

DRAFT

AREA PLAN ON AGING 2026-2029



LifePath
options for independence

*Area Agency on Aging serving Franklin County and the North Quabbin
Regions of Massachusetts*

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Executive Summary

Mission and Goals

LifePath is dedicated to the well-being of older adults, individuals with disabilities, and caregivers in Central and Western Mass. LifePath provides person-centered service coordination, education and support. LifePath echoes the mission of its state parent, the Executive Office of Aging & Independence (AGE).

LifePath primarily serves 30 towns including all 26 towns of Franklin County, and the towns of Athol, Royalston, Phillipston, and Petersham in Worcester County. Certain programs are also available in Hampshire, Hampden, and Berkshire counties.

The primary service area of LifePath is commonly referred to as *Franklin County and the North Quabbin*.

LifePath's Work

With a staff of over 140 and volunteers of over 275, LifePath provides **over 40 programs and services** to serve this mission, including Meals on Wheels, SHINE Counseling, Protective Services, State Home Care Services, Personal Care Attendant Services and Family Care Services, among many others. We collaborate with other local and regional agencies to meet the needs of local elders and people with disabilities. See Attachment A: Brochure for a complete program listing.

The early 2020s brought the COVID-19 pandemic along with social and economic changes. We worked hard to meet the changing needs of the aging, caregiver, and disability communities by adapting older programs and creating new ones, such as the Community Engagement Center, which was designed to fill gaps left by COVID and serve the needs of the growing dementia family caregiver population. We also renewed our focus on partnerships and community engagement with activities such as Age- and Dementia-Friendly initiative.

Focus Areas

The activities in this plan will focus on:

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

Additional Considerations

LifePath will also include the following in its planned efforts over the next four years:

1. Support aging in communities;
2. Minimize disruption associated with potential service cuts;
3. Focus on program quality improvement; and
4. Ensure person-centered care.

Target Population

LifePath aims to serve all older adults, individuals with disabilities, and caregivers across Franklin County and North Quabbin. LifePath's doors are open to anyone needing information or support on aging.

Demographics

Age

In Franklin County and North Quabbin, **people over the age of 60 make up over 30% of the population**, compared to the rest of Massachusetts where people aged 60 and over make up about 25% of the population ¹. Across the United States, only 23% of the population are ages 60 and older.

Race

Majority of residents in Franklin County and North Quabbin identify as White Alone (89.8%) ². For a full breakdown of the race distribution in Franklin County and North Quabbin, please reference *Table 1*.

Table 1 Distribution of Race in Franklin County and North Quabbin

White Alone	White *	Asian *	Black or African American *	Some Other Race *	American Indian/Alaska Native *	American Indian Tribal Grouping *
89.8%	3.7%	1.9%	1.9%	1.1%	0.9%	0.7%

* Indicates reporting of race alone or in combination with one or more races

Rurality

73% of Franklin County and North Quabbin are designated rural level 2 towns ³. Rural level 2 towns are less densely populated and more remote and isolated from urban core areas ⁴. A town's level of rurality is determined by a scoring system designed by the Massachusetts State Office of Rural Health:

Definitions of Rural	Standard	Points if Met
Census Bureau	>50% Rural	5
OMB	Town Level	10
RUCAs	Codes 4-10	10
Population and Density	Pop<10,000 & Den<500 PPSM	5
SRH/CAH in town	MA law & Hospital Regs	5

Communities with combined scores of 5-15 are designated rural level 1. Communities with combined rurality scores of 20-35 are designated rural level 2.

Poverty

In 2023, **12.3% of Franklin County and North Quabbin Residents were below the poverty level**, approximately 15% higher than the proportion of all Massachusetts residents who live below the poverty level ⁵. However, only 8.6% of older adults in Franklin County and North Quabbin live below the poverty level.

Veterans

6.8% of Franklin County and North Quabbin residents are veterans over the age of 18, about 1.7 times the rate of veteran populations across Massachusetts ⁶. **Majority of the Veterans in Franklin County and North Quabbin are Vietnam Era veterans (44.1%), and/or are over the age of 65 (62.7%).**

Disability

In Franklin County and the North Quabbin Region, **17.2% of the population is a person with a disability**. Of all individuals with a disability in the LifePath service area, **43.4% of persons with a disability are over the age of 65**. Within the population older than 65, 32.6% of the population has a disability.

The most reported disability for older adults was having ambulatory difficulty (58%). Of all older adults, 19% reported having ambulatory difficulty.

Disability Type	Percentage of all Older Adults with this Disability	Percentage of Disabled Older Adults with this Disability
An ambulatory difficulty	19%	58%
A difficulty hearing	15%	45%
An independent living difficulty	15%	45%
A self-care difficulty	7%	22%
A vision difficulty	5%	16%

Internet Access

Across Franklin County and the North Quabbin, **9.5% of households** are without an internet subscription. Across all of Massachusetts only 8.10% of households are without an internet subscription.

6.2% of households in Franklin County and the North Quabbin have no computer in the home.

Only 4.9% of Massachusetts households have no computer in the home.

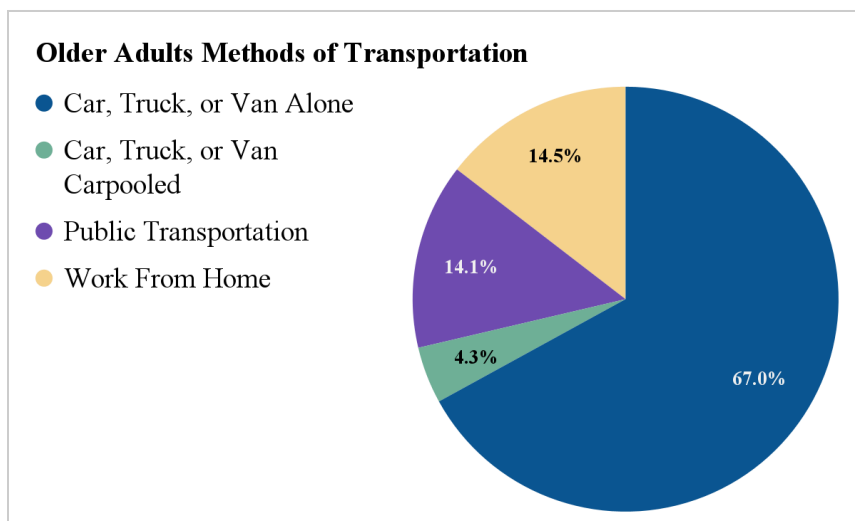
Housing

In the state of Massachusetts, **38.6% of one- and two- person households inhabited by adults age 62 or older have severe housing problems.** Severe housing problems include a lack of complete kitchen facilities, lack of plumbing facilities, overcrowding,

or cost-burdened occupants. Cost-burdened occupants live in housing where their housing costs are 30% or more of their household income. **40.7% of households with one or more adults aged 65 and older are cost-burdened.** In both measures of housing for older adults, Massachusetts is ranked 47 out of all 50 states.

Transportation

In Franklin County **7.8% of adult residents had a lack of reliable transportation in 2022.**



Of older Adults in Franklin County and the North Quabbin region who commute to work, **67%** drive alone in a car, truck, or van; **4.3%** carpool in a car, truck, or van; **14.1%** use public transportation; 14.5% work from home.

Nutrition

	Average Meal Cost	Food Insecure Population	Food Insecurity Rate
Massachusetts	\$3.96	804,180	11.5%
Franklin County Alone	\$4.12	9,010	12.7%

Despite making up 0.98% of all Massachusetts residents, Franklin County makes up 1.2% of the total food insecure population in Massachusetts.

	Percent Population 10 miles from grocery (1 mi. for urban)	Percent Population 20 miles from grocery (1 mi. for urban)
Massachusetts	20%	14%
Franklin County and North Quabbin	48%	36%

Context

Needs Assessment Rationale

A community needs assessment is taken on by an organization to understand their constituents' ever changing needs. With the 2024 LifePath needs assessment, our goal was to develop both state level and Area Agency on Aging (AAA) plans. Needs assessment data allows us to look for any gaps of existing AAA services, pressing needs for older adults who reside in our AAA, and services that would promote aging in place and contribute to the well-being of older adults in the AAA.

Approaching the Needs Assessment

Starting at the end of September 2024, until the end of January 2025, LifePath distributed its data collection tools to conduct the needs assessment.

Data Collection Tools

Individual Surveys

Electronic individual surveys were distributed via email to LifePath's target population and physical paper copies were distributed through partners such as senior centers and on routes to Meals on Wheels recipients. There was a link to the electronic survey on LifePath's website. LifePath representatives attended community events across our service area to promote the survey and assist individuals in completing the surveys as needed. Surveys were available in English, Spanish, Portuguese, Chinese, and Haitian Creole, the five most common languages spoken in Massachusetts.

Individual surveys were structured to identify the respondent as either self (older adults ages 60+) or as caregiver (caregivers for older adults). The survey collected information on caregiver needs (for only caregivers), social needs, general needs and concerns, and respondents' demographic information. All survey responses were kept anonymous.

In total, **546 surveys were collected. 93 Surveys were from caregivers, and 453 were from older adults.** *14 “self” surveys did not report an age or reported an age younger than 60 and were excluded from analysis efforts.*

Focus Groups

In addition to individual surveys, we conducted focus groups targeted towards addressing the two largest concerns expressed from the individual surveys. Both focus groups were conducted virtually and registration information was sent to all LifePath clients.

