



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

AREA PLAN ON AGING 2026-2029

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Contents

Contents	2
Executive Summary.....	5
Mission and Goals	5
Pillars of Our Work.....	5
Fairness and Respect for All	6
LifePath’s Work	6
Focus Areas.....	7
Additional Considerations.....	7
Target Population	7
Context	8
Needs Assessment Overview	8
Needs Assessment Results Summary	9
History of top priorities for older adults.....	10
Goals, Objectives, and Strategies	12
1. Older Americans Act Core Programs.....	12
Goal: Support Wellbeing and Dignity	12
2. Greatest Economic Need and Greatest Social Need	14
Goal: Independence.....	14
Goal: Connection	16
Goal: Equitable access	19
3. Home- and Community-Based Services (HCBS).....	23
Goal: Support people to live at home and in the community	23
4. Caregiving.....	25
Goal: Healthy Caregiving.....	25
Goal: Dementia Awareness.....	27
Performance Measures.....	28
Quality Management Activities	28

Attachments	29
Attachment A: AAA Assurances and Affirmation, 2026	29
Attachment B: AAA Information Requirements, 2026-2029	41
Attachment C: AAA Planning and Service Area Map(s).....	52
Attachment D: Needs Assessment Project and Public Input.....	53
Attachment E: AAA Organizational Chart.....	57
Attachment F: AAA Administrative and Financial Information	58
Attachment G: Emergency Preparedness.....	72
Attachment H: Needs Assessment Results.....	73
Data Collection Tools	73
Older Adult Survey Respondent Demographics	74
Social and Economic Factors	78
Physical Environment.....	80
Health & Chronic Disease	82
Identified Needs from Community Survey	83
Top Reported Needs	83
Reported Needs in High Risk Groups.....	83
Focus Group Findings.....	85
Health and Wellness Unplugged Focus Group.....	85
Transportation Focus Group.....	89
Attachment I: Qualitative Feedback.....	92
Attachment J: Annual Report.....	95
Attachment K: Brochure.....	96
Attachment L: Grievance Policy	98
Attachment M: Title III Subgrant List.....	99
Attachment N: Performance Measures	100
Attachment O: Focus Area Detail	102
1. Older Americans Act Core Programs.....	102
2. Greatest Economic Need and Greatest Social Need.....	103

3. Expanding Access to Home- and Community-Based Services (HCBS)	
.....	104
4. Caregiving	104

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*.

Pillars of Our Work

Choice: We recognize that consumers and their loved ones know what works best for them and their situation. We listen first from a place of compassion and understanding. Then we provide options. We honor self-determination and choice.

Inclusion: We welcome and value all people. Our agency is dedicated to an ongoing effort to achieve the goal of greater diversity among our employees, volunteers, vendors, consumers, and others whom we serve. As an agency, we are committed to appreciating and investing in our staff through ongoing training opportunities, schedule flexibility, and continued efforts to minimize wage gaps.

Well-Being: We strive to foster healthy environments that encourage growth and learning for staff, volunteers, and consumers. We partner with individuals to build nurturing relationships and to create holistic, strength-based plans that promote the well-being of the whole person.

Community: We believe we strengthen our communities by supporting all individuals. Developing strong partnerships allows us to find creative solutions, pool resources, and lift up each other.

Stewardship: Through careful and responsible management, we provide quality outcomes, maintain and protect personal data integrity and financial assets. Our forward thinking approach is responsive, adaptive and aims for excellence.

Social Action: As an anti-racist, advocacy agency we are compelled to take social action to create just, fair, and equitable societies that value all individuals.

Fairness and Respect for All

LifePath is committed to diversity in employment practices and service delivery. Our agency prohibits discrimination and takes affirmative action to serve people in our community with fairness and respect. We recognize that differences among people may be barriers to inclusion. These differences include race, physical appearance and ability, sex, age, language, nationality and ancestry, class, religious and political beliefs, marital status, sexual orientation, and gender identity. We welcome and value all persons, and we dedicate our agency to an ongoing effort to achieve the goal of greater diversity among our employees, clients, and others whom we serve.

LifePath's Work

With a staff of over 125 and volunteers of over 200, LifePath provides **over 30 programs and 9 volunteer programs** to serve this mission, including Meals on Wheels, SHINE Counseling, Protective Services, Home Care Services, and Caregiver 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 K: Brochure for a complete program listing.

Focus Areas

The activities in this plan will focus on Older Americans Act Core Programs, Greatest Economic Need and Greatest Social Need, Expanding Access to Home- and Community-Based Services (HCBS), and Caregiving. LifePath's approach across all focus areas emphasizes person-centered planning, equity and inclusion, community partnerships, and maintaining essential services through efficient operations and strategic prioritization.

Additional Considerations

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

1. Support aging in communities;
2. Advocate for funding to support programs that help people age well;
3. Minimize disruption associated with potential service cuts;
4. Focus on program quality improvement; and
5. Ensure person-centered care.

Target Population

LifePath is dedicated to the well-being of older adults, individuals with disabilities, and caregivers across Franklin County and the North Quabbin Region. Through person-centered service coordination, education, and support, we seek to create culturally responsive integrated systems of care that are informed by best practices. LifePath aspires to support people of all cultures, ages, and abilities to find their path to living and aging with dignity.

Context

The early 2020s, when the last Area Plan was published, brought the COVID-19 pandemic along with social and economic changes. We worked to meet the changing needs of the aging, caregiver, and disability communities by adapting existing 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 the Age- and Dementia-Friendly initiative. As of this writing in 2025¹, there is a push by a new administration to cut federal programs and a budget retraction at the state level is resulting in cuts. We have been planning for a variety of scenarios well before the last election. We have been taking a critical look at what services we provide, while looking for ways to be more efficient and more effective. Even so, we already know that some of the programs we have today will not exist in the future. As a nonprofit organization, we have accountability to those we serve, our communities, our partners, our LifePath team, and other stakeholders. We have serious concerns about our ability to respond to the needs cited in this report with shrinking funding and a growing older adult population. As increasingly difficult times descend upon us, we commit that we, together with other service providers and the community at large, will do our absolute best to collaboratively weather these challenges.

Needs Assessment Overview

Our goal was to collect data to inform 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. Starting at the end of September 2024, until the end of January 2025, LifePath distributed its survey. In

¹ Yuhas, Gary. "At the 50 Year Mark, a Challenging Path Ahead" The Good Life, March 28, 2025, <https://lifepathma.org/stories/at-the-50-year-mark-a-challenging-path-ahead/>

total, 546 surveys were collected. 93 Surveys were from caregivers, and 453 were from older adults. We also conducted two focus groups.

Needs Assessment Results Summary

The majority of respondents were women (74.7%) and White (94.5%), with most falling in the 70–74 age range. While the area is predominantly rural—with 73% of towns designated as “rural level 2”—survey participation reflected the geographic diversity of the population. Many older adults reported disabilities, particularly ambulatory difficulties, and a significant portion live on limited incomes or experience food insecurity. 20% reported annual incomes under \$20,000. Nearly half (43.2%) of respondents identified transportation as a pressing need, and nutrition support, housing stability, and access to healthcare and social connection were frequently mentioned.

Survey analysis revealed that different subgroups of older adults have distinct needs. For instance, those over age 90 prioritized in-home support and access to care, while younger older adults (ages 60–70) highlighted affordable healthcare and opportunities for staying active. Low-income older adults reported more needs overall, especially in areas like transportation, legal services, and affordable housing. Those experiencing memory loss or cognitive decline placed a higher priority on long-term services and supports. Findings from two focus groups added depth to the data, highlighting systemic issues such as confusing healthcare paperwork, limited access to mental health services, and transportation barriers—particularly in remote or poorly served areas.

