



formerly WestMass ElderCare

**AREA AGENCY ON AGING  
AREA PLAN**

**FEDERAL FISCAL YEARS 2026-2029**



**AREA PLAN ON AGING**  
**FEDERAL FISCAL YEARS 2026-2029**

**TABLE OF CONTENTS**

	Page
<b><u>Access Care Partners Planning and Service Area Map</u></b> .....	3
<b><u>Narrative</u></b>	
• Executive Summary.....	4
• Context.....	7
• Goals and Objectives.....	9
• Strategies and Performance Measures.....	10
<b><u>Attachments</u></b> (Not included; these are in development and will be finalized by 6/30/25)	
Attachment A: AAA Assurances and Affirmation, 2026.....	21-29
Attachment B: AAA Information Requirements, 2026-29.....	30-39
Attachment C: AAA Planning and Service Area Map.....	40
Attachment D: AAA 2025 Needs Assessment Project and Public Input.....	41-46
Attachment E: AAA Organizational Chart.....	47
Attachment F: AAA Administrative and Financial Information	
i. AAA Corporate Board of Directors – Form 1.....	48
ii. AAA Advisory Council Members – Form 2.....	49
iii. AAA Designated Focal Points – Form 3.....	50
iv. AAA Title III-B Funded Services – Form 4a.....	51
v. AAA Title III-C1/2, D, E. and OMB Funded Services – Form 4b.....	52
vi. AAA Title III-E Family Caregiver Breakout – Form 5.....	53
vii. AAA FFY2026 Projected Budget Plan .....	54
Attachment G: Annual Report.....	55
Attachment H: Quality Improvement Plan.....	56
Attachment I: <i>Consumer Choice</i> Brochure.....	57
Attachment J: Title III Request for Proposal Legal Notice 2026-27.....	58-59
Attachment K: Public Input Posting Information.....	60
Attachment L: Access Care Partners Emergency Plan.....	61-

# Access Care Partners

## Planning and Service Area



413-538-9020 | TTY 800-875-0287  
4 Valley Mill Road, Holyoke, MA 01040 | [www.accesscareaptners.org](http://www.accesscareaptners.org)

## EXECUTIVE SUMMARY

Access Care Partners, Inc. (formerly WestMass ElderCare), a designated Area Agency on Aging and Aging Services Access Point, was founded in 1974 to serve older individuals, persons with disabilities and family caregivers. Our Planning and Service Area (PSA) includes the following communities: Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley and Ware. (See Attachment C for a map of our service region). Access Care Partners (ACP) services provided through our Adult Foster Care, Senior Care Options, One Care, LTSS Community Partners and Personal Care Management programs also allow us to assist consumers outside this region. All programs and services delivered by Access Care Partners directly support our agency's mission, vision, and core values:



### ***Our Mission***

To empower older adults, individuals with disabilities and chronic conditions and their caregivers by providing compassionate, personalized care solutions. We actively seek out and bring together the most comprehensive range of services, products, and providers, ensuring that those we serve can remain at home or in their communities with dignity and independence.

### ***Our Vision***

As the first choice for independence, we champion health equity and vital supports, empowering all individuals, regardless of age or ability, to experience dignity, independence, and inclusion in their homes and communities.

### ***Our Core Values***



#### **Empathy & Compassion**

We approach every interaction with deep understanding and genuine care for the unique needs of every individual.



#### **Collaboration & Person-Centered Care**

We work closely with consumers, families, and a diverse network of providers to deliver care that is tailored to individual preferences and needs.



#### **Independence & Choice**

We empower our consumers to make informed decisions and maintain their independence through a wide range of options.



#### **Integrity & Trust**

We uphold transparency, ethical practices, and reliability in all our relationships, ensuring trust is at the foundation of our work.



#### **Respect & Dignity**

We honor the dignity and respect the diverse backgrounds, choices, and cultural identities of every individual we serve.



#### **Innovation & Dedication**

We are committed to continuously adapting and improving our services to meet the evolving needs of our consumers with unwavering dedication.



#### **Comprehensive Care & Support**

We actively seek out and bring together the best resources to serve our consumers and their families.

Our mission, vision and core values closely align with those of the Massachusetts Executive Office of Aging and Independence (AGE), which envisions *a state in which every person has the tools, resources, and support they need to fully embrace the aging experience*, and supports *aging adults to thrive, safely and independently – how and where they want*.