The main purpose of a focus group is to hear from constituents first hand and to listen to their wants and needs. Additionally, focus groups allow for feedback on existing programs, ideas for programs that should be developed, and developing an overall connection with those LifePath serves.

The first focus group was the **January 2025 Wellness Unplugged: “Your Voice, Your Wellness: A Focus Group for Better Aging Services”**.

There were 6 older adults in attendance, 5 of whom were women and 1 of whom was a man. 5 participants were white and 1 was black or African American. 5 participants expressed that their total annual household income was not less than \$20,000 while 1 participant expressed that their total household income was less than \$20,000.

The second focus group was conducted in collaboration with the Franklin Regional Council of Governments (FRCOG) and was focused on **Transportation**.

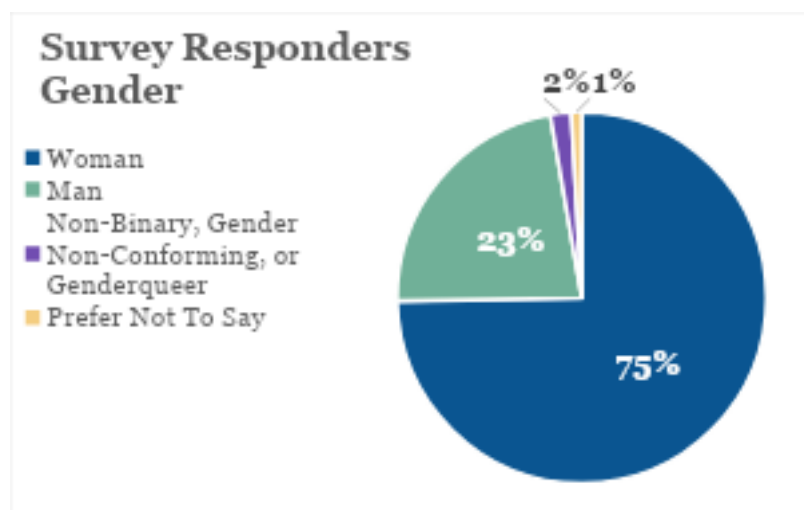
There were 4 older adults in attendance, all of whom were older than 60. From the older adults that were present, the towns of New Salem, Turners Falls, and Shutesbury were represented. 1 person identified as a person with a disability, 1 person did not identify as a person with a disability, and 2 people chose not to answer. 3 participants reported actively driving and 1 preferred not to answer. 1 participant used the Franklin Regional Transit Authority (FRTA)'s Demand Response Program in the past and 3 participants reported having never used the Demand Response Program.

Results

Older Adult Survey Demographics

At the conclusion of the survey, respondents were asked to share demographic information. This information is useful in identifying patterns in specific age groups, towns, or genders that have unique needs.

Gender



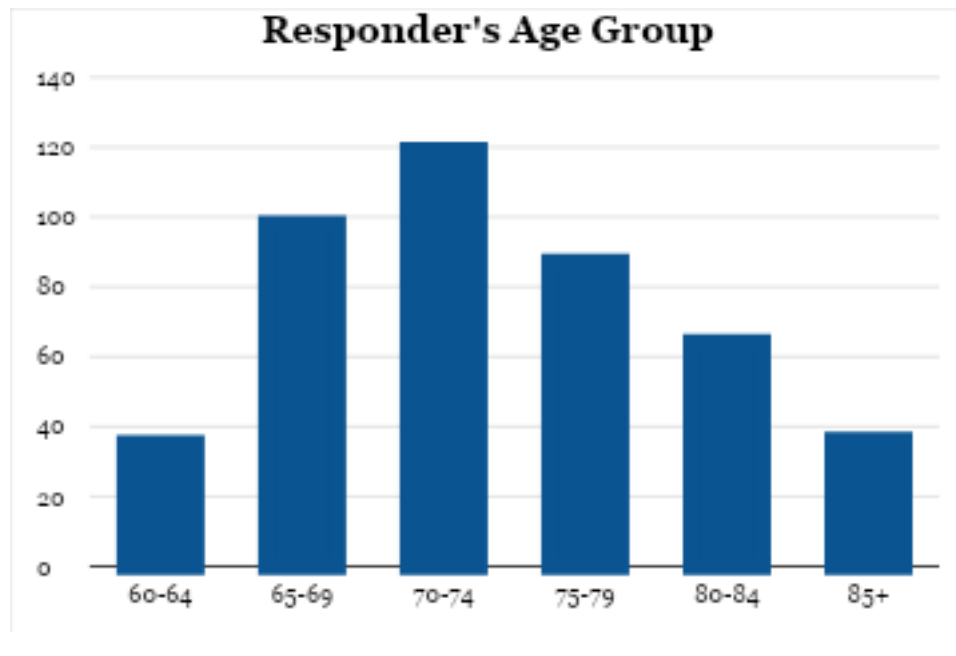
Majority of the older adult survey responders were **women (74.7%)**. **22.6% of survey respondents were men, 1.8% were Non-Binary, Gender Non-Conforming, or Genderqueer, and 0.9% selected Prefer Not to Say.**

Figure SEQ Figure \ " ARABIC 2 Surveyed Older Adult's Reported Gender

Age

Responders' age groups were divided into groupings based on the American Community Survey Age groups. This allowed for comparative analysis.

Majority of responders were between the ages of **70-74 (27.1%)**, while ages 60-64 had the fewest responses and comprised less than **8% of the surveyed population.**



Race

Majority of older adults surveyed reported their race as “White” (94.5%) without selecting another race.

Table 2 Surveyed Older Adults Reported Race [N (%)]

White *	American Indian or Alaskan Native **	Middle Eastern or North African **	Hispanic or Latino **	Other	No Response
415 (94.5%)	5 (1.1%)	1 (0.2%)	2 (0.5%)	8 (1.8%)	5 (1.1%)

* Indicates race was reported alone

** Indicates race was reported as alone or in combination with one or more races

Language Spoken

In addition to identifying the race and ethnicity of our surveyed older adults, we investigated other languages spoken in the home to ensure our services are provided with equitable access.

A majority of survey respondents did not speak another language in the home (96%). Of those who did speak a language other than English in the home (n=16), 31% did not report the other language spoken in their home. **19% speak Spanish, 19% speak French, 13% speak Italian, 6% Speak Chinese, 6% speak Bulgarian, and 6% communicate using American Sign Language.**

Town of Residence

LifePath primarily serves 30 towns across Western Massachusetts. All 30 towns were asked to

participate in the needs assessment survey. 29 towns had at least one response;

Hawley was not represented.

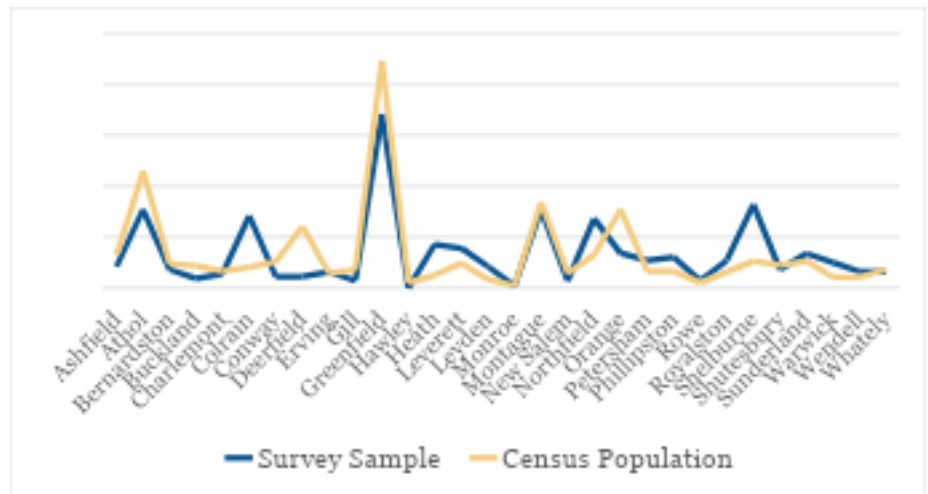


Figure 4
LifePath
Service Area Town Representation

When the proportion of responses from each town were compared to the proportion of LifePath's target population of each town, it was found that **our survey was representative of our population based on towns of residence** $t(29)=-0.007$ $p=0.49$.