Some programs were praised, including LifePath’s SHINE program, Village/Neighbors programs, and Meals on Wheels program. Focus group participants emphasized the importance of physical activity, mental health support, and nutrition but noted barriers such as high food costs, insufficient pantry options, and poor transportation infrastructure. Participants expressed a desire for more accessible and reliable transit options, better information sharing about existing services, and continued investment in wellness and support programs. The findings underscore the

complexity of aging in rural communities and point to actionable areas for improving quality of life for older adults across the region.

History of top priorities for older adults

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

Caregivers reported high levels of stress, particularly around navigating complex service systems, managing health care coordination, and balancing caregiving responsibilities with their own personal and professional lives. Many caregivers expressed a need for respite services, better access to

information about available supports, and more structured opportunities for training and peer support. These findings highlight the need for targeted interventions to support those who are often the backbone of care in rural communities.

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

Objective: *Support elder nutrition needs*

Attend to concerns of isolation, malnutrition, and hunger among as many older adults 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 54 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 related health problems and premature death, as well as managing the impacts of chronic conditions.

Grocery Shopping

Volunteer-provided grocery shopping services are available for Home Care consumers.

Farmers' Market Coupons

Coupon books are offered to qualifying low-income older adults. They are distributed in the summer via local Brown Bag grocery supplementing programs. Last year we offered 650 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 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. (See Attachment M for full subgrant list).

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 older adults 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 Pioneer Valley Hospice & Palliative Care regarding advance directive planning.

2. Greatest Economic Need and Greatest Social Need

Goal: Independence

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

Objective: Reduce transportation barriers

Rides for Health

LifePath's volunteer Rides for Health drivers support Home Care consumers by providing both companionship and rides to medical appointments. Focus on creating steady access to health appointments in Franklin County is a high priority for LifePath.

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.

Resource Guides and Referrals

LifePath maintains a transportation resource guide and our Resource Consultants can connect callers with transportation resources.

Objective: Support Health Care Access

Medical Advocacy Pilot Program

The Medical Advocacy pilot program helps to ensure older adults and people with disabilities have access and support during medical care interactions with providers. This small pilot volunteer program utilizes trained volunteers matched with LifePath Home Care consumers who are in need of extra advocacy support during medical appointments.

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 provides a social support network (both virtually and in person) for LGBTQIA+ older adults. Rainbow Elders has a steady history that continues to manifest in current social activities that provides connection opportunities to lesbian, gay, bisexual, transgender, intersex, queer, questioning, asexual, and aromantic elders, as well as their allies and the community-at-large such as:

- Monthly in-person social & potluck gatherings at the local library
- Monthly virtual conversations and social networking forums with special speakers on topics ranging from loneliness, to money management.
- Monthly lunches supported by LifePath Nutrition program that offer in person conversations and discussion topics that address the issues of the current day, with a focus on support networks and information sharing.
- Access to the LifePath Rainbow Elders Group Facilitator for 1:1 calls and meetings for support and information or to learn more about engagement with the Rainbow Elders Steering Committee.

Phone Pals

Older adults are matched with a LifePath volunteer who provides a weekly companionship call to ease isolation. The matches are based on interests, hobbies, and life experience for a once-a-week call to relieve loneliness. This program is currently available only to Home Care consumers.

Congregate Housing

Combined home care services and shared living space for older adults 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 do not 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 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

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 collaborate 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 the 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 and accountability
- 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 small 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. We have inventoried nine of the Franklin County COAs/Senior Centers and learned how to better meet their needs over the next four years regarding information sharing about LifePath services. We will be collaborating on more regularly updated information and service updates that will be shared in COA and Senior Center newsletters. For example, our nutritionist writes articles that are then distributed to the COAs for inclusion in local newsletters.

Objective: Preserve financial security

Money Management Program

The program assists older adults and persons with disabilities who have difficulty managing their basic living expenses. This support may include writing checks, balancing a checkbook, sorting bills and adhering to a budget plan. Money management is integral to an older adult's right to remain in their home. A person's physical and mental well-being can be compromised for many reasons such as vision difficulties, memory difficulties, and physical disabilities requiring a person to need a little extra support from a LifePath Money Management volunteer. In some cases, LifePath offers Representative Payee services to the most compromised consumers. LifePath is committed to grow the volunteer base in the area to serve more of the most vulnerable older adults in our community over the next four years. LifePath served close to 45 consumers per month last year.

Emergency Needs Funding

Funding can help prevent older people 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 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.

Advocacy

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

***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 training for new CNAs, financial exploitation training for various groups, and protective services training for first responders, COAs, and other groups.

Education

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

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. We conduct internal training periodically to ensure team members are aware of legal services.

Referrals

LifePath 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. Volunteer Ombudsman number up to six depending on volunteer availability. The Ombudsman work closely with the Community Transitions Liaison Program for residents who want to return to community living.

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; Home Care programs; Senior Care Options; 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 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 payers.

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. We participate in the Older Adult Behavioral Health Collaborative. We are also a member of the Three County Continuum of Care (housing resources).

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.

Violence

We participate in the Task Forces on Sexual and Domestic Violence through the Northwestern District Attorney's Office.

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

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, 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.

Advocacy

We conduct advocacy to fund and support Family Caregiver work.

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 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 EOEA standardized nutrition 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.

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

See Attachment N for detailed measures.

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, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the

- Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2026 and affirm their Area Agency on Aging's adherence to them.

Area Agency on Aging:

5/21/2025
Date

Mary M. Smith
Signature - Chairperson of Board of Directors

04/17/2025
Date

Clyde Perkins
Signature - Chairperson of Area Advisory Council

6/5/2025
Date

Janet H. White
Signature - Area Agency on Aging Executive Director

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 older people 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 LGBTIQQA 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 we also provide transportation through 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;

Prospective providers must include details on their priority populations and how they will engage with and support low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider. Providers will be selected by Citizens' Advisory Board based on these commitments and provider agreements with AAA will indicate requirements for serving the identified priority populations and reporting on older adults served.

(II) 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

Providers of services through the AAA are required to utilize funding specifically to support one or more of the priority populations listed above and are prohibited from changing a cost for services provided through AAA funding.

(III) 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;

Providers' objectives for supporting and providing services to priority populations are outlined within their proposals. Providers will be selected by Citizens' Advisory Board members based on these objectives. AAA Planner will monitor progress in meeting their goals and objectives through periodic reports of units and consumers served and annual monitoring of program compliance.

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

Describe how the AAA will use outreach efforts that will:

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

We consistently engage with community partners including local Councils on Aging, towns, health care providers, human service organizations, Villages, and others via social media, community presentations, email, information material distribution and other means. This outreach is intended to educate providers on essential AAA and ASAP services, so individuals in need may be properly triaged for services and supports. These and other outreach activities also directly intended to reach target populations, including underserved individuals.

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 older adults. Rainbow Elders takes on advocacy specific to the needs of LGBTIQ 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;

LifePath will support sharing of any information available from the SUA about assistive technology. We can share information through our newsletters, social and traditional media, and Meals on Wheels drivers and social workers.

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 older people 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. 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;

There are few Native Americans in the area; however, we will continue to work with Native groups to ensure that everyone has access to information about services and programs.

