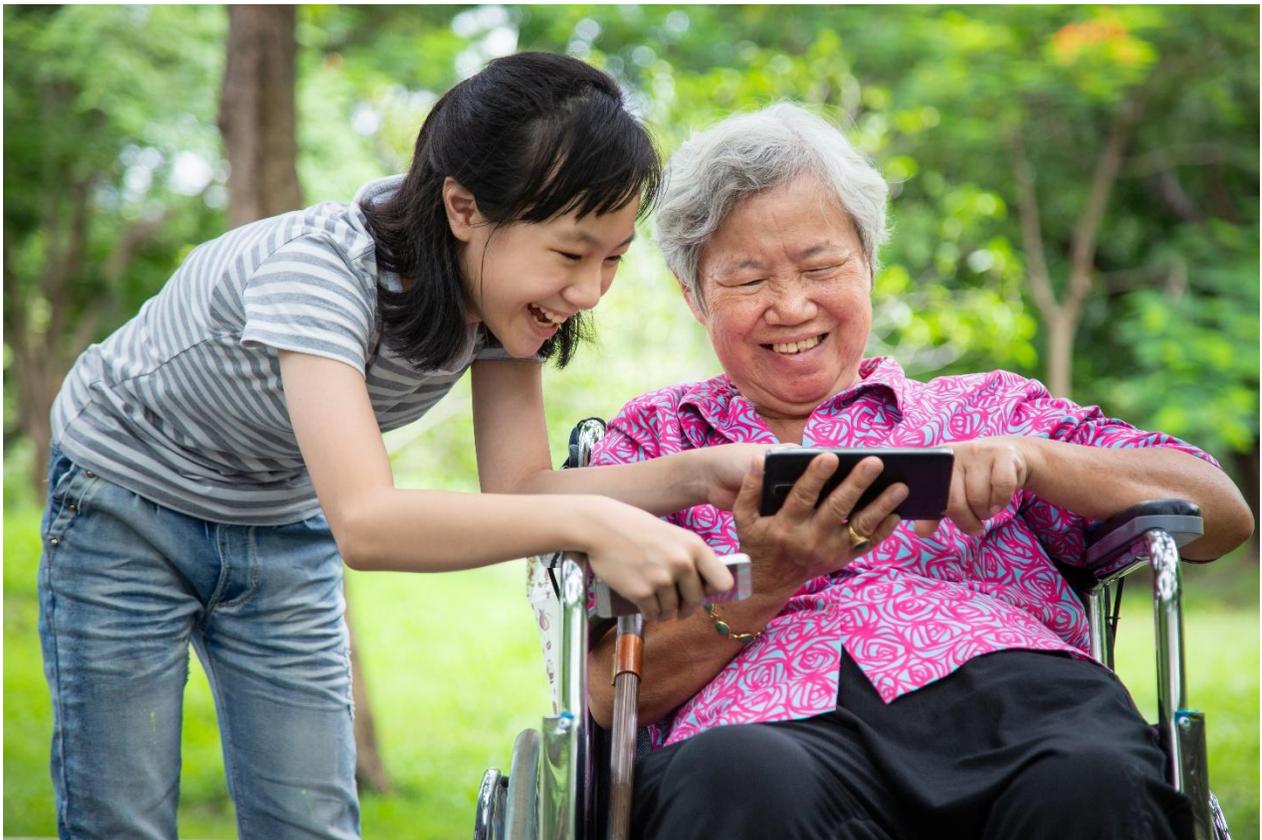




# Minuteman Senior Services Area Plan on Aging

Federal Fiscal Years 2026 – 2029



## **Minuteman Senior Services Mission Statement**

“Our mission is to enhance the health, well-being, and independence of people of diverse backgrounds as they navigate aging and disability, providing supports that empower them to live with meaning, choice, and dignity.”

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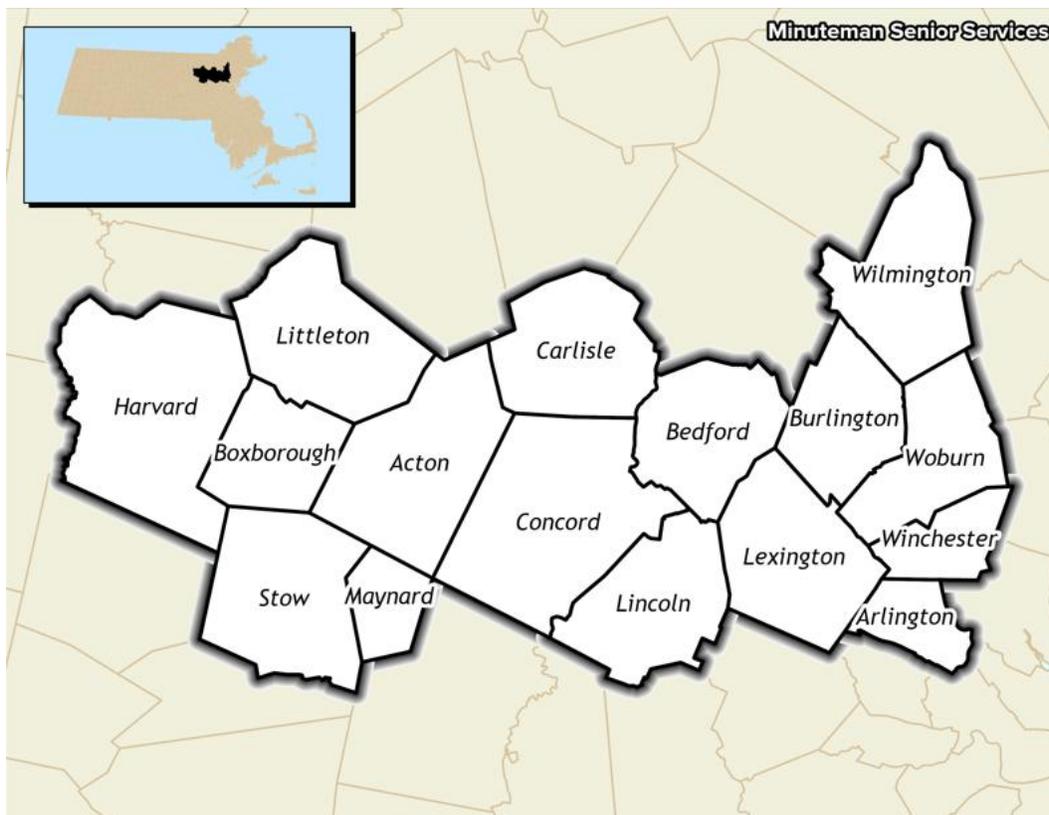
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## Executive Summary

Minuteman Senior Services, Inc. (Minuteman) is a private, non-profit 501(c)(3) organization dedicated to helping people of all abilities and backgrounds navigate aging with choice and dignity. Since 1975, Minuteman has provided older adults, people with disabilities, and their family caregivers with the information and assistance they need to make informed decisions about their care and support, helping them achieve their goals for living in the community. Minuteman is federally designated as an Area Agency on Aging and state-designated as an Aging Services Access Point by the Massachusetts Executive Office of Aging & Independence (AGE). Both designations allow us to provide home- and community-based services to older adults, people with disabilities, and family caregivers. These services address gaps in care and support independence for our consumers within the 16 communities in our planning and service area (PSA) (see map below).



**\*The Minuteman SHINE Program also serves Somerville and Cambridge.**

The past four years have shown just how vital services and support for older adults, people with disabilities, and family caregivers are, as well as the integral role that Area Agencies on Aging (AAAs) play in providing person-centered services that address gaps in care. Despite limited financial resources, Minuteman and the 621 AAAs across the nation continue to explore ways of scaling service delivery and creating innovative programs in response to the growing demographic of adults aged 60 and older. Statistics show that there were 58 million people aged 65 and over in 2022 nationally,

and that number is expected to grow to 82 million by 2050.<sup>1</sup> Demographics in Massachusetts align with national trends, with 26% of the population projected to be aged 60 or older in 2030.<sup>2</sup> This demographic trend demands a renewed commitment from Minuteman to position our agency as a leader in the delivery of home- and community-based services, and as an advocate for budgets and policies that positively impact older adults, people with disabilities, and family caregivers.

To help inform organizational goals and objectives, and to ensure proper investment of financial resources, Minuteman conducts community needs assessment activities every four years. Minuteman views this process as an opportunity to hear from key stakeholders regarding the challenges and opportunities facing older adults. The development and implementation of our last Area Plan was impacted by the global COVID-19 pandemic and our obligation to respond quickly to changing consumer needs through restructured priorities and adjustments in programming. Though COVID-19 is no longer deemed a public health emergency, its long-term health, social, emotional, and economic effects continue to impact older adults, people with disabilities, and family caregivers.

Minuteman conducted multiple needs assessment activities from 2024 to 2025, including 10 stakeholder engagement sessions, and received over 900 individual survey responses. Through these activities, Minuteman has identified several opportunities to improve service delivery and address gaps in social care needs for older adults, people with disabilities, and their caregivers. The following four areas were identified as high-priority needs in our needs assessment survey:

- **In-Home Support for Independence-** Services and programs designed to keep an older adult or person with a disability living in the community and not in a long-term care facility. Home- and community-based services include, but are not limited to, personal care, home-delivered meals, homemaking, and adult day health programs. Over 67% of older adult survey respondents, and over 60% of caregiver survey respondents, noted this as a high area of need.
- **Access to Services-** Access to services is defined as having information about services and programs in the language or modality of choice. 57% of survey respondents noted this as a high area of need.
- **Access to Transportation-** Transportation access is defined as an individual's access to private, public, or other means of transportation for both medical care and social or leisure activities. Over 55% of survey respondents noted this as a high area of need.
- **Affordable Health Care-** Cost of healthcare, including prescription medications, is of concern to over 54% of survey respondents.

