

**City of Boston**

Age Strong Commission Area Agency on Aging  
Region VI

**Area Plan 2026-2029**

October 1, 2025- September 30, 2029

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## **Executive Summary**

Boston is a diverse city and is often referred to as a “majority minority” city. Underneath that diversity is a foundation of strength from the many older adults who reside here, many of whom have lived here their entire lives or most of their lives. They contribute a richness to the city from their many years of contributions through their work, their community service, and dedication to uplifting their neighborhoods and communities. Older adults continue to be one of the most civically engaged groups in the City of Boston and they play a key role in creating change in the city.

This demographic continues to grow which makes the long term provision of essential services that support independence and well being critically important. Between 2020 and 2030 the 60+ aged population in Boston is expected to grow from 115,786 to 138,523; a 20% increase. By 2040, this population is projected to be almost 145,000 and comprise 20% of the population in the service area. The AAA stands firm in its commitment to meet the growing demands of older adults by providing quality services, programming, and information that will enable this cohort to remain in their community for as long as possible.

The City of Boston’s Age Strong Commission, acting as the Area Agency on Aging (AAA) for Region VI, has released its 2026–2029 Area Plan—a strategic roadmap to improve services, equity, and quality of life for older Bostonians. The plan is informed by a rigorous needs assessment carried out in late 2024, which combined in-person and virtual focus groups, multilingual surveys, and stakeholder engagement. Findings emphasized critical challenges including transportation, social isolation, housing insecurity, and disparities in healthcare access, particularly among marginalized groups such as LGBTQIA+ seniors, non-English speakers, and the homebound.

In alignment with the Older Americans Act and the Administration for Community Living, the Area Plan outlines goals across core service areas including health promotion, nutrition, elder justice, caregiver support, and the expansion of home- and community-based services (HCBS). A central theme throughout the plan is a commitment to cultural relevance, linguistic access, and equitable service delivery. To meet the needs of its diverse aging population, the Commission aims to increase Title III service access by 10% annually and diversify its provider network through targeted outreach and funding strategies.

Key priorities include addressing malnutrition among older adults through robust nutrition programs and education, enhancing elder justice through strengthened protective services and ombudsman programs, and continuing to make Boston more age- and dementia-friendly. This involves developing a renewed Age-Friendly Action Plan in

collaboration with UMass Boston, expanding memory cafés, and supporting businesses seeking Age and Dementia-Friendly certification. Additionally, the Commission will work to improve digital literacy and access to assistive technologies, particularly for older adults with visual impairments or limited tech experience.

Recognizing the particular vulnerability of those facing the greatest economic and social need, the plan adopts a service delivery model rooted in the social determinants of health. Strategies include expanding access to affordable housing, transportation, nutritious food, and community engagement programs. Nutrition services will become more culturally responsive and medically tailored, and social opportunities will be enhanced via flexible meal options and virtual programming.

To combat isolation and improve mobility, the Commission is developing a citywide transportation plan and enhancing the Age Strong Shuttle and taxi coupon programs. It will also explore partnerships with rideshare companies and healthcare institutions to extend access to both medical and non-medical destinations. These transportation efforts are expected to increase ridership by 30% by 2026.

Support for family and informal caregivers is also a major focus. The plan calls for expanded respite services, caregiver training, and coordination with national programs like the Lifespan Respite Care Program and the National Technical Assistance Center on Grandfamilies. Boston Senior Home Care, the host for Title III Caregiver Programs, will play a central role in delivering these services.

Finally, the expansion and integration of HCBS remain at the heart of the Area Plan. Through collaboration with local Aging Services Access Points (ASAPs), the Commission aims to improve person-centered care, ensure smoother hospital-to-home transitions, and help older adults age safely in place. This will include better coordination among Medicaid, Medicare, and HCBS providers, along with workforce development initiatives to support direct care professionals.

Overall, the 2026–2029 Area Plan demonstrates a comprehensive, equity-centered approach to supporting Boston’s aging population, prioritizing dignity, inclusion, and independence for all older residents.

## **Context**

In preparation for the FFY2026–2029 Area Plan, the Age Strong Commission undertook a comprehensive Needs Assessment from August to December 2024, combining requirements from both the AAA state planning and the Age-Friendly planning processes. This joint effort—conducted in collaboration with UMass researchers—utilized a broad outreach strategy that included 22 in-person and virtual focus groups, and a 29-question survey disseminated across the city in 12 languages. The in-person engagement, a return to pre-COVID-19 community-based outreach, was made accessible through partnerships with senior housing providers and community organizations. Focus groups were held in multiple languages and tailored to accommodate various needs, such as cognitive or hearing limitations. These engagements helped gather qualitative insights on key areas of importance to older Bostonians, including access to healthcare, transportation, housing, and social opportunities.

Survey data, gathered from 837 older adults and 43 aging service providers, highlighted transportation access, wellness promotion, affordable healthcare, and social engagement as top concerns. Despite Boston's strengths in healthcare, walkability, and community services, persistent challenges remain—particularly around discrimination, safety, housing insecurity, information access, and isolation. Providers echoed these findings, identifying homebound individuals, non-English speakers, LGBTQIA+ seniors, and those with mental health challenges as underserved groups. The feedback emphasized needs for improved outreach, enhanced safety measures, affordable and accessible housing, better transportation options, and expanded food and in-home support services. Together, these findings form a critical foundation for shaping a more inclusive, age-friendly Boston in the upcoming Area Plan.

## **Focus Areas**

The 2026-2029 area plan has four key foci as designated by the Administration for Community Living (ACL) which aims to address the needs of those in the Age Strong service area as well as the strategies for addressing those needs.

### **Older Americans Act Core Programs**

With the help of key partnerships from over twenty different organizations in the City of Boston, the AAA is able to deliver a variety of Title III services available in-person and virtually. Services are delivered in each of the seventeen unique neighborhoods in the City enabling older adults to lead enriching lives in the community of their choosing. The AAA strives to ensure the Title III services in each neighborhood reflect the cultural and linguistic diversity of the service area with many programs being offered in a multitude of languages and tailored to be culturally relevant to the participants.

### **Goal 1: Continue to fund and expand the network of older adult service agencies in the service area that provide Title III programming.**

Objective: Provide Title III funded programs to older adults in Boston to support and increase their quality of life.

- Strategy: Continue to use the City of Boston Grant Program and Request for Proposal processes to Award the Title III Older American Act funds to older adult-serving organizations that provide supportive services, nutrition services, evidenced-based health promotion services, caregiver services, and Ombudsman services.
- Strategy: Conduct outreach to older adult-serving organizations across the service area to continually support a diverse network of partner agencies via the City of Boston's funding mechanisms.

Measure: Increase the number of older adults in Boston receiving Title III-funded services by 10% annually to enhance their quality of life.

Measure: Increase outreach efforts to at least 10 new organizations per year to diversify the network of Title III-funded service providers who submit proposals for Title III funding.

### **Goal 2: Address and prevent malnutrition in older adults by providing nutritious meals through the Title III nutrition program.**

Objective: Work with the Title III Nutrition Program providers to ensure regular Malnutrition Screening Tool assessments are conducted for home-delivered and congregate meal recipients.

- Strategy: Conduct nutrition assessment at least once every 6 months or more frequently depending on whether the participant is deemed high-risk for malnutrition.
- Strategy: Title III Nutrition program partners will provide guidance on incorporating oral nutrition supplements into their diet as needed.

Measure: Conduct nutrition assessments at least twice per year or more frequently for high-risk individuals.

Measure: 100% of high-risk participants will receive follow-up screenings within three months of their initial assessment.

Objective: Work with nutrition programs to offer nutrition education and counseling for home-delivered and congregate meal recipients.

- Strategy: Offer nutrition counseling to clients and their family members who are at high risk of malnutrition.
- Strategy: Age Strong Commission will work with nutrition providers to put on collaborative programming during National Nutrition Month such as with in-person and virtual presentations and publishing articles in the Age Strong Seniority Magazine.

Measure: Offer nutrition counseling to at least 90% of clients and family members identified as high-risk for malnutrition.

Measure: Collaborate with nutrition providers to conduct at least four educational events per year during National Nutrition Month, including in-person and virtual presentations.