In its Area Agency role, Access Care Partners fosters the development of comprehensive and coordinated community-based long-term care systems. Our approach to service delivery includes a combination of collaboration, innovation and solution-driven planning. This 2026-2029 Area Agency Plan constitutes a “blueprint” of strategic goals and objectives that correspond to the guidelines set forth by the U.S. Administration for Community Living (ACL) and the Massachusetts Executive Office of Aging and Independence (AGE).

The Older Americans Act (OAA) was established in 1965 as the first federal level initiative aimed at providing comprehensive services for older adults. It created a national aging network comprising both federal and local agencies, including the Administration on Aging (now part of the Administration for Community Living, subject to change as a result of recent restructuring of the U.S. Department of Health and Human Services), State Units on Aging, and Area Agencies on Aging (AAAs). In Massachusetts, OAA funding is channeled from the federal government to AGE and eventually to the state’s 20 AAAs. The service categories described below cover the breadth of currently funded OAA-funded program activity:

- Supportive Services (Title III-B): provides a variety of in-home and community support services such as legal assistance, access services (such as transportation), and outreach;
- Nutrition and Meal Services (Title III-C): includes home-delivered and congregate meals provided at senior centers and other organizations serving older adults;
- Disease Prevention and Health Promotion (Title III-D): offers evidenced-based healthy aging workshops virtually and in community settings. These programs have been vetted at teaching and research institutions (e.g. Stanford University’s Chronic Disease Self-management Program) and designed to empower older persons to participate in maintaining their own health;
- Family Caregiver Support Program (Title III-E): targets family caregivers (including grandparents serving as parents) with information and assistance on caregiving strategies, individual counseling, training and respite care. Specific eligibility guidelines of the Massachusetts Family Caregiver Support Program are:
  - Adult family members or other informal caregivers aged 18 and older providing care to individuals 60 years of age and older;
  - Adult family members or other informal caregivers aged 18 and older providing care to individuals of any age with Alzheimer’s Disease and related disorders;
  - Grandparents or relatives (not parents) 55 years of age or older providing care to children under the age of 18 years
  - Grandparents and other relatives (not parents) 55 years of age or older providing care to adults with disabilities aged 18-59 years
- Long-Term Care Ombudsman Program (Title VII): provides trained volunteers to visit long-term care institutions (nursing homes) weekly and provide advocacy and support to residents and their families.

Older Americans Act funding provides for the delivery of gap-filling services (as stipulated by the OAA: “Funds are not to be used to supplant or replace any funds that are or would be expended for local services”). The target population for OAA-funded services are those individuals in the ***greatest economic and social need***. This includes:

- Isolated older adults (those living alone)
- Low-income older adults
- Older adults who identify as a member of a minority population
- Older adults residing in rural communities
- Socially isolated populations (including limited English proficient [LEP] elders, individuals isolated due to cultural identity, gender identity and/or sexual orientation)

Strategies identified in this Area Plan were developed based on data collected during local needs assessment activities coordinated by ACP during the fall of 2024, including input from consumers, stakeholders and Access Care Partners staff (see **Context**, page 7). More than ever before, successful implementation of the Area Plan will depend on ACP’s continual efforts to forge new community partnerships to sustain our programs. Our partnerships within the aging network involve work with many groups, including state agencies, local councils on aging, programs serving persons with mental and physical disabilities, medical care provider organizations, housing facilities, and more. These collaborative initiatives are described in detail within the “**Strategies and Performance Measures**” section of the Area Plan narrative (Page 10).

## CONTEXT

The Administration for Community Living (ACL) has identified the following key Focus Areas which must be addressed in all FFY2026-29 State and Area Plans on Aging across the country:

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

ACP's Area Plan for FFY2026-2029 includes strategic goals and objectives which align with the ACL Focus Areas and prioritize services which meet the needs of the OAA target population: those individuals with the greatest economic and social need, including low-income and isolated individuals. ACP's 2025 Needs Assessment Project, described below, was critical to our understanding of local and regional issues which currently face older adults and caregivers in our Western Massachusetts communities, how those issues align with state and national aging trends, and how they should be prioritized and addressed in our long-term strategic planning.