Income

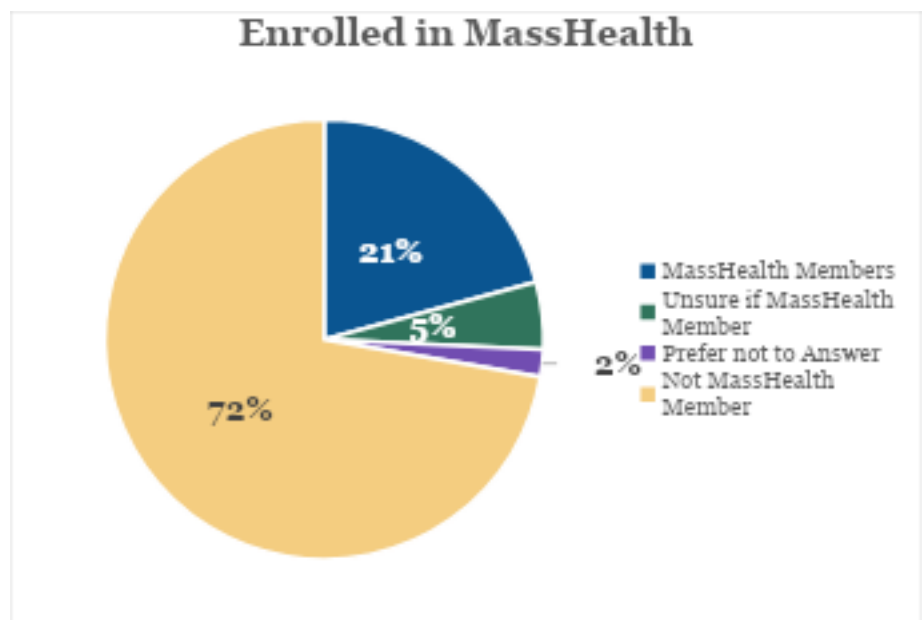
The needs assessment included an optional question for older adults to report if their annual income was less than \$20,000. **284 older**

adults reported that their annual income was not less than \$20,000 (65%) and 87 older adults reported that their annual income was less than \$20,000 (20%). 68 older adults did not respond.

Health Insurance

MassHealth provides health benefits and help paying for them to qualifying children, families, seniors, and people with disabilities living in Massachusetts⁷.

90 (21%) of our surveyed older adults report currently being MassHealth members, while 21 responders were unsure if they were MassHealth members (5%) and 8 did not respond (2%). 73% of surveyed older adults reported not being current MassHealth members.



Identified Needs from Community Survey

Top Reported Needs

The first question on the Needs Assessment Survey asked respondents to select their most important needs related to aging. There were 24 needs listed, including the option to select “other” and add missing needs.



Reported Needs in High Risk Groups

To further assess which specific groups required differing needs, we reviewed differences in what was most important between different demographic populations.

Oldest Older Adults (90+) vs Youngest Older Adults (60-70)

There were 14 adults ages 90 and older and 156 adults ages 60-70. The median number of reported needs for the oldest group was 2 reported needs, while for the youngest group was 7 reported needs.

Similarly, both groups reported spirituality support, workforce development, LGBTQIA+ support, and overcoming ageism/age discrimination with the least frequency.

A significantly higher proportion of older adults over the age of 90 reported a need for in-home support for maintaining independence.

Table 3 Oldest Older Adults Needs vs Youngest Older Adults Needs

Oldest Older Adults (90+)		Youngest Older Adults (60-70)	
In-Home Support for Maintaining Independence	71%	Affordable Health Care	58%

Access to Health Care	36%	Staying Active / Wellness Promotion	53%
Nutrition Support	36%	Access to Health Care	51%
Access to Services	21%	Housing Accessibility & Maintenance	51%
Affordable Health Care	21%	Opportunities for Leisure, Recreation, & Socialization	49%

Low Income Older Adults vs Older Adults Without Low Income

To assess how income impacts needs, we grouped older adults based on their response to the question of their annual income being less than \$20,000 or not. Older adults who responded yes were considered to be low income, and older adults who responded no were considered not to be low income. Older adults who responded prefer not to say or did not answer this question were not included.

Low income older adults reported an average of 8 needs, while older adults without low income reported an average of 7 needs. Both groups reported a need for spirituality support, LGBTQIA+ support, workforce development, and overcoming ageism/age discrimination with the least frequency.

Compared to older adults without low income, a significantly larger proportion of older adults with low income reported a need for **access to services, affordable housing, assistance managing other expenses, legal services, nutrition support, safety & security, and transportation access & availability.**

Table 4 Older Adult's Top Reported Needs by Income Status

Low Income Older Adults		Older Adults Without Low Income	
Access to Services	59%	Staying Active and Wellness Promotion	58%
In-Home Support for Maintaining Independence	59%	In-Home Support for Maintaining Independence	49%
Affordable Health Care	56%	Access to Health Care	48%

Access to Health Care	53%	Affordable Health Care	48%
Transportation Access & Availability	53%	Housing Accessibility	44%

Older Adults with Memory Loss and/or Alzheimer's Disease & Dementia

22% of respondents reported they had experiences with memory loss and/or Alzheimer's Disease & Dementia.

Table 5 Top Reported Needs of Adults Experiencing Memory Problems

Top Needs of Older Adults with memory loss, Alzheimer's and/or dementia	
In-Home Support for Maintaining Independence	62%
Affordable Health Care	51%
Access to Health Care	50%
Staying Active/Wellness Promotion	50%
Long Term Services and Supports	49%

Focus Group Findings

Health and Wellness Unplugged Focus Group

Four major subtopics regarding Health and Wellness were covered during the Health and Wellness Focus Group. Facilitators asked questions regarding Health Care, Mental and Behavioral Health, Staying Active and Wellness Promotion, and Nutrition. All of these subtopics are crucial elements to maintaining a healthy lifestyle.

Health Care

The most common issues regarding healthcare were transportation, filling out paperwork, and care coordination.

Barriers to Accessing Health Care	
Transportation	“Transportation has always been an issue, especially because I live in a hill town.”
Paperwork	“Filling out forms is so utterly confusing. There’s so many different ones and they don’t always explain themselves.”
Care Coordination	“Folks do not talk to each other; referrals are just like nobody follows through or makes sure.”

Several participants in the focus group expressed difficulty with managing health care related paperwork. However, those who did express previous difficulty also expressed the **utilization of LifePath’s SHINE program and LifePath’s benefits specialists** who were able to assist them in filling out necessary paperwork.

“I was lucky enough to find the SHINE program, which really helped a lot because I was going through a lot trying to find care for myself.”

Mental and Behavioral Health

Receiving support for mental and behavioral health is often an overlooked aspect of maintaining overall health for older adults. Rather than asking focus group participants what prevents them from accessing mental and behavioral health support, we wanted to know what programs had worked well for them, and what programs LifePath could improve upon or implement.

Effective Mental and Behavioral Health Supports	
LifePath Classes and Workshops	“I love the cooking class because I could get out of the house and interact with other people. We had a lot of fun.”
Support Groups	“We need those support groups. We need that information out there ... We really need to be able to help each other.”
Social Workers	“[The Social Worker] says they are more than willing to help me find alternative [help and services] if I need it ... Like I said, you know, it’s kind of nice to have that knowing that they’re there and they will help me in finding who I need to go through and talk with.”

Staying Active and Wellness Promotion

We acknowledge that wellness promotion and staying active looks different for everybody and by utilizing a focus group forum, we are able to hear more about individualized experiences.

The most common barrier participants reported facing regarding physical activity and promoting wellness was **transportation**. Participants shared their struggles in getting to areas where they could practice staying active.

“It’s limited to go to the senior center for classes because the PCA program doesn’t cover that ... If I could go. I would feel a lot better if I could go out ... a lot of homebound people have the restrictions from their insurance and what is actually available”

Many participants expressed a great interest in the **Zoom classes** that were previously offered and expressed an interest in restarting those programs. Other programs that participants reflected fondly

upon were previous collaborations with students who implemented activity classes in senior centers.

“It’s just nice to have those resources available ... it got so many out of the house. It got so many up ... it was nice watching that. To know it’s available.”

Nutrition

The main concern among all of our program participants was the increased cost of food and the decrease in benefits available. Between 2019 and 2023, U.S. food prices have risen 25% and today⁸, **the average monthly cost of groceries in Massachusetts for one person is approximately \$410⁹. Meanwhile, the maximum monthly allotment for SNAP benefits for 1 person is \$292¹⁰.**

“You know milk, eggs, bread right there, you’re talking about a good amount of cash. So people run out of their allocation by the second or third week.”

Local food pantries also host their own barriers. Many individuals struggle with being able to get to their local food pantry and the actual provisions of the food pantry are less than sufficient to provide adequate nutrition and maintain a balanced diet.

Transportation Focus Group

In collaboration with the Franklin Regional Council of Governments team, a focus group was conducted with four participants including representatives from the towns of New Salem, Turners Falls, and Shutesbury. Questions related to the challenges relating to transportation and their impact, what has worked well with current programs, and ideas for change sparked insightful discussions.

Challenges with Transportation

The most reported challenge relating to transportation was accessing transportation. Available transportation programs include **PT-1, Franklin Regional Transit Authority, and ADA Paratransit** (ADA White Bus).

PT-1 transportation rides are **only for medical appointments** and at times are often **late. Late PT-1 rides result in cancelled or missed medical appointments** when patients are too late for their appointment and lose their appointment slot.

“When I have called the PT-1 transportation, a lot of times it just doesn’t go smoothly.”

The Franklin Regional Transit Authority bus stops **do not have accessible seating available.** There is no back support and the seating is **not feasible for people with disabilities.** Additionally, in more rural communities, buses are not accessible for those living in more remote areas on smaller roads.

For ADA Paratransit, if you are not within a certain radius from a bus stop **you are not able to access transportation.** When Paratransit users cannot travel to a bus stop they cannot access transportation.

Impacts of Challenges

The challenges associated with transportation impact physical and mental health, as well as social wellbeing and overall quality of life.