Measure: Publish at least two articles annually on nutrition and malnutrition prevention in the Age Strong Seniority Magazine.

**Goal 3: Ensure that Elder Justice is an inter-disciplinary and coordinated approach to reduce the instances of elder abuse, neglect, and exploitation over the next four years.**

Objective: Work with local ASAPs to bolster the Boston Elder Protective Services Program at Central Boston Elder Services (CBES) and other elder justice programs in the service area.

- Strategy: CBES will work with local colleges and universities, hospitals and other healthcare agencies to expand internship programs and opportunities for young adults interested in aging services to address growing employment needs in the protective services field.
- Strategy: CBES will provide specific funding cycles aimed at helping nonprofit organizations establish and/or implement model Learning Management Systems and Internship programs to address employment needs and shortfalls.
- Strategy: Conduct outreach in coordination with the local ASAPs to promote the Title III-B Ombudsman Program to increase the number of volunteer ombudsmen and retain existing members who are able to identify and advocate on behalf of older adults in long-term care facilities.
- Strategy: AAA Constituent Services Team will continue to make referrals to CBES when working with older adults who may be eligible for protective services.

Measure: Support CBES to increase the number of internships in protective services by 10% over the next four years through partnerships with local colleges, universities, hospitals, and healthcare agencies.

Measure: Track and report the number of interns who transition into permanent roles within elder protective services annually.

Measure: Conduct at least six targeted outreach campaigns annually to promote the Title III-B Ombudsman Program.

Measure: Increase the number of volunteer ombudsmen by at least 20% over four years to enhance advocacy for older adults in long-term care facilities.

Objective: Work with Boston Police Department, Consumer Affairs, and Attorney General's Office to educate seniors and address issues around scams, safety, and consumer protection.



- Strategy: Work with the Boston Police Department to educate older adults about current scams and exploitation efforts as well as crime prevention techniques to protect themselves from victimization.
- Strategy: Conduct information campaigns via the Age Strong Communications Team to create educational materials about scams, consumer safety, and elder safety which will be shared widely through the service area.

Measure: Collaborate with the Boston Police Department to provide quarterly workshops on scam awareness, financial exploitation, and crime prevention, aiming to engage at least 500 older adults annually.

#### **Goal 4: Continue efforts to make Boston a more Age and Dementia-Friendly City**

Objective: Renew 2017 Age-Friendly Action Plan for the City of Boston and publish an updated version by the end of the year.

- Strategy: Conduct a planning process to hear from older adults in the service area about assets, challenges, and ideas for improvements for those who are aging.
- Strategy: Work with the Center for Social and Demographic Research on Aging at UMass Boston to synthesize and analyze data from the planning process. From this analysis work UMass Boston and the Age Strong Commission as well as other city and community stakeholders will create an Age-Friendly Action plan.

Measure: Publish the next Age-Friendly Action Plan in collaboration with UMass Boston by Q4 of 2025.

Objective: Expand front facing Age-Friendly work within the City of Boston and community organizations, and businesses.

- Strategy: Continue engaging older adults and integrating age-friendly concepts into City planning processes.
- Strategy: Strategy: Continue Age and Dementia-Friendly staff training and development opportunities for City staff and community organizations, as well as businesses seeking to become Age and Dementia-Friendly Certified.

- Strategy: Support expansion of the number of memory cafes hosted at the Boston Public Library to offer support to those experiencing memory loss and their care partners.
- Strategy: Collaborate with Boston Public Health Commission on implementing their BOLD Initiative strategic plan aimed at supporting Boston residents living with, or at high risk of, developing Alzheimer's or dementia, and their caregivers.
- Strategy: Enhance support for care partners of those living with memory loss by connecting them with existing resources and programs available about different supports for these individuals such as care navigation, support in the home and community.

Measure: Increase the number of Age and Dementia-Friendly businesses to 100 by Summer 2025 and by 15% each following quarter through FFY2029.

Measure: Increase the number of new care partners connected to resources each year throughout the FFY2026-2029 period.

#### **Goal 5: Improve older adults' access to assistive technology and digital literacy training.**

Objective: Work with Title III Program providers to deliver and expand opportunities to connect older adults to assistive technology and digital literacy training.

- Strategy: Continue to support existing service providers through Title III funds who offer digital literacy classes.
- Strategy: Support organizations, such as Massachusetts Association for the Blind, to increase resource outreach connecting older adults with low-vision or blindness to assistive technology options.
- Strategy: Advocacy and Benefit Specialists from Age Strong's Constituent Services Team will provide specific resources about existing opportunities for digital literacy and assistive technology as they deliver Information and Referral services.
- Strategy: Encourage the City of Boston Department of Innovation and Technology to prioritize funding for digital literacy and safety training focused on older adults through their Digital Equity Grant Program.

Measure: Track and report the number of digital literacy sessions offered and the number of older adults trained each quarter via Title IIIB and AAA grant program reporting.

### **Greatest Economic Need and Greatest Social Need**

Reaching older adults with the greatest economic and social need is imperative for the AAA to ensure that the most vulnerable in the service area are receiving services that support and maintain their health, independence, and dignity. The AAA aims to bridge service gaps, promote more equity, and strengthen the support of the aging service network by focussing a service delivery approach that prioritizes these older adults.

**Goal 1: Ensure that services and resources are directed toward older adults who experience the greatest economic and social challenges, in alignment with the State Units on Aging (SUA) definitions of greatest economic need (GEN) and greatest social need (GSN).**

Objective: Prioritize outreach to communities most at risk, including older adults with low income, those in isolated areas, and those from marginalized ethnic, racial, and cultural backgrounds.

- Strategy: Utilize neighborhood networks and community-based organizations to build trust and encourage service access.
- Strategy: Collaborate with social service agencies, housing providers, and faith-based organizations to identify and serve individuals facing significant economic and social challenges.

Measure: Increase participation in services by at least 20% over two years among older adults identified as GEN/GSN

Measure: Establish relationships with at least five new community organizations annually that serve high-risk older adults.

**Goal 2: Address the non-medical factors influencing older adults' health and well-being, such as socioeconomic status, education, social support, and environment.**

Objective: Use a social determinants of health (SDOH) approach to service delivery and program development to ensure older adults can age with dignity.

- Strategy: Improve access to information about available resources such as affordable housing, transportation, and social programming in the service area. Efforts will include distribution of informational materials at tabling events such as health and resource fairs, and utilization of the Age Strong Seniority magazine and local publications, websites and electronic newsletters and list services.
- Strategy: Improve access to SDOH like food, health care, housing, and transportation through benefit screening and application assistance; information, referral and enrollment assistance; and the direct provision of services.
- Strategy: Continue to support programs that expand educational opportunities that empower older adults with financial literacy, digital skills, and health management knowledge.

Measure: Increase engagement with outreach materials annually, measured by website traffic, event attendance, and digital engagement analytics.

Measure: Increase access to SDOH through enrollment assistance and direct provision of services.

**Goal 3: Ensure that meal programs for older adults are culturally appropriate, dietary-specific, and medically tailored where necessary.**

Objective: The Age Strong Commission will collaborate with the host sites of the Title III Home Delivered and Congregate Nutrition Program, Ethos and the Greater Boston Chinese Golden Age Center, to make meals available that are reflective of the cultural diversity of the service area. In addition, Age Strong will ensure that those meals are able to accommodate the dietary-specific or medical needs of the older adults receiving those meals.

- Strategy: Title III Nutrition program host sites will conduct regular assessments and gather feedback from program participants to ensure meals align with their cultural needs.
- Strategy: As required, the host sites will provide consultation to program participants requesting medically tailored meals (i.e. Allergen, Puree, Soft, Renal, Diabetic) and supplements.

Measure: Host sites will distribute biannual participant satisfaction surveys to at least 80% of meal recipients to gather feedback on cultural preferences.

**Goal 4: Promote social engagement and health improvements for older adults through flexible meal and wellness program options.**

Objective: Work with Title III Nutrition Program host sites to explore a flexible service model that allows home-delivered meal recipients the option to join congregate meal sites and attend social activities based on their preferences and health needs.