The environment in which these community needs exist will face continued environmental pressures beyond demographic growth. Within Massachusetts, state

revenue growth projections have slowed, resulting in flat funding appropriations for Health and Human Services, including within the AGE portfolio for state-funded programs like State Home Care. Federal funding for Older Americans Act programs has remained flat despite demographic growth at a time when COVID-19 relief funding for Older Americans Act programs has terminated. To address these specific needs in the context of an ever-changing environment, Minuteman will engage in strategic, data-driven interventions that leverage our programs and strong community partnerships to address gaps in community care for older adults.

### **Needs Assessment Summary**

As part of our designation as an Area Agency on Aging, Minuteman Senior Services creates an Area Plan every four years to evaluate the needs of those in our communities who are aged 60 and over, or who are caregivers to older adults. A critical tool in creating our Area Plan is our needs assessment activities, which help us shape our goals, strategies, and funding priorities for the next four years. These activities include stakeholder engagement sessions, survey responses, and data analysis from external sources, such as 2020 Census Data. (See Attachment D for a complete list of needs assessment activities.)

Central to this work is sampling as many stakeholders as possible, as well as ensuring engagement from historically underserved populations, including low-income older adults; older adults with limited English proficiency; the LGBTQIA+ community; Black, Indigenous, and People of Color (BIPOC) older adults; and older adults who are socially isolated or living in rural areas. Minuteman's needs assessment process began in the fall of 2024 and was supported by the AGE through its creation of a uniform survey tool for all AAAs to ensure data consistency. The survey was translated into multiple languages for both older adults and caregivers, and Minuteman engaged interpreter services as needed to support participation in stakeholder sessions.

Minuteman engaged over 3,000 stakeholders through our needs assessment activities, with over 900 survey respondents. Among individual survey respondents, 98.5% of respondents reported being age 60 or older; 63.4% identified as female; and 68.7% identified as white. Nearly half (47.7%) of respondents reported household incomes of less than \$20,000 per year. Significant effort was made to reach out to BIPOC communities given the demographics in the planning service area. Individuals identifying as Asian accounted for 26.1% of respondents, and 1.5% identified as Black or African American. Chinese (including Mandarin and Cantonese) was the second most frequent language spoken (21.5%) among respondents. (See Attachment D.)

## **Priority Needs**

Minuteman’s 2024-2025 needs assessment results varied from results obtained in previous years, possibly due to the impact of the global pandemic and uncertainty around personal economic security given current inflation and recent financial market instability. Additionally, with recent policy and budget changes at the federal level, there will be cuts to Medicaid and non-discretionary, federally funded programs such as Supplemental Nutrition Assistance Programs (SNAP). The funding cuts to such programs create uncertainty around funding for other programs, like those under the Older Americans Act, and will result in increased economic challenges for those who depend on these programs.

**In-Home Support for Independence:** As an ASAP, Minuteman Senior Services provides case management and in-home supports to clinically eligible older adults through our State Home Care program, and contracts with managed care plans to serve members of Senior Care Options (SCO) and One Care programs. In State Fiscal Year 2024, Minuteman saw increased growth in State Home Care enrollments, an 18% growth in SCO, and an 85% growth in One Care managed care enrollments from the prior fiscal year.

In accordance with the Frail Elder Waiver for AGE through the Centers for Medicare and Medicaid Services, Minuteman can provide over 30 services to eligible individuals to address medical and functional needs within a person-centered care plan. Among the individuals receiving services from Minuteman, the in-home services most frequently used include home-delivered meals (HDM), homemaking, personal care, Personal Emergency Response Systems (PERS), and laundry. As enrollment in State Home Care and managed care programs has increased over the past few state fiscal years (July 1<sup>st</sup> through June 30<sup>th</sup>), utilization of these services has also grown, as shown in Table 1.

**Table 1**

Unique Consumers Receiving Home Support Services					% Increases by FY	
MSS Service	FY 2022	FY 2023	FY 2024	FY 2025*	FY22 - FY23	FY23 - FY24
HDM	1263	1461	1567	1417	16%	7%
PERS	1387	1440	1571	1627	4%	9%
Homemaker	1126	1223	1381	1368	9%	13%
Laundry	460	545	584	593	18%	7%
Personal Care	155	173	213	242	12%	23%

\*FY25 numbers reflect data through April 30, 2025.

Eligibility for certain programs within the State Home Care program has been impacted by statewide capitation requirements and managed intake as established by AGE. The limits on new enrollments into these programs will delay service initiation, on top of already existing challenges with direct care workforce availability.

Minuteman will continue to provide direct care services to those individuals who are eligible for State Home Care, SCO, and One Care services as outlined within their care plans. Minuteman ensures a broad, vetted provider network with which we subcontract to deliver direct services and continually evaluate service availability. By partnering with local agencies such as Councils on Aging, Minuteman Care Managers can evaluate programming and resources that may supplement in-home services, including friendly visits, social programming, and technology access.

Information and Referral Specialists maintain a directory of private agencies that provide in-home services beyond our contracted provider network. Minuteman's Information and Referral team fields over 3,300 inquiries per year. Minuteman's Community Care Coordinators provide Options Counseling for individuals and caregivers to help them understand the availability of home- and community-based services, as well as residential care options.

**Access to Services:** For the purposes of the Area Plan, Minuteman defines access as the ability to understand what services are available in the language or method that is best understood and chosen by an older adult or their caregiver. In 2024, Minuteman went through an extensive rebranding process that included updating our materials and website. In the development of the site and materials, Minuteman engaged multiple stakeholders to better understand how people access our services and how Minuteman might increase access to information about our services. Materials were revised to fifth-grade reading level and translated into multiple languages (Russian, Hindi, Simplified Chinese, and Spanish) based on the demographic needs of Minuteman consumers. Minuteman's site was designed in accordance with disability access standards.

Minuteman has also been working on providing phone access to those with limited English proficiency to enhance communication. Work is underway to ensure that our automated phone system includes prompts in multiple languages. All staff are trained on how to access our interpreter services, including American Sign Language resources, so that consumers are offered interpreter services regardless of the availability of an informal support who speaks the consumer's preferred language.

To ensure physical access, Minuteman's offices are handicapped accessible. Minuteman employees often meet consumers at the location of their choice to ensure person-centered care.

Minuteman will continue to expand our outreach into the community as part of an ongoing plan to reach diverse communities. Minuteman has established strong working relationships with community partners, including our local Councils on Aging, to help us connect with historically underserved populations and strategize ways of promoting awareness of services. In this next planning cycle, Minuteman will build new relationships with faith communities across our service area.

**Access to Transportation:** Transportation is defined as having adequate access to either private or public transportation that is affordable and meets the needs of the individual. Seven of the sixteen communities in our PSA do not have access to public transportation because there is no MBTA service in those communities. Transportation has been identified as a need for many years now, so much so that many communities have created regional task forces to find ways to increase access to public transportation.

Many residents in our PSA depend on family and friends, as well as local Council on Aging (COA) van services, to take them to appointments and social engagements. Minuteman has prioritized transportation as the focus of a Title III grant award for many years. During the last Area Plan, Minuteman funded new transportation initiatives through Title IIIB sub-grants, including funding to two COAs that provided transportation for consumers to attend out-of-town medical appointments and an adult day program to support attendees who wish to go shopping or to faith services outside of ADH hours.

Minuteman will analyze our Title IIIB grant awards to best support transportation needs in our PSA and issue a Request for Proposals to fund new initiatives. As funding is limited, Minuteman will look to share these opportunities broadly to elicit new applications and prioritize initiatives that cannot be supported by other funding sources. Minuteman will also work with local community partners to advocate for broader access to public transportation, especially for those in need of handicap-accessible transportation.

**Affordable Healthcare:** Older adults spend a larger share of their income on healthcare than other age groups, and this burden is particularly significant for those with lower incomes. Out-of-pocket expenses for healthcare, even with Medicare coverage, are increasing, and a substantial portion of older adults are experiencing debt from medical bills. Here some key findings from the *KFF Health Care Debt Survey*:<sup>3</sup>

- More than one in five US adults aged 65 or older (22%) reported having some form of debt in 2022 because of medical or dental bills for their own or someone else's care, which is half the share reported among adults aged 50-64 (44%).
- Three in five Medicare-age adults with health care debt (62%) say that they or another member of their household have delayed, skipped, or sought alternatives to needed health care or prescription medications due to costs in the past year.

Minuteman will support and educate consumers and their caregivers around their health care options through our SHINE (Serving the Health Insurance Needs of Everyone) program. This is a free program that is offered in all 16 communities in our PSA, as well as Somerville and Cambridge, through a network of volunteers who go through extensive training and testing to remain current on Medicare products. As a direct result of SHINE support, consumers are often able to save money on health insurance plans. Minuteman has seen an increase in participation in our SHINE Program, as shown in Table 2.