### **Access Care Partners 2025 Needs Assessment Project**

From September through November 2024, in parallel with other Massachusetts AAA/ASAPs as part of the Statewide Needs Assessment Project, Access Care Partners implemented needs assessment activities within its Planning and Service Area (PSA) that included input from several key constituencies. This was principally conducted through a targeted survey effort which was distributed to individuals representative of the target population for OAA services, i.e. those in greatest economic and social need:

- caregivers receiving ACP services
- consumers receiving Latino home-delivered meals and Community Table Meals at Taino Community Table Restaurant Program in Holyoke
- Home-delivered meal consumers in rural locations (Belchertown and Ware)
- Supportive Housing residents at sites in Chicopee, Ludlow, Holyoke and Ware
- Members of ACP "Rainbow Social Club" groups (LGBTQ+ older adults) at Councils on Aging in Belchertown, South Hadley and Holyoke.
- Consumers eligible for waived services
- "Brown Bag" program participants in Granby, Ware, South Hadley, Chicopee, and Ludlow
- Consumers seeking outreach services (specifically SHINE counseling and Fuel Assistance) at Councils on Aging in all seven communities in ACP's PSA

Surveys were offered in 14 different languages and made available in paper and online (through a digital link distributed and promoted on Access Care Partners' website, social media platforms, and email messaging). Those in ACP's PSA responded predominantly in English and Spanish,



with 15.5% of respondents indicating they spoke Spanish as their main language at home. In all, approximately 2,500 surveys were distributed and 398 returned, a 16% response rate.

The data resulting from the needs assessment project reflect the perspectives of individuals in ACP's PSA who **chose** to participate, though it may not fully represent all older adults or caregivers in the region. Given that respondents were often those who attended certain events or were easily reachable through community-based programming, some groups may be overrepresented while others, such as homebound individuals, may be underrepresented. Therefore, the findings provide insights into the needs and experiences of surveyed individuals rather than a comprehensive picture of all older adults in the PSA.

While the full results of the ACP 2025 Needs Assessment Project (including analysis of additional data sources) are detailed in Attachment D, the greatest areas of need revealed by the survey data for both older adults and caregivers are summarized below.

The five greatest areas of need among **older adults** revealed by the ACP needs assessment are:

1. **In-Home Support for Maintaining Independence (65.1%)** – The highest reported need, reflecting a strong desire among older adults to remain in their homes while receiving necessary support services.
2. **Affordable Healthcare (50.4%)** – A significant concern for many respondents, underscoring the financial barriers associated with accessing medical care.
3. **Access to Services (48.8%)** – Older adults expressed challenges in navigating and obtaining essential services that support their well-being.
4. **Transportation Access (45.8%)** – The ability to travel to medical appointments, social events, and essential services remains a major issue.
5. **Leisure, Recreation, and Socialization (45%)** – Many older adults indicated a need for more opportunities to engage in recreational and social activities to prevent isolation and promote mental well-being.

Based on the survey responses, the three greatest areas of need for **caregivers** are:

1. **Respite Care (67.3%)** – The most commonly reported support need, highlighting the necessity for temporary relief services to prevent caregiver burnout.
2. **In-Home Care (54%)** – A significant need, reflecting the demand for professional assistance to help caregivers manage daily care responsibilities.
3. **Financial Assistance (53.1%)** – Many caregivers reported financial strain, underscoring the importance of economic support to help sustain caregiving efforts.

The findings from this needs assessment highlight critical areas where older adults and caregivers require support, particularly in maintaining independence, accessing affordable healthcare, and improving transportation services. The demographic insights underscore the diverse backgrounds of respondents, while the reported challenges emphasize the need for targeted interventions. While the data offer valuable perspectives from surveyed individuals, continued efforts to engage underrepresented populations will be essential for a more comprehensive understanding of the needs of all older adults and caregivers in our region.



## GOALS AND OBJECTIVES

In response to the findings of ACP's Needs Assessment Project described above, we have identified two overarching agency goals for 2026-2029:

**1. Stabilize and maintain essential services to preserve continuity of programming in an increasingly uncertain funding landscape**

- Diversify and expand revenue sources (develop contracts with new payors, fundraising, grants, corporate sponsorships etc.).
- Educate, inform and engage community members, local and state leaders about funding shortages and need for shared investment in ACP programming to sustain home and community-based services, and address food insecurity, housing, and other identified needs.

