of care, dietary concerns, and environmental issues. The holding of beds while residents are in the hospital has been a recurrent issue; currently, the regulation calls for ten days. During this time period, Ombudsman staff and volunteers reported 38 complaints to the Department of Health.

ESBC's Ombudsman program ties in with the mission and goals of ACL and EOE by helping elders maintain their health, dignity and well-being, and protecting elders' quality of life. The Ombudsman Program targets largely low-income seniors who are, for the most part, isolated socially from family and friends. In terms of ESBC's 2012 Needs Assessment, the ombudsman program helps with accessing health care, and increasing safety and security.

B. Elder Protective Services

Through an MOU with ESBC, the day-to-day management of Berkshire's Elder protective program is administered by Franklin County Home Care Corporation, which operates from an office in Pittsfield, doing business as Berkshire Elder Protective Services (BEPS). ESBC directs callers who want to report a possible protective situation to Franklin County Home Care, either by providing their toll-free number, or by transferring the caller directly. BEPS investigates reports of physical, emotional, sexual abuse, financial exploitation, caretaker neglect and self-

neglect for those who are 60 years of age or older living in the community. Anyone can make a Protective Services report and all reports remain confidential.

As part of any investigation, the PS Caseworker interviews the elder to get his or her perspective on the situation. With the elder's permission, family, friends and professionals who are knowledgeable about the elder's home situation or who may be alleged abusers may also be interviewed.

Protective Services works with the senior within the scope of what the senior wants – the senior is in charge of the investigation.

When there is reasonable cause to believe that abuse, neglect or self-neglect exists, the PSW will meet with the elder to discuss service options. Services may include referrals for home care services, getting medical treatments, nursing services, counseling, caregiver and respite care, housing options and legal services.

The BEPS will continue to work with the elder until the Protective Service issue is resolved, risk issues are minimized or the elder refuses further intervention from the program. All ESBC staff are mandated reporters, and take that responsibility seriously. BEPS staff works closely with the local police departments and the Berkshire County District Attorney's office. BEPS regularly communicates with ESBC regarding shared clients.

C. Money Management Program: identifying financial exploitation

ESBC's Money Management Program, established at ESBC in 1994, provides assistance to low-income Berkshire residents age sixty and older who have difficulty writing checks, balancing their checkbooks, and managing their money.

The Massachusetts Money Management Program is a direct service provided through a collaboration of Elder Affairs, AARP and Mass Home Care. ESBC's Money Management coordinator recruits, trains and oversees a group of volunteers who go to elders' homes at least monthly and help to budget income, pay bills and balance checkbooks. Elders who might be prematurely institutionalized due to unpaid rent or other bills are able to remain at home with the dignity they deserve. (See pages 3 and 4 for MMP goals and objectives.)

Frequently, cases of suspected financial exploitation of seniors are discovered by Money Management volunteers and referred to Berkshire Elder Protective Services for investigation and follow-up. Those who have been financially exploited by family or friends can regain control or have someone trustworthy appointed to act on their behalf.

D. Legal Assistance through Title III B Subgrant

For over 30 years, Community Legal Aid (CLA), and its predecessor agency, Western MA Legal Services, have offered the Elder Law Project to Berkshire seniors. The Elder Law project serves low-income and socially needy elders, with a special focus on elders who need government benefits or landlord/housing court intervention in order to maintain themselves in their own home; elders who need protective services; elders who have no other means of access to the legal system, and elders whose legal problems threaten their independence and dignity. CLA provides free assistance, referrals, and community education for elders and their providers throughout Berkshire County.

Most of CLA's referrals come from ESBC or BEPS. CLA estimates that they will deliver 570 hours of service and handle 57 cases over the course of the grant year. The need for this type of legal assistance will continue to grow over the next several years.