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 Task Force 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)

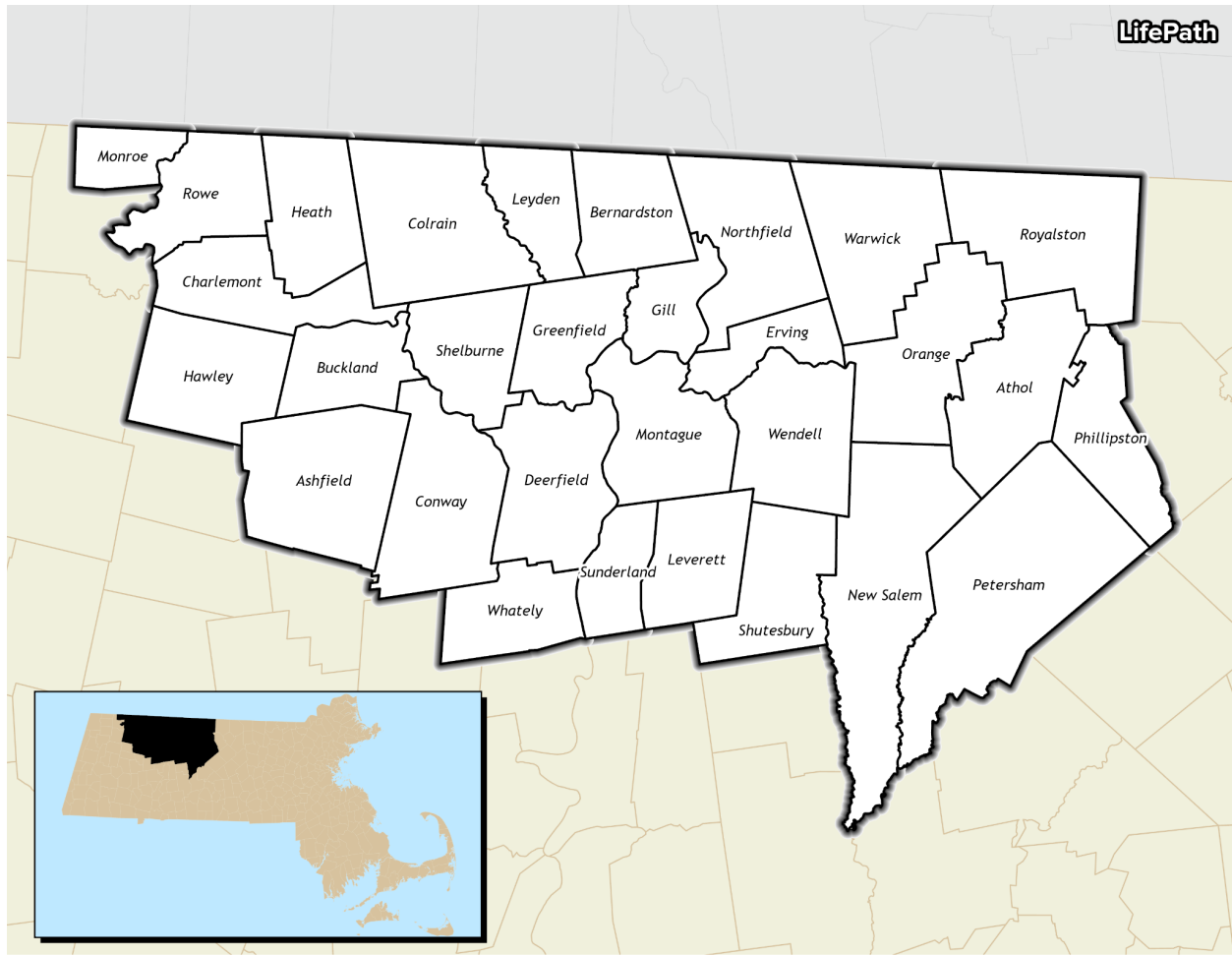
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:

(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.

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

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.]

LifePath conducted a needs assessment including a survey (older adults and caregivers) and two focus groups in the development of this plan. The needs assessment data was analyzed by a research intern and presented at various meetings, including meetings of Councils on Aging, staff, and other groups, during which feedback was collected (summary below). The Citizens' Advisory Board reviewed it on May 28, 2025, and there was an open comment period from May 23 through June 23, 2025. There was a public hearing conducted over Zoom on June 16, 2025. The Citizens' Advisory Board approved the document on June 18, 2025 and the Board of Directors approved the document on June 26, 2025.

Citizens' Advisory Board Input April 16, 2025

1. Older Americans Act Core Programs

Questions and Feedback:

Could the residency program at BFMC be involved in filling the gap for programs that have ended due to loss of funding?

2. Greatest Economic Need and Greatest Social Need

Questions and Feedback: The FRTA program partnership can help people get to appointments, but cannot pick up folks to go to the senior center.

Can a system be integrated to provide transportation for older adults to the senior center for instance? Can R4H expand to provide rides to senior centers? Can we help the Villages with donations, volunteer to be board members, volunteer to be drivers, etc? Can OAA help through grant programs?

3. Expanding Access to Home-Community -Based Services

Questions and Feedback: None

4. Caregiving

Questions and Feedback: How can we raise awareness among people who are not older, about what happens when we age and what are the needs of older adults? How can we create a culture shift around ageism – encourage folks to recognize that there is a large population of older adults and what those needs are? Is the education up to parents, how to educate young people about the needs of older adults? Change the culture of assuming people can't do things once they reach a certain age. Older adults don't need to be categorized but looked at as a whole. Determine how to help older adults be willing to ask for help.

Citizens' Advisory Board Input June 18, 2025

I. Area Plan Final Review

Questions and Feedback:

The Area Plan was very well presented with language that is easy to understand. Amazed with the work that is done. Very impressed with the plan. The transportation piece seemed to drop off. What is going to happen to transportation services?

Public Comments Received

The draft report was posted on our website May 23 and stayed open through June 23, 2025.