**2. Strengthen workforce development initiatives to remain competitive as an employer, attract and retain a stable and skilled workforce to meet consumer needs**

- Expand volunteer services by investing in a volunteer manager/coordinator position to strengthen program delivery and reduce staffing costs.
- Implement Culturally and Linguistically Appropriate Services (CLAS) standards to provide a framework for continuous quality improvement that helps programs identify and eliminate organizational barriers that contribute to health inequities.
- Continue to build upon existing professional development programming to improve clinical competencies and person-centered care practices of both agency management and consumer-facing staff.

Access Care Partners' success in meeting these goals and responding to the community needs identified in our Needs Assessment program is absolutely contingent on secure and adequate funding in the immediate future and coming years. The essential services we provide—including in-home support, caregiver relief, and access to vital resources—are directly tied to the availability of consistent financial support. Without reliable funding from federal and state grants, our ability to meet the growing and evolving needs of vulnerable populations is significantly compromised. Continued investment is needed to ensure that we can maintain current levels of care and be equipped to expand our services to address emerging challenges within the community.

In summary, these high-level goals will provide strategic direction and focus to all ACP programs and services from 2026-29. The following narrative describes ACP's anticipated efforts to support the goals and objectives identified above, within the framework of the four ACL focus areas: **Older Americans Act Core Programs, Greatest Economic Need and Greatest Social Need, Expanding Access to Home- and Community-Based Services (HCBS), and Caregiving**

## **STRATEGIES AND PERFORMANCE MEASURES**

The following narrative describes ACP's current and future efforts which support the goals and objectives identified above, within the framework of the four ACL focus areas.

The success of these initiatives will be evaluated in a number of ways. Currently, ACP's Planner/Director of Community Programs reviews goals and objectives annually with ACP management to analyze and document progress and challenges in each program area, and shares this progress in a report to the ACP Advisory Council and Board of Directors. Our agency's ongoing Quality Improvement activities also serve a performance measurement function by tracking individual programs' progress towards identified annual goals (Attachment H). Additionally, consumer satisfaction surveys, monthly program census reports, and call volume data are important tools used to evaluate the success of the interventions and initiatives described in this plan.

### **FOCUS AREA I: *Older Americans Act Core Programs***

Title III-B: Supportive and Access Services.

- With secure and adequate funding, ACP will continue to target isolated, rural, and low-income older adults through Title III-B community grants to support programming (for example, transportation, outreach, technology support and coaching) at our PSA's Councils on Aging and other community organizations. In addition, stable and adequate funding will be essential for ACP to continue to prioritize LGBTQ+ Outreach Programming and grant funding for Councils on Aging in the PSA that are supporting "Rainbow Social Clubs."
- In addition to these community grants, with secure and adequate funding, ACP will continue to utilize Title III-B funds to help support our Money Management (MMP) and LTC Ombudsman (OMB) Programs. ACP's Money Management Director and volunteers assist older adults with financial management challenges through its Bill Payer and Representative Payee programs. The Long Term Care Ombudsmen visit nursing and rest home facilities on a weekly basis to assist and advocate for residents. ACP's ability to provide LTC Ombudsman programming in the next four years will be contingent on stable federal funding, which will be monitored closely as this has been identified as a budget item at risk for being eliminated in the 2026 federal budget. Both the Money Management and Ombudsman programs rely on volunteers to deliver in-person services and are key interventions in maintaining older adults' self-determination. Over the next four years, strengthening our volunteer development and retention efforts will be essential to maintaining these programs and enabling them to meet the continually growing and clinically complex needs of OMB and MMP consumers. This will be

contingent on stable funding and the procurement of grant monies to create a new part-time administrative position to manage our volunteer recruitment, placement, training and retention in the next four-year period.

- With secure and adequate funding, ACP will continue to partner with our Title III-B Legal Services Provider, Community Legal Aid (CLA), to support older adults in our PSA needing assistance with accessing public benefits, housing supports, and other legal matters. CLA's target population aligns precisely with that of the Older Americans Act, focusing on vulnerable older adults including those who are low-income, minority, frail/disabled, homebound, institutionalized, or living in rural areas. Priority is given to the issues of greatest concern to vulnerable older adults, so they are able to obtain and retain adequate income, food, shelter, medical care, personal freedom and dignity, and ensure that their basic necessities are met.

