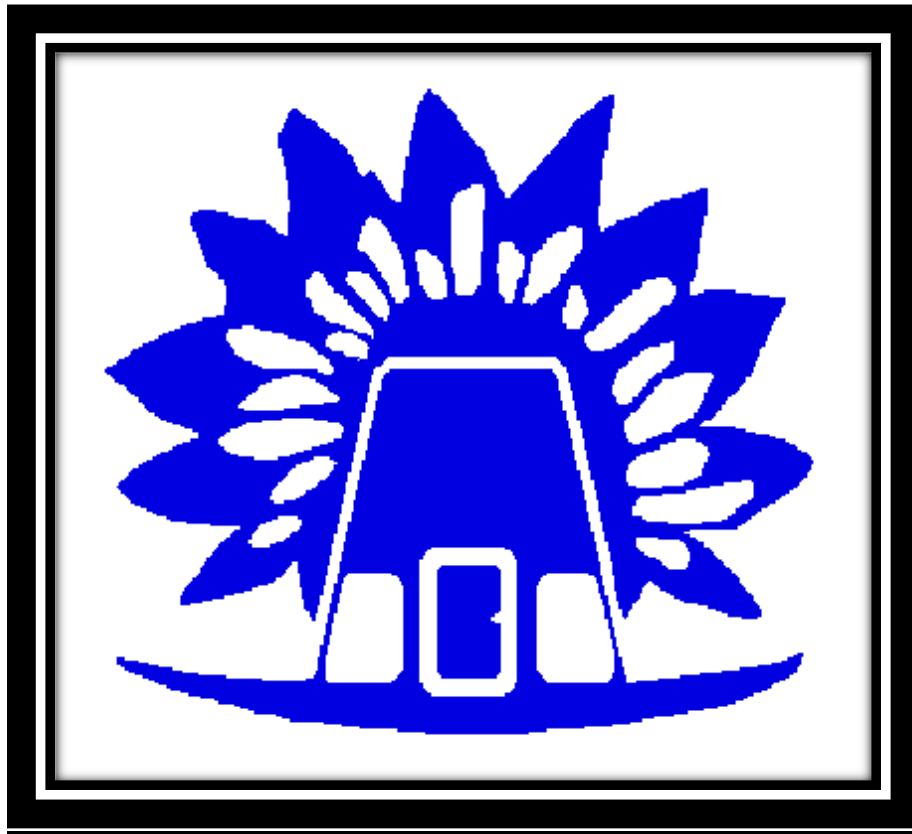


**OLD COLONY PLANNING COUNCIL – AREA AGENCY ON AGING**



**2014-2017 Area Plan on Aging**

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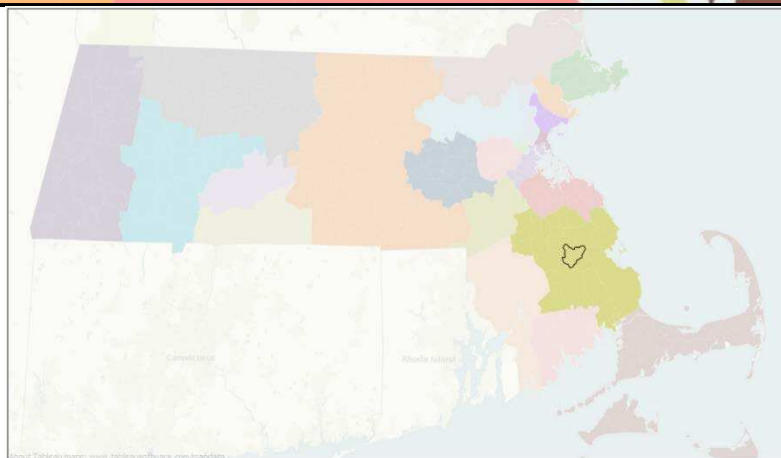
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**Old Colony Planning Council  
Area Agency on Aging**

[www.ocpcrpa.org](http://www.ocpcrpa.org)

**70 School Street  
Brockton, MA 02301**

**508-583-1833  
FAX: 508-559-8768  
TTY: 508-583-1833**



## **Executive Summary:**

### **Introduction:**

The Old Colony Planning Council-Area Agency on Aging (OCPC-AAA) is the designated entity responsible for administering Older Americans Act (OAA) funding in a 23-community region in Southeastern Massachusetts. We are partners with the Massachusetts Executive Office of Elder Affairs (EOEA), the U.S. Administration on Aging within the Administration for Community Living (ACL), and numerous public and private organizations and individuals that comprise the elder service network.

Our mission and purpose is driven by the vision of EOEA and ACL: *“To develop a comprehensive, coordinated and cost-effective system of home and community-based services that help elderly individuals maintain their health and independence in their homes and communities...and to ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity.”*

### **Needs Assessment:**

Part of our responsibility as an AAA is to maintain a comprehensive understanding of the greatest unmet or under-met needs of elders who reside in the region. This is accomplished through various means, including surveys of provider agencies and older people. Our most recent 2012 elder needs assessment project identified the following as significant needs for elders in our region:

1. Affordable Housing
2. Transportation
3. Financial Assistance
4. Mental Health Care
5. Medication Management

### **ACL Focus Areas:**

In addition to the Title III funded service goals, the OCPC-AAA also works as a partner with various organizations in seeking to address the focus areas established by the ACL. Specifically, the OCPC-AAA seeks to address the needs of target elders in relation to OAA core programs, ACL discretionary grants, participant-directed/person-centered planning, and elder justice. We do so by requiring responding agencies to specify their plans for providing identified services to target group elders in the region. This Area Plan provides a detailed explanation of our efforts to address the established focus areas; either directly with Title III funded programs and services, and/or indirectly with administrative support to other agencies and programs working on these focus areas.

### **Area Plan Goals and Objectives:**

Using the findings from the needs assessment, in conjunction with mandates from the OAA, and focus area concentrations established by the ACL, the OCPC-AAA has established the following service priorities for OAA funding for the region:

- Transportation
- In-Home Health and Supportive Services
- Legal Services
- Regional Family Caregiver Support

- Regional Nutrition Services
- Evidence-based Medication Management
- Evidence-based Mental Health Services
- Supportive Services to Target Populations

The OCPC-AAA places an emphasis on meeting the needs of “Target Group” elders in the region, defining target groups as elders who are low-income, minority, have limited English-speaking ability, disabled elders, and older people suffering from different forms of dementia, and their caregivers.

Our request for proposal process establishes minimum standards for addressing specific target group service provision requirements, and outlines goals for responding agencies in meeting the service requirements for the region. Proposals that do not meet this standard are not considered for funding.

**Quality Management:**

All Title III funded programs are required to maintain a level of performance and service that is monitored on an ongoing basis by the OCPC-AAA. Monitoring is accomplished by regular contact with grantee agencies, review and analysis of monthly program performance reports and funding requisition requests, and annual site visits. With this system, we monitor and track program performance in relation to the agency proposal and OCPC-AAA’s expectations for performance.

# 2014-2017 Area Plan on Aging

## **Introduction:**

The Old Colony Planning Council is the designated Area Agency on Aging (OCPC-AAA) for the 23-community region in Southeast Massachusetts known as Region IV-A. The OCPC-AAA is a working partner with the Massachusetts Executive Office of Elder Affairs (EOEA), and the federal Administration on Community Living (ACL). Through our role in this partnership, we seek to promote and advance the mission and vision of the ACL and EOEA:

*“To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities” (ACL)*

*“To ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity” (EOEA)*

These two brief statements describe the purpose, role, and focus of the OCPC-AAA.