- Strategy: Ensure meal sites are welcoming and accessible for individuals with mobility challenges or health conditions by providing necessary accommodations.
- Strategy: Explore opportunities for home-delivered meal participants with limited mobility and/or transportation options to join congregate sites virtually via Zoom or other video conferencing platforms.
- Strategy: In collaboration with the work being done at Age Strong to develop a comprehensive transportation plan for older adults, identify which modes of transportation would enable homebound or limited mobility home-delivered meals recipients to travel to congregate meal sites.

Measure: Conduct a yearly survey to assess participant satisfaction and identify barriers to participation in meal and wellness programs.

Measure: Launch a virtual meal and social engagement program at three sites by the end of FFY2027.

**Goal 5: Ensure that older adults living with HIV/AIDS receive specialized support and services to improve their quality of life.**

Objective: Promote access to healthcare, social support, and specialized services for older adults living with HIV/AIDS to enhance their well-being and reduce health disparities.

- Strategy: Provide specialized health and wellness programs for older adults with HIV/AIDS, including mental health support, case management.
- Strategy: Offer training for providers and caregivers to address the unique needs of older adults with HIV/AIDS, including aging-related complications

- Strategy: Partner with organizations specializing in HIV/AIDS to ensure that older adults receive comprehensive care and support, including housing, transportation, and mental health services.

Measure: Increase access to healthcare, social support, and specialized services for at least 500 older adults living with HIV/AIDS over the next four years to enhance their well-being and reduce health disparities.

**Goal 6: Continue to promote person-centered care with the help of the local Aging Service Access Points (ASAPs) that empowers older adults and caregivers to make decisions about their long-term services and supports (LTSS).**

Objective: Prioritize outreach and programs such as the Options Counseling program that support older adults and/or their caregivers about their options to keep them in their community for as long as possible or get them back to their community as quickly as possible.

- Strategy: ASAPs will continue to develop individual service plans (ISP) with older adults and/or their caregivers in which goals are set for successful living within the community.
- Strategy: Monitor progress and make necessary changes to the individual service plan as it is being carried out with the help of the older adult and/or their caregivers to ensure a person-centered approach is maintained.

Measure: Conduct at least 10 community outreach events per year to educate older adults and caregivers about LTSS options in collaboration with the ASAPs.

**Goal 7: Increase access to critical services, particularly for older adults who face mobility and transportation barriers**

Objective: Develop a Comprehensive Transportation Plan for Older Adults.

- Strategy: Assess all available transportation options, including the Age Strong Shuttle, taxis, and ride-share services.
- Strategy: Identify gaps in service and opportunities to improve accessibility, rider experience, affordability, and convenience.

Measure: Complete a citywide transportation assessment report by the end of FFY2027 that identifies available options, service gaps, and recommendations for improvements.

Objective: Enhance and Expand Age Strong Shuttle Services for older adults in Boston.

- Strategy: Maintain medical transportation services while expanding destinations to include other locations (senior programming, banks, religious services, etc.).
- Strategy: Evaluate ridership trends and adjust operations and services to improve accessibility and efficiency.
- Strategy: Maintain on-time performance ratings and explore technologies to improve scheduling and route efficiency.
- Strategy: Strengthen customer service training for shuttle drivers and staff to enhance rider experience.

Measure: Increase the number of shuttle rides by 30% by the end of 2026.

Objective: Explore Insurance Reimbursement & Hospital Investment for Medical Rides.

- Strategy: This work includes researching eligibility and requirements for insurance reimbursement for medical rides. Age Strong would then engage hospitals and healthcare providers to explore potential funding partnerships. City operating funds currently used for reimbursable medical rides would be reallocated to expand non-reimbursable services, such as rides to social programs and other non-medical destinations.

Measure: Complete an internal report outlining the pros and cons of seeking insurance reimbursement and hospital financial partnerships by the end of FY2027.

Objective: Modernize the Age Strong Taxi Coupon Program for older adults in the service area.

- Strategy: Age Strong will explore digital solutions to improve the purchasing and redemption process for taxi coupons and assess the feasibility of offering subsidies to address program inequities. Options will be assessed for potential program expansion.

Measure: Identify options for a digital solution for taxi coupons by FFY2028.

Objective: Expand partnership with Ride Share companies with services in the service area.

- Strategy: Build on existing partnership with rideshare companies.

Measure: Expand funding for the rideshare pilot by year three of the area plan.

**Goal 8: Reduce the negative health impacts of social isolation among older adults.**

Objective: Increase awareness, access to resources, and promote engagement opportunities that bring older adults together or connect them to community.

- Strategy: Continue to provide and fund city programs such as Age Strong citywide programming and the Expanding Engagement Grant that aim to promote social programming and expand outreach to underserved communities of older adults in Boston.
- Strategy: Support community-based programs that promote socialization among older adults, such as senior centers, faith-based organizations, senior-led community groups.

Measure: Increase participation in city-supported social programs by 10% annually.

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

Expanding, supporting, and strengthening HCBS programs is essential to the Age Strong Commission because they allow older adults to remain in their homes and communities, where they often feel the safest and most connected. With the help of the service area ASAPs, older adults receive services that promote their independence and enhance their quality of life. The AAA continues to have a strong relationship with the ASAPs to ensure a coordinated approach in getting older adults connected to HCBS programs.

**Goal 1: Continue to support and, as resources allow, expand access to home and community-based services (HCBS) to support older adults and their caregivers, individuals with disabilities, and those living with Alzheimer's or related dementias in maintaining independence and aging in place.**

Objective: Enhance the coordination of service delivery for HCBS among the local ASAPs.



- Strategy: Encourage collaboration among Aging Services Access Points (ASAPs), Aging and Disability Resource Consortia (ADRCs), and Independent Living Centers and the AAA to streamline service access.
- Strategy: Improve care coordination to provide seamless transitions between levels of care, including the Frail Elder Waiver, a home and community based services waiver that is designed to provide a comprehensive care plan to delay or avoid nursing home admission.
- Strategy: Strengthen care coordination between Medicaid, Medicare, and HCBS providers to improve continuity of care.

Measure: Increase the number of collaborative meetings among the AAA, ASAPs, ADRC, and Independent Living Centers to at least quarterly by the end of FFY2027.

Objective: Age strong will collaborate with ASAPs to increase awareness and accessibility of HCBS throughout the service area.

- Strategy: Expand outreach efforts through targeted awareness campaigns, workshops, and digital resources to educate older adults, caregivers, and professionals about available HCBS.
- Strategy: Expand Information & Referral (I&R) services to ensure older adults and caregivers can easily navigate available supports.

Measure: Work with community partners to conduct at least six targeted awareness campaigns annually, utilizing digital, print, and community-based outreach.

Objective: Promote person-centered care approaches to HCBS delivery by the local ASAPs with the intention of promoting independence and aging in place.

- Strategy: Work with local ASAPs to provide regular training for care coordinators and direct care workers on person-centered care approaches. These trainings will also emphasize the importance of culturally responsive and tailored to the diverse needs of older adults and their caregivers.
- Strategy: Work to expand the integration of medical, behavioral health, and in-home services through programs like Senior Care Options (SCO).

Measure: Work with ASAPs to hold quarterly training sessions for care coordinators and direct care workers, with at least 80% of staff completing training annually.

Measure: Conduct post-training surveys to measure a 20% improvement in staff knowledge on culturally responsive, person-centered care approaches.

**Goal 2: Facilitate the coordination of community-based, long-term care services to support older adults at risk of institutionalization, those in hospitals facing prolonged stays, and individuals in long-term care facilities who can safely return home with appropriate services.**

Objective: Continue to strengthen community transitions support for older adults who with the proper support can return to their communities safely.

- Strategy: Work with the local ASAPs to promote the Community Transitions Liaison Program (CTLTP) and Options Counseling Program to ensure seamless transitions from institutional settings to home.
- Strategy: Increase ASAPs outreach and engagement with hospital discharge planners, nursing facilities, and rehabilitation centers to identify individuals who would benefit from community transitions support.
- Strategy: Strengthen communication and coordination between CTLTP case managers, ASAP nurses, and ASAP case managers to ensure continuity of care.
- Strategy: Age Strong and the local ASAPs will work together to provide ongoing and coordinated follow-up and support to individuals transitioning to community living to ensure long-term stability and prevent re-institutionalization.