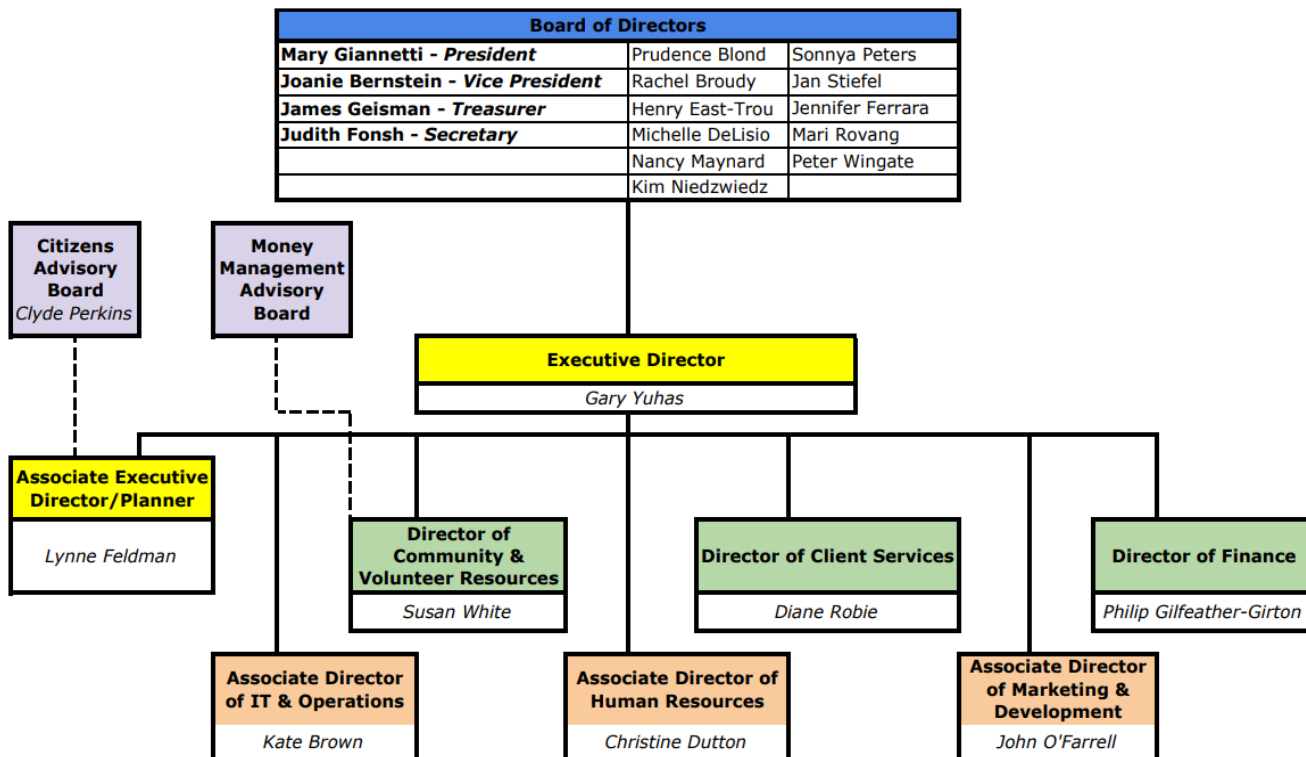
Summary of Written Public Comment

- Community members expressed the need for increased **accessible housing**, including compliance with Section 521 laws and support from programs such as CHAPA and the Massachusetts Statewide Independent Living Council. There is a strong interest in the development of **new accessible housing units**.
- In the area of **transportation**, oversight by HST and MART (formerly FRTA) was noted, with attention to improvements in PT-1 rides and services in areas like Montague Villages.
- For **nutrition**, residents emphasized the value of SNAP benefits, community meals, food banks, and the importance of training home

care workers to prepare meals for homebound elders. Some senior centers also serve Meals on Wheels lunches.

- On **health and legal supports**, residents called for more attention to estate planning, healthcare proxies, and coordination across organizations to share resources and address community needs holistically. They noted a **shortage of primary care providers** in Franklin County, though acknowledged ongoing legislative efforts to address the issue.
- Participants also highlighted the work of the **Dignity Alliance of Massachusetts**, which advocates for policy changes benefiting elders and people with disabilities.
- Lastly, the comment underscored the significance of preparing for an aging population, with over **70% of the local population now over age 40**.

Attachment E: AAA Organizational Chart



Attachment F: AAA Administrative and Financial Information

AREA PLAN ON AGING, 2026 - 2029			
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2026			
<p>Area Agency on Aging : LifePath</p>			
Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Joanie Bernstein	Vice President	Bernardston	Franklin County Regional Housing & Redevelopment Authority (retired)
Prudence Blond		Greenfield	Greenfield Savings Bank
Michelle DiLisio		Greenfield	Semi- retired, self-employed Psychotherapist
Judith Fonsh	Secretary	Leverett	Farren Care Center - retired
Rachel Broudy		Amherst	Pioneer Valley Hospice & Palliative Care
Jim Geisman	Treasurer	Greenfield	Business Owner
Mary Giannetti	President	Fitchburg	Heywood Hospital
Kimberly Niedzwiedz		Shelburne	Baystate Franklin Medical Center, RN
Nancy Maynard		Whately	Highland Valley Elder Services - retired
Sonnya Peters		Greenfield	Retired
Jennifer Ferrara		South Deerfield	South County Senior Center Director
Mari Rovang		Warwick	Retired Mediator
Jan Stiefel		Wendell	Community Legal Aid, Attorney (retired)

Henry East-Trou		Greenfield	Gandara Center - CEO retired
Peter Wingate		Hadley	Energy Director Community Action

73	Percentage of the Board that are 60+ years of age.
14	Percentage of the Board that are minority persons.
14	Percentage of the Board that are 60+ and minority persons.

AREA PLAN ON AGING, 2026 - 2029 Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2026			
Area Agency on Aging: LifePath			
Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Nicole Graves		South Deerfield	South County
Clyde Perkins	President	Warwick	Warwick
Lynn Shaw		Petersham	Petersham
Marcha Duncan		Greenfield	Greenfield
Teresa Allen		Leverett	Member-at-Large Leverett
June Wilcox		Greenfield	Member-at-Large Greenfield
Jane Plager	Vice- President	Greenfield	Member-at-Large- Greenfield
Janice Fleuriel		Shelburne Falls	Member-at-Large- Shelburne Falls

100	Percentage of the Advisory Council that are 60+ years of age. *
0	Percentage of the Advisory Council that are minority persons.
0	Percentage of the Advisory Council that are 60+ and minority persons.

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

AREA PLAN ON AGING, 2026 - 2029 Form 3 - Focal Points - Federal Fiscal Year 2026							
<p style="text-align: center;">Area Agency on Aging: LifePath</p>							
Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center / Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
A Positive Place	2 Conz St,	Northampton				X	
Amherst Council on Aging	70 Boltwood Walk	Amherst				X	
ATHOL SENIOR CENTER	82 Freedom St.	Athol	X		X	X	
Baystate Franklin Med Ctr	164 High St.	Greenfield				X	
BERNARDSTON SENIOR CENTER	Powers Institute, 20 Church Street	Bernardston	X		X	X	
CHARLEMON T COA	Charlemont Federated Church, 175 Main St.	Charlemont	X		X		
COLRAIN COMMUNITY CHURCH	306 Main Rd.	Colrain		X		X	
Cooley Dickinson Hospital	30 Locust St	Northampton				X	
Easthampton Senior Center	19 Union St	Easthampton				X	
ELM TERRACE HOUSING	1 Elm Terrace	Greenfield				X	X
ERVING SENIOR CENTER	1 Care Drive	Erving	X			X	
FRCOG	12 Olive St 2nd floor	Greenfield				X	

LifePath Area Plan 2026-2029

GREENFIELD SENIOR CENTER	35 Pleasant St	Greenfield	X	X	X	X	
Hadley Senior Center	46 Middle St	Hadley				X	
Hatfield Senior Center	59 Main St.	Hatfield				X	
Heath COA	1 E. Main St.	Heath					
Highland Valley Elder Services	320 Riverside Dr #B,	Northampton				X	
Hilltown Community Health Center	73 Russell Rd	Huntington				X	
LEVERETT COA	Town Hall	Leverett	X	X		X	
LEYDEN COA	16 West Leyden Rd.	Leyden	X			X	
LifePath	101 Munson St.	Greenfield				X	
MONTAGUE SENIOR CENTER	62 5th St.	Turners Falls	X			X	
Morgan Allen House	491 Main Street	Greenfield				X	X
NEW SALEM LUNCHEON CLUB	Town Hall, South Main St.	New Salem	X		X		
Northampton COA	Conz St.	Northampton				X	
Northern Hilltown Councils on Aging Consortium		Worthington				X	
ORANGE SENIOR CENTER	135 East Main Street	Orange	X			X	
PETERSHAM LUNCHEON CLUB	Town Hall	Petersham	X	X	X		
PHILLIPSTON LUNCHEON CLUB	1st Congregational Church, The Common	Phillipston	X		X		
ROYALSTON LUNCHEON CLUB	Town Hall	Royalston	X	X	X		
Sanderson Place	120 North Main Street	Sunderland			X		X
SHELBURNE SENIOR CENTER	7 Main Street	Shelburne	X		X	X	
SOUTH COUNTY SENIOR CTR	67 North Main Street	South Deerfield	X		X	X	
Southampton Senior Center	210 College Hwy	Southampton				X	
Upper Pioneer Val. Vets' Svcs	294 Main Street	Greenfield				X	

LifePath Area Plan 2026-2029

WARWICK LUNCHEON CLUB	Town Hall	Warwick	x	x			
Wendell COA	Town Hall	Wendell	x				
Westfield Senior Center	45 Noble St	Westfield				x	
Winslow Wentworth House	J Street	Turners Falls				x	x