The OCPC-AAA is one small part of an extensive network of government and private agencies, organizations and individuals that comprise the elder service network. This is a complex network of different programs and services, administered under different rules, guidelines, and eligibility criteria. Despite the complexity of the network, the above stated mission and vision provide a simple, straight-forward path for the efforts and focus of the network.

With this 2014-2017 Area Plan on Aging, we seek to outline our role and function in the Massachusetts elder service network, and provide a framework for achieving the goals of the mission and vision statement. This Plan presents a detailed explanation of our most recent elder needs assessment process, the goals and partnerships for addressing the focus areas of the ACL, the OCPC-AAA Area Plan goals and objectives for the next four years, and a summary of the quality management measures used to monitor program and agency performance.

## **Needs Assessment Process:**

The OCPC-AAA is responsible for administering Older Americans Act (OAA) funding in Greater Plymouth County. As part of this responsibility, we seek to maintain an ongoing understanding of the needs and issues facing older people from throughout the region. We accomplish this in various ways, including maintaining an understanding of existing elder service agency experiences and demands, the types of requests for information and assistance that different information and referral sources receive the mandates and requirements of the OAA, and most importantly, the views, perspectives and needs of elders from the region. One method of gathering information directly from older people is to conduct periodic needs assessment surveys in the region. Our most recent needs assessment project was conducted in 2012. A complete report of the 2012 Needs Assessment project is available on the OCPC web site ([ocpcrpa.org](http://ocpcrpa.org)). Using different methodologies, the survey process identified the following as some of the greatest, most pressing needs of elders in the region:

1. Affordable Housing
2. Transportation
3. Financial Assistance
4. Mental Health Care
5. Medication Management

Using data and feedback from the needs assessment project, as well as mandates from the OAA, the OCPC-AAA has established the following priorities for the 2014-2017 Area Plan:

- Transportation
- In-Home Health and Supportive Services
- Legal Services
- Regional Family Caregiver Support
- Regional Nutrition Services
- Long-Term Care Ombudsman Services
- Evidence-based Medication Management Services
- Evidence-based Mental Health Services
- Supportive Services to Target Populations

**ACL/EOEA Focus Areas:**

The ACL has asked State Units on Aging to address the following focus areas in their 2014-2017 State Plans (Older Americans Act Core Programs, ACL Discretionary Grants, Participant-Directed/Person-Centered Planning, and Elder Justice). EOEA has asked each AAA in the Commonwealth to respond to the specific focus areas, with particular emphasis on the focus area impact on particular target populations:

1. Living Alone (isolated) Elders
2. Low Income Elders
3. Minority Elder Populations
4. Native American Populations (where applicable)
5. Rural Elder Populations (where applicable)
6. Socially Isolated Populations (including limited English proficient elders)

1. **Older Americans Act Core Programs:** As noted above, the Old Colony Planning Council-Area Agency on Aging (OCPC-AAA) has established the following service priorities for the 2014-2017 Area Plan on Aging:

- Transportation
- In-Home Health and Supportive Services
- Legal Services
- Regional Family Caregiver Support
- Regional Nutrition Services
- Evidence-based Medication Management Services
- Evidence-based Mental Health Services
- Supportive Services to Target Populations

These service areas are identified as priorities for the region, based on existing demand for assistance, feedback and input from provider agencies, and regional elder needs assessment data. These service areas are similar to those identified in the 2010-2013 Area Plan on Aging.

Changes in the demographic composition of the State, and resulting changes in the EOEI Title III funding formula, have resulted in a projected increase in Title III funding for the region. Specifically, the OCPC-AAA anticipates an approximate 14% increase in Title III funding over the course of the next two years. This increase, if realized, will be applied to the service categories noted above. The hope and expectation is that this will result in an increase in service units and a greater number of unduplicated elders being served.

The majority of Title III funding that is administered by the OCPC-AAA goes to programs designed or intended to address the needs of “target population” groups. For example, 59% of all Title III-B funding (\$176,200) is applied to the categories of In-home Health and Supportive Services, Legal Services, and Supportive Services to Target Populations. Programs funded under these categories have specific target population goals (low-income, minority, economically and socially isolated), and specific unit of service provision requirements. The majority of service provision from these service categories is to elders in the identified target groups. The OCPC-AAA currently provides limited funding (\$9,000) to one minority-owned and operated agency (Cape Verdiana De Brockton) for the specific purpose of outreach and assistance to minority elders in Brockton and surrounding communities. Also, the OCPC-AAA provides approximately \$7,000 in Title III-B funding for the purpose of subsidizing the cost of Social Day Program attendance for low-income elders (low-income, isolated). Additionally, the OCPC-AAA provides funding to support the Dorn-Davies Senior Center, a private, non-profit agency that is housed in one of the public housing high-rise facilities in Brockton. This program serves target population elders (low-income, minority, socially and economically isolated) from Brockton and surrounding communities. During FFY 2012, the above noted “target” programs provided 36,496 units of service to 3,391 unduplicated elders, all of whom are considered to fall into one of the “target population” groups.

Additionally, the OCPC-AAA provides funding for emergency assistance and service to disabled elders. In FFY 2012, the OCPC-AAA provided \$29,000 in Title III-B funding for these two service categories, generating 2,161 units of service to approximately 150 unduplicated elders. It is noted that in the category of emergency assistance, the majority of the funding (90%) was used for critical financial assistance to ensure basic survival (heating oil, food, medication). The emergency assistance program is for elders who are in an emergency situation that cannot be addressed through any other sources. It is our contention that the elders served through this program all fall into one of the “target population” categories.

The OCPC-AAA believes that the current service priorities for the region reflect some of the most critical, unmet or undermet needs of the “target population” elders in the region. It is our hope and expectation that existing programs will continue to strive to meet the needs of the target groups, with the understanding that any increase in Title III- funding will include an increase in service provision, where possible.



## 2. **ACL Discretionary Grants:**

As noted in the 2014-2017 Area Plan priorities, the OCPC-AAA has established mental health and medication management as formal categories of Evidence-based Disease and Disability Prevention Program (DDPP) priorities for the region. The establishment of these priorities is based on ongoing need and demand for such service and activity in the region. During FFY 2012, the OCPC-AAA provided 100% of our III-D allocation (\$21,067) for the purpose of funding these DDPP categories. Nine-thousand dollars (\$9,000) in III-D monies was distributed for evidence-based medication management services. In FFY 2012, this program provided 232 units of service to 42 unduplicated elders. The balance of the III-D funding (\$12,067), plus an additional \$39,000 in III-B monies were allocated to the category of mental health service. In FFY 2012, the mental health program provided 1,534 units of service to 1,097 unduplicated elders. The OCPC-AAA hopes to continue service provision in these two DDPP categories moving forward into the 2014-17 Area Plan. As noted above, it is our hope and expectation that existing programs will continue to strive to meet the needs of elders in these areas, with the understanding that any increase in Title III- funding will include an increase in service provision, where possible.

The OCPC-AAA views the two DDPP service categories described above as critically important components of the community-based supportive service system in our region. Feedback from clients and providers continually highlight the importance and necessity of this type of assistance for helping to keep some of the most at-risk elders living in their own homes in as safe and reasonable a manner as can be provided. While the OCPC-AAA has established the DDPP categories of medication management and mental health as priorities in the region, we also acknowledge the value and importance of other types of DDPP (Healthy Eating, Matter of Balance, Chronic Disease Self-Management).

### Additional Efforts:

Our key partner in the elder service network, OCES, has made significant efforts to expand and strengthen wellness programming in the region. The OCES Wellness Programs Department has seen much growth and expansion over the past 12 months. In September 2012, OCES became the Regional leader in the Southeast Coalition, a part of the Massachusetts Disease Management initiative. This coalition is a part of the Healthy Living Center of Excellence comprised of Elder Services of Merrimack Valley (ESMV); Hebrew Senior Life; EOEA, and the Department of Public Health (DPH).