Measure: Track the number of outreach events and informational materials distributed to older adults, caregivers, and healthcare providers.

Measure: Initiate conversations about potential partnerships with at least three additional hospitals or rehabilitation centers to enhance referral pathways by FFY2029.

## **Caregiving**

Caregivers are a foundational support for many older adults in Boston hoping to remain in their homes. For older adults who are also caregivers themselves, it can be challenging to have their own needs met while providing essential support to their loved ones or friends. The AAA with the help of Boston Senior Senior Home Care, the host site for the service area's Title III Caregiver Program, essential resources, training, and respite options aim to reduce the number of challenges caregivers face.

### **Goal 1: In partnership with Boston Senior Home Care, Age Strong will work to strengthen and support the direct care workforce.**

Objective: Enhance the skills and knowledge of direct care staff to ensure high-quality caregiving.

- Strategy: Provide evidence-based training sessions for staff on a monthly basis.
- Strategy: Offer clinical supervision for licensed staff to maintain professional standards and best practices.

Measure: Provide at least 12 evidence-based training sessions annually for direct care staff, ensuring participation of at least 80% of eligible staff per session.

Objective: Ensure caregivers receive high-quality care through continuous professional development.

- Strategy: Evaluate training effectiveness through feedback and performance assessments.
- Strategy: Identify emerging best practices and integrate them into staff education.

Measure: Conduct quarterly caregiver training satisfaction surveys with at least an 80% positive response rate.

### **Goal 2: Help to Implement Actions from the National Strategy to Support Family Caregiving.**

Objective: Improve support services and resources for family caregivers.

- Strategy: Expand access to respite care and support services through the Family Caregiver Support Program (FCSP).

- Strategy: Increase caregiver awareness of available healthcare resources and empower them in care planning.

Measure: Increase the number of caregivers utilizing respite care services by 10% within two years.

Objective: Strengthen family caregivers' ability to provide safe and responsible care.

- Strategy: Provide education and training programs tailored to caregivers' needs.
- Strategy: Offer financial and legal assistance resources to address caregiving challenges.

Measure: Develop and implement quarterly caregiver training sessions, with at least 75% of participants reporting increased confidence in caregiving skills.

### **Goal 3: Improve coordination efforts of the Title III Caregiving program with the Lifespan Respite Care Program.**

Objective: Develop a comprehensive network of services to reduce caregiver stress and improve outcomes.

- Strategy: Align FCSP services with the goals of the Lifespan Respite Care Program.
- Strategy: Continue to offer and work to expand a broad range of support services, including counseling, training, and referrals, in addition to respite care.

Measure: Align FCSP services with the goals of the Lifespan Respite Care Program by conducting biannual coordination meetings between program administrators.

Objective: Ensure caregivers have easy access to necessary support systems.

- Strategy: Promote awareness of available support networks through targeted outreach efforts.

Measure: Increase outreach efforts by conducting six targeted awareness campaigns annually through social media, community events, and healthcare partnerships.

### **Goal 4: Strengthen Coordination with the National Technical Assistance Center on Grandfamilies and Kinship Families.**

Objective: Expand support for grandparents and kinship caregivers.

- Strategy: Enhance FCSP and KINnections (a program for grandparents caring for grandchildren) offerings to include supportive counseling, training, and peer support groups.
- Strategy: Ensure that legal and financial assistance resources are available to help families navigating caregiving responsibilities.

Measure: Maintain at least 75% participation retention in existing support groups and grow participation by 10% annually.

## **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);
- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for

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

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

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

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

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

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and

- any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
- (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.



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

**Area Agency on Aging:**

7/10/25

\_\_\_\_\_  
Date

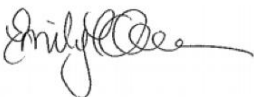
\_\_\_\_\_  
Signature - Chairperson of Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Chairperson of Area Advisory Council

7/7/25

\_\_\_\_\_  
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:**

The AAA will maintain and expand partnerships in communities of older adults with limited English proficiency and low-income minority status with partners who have language capacity to effectively serve consumers by putting out a request for proposals (RFP) and/or grant opportunity announcements every two to three years. The AAA will use data to maintain knowledge of the primary languages spoken among the aging population across the City of Boston and use this information to inform translation of information and service delivery. The AAA and its partners will collect demographic data volunteered by consumers, including income status, minority status, and primary language to ensure that services are provided to those with the greatest economic and social need, and those at risk of institutional placement.

### **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:**

All Title III sub-grantees will complete a Scope of Service Agreement or submit a scope of service document attached to a grant agreement for each grant period indicating the annual percentage of low-income and minority older adults served through the Title III program. The AAA and its partners will collect demographic data volunteered by consumers, including income status, minority status, and primary language to ensure that services are provided to those with the greatest economic and social need.

**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:**

All Title III sub-grantees will complete a Scope of Service Agreement for each grant period indicating the annual percentage of low-income and minority older adults served through the Title III program. The AAA and its partners will collect demographic data volunteered by consumers, including income status, minority status, and primary language to ensure that services are provided to those with the greatest economic and social need. Outreach efforts will include culturally and linguistically appropriate strategies to engage individuals with limited English proficiency, as well as older adults with severe disabilities, those at risk of institutional placement, and individuals living with Alzheimer's disease and related neurological conditions, along with their caregivers. Special attention will also be given to Holocaust survivors and others with significant barriers to accessing care.

**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:**

The AAA will sit on local and state-wide boards, task forces, and councils, attend hearings, and participate in discussions related to matters that affect older adults. The Commissioner will work closely with the City of Boston's Chief of Human Services and the Mayor of Boston to ensure that the needs of older Boston adults are addressed and their voices elevated to influence policies, programs, and community actions.

**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:**

The AAA as part of its commitment to promoting the independence, safety, and quality of life of older adults, will, to the extent feasible, coordinate with the State agency to disseminate information about assistive technology (AT) resources and ensure access to AT options for older individuals. The AAA will remain informed about available device loan programs, demonstration centers, and referral pathways. Information about AT services and devices will be integrated into the Boston AAA's Information and Referral (I&R) services ensuring that older adults, caregivers, and service providers receive timely and accurate guidance on available options. The AAA will also collaborate with senior centers, health clinics, and its partners to broaden the reach of AT education and services, especially among underserved and high-risk populations. Additionally, to the extent possible, the AAA will coordinate with the City of Boston's Department of Innovation and Technology's digital Equity team to prioritize support to community organizations serving older adults through digital education training and programming.

**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:**

Every two to three years, the AAA will put out a request for proposals (RFP) and/or grant opportunity announcements for Title III funding to ensure the maintenance and expansion of collaborations with local agencies. The AAA will provide ongoing consultation, support, and training opportunities to sub-grantees and will work with sub-grantees to ensure that the services being provided by their programs align with the needs identified through the needs assessment and throughout the period of the area plan. The AAA will continue to partner with agencies, and collaborate with the local Aging Services Access Points (ASAPs) that deliver evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals. The AAA will support the ASAPs work to promote options for long-term care in home and community settings throughout the service area. Furthermore, The AAA and its partners will remain flexible and adopt and implement new evidence-based programs that align with the changing needs of consumers.

**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:**

The AAA will ensure that concerns from constituents regarding dissatisfaction with services or denial of services under this title will be addressed through a procedure that results in resolution of said concern(s). Grievances reported directly to staff through written, verbal, or in-person communication will be attempted to be resolved by the receiving staff member. The staff person will attempt with the help of their direct supervisor to resolve the matter within five (5) business days of when the grievance is initially reported. The constituent then has five(5) business days to respond to the suggested resolution. If further resolution is deemed necessary, grievances will continue to move up through AAA organizational leadership until resolved or deemed resolved by Age Strong Commissioner and adhering to the timeline described previously.

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

**Describe the procedures for assuring that 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:**

Within the AAA service area, there is no federally recognized tribe of Native Americans, however, all services under the area plan are available, to the same extent as such services are available to all eligible older individuals within the planning and service area, to older adults identifying as Native American and all older individuals with a minority status.