PT-1 transportation is only available to use for medical appointments, however users cannot use PT-1 transportation to pick up medications **resulting in an inability to receive necessary medications.**

When communities come together to support one another and form groups to drive together **deep friendships and bonds can form.**

However, when someone from that group passes away, the impacts are detrimental.

“A whole group of people lose their driver [when their driver dies.] The emotional impact of that is ... you know, hard, very hard to measure and with the high count of elderly people in my rural community, isolation and even illness can be hidden.”

Current Successes

The **Village Neighbors** program has been received very well across towns and is very appreciated. Additionally the improvements with the **Human Transportation Services (HST)** are being well received.

The **new training center to train PT-1 drivers** and the clear improvements in **PT-1 for wheelchairs and safety measures** are making positive impacts on communities and are creating a safer environment.

Ideas for Change

Increased information dissemination through newsletters, notices, NextDoor, community spaces, to clarify about the existing resources within the community. More publicity regarding existing programs to ensure all individuals across the Franklin County and North Quabbin region are serviced equally.

Overcome the challenges of transportation outside of medical-related transportation through **implementing vans connected with local senior centers to arrange transportation to pharmacies and grocery stores.**

History of top priorities

2016	2020	2024
Transportation	Maintaining independence	Maintaining independence
Economic security	Housing and upkeep	Access to Health Care
Housing, especially upkeep	Access to health care	Affordable Health Care
Accessing health care	Access to services	Staying Active / Wellness Promotion
Safety & security	Mental health	Housing Accessibility & Maintenance
Legal	Transportation	Opportunities for Leisure, Recreation, and Socialization
Mental/behavioral health	Legal services	Access to Services

Focus Area Detail

1. Older Americans Act Core Programs

LifePath will continue to deliver services under Titles III and VII of the OAA, focusing on the highest-need populations.

- **Supportive Services:** Our strategy includes maintaining essential programs that provide critical assistance in accessing health care and public benefits; continuing essential Information and Referral services to assist people with aging-related needs and questions; and continuing to partner with external organizations to provide legal services, health and wellness programming, and home maintenance services. Transportation access remains a critical issue, particularly in the more rural communities. In our Needs Assessment, 42% of older adults—and nearly half of those in the North Quabbin region—identified transportation as a major unmet need. Focus group participants highlighted that the loss of even one community driver can have a profound impact on both mobility and emotional well-being, especially in isolated areas where such drivers serve as a vital link to the outside world. We will prioritize partnerships with Village programs and volunteer recruitment for our Rides for Health program.
- **Nutrition Programs:** We will continue offering home-delivered and congregate meals and nutrition counseling and education. Needs Assessment data show continued demand for Meals on Wheels and medically tailored meals. Nearly 30% of older adults surveyed identified nutrition support as a need, citing barriers such as cost, limited food pantry options, and insufficient SNAP benefits.
- **Disease Prevention and Health Promotion:** After a 2025 reduction in direct-delivered programs due to insufficient funding, we will work with contracted partners to deliver ad-hoc evidence-based programs such as EnhanceFitness and Matter of Balance.
- **Caregiver Services:** We will maintain respite care (identified as the top need), support groups, educational opportunities, and resources. We will continue to offer dementia/Alzheimer's resources in partnership with our Clinical Services and Dementia-friendly programs.

- **Elder Rights and Justice:** Protective Services, Long-Term Care Ombudsman, Money Management, and legal services will continue to address elder abuse, neglect, and financial exploitation. Emphasis will be placed on outreach to underserved populations including minorities and LGBTQ+ older adults.
- **Title VI Integration:** Although Native American populations are a small portion of our service area, we will work to build relationships with relevant tribal and cultural liaisons and remain responsive to any identified needs.

2. Greatest Economic Need and Greatest Social Need

The LifePath 2026-29 Area Plan will focus on four core areas.

- **Low-income Older Adults:** Needs Assessment data show significantly higher needs for housing accessibility, transportation, legal services, and nutrition support among respondents with incomes below \$20,000.
- **Socially Isolated Older Adults:** We will continue Phone Pals programs to reduce isolation among Home Care consumers, continue social activities at housing sites, and support partners hosting community-based group activities that promote connection and wellbeing. More than 22% of survey respondents reported feeling often lonely or isolated, and 26% cited the need for mental health support.
- **Health Equity:** We will connect our work with statewide initiatives on the social drivers of health. Addressing access barriers to transportation, internet, and housing remains core to supporting overall health. We will also continue our work educating the community about ageism and promoting intergenerational activity.
- **Targeted Populations:** We will include program adaptations and outreach strategies for those who live alone, minority populations, rural residents, LGBTQ+ older adults, and those with limited English proficiency.

3. Expanding Access to Home- and Community-Based Services (HCBS)

LifePath will sustain its role in connecting older adults with HCBS. While no expansion is planned, we will pursue greater efficiency, integration, and client satisfaction:

- **Coordinated Transitions and Continuity of Care:** We will continue to develop referral pathways between hospitals, rehab centers, and home services. Care transitions will include warm handoffs and follow-up to reduce rehospitalization. As one Health & Wellness focus group participant noted about timely referrals, "It was proof it can be done," highlighting the impact of seamless coordination and follow-through on care continuity.
- **Avoiding Institutionalization and Returning to the Community:** We will prioritize services that help individuals remain safely at home, including case management, home-delivered meals, homemaking, and personal care.
- **Integration with Medicaid HCBS:** We will align our LTSS services with state-funded programs to ensure seamless access, and maximize cross-agency collaboration.

4. Caregiving

Our plan reflects the deep and increasing needs of caregivers, with a focus on respite, education, and emotional support:

- **Respite Care & In-Home Services:** These remain the most cited needs. LifePath will maintain availability and streamline access through improved care coordination. Among surveyed caregivers, 58% indicated a need for in-home care and 56% cited respite care as essential. For those caring for someone with memory loss or dementia, 64% needed respite care and 62% needed in-home services.
- **Support Groups & Peer Support:** We will continue offering support groups tailored to dementia and other chronic care situations. We aim to offer support groups for those in the early stages of memory loss or dementia.

- **Training & Information:** We will maintain educational workshops and materials, including navigation of community and medical systems, stress reduction, and behavioral health.
- **Kinship and Grandfamilies:** LifePath will continue to work with our local community partners who expertly serve this population.

Cross-Cutting Principles LifePath's approach across all focus areas emphasizes:

- Person-centered planning
- Equity and inclusion
- Community partnerships
- Maintaining essential services through efficient operations and strategic prioritization

Goals, Objectives, and Strategies

1. Older Americans Act Core Programs

Supportive services, nutrition services, and caregiver programs continue to be a core focus of our work. Rural and isolated elders in our area depend on these services to stay independent in their homes.

Goal: Support Wellbeing and Dignity

LifePath will ensure as many older persons and adults with disabilities as possible have the support necessary to maintain their well-being and dignity.

Objective: Support elder nutrition needs

Attend to concerns of isolation, malnutrition, and hunger among as many seniors as possible.

Meals on Wheels

Meals on Wheels are provided short-term or long-term to homebound elders aged 60 and older who are unable to prepare a nutritionally balanced noon meal for themselves and are unable to attend congregate hot lunches. Therapeutic meals are available for certain medical conditions and may be ordered by an elder's health care provider. Frozen meals for weekend use are available. The 60 volunteers who deliver Meals on Wheels ensure daily contact and a "wellness check" for elders who are alone during the day. We serve approximately 680 meals per day.

Senior Dining Centers and Luncheon Clubs

Senior Dining Centers and Luncheon Clubs provide hot, noon meals for people aged 60 and older. Elders can be joined for lunch by their spouse of any age or an individual with a disability who lives in the same household as the elder. The meals offered are at ten area Senior Centers and Luncheon Clubs. Dining Centers offer the opportunity to have a well-balanced meal (600-800 calories), no salt added. Non-sugar desserts are available. In 2024, LifePath served over 15,000 congregate meals.

Nutrition education

Sessions are offered twice annually by our in-house nutritionist at [Dining Centers and Luncheon Clubs](#).

Nutrition consultations

Nutrition consultations are available by phone or in person at home to consumers who receive in-home services from LifePath. The desired outcome of nutrition consultation is improved eating habits, which are shown to lead to positive weight changes and reduced malnutrition and the related health problems and premature death.

Grocery Shopping

Volunteer-provided services are available for State Home Care consumers.

Farmers' Market Coupons

Coupon books valued at \$25 are offered to qualifying seniors. They are distributed in the summer via local Brown Bag grocery supplementing programs. Last year we offered 625 coupon books, one per consumer, and expect this number to decrease this year.

Meal preparation

Service may be available through Home Care service plans.

Objective: Provide access to benefits and services

Address gaps in access to consumer services as identified by the needs assessment and federal and state priorities.

Title III Subgrants

LifePath, as the designated Area Agency on Aging for Franklin County and the North Quabbin, grants Title III funds to eligible Councils on Aging and other organizations for senior services through a biennial RFP process. In 2025, nine organizations received Title III subgrants totaling \$62,667. We

expect subgrant amounts to follow suit with any changes in Title III funding.