AREA PLAN ON AGING, 2026 - 2029 Form 4a - Title III-B Funded Services - Federal Fiscal Year 2026 Programs Funded in Whole or in Part by Title III-B									
<p align="center">Area Agency on Aging: LifePath</p>									
FUNDED SERVICES	EOEA Use Only	Title III Funding Category	Direct Service Status (AY/N)	Goal Number	Title III Code #'s (1 to 135)	Minimum Adequate Prop. Svc. 'A', 'I', 'L', 'O'	Name of Evidence- Based Program In Use	FFY2026 FUNDING - PLANNED	
								Title III-B Funding (Planning and Estimated Carryover)	Non-Title III Funding
AAA or PROVIDER									
Athol Council on Aging		B	N		17	I		\$1,500.00	1,633.00
Bernardston Senior Center		B	N		23	O		\$3,000.00	\$28,530.00
North Quabbin Citizen Advocacy		B	N		35	A		\$3,000.00	\$18,910.00
Petersham Council on Aging		B	N		23	O		\$1,810.00	350.00
Community Legal Aid		B	N		11	L		\$19,197.00	3,404.00
Nutrition - Home Delivered		B	Y			O		70,696.00	1,576,219.00
Ombudsman Program		B	Y		28	I		55,180.00	20,665.00
Money Management Program		B	Y		50	I		26,711.00	142,251.00
SHINE Program		B	Y		84	A		84,671.00	186,984.00
(&) Minimum Adequate Proportion Services: A - access; I - inhome; L - Legal; O - other.								\$	\$
Total								265,765.00	1,978,946.00

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

Programs Funded in Whole or in Part by Title III

**Area
Agency
on
Aging: LifePath**

FUNDED SERVICES	EOEA Use Only	Title III Funding Category (C1/C2/D/E)	Direct Service Status (Y/N)	Goal Number	Title III Code #'s (1 to 135)	Name of Evidence-Based Program In Use	FFY2026 FUNDING - PLANNED	
							Title III Funding (Planning and Estimated Carryover)	Non-Title III Funding
AAA or PROVIDER								
Bernardston Senior Center		D	N		115	YMCA EnhanceFitness	\$6,000.00	\$ 16,588.00
Franklin County's Y		D	N		115	YMCA EnhanceFitness	\$3,000.00	2,162.00
LifePath		D	Y		68	Matter of Balance	7,840.00	-
Athol Council on Aging		E	N				\$3,300.00	2,342.00
Bernardston Senior Center		E	N				\$4,000.00	17,622.00
The Senior Center		E	N				\$5,860.00	1,860.00
The United ARC		E	N				\$6,000.00	1,500.00
Valuing Our Children		E	N				\$6,000.00	8,715.00
Total							\$ 42,000.00	\$ 50,789.00

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

Area Agency on Aging:

LifePath

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

\$
141,741.00

Program Cost	Percentage (%) of Total
All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *	41%
Supervision cost. *	5%
All respite service costs.	5%
All supplemental service costs. *	0%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	40%
Administration costs. *	4%
Other (explain on separate attachment)	4%
Total estimated percentage must equal 100% of Title III-E planning budget.	100%
Projected total * FTE count for Title III-E (breakdown under "Detail" below).	1.23

Detail - Family Caregiver Support Program

Personnel Position Title	FTE
Family Caregiver Specialists	1
Program Director	0.23
Total FTE	1.23

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

**Area
Agency
on Aging: LifePath
OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026**

	Area Plan Admin	Title III-B Supp Svs	Title III-C1 Cong. Nutr Svs	Title III-C2 HDM Nutr Svs	Title III-D Evi-Based Svs	Title III-E Caregiver Svs	Ombuds man Services
Title III Planning Award:							
Prior FFY Standard Estimated Carryover	-	-	-	-	-	-	-
FFY2026 Title VII LTCO Planning Award							-
FFY2026 Standard Planning Award	86,751	191,967	250,983	524,028	15,590	98,180	54,428
FFY2026 Estimated Total Title III Income	86,751	191,967	250,983	524,028	15,590	98,180	54,428
Other Income:							
NSIP Cash			-	2,931			
NSIP Commodity Credit			4,000	2,600			
Other Federal (non-Title III or NSIP)	-	-	-	-	-	-	55,180
Program Income (Client Contributions)		-	23,500	159,860	-	-	

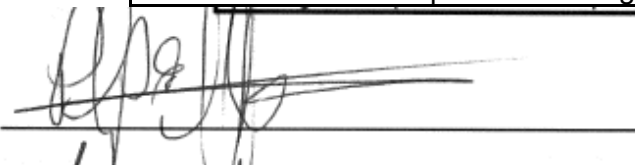
LifePath Area Plan 2026-2029

State Home Care Program	-	-	-	1,066,364	-	-	-
State Elder Lunch			-	73,464			
State - Other (attach detail)	-	-	-	-	-	-	-
Non-Federal Inkind	21,688	52,827	-	-	20,000	43,561	-
Local (attach detail)	64,489	80,006	127,882	266,774	-	-	20,665
Other (attach detail)	-	-	6,300	2,800	-	-	-
Total Other Income:	86,177	132,833	161,682	1,574,793	20,000	43,561	75,845
Total Available Income:	172,928	324,800	412,665	2,098,821	35,590	141,741	130,273
Budgeted Expenditures:							
AAA Number of Supported FTEs	1.17	-	4.29	14.29	-	1.23	1.00
Wages and Salaries	106,714	-	79,626	545,387	-	63,111	67,872
Payroll Taxes/Fringe Benefits	26,983	-	15,963	121,432	-	1,926	32,677
Mileage/Travel	500	160	103	-	-	635	-
Occupancy Costs	-	-	-	51,312	-	-	-
Equipment Purchase/Rental/Maintenance	-	-	-	27,810	-	-	-

Area Plan on Aging 2026 - 2029 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026							
Area Agency on Aging: LifePath OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026							
	Area Plan	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E	Ombudsman
	Admin	Supp Svs	Cong. Nutr Svs	HDM Nutr Svs	Evi-Based Svs	Caregiver Svs	Services
Meal Prep and Related Costs			275,723	1,154,005			
Other Program Support	10,740	6,048	15,477	22,337	-	5,638	7,759
Agency Admin Support Allocation	27,991	-	25,773	176,538	-	5,732	21,965
Direct Services to Caregiver						7,500	
Subgrants - Access		87,671					
Subgrants - In-Home		83,391					
Subgrants - Legal		19,197					
Subgrants - Other (or Caregiver Svcs)		75,506			16,840	25,160	
Subgrants - Inkind		52,827			18,750	32,039	-
Total Budgeted Expenditures:	172,928	324,800	412,665	2,098,821	35,590	141,741	130,273

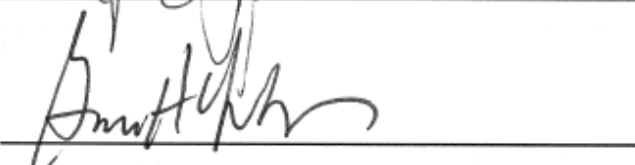
Budgeted Expenditures - Caregivers Serving Elders	122,977.64	92%
Budgeted Expenditures - Grandparents Serving Children	18,763.36	8%

Signature of Area Agency on Aging Fiscal Manager:



Date: 7/7/25

Signature of Area Agency on Aging Executive Director:



Date: 7/7/25

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.

Attachment H: Needs Assessment Results

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

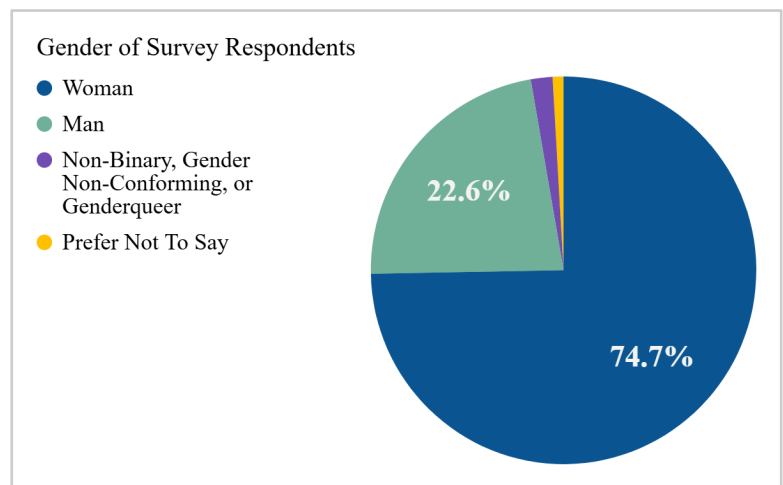
developed, and developing an overall connection with those LifePath serves.