**Table 2**

Program	FY22	FY23	FY24
SHINE	2905	2758	3030

**Caregiver Support**

A caregiver is a person who self-identifies as providing care or support to a person who is over the age of 60 or who is disabled, or a grandparent or other older adult caring for a person under the age of 18. Care and support can include personal care, such as bathing and dressing, or informal household supports, such as transportation, grocery shopping, or medication planning. According to the Centers for Disease Control, 22% of adults reported caring for a friend or family member in the last month.<sup>4</sup> AARP reports that there are 780,000 family caregivers in the state of Massachusetts who provide 73 million hours of unpaid care annually.<sup>5</sup>

Minuteman’s caregiver survey identified information and resources, financial assistance, in-home care, and respite care as areas of need in our PSA. Through the Massachusetts Family Caregiver Program, Minuteman provides caregivers with one-on-one support, resources, and counseling. Minuteman also provides limited funds for scholarships to support respite needs and medical equipment or supplies. Minuteman can also address in-home care needs for eligible older adults through our State Home Care program, which often provides additional respite to caregivers. Care Managers are available to work with caregivers around service coordination and provide guidance and education on the aging process.

Minuteman will continue to advocate at both the federal and state level for additional funding. Minuteman will also work to identify ways we can better leverage the funding that we do receive to increase our ability to impact caregivers in meaningful ways. Minuteman is currently doing this through support groups that we partner with or refer people to for ongoing connection. Minuteman is also looking at new ways we can engage our Healthy Living Program to support caregivers. One of our most requested evidence-based programs is our Powerful Tools for Caregivers class, which helps empower caregivers to take care of themselves as well as their loved one by increasing the tools they have available as resources to draw upon when needed.

## Focus Area Summary

The mission of Minuteman Senior Services is to enhance the health, well-being, and independence of people of diverse backgrounds as they navigate aging and disability, providing supports that empower them to live with meaning, choice, and dignity.

### Focus Areas:

#### 1. Older Americans Act Core Programs

**Nutrition-** Healthy nutrition is paramount to all of us, especially as we grow older. In 2025, roughly half of older adults in the US are either malnourished or at risk of malnutrition. This issue is particularly relevant as the older adult population is projected to grow to nearly 90 million by 2040. Malnutrition in older adults can lead to increased risk of hospitalization, reduced quality of life, and even higher mortality rates, according to Tufts Solutions.<sup>6</sup>

In Minuteman's FY25 Needs Assessment survey, over 43% of respondents identified nutrition support as being a need. Through our Nutrition program, Minuteman provides vital services to older adults, including Home Delivered Meals, Congregate Dining, and Nutrition Education opportunities. In FY24 Minuteman provided 131,307 Home Delivered Meals to 1,605 individuals and 19,433 Congregate Dining Meals to 955 individuals. Several years ago, in partnership with AGE, our Registered Dietician began offering community presentations on malnutrition prevention and awareness. This presentation, offered throughout our 16 communities, provides information on eating well and knowing the signs of malnutrition. Our Registered Dietician is also available to provide in-home support to our Home Care consumers regarding dietary and nutritional needs. Minuteman has enhanced this program to provide additional support to those who have a diagnosis of dementia, in an effort to support caregivers.

Minuteman also provides culturally appropriate meals for both our Home Delivered Meals Program and our Congregate Meals Program. Minuteman is currently able to provide Asian meals for HDMs and Indian meals for Congregate Dining. As funding allows, Minuteman hopes to enhance our culturally appropriate meal options over the course of the next four years. Table 3 below reflects increases in numbers of medically and culturally tailored meals.

**Table 3**

Programs and Services	FY22	FY23	FY24	% Change FY23-FY24
Cultural	5288	5264	6950	24%
Therapeutic	8195	12177	47161	74%

**Elder Protective Services: Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation-** All of us who work to support older adults and their caregivers would like to see the numbers in this program decline; however, the reality is that the numbers continue to climb, and these services continue to be life-saving in many cases. Table 4 reflects numbers and types of cases reported (although Minuteman believes elder abuse to be underreported).

**Table 4**

Programs and Services	FY21	FY22	FY23	FY24	Historical Trend	% Change FY23-FY24
Protective Services	967	1,111	1,056	1,167		11%

Main Allegation*	% of Cases
Self-Neglect	72%
Neglect	23%
Exploitation	17%
Emotional Abuse	16%
Physical Abuse	9%
Sexual Abuse	2%

\*Multiple allegations may be reported.

Key to identifying older adults at risk are strong community partnerships with Councils on Aging (COAs), municipal departments (fire, police, health, etc.), hospitals, and financial institutions. Minuteman’s Protective Services Program is working toward a better team approach to helping older adults who are facing these concerns by advocating for case conferences with local COAs and other community partners.

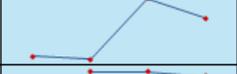
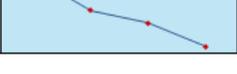
Recently, the Protective Services team went through a training with AGE and the Attorney General’s Office (AGO) on how to identify abuse, neglect, and misappropriation of Mass Health members. Protective Services can refer these cases to the AGO to see if they can move forward with potential prosecution.

**Strengthening and/or expanding Title III services-** While funding does not always align with plans to expand services, Minuteman can continue to strengthen our programs, focus on the critical needs of those we serve, and ensure that underserved populations continue to receive information in a manner that serves them best. Minuteman also continues to be innovative in the types of programs offered to meet the diverse needs of our population. An example of this is our LGBTQIA+ lunch event, which happens every other month and is run in partnership with the Bedford and Lexington Councils on Aging. Minuteman hosts this program and invites participants to help us with programming ideas, so that we are bringing in speakers and sharing information that is most helpful to our participants.

Minuteman provides Title IIIB funding to Greater Boston Legal Services to help support the civil legal needs of consumers in our PSA. The focus of this program over the past

few years has been to support housing tenancy, especially for those who live in subsidized housing. Minuteman has seen a decrease in the number of people served due to the high cost of legal services and, in some cases, the duration of legal services involvement. See Table 5.

**Table 5:** Utilization of Title III Programs

Programs and Services	FY21	FY22	FY23	FY24	Historical Trend	% Change FY23-FY24
Information & Referral (Consumers)	2,867	3,144	3,357	3,357		0%
Caregiver Support	165	164	185	178		-4%
Transportation	290	472	474	460		-3%
Meals on Wheels	1,194	1,308	1,512	1,604		2%
Senior Dining Centers	510	501	629	955		42%
Legal Services	73	57	51	40		-22%

**2. Greatest Economic Need and Greatest Social Need:**

**Targeting services to those that meet the SUA’s definitions of greatest economic need and greatest social need-** As part of Minuteman’s efforts to target services to those in greatest economic and social need, Minuteman regularly analyzes the demographics of our consumer base as compared to the census data available for our PSA. This is in part how Minuteman determines how to better provide access to our services for underrepresented communities. Over 47% of our needs assessment survey respondents stated that their income was less than \$20,000 annually, which is why providing services for low-income older adults remains a priority for Minuteman.

Organizationally, Minuteman has undertaken internal efforts to ensure data integrity for key demographic fields such as language(s) spoken, ethnicity, and race, to ensure that staff are asking the right questions, providing the right access, and supporting our consumers through person-centered care.

**Impacting social determinants of health of older individuals**

**Addressing food insecurity:**

- **Culturally tailored meals: Ensuring that meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable-** Minuteman has been providing medically tailored meals for many years and will continue to do so in an effort to best

support some of our most vulnerable consumers. Minuteman will also evaluate and identify any new opportunities as we go through our bidding process to identify new contract(s) for catering services for both our Meals on Wheels Program and our Congregate Meals Program. Over the past several years, Minuteman has expanded our cultural meals to include both Asian and Indian meals. Several years ago, Minuteman started offering Asian meals in two of our communities through our current contracted caterer. Minuteman also partnered with Friends of Indian Senior Citizens Organization (FISCO) to identify a local Indian caterer who has been providing congregate meals to two of our communities through our Congregate Meal Program. Minuteman is thrilled to report that this program has been adopted by several of our sister agencies, which now also provide Indian meals at their congregate meal sites. Minuteman hopes to continue to offer culturally and medically tailored meals as we move through our contract cycle with potential new catering options, within the financial capacity allowed by federal and state funding.

- **Home-delivered meals-** Minuteman offers older adults who are not able to attend congregate meal sites the opportunity to receive home-delivered meals Monday through Friday. Meals are delivered and safety checks are reported by all of our trained drivers. All our home-delivered meal consumers are provided with an in-home assessment by a Care Manager to assess for needs on an annual basis.
- **Senior Dining-** Given that social isolation is a huge need to be addressed in all our communities, Minuteman encourages Congregate Meal sites as the first nutrition option for all consumers. For some, Congregate Meal sites are not something they can participate in for a variety of reasons, most being health and wellness related. For these individuals, we move to home-delivered meals as an option to address nutritional needs.

### **Healthy Living Programming:**

Minuteman Senior Services also provides many evidence-based programs through our Healthy Living Program. Programs are often held in partnership with local Councils on Aging, as well as Housing Authority sites. To make programs more accessible to all community members, Minuteman often offers them in a virtual format as well as in person. Some of the evidence-based programs offered are Bingocize, Powerful Tools for Caregivers, Matter of Balance, and Chronic Disease Self-Management. Minuteman tries to schedule in-person classes before or after lunchtime so that attendees can participate in both the program and Congregate Dining. Table 6 shows how many people were served by these programs over the past few years:

### **Table 6**

<b>Fiscal Year</b>	<b>Number of Classes</b>	<b>Consumers Served</b>
FY23	3	35
FY24	6	61
FY25	12	107

**Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS (long term services and supports), including home, community, and institutional settings-** Over the past few years, Minuteman’s Caregiver Program has focused on providing individualized support for caregivers and educating them about LTSS options. This includes empowering caregivers with resources, trainings, and respite options to reduce caregiver stress and enhance the lives of the caregiver and care recipient. Through our State Home Care Programs, including our Managed Care Programs, our care managers work with consumers to develop person-centered care planning. Consumers are core to identifying appropriate programs and services, as a person’s needs change over time.

