



# AREA PLAN

2026 - 2029

# AGING TOGETHER

*your way!*

Serving the Communities of: Acushnet - Dartmouth - Fairhaven  
Gosnold - Marion - Mattapoisett - New Bedford - Rochester



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CoastlineNB.org



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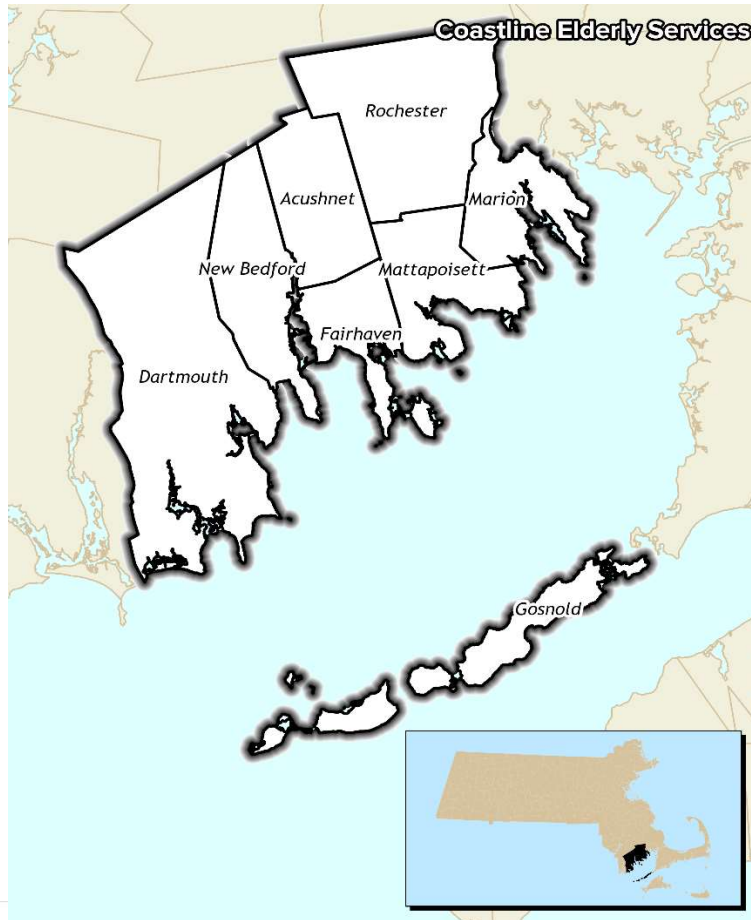
## Coastline Elderly Services, Inc.

### Area Agency on Aging / Aging Services Access Point

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Old Colony Planning Council



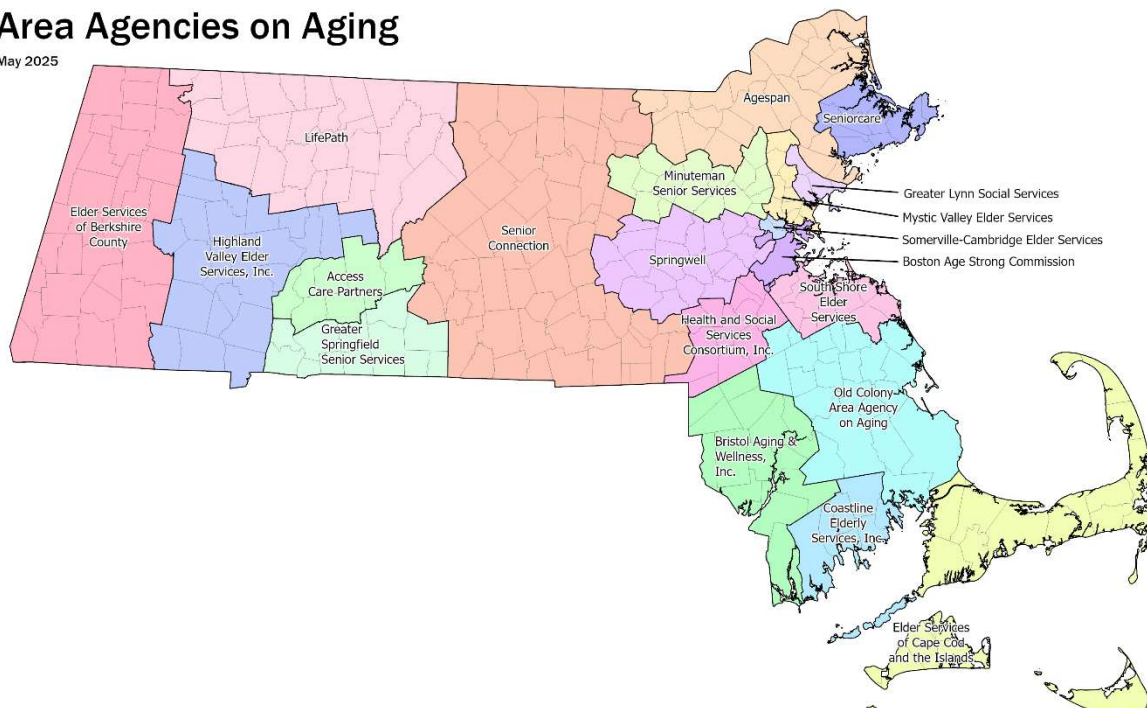
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## Massachusetts Area Agencies on Aging

May 2025



## Introduction

The Older Americans Act was enacted in 1965 by President Lyndon B. Johnson, which paved the way for Area Agencies on Aging (AAA's) to be created in order to ensure that older adults are able to age in their communities with dignity and independence. Today there are over 600 Area Agencies on Aging throughout the United States, with 20 in the state of Massachusetts.

Coastline was incorporated in 1977 as a non-profit state home care agency, then receiving its Area Agency on Aging designation in 1980. Then in 1996, the Massachusetts Legislature passed legislation, signed into law under Governor Weld, creating the state designation for Aging Services Access Points (ASAP's) which serve all 351 communities throughout the state. Although Coastline is both a AAA and ASAP, not all agencies have both designations; nor are all designated agencies non-profits. These differences in organizational structures vary throughout the state and country.

### **Our Mission:**

To be a trusted provider of resources and services that support self-determination and community well-being.

### **Our Vision:**

We believe that every person should have the resources and services needed to live in our community.

### **Our Values:**

- Partnership: We value partnership - we can achieve more together.
- Inclusion: We value inclusion - diversity strengthens our state and ourselves.
  - Justice: We value justice - combating ageism is core to our work.
- Humanity: We value humanity - caring for each other is why we are here.
  - Community: We value community - it supports and sustains us.
- Connection: We value connection - it's the heart of wellbeing and belonging.
- Choice: We value personal choice - autonomy is the foundation of independence.



Together with the State Unit on Aging (SUA) now known as the Massachusetts Executive Office of Aging & Independence (AGE), AAA's and ASAP's work together along with local communities in order to fill the responsibilities outlined in the Older Americans Act. These responsibilities include, but are not limited to:

- Assessing older persons needs in the community
- Identifying deficiencies and gaps in the service delivery system
- Identifying solutions to meet needs and bridge gaps
- Developing and administering the Area Plan
- Funding services based on "Identified Needs"
- Developing written policies and procedures based on the OAA requirements
- Monitoring and evaluating the effectiveness and efficiency of service providers
- Coordinating training activities for staff and service providers

Coastline is responsible for our Planning and Service Area, which includes the following 8 communities in the South Coast of Massachusetts: Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, and Rochester. Coastline is compelled to carry out its responsibilities through the mandates of the Older Americans Act of 1965 as amended, by preparing and developing a Four-Year Area Plan with three main purposes:

1. The Area Plan serves as a planning document which describes priority needs
2. It fulfills a formal commitment to the State Unit on Aging (SUA / the Executive Office of Aging & Independence)
3. It serves as a "blueprint for action", which represents a commitment by the AAA to fulfill its role as a catalyst and advocate on behalf of Older Adults

## How We Advocate

Each Area Agency on Aging is compelled through the Older Americans Act to advocate on behalf of their Planning and Service Area's consumers, which may include the direct intervention on behalf of an older person, especially those that are of the Greatest Economic & Greatest Social Needs, facilitate self-advocacy by an older person, and support and coordinate efforts of other advocates. Examples include, but aren't limited to:

- Legislative Actions: Bringing together older adults in order to provide direct input to elected officials, so that they can explain their needs, lived experience, and service priorities for the community's older population. This typically takes the form of Legislative Breakfasts, March for Meals campaigns, etc.
- Coordinated Efforts: Working with Aging Network partners, such as Mass Aging Access, Mass Councils on Aging, Mass Senior Action Council, etc., to coordinate the Older Adult Lobby Day, as well as to coordinate the priorities of our Planning and Service Area's older adult population to local, federal, and

state elected officials, in order to eliminate gaps in service deliveries.

- **Legislative Hearings:** Offer testimony reflecting the interests and concerns of older persons before state and/or congressional legislative committees. As well as meeting directly with elected officials and their staff in order to explain the importance and impact of our older adult population's needed programs and services.
- **Information Dissemination:** Provided in regular publications such as the Senior Scope, newsletters, press releases, TV programs, radio, internet presentations, and resource fairs such as the annual Celebration of Seniors and Caregiver Resource Fair.
- **Inter-Agency Agreements:** Assure coordination with other federal, state, and local programs serving older adults.
- **Advisory Councils:** Comprised of more than 50 percent of older adults, with the aim of providing critical advice and assistance to Area Agencies in regard to the development of the Area Plan, conducting public hearings, representing older adult needs and concerns, reviewing and commenting on other policies impacting the areas older adult populations.
- **Long-Term Care Ombudsman:** Coordinate, consult with, and support the State's Ombudsman Program.

## Quality Management

All Title-III Programs and Services, are either provided directly through the AAA or indirectly through subcontractors in the community, utilizing a comprehensive evaluation tool ensuring a systematic procedure for the collection of information, as well as monthly reporting forms that include a narrative, services, and cost of the program. These tools aid the AAA in assessing the effectiveness of the operations of the Title-III grantee, and provides a detailed account of how Title-III funds are spent.

There are three objectives involved in the monitoring and assessment of each Title-III sub-grantee project:

1. Maintain a positive and productive partnership between the AAA and the sub-grantee organization
2. Ensuring both programmatic and fiscal monitoring are necessary to ensure the appropriate cost-effective allocation and expenditure of Title-III funds.
3. Each AAA is designated as the pass-through agency for the receipt and disbursement of funds from county, state, and federal governments, as well as private and corporate foundation resources. The AAA is mandated to assess sub-grantee projects and report to these sources concerning program operation and contract compliance.

As a recipient of Title-III Older Americans Act funding, Coastline and each Area Agency on Aging is obligated to adhere to all the monitoring and evaluation requirements set forth by the State and Federal agencies responsible for the administration of the OAA. This obligation included compliance in data collection, self-evaluation, formal assessments, and any other tool created by the AAA.

## *Executive Summary*

According to the United States Census Bureau, by 2030 older Americans above the age of 60 will outnumber Americans below the age of 18. This population demographic shift and its impact are already observable within the needs and issues associated with aging in America. Along with increased life expectancy and lower birth rates, comparative to past decades, these changes will result in higher standards of need amongst a wider demographic of the aging population.

The availability of necessary programs and services which allow for these older persons to age at home within their community, also cost significantly less than institutionalized care options, and will consequently need to increase at a similar rate in order to meet the needs of the aging population. Contrasting these facts and observations with the reality of a diminishing workforce availability following the Covid-19 pandemic, as well as the increase in costs associated with operating needed programs and services, clearly demonstrate a concerning trend.

This trend elevates the vital role and importance of Area Agencies on Aging, like Coastline, in order to offset the many challenges that come with aging, such as the loss of independence and potential for institutionalization. The AAA supports the development of programs and services that have direct impacts on older adults in the community and help increase lifestyle changes that enhance the ability of older adults and caregivers to live independently in the community. These services have been identified as local needs in our Needs Assessment Survey, which was conducted in 2024 in order to meet the criteria) of the Older Americans Act. The Needs Assessment Survey, and the data insights of the survey, is an essential piece of the planning process meant to identify, assess, and define the older adult population's needs throughout our 8 community Planning and Service Area. This enables Planners to make suggestions on how to improve the region's programs and services offered to older adults by helping to identify the prevalence and nature of certain conditions with target groups, while attempting to define what is needed to ensure certain populations are able to function at acceptable levels.

Our Title-III Programs and Services, funded through the OAA, help to ensure that older adults, the disabled, and their caregivers are able to access needed services, so that these populations can age at home within their community, with the dignity and respect that comes with independence. These programs and services are an important aspect of preventing the higher costs associated with institutionalized settings, especially in consideration of the increasing lack of availability of these settings. AAAs provide a more cost effective, quality-driven alternative to older adults that are 'at-risk' of institutionalization.

These programs and services which are funded through Title-III of the OAA allow for these populations to access needed programs and services which would otherwise be too cost burdensome and inaccessible otherwise for those at or near the Federal Poverty Level. The core AAA function in administering these Title-III Programs and Services include the key elements in ensuring the preventative approach to community health, by moderating the cost, improving the accessibility, and enhancing the quality of needed programs and services, specifically for those of the Greatest Economic Need and the Greatest Social Need. These key elements are essential in addressing the Social Determinants of Health (SDOH), which are non-medical factors

like socioeconomic status, geographic location, and the broader forces and systems that shape everyday life conditions (such as where people are born, live, work, and age), and in doing so, help to enhance health and lead to better outcomes.

The Older Americans Act is routinely updated through Re-Authorization by Congress, and through that process, the federal regulations are updated to better align with the prevailing community understanding of the social and economic needs of older adults. This is done periodically in order to clarify the definitions and understandings of the aging population, in recognition of the growing diversity of aging Americans.

**Greatest Economic Need (GEN):** The need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.

**Greatest Social Need (GSN):** The need caused by noneconomic factors, which include: (1) Physical and mental disabilities; (2) Language barriers; (3) Cultural, social, or geographical isolation, including due to: (i) Racial or ethnic status; (ii) Native American identity; (iii) Religious affiliation; (iv) Sexual orientation, gender identity, or sex characteristics; (v) HIV status; (vi) Chronic conditions; (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs; (viii) Interpersonal safety concerns; (ix) Rural location; or (x) Any other status that: (A) Restricts the ability of an individual to perform normal or routine daily tasks; or (B) Threatens the capacity of the individual to live independently; or (4) Other needs as further defined by State and area plans based on local and individual factors.

Essentially, the OAA requires efforts to pay particular attention to the following populations, in order to continue addressing the goals of the aging network:

- Living alone (Isolated) older adults
- Low-Income older adults
- Minority older adult populations
- Native American populations
- Rural older adult populations
- Socially isolated populations (i.e. LGBTQ+, limited English proficiency, separated from family and friends, and other socially isolated populations)

Coastline's Title-III funded Programs and Services are available to a wide range of Older Adults within our Planning and Service Area, including and in some cases specifically targeting the above-mentioned populations. In order to service the most financially needy Low-Income Older Adults, Coastline funds People Acting in Community Endeavors (PACE), to provide fuel assistance to the economically disadvantaged. Doing so helps these Low-Income Older Adults stay warm during the cold winter months. Additionally, Coastline's seeks out supplemental grant funding in order to better serve this high-need population, by annually providing the George E. Curtis Charitable Trust's grant funding to the older adult residents of Mattapoisett, Marion, and Rochester.

Another example of our AAA targeting these population demographics, is our historic funding commitment to Gosnold's Health for Our Community Program. In consideration of the fact that Gosnold (Cuttyhunk) is the



most rural of all Massachusetts communities, Coastline's funding assistance enables health screenings to the island's Older Adult residents. We have also collaborated on Vaccine distribution, with the assistance of Vaccine Access funding provided to AAAs by the Administration on Community Living, during the Covid-19 Pandemic; as well as frozen meal pack kits through our Title-III funded Meals on Wheels program.

Another example of the Older Americans Act and our agency's commitment to serving the highest-need targeted demographics, would be the funding assistance provided the Mashpee Wampanoag Tribe's Transportation program. This program regularly serves our Planning and Service Area's transportation needs, including transportation for tribal elders to be able to participate in their tribal community's events, as well as medical and social transportation to groups of our mutual community partners within the Aging Network. The Acquinnah Wampanoag Tribe, which recently received their Federal Tribal designation status, had heard of our funding and programmatic services provided to the Wampanoag Tribe through Title-III, and requested Technical Assistance to be provided in order for them to develop a similar type of program with an interest in similar funding opportunities. Our Area Agency on Aging's Planning Department team met with them in order for their Tribe to be enabled to better service this targeted demographic and encouraged the Tribe to submit similar funding requests for Tribal based transportation programming in our upcoming Request for Proposal.

Each Title-III funded program and service begins the process of receiving funding by submitting a Request for Proposal. This formal process is how AAA organizations solicit applications for new and existing Programs and Services from community organizations, including both non-profit and for-profit organizations. Once the deadline for application submissions has passed, members of the AAA Advisory Council and Board of Directors meet to review and vote on whether or not to fund a program based off of the application review criteria, as related to the community needs identified in the Needs Assessment Survey Report and AAA goals and objectives that are outlined in the Area Plan.

If an organization's application is approved, the program will then begin operations following the contract ratification at the beginning of the Federal Fiscal Year on October 1<sup>st</sup>. At this point, Title-III grantee programs and services are required to follow a variety of Policies and Procedures in order to meet the requirements outlined within the Older Americans Act. This includes, monthly reporting on the number of individuals served, which provides demographic, financial, and survey information that allows for the AAA to better understand the performance of the program and/or service. Additionally, each Title-III funded program is required to undergo an annual Program Evaluation, which is a comprehensive set of questions with required supplemental documentation that facilitates the AAA to definitively know whether the Program and Service that was outlined in their original application is performing as intended. This evaluation also serves as a valuable resource for suggestions of improvement that may better enable the organization to succeed in its operation of the Title-III funded program.