#### Title III-C: Nutrition Services

- With secure and adequate funding, ACP will seek grant monies and new payors to stabilize and sustain its nutrition services, which has run on a deficit budget for several years due to federal funding not keeping pace with inflation and related increases in operational costs. To do this successfully, ongoing education and advocacy with local leaders and state legislators are needed to increase community awareness of the value of and need for the senior nutrition program, and the negative impacts of funding shortages on consumers (including placing consumers on wait lists and putting them at risk for institutionalization and negative health outcomes).
- One important goal for the next four years is to acquire capacity to retain an increasing number of volunteer drivers for our home-delivered meals program. This is critical not just to operational stability, but to reduce costs for the nutrition program so that it can be sustained to meet the growing demand for meals.
- Providing culturally tailored meals to our Latino consumers will continue to be a strategic priority during the next Area Plan period. This will include offering Latino meals to our home-delivered meal consumers and engaging more Latino consumers by expanding nutrition education and outreach to this underserved community. Subject to receiving secure and adequate funding, we will reprocure our Latino Restaurant Dining Program for FFY 2026-2029 to offer a local congregate dining option for authentic Puerto Rican cuisine to area older adults.
- With secure and adequate funding, we will explore the feasibility of partnerships with local healthcare and community-based organizations to implement food as medicine initiatives, such as prescription produce programs and culinary medicine education workshops. ACP's Title III-C Nutrition program currently partners with Accountable

Care Organizations (ACOs) to provide medically tailored meals to their members. In addition, meals are provided as part of care plans for Home Care consumers and SCO/OC members in dually eligible Managed Care Plans. Any disruption or reduction in funding for these programs will have direct and negative health and food security impacts on consumers, as Title III funding alone will not be able to sustain meal provision to meet the increased demand for meals in our community. Similarly, cuts in Home Care programs and/or Medicaid cuts may negatively impact Title III programs which braid and blend revenue sources to provide core services through Older Americans Act funding.

#### Title III-D: Evidence-Based Programming

- With secure and adequate funding, ACP will expand our suite of evidence-based programming to include classes which address the needs revealed in our Needs Assessment, including supports for caregivers and those managing chronic diseases, falls prevention education, and healthy living/exercise programming. This program growth will also be contingent on successfully procuring grant monies to hire a Volunteer Manager who will recruit and manage Evidence Based Program leaders and provide administrative support to this program. These initiatives will all be contingent on stable federal funding for Evidenced Based Programming, which will be monitored closely as this has been identified as a budget item at risk for being eliminated in the 2026 federal budget.
- To this end, ACP will prioritize recruiting, training, and retaining leaders to teach Chronic Disease Self-Management and Matter of Balance workshops in the next four-year period.
- Additionally, Savvy Caregiver® classes, evidence-based workshops for individuals caring for someone with Alzheimer's or related dementia, will continue to be offered by ACP staff and volunteers at locations throughout our PSA. ACP purchased ten licenses using ARPA monies which will enable us to continue to offer it twice annually for the next three years.
- Subject to secure and adequate funding, ACP will explore implementing additional healthy living programs to include Enhance®Fitness, a group exercise program that focuses on strength, flexibility, balance, and cardiovascular endurance for older adults managing arthritis and other chronic conditions, and Tai Chi for Arthritis and Fall Prevention to improve balance, flexibility, and muscle strength while reducing the risk of falls.

### Title III-E: Caregiver Supports

- Through our next two Title III Community Grant Request for Proposal cycles (for FFYs 2026-27 and FFY2028-29), we will work to strengthen community-based programming for caregivers through Title III-E community grants in ACP's PSA. There has been a drop in demand/engagement with these grants in the last RFP cycle, indicating a need for greater outreach and education about the availability of this funding support.
- Our Needs Assessment identified that local caregivers' top needs include respite care, in-home care, and financial assistance. With secure and adequate funding, ACP's Family Caregiver Specialist will continue to conduct in-home caregiver assessments, one-one counseling, and family meetings to arrange respite, provide supplemental services and grants for caregivers with emergency needs, and make referrals for additional in-home services as needed. These caregiver needs were clearly validated by the outcomes of a Respite Innovations Grant received by ACP and implemented from July 2023 through February 2025. During this period, ACP awarded direct funds for 31,902 hours of respite care to 238 caregivers with an average award amount of \$1,697 per caregiver. In the years ahead, we will be unable to sustain this level of direct support to caregivers without this grant funding but will continue to prioritize caregiver respite and supplemental grants to the maximum extent possible within our budget.