In our Options Counseling program, Minuteman provides person-centered planning by focusing on the individual needs of the consumer. Minuteman educates individuals about LTSS options so that they have the knowledge to make informed decisions about how and where they receive care. In addition to supporting those in the community, Minuteman collaborates closely with local hospitals and nursing facilities to provide education to individuals in these settings, ensuring they have a voice in their care decisions and are fully informed about their available options.

**Creating opportunities to educate the network about the prevention of, detection of, and response to negative health effects associated with social isolation-** As a direct result of the pandemic and the rise in social isolation noted in our last Needs Assessment survey, Minuteman piloted a new program called “Social Connections.” This program provides volunteer friendly visitors who visit regularly with some of our most vulnerable consumers to help alleviate social isolation. Over the last four years, Minuteman has embedded this program into our volunteer offerings and hopes to continue to grow the program, as we know the need for social interaction is high for so many of our consumers, with over 29% of survey respondents reporting this as a need on our FFY25 Needs Assessment survey.

Minuteman Senior Services has also used our Healthy Living Program to engage some of our most rural and vulnerable consumers in evidence-based programs such as Bingocize and Matter of Balance. While the goal of these programs remains to educate consumers on the benefits of exercise and healthy nutrition, the programs also bring people together through an interactive class setting, which has led to the creation of

new friendships and opportunities for many participants. Minuteman often has what we call “repeat” consumers sign up for multiple classes and bring along their friends as well. Minuteman looks at this as a wonderful opportunity for us to help create community and shared goals for participants, and have seen that some participants continue to meet long after the class has ended.

Over the years Minuteman has highlighted the Congregate Meals Program as being so much more than just a meal; it is a place for people to come together and share conversation. During the pandemic, Minuteman had to pivot and provide more meals-to-go, rather than trying to bring people together in person. In the past year Minuteman has seen a significant increase in people coming back out to attend Congregate Meal programs in person. Minuteman anticipates this trend will continue over the next few years, and hopes to include more opportunities for social engagement through presentations and Healthy Living programming.

**Discussions on access to assistive technology options for serving older individuals-** Minuteman has identified several ways to use assistive technology to support older adults who might be at risk of isolation due to health issues or loss of caregivers.

- Providing electronic pets to our consumers. Minuteman has both cats and dogs available, and these options will be available to Home Care consumers going forward. Minuteman has piloted these electronic pets with many of our consumers through ARPA funding and have found that they appreciate the companionship, especially after the loss of a furry friend or companion.
- Minuteman has also piloted the use of electronic tablets that are easy to use for those who are not familiar with technology. These tablets can be preprogrammed to connect with loved ones, medical practitioners, and local aging services organizations. Minuteman hopes to continue to be able to offer this service through other funding sources.

As part of our public comment opportunity, it was mentioned that help with identifying local partners that offer educational opportunities for older adults to learn more about technology would be a benefit to those in our communities. Minuteman is fortunate that many of our local Councils on Aging have programming that supports this need. Minuteman will work to look at ways we can better partner with local programs and also do more to share these opportunities with our consumers.

### **3. Expanding Access to Home- and Community-Based Services:**

**Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services-** Providing information and services to support in-home and community-based long-term care services is central to our mission

as an Area Agency on Aging. Minuteman Senior Services provides over 20 programs to support older adults, people with disabilities, and caregivers, but for any individual to receive services or support, they first must have access. To us, access means the ability to understand, in your chosen language, what services are available, and to have the opportunity to talk with someone about person-centered goals for long-term care support. In an effort to increase access, Minuteman has updated our website to make it more accessible and provided information in multiple languages. Minuteman has also updated our brochures and fact sheets and made them available in multiple languages, and ensured that some of our more rural areas have access to this information through their local Councils on Aging. Our FY25 Needs Assessment survey results indicate that over 25% of respondents speak a language other than English at home. In an effort to represent the diversity of those served, Minuteman is staffed and resourced to support consumers who speak different languages.

**Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home- and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers-** In addition to our State Home Care programs, Minuteman also holds contracts with several SCO (Senior Care Options) programs, which are health insurance plans for dually eligible older adults. Minuteman provides community care management and collaborates with the SCO nursing and social work teams. Table 7 shows service utilization rates for SCO program consumers:

**Table 7**

SCO Services - Unique Consumers by Fiscal Year					
MSS SERVICES	FY2022	FY2023	FY2024	FY2025	Total
PERS	436	475	565	626	<b>760</b>
Homemaker	315	340	397	420	<b>554</b>
Environmental Accessibility Adaptations	87	145	208	204	<b>518</b>
Adult Day Health	201	180	176	137	<b>273</b>
Transportation	173	177	173	135	<b>249</b>
Personal Care	111	127	151	176	<b>248</b>
HDM	111	107	138	116	<b>229</b>
Laundry	50	63	78	80	<b>103</b>

**Ensuring that AAAs will conduct efforts to facilitate the coordination of community-based long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return**

**to their homes if community-based services are provided to them-** Over the course of the past two years, Minuteman has expanded our services and programs with the addition of the Community Transition Liaison Program (CTLP), which works to transition people aged 22 and older back into the community with supportive services (no matter what type of insurance they have). This includes, but is not limited to, housing assistance, setting up services, and making referrals to appropriate agencies to support the consumer during the transition. The CTLP Program normally meets with people who have been in a nursing facility for over 45 days but will sometimes see people who have been in a facility for less than 45 days, if they ask to meet with us. Minuteman's CTLP Program receives referrals from social workers, nurses, other ASAPs, community agencies, families, and the consumer directly.

In addition to our CTLP Program, Minuteman also has an Ombudsman Program through which volunteers visit long-term care facilities to advocate and help educate residents and their families regarding resident rights. They also help to advocate and make referrals to programs that can help support transitioning back into the community at the consumer/resident's request.

Through our Options Counseling Program, Minuteman also sees consumers who are in hospital settings and wish to return to the community but need help identifying resources and services to support their needs. Minuteman was part of a grant-funded partnership with both Winchester Hospital and Emerson Hospital that identified patients who would benefit from meeting with an Options Counselor to review their goals and provide resources and supports to help the patient reach those goals. These grant-funded programs have enhanced existing partnerships with local Area Agencies on Aging and hospital networks.

**Incorporating aging network services with HCBS funded by other entities such as Medicaid-** Minuteman has embedded Medicaid programs into our agency through our Home Care Program by providing Medicaid waiver programs such as the Choices program, which allows consumers who are eligible for Medicaid (MassHealth) to remain in the setting of their choice by providing in-home supports. Minuteman also has been able to support Medicaid consumers through our SHINE program by offering Benefit Support services to those who need help renewing their Medicaid (MassHealth) benefits.

#### **4. Caregiving:**

**Implementing the actions in the National Strategy to Support Family Caregiving that can advance the Commonwealth's ability to better recognize and support family caregivers-** Every year, over 53 million family caregivers provide support for older or disabled loved ones.<sup>7</sup> As part of our FY25 Needs Assessment survey, over 60% of self-identified caregivers listed Information and Resources as an unmet need. The Massachusetts Family Caregiver Support Program recognizes the need for support for

these caregivers and has developed a program and tools to help educate and guide caregivers in their journey. Minuteman Senior Services provided Caregiver Support to over 130 caregivers so far in FY25. We have done this through one-on-one counseling, offered by a Caregiver Specialist, as well as through our partnership with the Lexington Council on Aging, with whom we partner to provide access to a Caregiver Support Group on a monthly basis. Minuteman has also allocated funding to support the need for respite services for caregivers in our communities by offering scholarship funds to support in-home respite, respite at a short-term facility, and safety equipment to aid caregivers. The numbers of consumers served in our Massachusetts Family Caregiver Support Program have remained fairly consistent over the past several years, as shown in Table 8:

**Table 8**

<b>Programs and Services</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>% Change FY23-FY24</b>
Caregiver Support	164	185	178	-4%

### **Federal Funding Priorities for FFY2026-2029**

Minuteman Senior Services has set forth the following funding priorities for Title III funds for FFY2026-2029 based on the results of the Needs Assessment.

**Title IIIB- Supportive Services:** Invest available resources to support flexible services to address gaps in community needs that foster independence for older adults and enable them to remain in their homes and communities.

- **Information and Assistance:** Minuteman leverages Title IIIB funding to support the availability of Information and Referral Specialists who link individuals to services available both through us as well as through other community resources. Over the past several years, our Information and Referral Specialists have responded to over 3,000 inquiries annually. Funding support from Title IIIB enables our team to respond to telephone and online inquiries with services and resources to best support the needs of each individual inquiry, including by providing interpreter services for those who do not speak English. Minuteman has an automated phone system that allows callers to choose different languages, as well as the capacity for our live answering staff to provide interpreter services through a contracted vendor.
- **Transportation:** Through a competitive procurement process, Minuteman has made available subgrants to community partners to address gaps in transportation, particularly in areas where public transportation options are not available, as well as for transportation services to underserved populations for rides to shopping and faith services. Minuteman wishes to focus grant funding on supporting medical transportation in our more rural areas, or any of our communities where older adults

need to leave their town to receive medical care, as well as where Minuteman can best support underserved populations.

- **Legal Services:** Through a competitive procurement process, Minuteman will continue to make grant funding available for free, civil legal services to older adults within our 16 communities. Focus areas for legal counseling, education, and/or representation includes supporting issues around tenancy and public benefit preservation.
- Promote equitable access to information regarding long term care supports and services by making our materials available in different languages and through different modalities to support those with limited English proficiency as well as those with disabilities.
- Expand awareness of supportive services through our website and social media in an effort to reach a broader audience, including underserved populations.