## Focus Groups

In addition to the Needs Assessment Survey, Coastline conducted outreach sessions, including small and large groups of older adults, through the form of focus groups, listening sessions, and interviews. Coastline conducted 11 community sessions and/or focus groups, including agency stakeholders such as Coastline's Advisory Council and Board of Directors, as well as the Caregiver Resource Fair, the Single Senior Supper Club, the Immigrants Assistance Center, the MA Association for the Blind and Visually Impaired, the Grandparents Raising Grandchildren support group, PACE's Food Bank, Meals on Wheels recipients, Technology Classes for Older Adults, and the Inter-Church Council.

### 1. **Fairhaven Council on Aging Focus Groups**

The AAA met with participants at the Fairhaven Council on Aging on three separate occasions, in order to gather a diversity of feedback by engaging with different groups of participants in attendance. Beginning with the Caregiver Resource Fair, hosted by Coastline in partnership with the Council on Aging of Fairhaven, the Single Senior Supper Club, and finally with the LGBT+ Supper Club.

**LGBT+ Super Club-** Various points of feedback included: Requests for additional opportunities for participation in programs and services specifically targeted to older adults within the LGBT+ community. Representation of this demographic was also highlighted as being vitally important for inclusion in decision making. Although discrimination was not a widely felt concern, feedback was received regarding older adults who were 'forced back into the closet' due to lack of acceptance and awareness of their non-LGBT+ aging peers relating to the lack of recognition of their identity, but largely the group agreed that the trend of social acceptance was encouraging.

**Single Senior Supper Club-** Additional recreational and social trips, such as Whale Watching and Newport Theatre Shows, were highlighted by participants. Utilitarian based requests, as related to assistance with receiving Minor Home Repairs, Maintenance, and Modifications. Lastly, participants indicated that they would like more information on specific matters, such as cannabis use and effects among older adults, as well as receiving more information on how to go about creating a legal Will.

**Caregiver Resource Fair-** The findings and feedback received from Caregiver participants were naturally related to the costs and burdens associated with being a Caregiver to Older Adults and the Disabled. This feedback included additional resources and information related to improving their ability to provide care to their care recipient, assistance related to the financial burden of caregiving, and finally the availability and process for receiving Respite Services. In consideration of the population trends indicating aging Americans outpacing their younger counterparts, the reality of burnout and social isolation were prevailing themes as indicated by numerous Caregivers.

## **2. Grandparents Raising Grandchildren:**

The AAA attended a regular monthly meeting of a non-profit organization called Grandparents Raising Grandchildren, which is a Title-III grantee of the AAA, hosted at the YWCA in downtown New Bedford. This Support Group, not to be confused with the Statewide and National organizations with similar names, was founded by Brenda Grace and Renee Ribiero over 18 years ago in 2007. Each month they meet at the YWCA with a small group of grandparents that have legal custody of and are actively raising their grandchildren.

Participants of the Support Group explained how this growing trend of grandparents needing to raise their grandchildren relates to increases in substance use disorders, the lack of Behavioral Health services and access to these services, and the lack of Affordable Housing options. As the discussion proceeded, the group spoke on the difficulty and commitment of time in pursuing the legal avenues towards receiving full custody of their grandchildren, as well as the emotional burden of witnessing their loved ones embracing addiction at the expense of raising their children. The physical strain of raising grandchildren as an older adult grandparent was of significant concern, as tending to their own medical needs and physical exercise were not feasible given the time burden of raising grandchildren. The technological barriers in assisting their grandchildren were also highlighted as a point of concern.

The financial burden and lack of commensurate financial assistance was frequently discussed throughout this focus group discussion. Bare essentials such as school supplies, socks and clothes, and food were reported to be difficult to adequately provide for their grandchildren. This segued well into discussion related to another key component of the Support Group, food / clothing drives and scholarship opportunities. Although the Support Group itself is a Title-III grant recipient, they take the community of Grandparents Raising Grandchildren and the corresponding needs of the community, and work to address them through fundraising and partnerships. They do so by annually hosting fundraisers and clothing drives, as well as providing scholarships to grandchildren that are raised by their grandparents, in order to offset the burden placed onto grandparents. In summary of our insightful findings, this Support Group is not just meant to provide emotional assistance to the population of grandparents but seeks to support and encourage the community to support the tangible needs of this important, often under supported, and overlooked demographic.

## **3. Blind and Visually Impaired Support Group:**

The AAA met with the MA Association for the Blind and Visually Impaired's (MABVI) support group, hosted at the New Bedford Art Museum. This group meets regularly to support each other in dealing with the visual disabilities and to help share resources, programs and services that are available. Participants spoke highly of the New Bedford Art Museum's accessibility options and willingness to facilitate their use of the Art Museum as a Support Group meeting area, as well as praising the 'interactive, tactile, and olfactory' aspects within their curated art pieces and helpful staff.

Non-visual accessibility options were of the highest concern, specifically as it relates to the world of

technology. For instance, one individual described their difficulty in navigating their new healthcare provider's intake platform when they arrived at their appointment. The intake platform was a kiosk with an iPad, that was not set up for accessible use to those who are blind and/or visually impaired. This point was also echoed by other participants, in that the world of technology was especially difficult to navigate for those who had acquired their visual disability later in life, as learning how to use technology as we age with a new disability makes the process for learning how to navigate the world, more specifically the digital world, much more difficult due to the building blocks of working understanding that are required to participate in society as a person with a visual disability. Additionally, finding healthcare providers that are experienced with this demographic's unique needs had been reported to be difficult for many of the participants to find, due to lack of experience and knowledge for this demographic.

Participants encourage non-visual accessibility options for healthcare providers, as well as for transportation and exercise services. Despite being blind and/or visually impaired, this demographic still requires the similar supports that their visually abled counterparts require as they age. Cumbersome booking requirements for services, and lack of adaptive equipment such as visual readers and fitness equipment were highlighted as specific concerns.

Personal stories were shared about the discrimination done unto participants, especially in career and employment seeking. Ageism and visual disabilities both were reported to have been reasons that participants suspected made their efforts in seeking employment unsuccessful, despite their ability to perform the described job duties, ability to have reliable transportation, and their ability to participate and thrive within their communities. Key takeaways for the improvement of these sociological deficits related to their disability include, emphasizing the importance of confidence amongst the demographic of older adults and those with visual impairment and/or blindness, expanding the programs and services available to the population to enable them to live more independently with dignity, increasing inclusive design and technologies, such as smart glasses, med-minders, etc., and for providers to better embrace accessibility options as a core component of how providers interact with their consumers.

#### **4. Immigrants Assistance Center:**

The Immigrants Assistance Center has been a long-time community partner of their AAA partner, Coastline Elderly Services, Inc., and currently operates three Title-III programs and services to their consumers. These Title-III funded services include an Outreach program for Non-English-Speaking Caregivers, Access and Advocacy for non-English Speaking Elders, and In-Home / On-Site Mental Health Therapy and Counseling.

The AAA met with the IAC's participants, most of whom were primarily Portuguese speakers' older adults, and was facilitated in translation by IAC staff and volunteers. Many participants described the difficulties of securing non-English speaking healthcare providers related to issues associated with the availabilities of adequate translation services and addressing communication barriers. These barriers can have detrimental impacts on an individual's ability to seek out and receive adequate healthcare, making the potential for negative mental and physical health effects to be at far greater risk. This was



especially true for medical terminologies and devices, which do not have accessible translation capabilities or lack the ability to access these translational supports.

Participants went on to describe the positive benefits of participating in the IAC's support groups for older adults, with the noted benefit of the reduction of social isolation and community support. General interest in learning more about the available public benefits, especially for older adults bordering on lower income levels that are necessary for certain programs and services. Home Modification and Minor Repairs were also a commonly agreed upon service that is in need.

## **5. AAA Advisory Council and Board of Directors**

Per the mandates of the Older Americans Act, Coastline's the Advisory Council of the Area Agency on Aging as well as Coastline's Board of Directors, regularly meet in order to review and discuss the operations of the agency and provide input on an extensive variety of information related to the operation of a 501(c)3 non-profit organization, Area Agency on Aging, and Aging Services Access Point, which are the respective Federal and State designations that allow for Coastline to provide our services throughout our Planning and Service Area.

The Advisory Council and Board of Directors met on multiple occasions throughout the Needs Assessment Survey feedback gathering period, as well as in order to review the findings of the Needs Assessment Survey Report and the information included in this Area Plan. Key pieces of feedback include the ongoing need for technology supports, including one on one and group training, as well as the need for devices. It was highlighted within Coastline's last Needs Assessment Survey Report's findings, that Technology Trainings were listed as the number one need within the community, which was a natural outcome given the timing of the last Area Plan and Needs Assessment Survey occurring in the early Covid-19 Pandemic. Since then, Coastline has directly provided an exhaustive list of technology trainings as well as device distributions, through the American Rescue Plan Act's funding provided to Area Agencies on Aging, as well as the Mass Broadband Institute's Digital Equity Partnerships grant, which allows for the expansion and ongoing programmatic features of our technology program to be continued. The Board of Directors specifically encouraged the continuation of this program, as technology is a permanent feature of our post-pandemic lives, and that technology's rate of development is increasingly outpacing the ability of a significant number of older adults to remain up to date and directly related to their ability to remain independent.

The rapid rise in older adult homelessness and those at risk of homelessness were also elevated concerns. Many members of both organizational oversight bodies echoed these sentiments and offered their insights into the causes of this trend, which include social isolation, behavioral and mental health, Alzheimer's and Dementia related aging diseases, as well as the soaring costs of living, especially housing and transportation, throughout our Planning and Service Area. The feedback included in these focus groups directly correlate with our findings as reported within our Needs Assessment Survey findings, and will be expanded upon throughout this report, in an effort to utilize our agency resources, programs, and services to address the needs of our Planning and Service Area's older adult, disabled, and caregiver population.

## Context

Coastline conducted the most recent Needs Assessment Survey and Focus Group listening sessions throughout the Fall and Winter of 2024. In contrast with our last Needs Assessment Survey in 2020, which occurred during the beginning of the Covid-19 Pandemic. Between then and now, the pandemic related disruptions in our daily lives have brought us to what is now referred to as ‘the new normal’. The pandemic’s impact can still be felt now, and Covid-19 and its variants are still seasonally prevalent, however due to the wide availability of vaccines and social understandings related to the prevention of spreading the virus; this ‘new normal’ has created unique conditions which inhibit the ability of our Planning and Service Area’s older adult, disabled, and caregiver populations’ ability to thrive independently within our communities.

The rate of economic inflation, coupled with the diminished and lacking workforce availability, has led to soaring costs for basic essentials. According to the United States Census’ data for our Planning and Service Area, housing costs increased between 15-25% on average throughout our South Coast communities. Given that many older adults live on a fixed income, the heightened costs of housing, medical needs, transportation, etc. have made it difficult to continue aging independently within our community.

Our agency’s staff regularly report how we are experiencing a significant increase in the number of consumers that require services and programs, as well as the significant increase in the depth and complexity involved with the average consumer. These factors create a perfect storm, which has resulted in consumers and service providers having to do more with less funding supports, comparative to the overall community need.

## Focus Areas

The Administration on Community Living (ACL) and the Executive Office of Aging & Independence (AGE) have identified the following Focus Areas for concentration by Area Agencies on Aging. The next portion of this Area Plan will delve more deeply into how Coastline as a AAA will advance the goals and objectives identified and outlined by the ACL, provided with additional evidence and data found in the Attachments of this Area Plan, in order to best serve the needs of our Planning and Service Areas’ older adult, disabled, and caregiver population by providing comprehensive, evidence driven Programs and Services.

1. Older Americans Act Core Programs
2. Greatest Economic and Social Needs
3. Expanding Access to Home and Community Based Services (HCBS)
4. Caregiving

# TOP 10 NEEDS

In-Home Support for Independence	59%
Affordable Health Care	43%
Leisure, Recreation, & Socialization	43%
Staying Active/Wellness Promotion	42%
Access to Services	39%
Transportation Access	37%
Access to Health Care	36%
Nutrition Support	34%
Long-Term Services & Supports	32%
Learning & Development Opportunities	31%

# Older Americans Act Core Programs, Goals & Objectives

## Goal #1:

Promote independence, support Caregivers, ensure access to Essential Services, and protect the rights & dignity of Older Adults.

## Objectives:

- Strengthen and expand Title-III and Title-VII programs and services
- Effectively coordinate Title-III programs with Title-VI Native American programs
- Address malnutrition and promote access to healthy and nutritional food
- Prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation
- Support and address multi-disciplinary responses to elder abuse
- Enhance Age and Dementia Friendly community efforts
- Improve coordination between the Senior Community Service Employment Program and other OAA programs and services
- Integrating core programs with ACL's non-formula-based grant programs

## What We Learned:

The findings of our 2024 Needs Assessment Survey and Report help guide our agency's strategies, goals, and objectives by providing a frame of reference for what the reported needs are of older adult, disabled, and caregiver respondents within our Planning and Service Area. Comparative to our previous Needs Assessment conducted in 2021, the differences in reported community needs can benefit our agency's perspective on what has changed since the initial Covid-19 pandemic, and what we can do to further enable the independence and dignity of older adults.

In 2021, our number one reported need was found to be Technology Assistance. Compared to the 2024 survey results on the previous page, which does not indicate a reported need for technology assistance, the focus groups and listening sessions that were conducted clearly demonstrate the larger social understanding that there will permanently be a technology lens which can be applied to each of this survey's reported needs. For instance, each of the needs identified that relate to Health Care could benefit from Tele-health doctor appointments, signing into tablet kiosks at a medical appointment, or knowing how to detect medical scams which specifically target those with poor digital literacy. Another example, as Transportation is routinely included in the top 10 identified needs, many transportation providers have their own phone apps and websites that are exclusively used to schedule and coordinate transportation. The ongoing need for technology-related programs and services has not changed, rather our social understanding of the ever-expanding need to be confident and familiar with using technology in order to independently participate within our new hybrid world, has changed.



As a result of the previous Needs Assessment Survey, the AAA created a Technology Program with the use of funding provided by the American Rescue Plan Act (ARPA) and provided basic and intermediate skill level technology trainings, servicing nearly 300 older adults. Since then, pursuant to securing funding to continue addressing the community need, the AAA applied for and received a grant through the Mass Broadband Institute's Digital Equity Partnership program. This grant allowed the AAA to expand the variety of classes, to include more advanced courses, distribution of nearly 200 tablets, and specific classes tailored to unique technology needs, such as Artificial Intelligence, health applications, or using a digital Charlie Card in order to ride the Southcoast Rail. An important note to make is that throughout this process the AAA made a concerted effort to provide Technical Assistance to share the successes and insights of the program, in order to encourage other AAA and aging network service providers to adopt aspects of our own programming for the larger social benefit, and in doing so was recognized by USAging for our work to "Bridge the Digital Divide".

The AAA will continue to coordinate and expand the technology-related programs and services, utilizing Title-III funds as necessary, as we are compelled to in order to meet our targeted demographics' needs.

## Strategies for Older Americans Act Core Programs

The various forms of outreach that our AAA conducts regularly can be encapsulated in the "no stone unturned" approach. The AAA has an **Information and Referral Department** that provides callers with information on programs and services offered by Coastline or refers callers to other services and providers within the community. In addition to Coastline's website, the AAA utilizes a robust social media presence which routinely spotlights various functions and services provided by the AAA.

One of the best forms of information dissemination available to our agency, is Coastline's monthly "**Senior Scope**" newspaper which circulates thousands of copies each month, as well as a digital copy of the newspaper. Another print resource for information sharing that the AAA routinely utilizes is publication in the Council on Aging newsletters, various local or regional newspapers, as well as promotional flyers at our area's Congregate Nutrition Sites. In order to better target non-English speakers, Coastline regularly coordinates outreach efforts with the **Immigrants Assistance Center** by participating in their cable and internet programming. Cable Access has proven to be a valuable resource, regularly conducting outreach through the various Cable Access channels, such as New Bedford Cable Access, Dartmouth Community Television, etc.

Another method of outreach that has played a significant role in expanding Coastline's community reach, would be radio advertisements or participating in radio interviews, specifically for upcoming events and/or new programs and services that are available. This method has proven to be beneficial, with the best gauge for success being our annual **Celebration of Seniors**, becoming the largest event of its kind in the state of Massachusetts, hosted in partnership with the Bristol County District Attorneys Office, resulting in over 700 older adults and 75 vendors at Whites of Westport in 2025, coordinating outreach efforts for attendees to learn about the identification and prevention of elder financial abuse and exploitation.

**Transportation:** In consideration of the fact that Transportation has continued to be a significant community need, according to our current and past Needs Assessment data, the AAA has regularly funded transportation services through a variety of providers, such as the Mashpee Wampanoag Tribe, numerous Councils on Aging transportation programs, **Community Connections**, etc. Additionally, Coastline has assisted in writing numerous transportation providers submissions for new and replacement vehicles through MassDOT's **Community Transit Grant Program**. Over the years, the AAA has written applications that have provided over 15 accessible passenger vehicles to our Planning and Service Areas' Councils on Aging.

The AAA frequently participates in and provides feedback for the regional transportation coordination and planning efforts by the Southeastern Regional Transportation Authority (SRTA) and the Southeastern Regional Planning and Economic Development District (SRPEDD). Similarly, once the Southcoast Rail opened up in 2025, the AAA began providing technology courses to help enable older adults to utilize the tap-to-pay methods that are available through smartphone-based Charlie-Card payments.