The MA Disease Management Coalition is a major contributor in the implementation of Stanford University's Chronic Disease Self-Management Education (CDSME) Programs. The goal is to spread the implementation of these evidence-based programs throughout Massachusetts. Each coalition is responsible for bringing together and then collaborating with many diverse regional partners, including ASAP's, COA's, governmental agencies, faith based groups and other service network providers. OCES, as the regional coordinator, will be integral as the Southeast Coalition builds additional community partnerships to engage other organizations in promoting CDSME programs in our area. The Southeast Region is comprised of the service regions of OCES, Bristol Elder Services, Coastline Elder Services, and Cape and the Islands ASAP service areas – a significant portion of the entire State of Massachusetts.

*My Life, My Health* is an evidence-based, participant-education program developed by Stanford University and offered in many communities throughout Massachusetts. Participants are adults who are experiencing chronic health conditions such as hypertension, stroke, lung disease and diabetes. *My Life, My Health* sessions give participants information and practical skills to manage chronic health problems and offer tools to help participants stay motivated to meet their chronic health challenges.

The work of all Southeast Coalition members together has brought programs to individuals with disabilities, people coping with chronic diseases, and those caring for loved ones living with chronic disease. This year OCES' Wellness Program's Master Trainers have trained 52 leaders representing 22 agencies. OCES has participated in the training of 34 additional leaders by assisting DPH in the role as Master Trainers. OCES also provided *My Life, My Health* in Spanish (Tomando Control de su Salud) in collaboration with the Brockton Neighborhood Health Center. OCES has conducted 13 participant workshops at COA's, Public Housing locations, Senior Centers, and the Veteran's Administration Hospital and Community Outreach clinics. A total of 138 participants completed a CDSME workshop.

OCES has two staff members who are Master Trainers in Chronic Disease, Chronic Pain, and Diabetes Self-Management. These trainers are also leaders for Arthritis Self-Management, Healthy Eating, Matter of Balance and Assistance with Activities of Daily Living. These programs all share a common goal of encouraging participants to become active partners in managing their own health to remain living independently in their communities.

Although OCPC Title III funding priorities are focused on medication management and mental health, we support the efforts of OCES in their Southeast Coalition work, and will consider proposals for the provision of services related to Health Eating, Matter of Balance, and Chronic Disease Self-Management.

### **3. Participant-Directed/Person-Centered Planning:**

As an organization dedicated to advocating for the needs and rights of older persons, the OCPC-AAA wholeheartedly supports the concept of participant-directed/person-centered planning and service/care decision making (PDPC). We believe that all decisions regarding community-based care and support, to the extent possible, should be made by the older person. It is our expectation that all Title III funded programs in the OCPC-AAA region will continue to give elder participants final decision making authority in terms of whether or not to receive service, the type and amount of service, the specific details of the service plan, etc. That said, not all community-based programs and services lend themselves well to PDPC. For example, limited funding often limits the amount of service available. Also, eligibility criteria for different programs and services will often limit who can receive service, and the extent of service that can be provided. Nevertheless, the OCPC-AAA supports the concept of allowing older persons the latitude to choose what is best for them.

As part of the regional response to this focus area, the OCPC-AAA asked our elder service network partner Old Colony Elder Services (regional ASAP) to provide a summary of their activities and efforts relative to this issue. Their response is provided here:

### Person-Centered Service Planning

Person-centered service planning provides a degree of choice and control to older adults and their caregivers when exploring all the different options when choosing long-term services and supports in a community setting. Person-centered care planning takes into consideration the individual's strengths and abilities, as well as their unique needs and challenges. This approach allows the individual to best support their overall health and well-being by putting together a plan that provides the kinds of services, supports, resources and activities that the individual consumer chooses. This process also promotes a sense of self-responsibility and empowerment to the individual consumers; their choices are made in consideration of their own values, preferences and priorities. This process in essence supports culturally competent care. Within the wide range of service options offered to consumers at OCES, the consumer directed service delivery option available through the Home Care Program has seen steady growth. More consumers are choosing to hire their own direct service workers rather than utilizing the more traditional provider vendor contracted services. This allows the individual to hire the worker who they feel can best provide for their individual care needs. This choice in selecting the worker allows greater flexibility in scheduling of times, as well as preferences in languages and backgrounds. Something as simple as meal preparation is enhanced when the worker is familiar with the consumer's ethnicity and culture.

Consumers who have had difficulty in establishing a rapport with their workers have found a greater sense of satisfaction with workers that they are able to select and manage independently. They are able to have their needs met in a manner that is more acceptable to them. They also have a greater sense of control in this process which results in a successful working relationship.

Consumers are involved in the care planning process from the initial call made to OCES. Consumers' requests for scheduling of appointment times to the consumer's choice of the individuals selected to be present at the first assessment home visit are all considerations that are supported. Care planning activities include an understanding of the consumer's strengths and abilities, inclusion of the consumer's personal support system, identification of the barriers and an eventual agreement on the kinds of services and supports that are needed to support them at home in the community.

The Personal Care Attendant Program (PCA) is also a "consumer directed" program funded by Mass Health that enables persons with disabilities to employ Personal Care Attendants. This program choice allows the individual to hire their own worker and self-direct their care needs. Consumers are able to choose a trusted family member or friend to provide their care. Consumers also have the option of choosing an individual worker with the personal attributes that are of value to them. Consumers can train the individual worker to assist them in the ways that they choose and manage their ongoing care needs.

As individuals are considering their long-term options, Options Counselors have provided unbiased information about long-term services, supports and resources. Seniors age 60 and over, persons of any age who have a disability and family members and caregivers are assisted in the decision making process that ensure that the individual's choices are respected. This service is provided through partnerships between elder service agencies and independent living centers as part of the Aging and Disability Resource Consortium of Southeastern MA and the Southern MA

Aging and Disability Resource Consortium. Consumers are provided the information that they need to make informed decisions about their care needs and the choice of where that care is received. This choice may support a community setting, a temporary stay in a rehabilitation facility or even an institutional setting.

The Family Caregiver Support Program (FCSP) provides individual education about local community programs that offer various types of assistance for caregivers. This individual planning focuses on a review of the caregiver's needs and identification of all the options. Referrals are provided to the caregivers for the services and programs that they identify as beneficial to meeting their needs. Each caregiver's needs are unique and this program helps to link them to solutions and supports that address their specific needs most effectively. Improved emotional and physical well-being of caregivers leads to a better physical and emotional health for the care recipients.

#### 4. **Elder Justice:**

As an Area Agency on Aging, the OCPC-AAA views elder justice issues as paramount to the work of the aging network. Too often, the frailest, most vulnerable older people in our society are harmed and/or exploited by others. The OCPC-AAA supports the efforts of all the different components of the network of elder justice providers (Adult Protective Services, law enforcement, LTC Ombudsman, legal assistance, etc.) to address such issues. While the OCPC-AAA does not provide Title III funding for all these different components, we wholeheartedly support their efforts and are always willing to work in partnership to eliminate abuse, neglect, and exploitation.

The OCPC-AAA currently administers the Long-Term Care Ombudsman (LTCO) program for our region. In FFY 2012, the OCPC LTCO provided 1,483 visits, generating 98,484 contacts with residents in 39 different facilities in the region. The program is staffed by 2.5 FTE's, and 14 volunteers, and puts in more than 12,000 hours per year just in LTC visits, plus additional time for administrative duties and responsibilities. The program utilizes \$115,000 in Ombudsman funding, \$32,000 in Title III funding, and a significant matching share provided by the agency. The program expects to generate similar service provision levels in FFY 2013. The OCPC believes strongly in the purpose and mission of the program, and most importantly the impact that the work has on the lives of the residents. The program empowers residents by providing advocacy, support, guidance, and problem resolution. More importantly, the program helps to provide residents with peace of mind and a sense that they remain important and valued members of the community.