Older Adult Survey Respondent 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**.



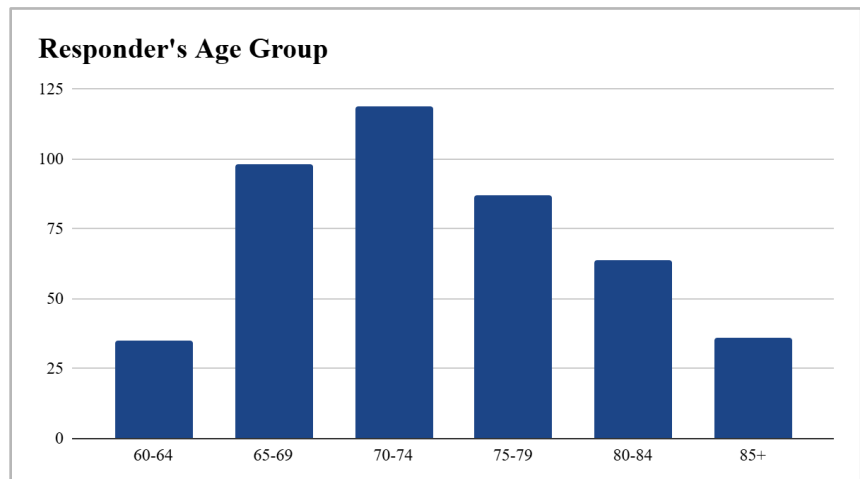
Age

In Franklin County and North Quabbin, **people 60 and over 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^{2 1}. Across the United States, only 23% of the population are ages 60 and older.

² U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 5-Year estimates Subject Tables, Table S0101, 2022.

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 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*

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.**

Disability

In Franklin County and the North Quabbin Region, **17.2% of the population is a person with a disability**³. 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 Survey Respondents with this Disability
An ambulatory difficulty	19%	34%
A difficulty hearing	15%	25%

³ U.S. Census Bureau, U.S. Department of Commerce. "Disability Characteristics." American Community Survey, ACS 5-Year Estimate Subject Tables, Table S1810, 2023.

A vision difficulty	5%	11%
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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 ⁴. **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%).**

Rurality

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**. 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** $t(29)=-0.007$ $p=0.49$.

73% of Franklin County and North Quabbin are designated rural level 2 towns ⁵. Rural level 2 towns are less densely populated and more remote and isolated from urban core areas ⁶.

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

⁴ U.S. Census Bureau, U.S. Department of Commerce. “Veteran Status.” American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2101, 2023.

⁵ Massachusetts State Office of Rural Health, “List of Rural Towns”. Version 3.2017.

⁶ Massachusetts State Office of Rural Health, “Rural Definition”.

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.

35% of survey respondents report living in a rural area and have limited access to services and/or live in a remote location.

Social and Economic Factors

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.

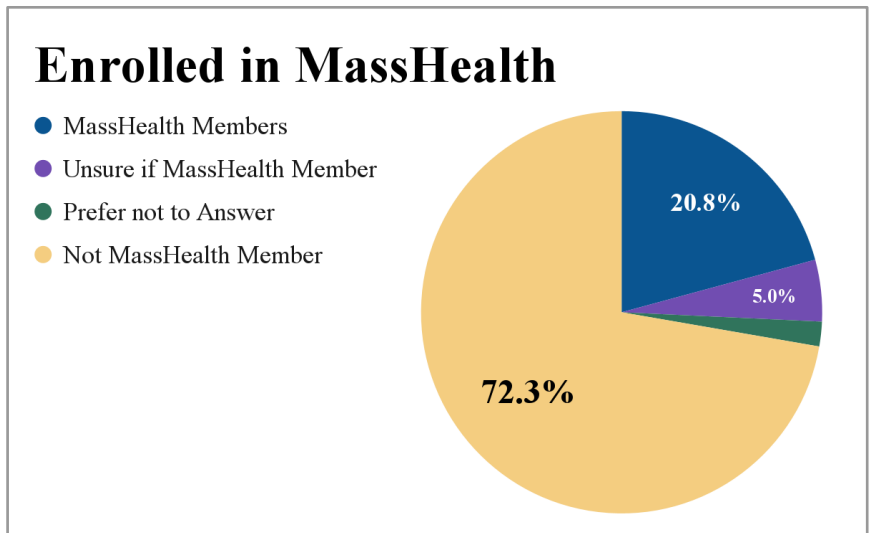
In 2023, **12.3% of Franklin County and North Quabbin Residents were below the poverty level**, approximately 15% higher than the proportion of all Massachusetts residents who live below the poverty level ⁷. However, only 8.6% of older adults in Franklin County and North Quabbin live below the poverty level.

Health Insurance

⁷ U.S. Census Bureau, U.S. Department of Commerce. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2023.

MassHealth provides health benefits and assists in paying for health benefits to qualifying children, families, seniors, and people with disabilities living in Massachusetts ⁸.

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.



Social Support

The Centers for Disease Control and Prevention states that social connections are key pieces of an individual's mental and physical health. Being connected to others helps protect against serious adverse health outcomes and increases life expectancy⁹.

15% of survey respondents report often feeling lonely or isolated including having limited social interactions or a lack of companionship.

Nutrition

28.7% of survey respondents indicated nutrition support as an important need related to aging.

⁸ Commonwealth of Massachusetts, Mass.gov. "MassHealth".

⁹ Centers for Disease Control and Prevention, "Health Effects of Social Isolation and Loneliness". May 15, 2024.

Food insecurity is a situation where individuals or families lack consistent access to enough nutritious food to live a healthy, active life. People who are food insecure are disproportionately affected by diet-sensitive chronic diseases such as diabetes and high blood pressure.

11% of survey respondents reported needing help with meals or nutrition, having difficulty cooking, or have a need for meal delivery.

Food insecurity can happen for a variety of reasons including limited income or lack of food sources such as grocery stores, farmers markets, or food delivery sources ¹⁰. In Franklin County, the food insecurity rate is 10% higher than the state average and the average meal cost is 4% higher than the state average*.

The average weekly dollar amount that food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week). This amount has been adjusted to reflect local food prices and relevant taxes

	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%

	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%

Physical Environment

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** ¹¹. Severe housing problems include a lack of

¹⁰ *Map the Meal Gap* - Hunger & Poverty in the United States. FeedingAmerica.org. Massachusetts, 2023.

¹¹ U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Comprehensive Housing Affordability Strategy, 2017-2021

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** ¹². In both measures of housing for older adults, Massachusetts is ranked 47 out of all 50 states.

8% of survey respondents report having a housing concern. In Franklin County and the North Quabbin, like elsewhere, older adults represent the fastest growing segment of unhoused people.

Internet Access

Across Franklin County and the North Quabbin, **9.5% of households** are without an internet subscription ¹³. 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.

Transportation

In Franklin County **7.8% of adult residents had a lack of reliable transportation in 2022** ¹⁴.