**Title-III Programs and Title-VI Native American Program Coordination:** As a AAA, Coastline has contracted with the **Mashpee Wampanoag Tribe's** transportation program for over a decade through funded provided by Title-III-B services for tribal elders. Their program's success in providing transportation services for medical, social, recreational, and tribal activities was of particular interest to the newly recognized **Acquinnah Wampanoag Tribe's** leadership, and the AAA provided a Technical Assistance session to explain the process of applying for, receiving and administering a similar transportation program for their Tribe's service area and tribal members.

**Addressing Malnutrition:** Through the AAA funding provided by Title-III-C1 and T-III-C2, Coastline operates both **Meals on Wheels** and **Congregate Dining** meal programs, respectively. The critical function of Meals on Wheels as a means of ensuring access to health and nutritious meals cannot be overstated; and is further complimented by the socialization element of interacting with their delivery driver, as well as providing regular wellness checks to recipients. In an effort to further ensure that recipients are able to enjoy the meals provided, Coastline began to utilize a new caterer, **City Fresh**, due to survey feedback from our program's consumers indicated that the quality of meals could be improved. Since then, survey results have reflected the intended improvement in the quality and taste of meals.

An ongoing challenge that impacts the AAA ability to address malnutrition is inadequate funding as it relates to a growing number of recipients and costs associated with healthy and nutritious meals, staff wage increases, vehicle operation and maintenance costs, etc. in contrast with the funding growth lagging behind those increases, Coastline's nutrition department hosts a wide variety of fundraising opportunities, as well as advocacy with our State and Federal Legislatures, in order to demonstrate the importance of adequate funding for the program as well as the beneficial impact that the program has on its consumers. This includes our annual **March for Meals** campaign, where we invite elected officials to join our program's staff in packaging and delivering meals to program participants that are interested in sharing their stories of program impact.

The Nutrition Department also has a Dietician on staff, which enables our program and its consumers to know with a factual understanding, the contents and nutritional value of their meals, as well as various ways to prepare said meals through our "**Cooking with Coastline**" cable access video series program.

Congregate Dining options are offered at 11 focal points throughout our Planning and Service Area. This in-person dining experience is typically hosted at Senior Centers and Councils on Aging, or public housing sites; and enables consumers to enjoy their meals with other members of their community, as well as access any information related to Coastline's other programs and services.

**Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation:** The AAA provides the **Money Management Program (MMP)** in 23 communities throughout Bristol, Plymouth, and Duke's County. These Communities are Acushnet, Attleboro, Berkley, Dartmouth, Fairhaven, Fall River, Freetown, Gosnold, Mansfield, Marion, Mattapoisett, New Bedford, North Attleboro, Norton, Raynham, Rehoboth, Rochester, Seekonk, Somerset, Swansea, Taunton, and Westport. Coastline provides two separate programs for older adults who have difficulty managing their money, the Bill Payer and Representative Payee programs. The MMP Bill Payer program relies on volunteers, who are carefully screened and matched with older adults in need of one-on-one assistance managing their finances. This program is especially beneficial in targeting older adults that are homebound, visually impaired, and/or are at risk of losing their independence due to their inability to pay for basic life necessities such as food, housing, and utility bills. Unfortunately, many of the programs' consumers are those who were referred to us after experiencing instances of financial abuse and/or exploitation from a closed loved one, as is the case in a growing number of instances.

The MMP Representative Payee Program has Coastline staff members directly manage all aspects of the finances of older adults, nearly all of which are referred to us by **Bristol Aging & Wellness's Protective Services** program. The AAA's program directly coordinates with the **Social Security Administration** and related Legal Service providers, as well as the **Bristol County District Attorney's Office**, in order to ensure an effective and efficient delivery of this highly needed service.

The AAA also offers the Title-III funded **Long-Term Care Ombudsman Program**, which has its program's trained and certified volunteers regularly visit the local nursing and rest homes on behalf of the residents in these facilities. This program investigates complaints by listening to the concerns and complaints of institutionalized residents and helps to mediate and assist in resolving the resident concerns, as well as advocate on their behalf, for ensuring that quality care is provided.

**Supporting and enhancing multi-disciplinary responses to elder abuse:**

Coastline coordinates all activities with Bristol Aging & Wellness, another Area Agency on Aging which serves as the Protective Services agency provider for Bristol County. Additionally, Coastline coordinates regularly with the Bristol County District Attorney's office of Thomas M. Quinn III, to help educate the community's older adult population on the prevention of and risks associated with scams and financial abuse towards older adults. Each June in recognition of Elder Abuse Awareness Month, Coastline hosts the '**Celebration of Seniors**', which is now the largest event of its kind within the State of Massachusetts, in partnership with the Bristol County District Attorney's Office, as a means of educating older adults on financial abuse and exploitation. This event includes speakers who are experts in their field, such as the former **United States District Attorney**, Joshua Levy, as well as the Secretary for the **Massachusetts Executive Office of Aging & Independence**, Secretary Robin Lipson. Among the 75+ vendors that participate in this event are legal service providers, such

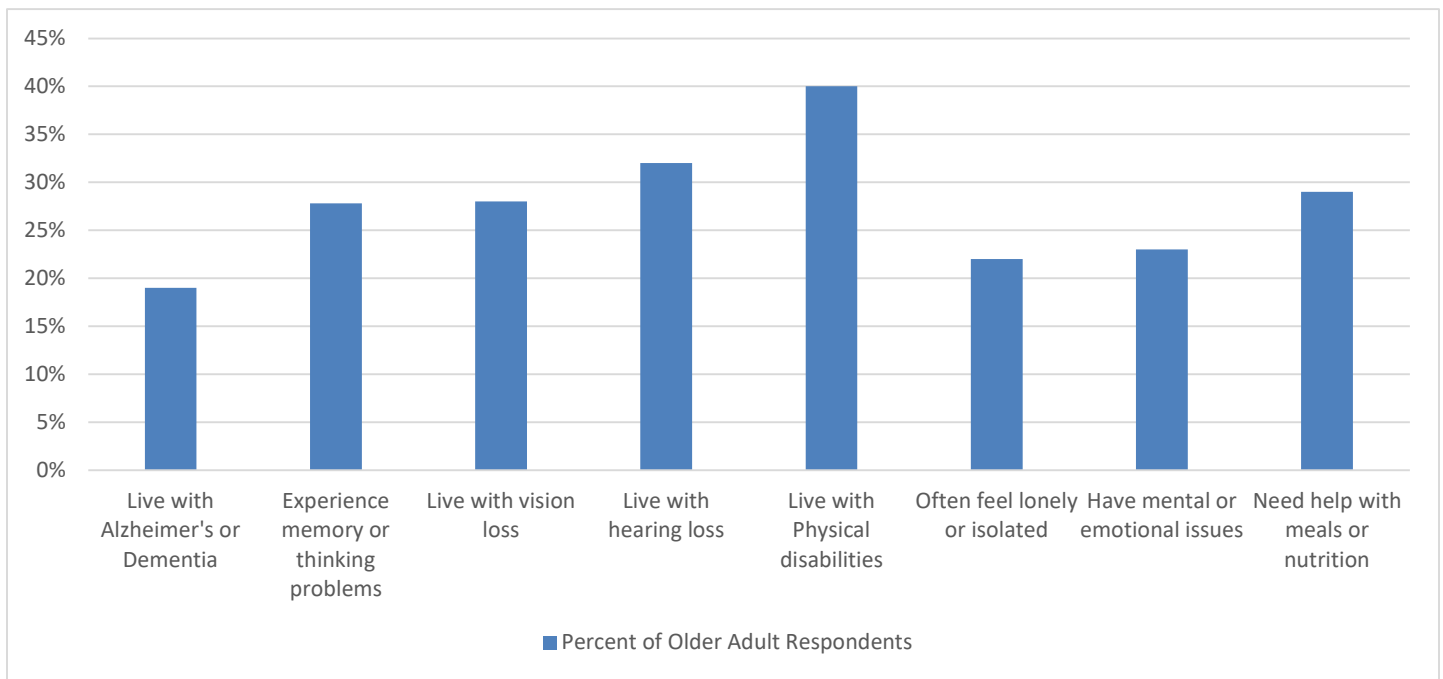
as the AAA legal service provider, South Coastal Counties Legal Services, as well as the law offices of Surprenant, Beneski & Nunes, and the Law Offices of Jane Sullivan. Each of our event supporters plays a key role in ensuring our ability to provide factual and up to date information on the best ways to prevent and address this subject. Other vendors that provide related services and advocacy for the multi-disciplinary approach include **AARP** Massachusetts, Councils on Aging, and the **Massachusetts Senior Medicare Patrol** program. These vendors highlight, as well as the on-going success of the event, the continued need and responsibility for the greater Aging Network to continue enhancing its efforts in this regard.

The AAA's Title-III Legal Services Provider, **South Coastal Counties Legal Services (SCCLS)**, is contracted to provide free representation of older adults in the court of law and related administrative bodies, such as the Social Security Administration and housing court. As a provider, SCCLS provides counseling, representation, and advice on a variety of legal matters, including Social Security overpayments and resolving housing disputes, by representing older adults throughout our Planning and Service Area. SCCLS also contracts with our surrounding area's AAAs, including Bristol Aging & Wellness, Elder Services of Cape Cod and the Islands, as well as Old Colony Planning Council, as their Planning and Service Area's Legal Service Provider.

**Discussing access to Assistive Technology options for serving older individuals:** Assistive Technology options that are most commonly used by older adults include wheelchairs, hearing aids, medication reminders, screen readers and smart-devices which are voice-enabled. These types of technology are increasingly important as a means to ensure that older adults are able to remain independent and perform all of the necessary tasks of daily living that are required to retain independence. The AAA regularly educates older adult consumers, agency staff, and partners within the aging network by hosting resource fairs with a variety of Assistive Technology providers. Additionally, the AAA has a variety of grants available for individual older adult consumers who would otherwise be unable to access such Assistive Technologies, including the Little Necessities for Women and Emergency Assistance private grants.

These pieces of technology can range from Companion Animals for those with Alzheimer's, Dementia, and other aging-related diseases, to providing devices such as iPads, along with the necessary training on the use of the devices, so that older adults who are blind and/or visually impaired are able to participate in the digital world. The AAA's aforementioned Technology Program helps to distribute and train participants on the use of these devices, and coordinates with the **Massachusetts Association for the Blind and Visually Impaired (MABVI)** in order to assist with the enhanced training for those who are blind and/or visually impaired.





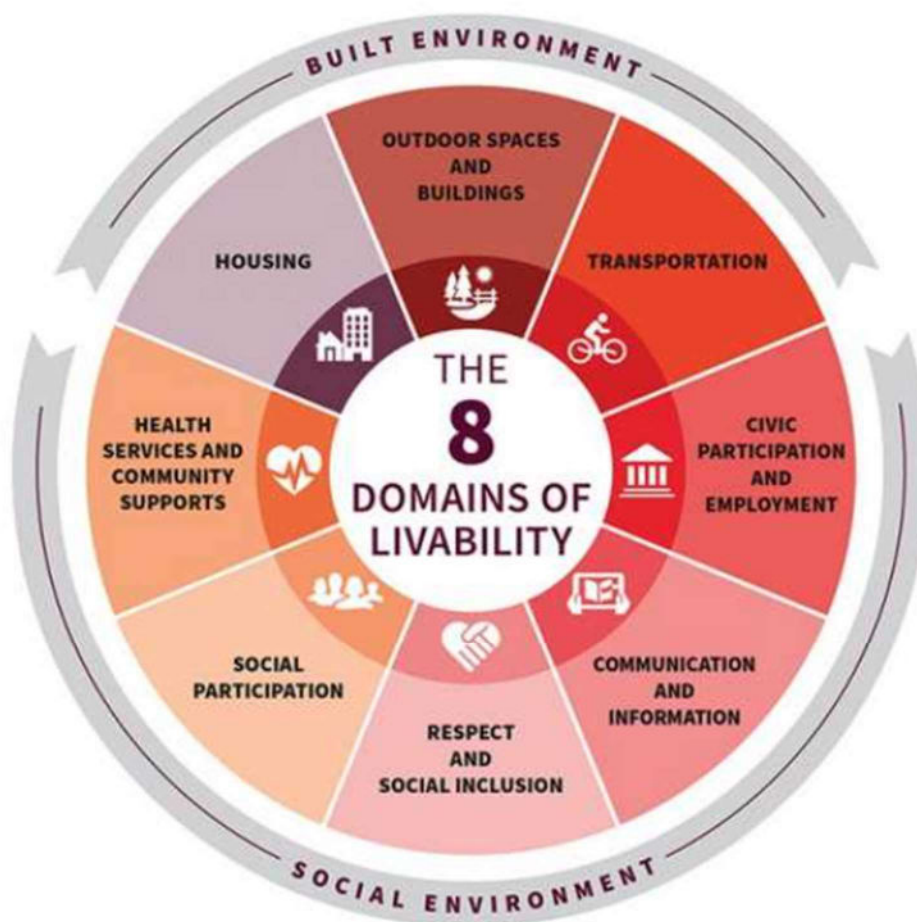
These Assistive Technology options were highlighted as a growing need within our Planning and Service Area, in the findings of our 2024 Needs Assessment Survey, which showed that 40% of respondents had reported to have physical disabilities, with a similar number of respondents reported having visual or auditory disabilities, which assistive technologies are specifically designed to address.

**Age and dementia friendly efforts:** Within the AAA’s Planning & Service Area’s there are four **Age Friendly** Communities, including Acushnet, Dartmouth, Marion, and the area’s largest and most diverse community, New Bedford. Age and Dementia Friendly communities operate under the same framework of 8 Domains of Livability, as described by the **World Health Organization** (WHO) and **AARP’s** Network of Age-Friendly States and communities.

These domains are illustrated in the infographic below, including Housing, Outdoor Spaces, Transportation, Community Supports and Health, Social Participation, Civic Participation and Employment, and finally Communication and Information. In order to achieve the Age-Friendly designated status from AARP, communities are required to draft an action plan, which is a document that outlines the steps that communities intend to take in order to become a more livable place for residents regardless of where they are in the aging process. In many instances, communities that have achieved or are pursuing this status seek out and receive supplemental grant funding that is meant to contribute to the collective efforts in ensuring communities throughout the nation, often in collaboration with a variety of partner agencies, including non-profits and municipal departments that are unrelated to the aging services network.

Through these efforts, communities that become Age and Dementia Friendly help to ensure that communities and aging populations have access to: accessible, open, indoor and outdoor public spaces; public transportation and non-vehicle based transportation options are safe and accessible; a variety of accessible housing options for varying income levels; fun and inclusive social spaces for accessible and affordable

activities meant to prevent social isolation; intergenerational and inclusive spaces for gatherings and events; a variety of volunteer and part-time working opportunities where residents have the ability to productively use their skills; access to technology, affordable internet, and the necessary training to participate in the digital world; and finally, access to high-quality preventative and acute care healthcare services. The AAA will continue to encourage and support the related Age and Dementia Friendly efforts throughout the eight communities within our Planning and Service Area.



**Improving coordination between the Senior Community Service Employment Program and other OAA programs:** In 2023, the AAA’s Board of Directors made the difficult decision to discontinue hosting the **Senior Community Service Employment Program (SCSEP)** at Coastline’s agency. This decision was made after years of programmatic financial challenges, similar to other AAAs that hosted the SCSEP program, which resulted in a financially unsustainable program relative to the overall agency function. Although the program and program participants no longer report to the AAA, Coastline still regularly collaborates with and assists in the core functions of the SCSEP program in a variety of ways, as well as being a Host Agency for many of the SCSEP older adult workers. The AAA helps to refer interested older adults that are interested in reentering the workforce, or expanding their employment related skill sets, and by connecting suitable organizations and non-profits with SCSEP administrative staff in order to assist with SCSEP worker placements.

Additionally, the AAA provides on Technology Screenings and Technology Trainings, an ongoing as-needed basis, to Older Adults that need to improve their comprehension and familiarity with a wide range of employment and job-seeker related skills and functional understandings.

**Integrating core programs with ACL's non-formula-based grant programs:** Although the AAA currently does not receive any non-formula-based grant programs offered by the ACL; Coastline regularly seeks out and reviews current and future grant opportunities on an as-needed basis. This is especially true for programs and services where historical funding availability is outpaced by the overall community need. These non-formula-based grant programs can range from **Evidence-Based Programs** (EBP) supplementary grants, which may benefit the AAA's **Bingocize** and **Matter of Balance** EBP programs, as well as new EBP programs that the AAA plans to begin, such as **Healthy IDEAS**; as well as funding to enhance the quality and delivery of a growing field of services for Caregivers, including Respite and Assistive Technology grants.

**Strengthening and expanding Title-III & Title VII services:** Every two years, the AAA puts out their **Request for Proposals** (RFP) for all Title-III services, as well as Title VII related Legal Services. Throughout this process, the AAA posts Legal Notices that educate the community at large on the availability of these programmatic funding opportunities, and shortly after, hosts a **Bidders Conference** in order to explain the RFP and process for becoming a Title-III grantee. The AAA also offers to provide one on one Technical Assistance where it is necessary, especially for new and innovative programs and/or organizations and programs that are unfamiliar with Title-III, the Older Americans Act, and anything related to the Aging Network. If awarded, grantees are contracted to provide one year of programming, with another 1-year continuation dependent on programming performance, totaling up to a two-year grant contract period.