As noted, the OCPC-AAA does not provide funding for the Adult Protective Services (APS) program in our region, but our LTC Ombudsman program maintains ongoing referral relationships Adult Protective Services, local law enforcement, Attorney General's office and others.

As noted, the OCPC-AAA serves on the Advisory Board for the regional Money Management Program. This program seeks to assist elders who require help with basic bill-paying and budgeting.

The OCPC-AAA provides \$87,000 in Title III-B for Legal Services in our region. This amount represents almost 31% of all Title III-B funding available to the region. This high percentage of funding for legal assistance is, in part, driven by State requirements, but is also a reflection of the importance of this type of assistance for a region like ours that has a large concentration of low-income and minority elders. In FFY 2012, the Legal Services program provided 1,188 hours of legal assistance to 153 unduplicated elders. Of the elders served, 22% were minority, 19% were low-income minority, and 63% of all clients served were low-income. The main categories for legal assistance were in the areas of housing (41% of all cases), public benefits (20% of all cases), and health and health insurance issues (9% of all cases). We anticipate similar service provision levels for the current fiscal year (2013). It is our contention that the legal issues addressed and resolved by the legal assistance program would not have been resolved favorably for the elder without the assistance provided by the program. It is also our contention that the formal avenue to justice for elders provided through the program is an absolute necessity for our region. We continue to view the Legal Assistance program as one of our most important and impactful Title III funded programs in the region.

As part of the regional response to this focus area, the OCPC-AAA asked our elder service network partner Old Colony Elder Services (regional ASAP) to provide a summary of their activities and efforts relative to this issue. Their response is provided here:

#### OCES Elder Justice

To prevent, detect, assess, intervene and or investigate elder abuse, neglect and financial exploitation.

1. Outreach trainings with police, fire, local community agencies in conjunction with Brockton COA related to YEAP (Year of Elder Abuse Prevention) - many activities will be scheduled over the next year (including cable, safety fairs, banks etc.)
2. Home Health Agencies, Visiting Nurse Associations - Elder abuse outreach presentations
3. Police Departments - Will schedule specific trainings to be included in their curriculum to present on elder abuse.

Planned efforts to support and enhance responses to elder abuse, neglect and exploitation involving Adult Protective Services, Long-Term Care ombudsman programs (cross training on reporting), legal assistance programs, law enforcement, health care professionals, financial institutions and other essential partners. OCES, as the lead for The Brockton Hoarding Task Force, will be working with community agencies to help raise awareness of hoarding and self-neglect. We will encourage community participation.

Protective Services and many other programs at OCES utilize the interdisciplinary approach to internal agency consultation with other departments within OCES as well as externally with community agencies (collaborating with other agencies to help alleviate and provide services to abused elders).

In addition to the efforts noted above, OCES is also making efforts to improve cultural competence amongst staff. OCES will be launching a campaign entitled "Expanding Cultural Competency at OCES". This initiative will be kicked-off at their first full staff meeting in

September, 2013 with an overview presentation that will be the first in a series of presentations/sessions, at least some of which will be interactive and involve staff participation.

The LGBT Aging Project's Open Door Program is scheduled for October, 2013. The LGBT Aging Project is a non-profit organization dedicated to ensuring that lesbian, gay, bisexual, and transgendered older adults have equal access to life-prolonging benefits, protections, services and institutions that their heterosexual neighbors take for granted.

Future presenters will include the Training and Learning Collaborative (a joint venture of the Northeast Independent Living Program and the Disability Policy Consortium) whose curriculum will include topics on disability awareness and increasing knowledge about the disability community.

Other topics from other presenters may include languages, religious beliefs and primary ethnicities within the OCES service region.

**Area Plan Goals and Objectives:**

As noted, the OCPC-AAA views its role and responsibility as that of furthering the mission and vision of the ACL and EOEA:

*“To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities” (ACL)*

*“To ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity” (EOEA)*

As achieve this, the OCPC-AAA has established the following service priorities for the 2014-2017 Area Plan:

- Transportation
- In-Home Health and Supportive Services
- Legal Services
- Regional Family Caregiver Support
- Regional Nutrition Services
- Evidence-based Medication Management Services
- Evidence-based Mental Health Services
- Supportive Services to Target Populations

These priorities are established through a combination of OAA mandates, focus area efforts, ongoing service needs and requests, and feedback and input of elders from the region. These priorities are the basis for Title III grant funding for the region, and establish the overall service provision objectives for the region. The OCPC-AAA conducts an intensive Request for Proposal (RFP) process which outlines specific service priorities (listed above), and attaches Title III funding amounts and minimum service provision requirements for responding agencies.

For example, in the service category of transportation, we established the total grant funding amount as \$32,000, with a minimum provision requirement of 3,307 units of Transportation (one-way trips) to a minimum of 3,275 unduplicated elders. These minimum requirements are based on prior-year's funding and provision levels, OAA service provision requirements, and the desire to maintain or exceed existing service provision in critical programming categories.

A second example is Legal Services. The OCPC-AAA established a specific Title III grant amount of \$87,000 for FFY 2014, with a minimum service provision requirement of 1,195 units (hours) of Legal Assistance to a minimum of 410 unduplicated elders. Again, these minimum requirements are based on prior-year's funding and provision levels, OAA service provision requirements, and the desire to maintain or exceed existing service provision in critical programming categories. It is important to note that the funding level established for Legal Services is actually in excess of the minimum amount established by EOEA. The reason for this is that the OCPC-AAA region has a high concentration of low-income and minority elders who benefit greatly from the efforts of the Legal Services program. As such, the OCPC-AAA views this program as a priority for meeting critical needs of target group populations.

In the above two examples, the projected service provision amounts are the quantifiable objectives. All the service priority categories have similar service provision levels which are used to establish Area Plan objectives.

**Quality Management:**

The Old Colony Planning Council is proud to be designated as the Area Agency on Aging for the region. We view our designation as an honor and privilege, and strive to meet the responsibility in a professional and efficient manner. Our role as an AAA, while primarily dictated by administrative rules and regulations from the OAA, EOEA, and the ACL, is intimately and most directly rooted in the lives of the older people of the region. We value the trust and authority placed on us by EOEA and the older people of the region and take the responsibility seriously. With our designation as an AAA, we strive to ensure that the basic necessities for community living are available to all elders. We recognize the critical standard that public agencies must meet to maintain the trust of the public. It is for this reason that we place a high standard of performance and expectation on Title III funded grantee agencies.

All Title III funded programs are required to maintain a level of performance and service that is monitored on an ongoing basis by the OCPC-AAA. Monitoring is accomplished by regular contact with grantee agencies, review and analysis of monthly program performance reports and funding requisition requests, and annual site visits. With this system, we monitor and track program performance in relation to the agency proposal and OCPC-AAA's expectations for performance. The use of public funding for elder services is a great responsibility, and we strive to ensure that grantee agencies understand this responsibility, and meet the level of performance expected by the ACL, EOEA, OCPC-AAA, and most importantly, the older people of the region.