Grantee	Program	Funding Category	Grant Amount FY25
Athol Council on Aging	Handyman/Minor Home Repair	IIIB	\$1,500.00
Bernardston Senior Center	Health and Wellness Clinics	IIIB	\$3,000.00
North Quabbin Citizen Advocacy	Supporting Senior Health	IIIB	\$3,000.00
Petersham Council on Aging	Foot Clinic	IIIB	\$1,810.00
Community Legal Aid	Elder Law Project	IIIB - Legal	\$19,197.00
Bernardston Senior Center	YMCA Enhance Fitness	IIID	\$6,000.00
Franklin County's Y	Enhance Fitness at Franklin County's Y	IIID	\$3,000.00
Athol Council on Aging	North Quabbin Memory Café and Caregiver Support	IIIE	\$3,300.00
Bernardston Senior Center	Caregiver Support Group	IIIE	\$4,000.00
The Senior Center	West County Caregiver Support	IIIE	\$5,860.00
The United ARC	Grandparent & Kinship Caregiver Support	IIIE	\$6,000.00
Valuing Our Children	Grandparent Support Group	IIIE	\$6,000.00

Benefits Counseling

Helps homeowners and renters age 60 and older or persons with disabilities find resources to help them stay in their homes for as long as

they choose. Benefits Counselors also help people apply for benefits that help them save money, like Fuel Assistance or SNAP.

SHINE

Our State Health Insurance Program that provides free, one-on-one health insurance information, counseling and assistance to Medicare beneficiaries of all ages. This can help seniors achieve financial savings by matching them with the insurance that most benefits them individually. SHINE served more than 3,600 people in 2024. 54 individuals serve as paid or volunteer SHINE counselors.

ARDC

LifePath is a part of the Pioneer Valley Aging and Disability Resource Consortium (PVADRC), which creates a single, coordinated system of information and access for all persons seeking long-term services and supports, regardless of age, disability or income. Our agency participates in the No Wrong Door program, coordinating with other agencies to integrate access to services through a single, standardized entry process.

Advance Planning

Health Care Proxies are the way a person's wishes are honored even if they cannot communicate those wishes. LifePath has promoted health care proxies through working with the Honoring Choices model and made tools available to residents in our service area. LifePath has a partnership with Hospice of Franklin County regarding advance directive planning.

2. Greatest Economic Need and Greatest Social Need

Goal: Independence

LifePath will work with elders and people with disabilities, their families and caregivers to identify options for independence that work for their unique situation.

Objective: Reduce transportation barriers

Transportation remains a serious challenge for older adults who do not drive.

Rides for Health

Volunteer drivers make a difference to the individuals with whom they are matched by offering door-through-door assisted transportation for home care clients.

Home Care

Home Care Consumers may be eligible for transportation (public, private, PT1) to be coordinated and paid for through their care plan. Case Managers often can facilitate ADA approval.

Objective: Support Health Care Access

Medical Advocacy

The Medical Advocacy program helps to ensure older adults and people with disabilities have the best possible access and benefits of medical care. The people we serve will have access to the medical care they need, feel that they are getting the most out of their medical visits, be able to better manage their health conditions, and be better able to stay living safely at home. Trained volunteers will be matched with consumers in need of medical advocacy. The matched pair begins a relationship supported by the program guidelines and the staff supervisor. The volunteer provides customized medical advocacy, support, and transportation where or when needed (with their own vehicle or by arranging for other means) for the consumer's medical needs. The volunteer works to create a spirit of teamwork among the consumer, provider, and themselves.

Health Care Partnerships

LifePath recognizes the importance of partnerships with healthcare providers to strengthen the continuum of care. We work closely with local

medical practices, the Community Health Center of Franklin County, Baystate Franklin Medical Center, Athol Hospital, and several behavioral health organizations. These partnerships are essential to achieve improved health outcomes, reduce hospitalizations, and to align social needs and medical supports. Our Age-and-Dementia Friendly Initiative will continue to support a more responsive and informed approach to meet the complex needs of aging individuals. We look forward to ensuring that every healthcare provider in our area is fully aware of all the services we offer. LifePath will continue to offer shadowing opportunities for Baystate Franklin Family Medicine residents, along with internships for students from Franklin County Technical School and Greenfield Community College who are interested in pursuing a career in healthcare.

Goal: Connection

Objective: *Maintain socialization programs*

Rainbow Elders

This program attends to the needs of LGBTQIA elders. It offers opportunities and information to lesbian, gay, bisexual, transgender, intersex, queer, questioning, asexual, and aromantic elders, as well as their allies and the community at large. Rainbow Elders helps people build relationships, give and gain support, grow in knowledge and cultural competence, and advocate for human rights so that everyone can live and age with dignity. Living alone or requiring institutional care is more common among LGBTQIA elders. Dedicated services for this population are greatly needed. Rainbow Elders offers programming that allows individuals to meet other members of their community, tell life stories, and grow in their identity. Social events offered by the group include:

- Afternoon gatherings and Picnics: Get acquainted, share experiences, and reflect upon LGBTQIA identities.
- Seminars on a range of topics, including LGBTQIA legal and financial concerns, as well as discussions of specific gender and/or sexual identities.

- Weekly online social and learning gatherings.

Phone Pals

Older adults are matched with an older adult based on interests, hobbies, and life experience for a once-a-week call to relieve loneliness.

Congregate Housing

Combined home care services and shared living space for elders or disabled adults is available. Security, companionship, support and home care services, help residents stay independent and active in the community. Congregate housing is a great option for people who don't want to live alone. Congregate housing: Winslow Wentworth - 18 units; Morgan Allen - 18 units.

Supportive Housing

Supportive housing provides flexible supportive services to residents who reside in housing complexes for elders and persons with disabilities. LifePath works in collaboration with local housing authorities to assist and ensure residents can live safely and independently in their apartments. A full-time staff person is on site to work with residents. The goal of supportive housing is to allow those who already live in elder housing to stay there and get support when and how it is needed. Supportive Housing: Highland Village, Shelburne Falls - 46 units ; Stoughton Place, Gill -14 units; Stratton Manor, Bernardston - 20 units; Squakheag Village, Northfield - 20 units; Elm Terrace Greenfield - 108 units; Sanderson Place, 33 units.

Objective: Maintain Partnerships

We will partner with other organizations to ensure elder needs are included in community priorities.

Citizens Advisory Board

Members advise our agency concerning Older Americans Act programs, community grant making and planning for elders, and nutrition services. Eleven people served on the Citizens' Advisory Board last year representing seven towns.

Medical Providers and Payers

Partnerships with hospitals, VNAs, medical providers, assisted living, nursing facilities, and SCO and OneCare plans ensure we are connecting with a wide variety of constituents and leveraging the power of collaboration to meet mutual goals.

Councils on Aging and Villages

We maintain strong relationships with the 29 COAs and 7 Villages in our community.

Other Community Partnerships

We partner with TRIAD, a crime-prevention and wellness initiative providing food and medical equipment to older adults. Staff members hold a seat on the Community Benefits Advisory Council, which advises the local hospital on community priorities, funding decisions, and the Community Health Needs Assessments with the goal of reducing health disparities, promoting community wellness, and improving access to care for vulnerable populations. We co-chair Community Health Improvement Plan, which identifies priority health needs and disparities and the factors that contribute to them; builds on our strengths by identifying current resources in the community to address priority health issues; identifies the most effective strategies for addressing the priority health needs; reduces gaps and duplication in services; and increases our collective ability to secure resources to improve health in our region; and the North Quabbin Community Coalition, which facilitates coordination between service providers.

Objective: Support Aging in Place

Home Repair

LifePath will continue to administer funds for minor home repairs through an endowment from the Church Street Home Fund managed by the Community Foundation of Western Massachusetts. The funds assist homeowners to make small changes that allow them to remain safely at home. We will continue to update the Home Repair Guide for Older Adults and make it available on our website.

Goal: Equitable access

Objective: Embed values of diversity, equity, inclusion, and belonging (DEIB) into our work

Through our DEIB work, we are working toward a goal of these values being imbued in everything we do. We strive to integrate DEIB practice into all LifePath consumer health assessments and agency policies, and to provide a sustained DEIB assurance approach that supports the comprehensive health and well-being of older adults & those living with disabilities. Currently, we are focusing on these activities:

- Introducing a new DEIB training program for staff and volunteers
- Reviewing policies and procedures to ensure inclusivity
- Participating in outside activities that allow us to learn and engage with marginalized communities
- Providing support and guidance to community members

Objective: Create awareness of programs and services

Outreach

Outreach to those in the greatest social need is conducted (see Attachment B). In particular, we are looking to focus outreach in the next four years on the growing Latino population in our area, people of color, indigenous, and limited English populations. We will continue our efforts to reach people with severe disabilities who could benefit from services. We aim to do this primarily by building long-term strategic partnerships with organizations connected with these populations.

The Good Life

Our weekly newsletter acts as the cornerstone of an awareness-building campaign that also includes social media and traditional media work. The Good Life's print circulation is estimated at 50,000 weekly. We also offer an e-newsletter to over 3,000 subscribers and have a Facebook following of 1,500 people.

Local and social media

We will continue to explore ways of reaching audiences with program and service information through local media such as newspapers and town and COA newsletters and social media platforms such as Facebook. We will explore more local social media usage such as NextDoor and Facebook local groups.

Objective: Preserve financial security

Money Management Program

The program assists elders and persons with disabilities who have difficulty writing checks or managing their basic living expenses for many reasons, including vision difficulties, memory difficulties, and physical disabilities. It also offers Representative Payee services to LifePath clients in certain cases. The Money Management program served about 45 consumers per

month last year. 14 people serve as Bill Pay volunteers, most of whom are elders.