Most of CLA's clients are low-income seniors who live alone. Many are socially isolated and at risk of losing housing or benefits. The Elder Law Project ties in with the ACL and EOE mission by helping elders maintain their independence in their own homes and communities. It provides advocacy for the basic needs of seniors, and helps protect their well-being, dignity, and quality of life.

E. District Attorney and Scams

Elder Services' collaborates with Berkshire District Attorney David F. Capeless to promote Scam Awareness and Prevention. Each year, the district attorney tapes a show for Berkshire Senior TV on Scams Targeting Seniors, and writes a column for Elder Services' monthly newspaper, *Berkshire Senior* on the same topic. As we become aware of current scams, alerts are published in *Berkshire Senior*. Elder Services participates in the Triad program, a cooperative venture of the Sheriff's Office, District Attorney's Office, local police and fire departments, senior service organizations and seniors themselves, which addresses crime prevention and safety issues faced by seniors.

F. Advocacy for adequate funding for home and community-based programs and services

ESBC makes full use of all opportunities to advocate for seniors, including maintaining active relationships with local elected officials and their aides, participating in statewide senior advocacy events, submitting timely press releases to local media, and utilizing both *Berkshire Senior* newspaper and Berkshire Senior TV to encourage legislators and seniors themselves to speak up for the needs of elders and the programs to meet those needs.

ESBC participates in many outreach activities such as job fairs, health fairs, and FEMA response centers, and does outreach on our programs and services to employees of local businesses and to community groups, such as retired teachers and local chapters of the AARP.

On March 22, ESBC hosted a Legislative Forum on home and community-based services, which was attended by three state representatives, legislative aides, and members of their senior constituency. The elected officials first spoke and then listened to the concerns and unmet needs of Berkshire seniors. They each encouraged constituents to contact them to express their concerns and needs.

Berkshire Senior is a 16-page monthly newspaper produced by ESBC and distributed throughout the county to 11,000 seniors. The newspaper helps ESBC reach rural, isolated elders and provides a vehicle to disseminate important information, provide information about services available, and advocate for adequate funding for long term care services and supports.

Berkshire Senior TV is aired monthly on local cable access television stations throughout the county. Recent program topics have included ESBC's Caregiver Program, Fuel Assistance, The Rewards of Volunteerism, Nutrition/Congregate meals, and AARP's Tax Aide program. Berkshire Senior TV shows are broadcast on local cable access TV shows throughout the Berkshires and posted on YouTube. ESBC makes full use of both *Berkshire Senior* newspaper and TV to provide information and to advocate for the needs of Berkshire seniors.

ESBC's website is being remodeled, and will be completed by Fall of 2013. The enhanced site will provide easier access for those seeking information on services for seniors. Those who "like" ESBC's Facebook page are receiving periodic updates, including links to complete Berkshire Senior TV shows. We have begun to hold a series of meetings to look at ESBC's media presence as a whole, with outreach and advocacy as focal areas.

Goals, Objectives and Planning Strategies

In keeping with the Administration for Community Living's Mission, the Mission, Vision and Goals of the MA Executive Office of Elder Affairs, and our own mission, Elder Services of Berkshire County, Inc. (ESBC) plans to continue to offer all its existing Title III direct services for seniors throughout the upcoming four-year period, 2014-2017. Numbers served in many programs are expected to rise over the four years in keeping with the anticipated growth in the senior population.

ESBC's primary goals, objective and strategies include:

1. Becoming more accessible to socially and culturally isolated seniors through increased outreach to low income minority elders, religious and cultural minorities, individuals isolated due to sexual orientation or gender identity, rural elders, and LEP individuals.
2. Enhance existing relationships with the Berkshires' primary elder care organizations in order to develop partnerships, share ideas and strategies and better serve Berkshire County elders. This will be accomplished in part through ESBC's membership in the Berkshire Elder Care Network, through regular Provider meetings, and through our partnership with Berkshire Medical Center in jointly offering the Community-based Care Transitions Program.
3. Continue to fully utilize *Berkshire Senior* newspaper and Berkshire Senior TV as vehicles to advocate for seniors and communicate important money-saving, health-promoting and awareness-building information to thousands of seniors in our 32 town PSA.
4. The Community Volunteer program's goal is to increase the current number of drivers and rides. This will be accomplished through advertising in the Berkshire Senior and doing targeted outreach to possible volunteers.
5. The goal of ESBC's I&R Department is to maintain high customer service ratings and continue to process an average of 500 contacts each month.
6. ESBC's Nutrition program will maintain its ability to provide hot nutritious meals to all Berkshire seniors who need them. To this end, all available grant-writing opportunities will be utilized to reduce the program deficit. The program's Food Service Manager and Registered Dietician will work together to continue to reduce the amount of sodium in certain meals and to explore new sources for the fresh local produce and whole grains that are the hallmark of the program.
7. ESBC's Caregiver Support program will continue to leverage existing resources and explore creative outreach and training opportunities so that it may increase its capacity to offer support to the growing number of Berkshire caregivers.
8. ESBC's AARP Money Management Program (MMP) seeks to increase the number of participants from 30 to 35, which will exceed our program requirement. This will be achieved through enhanced outreach to COAs and other organizations to publicize the program. The program coordinator will discuss the features and benefits of the MMP with supervisors of other in-house programs such as SHINE and SCSEP, and meet with ESBC

Client Services Coordinators on a regular basis to ensure referrals are made from within ESBC.

9. ESBC's SHINE (Serving the Health Insurance Needs of Everyone) program's first goal is to improve efficiency of handling incoming calls and response time.

The call documentation process will be streamlined by routing calls to a central location and assigning calls to counselors. Coverage will be maximized during peak hours by developing a set volunteer schedule. Program staff are also considering limiting the length of counseling sessions to increase the number of people counseled.

The second goal is to reorganize the program's filing systems and processes for entering information. Written procedures will be developed for inputting computer information. All counselors will be trained to uniformly complete the contact form to facilitate data entry.

10. Promote training opportunities for older workers in the Senior Community Services Employment Program (SCSEP) through continued on the job training, job development, and host site collaboration.
11. Over the course of the next four years, ESBC seeks to diversify the funding sources for its Healthy Aging Program and continue to expand the number of trainers and participants so that we may offer both the Chronic Disease Self-Management Program and the Healthy Eating for Successful Living workshops to all Berkshire seniors interested in taking them. This will be accomplished through the Healthy Aging Coordinator's efforts at recruitment, outreach, training and collaboration, and her continued membership in the Western MA Healthy Aging Coalition and the Berkshire Elder Care Network.
12. Continue to enhance communication and collaboration with ESBC's Aging and Disability Resource Consortia (ADRC) partner, AdLib. One example of this is that SHINE training will be extended to staff of ESBC's ADRC and AdLib, Berkshire County's ILC, and counseling will become available to younger persons with disabilities as well. In the future, this connection will be enhanced by a shared information technology system wherein AdLib's I&R department and ours can transfer referrals to one another through "the Cloud".
13. The Community-based Care Transitions program's goal is to continue to refine procedures and systems in order to expand the number of at-risk patients who accept the offer of transitional help. In May of 2013, ESBC sent seven staff members to be trained in the Coleman Transitions Model. ESBC will enhance the core competency of all Client Services Coordinators to recognize and promote the need for care transitions, thus enhancing the quality of care given to seniors. This will be accomplished through ongoing training and

keeping staff informed as to the qualitative difference transitional support can make in seniors' lives and health. To increase enrollment in the program, on a rotating basis, one of the seven Coleman-trained counselors fills an hour and a half-hour long slot each weekday at the hospital, making the rounds of eligible patients with the Transitional Care Nurse Liaison. This personal contact and reassurance has been successful in raising patient enrollment.