After the AAA has received all of the Title-III & Title-VII RFP applications, a committee made up of members of the AAA Advisory Council, Board of Directors, and staff, meet and grade each application based on a rigid set of criteria. After grading each application, the committee then deliberates on the funding amounts to be awarded to each program based on a variety of factors, such as the community need as related to the most recent AAA Needs Assessment Survey findings, overall funding availability, past program performance, etc. This lengthy process is designed to ensure that all Title-III and Title-VII contracted service providers are able to provide a high-quality program and/or service to older adults, the disabled, and their caregivers, in order to meet a previously identified community need. These programs and services can range from essential medical and recreational transportation currently performed by **Councils on Aging** throughout our Planning and Service Area, to exercise classes such as **Moxie Mobility**, **Stepping and Stretching PROGRAM** and the **Strong Women, Strong Bones** program hosted at the **Rochester** and **Acushnet Council on Aging** respectively, art classes that help prevent social isolation such as **the New Bedford Art Museum's Creative Care Program**, respite programs provided to Caregivers of Older Adults such as **Project Independence's Adult Day Health** program, support groups such as **Grandparents Raising Grandchildren** support group and the **Widowed Persons Support Group** program hosted by the **YWCA**, and the **Brain Builders Cognitive Wellness** speech therapy program by **Buzzards Bay Speech Therapy**. All together these Title-III and Title-VII funded programs and services help to ensure that all older adults, the disabled, and their caregivers, are able to age at home within their community, with dignity, good health, and respect, as they continue to age. These programs and services are driven to meet specific community needs identified through the AAA's Needs Assessment Survey findings, for example:

Leisure, Recreational, and Socialization, as well as Staying Active and Wellness Activities were reported to be needed by approximately 34% of respondents. This was highlighted by the #3 and #4 top reported needs in our most recent 2024 Needs Assessment Survey findings, and the fact that 8% of respondents cumulatively listed these two categories as their #1 ranked need.

<b>Needs Ranked</b>	<b>Ranked 1 (%)</b>	<b>Ranked 2 (%)</b>	<b>Ranked 3 (%)</b>
Access to Services	13.9%	7.1%	5.8%
Affordable Health Care	13.9%	5.7%	1.4%
Access to Health Care	1.4%	5.7%	1.4%
Affordable Housing	11.1%	2.9%	1.4%
Housing Accessibility and Maintenance	2.8%	5.7%	10.1%
In-Home Support for Maintaining Independence	22.2%	10%	10.1%
Long Term Services & Supports	1.4%	2.9%	4.3%
Assistance Managing Other Expenses	1.4%	2.9%	2.9%
Legal Services	0%	2.9%	1.4%
Mental & Behavioral Health Support	2.8%	2.9%	2.9%
Nutrition Support	1.4%	8.6%	4.3%
Safety & Security	4.2%	1.4%	5.8%
Transportation Access & Availability	8.3%	7.1%	8.7%
Workforce Development	1.4%	1.4%	0%
Assistance Addressing Social Isolation	1.4%	7.1%	4.3%
Opportunities for Leisure, Recreation, & Socialization	4.2%	11.4%	7.2%
Civic Engagement / Volunteer Opportunities	2.8%	0%	1.4%
Learning & Development Opportunities	1.4%	1.4%	5.8%
Staying Active / Wellness Promotion	2.8%	7.1%	11.6%
Addressing Ageism and Age Discrimination	0%	1.4%	0%
Overcoming Language / Communication Barriers	0%	0%	0%
LGBTQIA+ Support	0%	0%	0%
Spirituality Support	0%	0%	1.4%
Other	1.4%	4.3%	7.2%

## **Greatest Economic and Greatest Social Needs**

### **Goal #2:**

**Enhance the outreach activities necessary to serve older adults, the disabled, and their caregivers, with the Greatest Economic and Greatest Social Needs.**

### **Objectives:**

- Targeting services to those that meet the State Unit on Aging's (SUA) definitions of the Greatest Economic and the Greatest Social Needs (GEN/GSN)
- Impacting Social Determinants of Health (SDOH) of older adults
- Ensuring meals can be adjusted for cultural considerations and preferences by providing Medically Tailored Meals (MTM) to the maximum extent possible
- Offering Home Delivered Meals (HDM) participants the option to participate in and attend Congregate meal sites and other health and wellness related activities, as feasible, based on a person-centered approach and local service availability
- Serving older adults living with HIV/AIDS
- Supporting participant-directed / person-centered planning for older adults and their caregivers across the spectrum of Long-Term Supportive Services (LTSS), in home, community, and institutional settings
- Incorporating innovative practices that increase access to services, particularly for those with mobility and transportation issues as well as those in rural areas
- Creating opportunities to educate the network about the prevention of, detection of, and response to negative health effects associated with social isolation

### **Strategies for Servicing Individuals with the Greatest Economic and Greatest Social Needs:**

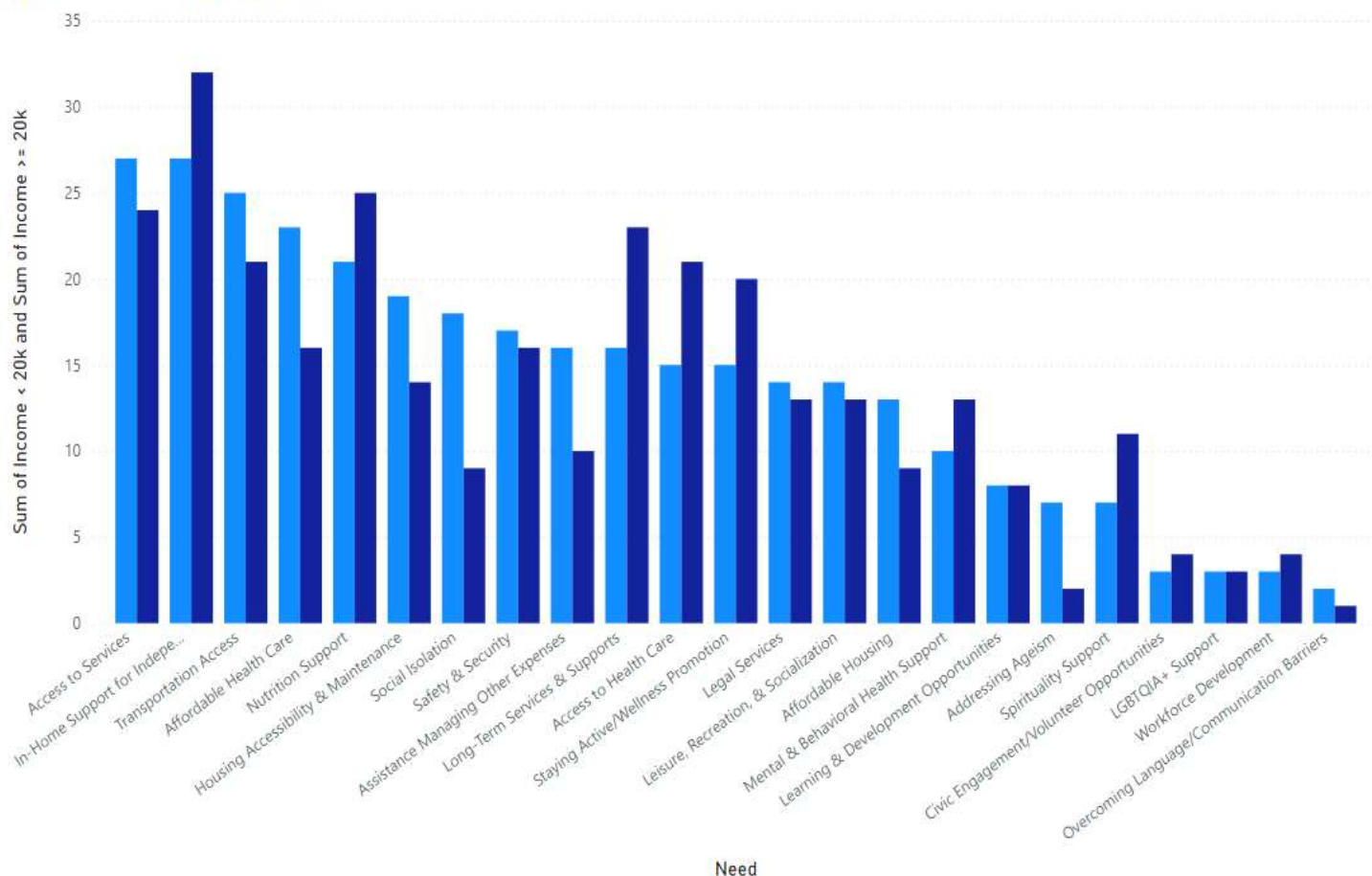
According to our 2024 Needs Assessment Survey findings, approximately more than one in four respondents were reported to receive less than \$20,000 in annual income. Within the larger economic circumstances that impact the cost of living, both nationally and within the State of Massachusetts, these factors have culminated in a tremendous affordability crisis. Therefore, serving our Planning and Service Area's targeted demographics compels us to offer and highlight programs and services that are in high need of those with the Greatest Economic and Greatest Social Needs (GEN/GSN).



Sum of Income < 20k, Sum of Income >= 20k

BY NEED

Sum of Income < 20k Sum of Income >= 20k



There are many similarities and variances between income demographics, those with annual income less than and above \$20,000, as the Needs Assessment Survey data above demonstrates. In-Home Support for Independence was reported as the highest need for both income levels.

The largest variances in reported needs show that low-income older adult respondents need help with Social Isolation, Access to Affordable Health Care, and Assistance Managing Other Expenses, at a rate of 1.5-2x higher than older adults who make more than \$20,000 annually. Whereas higher income older adult respondents indicated that they need help with Long Term Supportive Services and Spirituality Support at a higher rate than lower income older adult respondents.

These findings provide insight into how our agency might best be able to provide different programs and services to different income demographics of older adults, as well as how the regional Aging Network can ensure that older adults of all income levels are able to age at home with dignity, equity, and respect within our communities.

**Targeting services to those that meet the State Unit on Aging's (SUA) definitions of the Greatest Economic and the Greatest Social Needs (GEN/GSN):** The AAA plans to continue and enhance our efforts in ensuring that those of the GEN/GSN are served with the necessary programs and services in order to prevent and reduce the risk of institutionalization. The AAA operates a direct service program at Coastline known as the **Community Mainstream Program (CMP)**, which screens low-income older adults who face significant disadvantages due to limited disposable income for basic necessities for benefits including but not limited to **SNAP**, veteran's benefits, the **Medicare Savings Program**, energy assistance programs, etc.

Once an applicant's referral has been received, they are screened for eligibility by a highly trained program coordinator that meets with the applicant at home or in our offices. CMP applicants are then signed up for the available public resources and benefits, especially SNAP and **Fuel Assistance** benefits, that they qualify for. In many instances, this process can become too lengthy, confusing, or burdensome for an applicant to do themselves. Without knowing what documentation is required to apply or even knowing how to navigate the application process itself, these benefits in many cases would go unused and the financial burden would fall on the individual to make do without these essential benefits.

**Greatest Economic Need (GEN):** The need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.

**Greatest Social Need (GSN):** The need caused by noneconomic factors, which include: (1) Physical and mental disabilities; (2) Language barriers; (3) Cultural, social, or geographical isolation, including due to: (i) Racial or ethnic status; (ii) Native American identity; (iii) Religious affiliation; (iv) Sexual orientation, gender identity, or sex characteristics; (v) HIV status; (vi) Chronic conditions; (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs; (viii) Interpersonal safety concerns; (ix) Rural location; or (x) Any other status that: (A) Restricts the ability of an individual to perform normal or routine daily tasks; or (B) Threatens the capacity of the individual to live independently; or (4) Other needs as further defined by State and area plans based on local and individual factors.

Title-III grant programs are an additional measure used to help address the GEN/GSN population. Specifically for the Greatest Economic Need population, the **Senior Fuel Assistance Program** Title-III program hosted by the Community Action Agency, **PACE**. This program enables older adults who fall just outside the eligibility guidelines or have a greater need than their Federally funded **Low-Income Heating and Energy Assistance Program (LIHEAP)** can provide, to be able to afford their fuel and energy cost; ensuring that older adults are able to stay warm in the cold New England winter months. A non-Title-III example which the AAA provides similarly in order to better serve this targeted GEN demographic, is a grant that Coastline receives through the **George E. Curtis Charitable Trust**. This grant enables the AAA to provide **Curtis Fuel Assistance** grant funding assistance to low-income residents of the tri-town area of Mattapoisett, Marion, and Rochester. Through close collaboration with the respective Councils on Aging and fuel companies, each year approximately \$30,000 in grant funding is disbursed to an average of 100 low-income older adults in the tri-town.

Other Title-III Programs that specifically target those of the Greatest Social Need include the **Immigrants'**

**Assistance Center's Mental Health Therapy and Counseling program**, which provides in-home and on-site therapy sessions by licensed Clinicians. These program participants are of the GSN due to their status as immigrants, many of whom are non-English speaking, and would otherwise not be able to access or afford behavioral health services and supports.

**Impacting Social Determinants of Health (SDOH) of older adults:** As with all Area Agencies on Aging, Coastline's programs and services are all developed and operated to address SDOH factors that would otherwise not be addressed; and in doing so, are designed to prevent negative health outcomes by providing known prevention measures, through a variety of programs and services throughout the continuum of care. It is important to note, especially post-pandemic, that one of the greatest indicators under SDOH is social isolation and behavioral health related issues. Our Technology Program has made notable progress in ensuring that older adults within our Planning and Service Area receive technology training, in order to bolster their safe engagement within the local and online community.

Our agency's focus and emphasis on coordinating with providers and organizations that serve SDOH older adults is imperative. These Title-III providers and allied community organizations include, but aren't limited to: the Immigrants Assistance Center, the YWCA, the New Bedford Art Museum, MOLIFE, the Southeastern Regional Planning Economic Development District (SRPEDD), the Mass Department of Transportation, the Mashpee and Acquinnah Wampanoag tribes, PACE, Southcoast LGBTQ+ Network, etc.

**Ensuring meals can be adjusted for cultural considerations and preferences by providing Medically Tailored Meals (MTM) to the maximum extent possible:** In consideration of the varying nature of meals preferences across differing demographics within Coastline's Service Area, and within the context of our recent contracting with our new caterer City Fresh; Coastline has received overwhelmingly positive feedback regarding the change in caterer, which has allowed us to expand our meals selection at large, and enabled us to deliver meals with a wider appeal to our various cultural meals preferences. Citing our inter-agency consumer feedback surveys, along with our feedback from our recent Needs Assessment Survey, the change in caterer and increase in the quality of meals has been very well received and resulted in an increase in consumer satisfaction throughout our Planning and Service Area's varying demographics.

As related to **Medically Tailored Meals**, Coastline is currently able to offer **Kosher, Renal, Puree**, and specialty meals on a case-by-case basis. The limiting factors for expanding our selections are directly related to funding availability within the Elder Nutrition Program, in consideration of both statewide and national funding availabilities- which has not kept pace with the rate of inflation nor the increased rate of the minimum wage and cost of living. These funding difficulties and inconsistency adversely impact our ability to serve meals to wider audiences and additional consumers.

**Offering Home Delivered Meals (HDM) participants the option to participate in and attend Congregate meal sites and other health and wellness related activities, as feasible, based on a person-centered approach and local service availability:** Coastline currently offers Congregate Dining opportunities at 11 Focal Points throughout our service area, including Senior Centers/Councils on Aging, as well as public and senior housing facilities. The designated focal points that host Congregate Meal sites include Anderson Way, Boa Vista, the

Brooklawn Park and Tierney Social Day sites, Marion Community Center, Mattapoisett Village Court, Tripp Towers, as well as the Buttonwood, Dartmouth, Fairhaven, and Rochester Senior Centers.

At each of these Congregate meal sites, information about the available programs and services, including health, wellness related activities, and local services availabilities, are made available to each of the Congregate meal participants. The AAA regularly circulates flyers, handouts, and other similar information to HDM consumers regarding their local Congregate meal sites, as well as a variety of information about the available programs and services through the AAA and ASAP hosted by and/or in partnership with Coastline.

**Serving older adults living with HIV/AIDS:** The AAA regularly educates staff and our providers, on an annual basis, on how to safely provide adequate care to older adults with HIV/AIDS. The AAA participates in **World AIDS Day** as well as hosting resource tables at various **PRIDE** events in June, in collaboration with the **Southcoast LGBTQ+ Network**, where information about the AAA programs and services are made available to participants. Our HDM program also offers nutritious and frozen meal packs, including to those with HIV/AIDS, to further enable their health and well-being despite their diagnoses.

**Supporting participant-directed / person-centered planning for older adults and their caregivers across the spectrum of Long-Term Supportive Services (LTSS), in home, community, and institutional settings:** Coastline affirms its commitment to helping family caregivers access the long-term services they need to keep their loved ones safe at home, while also ensuring they have the information and resources necessary to make informed decisions and maintain control over those choices. The AAA affirms this commitment through in many respects, including in our **Options Counseling** department, which connects Coastline's staff Counselors with older adults and their caregivers in order for us to work directly with these individuals so that they can choose what community or institutional programs are best for them now and/or in the future. These choices can range from LTSS options, Home Care services, home modifications, financial planning, etc. and are served in person at our agency, in an individual's home, over the phone, or institutionalized settings such as hospitals, nursing homes or rehab facilities. Other AAA programs that assist consumers in their planning and choosing what works best for their situation or their care recipient's situation, include but are not limited to: Coastline's **Family Caregiver Support Program**, **ANCHOR** program, **Supportive Living Programs**, etc.

**Incorporating innovative practices that increase access to services, particularly for those with mobility and transportation issues as well as those in rural areas:** The AAA supports those with mobility and transportation issues through a variety of means, such as: Helping to fund Councils on Aging transportation programs, assisting Councils on Aging with their Massachusetts Department of Transportation vehicle grants, helping to fund the Mashpee Tribe's elder transportation program, among others.