Emergency Needs Funding

Funding can help prevent elders from suffering serious consequences, like the loss of a home, from a short-term financial strain.

Education

People can prevent financial issues from arising with good information, assistance, and education. We use the Good Life, social media, and other publications to educate on these issues and raise awareness of pitfalls and scams.

***Objective:** Identify and respond to reports of elder abuse*

Protective Services

LifePath operates a Protective Services department that handles reports of elders who may be experiencing abuse or neglect by others or for elders who may be unsafe because of an inability to care for themselves. Last year nearly 700 investigations were completed. We expect this number to increase in the coming years. It also conducts outreach and coordination related to potential victims of elder abuse.

***Objective:** Raise awareness of elder abuse*

Marketing

LifePath conducts marketing campaigns defining elder abuse and educating the public on what to do when they suspect abuse, including an annual push around the June 15 World Elder Abuse Awareness day, with articles, social media posts, and more. It conducts mandated reporter trainings for new CNAs, financial exploitation training for various groups, and protective services training for first responders, COAs, and other groups.

Education

We conduct internal trainings on a variety of topics including hoarding, trauma, patient-centered counseling, and more. We plan to put marketing and leadership staff through the Reframing Elder Abuse training offered by the National Center on Elder Abuse.

Advocacy

We also conduct advocacy to fund and support elder abuse prevention and services.

Objective: *Provide legal assistance to low-income elders*

Elder Law Project

LifePath contracts with Community Legal Aid to offer the Elder Law Project through its Title III subgrant process; this program provides legal assistance and representation to the neediest elders.

Referrals

It also refers many people to outside legal services through its Information & Referral center. We maintain strong working relationships with the Franklin County Bar Association and local elder law attorneys.

Objective: *Advocate for residents of nursing and rest homes*

Long-term Care Ombudsman program

The program's purpose is to advocate for residents of nursing and rest homes. The Ombudsman program director also provides education to the community on residents' rights and other issues pertaining to nursing and rest home residents. Four volunteers serve as Ombudsmen.

3. Home- and Community-Based Services (HCBS)

Goal: Support people to live at home and in the community

Objective: *Provide in-home supports*

Care Management Programs

LifePath offers many additional in-home supports, mostly funded outside the OAA, including but not limited to homemaking; personal care; grocery shopping; chores; personal emergency response systems; Adult Day programs; dementia coaching; Enhanced Community Options Program (ECOP); Community Choices; Elder Home Care and Community Based Waiver Program; Senior Care Options; Personal Care Attendant; Adult Family Care; Supportive Housing; Congregate Housing; Nursing; and medication monitoring, dispensing, oversight and administration. These supports are available through vendored services or consumer-directed options.

Objective: *Support successful care transitions*

Care Transitions

LifePath facilitates care transition assistance for individuals transitioning from area hospitals and skilled nursing facilities. Trained staff connect individuals and their care partners, when appropriate, with essential services such as Meals-on-Wheels, home-based services, or benefits counseling. When working with an individual in a skilled nursing facility, staff can also assist with finding housing or obtaining resources for needed equipment or minor home modifications to make the transition smoother. We seek to strengthen multi-disciplinary discharge meetings involving staff from the hospital or a facility and other community providers as well as LifePath staff to enhance communication and collaboration. Staff will follow consumers in the home for a short period of time to ensure follow-up on referrals. We also work closely with staff Senior Care Options and One Care (SCO/One Care), managed care entities, to monitor care transitions.

We are actively exploring additional care transition opportunities with new payors.

Objective: *Respond to behavioral health needs*

Clinical Services

Clinical behavioral health and dementia support services through grants are available to support those with specific needs. Several grants, including Behavioral Health for Older Adults Program (BHOAP), support this program. The clinical services program's desired outcome is to improve safety, physical and emotional well-being, and financial security of clients; we have begun measuring outcomes and will use the results to evaluate the program in the future.

Hoarding

Franklin County's Hoarding Task Force builds connections and resources needed to help people whose behavioral health problems have put their housing at risk. We offer education on hoarding on our website and newsletter.

Objective: *Engage the community in planning for aging well*

Age- and Dementia-Friendly

Recognizing that we as the AAA cannot be everything to everyone related to aging, and noticing that many older adults in our community are interested in working toward the common goal of making our area a great place to age, LifePath hosts the Age- and Dementia-Friendly initiative for our region. The project is currently in the middle of its 2024-2028 Action Plan process, which requires us to continue to engage multiple stakeholders and community members in this work.

4. Caregiving

Goal: Healthy Caregiving

Objective: *Support unpaid caregivers*

Options Counseling

This free service provides information and support to consumers to assist them in decision-making. Our professionally trained community options resource specialists work with consumers and families to address specific individual needs.

Family Caregiver Program

The program provides elder care advice in the caregiver's home and information on programs and services at no charge.

Respite Services

Respite allows caregivers to take a much-needed break from their important work of caring.

Information & Caregiver Resource Center (ICRC)

Our Resource Consultants are experts in available area programs and services that support elders and caregivers. They can help determine what help an elder needs, how often it is needed and how that help will be paid for.

Caregiver Grants

We will continue to offer limited funding for short-term, temporary respite for caregivers, including grandparents raising grandchildren under the age of 18. These breaks allow caregivers to rest, recharge, and maintain their own health while their loved one continues to receive safe, supportive care. Grants can be used flexibly and creatively to meet each caregiver's unique need whether for respite care, camperships, gym memberships, or even therapeutic tools like electronic companion pets.

Pay for Caregivers

LifePath remains deeply committed to supporting caregivers by helping them meet their own needs while caring for a loved one. We recognize that caregiver well-being is essential to sustaining quality care at home.

Caregivers may also be eligible to be paid for providing care for a loved one (excluding spouses and children under the age of 18) through programs such as Home Care, Adult Family Care, Personal Care Attendant, and as respite providers.

In addition, LifePath will continue to offer ongoing and time-limited caregiver support through educational sessions, support groups, and one-on-one consultations to explore options or address specific caregiving challenges. For those caring for an individual with dementia coaching sessions are available.

Objective: Support for Dementia Caregivers

Dementia Caregivers Support Groups

Groups are for caregivers of people with memory disorders such as, but not limited to, Alzheimer's disease. Groups are located at our main offices, at senior centers, and virtually. Groups help caregivers remember that they are not alone, and allow them to exchange experiences and help one another as they care for a loved one.

Dementia Coaching

One-on-one dementia coaching sessions are available through home visits, telephone, and videoconferencing. Dementia Coaching surveys people's ability to respond to behavioral challenges, constructive ways of interacting, awareness of ways to make home safer and more dementia friendly, ways to engage people in activities, knowledge to access further evaluations, if necessary, and strategies for managing caregiver stress.

Goal: Dementia Awareness

Objective: *Advance our community's and organization's preparedness to work with dementia.*

Advanced training on dementia will be offered to field staff. Dementia trainings will be offered throughout the community through our Age- and Dementia-Friendly program to increase awareness and understanding of dementia.

Performance Measures

Quality Management Activities

LifePath has a Quality Assurance Plan, outlining in detail the leadership, responsibilities, goals and objectives, standards and implementation details and how outcomes will be evaluated to assure quality services. The Plan summary is attached as Attachment N. The Management Team functions as the Continuous Quality Assurance Committee (CQAC) with guidance from the Board of Directors. The QA and Contracts Manager sends out surveys to consumers, surveys colleagues outside the agency about their experiences with LifePath programs and staff members, and surveys case managers about vendors.

Title III sub-grants and in-house programs are monitored annually through a personal visit from the Title III Grants Monitor, during which required practices, records, client evaluations, and financial systems are reviewed. Care is taken to try to observe the funded activity in action, when possible, in the course of the visit. Reports on each program are submitted to the State Planner, including suggestions for improvement in meeting standards for Title III, and any required corrective actions are noted. The Citizens Advisory Board and the Board of Directors of LifePath review results of these reports. The Planner, who also reviews regular service and expense report forms from sub-grantees, offers ongoing technical assistance to sub-grantees. Title IIIC programs annually review consumer satisfaction and outcomes using EOE standardization survey tools.

LifePath meets periodically with Council on Aging Directors from the 30 Towns to work on joint projects and share news of new programs and changes in services. Many volunteers of LifePath are located in the Senior Centers to make them more available to area elders in the large geographical area we serve, and we offer trainings in these programs to COA Directors and their staff. Feedback from the COA's at the quarterly meetings helps us to improve the programs.

Continuous monitoring

Outreach, satisfaction surveys, and quality assurance and improvement provides guidance for programmatic decisions and gaps in service.

Measures

Process Measures

Measures are reviewed for trends to identify opportunity areas or successes.

- Units of service delivered
- Individuals served

We review ratios and period over period trends for process measures.

Compliance Measures

These are typically specified by the contract and ensure we are meeting expectations related to service delivery.

Quality Measures

We measure our progress on quality improvement (QI) efforts by looking at measurements of data accuracy and completeness, staff training, QI projects, tools, and evaluation methods themselves.

Satisfaction Measures

Measures are reviewed to ensure consumers are satisfied with services via self-reported survey data. We also track compliments and complaints related to programs.