### **Title IIIC- Nutrition Services**

- **Home Delivered Meals**
  - Identify and implement operational efficiencies within the program to maximize available funding to support increased demand for services.
  - Analyze opportunities to expand medically and culturally tailored meal options to promote equitable access to home delivered meals.
  - Explore flexibilities with home delivered meal options that address the varied needs of a diverse consumer base.
  - Diversify funding for home delivered meals to managed care and accountable care organizations to allow for available federal and state dollars to be leveraged for individuals without a payor source.
  - Nutritional counseling to address educational needs of consumers both in the home and the community.
- **Congregate Meal Program**
  - Expand community partnerships to support funding for increased participation for the LGBTQIA+ lunch.
  - Analyze current participation at our meal sites and identify opportunities to expand participation in the congregate meal program.
  - Evaluate voluntary donation structure for congregate meal programs to offset inflationary costs that contribute to program deficits.

### **Title IIID- Evidence-Based Disease Prevention and Health Promotion Programs**

- Expand Healthy Living Program offerings across our 16 communities to provide no less than 16 virtual and/or in person programs per fiscal year.
- Explore opportunities to diversify funding for programs through corporate and institutional giving to ensure program sustainability and offer programs to participants free of charge.

## **Title IIIE- Caregiver Support Program**

- Provide information and resources to caregivers through our Information and Referral Department by providing ongoing training for our Information Specialists.
- Assistance with gaining access to services and respite care by providing scholarships to support family caregivers in our communities. Include flexible use of these funds to support more diverse needs; for example, reimbursement for incontinence supplies for a loved one.
- Explore additional grant funding opportunities to expand the availability of caregiver training, education, counseling, and support groups.

### **Goals, Objectives, and Measures**

#### **Goal 1: Expand our organizational commitment to diversity and belonging through the diverse representation of our staff, Board, and volunteers, and expand our service delivery to historically underserved communities**

##### Objectives:

1. Recruit and retain diverse talent among our staff, volunteers, and Board to align with the representation of our communities and promote a culture of belonging

##### Performance Measures:

- Proportion of employees that identify as persons of color based on total employee population
  - Proportion of Board Directors and volunteers that identify as persons of color based on total Board and volunteer population
  - Proportion of middle and senior leadership within the organization that identify as a person of color
  - Number of employees who are fluent in a language (read/write) other than English
2. Expand service delivery to historically underserved communities, including persons with disabilities; Black, Indigenous, or Persons of Color (BIPOC) communities; and individuals who identify as LGBTQIA+

##### Performance Measures:

- Percentage of consumers receiving agency services who identify as a person with a disability, or member of the BIPOC and/or LGBTQIA+ community
- Total number of unduplicated participants attending LGBTQIA+ and friends activities
- Number of new partnerships with faith communities and other community partners via community engagement plan
- Proportion of unduplicated consumers receiving culturally tailored meals

**Goal 2: Expand support to caregivers of older adults, including those with Alzheimer's/dementia and related disorders, grandparents raising grandchildren, and older adults raising adult children with disabilities**

Objectives:

1. Expand access to respite care with short-term scholarships and available in-home services available through State Home Care, SCO, and One Care plans

Performance Measures:

- Total number of caregiver respite scholarships
  - Total number of Family Caregiver referrals to State Home Care, SCO, and One Care plans
  - Count of unduplicated consumers accessing Adult Day Health services
2. Provide direct services to caregivers that promote their health, well-being, and continued education on caregiving strategies

Performance Measures:

- Number of unduplicated referrals to the Family Caregiver program
- Number of unduplicated participants in evidenced-based programming, including Powerful Tools for Caregivers

**Goal 3: Expand access to home- and community-based services to support healthy aging for older adults, people with disabilities, and family caregivers**

Objectives:

1. Expand access to home and community-based services for eligible older adults and people with disabilities for State Home Care, SCO, and One Care plans

Performance Measures:

- Number of enrollments receiving services within State Home Care, SCO, and One Care programs
  - Number of unduplicated consumer enrollments that transition from State Home Care into Frail Elder Waiver programs
  - Number of consumer discharges from skilled nursing facilities with support from the Community Transition Liaison program
  - Number of unduplicated Long-Term care Options Counseling sessions
2. Expand Social Connections and other programming offered by local Councils on Aging that may address certain home-and-community based needs

Performance Measures:

- Number of unduplicated Social Connection consumer enrollments
- Number of referrals to other community programs, including Councils on Aging, adult day health, and private pay home care

## **Goal 4: Measure the Effectiveness, Quality Outcomes and Value of Older American's Act (OAA) Core Programs and How They Impact Population Health Management**

### Objectives:

1. Adopt evidence-based population health goals and objectives, health indicators, and measurements of social determinants of health (SDOH) to analyze the effectiveness of Older Americans Act (OAA) core programs in comparison to state and national data sources.

#### Performance Measures:

- Total number of hospitalizations amongst unduplicated consumers receiving OAA programs
  - Number of consumer assessment responses regarding food and economic security questions based on clinical assessments on CDS
2. Redesign consumer satisfaction measures and implement various survey modalities to better enhance consumer experience with OAA core programs.

#### Performance Measures:

- Total number of respondents to consumer surveys
- Total number of unduplicated consumers receiving core OAA programs

## **Goal 5: Expand transportation options to promote accessibility for consumers for both medical and non-medical needs, with a focus on access for diverse communities and individuals in hard-to-service areas**

### Objectives:

1. Promote Title IIIB grant opportunities to a wider audience and identify new partnerships that support more diverse populations and serve more rural areas.

#### Performance Measures:

- Number of new applications for Title IIIB transportation funding
  - Number of consumers served by Title IIIB transportation funding who represent diverse populations and rural communities
2. Advocate for local public transportation access and increased funding to support local transportation needs.

#### Performance Measures:

- Identify local transportation advocacy groups and participate in meetings to better understand needs and advocacy opportunities
- Identify funding opportunities for local transportation, especially in underserved areas, and share opportunities with local stakeholders

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

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

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### OAA Sec. 306, AREA PLANS

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

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

the provider;

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically

including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that

meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—  
(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

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

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

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

(H) in coordination with the State agency and with the State agency responsible for elder

abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

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

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

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

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

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

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

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and

State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(g)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

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

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

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

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

- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency—
- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
  - (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities,

and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

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

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

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



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

**Area Agency on Aging:**

<u>June 4, 2025</u> Date	 _____ Signature - Chairperson of Board of Directors
<u>June 27, 2025</u> Date	 _____ Signature - Chairperson of Area Advisory Council
<u>June 4, 2025</u> Date	 _____ Signature - Area Agency on Aging Executive Director

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

***Area Agencies on Aging must provide responses, for the Area Plan on Aging (2026-2029) in support of each Older Americans Act (OAA), as amended 2020, citation as presented below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.***

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

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

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

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

#### **AAA Response:**

Minuteman Senior Services requests income information from all Title III program participants in an effort to validate that we are providing services to those with greatest economic need. We also partner with local entities such as Councils on Aging, housing authorities, hospitals, long-term care facilities, and social service agencies in an effort to make sure that people with the greatest socioeconomic needs know about and have access to our services. In FY24, Minuteman Senior Services went through a rebranding process that enabled us to create new agency materials in multiple languages. We have since distributed these materials in multiple languages to local agencies and places where public gatherings are held. We have also worked to try to identify local community champions who can help us partner with groups that may have limited English proficiency, in an effort to make access to materials in appropriate languages more widespread, especially in our more rural areas. We have done this by attending more community outreach opportunities, such as in Boxborough, where we attended a weekend public food resource event and provided Minuteman informational materials.

Moving forward, one specific objective that Minuteman Senior Services will work toward is identifying those rural areas and areas with diverse populations that we have not yet discovered, so that we can make a concerted effort to reach out to these communities. While we strive to provide outreach and access to materials in all 16 of our communities, we know there are populations and communities we have not yet identified or reached out to. Minuteman will work with local community partners to better identify these gaps, and work toward establishing a relationship with a community champion who can help us provide information and access to resources.

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

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas [as germane] within the planning and service area;

**AAA Response:**

For any Title III grant, Minuteman Senior Services requires that the grantee submit, as part of their application, a plan to provide outreach and services to low-income, minority, rural, and other underserved older adult populations, including older adults with limited English proficiency. As part of our Title III grant process, awardees are required to submit monthly statistics that identify these particular populations and list how many people have been served. This is reinforced through the grant contract that is signed by the awardee and Minuteman. During our review process, Minuteman monitors adherence to the contract by meeting with all Title III grantees to review progress made in serving identified populations, along with plans for continuation of outreach and services to these older adults.

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

**Describe how the AAA will use outreach efforts that will:**

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
  - (I) older individuals residing in rural areas;
  - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (IV) older individuals with severe disabilities;
  - (V) older individuals with limited English proficiency;
  - (VI) older individuals with Alzheimer’s disease and related disorders with neurological organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

**AAA Response:**

Minuteman Senior Services will work very closely with our community partners, such as Councils on Aging and housing authority sites, to participate in community-wide outreach events such as health fairs and food resource fairs, which tend to bring out more diverse populations. Part of our goal in providing outreach is to identify new places

to visit and where we can share information and resources. We will continue to try to identify community champions who can introduce us to underserved populations that may not already know about us, and to provide information and access in languages that best serve those populations. Minuteman will also continue to advocate for, and provide services, information, and resources to, older adults with disabilities and those at imminent risk of institutional placement, as well as individuals with Alzheimer's or related disorders. We partner with several organizations that help us support these individuals, including Independent Living Centers, legal services organizations, and the Alzheimer's Association. Our staff are trained to understand and search for appropriate resources to support the needs of these identified populations, as well as the needs of caregivers. Programs such as Options Counseling help us support the needs of older adults in our communities who may be at risk of institutionalization due to limited resources and unstable housing. Our Options Counseling staff is often in the community, reaching out to individuals and professionals to explain the services and resources our agency can assist with.