Once the two year agreement period with CMS (Centers for Medicare and Medicaid Services) is complete, Berkshire's CCTP goal is to be offered an annual contract with CMS for each of the next three years, to continue to help at-risk seniors avoid unnecessary re-hospitalizations.

14. The first Ombudsman program goal is to achieve double coverage in all 15 of Berkshire County's long-term care facilities. To this end the program plans to recruit, train and assign a minimum of twelve more Ombudsman volunteers.

Another Ombudsman program goal is to promote more frequent communication and support the development of stronger relationships between long-term care facility social workers and ESBC clinical staff, such as nurses and client services coordinators.

15. Continue to initiate and develop programs as created and funded through ACL/EOEA, and to seek other opportunities for funding to meet the expressed needs of Berkshire County seniors. ESBC's RFR process for prospective Title III Subgrant recipients will solicit proposals to meet the needs of Berkshire County seniors.

Quality Management

Please see attached Quality Assurance Plan, Attachment K, which is ESBC's current plan. A new plan is near completion, and will be available within the next month.

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 preceding 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 aging 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.

Elder Services of Berkshire County, Inc.

(Area Agency on Aging)

_____ (Signed) _____
(Date) (Chairperson of Board of Directors)

_____ (Signed) _____
(Date) (Chairperson of Area Advisory Council)

_____ (Signed) _____
(Date) (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 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;

(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;

Reply:

ESBC has three Title III Subgrants that almost exclusively serve low-income individuals.

1. A Medical Reassurance Service offered through our local LIHEAP, Berkshire Community Action Council, which serves low-income people in the county, helping them access the resources and benefits they need. This Subgrant helps elders adhere to their medication regimens by providing medication reminder phone calls up to 3 times a day, seven days a week
2. Community Legal Aid's Elder Law Project serves low-income and socially needy elders with a special focus on elders who can only maintain themselves in their own homes with the assistance of government benefits; elders with protective services; elders who have no other means of access to the legal system; and elders whose legal issues threaten their independence and dignity. CLA's services include free legal representation, advice, referral, and community education for elders and their providers throughout Berkshire County
3. Skilled Foot Care Nurse Sandra Doppel provides foot care for seniors who need it, including diabetics. Referrals to her are screened by ESBC's Director of Client Services, who gives priority to low-income individuals on Mass Health.

The remaining three Title III Subgrants are open to all Berkshire seniors, but tend to be utilized by caregivers who are socially isolated, by those who are unable to pay for one-time in-home nursing visits, or who live in senior housing.

ESBC's State Home Care programs have means-checks, and serve those with the lowest incomes. The following ESBC programs also have income eligibility requirements: Senior Community Service Employment Program (SCSEP); Money Management; and housing programs, such as Supportive Housing at Providence Court in Pittsfield and Crossway Village and Tower's Housing with Enhanced Services in Lee.

In November, the Executive Director of the Christian Center, a non-profit charitable organization serving largely minority individuals with extremely low incomes, will join ESBC's AAA Advisory Council. This will help us learn more about one another's organizations, and facilitate outreach and referral to their seniors.

ESBC addresses the needs of those who are at-risk of and/or eligible for nursing home placement by utilizing the State Home Care programs ECOP and CHOICES to provide larger home care service packages to those individuals.

Most of Berkshire County is rural, and we address this in part by providing mileage reimbursement to case managers, nurses, and Meals on Wheels drivers who log many miles on their vehicles each year. Mileage reimbursement makes it possible for seniors in even the most rural areas of the county to be served. *Berkshire Senior* Newspaper, containing important news about Elder Services' programs and services, as well as timely and interesting articles of interest to seniors and their families, has a circulation of 11,000. Each Meals on Wheels recipient receives the paper, over 4,000 copies are mailed out to individuals in all towns in Berkshire County, and the rest are distributed to drop-off points in stores, physicians' offices and restaurants. ESBC also does outreach in rural areas and maintains strong relationships with all the Councils on Aging, including those in rural towns.