Outcome Measures

Outcome measures are connected to the desired impact of programs, as defined by the program's contract, logic model, or theory of change. They are typically measured by self-reported survey information, including:

- Portion of consumers reporting improvement in the area they were referred for
- Portion of consumers reporting improved ability to live safely at home
- Portion of consumers reporting improved measures of wellness

Attachments

Attachment A: AAA Assurances and Affirmation, 2026

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

OAA Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

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

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
 - (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity

undertaken by the agency, including planning, advocacy, and systems development, v include a focus on the needs of low-income minority older individuals and older indiv residing in rural areas.

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal

- year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

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

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

- (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
 - (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

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

- (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Attachment B: AAA Information Requirements, 2026-2029

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

Describe the activities and methods that demonstrate that the AAA will:

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

Each sub-grant awarded by LifePath outlines priority populations to be served which includes the individuals in greatest economic and social need and elders needing assistance with health programs. Specific Objectives in the Plan which assist elders in greatest economic need are the Community Legal Aid providing the Elder Law Project; the Benefits Counseling Program; emergency funds; Farmers Market Coupons; Home Repair services; Home Delivered Meals and wellbeing checks on 500 homebound elders each weekday; Title III Dining Centers/Luncheon Clubs; providing emergency frozen and shelf stable meals, fuel, fans and other assistance to area elders as needed; participating in the Belly Bus Campaign; explaining benefits and how to access them through print and radio and local access television; providing Dementia and Memory Disorders Support Group; identifying risk levels of consumers at assessment and reassessment; seeking special funds from donors, foundations or corporations to fund elder emergency food, fuel, caregiver and home heating needs, providing respite awards and practical skills trainings to caregivers; providing two sub-grants for Grandparents parenting groups; and providing quarterly social gatherings for LGBTIQIA elders.

(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;

The LifePath service area is the most rural of any Area Agency on Aging area in the state, according to all Federal Standards on rurality. Title III B, D and E sub-grants are planned to better provide service across the large geographical area. Transportation will be purchased for clients for demand/response service, taxi services, private car MedRide services out of county, and our own Rides for Health volunteer assisted transportation service.

LifePath serves one of the poorest areas in the state; a Basic Benefits Counseling and Application Assistance Program provides trained volunteers (and trains some COA staff) to meet with elders at home or in community settings to assist them to access fuel assistance, SNAP benefits, housing repair grants and loans and any other benefits they are eligible for, in order to free up more of their limited income to be available to pay bills. The service will continue to be refined and offered in the coming years, seeking additional grants and support from United Way of Franklin County.

Low income minority individuals are scattered throughout the population and are reached and served in the same way we serve the general population, but we plan to enhance our efforts to reach these groups through strategic partnerships. We continue to use translation and interpreting services as needed to address language needs.

LifePath uses local media extensively to reach rural elders with news of our programs in local newspapers delivered to their homes and TV and radio programming. Facebook and Google are now primary ways that residents find us. Outreach to community gatherings is conducted regularly and callers and visitors are received at the Information and Caregiver Resource Center.

LifePath is planning to continue social events including educational and intergenerational exchange topics for LGBTQIA elders under its Rainbow Elders program.

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

Describe the activities and methods that demonstrate that the AAA will:

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas [as germane] within the planning and service area;

AAA Response:

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

Describe how the AAA will use outreach efforts that will:

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

AAA Response:

4. OAA Section 306 (a)(6)

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

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

LifePath conducts QA activities for its programs and surveys participants regularly to gauge client satisfaction with services. Focus groups and public hearings are held in forming the goals and objectives of the Area Plan. On an ongoing basis, meetings are held with the Citizens Advisory Board, whose members are elected by local meal sites, and with Councils on Aging in the service area to gather their views on our services. The Money Management Program Advisory Council provides input to the ongoing improvement of the Money Management Program and support for the program volunteers. Some Board of Director members are appointed by the local Councils on Aging and provide feedback on LifePath services provided

at the Senior Centers, such as SHINE or Benefits Counseling or Healthy Aging evidence based programs. Participants at our dining centers and luncheon clubs provide feedback to site managers and their feedback is communicated to the caterer. Services are developed, changed or refocused in the development of the Area Plan and in programs or services to reflect this input whenever possible. QA activities will continue throughout the four years of the plan, especially client satisfaction surveys, which are required of every sub-granted and in-house Older Americans Act funded program. The Board of Directors receives all QA reports, consumer satisfaction survey results, and program and audit reports.

(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;

There is ongoing attention to policy matters affecting elders locally, in Massachusetts, and nationally and advocating on these issues is ongoing.

LifePath serves as an advocate and focal point for elders in the service area in its participation in area organizations' Boards of Directors and Advisory Boards and in its cooperation with area Councils on Aging. LifePath will directly contact town officials or state or federal legislators concerning any budgetary, regulatory, or policy proposals that directly and negatively impact elders and regularly publishes an insert section in local media called The Good Life in which local elder issues are explored in depth. Focus groups and public hearings were held with area elders to help develop the new Area Plan. LifePath conducts outreach to elder advocates here and in the community to ask them to send advocacy messages to their representatives on federal, state and local issues that will affect area seniors. Rainbow Elders takes on advocacy specific to the needs of LGBTIQA elders.

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

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

AAA Response:

6. OAA Section 306 (a)(7)

Describe how the AAA will address the following assurances:

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

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

LifePath offers a number of services beginning with I&R, Options Counseling and Caregiver Services to educate and assist elders and persons with disabilities. Programs operate using a model of person-centered planning and consumer choice, through vendored services, such as State Home Care, and/or consumer directed care. The Long-Term Care Home Ombudsman Program provides Elder Rights trainings to local organizations and interprets long-term care rights of elder residents and regulations of facilities to staff of local rest homes and nursing homes. LifePath provides counseling and assistance with discharge planning, work with families and care

planning to elders and persons with disabilities through the Nursing Facility Initiative and CSSM in area skilled nursing facilities. LifePath cooperates with the Stavros Center for Independent Living and other area ASAP/AAA agencies in the Pioneer Valley ADRC in providing and collaborating around options counseling, targeted discharge planning, SHINE Counseling, and training of staff. LifePath will continue to participate in area collaborations with post-acute workgroups including hospitals, nursing facilities, certified home health agencies, patient centered medical homes, ACOs, and others to prevent re-hospitalizations, serve dually eligible SCO and One Care members, work on smoother care transitions and other projects. Bi-monthly meetings on risk management include internal staff, vendors and Hospice staff. LifePath collaborates with TRIAD as well as VNAs to refer clients. The Director of Client Services participates in the Community Benefits Advisory Council in partnership with the local hospital. The Planner participates in a Community Health Improvement Plan (CHIP).

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;

The state planner has approved all sub-grants (one) under Title IIID to Councils on Aging and other local agencies “evidence-based:” YMCA EnhanceFitness. We will also offer evidence-based falls prevention programs.

LifePath assessment staff check for elder safety in their review of their home environment and recommend changes to enhance the client’s safety or health, for example, by arranging for grab bars and ramps to be installed or recommending a personal emergency response system, etc. Options counselors are trained in the Coleman 30 day Care Transitions Intervention and a mental health grant through a foundation may bring additional evidence-based interventions into practice locally. LifePath also has a dementia coach and a biweekly support group.

7. OAA Section 306 (a)(10)

Provide the policy statement and procedures for assuring that the AAA will:

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

LifePath monitors each sub-grantee annually to assure that grievance postings, explaining how participants who believe they have been denied services may file a grievance, are posted at the program site or given to participants in writing. Grievance procedures are also explained at intake to elders receiving services in Home Delivered Meals and are posted at local meal sites. Elders who call asking about the possibility of filing a grievance have the process explained and are assisted in filing.

8. OAA Section 306 (a)(11)

Describe the procedures for assuring the AAA will:

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

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

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

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

AAA Response:

9. OAA Section 306 (a)(17)

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

LifePath has coordinated activities that will occur during a disaster with emergency managers in all 30 towns of its service area and neighboring communities in western Mass and maintains a Non-Emergency Town Grid that is used instead of 911 to connect to town emergency personnel to coordinate information and activities during emergencies/disasters. LifePath personnel meet with long-range emergency planning groups at the Franklin County Council of Governments and the Athol Hospital as meetings are scheduled, to explain our role with clients during emergencies. MEMA/FEMA officials also attend.

LifePath seeks funds through grant proposals to Farnsworth Trust, Boynton Fund, Katherine Pierce/ Little Necessities and other foundation and corporate supporters annually in order to provide emergency food, fuel, fans and other assistance to area elders. We also participate in the Hunger Taskforce of Franklin County with Community Action, Community Meals, the Survival Center, food pantries, the Western MA Food Bank and other food providers to assist with food collections to increase food available to low income elders and their families. Each year, LifePath delivers Farmers Market Coupons to area low-income elders, teaming up with area Brown Bag Food Bank distributions at local Senior Centers.

Elders accessing our programs are warned about hyperthermia and hypothermia at the appropriate season and are given written tips and provided equipment and assistance to help avoid these conditions. They are informed about weather preparedness at appropriate seasons.

The agency maintains and Emergency Response and COOP plans to ensure continuity of business operations and participation in assisting elders following any type of emergency situation, including HR resources and 24/7 on-call staff.