**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:**

The AAA will work closely with the service area ASAPs and community partners to deploy appropriate emergency procedures to ensure continuity or alternative delivery of Title III services. The three ASAPs in the service area have each developed a detailed agency document outlining such emergency plans that will be carried out by said agencies to deliver services to older adults receiving their services. These documents, hereby referred from now on as ASAP Continuity of Operations Plan (COOP), provide guidance to ASAP leadership to ensure continuation of critical ASAP functions and outlines the roles of agency leadership when said COOP is activated. The ASAPs' COOPS are reviewed annually and updated as required.

Furthermore, the AAA will adhere to and follow a larger integrated City of Boston emergency protocols which apply to all City departments and operations. This policy involves coordinating with local, state, and federal agencies as necessary to serve all older adults in the service area when there are instances that lead to a reduction of AAA staff.

In response to and to remain in compliance with the FFY2024 Older Americans Act Final Rule § 1321.97 and § 1321.103, the AAA will work with the City of Boston to strengthen the emergency planning documents by doing the following:

- Review and propose language to the City of Boston's All Hazards Emergency Response approach that helps to meet older adults needs.

- Designate Emergency Operations Personnel (EOP) and responsibilities of designees in the event of an emergency.
- The AAA's emergency planning documents will be made available to AAA staff and staff will be given an opportunity to practice emergency evacuation procedures for their designated buildings regularly. Evacuation plans for each building will:
  - Be placed in a common location
  - Outline the evacuation procedure information such as:
    - A designated meeting point
    - The evacuation route
    - Provisions for evacuation procedures for people with disabilities
    - Provisions to ensure that all staff have left the building/are accounted for
- Encourage an annual review of City of Boston emergency protocols so they best meet the needs of older adults

Finally, the AAA will strive to coordinate its emergency response protocol with AGE, other AAAs, service providers, and Massachusetts Emergency Management Agency.

#### **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:**

The AAA works closely with the legal services subcontractor, Greater Boston Legal Services (GBLS), to support the legal assistance needs of older adults in the service area. This team has a dedicated "Elder, Health and Disability Unit" (EHUDU) to which their primary focus is to represent cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Special efforts are made by GBLS to reach those with the greatest social and economic needs, specifically those of racial and ethnic minorities, non-English speaking, handicapped, homebound and isolated. Furthermore, cases in which the older adults face loss or denial of government or medical benefits, loss of housing, or loss of independence will be given priority.

## **Attachment C: Area Agency on Aging, Planning and Service Area Map**

Boston Age Strong Commission

<https://www.boston.gov/departments/age-strong-commission>

Boston City Hall  
One City Hall Plaza, Rm. 271  
Boston, MA 02125

617-635-4366  
Fax: 617-635-3213  
TDD: 617-635-4599

Email: [BostonAAA@boston.gov](mailto:BostonAAA@boston.gov)

### **CITY OF BOSTON NEIGHBORHOODS**



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

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

In preparation for the development of the FFY2026-2029 Area Plan, the Age Strong Commission conducted its Needs Assessment work from August 2024 through December 2024. The Needs Assessment team consisted of Age Strong staff and faculty and students from the University of Massachusetts Center for Social and Demographic Research on Aging. This team worked together to develop the Needs Assessment survey which was distributed to adults 60+ city-wide and convened older adults at in-person focus groups hosted in partnership with community partners. This year's Needs Assessment work combined the quadrennial AAA state planning as well as the septennial Age-Friendly planning work in order to make both planning processes more efficient and reduce the survey and participation burden on older adults.

The COVID-19 pandemic greatly impacted the ability of the Age Strong Commission to conduct in-community work for the last planning of the Area Plan, so it was greatly important to center the 2024 planning work around this approach. Twenty in-person focus groups and two Zoom focus groups were held between September 2024 and November 2024. To encourage participation and ensure that discussions were accessible to older adults, the AAA team collaborated with Title III grantee partners, older adult-serving organizations throughout the city, and Boston Housing Authority (BHA) older adult residential buildings to coordinate focus group dates and outreach for the event to encourage maximum participation.

Focus group attendance ranged from five to more than 20 participants. Many of the focus groups were joined by staff of the partner agencies and/or older adult residential building staff who helped the AAA bring the groups together. Each focus group was guided by a facilitation guide to ensure consistency across each conversation. The facilitation guide was translated into Spanish, Chinese, Cape Verdean and Haitian. While most focus groups were held as a group discussion, in order to accommodate diverse groups of older adults and their varying degrees of hearing and cognitive abilities, in some cases, the facilitator engaged the older adults by going to each participant to ask the questions in the facilitation guide.

Notes for focus groups conducted in a language other than English were taken in said language and then translated to English and shared with the AAA team. All final notes were retained as digital files for the AAA team to review and analyze.

Analysis from the 22 focus groups indicate that by and large Boston offers older adults excellent transportation, healthcare, and social opportunities. The MBTA's buses, Red Line trains, and programs like The RIDE make it easy to get around without a car. Walkability is another major benefit, especially in neighborhoods like Jamaica Plain and the North End. The city is home to top-tier hospitals and senior-focused programs like PACE, which provide medical care, transportation, and support services. Many seniors moved to Boston specifically for its healthcare quality. While Boston is senior-friendly some neighborhoods could offer more local activities. Seniors also desire more excursions and earlier event times. However, the city excels in providing services, community connections, and opportunities for lifelong learning. With accessible healthcare, transportation, and a rich cultural scene, Boston is a welcoming and supportive place for older residents to age actively and comfortably.

Still, older Bostonians face significant challenges, including discrimination, transportation issues, safety concerns, and lack of accessible resources. Reports of harassment against elders, particularly in Asian communities, highlight the need for better security and support systems. Some seniors feel vulnerable to bullying, emphasizing the importance of safer public spaces. Additionally, access to information is inconsistent, with many relying on community boards, flyers, or word of mouth. Some seniors, especially homebound individuals, feel isolated due to a lack of effective outreach. Suggestions include robocalls, mail campaigns, and a centralized information hub. Housing remains a critical issue, with long waitlists, inaccessible buildings, and security concerns in senior housing complexes. High rent, property taxes, and financial strain make it difficult for elders to afford necessities

In addition to focus groups, the needs assessment team used surveys to collect data. Survey distribution was done in-person and electronically to ensure a broad reach to as many older adults across the service area. In order to develop a survey that encompassed the necessary dimensions of the Age-Friendly planning process as well as information identified by AGE, the Needs Assessment survey was developed in consultation with several City of Boston departments. The intention behind this was to ensure that questions aligned with appropriate measures used by other departments as well as City standards and/or guidelines on data collection. The final product was a 29-item survey which included questions about areas of concern, housing, civic engagement, ageism, current ways of getting information about events and resources, feelings of neighborhood inclusion, as well as demographic questions. Surveys were translated into twelve different languages including Spanish, Traditional Chinese, Simplified Chinese, Cape Verdean Creole, Haitian Creole, Portuguese, Vietnamese, Russian, French, Arabic, Somalian, and Farsi. These eleven languages represent the most commonly spoken languages in Boston other than English.

The team distributed paper copies of the survey in these languages throughout the service area and created a webpage with information about the purpose of the Needs Assessment project with links to the online survey in each language. Title III grantee partners and older adult-serving organizations throughout the city were asked to share the survey with their networks and encourage the older adults they serve to participate in this work.

A total of 837 surveys were collected from September to December meeting state reporting requirements. According to data analysis, the table below contains the top 10 most commonly reported needs by older adults who were asked to indicate their most important needs related to aging.

Table 1. Top 10 Reported needs

Need	Older Adults (%)
Transportation Access	62.80%
Staying Active/Wellness Promotion	62.20%
Affordable Health Care	61.40%
Leisure, Recreation, & Socialization	58.10%
Access to Health Care	54%
In-Home Support for Independence	53.90%
Affordable Housing	50.90%
Access to Services	50.50%
Nutrition Support	48.90%
Safety & Security	47.30%

N = 837

Notes. The reported sample size (N) is the number of respondents who reported at least one need.

In addition to a survey specifically for older adults, the team also developed a survey for aging service providers (n=43). These surveys were developed with the intention of



understanding the needs of caregivers as well the unmet needs of older adults and which populations were seen as the most difficult to reach by aging service providers. These perspectives were essential to capture as part of the planning process so that an interconnected and integrated approach to service delivery appropriately meets the needs of older adults and their caregivers.