## Attachments A through H:



**Attachment A: Area Agency on Aging Assurances and Affirmation**

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

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

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

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

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ((a)(2))

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

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

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

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

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

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

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

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

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

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

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

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

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

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. ((a)(9))

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

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

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

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

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

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

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

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

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

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

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

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

((a)(15))

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

Old Colony Planning Council AAA

(Area Agency on Aging)

\_\_\_\_\_ (Signed) \_\_\_\_\_  
(Date) (Chairperson of Board of Directors)

\_\_\_\_\_ (Signed) \_\_\_\_\_  
(Date) (Chairperson of Area Advisory Council)

\_\_\_\_\_ (Signed) \_\_\_\_\_  
(Date) (Area Agency on Aging Executive Director)

**Attachment B: Area Agency on Aging Information Requirements**

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

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

(aa) Set specific objectives, consistent with State policy, for providing services to older individuals with the 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 older individuals, older individuals with limited English Proficiency, and older individuals residing in rural areas: The Older Americans Act (OAA) identifies the following target groups: Older Individuals with the greatest economic need and social need, with particular attention to low-income minority elders and rural elders, older individuals with limited English-speaking ability, older individuals with severe disabilities, and older individuals with Alzheimer’s Disease and related disorders. In keeping with the language and intent of the Older Americans Act, The OCPC-AAA seeks to provide Title III funding for services and programs that address the needs of older persons in the all the target groups noted above. Our strategy is to identify and engage agencies and individuals in the region who have unique access to and/or involvement with older persons in the target groups.

The OCPC-AAA region is comprised of 23 communities, with a total population of 472,076 persons. The U. S. Census indicates that there are 90,599 persons age 60 and over in the region, and 8,382 persons age 85 and over. Plymouth County Census data estimates indicate the approximate ethnic composition of the region to be as follows:

Caucasian =	87%
Black =	8%
Native American =	less than 1%
Asian=	1.6%
Native Hawaiian and Other Pacific Islander	less than 1%
Some Other Race=	4%

*(American Fact Finder, 2010)*

The highest concentration of low-income and minority persons is in the greater Brockton Area. With the Brockton area having the greatest concentration of target populations for the region, and the greatest number of older persons in the region as a whole, the OCPC-AAA seeks to provide funding to agencies and programs in the area that can most effectively address the needs of the identified target groups. As such, the OCPC-AAA provides grant funding to organizations that are uniquely suited for this role. Some examples of agencies and programs that receive funding for specific target population services are Catholic Charities South, Cape Verdian Association, the LIFE Center, the Dorn-Davies Senior Center, Old Colony Elder Services Emergency Assistance, and Legal Services. Each of the agencies identified above have clientele that are comprised primarily of target group older individuals. For example, the Cape Verdian Association is a well-known and trusted resource for a significant portion of the Cape Verde immigrant population, including older individuals. The LIFE Center is an organization dedicated to serving disabled persons of all ages. The Dorn-Davies Senior Center is a service agency located in one of the elder high-rise public housing facilities in the City, with a large concentration of target population older individuals. All these agencies have been in the Brockton area for over 20 years, and have a history of service to the target groups. Each of these agencies has submitted a proposal to the OCPC-AAA identifying specific service objectives for the FFY 2014 year. These objectives, which are summarized in Attachment F of this document,

comprise the OCPC-AAA service objectives for target populations for the upcoming year. Total service unit projections (objectives), by agency, are identified below:

- Catholic Charities South – 1,800 units of service (various categories) to 1,219 unduplicated elders, 953 of which will be low-income and/or minority.
- Cape Verdian Association – 955 units of service (various categories) to 60 unduplicated elders, all of whom will be low-income and minority.
- LIFE Center – 1250 units of service (various categories) to 28 unduplicated elders, all of whom will be low-income and disabled.
- Dorn-Davies Senior Center – 21,700 units of service (various categories) to 2,950 unduplicated elders, all of whom will be low-income and/or minority.
- OCES Emergency Assistance –
- Legal Services -

Predictions on the determination of low-income status and minority status are based on the past experience of the agencies and programs identified. Low-income status is often estimated.

The OCPC-AAA does not suggest or imply that the Title III funded programs identified above are able to address and remedy all needs of the identified target populations. Nor does the OCPC-AAA suggest that all persons served under these programs are from the identified target groups. It is simply our contention that these agencies and programs are the best option available for trying to address the needs of the target groups.

It is critically important to note that because the OAA prohibits means testing for Title III services, it is simply not possible to guarantee that the most economically needy older individuals are served. Title III resources are limited, service is provided on a first-come-first-served basis, and to the extent possible, no one over the age of 60 can be denied service. As such, limited resources will only go so far, and they may not go far enough to address all the needs of target group older individuals.

No portion of the OCPC-AAA region (Region IV-A) is considered rural.

### **Section 306 (a)(5)**

*Include information detailing how the AAA will:*

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services to older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

As noted, the OCPC-AAA places emphasis on the target populations identified by the OAA, including disabled elders. This segment of the elder population is a growing concern for the network, as is evidenced by the establishment of the Aging and Disability Resource Centers (ADRC's). Additionally, the OCPC-AAA currently provides limited Title III funding to two (2) agencies/programs that specifically serve disabled elders. These agencies/programs include the Living Independently for Equality (LIFE) Program in Brockton that provides recreation, socialization, education, and meals to wheel-chair bound people from Brockton and surrounding areas. This program serves disabled persons of all ages, including people over the age of 60. The OCPC-AAA also provides limited grant funding to New England Homes for the Deaf for

the operation of a regional deaf senior center located in Quincy. Although this center is out of our geographic region, we have deaf seniors from our area that attend the center regularly. In addition to the two programs identified above, all other Title III funded programs and services are expected and encouraged to address the needs of disabled elders, to the extent possible. The OCPC-AAA supports the efforts of OCES and their Southeast Coalition in striving to provide Disease Prevention/Health Promotion services. More information about the OCES efforts is included in the body of the Area Plan.

### **Section 306 (a)(6)**

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

(A) Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan; (B) serve as an 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.

The OCPC-AAA is one component of a very large, diverse elder service network in the region. The most important and critical component in this mix are the views and opinions of needy elders. The OCPC-AAA views the perspective of older people as our primary and guiding principle. We solicit their views through public hearings, advisory committee participation, and regional needs assessments. The OCPC-AAA priorities are shaped and guided by a variety of sources including past needs, provider feedback, and mandates and focus areas of the Administration for Community Living (ACL) and the Executive Office of Elder Affairs (EOEA). However, the most important perspective will always be that of the older people of the region.

This service network is comprised of public and private organizations, both for profit and non-profit. This network includes the local councils on aging (COA's), the regional Aging Service Access Point (Old Colony Elder Services), hospitals, physicians, nursing homes and rest homes, home health agencies (VNS's), day programs, and many others. The most important component of this network is the elders themselves. All of these component parts have a voice and/or opinion regarding policies and operations of elder services. The OCPC-AAA welcomes and encourages public input on any and all matters related to elder issues.

While the OCPC-AAA does not have administrative or decision-making authority over partner agencies, we view our relationship with them as one of cooperation and support within the entire network. Ultimately, in the view of the OCPC-AAA, the elder service network is working towards the same goal: keeping elders safe, healthy, and independent in their homes and communities for as long as possible, hopefully for the remainder of their lives. We view this as the ultimate goal of the elder service network, and seek to support this notion and advocate for the policies that best achieve this goal. Ultimately, we view the highest level of authority and influence in the elder service network as EOEA. EOEA has credibility, influence, and impact greater than the OCPC-AAA. As such, we forward our comments, perspectives, and opinions to EOEA as the filter, and ultimately, the appropriate entity for any and all formal advocacy, public comment, and legislative efforts. As part of our responsibility, the OCPC-AAA continually seeks input from Advisory Committee members, OCPC Board of Directors, provider agencies, and most importantly, the older people of the region. When and where appropriate, we forward such comments and perspectives to our network legislative advocate, Mass Home Care, and EOEA.