10. OAA Section 307 (a)(11)

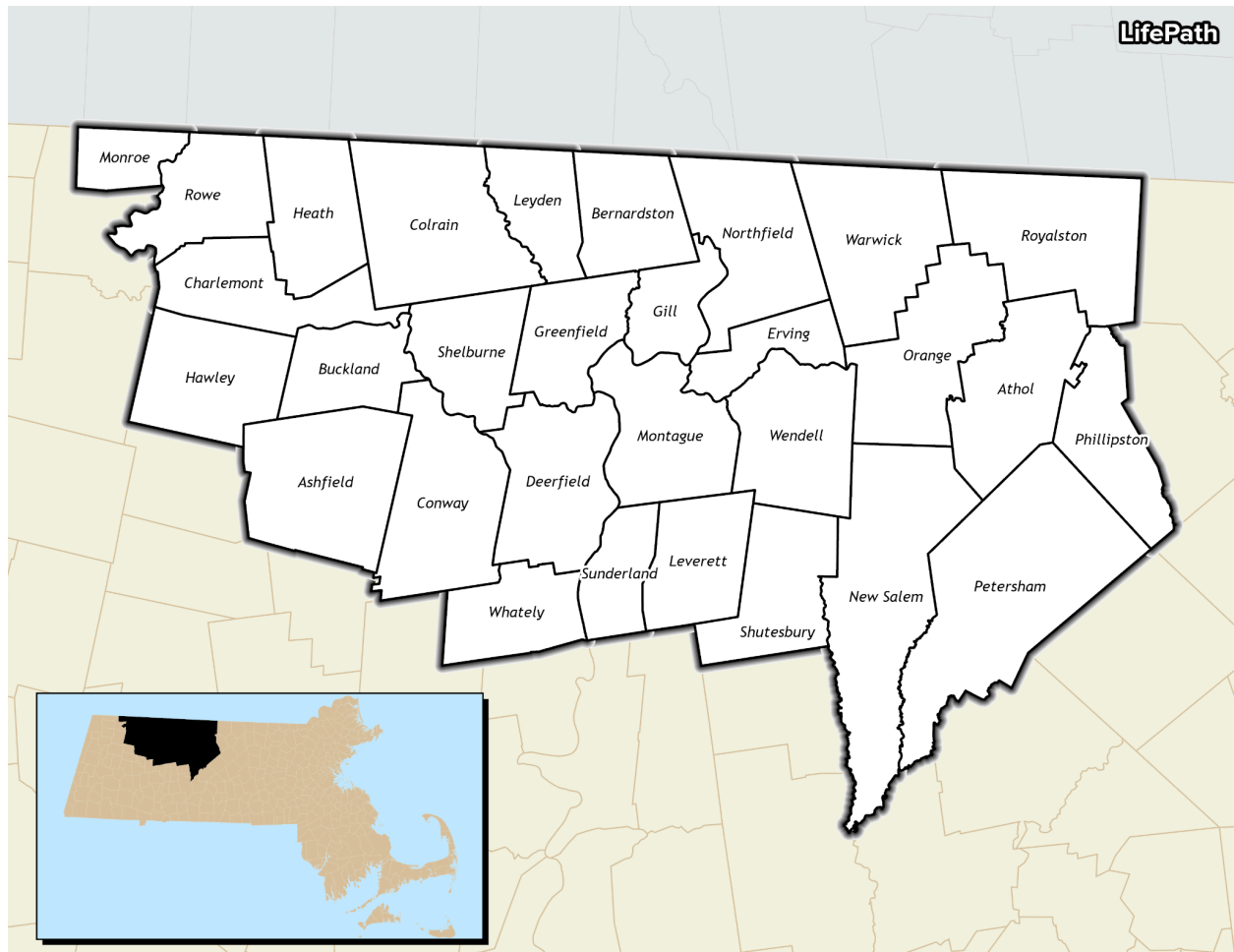
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:

(E) ...contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities,

protective services, defense of guardianship, abuse, neglect, and age discrimination.

AAA Response:

Attachment C: AAA Planning and Service Area Map(s)



Attachment D: Needs Assessment Project and Public Input

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

1. Surveys were distributed to older adults and caregivers in Franklin County, MA and throughout the North Quabbin region. A physical copy of the survey was sent via mail to members of LifePath. A link to the electronic version of the survey was sent out in two LifePath newsletters, was posted on Facebook, and was linked on the LifePath website. LifePath representatives attended vaccine clinics, health fairs, older adult housing, and food pantries to encourage older adults to fill out the survey on paper. The survey was available from September 23rd, 2024 until December 1st, 2024. There were a total of **545 surveys collected and transcribed. 453 surveys were completed by older adults and 93 were completed by caregivers.** There were 14 older adult surveys with a reported age younger than 60 or no reported age. The distribution of representation across the 30 towns served by LifePath was representative of the population LifePath serves. Results can be found on page 11. The most reported concern regarding the survey itself was the complexity of the questions and the format of the paper surveys. One group we did not hear from was Black older adults, who we tried to reach through community champions, but our efforts were insufficient.

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

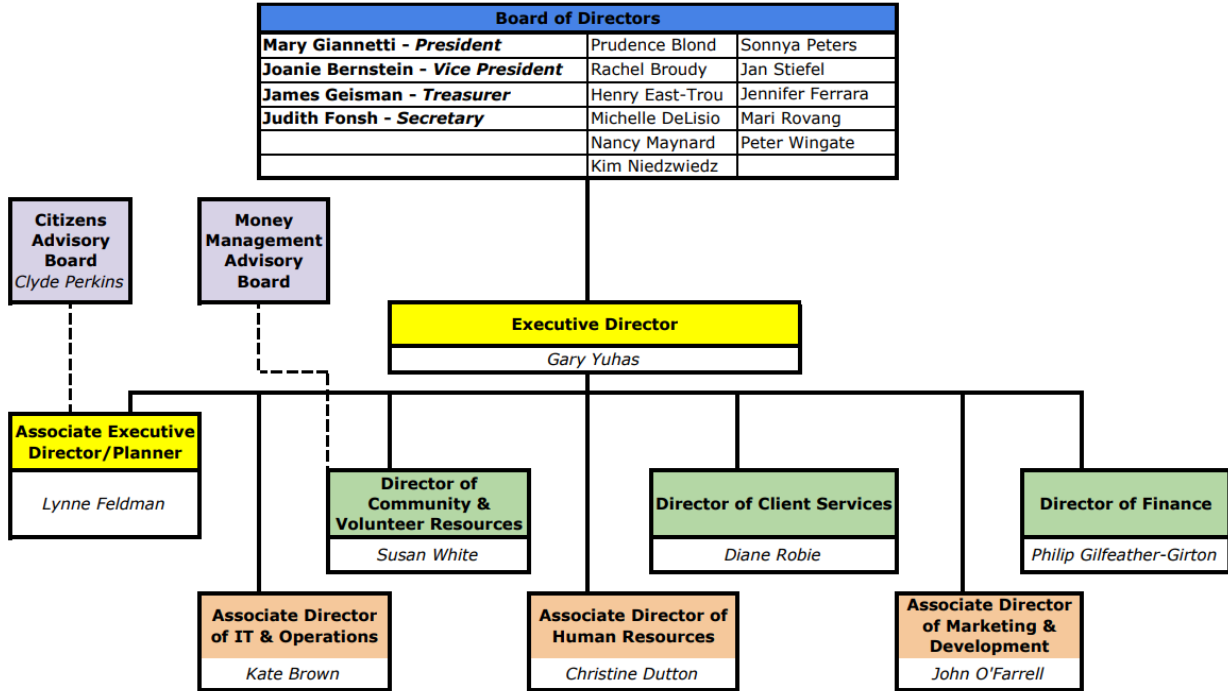
After the Needs Assessment, additional outreach to local leaders in Hawley resulted in getting input from several community members via paper

survey and LifePath attending a COA meeting to further discuss the needs of area elders.

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

Draft to come

Attachment E: AAA Organizational Chart



Attachment F: AAA Administrative and Financial Information

- AAA Corporate Board of Directors – Form 1
- AAA Advisory Council Members – Form 2
- AAA Designated Focal Points – Form 3
- AAA Title III-B Funded Services – Form 4a
- AAA Title III-C1/2, D, E and OMB Funded Services – Form 4b
- AAA Title III-E Family Caregiver Breakout – Form 5
- AAA FFY2026 Projected Budget Plan

Draft to come

Attachment G: Emergency Preparedness

By October 1, 2025 the AAA Will Establish the Following Emergency Planning Documents to comply with § 1321.97 and § 1321.103, including:

- The AAA's continuity of operations plan (COOP)
- All-hazards emergency response plan (e.g. fire, flood, snow, hurricane, cyber incident, etc.)
- Long-range emergency and disaster preparedness plan describing coordination activities for the development and implementation of the plan.

The COOP & all-hazards emergency response plans will be based on a completed risk assessment. LifePath plans to coordinate with the State Unit on Aging on emergency planning and response. We will outline emergency management hierarchy/coordination among organizational types named in §1321.97 (b)(2) (e.g. MEMA, AGE, ASAP/AAA relationship, town/city actions, COAs, etc.). AAAs annually receive a letter from AGE instructing AAA Directors on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers.

Additional Attachments

Draft to come

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