Summary data from the provider survey indicated that the subpopulations that they found particularly difficult to reach were homebound (4 mentions) and isolated (3 mentions) older adults. The LGBTQIA+ community (7 mentions) was highlighted as a group facing unique challenges in accessing services and support. Non-English-speaking individuals, particularly Mandarin and Cantonese-speaking, Arabic-speaking, Creole-speaking, and Somali residents, were noted as difficult to reach due to communication barriers.

Additionally, providers were asked what they identify as the unmet needs of the populations they serve. The most commonly cited issue was transportation needs. Both affordable transportation (10 mentions) and non-medical transportation (2 mentions) were highlighted as significant barriers for older adults. Accessibility of transportation was also noted. Affordable and accessible housing (5 mentions) was frequently identified as a major unmet need. There were also specific mentions of LGBTQIA+ housing, housing for people with severe mental illness, and "enhanced group living environments" for older adults who could benefit from group living but do not need to be in a skilled nursing facility (2 mentions each). Food security (2 mentions) emerged as a concern, with providers noting the need for more programs to address high costs of food as well as accessing food.

[**2. AGE:** In alignment with Needs Assessment Project goals and summary data released to AAAs, Needs Assessment Project Review, AAAs that did not meet AGE recommendations per PSA populations for survey responses by population - >100K pop = 750 surveys; <100K pop = 250 surveys - are required to develop strategies and plans to address their outreach methods and are required to develop an action plan for implementation by the year end 9.30.2026.]

No additional strategies and plans were required by this AAA.

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

within Attachment D, AGE will require separate submission of follow-up reports for 2. and 3.]

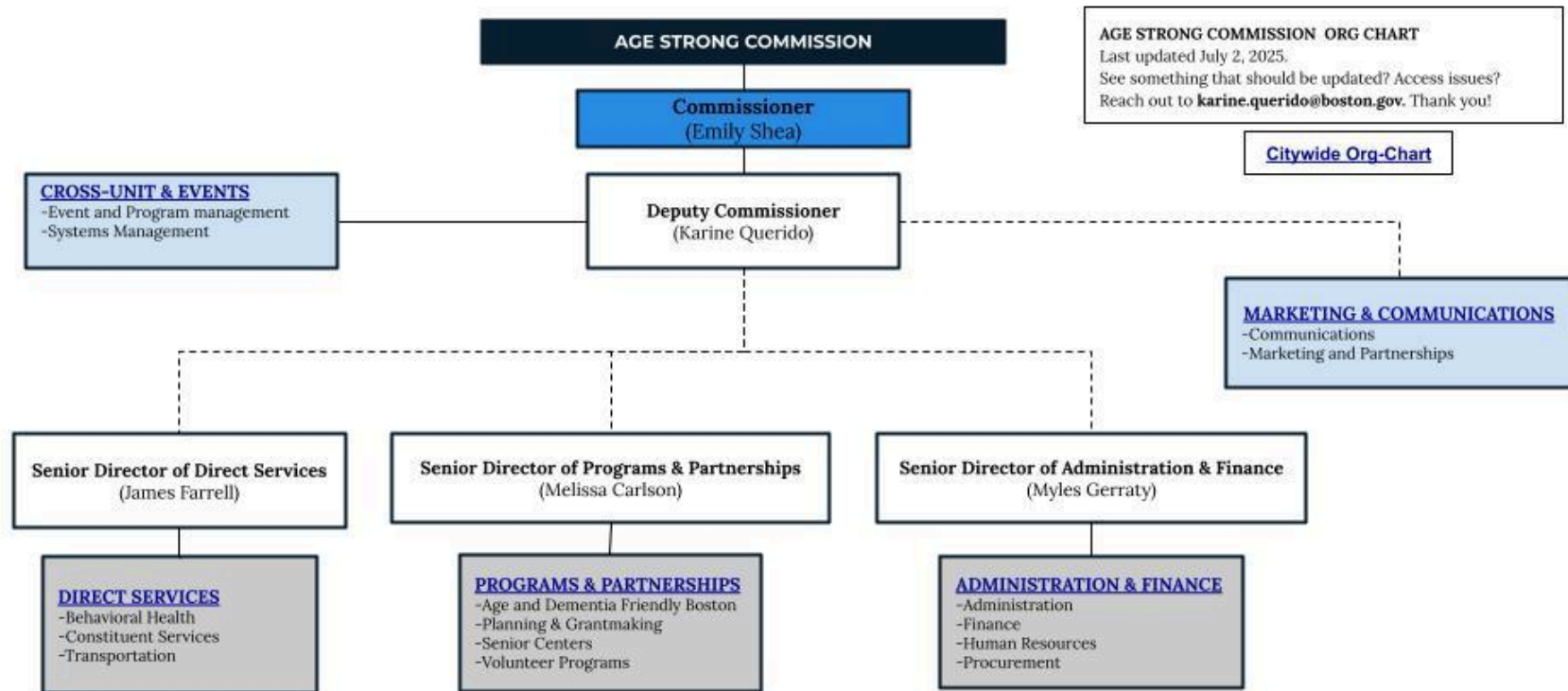
No additional strategies and plans were required by this AAA.

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

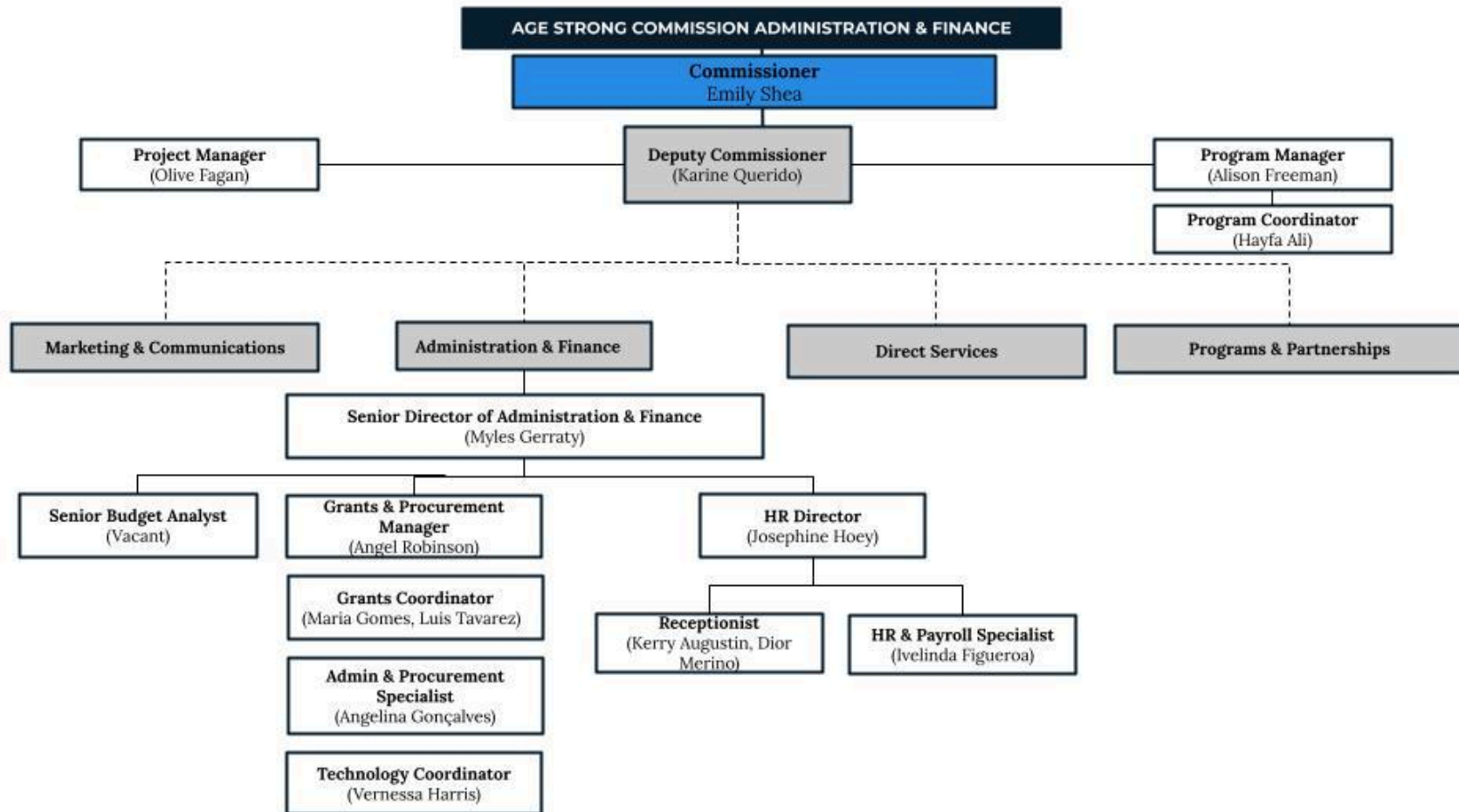
The AAA reached out to the three ASAPs in the service area for assistance with development of goals, strategies, and objectives as outlined in the Area Plan. Following the drafting of the plan, a public review period was held from mid-June to early July, during which the plan was made available on the Age Strong website, and distributed to all of the AAA's Title III partner organizations as well as non-federal grantee recipients serving older adults. Collection of responses and feedback to the Area Plan were requested to be directed to email, written correspondence, or by telephone. As of this submission, no comments or responses have been received that require redevelopment of the Area Plan.