### **Section 306 (a)(5)**

*Include information detailing how the AAA will:*

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by-(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care. (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals in making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

As noted, the OCPC-AAA is one component of a much larger, diverse network of providers and agencies that serve older people in the region. The general consensus amongst the elder service network, as is confirmed by numerous academic studies, is that people wish to remain independent, in their own homes for as long as possible. The State of Massachusetts has taken a proactive approach to this matter, with the majority of the service network working to ensure that community-based care and support exists in the manner and volume that can sustain the community-first philosophy. The network that exists operates under different rules, regulations, and guidelines, depending on the agency and service. The OCPC-AAA does not necessarily have decision making authority over the myriad agencies and programs that comprise the elder service network, only Title III related matters relevant to the OCPC-AAA. That said, the OCPC-AAA still has an advocacy role for all older people in the region. To the extent possible, the OCPC-AAA will always seek to support and encourage the further development and refinement of the existing community-based elder care system in Massachusetts. We will lend our voice of support and encouragement, primarily through our affiliation with Mass Home Care and EOE, on matters related to community-based care, with a solid understanding that it is the preference and desire of most citizens to remain in their own homes for as long as possible.

The OCPC-AAA will also continue to support the efforts of agencies and individuals that seek to deliver Disease Prevention/Health Promotion services and programs to the older people in the region. As noted in the body of the Area Plan, our most significant partner in the elder service network, OCES, continues to make strides in providing such services. When and where appropriate, the OCPC-AAA will also consider funding requests for such activities.

### **Section 306 (a)(10)**

*Include information detailing how the AAA will:*

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied service under this title. The OCPC-AAA maintains a grievance procedure for older individuals dissatisfied with or denied services funded by Title III that is similar to our appeal procedure for agencies claiming to be aggrieved in the OCPC-AAA Request for Proposal and funding process. Our procedure for older individuals dissatisfied with or denied service funded by Title III is as follows:

Any individual who is dissatisfied with or denied service funded under Title III has the right to bring a formal complaint to the attention of the OCPC-AAA. The complaint can be filed formally with the Administrator of the OCPC-AAA, either by written copy or digital copy. The OCPC-AAA Administrator will investigate the matter, seeking input and details from both the individual with the complaint and the agency or program that is in question. After a review of all materials related to the complaint, the OCPC-AAA Administrator will meet with the individual



to seek resolution. If, in the eyes of the OCPC-AAA Administrator, a Title III grantee agency has made a mistake or has intentionally mistreated an older individual, the OCPC-AAA Administrator will prepare formal notification informing the Grantee agency of a finding that constitutes an unacceptable action by a Title III funded program, and the action must cease if the agency wishes to continue as a Title III agency. The OCPC-AAA will request a formal plan of action from the grantee agency explaining their efforts and/or steps to be taken to ensure that the same of similar problems will not arise in the future.

This policy is in place with the explicit understanding that Title III funded agencies and programs are not unlimited in their ability and resources to provide service. This policy is also in place with the explicit understanding that all information and relevant opinions, from all parties, are considered when making an administrative decision regarding dissatisfaction with or denial of service.

### **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.

The OCPC-AAA is housed within a Regional Planning Agency (RPA). We are the only RPA in Massachusetts that is also designated as an Area Agency on Aging. We are proud of this exclusive designation, and believe that our background in regional planning offers us a unique and advantageous position when it comes to disaster preparedness and response.

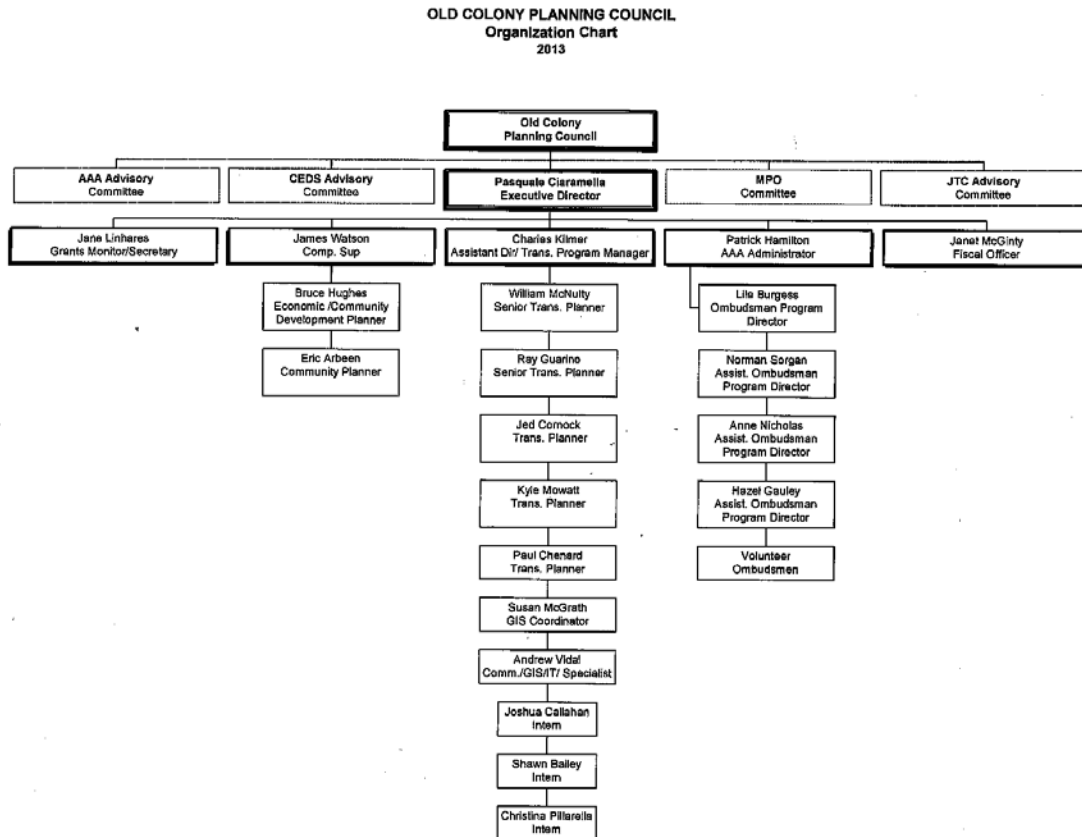
In FFY 2005, the OCPC received a contract from the Department for Homeland Security to develop disaster preparedness planning data (DPPD) for vulnerable populations in the OCPC-AAA district. The outcome of this effort was a CD-based product that provides software and digital data layers regarding the twenty-three (23) communities within the AAA Region of Southeastern Massachusetts. Data layers included in this project are:

- Vulnerable Populations (developed by OCPC)
- MHD Road Inventory 2005 (developed by MassGIS)
- AAA Region of 23 Communities (developed by MassGIS)
- Surrounding Communities (Massachusetts Cities and Towns, developed by MassGIS)

All data layers can be queried by each point, line segment or polygon, or by selecting a geographic area (circle, polygon, and rectangle). Each query will allow first responders to access all data pertinent to each digital location with a click of the mouse.

A copy of the final product from this undertaking is available for review by contacting the OCPC-AAA. The work of this project, and the final product, are the basis for our formal participation in the Disaster Preparedness efforts in the region. The OCPC-AAA views our role in the elder service network, and indeed the community service network as a whole, as flexible and open-ended. We are willing and able to help whenever and wherever possible and appropriate, as determined by local and State authorities.