### Title VII: Elder Rights Protection

- Protecting the rights of older adults will continue as a priority focus for Access Care Partners. Our LTC Ombudsman Program provides weekly visits to twelve nursing homes and one rest home in our service region in order to monitor residents' care and advocate for their rights. As mentioned previously, a planned strategic investment to support our Ombudsman Program for this four-year period will be the development of a Volunteer Coordinator position to increase our volunteer recruitment for this and other OAA programs. These initiatives will all be contingent on stable federal funding for the Long Term Care Ombudsman Program, which we will monitor closely as this has been identified as a budget item at risk for being eliminated in the 2026 federal budget.
- ACP will continue to access and partner with the Protective Services Unit at Greater Springfield Senior Services (GSSS) for Protective/Elder-At-Risk Services for our consumers. As part of our Memorandum of Understanding with GSSS, annual training will continue for our agency staff on essential protective services/elder abuse topics (e.g. mandated reporting, types of abuse investigated, signs and symptoms of abuse, self-neglect, and PS screening and reporting processes). This continued programming will be contingent on stable state funding, as well as federal funding for the Elder Protective Services, which will be monitored closely as this has been identified as a budget item at risk for being eliminated in the 2026 federal budget.

- With secure and adequate funding, Access Care Partners will continue to prioritize its support of elder rights' protection work carried out by Community Legal Aid, as described previously. One example of ongoing work done to support the OAA target population is CLA's Puerto Rican Birth Certificate Clinic, which assists older adults born in Puerto Rico in the process of securing their birth certificates. Requesting Puerto Rican birth certificates can be challenging for individuals who do not have very specific information about their family or birthplace, because during the process of digitization of records, birth certificates were lost, misplaced, or incorrectly recorded. This type of community intervention, a partnership with the Holyoke Council on Aging, serves as a helpful model for future programming to support individuals with limited English proficiency, specifically the large Puerto Rican population in Holyoke.

## **FOCUS AREA II: *Greatest Economic and Greatest Social Need***

- Targeting minority older adult populations: With secure and adequate funding, ACP will reprocure its contract for Latino Restaurant Dining Program for 2026-2028; increasing marketing to highlight Latino meals served through ACP's Home-Delivered Meal program; and continue efforts to strengthen bilingual supports, outreach and communications to the Spanish-speaking community (ACP staffing, website, access to translation and interpretation services, etc).
- Targeting the LGBTQ+ Community: With secure and adequate funding, ACP will maintain its support of LGBTQ+ Outreach efforts through Title III B grants to Councils on Aging in the PSA who offer "Rainbow Social Group" programming, as well as engagement in other outreach programming to the LGBTQ+ population.
- Beginning in 2026, Access Care Partners will strengthen its outreach and accessibility to individuals with disabilities and those with limited English proficiency by implementing a Culturally and Linguistic Appropriate Services (CLAS) Plan across the agency. The goal of this CLAS plan is to ensure equitable access to services and information for individuals of diverse cultural and linguistic backgrounds, as well as those with disabilities by implementing the following measures:
  1. Improve language access by developing and disseminating multilingual resources.
  2. Enhance disability access through clear, comprehensive communication and materials
  3. Develop and implement staff training and promote organizational awareness of CLAS standards
  4. Strengthen community partnerships to support culturally responsive services



- With secure and adequate funding, ACP will maintain supports for residents of long-term care facilities through (Title VII-funded) Ombudsman programming to protect the legal rights and wellbeing of nursing home residents. As described above, ACP will seek grant funding to hire a Volunteer Coordinator which will allow us to increase our number of Ombudsman volunteers and be better equipped to meet needs of residents at the 13 long-term care facilities in our PSA.
- ACP will continue its ongoing efforts to provide resource and referral supports and connect people to needed services and supports through its Information and Referral Department, Options Counseling, and digital marketing efforts.
- As described above, with adequate and stable funding, ACP will prioritize its Title III-B support for ACP's legal services vendor (Community Legal Aid) to meet the increasingly complex needs of our community's most vulnerable members, many of which are lasting negative impacts of the COVID-19 pandemic (housing and eviction-related matters, access to public benefits, etc).
- With adequate and stable funding to sustain its Title III community grants, ACP will continue to prioritize grant support for transportation services in South Hadley, Belchertown, and Chicopee. Belchertown in particular is a rural community that relies on its Title III-funded Medical Transportation program to help its older adult residents attend healthcare appointments in Springfield and other locations which they are unable to access independently.
- ACP's Marketing and Outreach staff will continue to employ a variety of tools to make language translation and interpretation supports, bilingual messaging, etc. accessible to the individuals we serve who don't speak English as a first language. According to its 2025 Mass. Healthy Aging Community Profile, 25.3% of older adults in Holyoke identify as Hispanic (as opposed to 4.8% statewide). Additionally, 15.5% of our Needs Assessment respondents shared that they spoke predominantly Spanish at home. With our recently-completed agency re-brand, ACP updated all of its printed materials to ensure that all agency brochures are now available in both English and Spanish. In addition, our staff leverages technology tools (such as Chat GPT) to access translations for consumers much more efficiently than has been possible historically (with the exception of materials which include personal health information or other identifying information, which are sent to the UMass Translation Service for confidential processing; ACP holds a BAA with this entity). Finding new ways to reach and communicate with those with Limited English Proficiency in our communities will continue to be a priority in the next four years.