## Attachment E: Area Agency on Aging, Organizational Chart

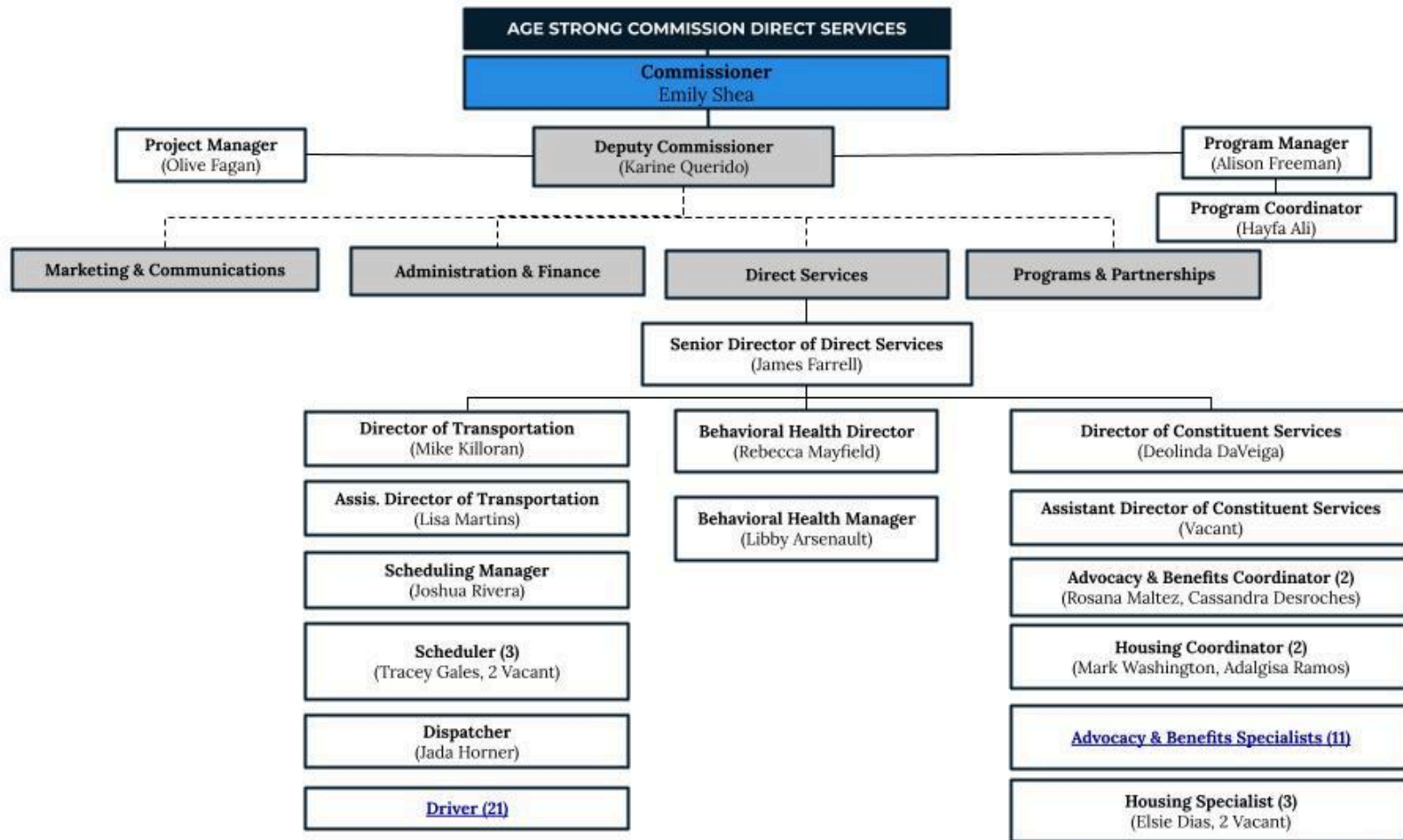
### Age Strong Commission- Organizational Chart (updated June 2025)



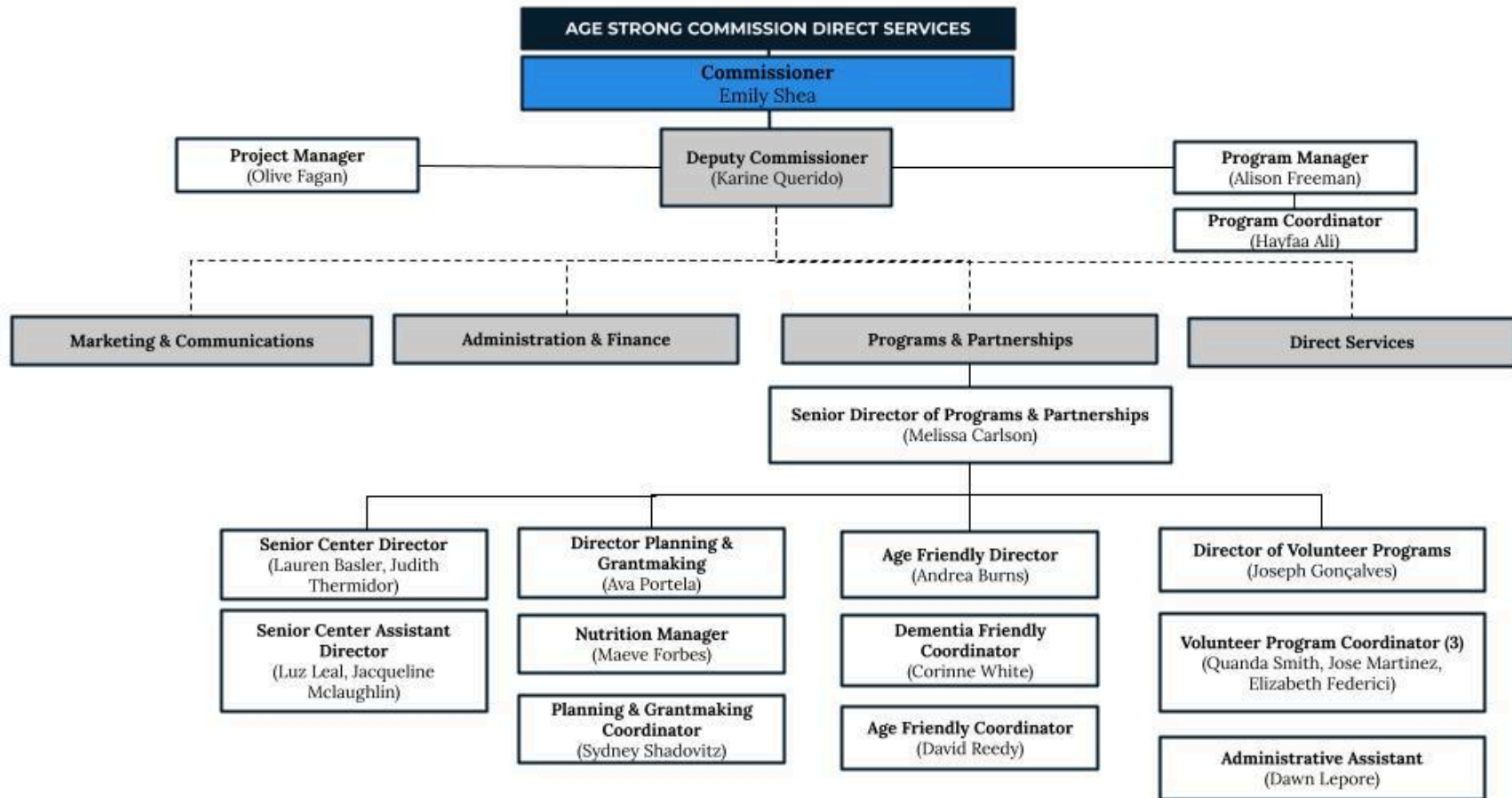
## Age Strong Commission- Administration & Finance Team Organization Chart (updated June 2025)