Attachment C: Org chart



**AREA PLAN ON AGING, 2014 - 2017  
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2014**

attachment D

**g : Old Colony Planning Council**

*Enter AAA Name  
in cell C4.*

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Christopher Aiello		Abington	Delegate
Frank P. Staffier	Secretary	Avon	Delegate
Gregory Guimond		Bridgewater	Delegate
Robert G. Moran, Jr.		Brockton	Delegate
Thomas Broadrick		Duxbury	Delegate
Richard O'Flaherty		East Bridgewater	Delegate
Jeanmarie Kent-Joyce		Easton	Delegate
John G. Mather		Halifax	Delegate
Robert Overholtzer		Hanson	Delegate
Justin Anderson		Kingston	Delegate
Gerard W. Dempsey		Pembroke	Delegate
Lee Hartmann	President	Plymouth	Delegate
John Rantuccio		Plympton	Delegate
Scott D. Turner		Stoughton	Delegate
Eldon F. Moreira		West Bridgewater	Delegate
Fred L. Gilmetti	Treasurer	Whitman	Delegate
Troy E. Garron		Halifax	At Large Delegate
David P. Klein		Abington	Alternate
Charles Marinelli		Avon	Alternate
Anthony P. Anacki		Bridgewater	Alternate
Preston A. Huckabee		Brockton	Alternate
George Wadsworth		Duxbury	Alternate
Stephen J. Donahue		Easton	Alternate
Phillip Lindquist		Hanson	Alternate
Valerie Massard		Plymouth	Alternate
James Mulcahy		Plympton	Alternate
Robert Kuver		Stoughton	Alternate
Nancy Bresciani		West Bridgewater	Alternate
Daniel Salvucci		Whitman	Alternate

69	Percentage of the Board that are minority persons.
6	Percentage of the Board that are 60+ and minority persons.
6	

**AREA PLAN ON AGING, 2014 - 2017**  
**Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2014**

Attachment E

1g: Old Colony Planning Council

0

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Suzanne Djusberg		Abington	COA Director
Marie Markunas		Avon	COA Appointed
Janice Fitzgerald		Brockton	COA Director
Harry Owens		Brockton	COA Appointed
vacant		Carver	
Richard Whitney		Duxbury	COA Appointed
Donna Ciappina		Duxbury	COA Outreach
Nancy Hill		East Bridgewater	COA Director
Maria Grasa		Easton	COA Appointed
Marie Healey		Easton	COA Appointed
Lee Mulready		Halifax	COA Appointed
Elaine Marzilli		Halifax	COA Outreach
Nancy Mickunas		Hanover	COA Appointed
Robyn Mitton		Hanover	COA Director
Eva Burton		Hanson	COA Appointed
Jane Baker		Hanson	COA Appointed
Linda Felix		Kingston	COA Director
Anna Wallace		Kingston	COA Appointed
Robert Brady		Lakeville	COA Appointed
Carl Asbury		Lakeville	COA Appointed
Joan Butler		Marshfield	COA Appointed
Andrea Priest		Middleborough	COA Director
Josephine Hatch		Pembroke	COA Appointed
Mary Willis		Pembroke	COA Director
Conni DiLego		Plymouth	COA Director
Rita Howes	Chair	Rockland	COA Appointed
Grace DiTocco		Rockland	COA Appointed
Marguerite Morse		West Bridgewater	COA Appointed
Mary Graf		West Bridgewater	COA Director
Barbara Garvey		Whitman	COA Director

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

For use by AAA; not required by ELD.

**AREA PLAN ON AGING, 2014 - 2017**  
**Form 3 - Funded Services - Federal Fiscal Year 2013/2014**  
**Programs Funded in Whole or in Part by Title III**

A		0		attachment F					
Old Colony Planning Council		0		FFY2013 FUNDING - ACTUAL			FFY2014 FUNDING - PLANNED		
FUNDED SERVICES	Title III Goal Number	NAPIS Code #	Priority/Seq. A, B, C, D, E	Evidence-Based Program in Use	Title III Award	Title III Expend.	Non-Title III Exp.	Title III Award	Non-Title III
<b>SUBGRANTEE/PROVIDER</b>									
Brockton Area Multi-Services, Inc.	B 1	10-transportation	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	12-Nutrition Education	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	13-I&A	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	14-outreach	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-exercise	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-recreation	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-telephone reassurance	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-letter writing/form	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-counseling	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-assessment	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-material aid	O		1,526	908	4,398	1,625	2,891
Brockton Area Multi-Services, Inc.	B 1	15-other	O		1,526	908	4,398	1,625	2,891
Cape Verdean Association	B 1	13-I&A	O		1,800	1,200	13,021	1,800	13,021
Cape Verdean Association	B 1	15-recreation	O		1,800	1,200	13,021	1,800	13,021
Cape Verdean Association	B 1	15-telephone reassurance	O		1,800	1,200	13,021	1,800	13,021
Cape Verdean Association	B 1	15-interpreting	O		1,800	1,200	13,021	1,800	13,021
Cape Verdean Association	B 1	15-education	O		1,800	1,200	13,021	1,800	13,021
Catholic Charities Mental Health	B 1	13-I&A	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Mental Health	B 1	14-outreach	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Mental Health	B 1	15-advocacy	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Mental Health	B 1	15-telephone reassurance	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Mental Health	B 1	15-MH counseling	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Mental Health	B 1	15-assessment	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Mental Health	B 1	15-education	O		5,246	3,517	4,709	5,246	7,063
Catholic Charities Elder Outreach	B 1	10-transportation	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	13-I&A	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	14-outreach	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-recreation	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-friendly visit	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-telephone reassurance	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-letter writing/form	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-counseling	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-material aid	O		1,428	958	1,282	1,428	1,923
Catholic Charities Elder Outreach	B 1	15-other	O		1,428	958	1,282	1,428	1,923
Hanson Council on Aging	B 1	15-social day care	O		3,500	2,090	8,750	3,500	15,626
Living Independently for Equality	B 1	9-assisted transportation	O		1,400	933	1,508	1,400	18,091
Living Independently for Equality	B 1	13-I&A	O		1,400	933	1,508	1,400	18,091
Living Independently for Equality	B 1	14-outreach	O		1,400	933	1,508	1,400	18,091
Living Independently for Equality	B 1	15-advocacy	O		1,400	933	1,508	1,400	18,091
Living Independently for Equality	B 1	15-recreation	O		1,400	933	1,508	1,400	18,091
Middleborough COA	B 1	15-social day care	O		3,000	2,970	85,596	3,000	156,682
New England Homes for the Deaf	B 1	13-I&A	O		833	458	251	800	9,742
New England Homes for the Deaf	B 1	15-recreation	O		833	458	251	800	9,742
New England Homes for the Deaf	B 1	15-interpreting	O		833	458	251	800	9,742

OCPC-AAA 2014-2017 Area Plan

OCES Emergency Assistance	B	1	1-personal care	I	5,333	3,410	7,788	4,166	11,083
OCES Emergency Assistance	B	1	2-homemaker	I	5,333	3,410	7,788	4,166	11,083
OCES Emergency Assistance	B	1	3-chore	I	5,333	3,410	7,788	4,166	11,083
OCES Emergency Assistance	B	1	10-transportation	O	5,333	3,410	7,788	4,166	11,083
OCES Emergency Assistance	B	1	15-financial assistance	I	5,333	3,410	7,788	4,166	11,083
OCES Emergency Assistance	B	1	15-companion	I	5,333	3,410	7,788	4,166	11,083
OCES Medication Management	D	1	15-MDS	I	3,680	2,403	1,330	3,866	800
OCES Medication Management	D	1	15-financial assistance	I	3,680	2,403	1,330	3,866	800
OCES Medication Management	D	1	15-other	I	3,680	2,403	1,330	3,866	800
OCES Family Caregiver Support	E	1	15-other	O	69,604	69,603	30,732	69,603	37,705
OCES Family Caregiver Support	B	1	15-other	O	69,604	69,603	30,732	69,603	37,705
OCES Regional Nutrition	C	1	4-HDM	I	157,043	143,483	40,447	157,043	40,447
OCES Regional Nutrition	C	1	8-congregate meals	O	357,853	362,953	92,167	357,853	92,167
Plymouth COA site manager	C	1	4-HDM	I	3,197	1,230	10,796	3,197	205,990
Plymouth COA site manager	C	1	8-congregate meals	O	7,285	2,804	24,600	7,285	469,388
Rockland COA summer meal prg.	C	1	4-HDM	I	915	-	-	915	1,124
Rockland COA summer meal prg.	C	1	8-congregate meals	O	2,085	-	-	2,085	2,561
South Coastal Counties Legal Services	B	1	11-legal assistance	L	74,700	49,800	30,489	78,300	34,440
South Coastal Counties Legal Services	B	1	14-outreach	L	4,150	2,766	1,694	4,350	914
South Coastal Counties Legal Services	B	1	15-education	L	4,150	2,766	1,694	4,350	914