The AAA's Planning and Service Area includes one rural area, notably the most rural community in the State of Massachusetts, which is the coastal island community **Gosnold** / Cuttyhunk. During a recent Title-III program evaluation, AAA staff traveled to the island in order to meet with their Town Clerk and Program Manager for their Title-III funded **Health Screening** program, which provides health screenings to island residents who might otherwise not be able to travel off island in order to receive these important healthcare services. In fact, the island's rural nature was highlighted by the fact that during our visit, the island's first paved roads were actively being installed. During the Covid-19 Pandemic, the AAA worked with Gosnold town officials to ensure

their equitable access for vaccines by coordinating with the **New Bedford Community Health Center**, as well as providing additional frozen meal kits for their homebound older adult residents.

**Creating opportunities to educate the network about the prevention of, detection of, and response to negative health effects associated with social isolation:** The prevention, detection, and addressing of Social Isolation and related negative health effects is a core component of our agency's Programs and Services. This includes socialization programs such as our Technology Program, which brings groups of Older Adults together to learn how to use technology to better communicate in the digital world, which is especially helpful for those with mobility and transportation issues; as well as our Title-III funded programs that support transportation efforts, community art programs for older adults, support groups for those of the highest need demographics, speech therapy for those with communication difficulties meant to highlight cognitive wellness, immigrant focused mental health and outreach services, group exercise classes, and group activities through evidence-based programs and services such as **Bingocize** and **Matter of Balance**.

Addressing geographically-influenced social isolation by further supporting our Service Area's only rural community, and per data from the Census and Office of Aging & Independence, the most rural community in the state of Massachusetts, Gosnold (Cuttyhunk) by continuing to perform outreach and the dissemination of the available programs and services. This includes providing vaccinations to Older Adult residents, helping to fund regular health screenings that would otherwise be costly and inaccessible, the coordination of meal deliveries in the form of frozen meal packages, etc.

The AAA has had difficulty in keeping a **Certified Behavioral Health Clinician** on staff since the AAA's last Area Plan. The reasons for this lack of retention and staffing are primarily based on the lack of Clinicians throughout the state and nation, the cost of education, the overall availability of funding for higher salaries from a non-profit organization relative to private healthcare providers, home visits being a core component of our **Behavioral Health** program and the fact that many private Behavioral Health providers do not conduct home visits. The AAA has tried to facilitate non-certified Behavioral Health workers who are actively pursuing their Certification, by connecting the non-certified staff with non-agency certified Clinicians who are able to oversee their programming; however, clinician retention post-certification has been problematic, as the choice to pursue a more financially lucrative Clinician position is related to a larger socio-economics based issue.

Despite the obstacles, the AAA continues to help educate the overall aging network within our Planning and Service Area about the emergent and growing behavioral and mental health needs within the community as a way of combatting **Social Isolation** for the highest-risk populations. The AAA does so by educating our own staff on the related services that are available, as well as participating in the **Homelessness Service Providers Networks'** meetings, hosting community resource fairs such as the Celebration of Seniors, and conducting marketing and advertising campaigns which emphasize the availability of programs and services which help to offset the risk of, prevention of, detection of, and various negative health effects associated with Social Isolation within the older adult, disabled, and caregiver population throughout our Planning and Service Area.

## Expanding Access to Home and Community Based Services (HCBS)

### Goal #3:

Expand access to Home and Community Based Services that are fundamental to older adults' ability to age in place.

### Objectives:

- Enhancing older individuals' ability to receive managed in-home and community based LTSS:
- Developing, implementing, and promoting the comprehensive and coordinated State system for Long Term Care, enabling older individuals to receive Long-Term Care (LTC) in Home and Community Based Settings (HCBS)
- Utilizing HCBS to maintain older individuals' independence to prevent the risk of institutionalization and/or homelessness & facilitating the coordination of older individuals in hospitals and are at risk for prolonged institutionalization to return home with HCBS supports
- Incorporating aging network services with HCBS funded by other entities, such as Medicaid

### Strategies for Expanding Access to HCBS:

Over the years, Coastline as a AAA has taken a forward-thinking leadership role in launching new initiatives, with a focus on helping older adults remain home, safely and independently. These efforts have fostered strong partnerships with community organizations and strengthened our role as advocates for older adults.

**Enhancing older individuals' ability to receive managed in-home and community based LTSS:** The AAA offers information on, and provides referrals to older adults, the disabled, and their caregivers, the available Home and Community Based Long-Term Care Supportive Services. When a call is received or a person arrives at our **Information and Referral** department, the screening and information gathering processes begin in order to identify what the individual or care recipient qualifies for or is interested in receiving. Then the AAA staff can provide information on the available programs and services offered, both in-home and community based LTSS, including but not limited to: Adult Day Health, Home Delivered Meals, Homemaking Services, Supportive Day programs, Personal Emergency Response devices, Consumer Directed Care, and Laundry Services.

**Developing, implementing, and promoting the comprehensive and coordinated State system for Long term care, enabling older individuals to receive Long-Term Care (LTC) in Home and Community Based Settings (HCBS):** Coastline offers Home Care Basic services (both Waiver and Non-Waiver), which provide assistance with Activities of Daily Living (ADLs) and Instrumental Activities (IADLs), such as personal care, homemaking,

and grocery shopping.

Following a recent Massachusetts Supreme Court case decision (*Marsters V. Healey*), the need for advocating for, educating on, and facilitating the release of nursing home and rehabilitative home residents back into their home and community, enabled the creation of **the Community Transition Liaison Program (CTLP)**. This new program offers enhanced guidance to those institutionalized individuals by providing them with information, referrals, and coordination of HCBS services which allow for their return to independent aging in place. This program involves a high degree of coordination between institutional care providers, HCBS providers, agency staff, and Legal Service providers.

Another similar program which specifically targets individuals with mental, behavioral, and aging related health concerns is the Advocacy in Navigating Care in Homes with Ongoing Risks program (**ANCHOR**). The **ANCHOR** program provides intensive case management with the goal of stabilizing a home environment and helping to ensure that consumers retain their safety and independence upon their return home. For those aforementioned GSN individuals, they may qualify for additional assistance to facilitate their ability to age in place by coordinating the delivery of other supportive programs and services. For individuals uncertain about what options they have available, the AAA **Options Counseling** program can be complimentary in this effort.

The AAA and ASAP at Coastline work closely with home health care agencies to ensure access to the long-term care support needed for independent living. Our home care programs also support family caregivers by easing their responsibilities and promoting the social, physical, and financial well-being of care recipients. Title-III funding through the AAA assists in providing programs and services such as speech therapy programs, as well as **Evidence Based Program (EBP)**, such as **Bingocize** and **Matter of Balance**, which are rooted in educating participants in knowing about and the prevention of falls and fall related injuries, which are a major and significant threat to the independence and well-being of older adults, according the **Center for Disease and Control (CDC)**. The need for these EBP is highlighted by the concerning factual statistics that the CDC sites: At least one third of all falls in the elderly involve environmental hazards in the home & Two thirds of those who experience a fall will fall again within six months. Therefore, the prevention of falls through education and balance training, which are founded in Evidence Based practices, are of the utmost importance.

**Incorporating aging network services with HCBS funded by other entities, such as Medicaid:** The AAA's **Community Mainstream Program (CMP)** connects older adults with **SHINE** counselor(s) and staff members who assess needs and assist with applications for programs like SNAP, SSI, SSDI, MassHealth (Medicaid), and Medicare—many of which involve complex paperwork and documentation. Prior to the COVID-19 pandemic and after the return to our new normal post-pandemic, Coastline hosted on-site **MassHealth** staff to help streamline the application and approval process.

Another AAA Title-III funded program that incorporates aging network services with other entities, is the **Money Management Program (MMP)**. The MMP has two essential functions, the **Bill Payer** and **Representative Payee** programs, meant to enable older adults to have financial independence, prevent institutionalization, and age at home within their community.



## Caregiving

### Goal #4:

Enhancing services and supports for caregivers by providing a range of support services to family and informal caregivers to assist in caring for loved ones. Focus on promoting person-centered supports and developing tools and services that address caregivers' needs.

### Objectives:

- Strengthening and supporting the direct care workforce
- Implementing the actions outlined in the National Strategy to Support Family Caregiving that can advance the State's ability to recognize and support family caregivers
- Coordinating Title-III caregiving efforts with the Lifespan Respite Care program
- Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families

### Strategies for Supporting Caregivers

**Strengthening and supporting the direct care workforce:** Acknowledging the deficiencies within the availability of the direct care workforce, awareness of programs and services, the high cost of direct care, and the vastly increased need and burden placed on paid and unpaid caregivers; The AAA plans to continue bolstering our programs and services for this target demographic by hosting Caregiver Resource Fairs, helping to fund peer support groups, enabling our MA **Family Caregiver Support Program** (MFCSP) to further address the demographic's needs, demonstrating appreciation and recognition of the direct care workforce, highlighting the need and advocating to elected officials, and deepening our coordination with the Workforce Investment Board, local colleges, and universities in order to broadly strengthen the workforce and encourage a new generation of caregivers to learn about various careers in aging.

**Implementing the actions outlined in the National Strategy to Support Family Caregiving (NSSFC) that can advance the State's ability to recognize and support family caregivers:** The AAA will commit to the goals outlined in the most recent NSSFC roadmap, including but not limited to: increasing awareness and outreach regarding the availability of caregiver targeted programs and services, build partnerships and engagement with family caregivers, including by rolling out of our agency's implementation of the **Camperships** program for **Grandparents Raising Grandchildren**, strengthen services and supports by exploring the implementation of **Home Modification** programs and services, thereby furthering the ability of Caregivers to provide care in their homes, ensuring financial and workplace security by bolstering our **MMP** program and deepening our coordination with the **SCSEP** program, the **One Southcoast Chamber of Commerce**, and **CWI Works**; focusing on improved health outcomes and wellness for caregivers and their care recipients; and finally, by working to expand our data, research, and evidence-based practices.

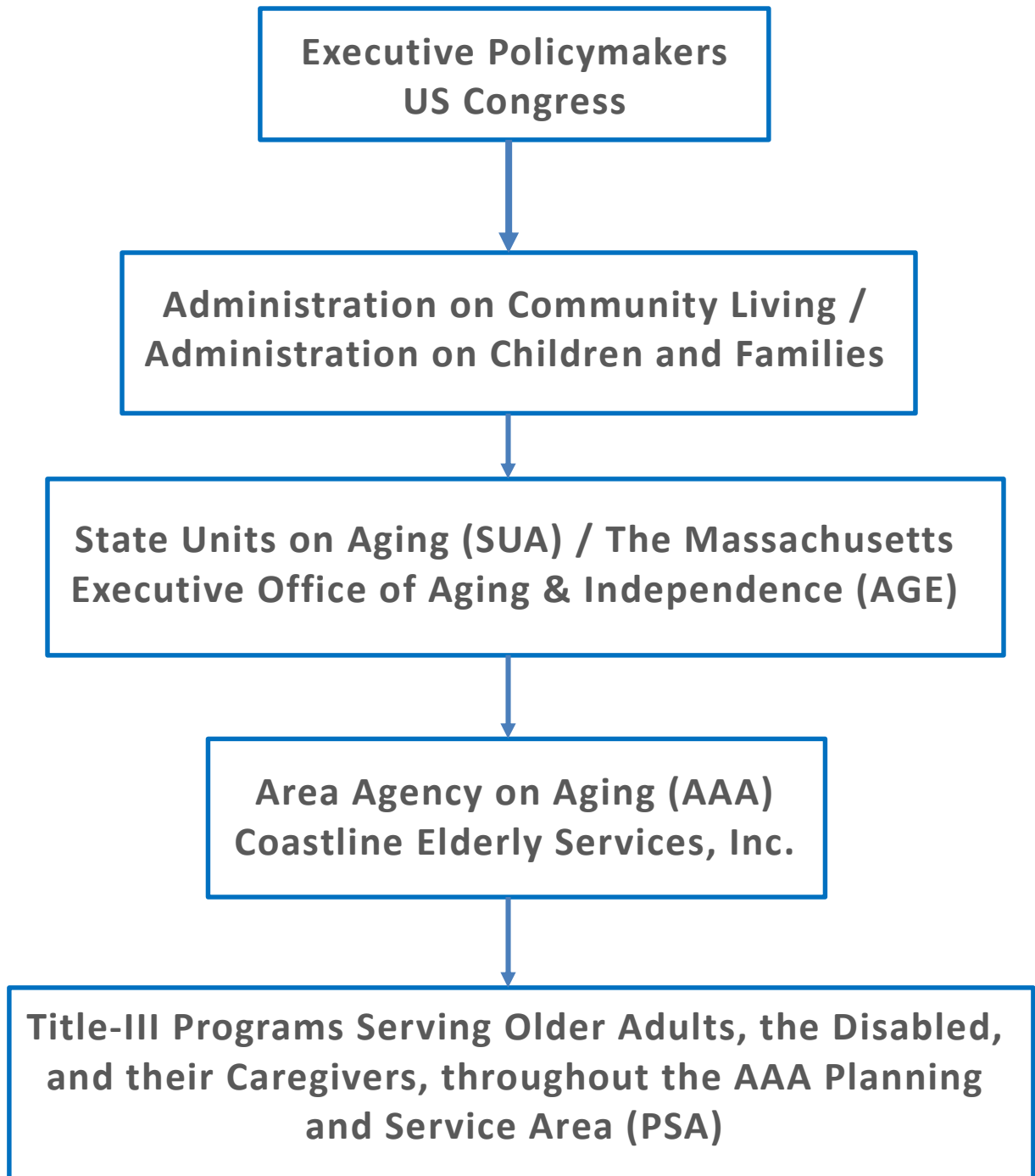
**Coordinating Title-III caregiving efforts with the Lifespan Respite Care program:** The AAA plans to continue expanding and sustaining the respite care infrastructure for the long and short term; in order to align our programs and services with the Lifespan Respite Care program's system development efforts. We will do this through: Expanding our current **Private Grant** availabilities, in order to provide direct financial assistance to caregivers; expanding our T-III funded **Caregiver Support** programs; reduce healthcare related costs by screening caregivers and care recipients for the publicly available benefits to reduce stress and financial burdens associated with caregiving through Coastline's **Community Mainstream Program**; and finally, further our education and counseling on the available resources, materials, and workshops to enable caregivers to provide better, more effective and efficient care services.

**Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families:** Amongst our AAA Planning and Service Area's consumers that are of the highest-tier level of need, there is a notable demographic of caregivers that requires additional supports: **Grandparents Raising Grandchildren**. For over 20 years, our agency has had a 501c3 non-profit organization that is named Grandparents Raising Grandchildren, not to be confused with the Massachusetts' Statewide program of the same name, which provides peer-support through hosting monthly support group sessions and the sharing of programs and services available to the population.

Through the AAA's **Massachusetts Family Caregiver Support Program (MFCSP)**, the AAA will expand Caregiver services to include the new **Campership** respite program, which will afford grandparents with guardianship over their grandchildren supplemental funding to enable the grandparent to send their grandchild to camps during the summer and afterschool programming opportunities. This will help to reduce the burden on grandparent caregivers by providing respite care, financial assistance, and encourage the growth and socialization that is vitally important for their grandchild's lifelong wellbeing and success.

Through the new AAA Camperships program, combined with existing programs and services previously mentioned, and continuously reflecting upon the guidance of the NTLAC on Grandfamilies and Kinship Families, the National Strategies to Support Caregiving, and the Lifespan Respite Program, our Agency plans to continue serving, expanding, enhancing, and supporting our Family Caregiver Service Program's ability to serve formal and informal caregivers.

## How Funds Are Awarded To The AAA



Federal funds are awarded to the AAA from AGE, as a pass-through agency from the federal government. The funding is based on an Intra-State Funding Formula, part of which reflects the proportion among the planning and service areas of people 60 years of age and over; age 75 and over; 85 and over; those living in a rural area; low income; minorities; etc. The chart above demonstrates how funding gets to the AAA.

## Distribution of Older Americans Act Funding

In order to provide the wide variety of programs and services to the community that the AAA offers, the AAA seeks out subcontractors whose mission complements the AAA's. Through a bidding process known as a Request for Proposal (RFP), subcontractors are required to submit an application to the AAA based on the needs of the AAA's Planning and Service Area, identified through the Needs Assessment Survey, in correlation with the mandates outlined in the Older Americans Act (OAA).

The Executive Office of Aging & Independence (AGE) has established that a minimum proportion of the funding received by each AAA in the Commonwealth, under Title-III-B of the OAA, be mandated for the provisions of certain priority services. These services are Access, In-Home, and Legal. In Federal Fiscal Year 2025, the AAA provided funds to many community agencies for the development of program activities under Title-III of the OAA.

The community agencies listed below helped to ensure that programs provided physical activity, speech therapy, caregiver supports, transportation, respite services, assistance to immigrants, fuel assistance, optometry services, health information and access, targeted services to those who are physically disabled, and legal assistance are made available to elders and caregivers throughout our Planning and Service Area.

<b>Acushnet Council on Aging</b>	<b>Mashpee Wampanoag Tribe</b>
<b>Buzzards Bay Speech Therapy</b>	<b>Moxie Mobility</b>
<b>Community Connections</b>	<b>New Bedford Art Museum</b>
<b>Coastal Neighbors Network</b>	<b>New Bedford Council on Aging</b>
<b>Dartmouth Council on Aging</b>	<b>PACE</b>
<b>Fairhaven Council on Aging</b>	<b>Project independence</b>
<b>Gosnold Council on Aging</b>	<b>Rochester Council on Aging</b>
<b>Grandparents Raising Grandchildren</b>	<b>Senior Scope</b>
<b>Immigrants Assistance Center</b>	<b>South Coastal Counties Legal Services</b>
<b>Integrity Eye Care</b>	<b>YWCA of Southeastern MA</b>

# ATTACHMENTS

## **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 (42 U.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.



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.