#### **4. OAA Section 306 (a)(6)**

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

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

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

##### **AAA Response:**

Minuteman Senior Services is seen by our community partners as a well-respected agency that supports the needs of older adults and their caregivers. We are also seen as being at the forefront of advocating for the needs of older adults and their caregivers. Minuteman is very fortunate to have strong relationships with our local Councils on Aging. We meet with them monthly to discuss state and federal policies that impact the populations we serve and to discuss new ways we can work together to support the needs of these individuals.

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

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

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

##### **AAA Response:**

As part of our Information Center, Minuteman has information on many different programs and services that support the needs of older adults, adults with disabilities, and their caregivers. Assistive technology is an important resource for many people

seeking information, and we strive to keep current on all assistive technology resources available in our catchment area. Our Home Care program makes use of contracted vendor services to help support the assistive technology needs of our consumers. Our Options Counseling program researches resources that might help support these needs, as well.

## **6. OAA Section 306 (a)(7)**

### **Describe how the AAA will address the following assurances:**

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

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

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

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

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

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

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

### **AAA Response:**

Minuteman Senior Services is a federally designated Area Agency on Aging as well as a state-designated Aging Services Access Point. As an Area Agency on Aging, we are funded through our State Unit on Aging to provide federally funded Title III programming, which includes Nutrition programs, Caregiver programs, Title IIIB grants, Information and Referral services, and Healthy Living programming. As an Aging Services Access Point, Minuteman is contracted with the state of MA to provide State Home Care services, which can include care management, in-home services (through a vendor network), Adult Protective Services, Money Management services, and some Medicaid-funded services. We are also contracted to provide SHINE (Serving the Health Insurance Needs of Everyone), ADRC (Aging and Disability Resource Consortium), and Ombudsman services. Because Minuteman is contracted to provide both federally funded and state-funded programming, we are in the unique position of being able to address multiple needs of the many older adults, adults with disabilities, and caregivers in our communities. We are often able to respond to the many needs of those we serve through one touchpoint. For example, a person may be referred to us for Meals on Wheels, but after meeting and talking with this consumer, we learn through

our person-centered care planning that the consumer would benefit from other services and supports that we can provide and/or make referrals to.

As part of our portfolio of services and programs, Minuteman receives federal funding to support our Healthy Living programming, which includes evidence-based programs such as Chronic Disease Self-Management, Matter of Balance, Powerful Tools for Caregivers, and other programs. These programs are often provided in partnership with local community agencies such as Councils on Aging, housing authorities, and medical practices. As we move forward, Minuteman will look to engage with even more community partners to increase awareness of and participation in our evidence-based programming, as well as plan for new programs that will help meet the needs of underserved populations.

### **7. OAA Section 306 (a)(10)**

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

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

#### **AAA Response:**

Any person who is dissatisfied with or denied any service under Title III can contact our agency to discuss their concerns. Minuteman Senior Services has a compliance hotline listed on our website that includes a link to make a report or to call to make a report. Reports can be made by anyone, including consumers who are dissatisfied or denied any service by Minuteman. Please find policy attached as Attachment B-1. Minuteman also states in our information packets that consumers can contact their identified care manager if they have a grievance.

Minuteman also provides ongoing quality assurance and improvement training to staff, along with opportunities for consumers to provide feedback, which is then incorporated into our training.

### **8. OAA Section 306 (a)(11)**

#### **Describe the procedures for assuring the AAA will:**

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

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

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

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

**AAA Response:**

Minuteman Senior Services does not have a large population of Native Americans within our catchment area. The 2020 Census data for our catchment area states that we have approximately 3,264 people aged 60 and over who identify as Native American. However, we do consider this population to be an underrepresented population, and we will do our best to identify ways in which we can provide outreach and access to our services to this population, including all services and programs outlined in our Area Plan.

**9. OAA Section 306 (a)(17)**

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

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

**AAA Response:**

Minuteman Senior Services (MSS), designated as an ASAP and AAA has plans in place that support the coordination between SUA and AAA/ASAP. MSS follows the most recent protocols developed by AGE regarding the Emergency Notification Process, for these types of situations below:

- agency delayed starts,
- early closings,
- cancelled home-delivered or congregate meals,
- power outages,
- service interruptions that are agency-wide, clustered, or concentrated to a specific geographic location, or at the service-area level,
- evacuations,
- cyber attacks or computer system disruptions,
- and other emergency situations (e.g., snowstorm, ice storm, hurricane, fires, water main break, flooding, electrical issues, phone issues, etc.).

Depending on the scope of the disaster, MSS has protocols in place to manage the emergency coordination among organizational types like MEMA, AGE, ASAP/AAA, town/city actions, COAs, and service providers. When the disaster has been local, MSS notifies AGE and checks in with the local towns, COAs and service providers who cover that town to understand the disaster and what role MSS will play to support consumers. MSS' Care Managers contact consumers to check in with them and address needs

sharing local resources and guidance. During a fire in Arlington, our Supportive Housing Coordinator and additional staff with bilingual skills came on site to support language access for consumers with Limited English Proficiency and worked with the American Red Cross to ensure consumers were safe and would be able to receive services if they needed to relocate. The Care Managers continued assessing needs and managing service coordination throughout the disaster and communicated with the COA to best serve consumers efficiently. MSS has invested in technology and has moved our systems to the cloud to support remote work in a secure environment. MSS has issued staff cell phones and laptops to ensure service delivery and communication during a disaster.

When the disaster has been broader in scope across the state then MSS will notify AGE, coordinate with the other ASAPs across the state, take direction from MEMA getting info and resources like PPE distributed to local areas including staff, providers, and consumers. Check in with our COA partners more frequently than our monthly meetings and go to a weekly call to ensure we all have the same information, understanding of need, and coordinate communication, resources, and support to meet consumers' needs. Our Senior Team coordinates with the local Board of Health to support their efforts and ensure consistent messaging.

MSS reviews our Disaster Plan and COOP Plan annually, based on a completed risk assessment with our most recent review this past spring of 2025. MSS completes a risk assessment involving IT Disaster Recovery Plan, routine review of PPE and restocks as needed, prepares Phone IVR message with an emergency communication in multiple languages, distributes these plans online and on paper to each staff member along with cell phone contact info for improved communication as a back up in case the online version is not accessible. MSS has a robocall option available for communication to staff if email is not available. MSS has documented an evacuation plan at the office site with instructions available throughout the workspace with the Disaster Team members named including contact information. MSS has walked through the Disaster and COOP plan with Senior and Program Leadership in several disaster types like flooding, power outage, fire, and reviewed lessons learned from the pandemic.

MSS maintains a list of active providers and COA list with contact information for ease of communication in an emergency; care managers work with consumers to establish emergency contact information in the electronic record as well as encourage personalized emergency planning, MSS has an MOU contract with Springwell to use their two office locations in an emergency.

MSS has built strong community relationships with our COAs, towns services like police, fire, local Boards of Health, our network providers, SCOs, local chapters of American Red Cross and are registered to receive MEMA alerts so that we can easily

communicate and collaborate support during a disaster. Our AAA/ASAP network has regular meetings and strong relationships across the state to coordinate a statewide response to a disaster as demonstrated during the pandemic. Identifying needs and working together to get resources to areas that need it while problem solving together including with AGE for the most efficient and effective plan implementation.

#### **10. OAA Section 307 (a)(11)**

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

(E) ...contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

#### **AAA Response:**

Minuteman Senior Services receives Title IIIB funding and is required to use a percentage of this funding to support legal services for older adults in our catchment area. Over the past 20 years, we have had a contract with Greater Boston Legal Services (GBLS). This contract goes out for bid every two years. Greater Boston Legal Services, as part of its contract with Minuteman, provides free civil legal services to people over the age of 60 in all 16 of our communities. Given the challenges created by a lack of increased federal funding in this area, GBLS has had to prioritize the cases that have been referred to them, with more time and attention given to cases in which an older adult is at risk of immediate eviction from public housing. GBLS' ability to take on other cases, most often concerning long-term care and loss of public benefits, depends on resource availability. In an effort to better support our consumers, we have been able to identify public legal resources that we often share with these consumers.

**Attachment B-1: MSS Compliance Helpline Policy**

**Policy Type:** Compliance

**Policy Number:**

**Responsibility of:** Compliance Officer

**Effective Date:** 11/20/2024

**Last Reviewed:** 8/8/2025

**Reviewed by:** (Department, Senior Management, Compliance Committee)

Department review was completed 8/8/2025

Senior Management review was completed 8/12/2025

Compliance Committee review was completed 8/18/2025

**Subject:** Compliance Helpline Policy

**Definitions:**

- Compliance Helpline- is an anonymous reporting mechanism for employees and third parties to call and share a concern about the way Minuteman is doing business.