### **FOCUS AREA III: *Expanding Home and Community Based Services***



- In the immediate, ACP will continue its advocacy to secure state funding to close the existing funding gap and stabilize homecare services in Massachusetts. This funding is essential to remove capitated enrollment for consumers who meet nursing home clinical eligibility but are not on MassHealth, including those served by the ECOP program and home care consumers with the lowest level of need (Priority Level 4). Additionally, securing this funding would help alleviate downstream effects and pressures on other agency services, such as Title III-C Nutrition Services, which may need to accommodate consumers who are ineligible for home care. Without adequate reimbursement, reductions in home care and SCO/One Care reimbursement for meals as part of a consumer's care plan will lead to increased demand for Title III meals, necessitating a triage system to prioritize those with the greatest need.
- We will continue to actively engage with legislative leaders to advocate for the successful passage of An Act to Codify the Hospital to Home Partnership Program (SD.1616), sponsored by Senator John Velis. This bill aims to ensure the continuation of the Hospital to Home program, which facilitates successful hospital discharges directly to patients' homes with the support of home and community-based services (HCBS). By reducing reliance on nursing home placements and minimizing unnecessary hospital stays and readmissions, this program enhances patient outcomes and system efficiency. Since July 2023, ACP has participated in the Hospital to Home partnership with Holyoke Medical Center (HMC) through grant funding. With two part-time embedded staff members at HMC, ACP collaborates with case management, nursing, and other hospital staff to identify appropriate referrals and coordinate safe and timely discharges. This effort involves partnerships with the Holyoke VNA, direct care providers, behavioral health supports, ACP services, and family caregivers. The project has received support from the Massachusetts Hospital Association and has garnered interest from the Health Policy Commission. ACP remains committed to supporting the initiative with one part-time staff member at Holyoke Medical Center thorough Options Counseling. The passage of this bill would formalize the program, secure funding for its continuation, and enable comprehensive evaluation of its impact.
- Additionally, we will seek continued funding for ACP's Community Transition Liaison Program (CTLTP), which provides crucial support to residents in long-term care who wish to transition back to community living. Our CTLTP staff assist with discharge planning to ensure a safe and supported move, connecting individuals with programs and local community resources to help them remain successfully in their homes. This program is a direct outcome of the Marsters Settlement, which ensures that consumers have access to informed choices, resources, and opportunities to transition back to the community with the necessary supports for stable housing and overall wellness.

- Senior Care Options (SCO) and One Care (OC) programs were all reprocured by EOHHS in 2024 to select plans which meet all requirements to begin a new contracting cycle on January 1, 2026. However, the dominant SCO and OC plan in Western MA is Commonwealth Care Alliance which was released from an enrollment freeze on May 1, 2025 as it was purchased by CareSource. This new partner has extensive experience with dually eligible members and is strengthening Commonwealth Care Alliance (CCA). The ASAP network was actively engaged in responding to an open RFR by the Commonwealth to preserve GSSC and LTSC case management services and seek to address solutions to LTSS supports which will not be reimbursed through FFS if a new partner had not emerged for CCA. As SCO contracts are a significant source of operating revenue for ACP, we do anticipate this will be an important area of focus and monitoring in the next Area Plan period as ACP actively engages with our SCO and One Care Partners in recontracting for 2026 and going forward.
- With adequate and secure funding, ACP will continue to provide Title III-funded in-home services which promote independence and aging in place, including Money Management and home delivered meals. We will continue to support consumers in accessing affordable health care and public benefits by offering SHINE and benefits enrollment counseling services. ACP has invested in having one I&R staff member SHINE-trained as well as trained Benefits Counselors who have completed Certified Application Counselor (CAC) training. Finally, we will continue to support consumers with significant behavioral and mental health needs through community- and home-based programs like InnerWell (BHOAP) and coordination with CHD, our local Community Behavioral Health Center, contracted mental health providers and other Behavioral Health entities. Secure funding for these home-based supports will be essential to our success in delivering these interventions, all time-tested and proven methods of promoting aging in place.