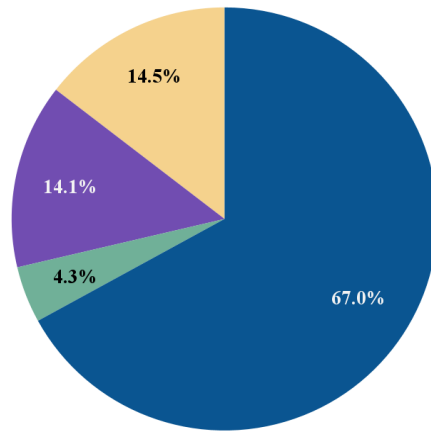
¹² U.S. Census Bureau, American Community Survey, 1-Year Dataset, 2023

¹³ U.S. Census Bureau, U.S. Department of Commerce. "Types of Computers and Internet Subscriptions." American Community Survey, ACS 5-Year Estimates Subject Tables, Tables S2801, 2023.

¹⁴ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data, 2022.

Older Adults Methods of Transportation

- Car, Truck, or Van Alone
- Car, Truck, or Van Carpooled
- Public Transportation
- Work From Home



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 ¹⁵.

43.2% of survey respondents indicated the need for better transportation access and availability.

Opportunities for Physical Activity

43% of survey respondents indicate the importance of needing opportunities for leisure, recreation, and socialization.

48% of respondents indicate the importance of needing to stay active and promote wellness for healthy aging.

Health & Chronic Disease

In Massachusetts, 52% of adults ages 65 and older experience arthritis. 26% experience obesity, 21% experience diabetes, 15% experience asthma and 12% experience chronic obstructive pulmonary disease ¹⁶.

¹⁵ U.S. Census Bureau, U.S. Department of Commerce. "Means of Transportation to Work by Selected Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0802, 2023.

¹⁶ Massachusetts Department of Public Health, Health Survey Program, Office of Population Health. A Profile of Health Among Massachusetts Adults, 2023.

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 have 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 affects 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%
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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

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.

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 are available only at certain hours and locations. 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

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.

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.

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 Service Transportation (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.**

Additional survey results can be found on our website at lifepathma.org/about/area-plan-for-older-adults/ .

Attachment I: Qualitative Feedback

Of the 439 older adult surveys, **26% (n=112) of surveys had additional comments.** Each comment could be categorized into transportation, knowledge, home care, isolation, technology, housing, finances, programming, or survey feedback.

Transportation

- Transportation to Springfield or Boston. Finding a doctor in Franklin County
- Transportation on demand for food pantry to access food and also doctor appointments. Therapists to care for in home and to give primary caregivers a break!
- Transportation in rural communities in western Mass. Is a huge need. There is no public transportation on our surrounding towns so we need to depend on Village Neighbors for rides . Please invest in transportation to rural western Mass
- Transport! - e.g. Public bus service with local stops.
- Streets are unsafe. Speed limits need to be lowered. My inability to take a walk on my street safely is my biggest concern. 15 mph should be the rule.
- Occasional transportation problem - when I need to go out of the county for medical procedures: eye surgery in Gardner, colonoscopy at Cooley Dickinson. So far, I've had to ask neighbors to drive me - but they're aging too!
- I just worry about getting around when I can no longer drive. Not just for doctor's appointments, but for grocery shopping. You can't take more on a bus than you can carry.
- Emergency transportation is non-existent.

Knowledge

- Need more access and knowledge in the Hill towns (Shelburne, Buckland, Plainesfield, Colrain, Hawley, Sholomont, Rowe, Conway, Ashfield, and Heath)
- Need dental insurance that covers more than the minimal policy I bought in a hurry. Did not get much help from Lifepath SHINE counselor who was friendly and helpful but didn't have many suggestions.
- My wife, who is 74, and I are preparing for the eventual needs we will have living in our current home/location. We need advice and assistance sorting that out.
- I'm interested in learning more about services (ADL-like) for between rehab for a fractured leg, and returning to full capacity.
- I'd just like an overview of any services I might qualify for that I don't know about. I already receive fuel assistance, have SNAP benefits and have MassHealth as backup to my BC/BS Medicare Advantage Plan. Thank you.
- I think I know where to get mobility aids, but it would be nice to see it on your website.
- I need help getting insurance to get the paperwork completed on pool reimbursement and on scooter (mobility aid) repair Need help with funds for service animals and their annual vaccines
- I have been qualified for services for over 2 months and nothing has started to date nor have I heard anything about them
- Although we can afford some in home help finding people is hard - there should be a better listing of workers in area - elders do not do social media to look up workers to hard to ---- in all together

Home Care

- With absolutely NO living family members or

Isolation

- Live in a rural area, totally isolated from other

<p>friends & a variety of progressively worsening physical limitations which keep me from social activities outside my home for any length of time AND having an income just over the criteria for many community services it is sometimes hard to find reliable & trustworthy people to help perform certain necessary tasks without needing to pay them an outrageous amount of money (for sometimes poor quality effort at best when you can even get it at all).</p> <p>- Those of us in rural areas desperately need affordable snow removal and lawn care services. This is a huge problem that I believe must be addressed in order to allow us to remain in our homes as we age.</p>	<p>humans and traffic. Worry about falling as I get older, which would require me being able to move myself or have carried a cell phone with me. Just looking at things to come.</p> <p>- Improving access to medical care in more rural areas is critical. Medical services are often distances away and I've seen neighbors relying on neighbors for transportation regularly. Some free or affordable service that provides scheduled services to medical appointments (local or more distant) is really needed.</p>
<p><u>Technology</u></p> <p>- There is an ongoing problem with citizens/residents losing a telephone connection when electricity and/or internet goes down. They can't reach or call for help, especially since outages happen during bad weather events. Not sure what the solution is. There is talk of a ham radio network (!)</p> <p>- Sometimes the internet access is so bad there is no internet or phone service.</p> <p>-Need additional assistance with beyond basic technology</p> <p>- computer and other technology help</p> <p>- Available tech support</p>	<p><u>Housing</u></p> <p>- Would like the same care welfare people get!! Also, more affordable assisted living homes.</p> <p>- Rents are high and assisted living unaffordable. Providing services to help the aging stay in their own homes is important, including expanded financial services and help with maintenance. It is impossible when you have enough money that you aren't eligible for services but you don't have enough to pay for them yourself. Addressing the needs of this group that falls between the cracks.</p> <p>- Looking for ways to pay for repairs and updates so we can age in place and afford to do so for the rest of our lives.</p> <p>- Live alone in the house. Need to downsize but cannot imagine packing, negotiating the sale of house and purchase of condo or finding rental, on my own.</p>
<p><u>Programming</u></p> <p>- Would like more activities geared to seniors, especially physical, social, and cultural.</p> <p>- We need a much more ACTIVE Senior Center. Current staff doesn't seem to look to the future or growing - hours, seems a bit lazy.</p> <p>- Senior Center could improve their services.</p> <p>-Organizing grandparents raising grandchildren support groups, funding a state fund to help with needs</p> <p>-I'd like to see lifepath have zoom classes, workshops.: agenda: about leaders in our</p>	<p><u>Finances</u></p> <p>-Taxes have recently doubled! My income is slightly above level to qualify for SNAP and fuel assistance. Even with a part time job it's difficult to make ends meet. Advocacy for senior relief is welcomed.</p> <p>-My Social Security is all I have, and that doesn't help in paying bills. My son is trying to help but cannot do so monthly anymore.</p> <p>-I would like legal advice regarding financial assistance for an in-law.</p> <p>-I have MassHealth Senior Buy-in. I was on MassHealth Standard for many years (25) when I</p>

community, ie: advocates, FCAC,. meal programs, food programs, how to empower oneself, how to navigate food stamps, fuel assistance,' list of community meals, etc. information packages in meals on wheels lunches
 -I wish that the organizations having concerts or plays would allow seniors to come to a rehearsal during the day, since I can no longer drive at night .
 -Housing repair, transportation are major issues. Help with community benefits: Fuel assistance, SNAP applications, tax assistance (VITA). PCA volunteers, surrogates, drivers

was categorized as disabled. I was then recategorized when I "aged out" of disability. I only recently realized the severity of my circumstances. I have a small \$7,000 life insurance policy (for my family to take care of my death needs without being a financial burden to them) with a cash asset balance of just over \$2,000, I no longer qualify for MassHealth Standard. With the Senior Buy-In and Health Safety Net, I realize that many services that you provide are not available to me.
 - Another concern is that if I or my husband should pass, the one left behind will have difficulty affording the taxes and maintenance on our home, and we both really want to age at home.