ESBC's agency brochure and individual program flyers have for many years been available in Spanish and Russian, the two most commonly spoken non-English languages spoken in the Berkshires. The brochures are distributed to organizations that teach English as a second language (ESOL), and those who assist Immigrants (Berkshire Immigration Council). Each issue of **Berkshire Senior** monthly newspaper has an announcement in Spanish stating that brochures are available in Spanish, and the interpretation is available. ESBC staff makes full use of AT&T's Language Line Services for interpretation.

A discussion of how the grantee will try to reach seniors with the "greatest socioeconomic need, low income and rural areas" has always been included in the Title III Subgrant monitoring review. Beginning with FY 2015's Subgrant RFP cycle, grantees will be advised in both their applications and contracts that they will need to provide documentation regarding those outreach efforts. The types of need, as in quotes, above, will be expanded to say "Documentation must be provided demonstrating strategies employed to facilitate participation by elders in greatest social and economic need, including low income minority elders, religious and cultural minorities, individuals isolated due to sexual orientation or gender identity, rural elders, and LEP individuals."

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;

Reply: ESBC's relationship with Center for Independent Living, AdLib, Inc., as Berkshire County's Aging & Disability Resource Center has been outlined in the body of the Area Plan document.

ESBC interacts with the Department of Developmental Services (DDS) in two primary ways: through interdisciplinary case management with DDS regarding disabled individuals over 60 receiving home care, and through Elder Services' Adult Family Care Program.

ESBC's State Home Care staff members participate in interdisciplinary case management with DDS when serving individuals with severe disabilities living in a community setting. The care plan is developed in collaboration with DDS, and ongoing communication occurs between the two entities to ensure the best possible care for the individual.

Elder Services' Adult Family Care Program serves individuals with Developmental Disabilities who are in a previously established placement. An Elder Services' AFC Social Worker and RN work closely with the DDS case worker to develop an initial Individualized Service Plan (ISP), to monitor ongoing services, and participate in an annual ISP review.

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;

Reply (A): Each department at Elder Services that performs a direct Title III service: Volunteer Services, Berkshire Senior Newspaper, Ombudsman, Congregate and Home Delivered Meals, has at least one method of soliciting feedback as to the value and quality of services rendered. ESBC conducts both an annual Client Satisfaction Survey and a Referral Source Survey, and Meals on Wheels recipients also receive surveys on a rotating geographical basis, asking the their evaluation of the meals and the drivers.

Caregiver, SHINE, Money Management and Information and Referral each have their own consumer surveys designed to collect feedback from service recipients.

ESBC participated fully in the statewide needs assessment process conducted in 2012. During this process, multiple small groups of seniors representing the three main areas of the county were asked to voice their opinions on the greatest unmet needs of seniors. Meals on Wheels and Congregate meal consumers were widely sampled as part of this process.

Each Title III Subgrantee receiving grant funding through ESBC must conduct a client satisfaction survey, the compiled results of which must be made available upon request.

A Public Hearing soliciting feedback on ESBC's Area Plan 2014-2017 was held at the Berkshire's largest senior center, and the session was recorded for future use.

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;

Reply (B): One of the primary ways ESBC advocates for the needs of seniors is by establishing and maintaining working relationships with the county's elected representatives. The representatives are invited to the agency's primary events, are each asked to write an annual column for *Berkshire Senior*, and are kept apprised by ESBC's Executive Director of seniors' needs as they relate to the state budget line-items. Our Advisory Council membership strives to have at least one aide to an elected official. For last year and this coming year, Tricia Farley-Bouvier's aide is an Advisory Council member.

ESBC attends any community listening sessions or roundtables on topics that may impact seniors, such as those held by Berkshire Regional Transportation Authority, to represent the needs of seniors.