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***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:**

6/26/2025  
Date

Eric Poulin  
Signature - Chairperson of Board of Directors

June 26, 25  
Date

Isabella L. Connor  
Signature - Chairperson of Area Advisory Council

June 26, 2025  
Date

[Signature]  
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 Area Agency on Aging (AAA) coordinates closely with local Councils on Aging and Coastline's Information & Referral (I&R) Department to provide callers with information about available programs and services. Callers are also referred to other community providers to ensure access to appropriate resources.

Outreach is conducted through multiple channels, including the *Senior Scope* newspaper, Council on Aging newsletters, and partnerships with various community agencies. Coastline collaborates with its Nutrition Program to distribute informational flyers at Congregate Meal sites and to Meals on Wheels recipients.

To reach individuals with limited English proficiency, Coastline partners with the Immigration Assistance Center. Additionally, our Title III grantee serving Gosnold provides services year-round to residents in rural communities.

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

(I) 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

(II) 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:**

In all provider agreements under Title III, the Area Agency on Aging requires providers to specify how they will meet the service needs of low-income minority individuals, older adults with limited English proficiency, and those residing in rural areas.

This has been achieved by utilizing culturally and linguistically appropriate materials, bilingual staff, partnerships with ethnic community organizations, and mobile or home-based services to reach isolated or rural populations. Coastline monitors these commitments through regular reporting, site visits, and



performance reviews to ensure compliance and promote equitable access to services across all underserved populations.

### **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:**

The Area Agency on Aging (AAA) implements a multifaceted outreach strategy to identify and connect with individuals eligible for assistance under the Older Americans Act, with focused attention on the populations listed in Section 306(a)(4)(B). These outreach efforts include the following methods:

- (i) AAA collaborates with local Councils on Aging, Rev. David Lima (Inter-Church Council representative), and the partnerships with our Title III grantee serving Gosnold ensure year-round services to rural residents.
  - I. AAA prioritizes older individuals with the greatest economic need by partnering with housing authorities, food access programs, and culturally specific community-based organizations. Outreach materials are distributed at housing sites, nutrition congregate sites, and senior centers, with specific efforts to engage low-income minority individuals.
  - II. Through referrals from community partners, home-delivered meals drivers, and case managers, AAA identifies older individuals with the greatest social need. Outreach staff attend local events, health fairs, and community gatherings to increase visibility and provide direct access to services.
  - III. Coastline collaborates with disability service providers, including Independent Living Centers and healthcare professionals, to identify and assist older adults with severe disabilities. Individualized outreach and care coordination ensure appropriate support is in place.
  - IV. AAA works with the Immigrants’ Assistance Center and other culturally specific organizations to reach individuals with limited English proficiency. Bilingual staff and translated materials are used to ensure effective communication and culturally appropriate service delivery.
  - V. Includes coordination with memory cafés, support groups, and healthcare providers to identify individuals with Alzheimer’s or related neurological disorders, as well as their caregivers. Educational workshops and caregiver resources are regularly promoted.
  - VI. Identifies individuals at risk for institutionalization through home visits, care coordination, and hospital or skilled nursing facility referrals.

- VII. Coordinates with and participates in efforts of the Veterans Transition House, which in part serves older adult veterans, some of which may be identified as survivors of the Holocaust; and works to ensure their ability to age in place.

These efforts are strengthened through a combination of direct service outreach, community engagement, and strategic partnerships with a broad network of organizations to ensure that individuals with the greatest need are identified and connected to essential services. Currently, we collaborate with several Title III grantees, including Buzzards Bay Speech Therapy, Moxie Mobility, YWCA Health & Wellness Programs, and the Massachusetts Association for the Blind and Visually Impaired (MABVI), all of which provide critical support to older adults and their caregivers.

#### **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 Area Agency on Aging (AAA) ensures that the perspectives of service recipients are incorporated into policy development and program administration through multiple mechanisms. These include consumer satisfaction surveys, feedback collected through outreach activities, Advisory Council and Board of Directors representation, and input from service providers who engage directly with older adults. These tools help us continuously evaluate and adjust services to reflect the evolving needs of the population we serve.

As a designated advocate and focal point for older individuals in the community, the AAA actively monitors, evaluates, and provides input on policies, programs, and public initiatives that impact older adults. This advocacy is carried out in collaboration with a wide range of community partners, including the Southeastern Regional Transit Authority (SRTA), Southeastern Regional Planning and Economic Development District (SRPEDD), and the City of New Bedford's Office of Housing and Economic Development. These partnerships allow us to stay informed and engaged in planning processes that affect transportation, housing, and community development—critical areas that influence the well-being of older adults.

By maintaining open lines of communication with stakeholders, participating in public forums and advisory committees, and providing informed recommendations, the AAA ensures that the needs and concerns of older individuals are represented and addressed at both the local and regional levels.

#### **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 Area Agency on Aging coordinates with the Massachusetts Executive Office of Age and Independence to ensure older adults and caregivers are informed about available Assistive Technology resources. Information about assistive technology options, are shared through Coastline's Information & Referral Department, direct service providers, outreach events, and community presentations. Printed materials and online resources are also distributed at senior centers, congregate meal sites, and through the Meals on Wheels program.

Coastline integrates assistive technology into care planning and case management by identifying needs and making referrals to appropriate programs that enhance access to these tools. When applicable, Coastline utilizes available grant funding—such as the Little Necessities Fund for Women and the Emergency Assistance Grant—to help older adults obtain assistive devices. The AAA remains committed to promoting the use of assistive technology to support independence, safety, and an improved quality of life for older adults.

## **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:**

The Area Agency on Aging (AAA) is committed to developing and supporting a comprehensive, coordinated long-term care system that enables older adults and their caregivers to remain in home and community-based settings.

Coastline collaborates with a broad network of partners, including Councils on Aging, healthcare providers, housing authorities, behavioral health agencies, and community-based organizations—to ensure person-centered, unduplicated services through regular coordination and joint planning efforts.

The AAA conducted a thorough needs assessment, including focus groups, to better understand and respond to the evolving needs and preferences of older adults and caregivers. Based on these findings, strategies are developed to:

- Improve service flexibility and cultural responsiveness.
- Strengthen provider capacity to deliver in-home services, respite care, adult day health, case management, and caregiver support.
- Target high-risk individuals for outreach and services, including those identified through hospital discharges, protective services, and case management.

Coastline also implements evidence-based programs that promote health, safety, and independence, such as *A Matter of Balance* (fall prevention), *onsite Dietitian who enables our program* for nutrition and wellness, and caregiver support services, including support groups and respite care through the various Title III Social Day programs. Also, Coastline has a SHINE counselor who assists with SNAP, SSI, SSDI, MassHealth, Medicare, etc. Through these efforts, the AAA ensures that long-term care is accessible, coordinated, and aligned with the needs and goals of older adults and their families.

## **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 older individual—defined as someone age 60 or older—or caregiver eligible for Title III services who is dissatisfied with the services received or has been denied services may file a grievance verbally or in writing with the Area Agency on Aging (AAA).

All Title III grantees receiving Older Americans Act funding through the AAA are required to promote and adhere to this grievance procedure. If the grievance is not resolved at the program level, it may be escalated to the Executive Director or their designee for further review.

Individuals will be informed of their right to appeal any decision and may seek assistance from an advocate or legal representative during the process. Information regarding the grievance procedure is provided at the time of intake and is available upon request.

This procedure ensures all individuals have access to a fair, timely, and impartial review of concerns related to service access or quality. The AAA Grievance Procedure can be found in **Exhibit 1**.

## **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:**

Coastline Elderly Services, Inc. has maintained a long-standing partnership with the Mashpee Wampanoag Tribe for over a decade. As a Title III grantee, the Tribe receives funding through Coastline to operate a transportation program specifically designed to meet the needs of Tribal elders.

This culturally responsive program provides reliable transportation for medical appointments, social engagements, recreational outings, and Tribal community events—ensuring that older Native Americans have access not only to essential health services but also to opportunities for connection, engagement, and cultural preservation.

This collaboration reflects Coastline’s ongoing commitment to supporting older Native Americans which include the newly recognized Acquinnah Wampanoag Tribe through equitable access to services and strong coordination with Title VI providers, and it serves as a successful model of how culturally tailored programming can enhance the well-being of Tribal elders.

### **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:**

Coastline Elderly Services, Inc. has developed an Emergency Preparedness policy that offers detailed procedures for staff to follow to ensure the continuance of essential agency functions in circumstances that lead to serious staff reduction, reduce direct care workforce capacity, leave consumers at risk, pose cyber/security threats, disrupt communications and/or business operations (e.g. extreme weather, public health emergencies, circumstances that impact business operations and other disasters). The policy also identifies current local and national emergency preparedness resources (e.g. FEMA, MEMA, & municipal emergency preparedness planners in our PSA).

Coastline Elderly Services, Inc. has also developed two agency documents relating to emergency preparedness that relate to this policy statement:

- Coastline Elderly Services, Inc. Emergency Action Plan (EAP)
- Continuity of Operations Plan (COOP)

These documents provide guidance on disaster/emergency preparation, agency leadership succession and specific responsibilities of staff in the event of an emergency. Coastline Elderly Services, Inc. department protocols are reviewed regularly to ensure that staff contact is maintained with our highest risk consumers and the plans are reviewed annually during a staff training overseen by the Director of LTSS and Compliance. The EAP will include alternative communication strategies in the event that the Coastline Elderly Services, Inc. office building cannot be occupied.

Additionally, Coastline Elderly Services, Inc. participates in a Memorandum of Agreement – “Statement of Mutual Aid and Assistance”- which cements the collaborative arrangements between the Aging & Disability Resource Consortium of Southeastern & Southern Massachusetts (i.e. Bristol Aging & Wellness, Old Colony

Elder Services, and the Southeast Center for Independent Living) which specifies inter-agency cooperation for sharing space, technology and other resources in the event that one of the parties must evacuate their building premises following an emergency or disaster. This document is updated annually.

All Massachusetts Area Agencies on Aging, including Coastline Elderly Services, Inc., annually receive a letter from AGE instructing AAA staff on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers.

Finally, as part of the Title III Program Monitoring process, entities receiving OAA funding must delineate their organization's emergency preparedness plan and staff training efforts for fire, flood and other emergencies.

In response to the FFY2024 Older Americans Act Final Rule, by October 1, 2025, Coastline Elderly Services, Inc. will strengthen its emergency planning documents and tools to comply with § 1321.97 and § 1321.103 of the 2024 OAA Final Rule, including:

- Coastline Elderly Services, Inc.'s Continuity of Operations Plan will be expanded to outline the agency's All Hazards Emergency Response Plan (including fire, flood, snow, hurricane, and cyber incidents).
- The COOP will identify critical functions (operations and services), key staff for those functions, and 2 levels of succession for key staff (Successor 1, Successor 2) in the event of any emergency. Additionally, the plan will address a training plan so that all Successor staff will be trained on their assigned critical functions.
- Coastline Elderly Services, Inc.'s emergency planning documents (COOP, EAP, risk assessment, building evacuation procedures) will each contain provisions that the plans will be updated and exercised annually, giving staff an opportunity to practice the plan and ensuring that building evacuation procedures are up to date. These building evacuation procedures will:
  - Be placed in a prominent location
  - Contain emergency numbers/contacts
  - Outline emergency evacuation procedures including:
    - Rally point
    - Evacuation routes
    - Provisions for evacuation procedures for people with disabilities
    - Provisions to ensure that all staff have left the building/are accounted for
- Coastline Elderly Services, Inc.'s COOP & EAP will be based on a completed risk assessment and updated annually.
- Finally, Coastline Elderly Services, Inc. will review and as warranted, strengthen its long-range emergency and disaster preparedness protocols by the October 1, 2025 Final Rule deadline, reviewing and updating our commitment to coordinated emergency response with AGE, other AAAs, MEMA, our PSA Councils on Aging, service providers, Title VI programs, such as the Mashpee Wampanoag Tribe, etc.

#### **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:**

Coastline, as the designated Area Agency on Aging (AAA), works in close partnership with its Title III legal service provider, South Coastal Counties Legal Services (SCCLS), to ensure that all legal assistance funded under the Older Americans Act is aligned with federal and state priorities. The AAA ensures that SCCLS gives precedence to legal matters that have the greatest impact on the independence, safety, and well-being of older adults.

Priority case types include:

- Income and public benefits (e.g., Social Security, Supplemental Security Income, pensions)
- Access to health care, including Medicare and Medicaid-related issues
- Long-term care, including residents' rights and placement disputes
- Housing, including evictions, landlord-tenant matters, and access to affordable housing
- Utility shut-offs and appeals related to energy assistance programs
- Protective services, including cases involving elder abuse, neglect, or financial exploitation
- Age discrimination in employment, housing, and public accommodations

South Coastal Counties Legal Services carefully screens and prioritizes cases within these categories to ensure that legal resources are allocated to older adults most in need, particularly those facing significant economic, social, or functional challenges.



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

863 Belleville Ave  
New Bedford, MA 02745  
[www.CoastlineNB.org](http://www.CoastlineNB.org)  
508-999-6400  
FAX: 508-993-6510  
TDD: 994-4265



*Courtesy of the Old Colony Planning Council*

## **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.]

The summary and findings of the 2024 Needs Assessment Survey and 2025 Needs Assessment Survey Report Project can be found in **Exhibit 2**.

[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.]

Not applicable, as the AAA received and provided to the SUA a total of 303 surveys. The AAA received 12 additional completed surveys following submission to the SUA, and included the survey data into the Needs Assessment Survey Report Project, for a grand total of 315 survey responses, exceeding the 250 survey minimum for the AAA Planning and Service Area's population.

[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.]

The AAA conducted outreach efforts for the Needs Assessment Survey to all 8 communities within the AAA PSA. However, the AAA did not receive any survey submissions from Gosnold / Cuttyhunk, which is the most rural of communities within the State of Massachusetts. According to the United State's Census Bureau, the year-round population of Gosnold is 64 residents, 36% of which are older adults, equating to 23 older adults. The AAA will continue our efforts in serving this rural population through concerted outreach efforts whenever applicable. However the availability of certain services to the rural island population may be limited, in that many services that are limited to low-income older adult households would generally not be applicable due to the Median Income (\$84,000 annually) of the island far exceeding the Statewide Average (\$50,000 annually).

[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.]

Throughout the process of the Area Plan development, the AAA Board of Directors and Advisory Council were closely involved in the review, timeline, comment, and development of the Area Plan. Beginning in the Fall of 2024 through July 2025, beginning with the Needs Assessment Survey process and throughout the development of the Area Plan, the AAA sought input through formal meetings, electronic communications, and focus groups, including but not limited to the general public, AAA consumer participant groups, the Advisory Council, Board of Directors, Caregiver and Older Adult Focus Groups and Listening Sessions, Council on Aging Directors, AAA staff, Community Providers and Community Organizations, as well as participants of the AAA Bidder's Conference for the FFY2026 & 2027 Request for Proposal. In each instance of review, public or otherwise, the participants were made aware well in advance of the timeline and material, and were provided with digital and/or print copies of the materials to be reviewed, including Needs Assessment Survey Project data and Area Plan information and insights, in order for the public review and input to be more effective.

Following each step of the public review process, including the Needs Assessment Survey Report and 2026-2029 Area Plan Development, the AAA received a variety of feedback. The feedback was reviewed, documented, and included in the final Area Plan document. Feedback ranged from general formatting issues and typos, to highlighting the on-going needs of programs that were not included or highlighted enough, such as Technology and Transportation. In other instances, feedback highlighted personal stories which helped to illustrate gaps in data that survey models cannot include, such as lived experiences of the Immigrant and LGBTQ+ demographic populations. Whatever form of comment or feedback that was received was instrumental in the creation of the final products that make up the Needs Assessment Survey, Area Plan, and its Attachments and Exhibits.

### 2025 RFP BIDDER'S CONFERENCE SIGN IN

Name + Title:	Agency:
1. <i>Renee Amaral-Lemoine</i> <sup>NBCOA</sup> <i>Director</i>	<i>New Bedford Council on Aging</i>
2. <i>Victoria Garsm</i>	<i>South Coast Courts Legal Services</i>
3. <i>Stephen Montembaert</i>	<i>CARDINAL LOGICS</i>
4. <i>Theresa Romanovitch</i>	<i>YWCA Southeast</i>
5. <i>Martha Reed</i>	<i>Fairhaven COA</i>
6. <i>Sarah Van Vleet</i>	<i>CNW / BBAN FH</i>
7. <i>Z didn't sign in</i>	
8.	<i>Plan, Race Z</i>
9. <i>Latey Green,</i> <sup>Mashpee Tribe</sup> <i>Z</i>	<i>Helena - EAC Z</i>
10. <i>Joan Kilroe, Asst. Co.</i>	

Acushnet | Dartmouth | Fairhaven | Gosnold | Marion | Mattapoisett | New Bedford | Rochester

### Comments welcome on Drafted Area Plan for 2026-2029

Coastline is soliciting comments from individuals (45 CFR 1321.61(2)) who reside in the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, and Rochester, regarding the Area Agency on Aging's Area Plan 2026-2029. The plan will be submitted to the Executive Office of Aging & Independence. All interested parties have the right to testify and submit written comments to the Area Agency on Aging by Monday, August 4th, 2025.

The draft Area Plan can be found on Monday, July 7th, available on Coastline's website at <https://coastlinenb.org/about-us/resources/>. Written comments, questions, feedback, etc. can be submitted to Coastline's Area Agency on Aging Planning Director, Zachary Boyer, at: [ZBoyer@CoastlineNB.org](mailto:ZBoyer@CoastlineNB.org).