Area Plan on Aging 2014 - 2017  
Form 3 - Funded Services - Federal Fiscal Year 2013/2014  
Programs Funded in Whole or in Part by Title III

by on Aging: Old Colony Planning Council

0

FUNDED SERVICES	Title III State Number	NAPIS Code	Priority Code A, B, C, O	Evidence- Based Program In Use	FFY2013 FUNDING - ACTUAL			FFY2014 FUNDING - PLANNED	
					Title III Award	Title III Expend.	Non-Title III	Title III Award	Non-Title III
<b>DIRECT SERVICES</b>									
Old Colony Planning Council AAA Volunteer Transportation Program	B	1	10-transportation	A	32,000	20,718	20,723	32,000	32,000
Old Colony Planning Council AAA Ombudsman Program	B	3	15-other	O	47,000	40,000	30,000	32,000	32,000

**AREA PLAN ON AGING, 2014 - 2017  
Form 4 - Focal Points - Federal Fiscal Year 2014**

Attachment G

**y on Aging:Old Colony Planning Council 0**

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
Abington COA	441 Summer Street	Abington	X		X	X	
Avon COA	65 East Main Street	Avon	X				
Bridgewater COA	10 Wally Kruger Way	Bridgewater	X				
Brockton COA	10 Father Kenney Way	Brockton	X			X	
Duxbury COA	10 Mayflower Street	Duxbury	X		X	X	
Dorn-Davies Senior Cen	1380 Main Street	Brockton	X		X	X	
East Bridgewater COA	355 Plymouth Street	East Bridgewater	X			X	
Halifax COA	506 Plymouth Street	Halifax	X		X		
Hanover COA	665 Center Street	Hanover	X		X		
Hanson COA	132 Maquan Street	Hanson	X		X	X	
Kingston COA	30 Evergreen Street	Kingston	X	X		X	
Lakeville COA	One Dear Crossing	Lakeville	X		X	X	
Marshfield COA	230 Webster Street	Marshfield	X		X	X	
Middleborough COA	558 Plymouth Street	Middleborough	X		X	X	
Easton COA	15 Barrows Street	Easton	X			X	
Pembroke COA	144 Center Street	Pembroke	X		X	X	
Plympton COA	NA	Plympton			X		
Rockland COA	394 Union Street	Rockland	X		X		
Plymouth COA	44 Nook Road	Plymouth	X		X	X	
Carver COA	48 Lakeview Street	Carver	X		X	X	
Stoughton COA	110 Rockland Street	Stoughton	X		X	X	
Wareham COA		Wareham					
West Bridgewater COA	97 West Center Street	West Bridgewater	X		X	X	
Whitman COA	16 Hayden Avenue	Whitman	X		X	X	

**AREA PLAN ON AGING, 2014 - 2017**  
**Form 5 - Title III-E Family Caregiver Breakout - FFY 2014**  
**Area Agency on Aging: Old Colony Planning Council**

0

**Based on the FFY2014 Title III-E Planning Budget Total (refer to FFY2014 Title III-E column on Projected Budget Plan tab), provide percentage (%) estimates for the services listed.**

Autofill from FFY14  
Projected Budget Plan.

\$ 230,810.00

Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (counseling, support groups, training, assess assistance and information outreach and other specific caregiver services).	66%
Contracted respite services.	2%
Contracted supplemental services.	0%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	3%
Other (explain below)	29%
<b>Total</b>	<b>100%</b>

Other (detail):

travel-1%
occupancy-3%
recruitment-1%
other program support-3%
agency administrative support-19%



**AREA PLAN ON AGING, FFY2014 - 2017**  
**PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2014**  
**Agency on Aging: Old Colony Planning Council 0**  
**OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014**

Attachment H

	Area Plan Admin	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Prev Hlth EBP	Title III-D Prev Hlth non-EBP	Title III-E Caregiver Svs	Ombudsman Services
<b>Federal Planning Award:</b>							
FFY 2013 Title III Estimated Continuation							
FFY 2014 Title III Income	171,713	294,526	525,691	17,293	4,323	139,207	113,706
FFY 2014 Total Title III Income	\$ 171,713	\$ 294,526	\$ 525,691	\$ 17,293	\$ 4,323	\$ 139,207	\$ 113,706

	Area Plan Admin	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Prev Hlth EBP	Title III-D Prev Hlth non-EBP	Title III-E Caregiver Svs	Ombudsman Services
<b>Other Income:</b>							
NSIP			142,126				
NSIP Commodity Credit			-				
Other Federal (non-Title III or NSIP)	-	-	-	-	-	-	-
Program Income (Client Contributions)		11,780	200,000	-	-	1,000	
State Home Care	-	-	-	-	-	-	-
State Elder Lunch			33,240				
State - Other	-	-	-	-	-	63,344	-
Non-Federal Inkind	42,928	815,837	1,565,894	20,233	5,015	11,066	10,000
Local	-	-	-	-	-	-	-
Other	37,777	-	-	-	-	-	30,000
<b>Total Other Income:</b>	\$ 80,705	\$ 827,617	\$ 1,941,260	\$ 20,233	\$ 5,015	\$ 75,410	\$ 40,000
<b>Total Available Income:</b>	\$ 252,418	\$ 1,122,143	\$ 2,466,951	\$ 37,526	\$ 9,338	\$ 214,617	\$ 153,706

	Area Plan Admin	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Prev Hlth EBP	Title III-D Prev Hlth non-EBP	Title III-E Caregiver Svs	Ombudsman Services
<b>Budgeted Expenditures:</b>							
Wages and Salaries	100,967	-	666,077	-	-	-	69,167
Payroll Taxes/Fringe Benefits	22,718	-	148,017	-	-	-	18,445
Mileage/Travel	-	-	172,687	-	-	-	9,222
Occupancy Costs	-	-	37,004	-	-	-	-
Equipment Purchase/Rental/Maintenance	-	-	-	-	-	-	-

**Area Plan on Aging 2014 - 2017**  
**PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2014**  
**Area Agency on Aging: Old Colony Planning Council 0**  
**OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014**

	Area Plan Admin	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Prev Hlth EBP	Title III-D Prev Hlth non-EBP	Title III-E Caregiver Svs	Ombudsman Services
Meal Prep and Related Costs			197,356				
Other Program Support	85,822	-	1,233,476	-	-	-	3,075
Agency Admin Support Allocation	42,911	-	12,334	-	-	-	53,797
Subgrants - Access		32,000					
Subgrants - In-Home		25,000					
Subgrants - Legal		87,000					
Subgrants - Other		150,526		17,293	4,323	139,207	
Subgrants - Inkind		827,617		20,233	5,015	75,410	
<b>Total Budgeted Expenditures:</b>	\$ 252,418	\$ 1,122,143	\$ 2,466,951	\$ 37,526	\$ 9,338	\$ 214,617	\$ 153,706

Signature of Area Agency on Aging Planner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Area Agency on Aging Fiscal Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Area Agency on Aging Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_