#### **FOCUS AREA IV: Caregivers**

Adequately supporting caregivers to meet their care recipients' needs requires a stable and well-trained workforce of direct care staff, including Care Managers at Access Care Partners (ACP) and provider agency staff. To ensure that caregivers receive the in-home supports they need, we must prioritize strengthening and sustaining this workforce by investing in the advancement of clinical skills and competencies of our care managers. However, retaining a skilled clinical workforce in the aging services network is an ongoing challenge, with turnover rates at our agency ranging between 25-35% (excluding part-time drivers) over the last several years. From an industry perspective, high burnout rates, limited career advancement opportunities, and persistently low wages—stemming from chronic underfunding—contribute to ongoing staffing shortages.

To remain competitive in this challenging employment landscape, and be equipped to deliver high quality services to meet caregivers and consumers' needs, ACP must secure the

appropriate funding and resources to adopt a multi-faceted approach to workforce retention. Subject to adequate and stable funding, we will continue to evaluate and implement a variety of tactics to this end, including:

- Offering competitive wages and comprehensive benefits, paid professional development opportunities, and career advancement pathways such as mentorship programs, leadership training, and opportunities for specialization to help our employees envision a future within our organization rather than seeking career growth elsewhere.
- Fostering partnerships with community colleges, internship opportunities and workforce development programs to create pipelines for new talent and ensure a steady flow of trained professionals to reduce workforce gaps and respond to evolving community and consumer needs.
- Continuing to promote the Personal and Home Care Aide State Training (PHCAST) in multiple languages and accessible formats, currently linked on [accesscarepartners.org](https://accesscarepartners.org), in order to build a more robust direct-care workforce for our partner provider agencies, so that they can respond quickly to referrals with minimal wait time for caregivers and consumers.
- Leveraging resources to offer consumer-directed options such as Adult Foster Care (AFC), Personal Care Attendant (PCA) services, and Home Care, ensuring that caregivers and care recipients have greater flexibility in managing their support services.

In addition to these workforce-focused initiatives, collaboration with ACP's local Councils on Aging (COAs) will continue to be another critical component of our caregiver support efforts in the years to come. By working with COAs at their designated Community Focal Points, we can better reach and assist caregivers in our member communities. Title III-E Community Grants play a vital role in sustaining COA programs that directly benefit caregivers, including Memory Cafés and support groups. Though there has been a drop in demand for Title III grant monies for these programs, the respite and guidance they provide for those caring for loved ones with cognitive impairments and other complex needs remain essential. With stable funding, ACP will strengthen its efforts to collaborate with regional partners and promote outreach about the availability of OAA funds to support this programming at the community level.

Respite care remains one of the greatest identified needs among caregivers, verified consistently in our Needs Assessment project data and other state and national studies; clearly, sustaining respite care supports however possible will remain a top priority for ACP in the next four years. Between 2023 and 2025, Access Care Partners provided direct grants to fund over 31,900 hours of respite care for 238 caregivers through our Respite Innovations Grant, demonstrating the significant impact of this initiative. However, this grant was not renewable and our modest federal allocation for respite and supplemental grants through

Title III-E funds does not allow us to sustain the level of support that we had been able to provide caregivers during this period. To address this challenge, we will continue seeking funding from private and community foundations, as well as corporate partnerships, to expand respite care availability however possible and ensure caregivers receive the relief they need.

Finally, although successful outreach to grandparents and kinship families has historically been challenging, ACP will continue its efforts to reach and support this target population of caregivers who face unique challenges. Through coordinated messaging and outreach efforts, we will continue to support families served by the AFC and PCM programs, ensuring they have access to the resources and guidance necessary for their caregiving journey.