**Reference to state and federal laws, regulations, contract terms or other MSS policies:**

- Whistleblower policy
- Fraud, Waste and Abuse Policy
- Compliance Investigation Policy
- Regulation - Whistleblower Protection Act of 1989, 41 U.S.C. § 4712 and [Presidential Policy Directive 19](#) (PPD-19); OSH Act, CCA, SDWA, FWPCA, TSCA, SWDA, CERCLA, ACA

**Policy Title:** Compliance Helpline Policy

**Purpose:**

Minuteman Senior Services has established multiple methods through which directors, officers, employees, and third parties can report potential violations of applicable law, Professional Standards Code of Conduct, or policies and can also obtain guidance regarding compliance and ethics questions. This policy describes one of those reporting methods, the Compliance Helpline, and affirms Minuteman’s position that retaliation of any type against a person who, in good faith<sup>1</sup>, raises a concern will not be tolerated as stated in the Whistleblower policy.

**POLICY**

Minuteman Senior Services is committed to high ethical standards and compliance with all applicable laws in all of the jurisdictions in which it operates and requires all Minuteman employees to report

<sup>1</sup> “Good faith” does not mean that a reporter must know with certainty that an allegation is true. Rather, it requires that the reporter has a reasonable belief their allegation could be true, and the report is being made without malicious intent.

potential illegal activity or activities that potentially violate the agency's Professional Standards Code of Conduct or its policies. Prompt reporting of possible violations is required as it gives Minuteman the opportunity to investigate the matter and take corrective action where needed. This allows Minuteman to reduce the risk of damage to the reporter, their coworkers, the agency, third parties, and/or the communities in which we operate.

Minuteman has established the Compliance Helpline for (a) the confidential reporting by employees and third parties of possible violations of applicable law or Professional Standards Code of Conduct or policies, including anonymous reporting where allowed by law; (b) obtaining guidance and clarification of matters related to the Company's compliance and ethics program; and (c) the receipt, investigation, and management of complaints. An employee who has a good faith belief that an employee or someone acting for or on behalf of Minuteman has violated applicable law, the Professional Standards Code of Conduct, or agency policies has a duty to report the matter as promptly as possible.

Employees and others who report potential issues should feel comfortable reporting issues of potential noncompliance without fear. Retaliation of any type against a person who, in good faith, raises a concern will not be tolerated. Anyone who attempts to retaliate against a person for speaking up will face discipline, up to and including potential termination from employment.

Submitting a report that is known to be false (made in bad faith) is a violation of the agency Professional Standards Code of Conduct and will result in discipline up to and including potential termination from employment.

**Forms:**

- [Compliance Helpline Reporting Form on Office 365](#)

**Process:** Compliance Officer (CO) and QI and Compliance Manager (QICM) establish the Compliance Helpline and anonymous form in collaboration with IT in multiple languages and toll free to increase access. CO and QICM will review and log all submissions and determine if appropriate to inform People and Culture and or support the investigation. Upon completion of the investigation, the CO will inform the Executive Director and work with counsel as necessary and/or People and Culture regarding any compliance violations or performance implications. As relevant identify recommendations for process improvement.

**Procedure:**

1. When a Compliance Helpline call or report is received, the CO and the QI and QICM will review the information/concern shared and if the information is relevant to the Director of People and Culture then the info will be forwarded for appropriate follow-up.
2. If the call or report is involving compliance only, then the CO and QICM will substantiate the concern by opening an investigation and following the Compliance Investigation Policy and Procedure. All documents will be saved and logged.
3. The investigation will entail interviewing relevant parties and documents as appropriate and making a determination that will substantiate the concern or not. Recommendations for

improving compliance will follow. If any violations are found, they will be shared with the Executive Director and Board.

4. CO will share the type of infraction and determination with the Compliance Committee for review of policy and discuss any need of clarification or revision, training recommendations or if appropriate technology resources are needed to help prevent future violations. The reporter's identity, if known, will not be disclosed.

### **Responsibilities:**

The compliance committee is responsible for:

- Ensuring the Compliance Helpline is accessible to all employees either by computer or by phone in the languages used by the agency.
- Ensuring appropriate agency personnel conduct a comprehensive investigation in connection with matters that are reported through the helpline and supervising such agency investigations to ensure they are thorough and accurate, and the findings are communicated to appropriate parties for consideration of whether corrective action and/or discipline is warranted.
- Ensuring that confidentiality is maintained to the fullest extent possible for all information connected to any such investigation.
- Ensuring the agency maintains a log of all reports, tracking their receipt, investigation, and resolution and prepares a periodic summary that will be shared with senior management and the agency's Audit Committee (to be created at a later date).

All managers/supervisors are responsible for:

- Maintaining an open-door policy. Every manager or People and Culture representative who receives a report is required to treat the concern or allegation with discretion, and to treat the employee who raised the concern with respect without any type of retaliation for having done so in good faith.
- Maintaining strict confidentiality about potential issues raised to them, sharing information only to those with a need to know in order to properly investigate and remediate the matter.
- Leading by example and demonstrating a culture that values speaking up and compliance risk reduction.
- Ensuring their staff members are informed about how to access the Compliance Helpline and encouraging them to use it.
- Promptly reporting any potential compliance issues they become aware of themselves.
- Supporting all employees who are involved in or otherwise assisting with an investigation and protecting their confidentiality as well.

All Covered Persons are responsible for:

- Promptly reporting any potential compliance risk or potential violation of the law, Professional Standards Code of Conduct, or agency policies or procedures using the reporting channels made available by Minuteman, including the Compliance Helpline, 888-526-4190. Through this website, reports can be made using a web intake form, or if they prefer to file a report by phone, users

will find the Compliance Helpline phone number on the website. The Compliance Helpline is available in English, (to be available in multiple languages soon.)

- Informing the Compliance Officer, a member of the Compliance Committee, or their Senior Manager or Supervisor if they need help with reporting a potential issue.
- Promptly reporting any instance of suspected retaliation against yourself, any employee, or any other person for having spoken up in good faith to report a concern. Please refer to the Whistleblower Policy for more information.

**Additional Information:**

This policy reinforces and supplements information contained in our Professional Standards Code of Conduct, which can be found in the employee manual on Ishare as well as our Investigations and Whistleblower policies, which are also in the employee manual.

For guidance regarding this policy or to report a potential violation, contact the Compliance Officer or the Compliance Helpline: 888-526-4190 or the anonymous form [Compliance Helpline Reporting Form on Office 365](#)

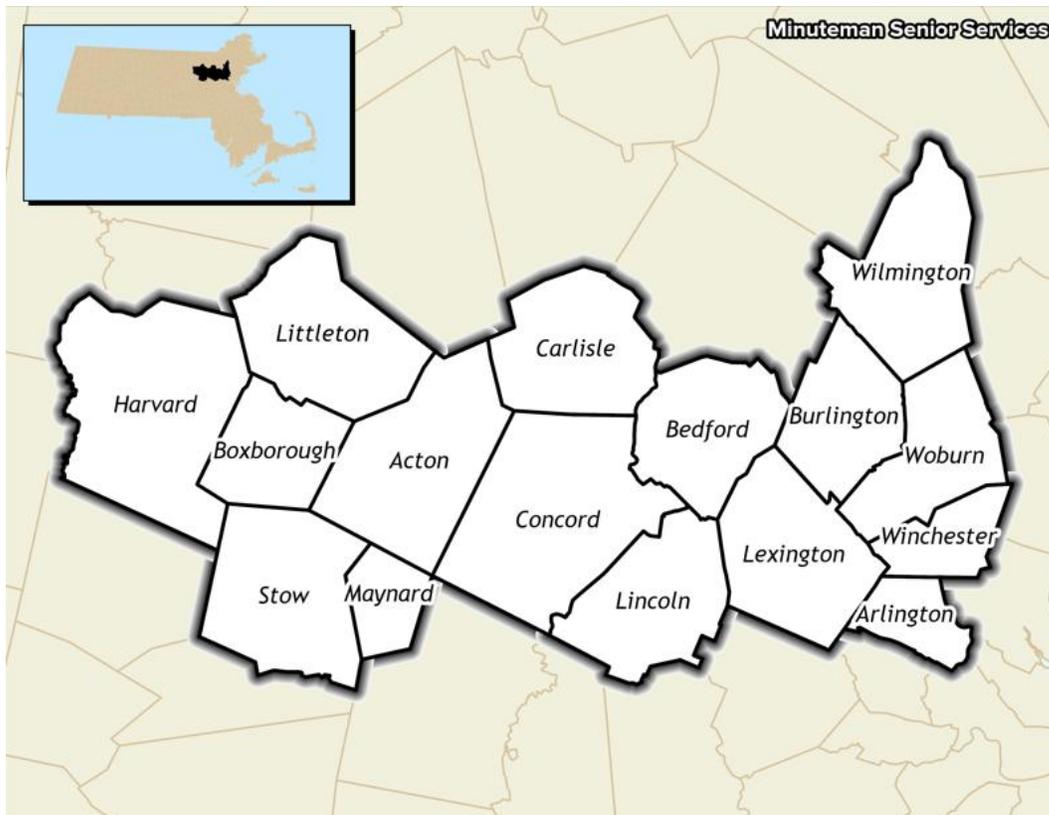
**Attachment C: Area Agency on Aging Planning and Service Area Map and  
Census Data**

**Planning and Service Area Map**

**Minuteman Senior Services, Inc.  
Area Agency on Aging/Aging Services Access Point**

One Burlington Woods Drive  
Suite 101  
Burlington, MA 01803  
[www.MinutemanSenior.org](http://www.MinutemanSenior.org)

TOLL FREE: (888) 222-6171  
FAX: (781) 229-6190



Census Data for AAA: Minuteman Senior Services, Inc.	
Total Population (2020)	303,898
Population 60-64 (2020)	20,623
Population 65-74 (2020)	31,045
Population 75-84 (2020)	16,903
Population 60+ (2020)	77,270
Population 65+ (2020)	56,647
Percent Population 60+ (2020)	25.4%
Percent Population 65+ (2020)	18.6%
Percent Population 85+ (2020)	2.8%
Percent Female Population 60+ (2020)	54.7%
Percent Asian/Native Hawaiian/Other Pacific Islander Population 60+ (2020)	7.4%
Percent Hispanic Population 60+ (2020)	1.8%
Percent Black Population 60+ (2020)	1.5%
Percent American Indian or Alaska Native Population 60+ (2020)	0.1%
Percent Other Population 60+ (2020)	0.9%
Percent White-Alone Population 60+ (2020)	87.8%
Percent Non-White Alone Population 60+ (2020)	12.2%
Percent Population 65+ Living Alone (2020)	23.3%

**Attachment D: Area Agency on Aging, 2025 Needs Assessment Project and Public Input to Area Plan on Aging**

**Needs Assessment Summary**

A critical tool in creating our Area Plan is our needs assessment activities, which are used to shape our goals, strategies, and funding priorities for the next four years. These activities include stakeholder engagement sessions, survey responses, and data analysis from external sources, such as 2020 Census Data.