ESBC is a participating member in the Berkshire Alzheimer's Partnership, an organization advocating for the needs of those with Alzheimer's. We participate in their Caregiver Expos, and represent ESBC at county health fairs.

ESBC works closely with the Berkshire County District Attorney's office to get the word out to protect seniors against scams. The DA appears annually on Berkshire Senior TV to promote elder safety and expose current crimes against seniors.

ESBC is active with the county's TRIAD organizations, working with seniors and law enforcement to keep seniors safe.

Several ESBC staff serve on the Boards of various Councils on Aging, and COA directors are well-represented in ESBC's Advisory Council. ESBC's Executive Director has begun hosting quarterly COA breakfasts, where issues impacting seniors may be discussed, and mutually beneficial collaborations developed.

ESBC staff also represent the agency as members of the following organizations: Northern Berkshire Community Coalition, Berkshire Elder Care Network, Co-Ad

(Communities Organizing Against Disaster), Department of Transitional Assistance's Advisory Council, the Berkshire Chapter of National Association of Social Workers, Berkshire Chamber of Commerce, Mass Home Care, and Berkshire United Ways' Emergency Food and Shelter Program.

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.

Reply (A): ESBC works closely with the county's 31 Councils on Aging and actively collaborates with the Berkshire aging services network and other local health and human services providers, including Title III Subgrantees, to develop a comprehensive system of long term care services for seniors, and to share information and resources. Through collaboration, we extend each organization's eyes and ears by sharing information and best practices.

ESBC promotes collaboration, coordination of care, and consultation/referral with other long-term care providers through many different avenues. ESBC holds Quarterly Provider Meetings and communicates/problem solves with Nursing Facility administration and staff through the Long Term Care Ombudsman and the Comprehensive Screening Service Model (CSSM) programs. ESBC is a member of the Berkshire Elder Care Network, which is comprised of both for-profit and non-profit entities. Our Title III Subgrants help build working relationships with the Berkshire Community Action Council, Community Legal Aid, Porchlight VNA, and Premier Home Health Care.

ESBC's Case Management and nursing staff work closely with nearly every other health organization and social service agency in Berkshire County, including, but not limited to: Berkshire Elder Protective Services; Physicians' offices, local Boards of Health; The Berkshires' ILC AdLib, Inc., Mass Rehab; the Brien Center for Mental Health and Substance Abuse, including the Crisis Team; HospiceCare in The Berkshires; the state departments of Mental Health and Developmental Services; and the Department of Transitional Assistance. In many cases, interdisciplinary team meetings are held over the telephone or in person with other agencies to meet the needs of individual consumers.

(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;

Reply (C): Through a grant from Tufts Health Care Foundation, ESBC is operating a Healthy Aging program throughout the Berkshires, consisting of two evidence-based programs: Chronic Disease Self-Management and Healthy Eating for Successful Living in Older Adults. A full time Healthy Aging Coordinator who is a member of the Western MA Healthy Aging Coalition markets, coordinates, teaches, and provides follow-up data for both programs. ESBC maintains an MOU with the Center for Excellence in Healthy Aging at Elder Services of Merrimack Valley to offer the CDSM program. From August, 2012, to date, Elder Services of Berkshire County, Inc. has conducted eight “My Life, My Health” Chronic Disease Self-Management workshops, with one currently in progress. A total of 53 individuals have completed the workshops. Beginning in May, 2013, ESBC has conducted two “Healthy Eating for Successful Living in Older Adults” workshops, with one in progress; 23 individuals have completed these workshops.

A Title III Subgrant with Porchlight VNA allows the agency to sponsor an evidence-based program to prevent falls. ‘Move in Time, a Falls Prevention Program,’ created by Cooley Dickenson VNA, provides a comprehensive six-week experiential program that reduces the incidence of falls in participants’ lives.

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;

See Attachment L, ‘Guidelines for Area Agency Grievance procedures’.

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.

See Attachment J ‘Emergency Management Plan’.