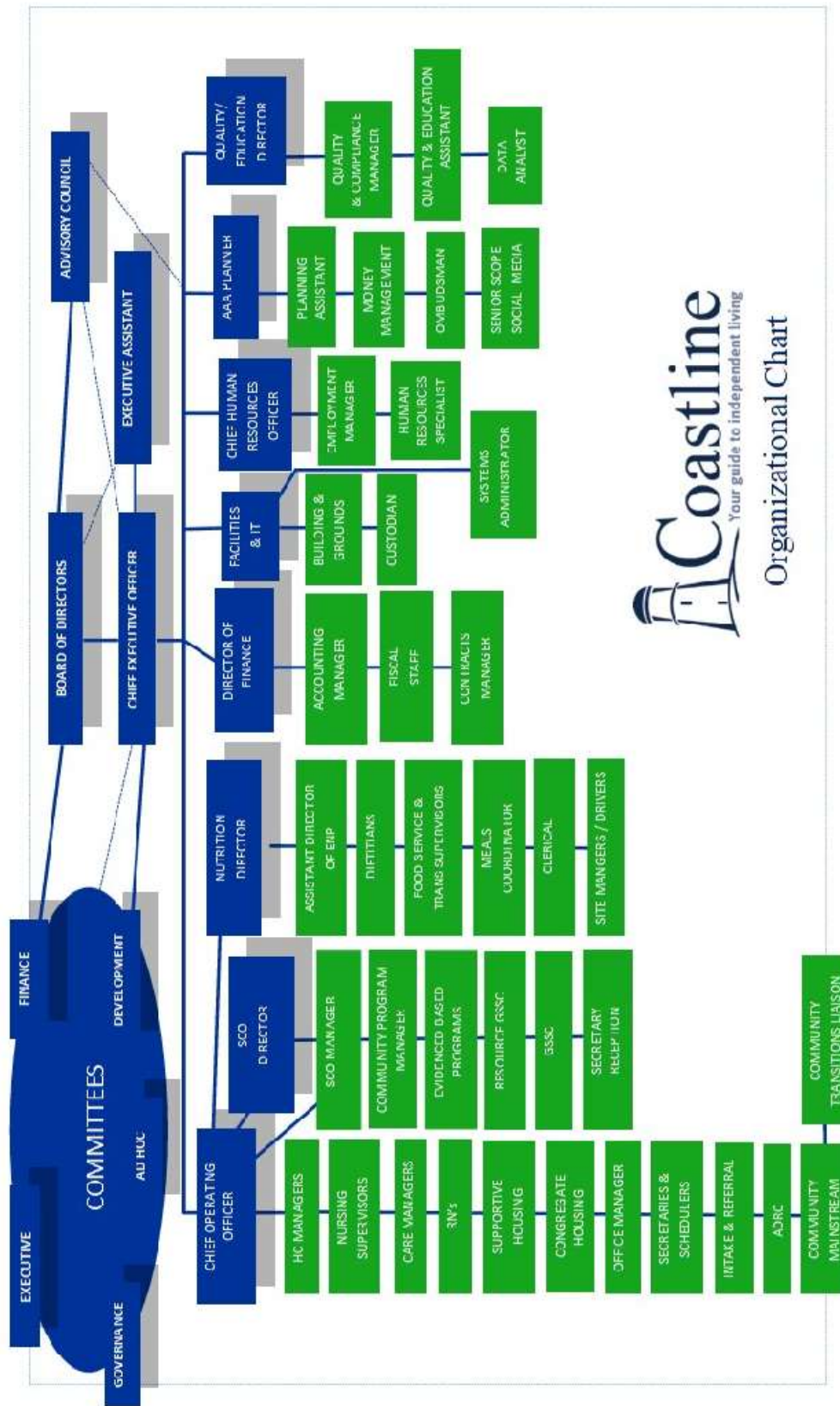
**Area Plan on Aging**



**State Plan on Aging**



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



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

[**AGE:** Attachment F includes the routine Title III reporting templates that include: Form 1; Form 2; Form 3; Form 4a; Form 4b; Form 5; and the FFY2026 Projected Budget Plan. AAAs can chose to identify these seven items as separate Attachments.]

**AREA PLAN ON AGING, 2026 - 2029**  
**Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2026**

**Area Agency on Aging : Coastline Elderly Services, Inc.**

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Dr. Andrew Revell	President	At-Large	UMass Dartmouth Gerontology
Eric Poulin	Vice President	Rochester	CoA Director
Helena DaSilva Hughes	Treasurer	At-Large	Immigrants Assistance
Martha Reed	Clerk	Fairhaven	CoA Director
Lauren Golda		Acushnet	CoA Director
Amy DiPietro		Dartmouth	CoA Director
Cynthia Wallquist		New Bedford	City of New Bedford
Karen Gregory		Marion	CoA Director
Chuck McCullough		Mattapoisett	Finance & Information Technology
Atty. Michelle Beneski		At-Large	Elder Law Attorney
Delia Demello		At-Large	Social Security Administration
John Lobo		At-Large	City of New Bedford
Jeannine Wilson		At-Large	Retired Editor
Christine Cernak		At-Large	Healthcare Professional
Charles Murphy		At-Large	MOLIFE CEO

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



**Area Agency on Aging: Coastline Elderly Services, Inc.**

66%	Percentage of the Advisory Council that are 60+ years of age. *
25%	Percentage of the Advisory Council that are minority persons.
8%	Percentage of the Advisory Council that are 60+ and minority persons.

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FFY2026 - Form 3



**Form 4a - Title III-B Funded Services - Federal Fiscal Year 2026  
Programs Funded in Whole or in Part by Title III-B**

**Area Agency on Aging: Coastline Elderly Services, Inc.**

FUNDED SERVICES	EOA Use Only	Title III Funding Category	Direct Service (Y/N)	Goal Number	Title III Code #s (1 to 135)	Minimum Adequate Prop Svc (A, T, L, O)	Name of Evidence-Based Program in Use	FFY2026 FUNDING - PLANNED	
								Title III-B Funding (Planning and Estimated Carryover)	Non-Title III Funding
<b>AAA or PROVIDER</b>									
Acushnet Council on Aging		B	N	1	22	A		\$ 4,000.00	\$ 5,630.00
Buzzards Bay Speech Therapy		B	N	2	57	A		\$ 9,000.00	\$ 7,207.00
Coastal Neighbors Network		B	N	2	19	A		\$ 4,000.00	\$ 68,000.00
Community Connections, Inc.		B	N	1	10	A		\$ 7,964.00	\$ 10,412.00
Dartmouth CoA		B	N	1	10	A		\$ 8,000.00	\$ 83,525.00
Gosnold CoA		B	N	8	19	A		\$ 1,000.00	\$ 195.00
Immigrants Assistance Center, Inc. (Elders)		B	N	8	14	I		\$ 13,000.00	\$ 17,046.00
Immigrants Assistance Center, Inc. (Mental Health)		B	N	1	86	A		\$ 5,000.00	\$ 45,477.00
Integrity Eye Care, LLC, DBA Fall River Vision		B	N	1	21	A		\$ 9,000.00	\$ 1,350.00
Mashpee Wampanoag Tribe		B	N	1	10	A		\$ 15,000.00	\$ 2,250.00
Moxie Mobility Training, LLC (B)		B	N	1	22	A		\$ 5,000.00	\$ 21,714.00
New Bedford Art Museum Creative Care Program		B	N	1	14	A		\$ 5,000.00	\$ 1,330.00
New Bedford COA Transportation		B	N	1	10	A		\$ 10,000.00	\$ 37,500.00
PACE		B	N	4	47	A		\$ 18,100.00	\$ 5,338.00
Rochester COA		B	N	1	22	A		\$ 4,220.00	\$ 11,228.96
South Coastal Counties Legal Services, Inc.		B	N	3	11	L		\$ 45,094.00	\$ 38,359.00
YWCA of SE MA		B	N	6	23	A		\$ 4,000.00	\$ 16,175.00
YWCA of SE MA		B	N	6	52	A		\$ 4,000.00	\$ 22,590.00
Intake and Referral		B	Y	1	14	A		\$ 1,000.00	\$ 259,356.72
Planning		B	Y					\$ 6,000.00	\$ 132,706.40
SeniorScope		B	Y	1	13	A		\$ 20,000.00	\$ 63,081.43
Community Mainstream		B	Y	5	14	A		\$ 23,757.00	\$ 67,444.09
Money Management Program		B	Y	1	50	A		\$ 4,500.00	\$ 188,093.47
(8) Minimum Adequate Proportion Services: A - access; I - in-home; L - Legal; O - other.								Total	Total
FFY2026-2029 Area Plan on Aging								\$ 226,635.00	\$ 1,009,497.47

AREA PLAN ON AGING, 2026 - 2029								
Form 4b - Title III-C ('1 and 2), D, E and OMB (III and VII) Funded Services - Federal Fiscal Year 2026								
Programs Funded in Whole or in Part by Title III								
Area Agency on Aging: Coastline Elderly Services, Inc.								
FUNDED SERVICES	EOEA Use Only	Title III Funding Category (C1/C2/D/E/ OMB)	Direct Service Status (Y/N)	Goal Number	Title III Code #s (1 to 135)	Name of Evidence- Based Program In Use	FFY2026 FUNDING - PLANNED	
AAA or PROVIDER							Title III Funding (Planning and Estimated Carryover)	Non-Title III Funding
Home Delivered Meals (C2)		C	Y	4	7		\$ 196,648.00	\$ 5,412,403.39
Congregate Meals (C1)		C	Y	4	4		\$ 288,101.00	\$ 704,295.01
Fairhaven CoA'Social Day (E) Program		E	N	2	54		\$ 9,600.00	\$ 2,400.00
Grandparents Raising Grandchildren, Inc. Greater NIB Adult Day Health Care Center DBA Project Independence		E	N	2	52		\$ 2,500.00	\$ 625.00
		E	N	2	5		\$ 10,000.00	\$ 10,000.00
Immigrants Assistance Center, Inc. (Caregivers)		E	N	6	14		\$ 15,000.00	\$ 10,092.00
Moxie Mobility Training, LLC (E)		E	N	1	51		\$ 15,000.00	\$ 21,838.00
New Bedford COA Adult Social Day		E	N	2	54		\$ 15,000.00	\$ 52,000.00
Coastline Family Caregiver		E	Y	1	19		\$ 47,666.09	\$ 172,724.07
Long Term Care Ombudsman		OMB	Y	3	31		\$ 54,535.00	\$ 47,666.09
Coastline		D	Y	1	68	Matter of Balance	\$ 11,565.05	\$ 11,441.27
Coastline		D	Y	1	68	Bingocize	\$ 6,263.95	\$ 6,418.84
Total							\$ 671,879.09	\$ 6,451,903.67

FFY2026 - Form 4b



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

**Area Agency on Aging:**  
**Coastline Elderly Services, Inc.**

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

\$ 287,501.07

Program Cost	Percentage (%) of Total
All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *	32%
Supervision cost. *	5%
All respite service costs.	0%
All supplemental service costs. *	1%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	56%
Administration costs. *	5%
Other (explain on separate attachment)	1%
Total estimated percentage must equal 100% of Title III-E planning budget.	100%
Projected <b>total</b> * FTE count for Title III-E (breakdown under "Detail" below).	0.41

**Detail - Family Caregiver Support Program**

Personnel Position Title	FTE
Residential Coordinator	0.3
Director of PCA and Community Programs	0.05
Assistant Accounting Manager	0.06
<b>Total FTE</b>	<b>0.41</b>


AREA PLAN ON AGING, FFY2026 - 2029 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026									
Area Agency on Aging: Coastline Elderly Services, Inc. OCTOBER 1, 2025THROUGHSEPTEMBER30, 2026									
	Area Plan Admin	Title III-B Supp Svs	Title III-C1 Cong. Nutr Svs	Title III-C2 HDM Nutr Svs	Title III-D Evi-Based Svs	Title III-E Caregiver Svs	Ombudsman Services		
Title III Planning Award:									
Prior FFY Standard Estimated Carryover			74,480	87,047	7,046	68,831			
FFY2026 Title VII LTCO Planning Award									
FFY2026 Standard Planning Award	99,829	226,635	290,843	200,784	17,829	114,777	54,535		
FFY2026 Estimated Total Title III Income	\$ 99,829	\$ 226,635	\$ 365,323	\$ 287,831	\$ 24,875	\$ 183,608	\$ 54,535		
Other Income:									
NSIP Cash NSIP Commodity Credit			-	-					
Other Federal (non-Title III or NSIP)			30,099	23,550					
Program Income (Client Contributions)		20,000	13,000						
State Home Care Program State Elder			25,000	130,000					
Lunch State - Other (attach detail)				4,079,763					
Non-Federal Inkind Local (attach detail) Other (attach detail)			224,413	175,587					
Total Other Income:	138,706	415,970	309,066	929,815	17,830	103,893	47,666		
				8,000					
	\$ 138,706	\$ 435,970	\$ 601,578	\$ 5,346,716	\$ 17,830	\$ 103,893	\$ 47,666		
Total Available Income:	\$ 238,535	\$ 662,605	\$ 966,901	\$ 5,634,546	\$ 42,705	\$ 287,501	\$ 102,201		
Budgeted Expenditures:									
AAA Number of Supported FTEs	3.16	0.59	-	-	0.10	0.41	1.00		
Wages and Salaries	154,643	47,131	65,626	382,429	11,819	64,619	69,925		
Payroll Taxes/Fringe Benefits	25,438	9,880	14,239	82,978	1,037	32,713	9,149		
Mileage/Travel	3,000	260	659	3,841	250	150	2,400		
Occupancy Costs	9,883	2,028	12,379	72,141		7,361	1,301		
Equipment Purchase/Rental/Maintenance									


Area Plan on Aging: Coastline Elderly Services, Inc.							
OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026							
Area Plan	Title III-B Supp Svs	Title III-C1 Cong. Nutr Svs	Title III-C2 HDM Nutr Svs	Title III-D Evl-Based Svs	Title III-E Caregiver Svs	Ombudsman Services	
Meal Prep and Related Costs		694,582	4,047,627				
Other Program Support	3,722	8,501	49,539	7,303	1,653	2,269	
Agency Admin Support Allocation	41,849	170,915	995,992	4,467	5,775	17,157	
Direct Services to Caregiver					6,000		
Subgrants - Access	104,264						
Subgrants - In-Home	22,000						
Subgrants - Legal	45,094						
Subgrants - Other (or Caregiver Svcs)				17,829	67,000		
Subgrants - Inkind	395,326				102,230		
<b>Total Budgeted Expenditures:</b>	\$ 238,535	\$ 966,901	\$ 5,634,546	\$ 42,705	\$ 287,501	\$ 102,201	
<b>Net Change</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

Budgeted Expenditures - Caregivers Serving Elders	\$ 279,001
Budgeted Expenditures - Grandparents Serving Children	\$ 8,500

Signature of Area Agency on Aging Fiscal Manager:  Date: 07/07/2025

Signature of Area Agency on Aging Executive Director:  Date: 7/07/2025

# EXHIBITS



Coastline Elderly Services, Inc.  
Area Agency on Aging

GRIEVANCE PROCEDURES

Guidelines For  
Area Agency on Aging  
For Older Individuals Who Are  
Dissatisfied With or Denied Services  
Under Title III of the  
Older Americans Act.  
Section 306 (a) (10) as amended in 2000

Section

1.01: Applicability

1.02: Notice

1.03: Complaint Review

1.04: Filing a Complaint

1.05: Investigation of Complaint / Attempt At Resolution

1.06: Request for Informal Conference with AAA Director

1.07: Decision of Director / Appeal to Board

## Guidelines For Administrative Review

### 1.01: Applicability

Any individual 60 years of age or over eligible for Supportive Services under Title III Part B; Disease Prevention and Health Promotion Services, including Medication Management under Title III Part D; The Family Caregiver Support Program under Title III Part E, which are provided under an Area Plan, or any person 60 years of age or older, or their spouse of any age eligible for Nutrition services under Title III Part C, may file a written complaint with the Area Agency on Aging (AAA) if they are denied services or are dissatisfied with services under Title III of the Older Americans Act, as amended.

### 1.02: Notice:

The AAA shall inform individuals eligible for or receiving Title III services that they may file a grievance with the AAA when they are dissatisfied with or denied Title III services. Such notice shall be posted in writing by the AAA or its service subgrantee or subcontractor in a conspicuous manner at the place where such services are rendered or delivered.

### 1.03: Complaint Review:

The AAA has developed a Complaint Review Team of 3 or fewer persons, including but not limited to, AAA staff assigned for such purpose and a representative from the AAA Board or AAA Advisory Committee, to receive and review Title III service applicant or client complaints. The AAA keeps and maintains adequate records of the receipt, processing and resolution of each complaint received.

### 1.04: Filing a Complaint:

- A. An eligible individual may file a written complaint with the AAA regarding their dissatisfaction with or denying Title III services.  
The AAA will assist the complainant in filing the complaint and
- B. throughout the process, to the greatest extent possible.  
Such a complaint shall be filed within twenty-one (21) business days of the adverse action on a documented form provided by the AAA (Please see
- C. Grievance Procedure). A business day is a day in which the AAA is open for business, between the hours of 8 a.m. to 5 p.m., Monday through Friday, weekends and holidays are excluded.  
The AAA will make a written record of every complaint received and forward it to a Complaint Review Team staff member designated by the Executive Director.
- D.

### 1.05: Investigation of Complaint / Attempt At Resolution

The Complaint Review Team or a designated member of such team will, within fourteen (14) business days after filing of the complaint, meet or communicate with the complainant and attempt to resolve the complaint. The Complaint Review Team shall meet and forward a written answer regarding resolution to the complainant within seven (7) business days after such meeting or communication.