Central to this work is sampling as many stakeholders as possible, as well as ensuring engagement from historically underserved populations, including low-income older adults; older adults with limited English proficiency; the LGBTQIA+ community; Black, Indigenous, and People of Color (BIPOC) older adults; and older adults who are socially isolated or living in rural areas. Minuteman’s needs assessment process began in the fall of 2024 and was supported by the Executive Office of Aging & Independence through its creation of a uniform survey tool for all Area Agencies on Aging to ensure data consistency. The survey was translated into multiple languages for both older adults and caregivers, and Minuteman engaged interpreter services as needed to support participation in stakeholder sessions. In June of 2025, Minuteman created a draft Area Plan in an effort to elicit public responses to be included in our final Area Plan. We posted the draft to our website and shared it with stakeholders, including our Board of Directors and Advisory Council. As a direct result of these actions, we received feedback from several community members. This feedback has been incorporated into our final Area Plan.

Our needs assessment activities included in-person focus groups, mailed surveys, electronic surveys sent to community stakeholders, and data research.

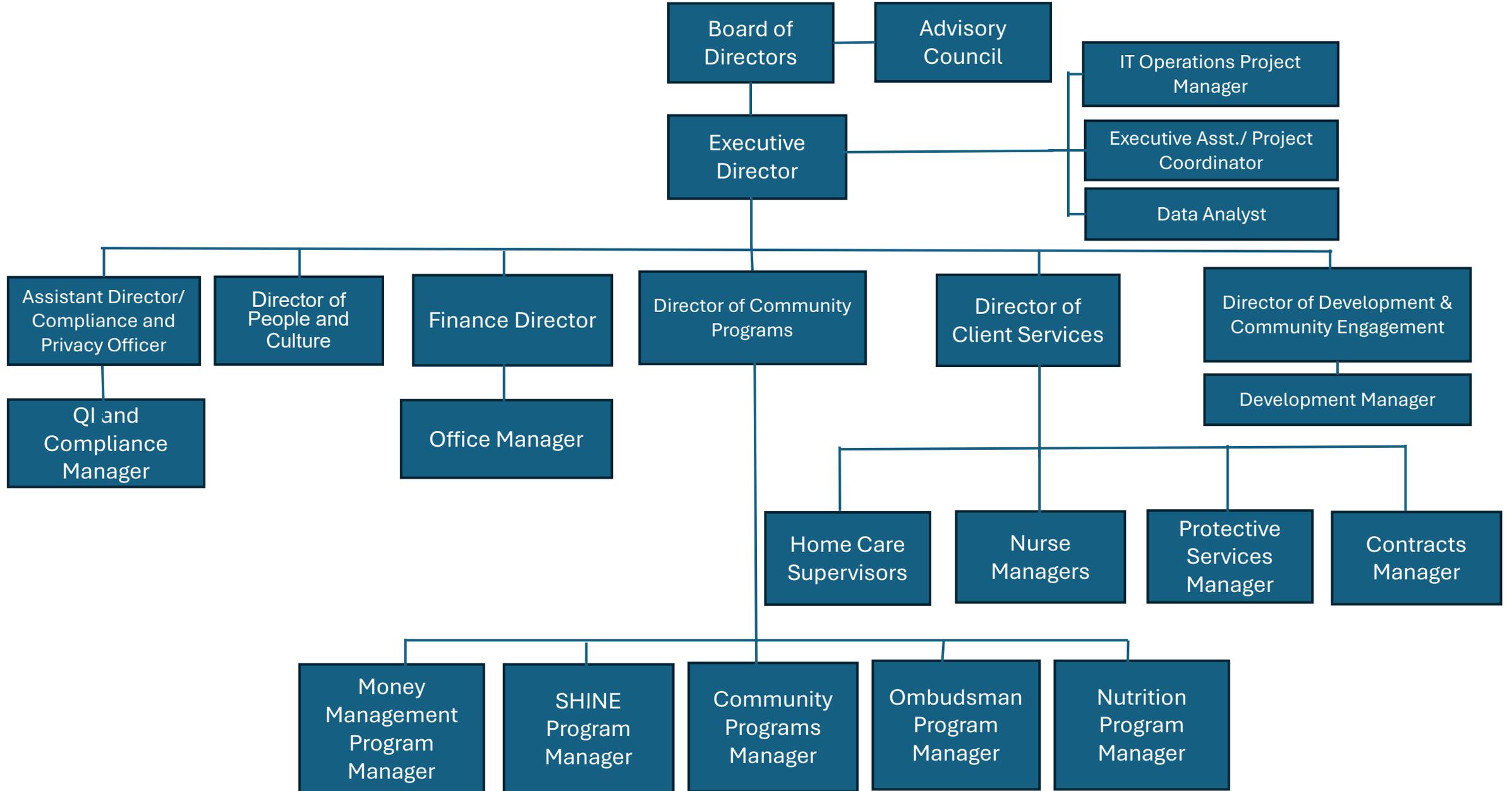
<b>Stakeholder Engagement Session</b>	<b>Date</b>	<b>Audience</b>	<b>Number of Participants or Respondents</b>	<b>Target Population</b>
LGBTQIA+ luncheon, Bedford	October 19, 2024	LGBTQIA+ program attendees	8	Underserved population
Concord Elder/Disabled Housing Site	November 9, 2024	Housing site residents	10	Low-income older adults
Council on Aging Directors Meeting (virtual)	November 4, 2024	Council on Aging Directors	10	Professionals who work directly with many underserved

				populations in our PSA
A Joyful Day Adult Day Program, Woburn	October 18, 2024	Primarily Mandarin-speaking older adults	50	Underserved minority population, low-income, limited English proficiency
VA Housing Site, Bedford	October 29, 2024	Veterans	10	Low-income older adults living alone
Arlington CHIP Planning Meeting	December 4, 2024	Arlington town employees	25	Professionals who work directly with many underserved populations in Arlington
Caregiver Support Groups (virtual)	October 1, 2024, and October 17, 2024	Caregivers primarily caring for older adults over age 60	20	Underserved populations
Southeast Asian (Indian) Luncheons, Burlington and Lexington	September 30, 2024, and October 1, 2024	Indian adults over age 60	70	Underserved minority population
Electronic link for online survey	September 30, 2024	Posted on website, FB, and MSS newsletter; sent to local legislators and COAs to share in their newsletters	Unknown	Underserved populations
Mailed over 3,000 paper surveys in multiple languages	October 7, 2024	Minuteman consumers and caregivers	Over 900 responses	Underserved populations

## Demographics of Needs Assessment Survey Respondents

Age	Less than 60	1.5%
Age	60-69 years old	14.1%
Age	70-79 years old	30.9%
Age	80-89 years old	39.9%
Age	90 or older	13.6%
Gender	Female	63.4%
Gender	Male	35.2%
Gender	Other (non-binary, gender non-conforming, other, or prefer not to say)	1.4%
Race/Ethnicity	Asian	26.1%
Race/Ethnicity	Black or African American	1.5%
Race/Ethnicity	White	68.7%
Language Spoken at Home	Chinese	21.5%
Language Spoken at Home	English	69.1%
Language Spoken at Home	Spanish	1.4%
Household income	Less than \$20,000/year	47.7%
Household income	Greater than \$20,000/year	39.1%
Household income	Prefer not to say	13.2%

# MSS Organizational Chart



## **Attachment F: References**

1. <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/>
2. [https://www.umb.edu/media/umassboston/contentassets/demographyofaging/pdf/New\\_England\\_Projections\\_2017.pdf](https://www.umb.edu/media/umassboston/contentassets/demographyofaging/pdf/New_England_Projections_2017.pdf)
3. <https://www.kff.org/medicare/issue-brief/what-are-the-consequences-of-health-care-debt-among-older-adults/#:~:text=More%20than%20one%20in%20five,costs%20in%20the%20past%20year.>
4. <https://www.cdc.gov/healthy-aging-data/media/pdfs/caregiver-brief-508.pdf>
5. <https://states.aarp.org/massachusetts/aarp-urges-legislators-to-pass-an-act-supporting-family-caregivers>
6. <https://solutions.tufts.edu/expertise/aging/teaming-reduce-malnutrition-among-older-adults>
7. <https://www.usaging.org/caregivers>