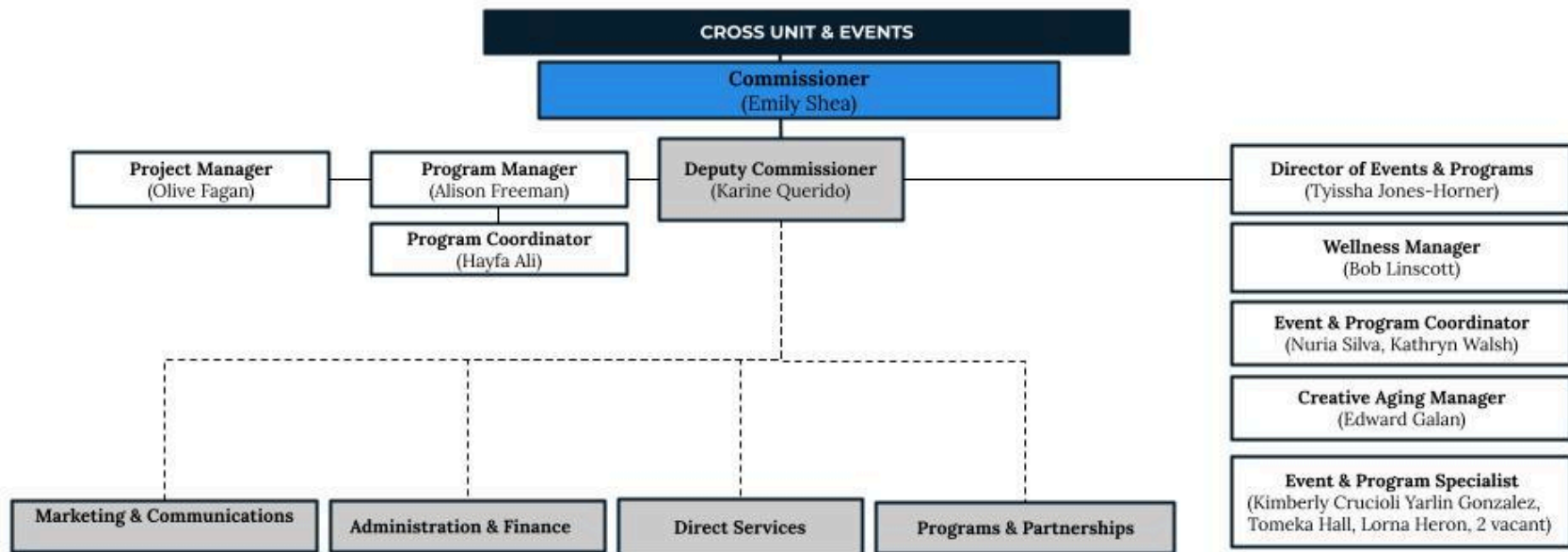
## Age Strong Commission- Direct Services Team Organization Chart (updated June 2025)



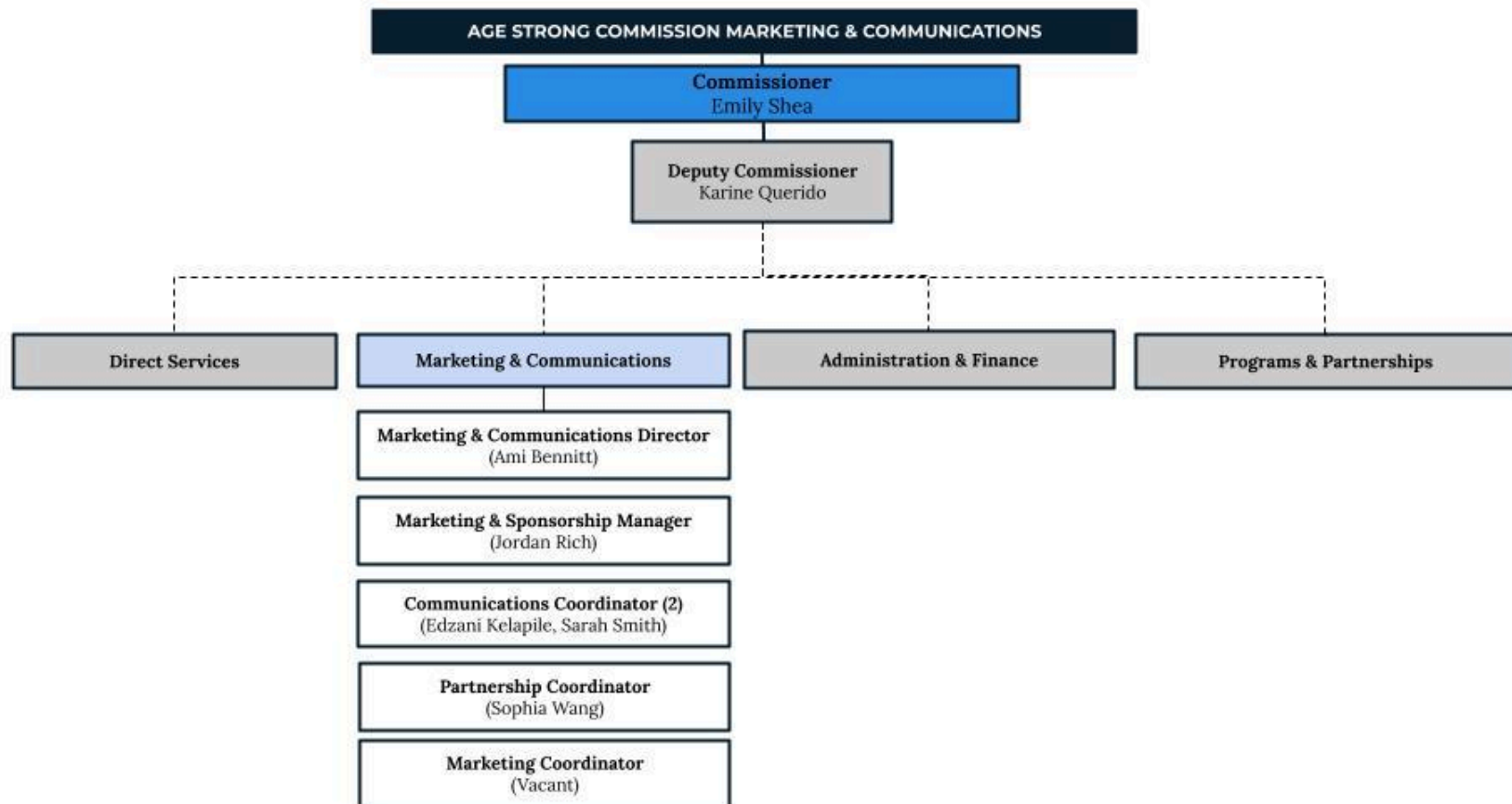
## Age Strong Commission- Programs & Partnerships Team Organization Chart (updated June 2025)



## Age Strong Commission- Cross Unit & Events Team Organization Chart (updated June 2025)



## Age Strong Commission- Communications Team Organization Chart (updated June 2025)





**Attachment F: Area Agency on Aging, FFY2026 Administrative and Financial Information**

Spreadsheets attached separately.