Survey Feedback

-You do these surveys, you have my identity, but never call to offer me the requested assistance.
 - This survey does not really apply to me (95 y.o.) or my housemate (88). We are both independent in good health, etc. However, transportation is a concern. My housemate still drives - she is 88 y .o. I do not- Macular Degeneration in both eyes. We dread being dependent on bus rides, "demand response" is uncertain, makes people late for appointments, etc. In a town with no taxi service, No UBER service - life is less active, less sociable. This is a BIG thing to consider.
 - This is a very poorly designed questionnaire.
 - Thank you for all of the helpful offerings that you deliver! Your care and initiative is valuable. Maybe recommend more notices to use a light colored paper for advertising activities to stand out. Plenty of notice is good. Posting on bulletin board - since sometimes some folks have missed getting the paper notice, and therefore missed a presentation. YOU do so much good. So appreciated! Thank you very much.
 - Thanks for all you do to help older folks!!
 -Right now I am doing fine on my own, but I realize the time will come when I won't.I appreciate your extension of services.
 -Personally our needs have been met at this time but the future may present a different story. But I see that there are residents, especially in our senior housing area, that do not know what is available. They require someone to not only tell them but also hold their hands and walk them through the process. I know it would require a lot of work but I feel that all senior residents that enter a senior housing facility should have a visit from Life Path that can go through all that is available to seniors.
 - On Question #3 you ask about needs. I answered my immediate needs but if you had asked a follow-up question such as what do you think your needs might be in the near future (or in 5 years) it would have been helpful.
 - LifePath is great!
 - If I were to fill this out in 4-5 years, I can imagine that my answers would be different.
 - All these questions are not necessary!
 - All of the needs that are listed are very important, it was difficult to rank just three.

Attachment J: Annual Report



Summer Klein (left) with AFC member Meia Stebbins (right). Meia has been living with Summer's mother, AFC Caregiver Susie Hopkins, since Summer was a teen. Summer has always told her mom that she would step in as Meia's caregiver when Susie no longer could be.

[View the Full Annual Report](#)

Attachment K: Brochure

Information & Caregiver Resource Center (ICRC)

The ICRC is the first stop on the way to your solution. Resource Consultants help you by providing expert advice on available area programs, services, and resources. Tell us your specific needs so we can help you learn about your options.

Volunteer Opportunities

Use your skills and passion to serve our area's elders and persons with disabilities. Meet new people and enjoy new experiences, while giving back to the community. Any number of days or hours that fit your schedule would be of help.

Giving Opportunities

We appreciate the donors who honor our mission in so many ways, from gifts to our annual appeals and community fundraisers to memorials and gifts in honor of loved ones. Planned gifts such as bequests and in-kind donations are needed and valued.



At LifePath, we listen first, and then help each person find the best options for their unique needs. We help elders and persons with disabilities maintain independence and quality of life in their own homes and communities. We help caregivers to find relief and help loved ones to choose the right path.

For over 40 years, we've been offering options for independence. We welcome all people regardless of race, physical appearance or ability, sex, age, nationality or ancestry, class, religious or political beliefs, marital status, sexual orientation, or gender identity.

LifePath, a private, nonprofit corporation, serves Franklin County plus Athol, Petersham, Phillipston, and Royalston. Some of LifePath programs extend into Berkshire, Hampden, Hampshire and Worcester counties.

LifePath, Inc., is an Area Agency on Aging and Aging Services Access Point funded in part by the federal Older Americans Act, Executive Office of Elder Affairs, Massachusetts Council on Aging, MassHealth Office of Long-Term Care, United Way of Franklin County, and other sources both public and private. LifePath is operated by a local volunteer board of directors, a majority of whom are, by law, elders. As an AA/EOE employer, LifePath does not discriminate in program admissions, access, services, or employment practices.

Updated November 2018



101 Munson Street, Suite 201
Greenfield, MA 01301

413-773-5555 | 978-544-2259 | 800-732-4636
TDD 413-772-6566 | Fax 413-772-1084
info@LifePathMA.org | LifePathMA.org

Elder Protective Services
24/7 Hotline: 800-922-2275

 Formerly Franklin County
Home Care Corporation  

Support for Elders

You want to remain in the place that you call home. We'll give you options to maintain independence and quality of life.

Our services can help you:

- Understand and choose your care options
- Obtain in-home care and other supports
- Better manage your care with case management assistance
- And more!

Support for Caregivers

You care so wholeheartedly and do so much, but sometimes it's hard to do it all. We'll help you find peace of mind.

Our services can help you:

- Take a break from your caregiving duties with support for your loved one
- Learn more about providing care for your loved one as well as yourself
- Find support from other caregivers
- And more!

Support for People with Disabilities

You need support that meets unique needs. We'll give you information so you can make the best choice.

Our services can help you:

- Live with a caregiver or on your own
- Receive right amount of in-home support for your needs
- Stay in your community
- And more!

"My mother-in-law had a stroke and needed a lot of care. They provided someone to be with her and give her the care she needed—the respect she needed. She was able to stay home because of the care they give."



"What you and the organization you work for did for me and my son goes far beyond helping someone in need. You gave us hope, like my son said, that things will get better."



"You aided my father for a long time, and that helped me. It's so wonderful that you get people to do such a kindness."



Adult Family Care | Benefits Counseling | Care Coordination (Accountable Care Organization, One Care, Senior Care Options) | Caregiver Grants | Case Management | Community Choices | Community Nursing Facility Screening | Congregate Housing: Morgan Allen & Winslow Wentworth Residences | Consumer Directed Care | Dementia Caregiver's Support Group | Dementia Coaching | Dining Centers & Luncheon Clubs | Elder Mental Health Outreach Team | Enhanced Community Options | Elder Protective Services | Family Caregiver Support | *The Good Life* | Grandparents Raising Grandchildren Support | Healthy Living | Home Care Services | Information & Referral | Long-Term Care Ombudsman | Meals on Wheels | Money Management/Bill Paying | Nursing Facility Discharges | Nutrition Education & Consultation | Options Counseling | Personal Care Attendant | Private Care Management | Rainbow Elders | Respite Services | Rides for Health | Savvy Caregiver | Shared Living | SHINE: Serving the Health Insurance Needs of Everyone | *Silverline: Directory of Resources* | Supportive Housing: Elm Terrace, Highland Village, Squakheag Village, Stoughton Place, & Stratton Manor

Attachment L: Grievance Policy

All persons who feel they have wrongly been denied services under the Older Americans Act, Title III Programs funded in full or in part by LifePath/Area Agency on Aging and by the Executive Office of Aging Independence (AGE) have the right to file a grievance. Please call Lynne Feldman, Planner, LifePath, at (413) 773- 5555, extension 2215 for details on how to file.

Attachment M: Title III Subgrant List

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

Attachment N: Performance Measures

Process Measures

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

- Units of service delivered
- Individuals served
- Costs

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

Attachment O: 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. Our Behavioral Health Outreach for Aging Populations (BHOAP—pronounced “Be Hope”) program provides individual and group 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. For example, we recently placed a billboard for our SHINE Medicare Counseling program to Spanish-speaking residents of the Greenfield area.

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 (when one worker personally connects you to the next worker so you don't have to figure things out on your own) 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. For example, one way we accomplish this is through our Community Transitions Liaison Program (CTLTP) which supports older adults living in nursing and rest homes who want to return to community living.
- **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.