### 1.06: Request For Informal Conference with AAA Director

- A. If the complainant is dissatisfied with the Complaint Review Team's response and resolution, (s)/he may request an informal Conference with the AAA Director within seven (7) business days after receiving such a response or, if the process set forth in 1.05 above is not followed, within twenty-one (21) business days after filing such complaint. The AAA Director will schedule an informal conference

for the benefit of the complainant and will give seven (7) business days' notice of the informal conference to the following parties:

- a. The Complainant, by mail;
- b. The staff person(s) at the AAA responsible for the decision affecting

the Complainant; and

The Complainant's designated representative, if known.

The AAA Director or his/her designee will conduct the informal conference and shall allow all participants to offer relevant information during the conference or to send such information to the AAA director within seven (7) business days following the conference.

C. The AAA Director or his/her designee will make a record of the informal conference, including the identity of those participating, a copy of all written information presented, and a summary of the information presented.

#### 1.07: Decision of Director / Appeal to Board

A. The AAA Director or his/her designee will issue a written decision on the matter within twenty-one (21) business days after the conference. The decision will include a brief statement of the reasons for the decision. The AAA will mail a copy of the decision to each of the parties receiving notice under section 1.06 above within twenty-one (21) business days after the Conference.

B. In his / her decision, the AAA Director will notify the Complainant that if s/he is dissatisfied with the AAA Director's decision, s/he may request a formal review of the decision by the AAA Board if s/he mails a written request for review of the Director's decision by the AAA Board to the AAA office, located at 1646 Purchase Street, New Bedford, MA 02740, which is postmarked no more than thirty-five (35) business days after the Conference.

C. The AAA Board will review the matter in a timely manner

D. The Review of the Director's decision by the Board will be the Final Administrative Review in this matter.

Coastline Elderly Services, Inc.  
Area Agency on Aging/Aging Services Access Points  
863BellevilleAve, New Bedford,MA02745  
Phone: 508-999-6400 Fax: 508-993-6510  
TDD: 508-994-4265

GRIEVANCE PROCEDURE

Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Disability(if any): \_\_\_\_\_

Please Check One

1. How long have you been receiving services?  
Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Never \_\_\_\_\_

2. Do you have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Interpreter: \_\_\_\_\_ Specify Language: \_\_\_\_\_

American Sign Language: \_\_\_\_\_ Other:(specify) \_\_\_\_\_

3. Were you denied a service(s) under Title III of the Older Americans Act:  
Yes \_\_\_\_\_ No \_\_\_\_\_ or:

4. Are you dissatisfied with a service(s) under Title III of the Older Americans Act:  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please describe (briefly) the service(s) you were denied, or describe your dissatisfaction?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name the agency and the person responsible for administering the Title III service(s)?

\_\_\_\_\_

Your Signature: \_\_\_\_\_

-----  
Please do not write below this line. For Area Agency's use only.

DONATION POLICY  
Under The Older Americans Act

- ☐ You are provided with the opportunity to donate to this program.
- ☐ Your donation is voluntary and will be kept confidential.
- ☐ You will not be denied services should you choose not to donate.
- ☐ Your donation will be used to expand services.

GRIEVANCE POLICY

Any elder who is dissatisfied with or has been denied a service, has the right to file a grievance with the Area Agency on Aging.

Your complaint must be filed within twenty-one (21) business days of the adverse action on forms provided by the Area Agency on Aging.

Your Area Agency on Aging is:

Coastline Elderly Services, Inc.  
863 Belleville Avenue  
New Bedford, MA 02745  
Phone: 508-999-6400  
TDD: 508-994-4265



# 2024 Needs Assessment

CoastlineElderly Services, Inc.  
Area Agency on Aging &  
Aging Services Access Point

Serving the Communities of:  
Acushnet – Dartmouth – Fairhaven – Gosnold – Marion  
Mattapoisett – New Bedford – Rochester

863 Belleville Avenue  
New Bedford, MA 02740

508-999-6400

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

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Appendix A: Survey Letter, FFY24 Needs Assessment Survey in English



## FOREWORD

The Massachusetts Executive Office of Aging and Independence (AGE) instructed Coastline Elderly Services, Inc. (Coastline), along with the other 19 Area Agencies on Aging (AAA) throughout the Commonwealth, to conduct the 2024 Needs Assessment Survey in order to gather data, information, and insights for the creation of the Area Plan on Aging 2025-2030. The 2024 Needs Assessment Survey occurred between September and November, and specifically targeted Older Adults 60 years and older, the Disabled, and their Caregivers for gathering survey feedback.

In part, this data and information helped to create the State Unit on Aging's (AGE) State Area Plan, known as 'Reimagine Aging 2030: The Massachusetts Plan', as well as each individual AAA's Area Plan. These plans are important tools for the Commonwealth's aging network to help demonstrate the community's needs, in order to help prioritize funding for key programs and services that help older adults age at home within their community. The survey's planning,

methodology, and strategy were developed in partnership with each AAA and AGE, in order to target the most at-risk and vulnerable populations, such as those with the greatest economic and/or social needs, those at risk for social isolation, the LGBTQ+ community, those with limited English proficiency, rural communities, tribal populations, etc. The survey was advertised and distributed through a variety of means throughout Coastline's Service Area of eight communities, such as mailings, phone calls, emails, newspapers, press releases, Councils on Aging (CoA's), etc. Coastline distributed 1,524 surveys, received 315 responses, equating to an approximate response rate of 20%.

In addition to the Needs Assessment Survey, which was made available with virtual and physical survey options; each AAA was asked by AGE to conduct community sessions, including small and large groups of older adults, through the form of focus groups, listening sessions, and interviews. Coastline conducted 11 community sessions and/or focus groups, including agency stakeholders such as Coastline's Advisory Council and Board of Directors, as well as the Caregiver Resource Fair, the Single Senior Supper Club, the Immigrants Assistance Center, the MA Association for the Blind and Visually Impaired, the Grandparents Raising Grandchildren support group, PACE's Food Bank, Meals on Wheels recipients, Technology Classes for Older Adults, and the Inter-Church Council. Each form of participation and feedback that was received

throughout conducting the 2024

Needs Assessment Survey helped to create AGE's State Area Plan on Aging, as well as Coastline's Area Plan on Aging. This report includes statistical data and citations from previous Needs Assessment Surveys done by Coastline, including statistical data from secondary sources.



This report reflects our Area Agency on Aging’s commitment to older adults, the disabled, and their caregivers through directly utilizing their feedback in developing our agency’s programs and services, to better allow for aging within our community with health, dignity, and respect.

Justin Lees

Chief Executive Officer

Zach Boyer

Area Agency on Aging Planning Director

## ACKNOWLEDGMENTS

We offer our most sincere gratitude to those who helped host focus groups or coordinated delivery of our survey and helped to ensure our data's integrity.

Karen Costello, Coastline's Quality Director, coordinated surveys by phone.

Helena DaSilva Hughes, AAA Board of Directors and Executive Director of the Immigrants' Assistance Center, assisted in coordinating non-English focus group.

Audra Depina, Massachusetts Association for the Blind and Visually Impaired, helped to coordinate a focus group with the Blind and Visually Impaired.

Genesis Galan, PACE's Director of Community Impact, helped coordinate survey distribution at PACE's food bank.

DionneGomes, Coastline's Planning Assistant, coordinated mailings of surveys and organized focus groups.

Brenda Grace, Grandparents Raising Grandchildren President and Founder, coordinated focus group.

Duane Pacheco, Coastline's Data Analyst, helped to ensure data integrity and visual graphics.

Gerami Pacheco, Coastline's Nutrition Program Director, helped distribute surveys to Meals on Wheels and Congregate Meals recipients.

Beth Perdue, Coastline's "Senior Scope" Editor, assisted in virtually distributing surveys.

Martha Reed, Fairhaven Council on Aging's Director, helped coordinate LGBTQ+ Focus Groups and distribution of survey at the Caregiver Resource Fair.

KraigPerry, Coastline's Technology Instructor, helped distribute surveys to Technology Students.

## INFORMATION ABOUT REPORT

### Accuracy of Estimates

This report utilized a paper survey, which is attached in the Appendices of this report. This report also utilized a web-based tool, developed by the Executive Office of Aging & Independence, in order to gather online survey responses. Please be aware that this report may have a range of years which varies due to the lack of uniformity and availability of data across different data sources. Some data in this report is based on a sample of the population and is therefore subject to standard sampling errors. The data in some indicators may not sum to total because of rounding.

### What is a Need?

Needs are social definitions that represent what a person or group of people require in order to play a role, meet a commitment, participate in a social process, and retain an adequate level of energy and productivity.

Perceived Need: Felt

Normative Need: Reflects “Normal standards, value laden shaped by environment.”

Expressed Need: Based on those who seek services, consumers, and potential consumers.

Relative Need: Seek equity of services between geographic areas.

### What does a Needs Assessment Study?

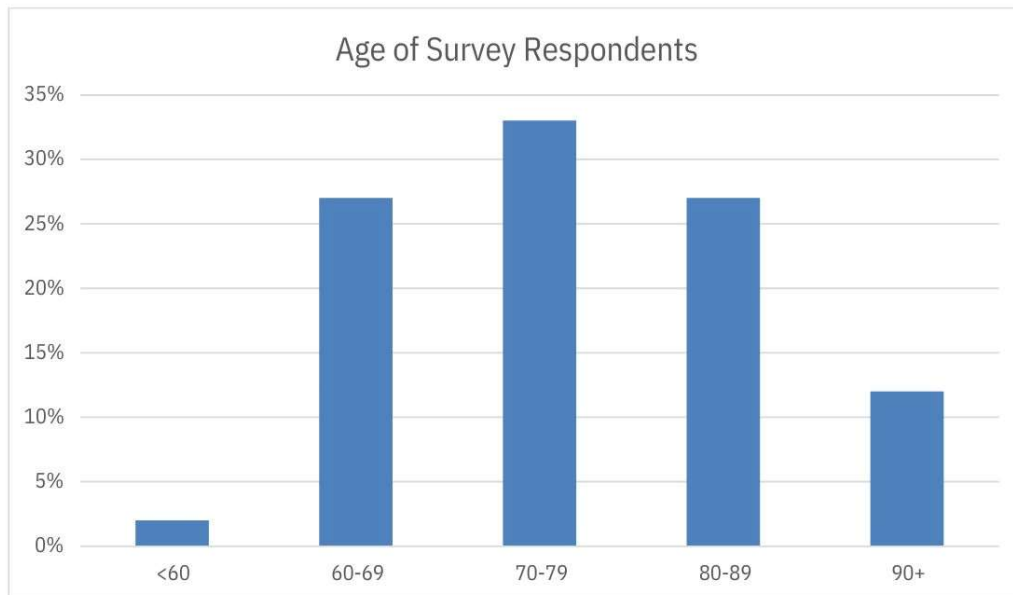
Minimally, the study should look for:

- ☐ Who is in need?
- ☐ What is lacking or needed?
- ☐ What are the goods/services needed?
- ☐ How much of each good/service is needed?
- ☐ Is the problem related to supply and demand, or access and distribution?
- ☐ What is not needed or less needed?
- ☐ What will it cost to provide?
- ☐ How can it be funded?

(N=315)

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## AGE OF SURVEY REpondENTS



In this survey, over 30 percent of respondents said they were between the ages of 70-79, with approximately 12 percent of respondents reporting they were above the age of 90 years old.

By 2030, older adults above the age of 60 years old are projected to become a larger population than those 18 years of age and younger for the first time in history. This significant shift in population and age composition of the nation will have significant impacts on the availability and costs of services.

Additionally, in 2030 the projected 78.3 million older adult Americans will have a wide variation in quality of life throughout the aging process. With older adult American life expectancy increasing, the need for a wider variety and diversity of programs and services to account for the varying needs of this growing demographic will increase proportionately.

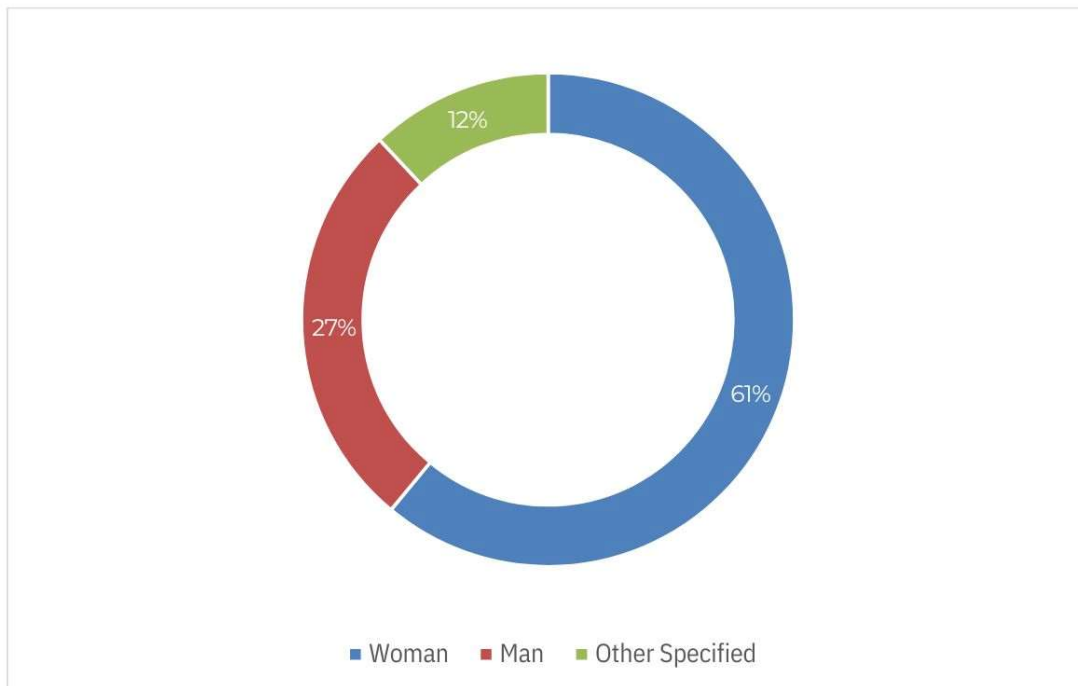
---

Reference population: This data refers to the civilian non-institutionalized population.

### Citations:

1. U.S. Administration for Community Living. 2023 Profile of Older Americans. May 2024. Found on the internet at [https://acl.gov/sites/default/files/Profile%20of%20OA/ACL\\_ProfileOlderAmericans2023\\_508.pdf](https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf)
2. National Center for Health Statistics. Mortality in the United States, 2022. March 2024. Found on the internet at <https://www.cdc.gov/nchs/products/databriefs/db492.htm>

## GENDER IDENTITY



The life expectancies of older adult women continue to exceed that of older adult men for a variety of biological, sociological, and environmental reasons. Conversely, as men age, they are reported to have higher quality of life in terms of physical and mental health. Women disproportionately suffer from higher rates of depression, disability, social isolation, etc.

Although these gaps in age and health differences between genders have begun narrowing in recent years, health equity and its impact on key programs like Social Security, will bring its own challenges. The provisions of Social Security, and similar social support programs like it, are supported by age ratios that rely on younger adult labor force participation relative to the smaller older adult age population. Therefore, in order to increase the likelihood of positive health equity outcomes for all older adults; Area Agencies on Aging and related Aging-Network supportive services, will be compelled to fill the gap is supportive programs and services.

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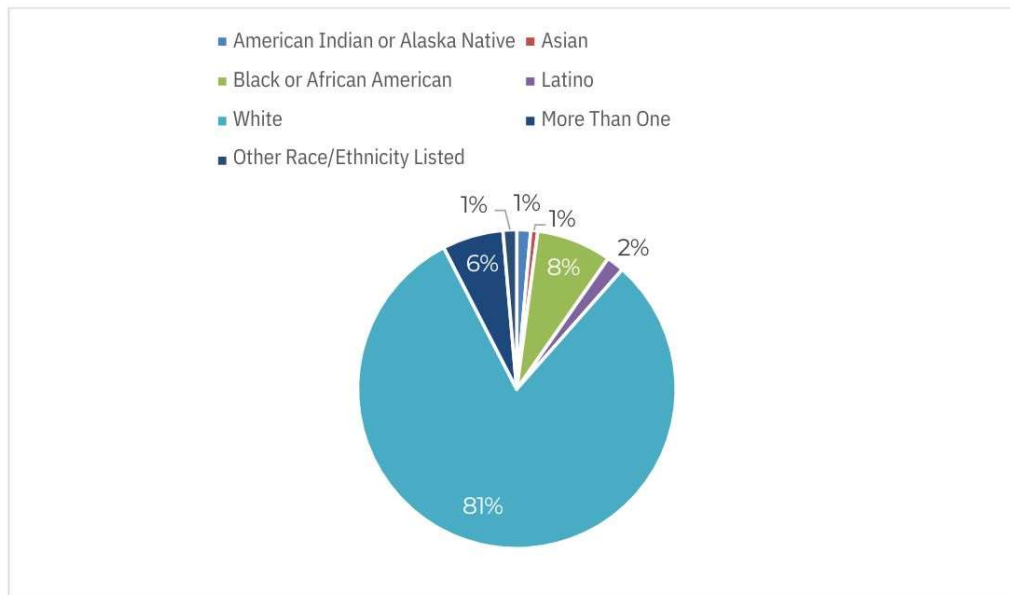
Reference population: This data refers to the civilian non-institutionalized population.

### Citations:

1. Carmel S. Health and Well-Being in Late Life: Gender Differences Worldwide. *Front Med (Lausanne)*. 2019 Oct 10;6:218. doi: 10.3389/fmed.2019.00218. PMID: 31649931; PMCID: PMC6795677.
2. Centers for Disease Control and Prevention, "Table 15. Life Expectancy at Birth, at Age 65, and at Age 75, by Sex, Race, and Hispanic Origin: United States, Selected Years 1900–2016" (2017), [www.cdc.gov/nchs/data/abus/2017/015.pdf](https://www.cdc.gov/nchs/data/abus/2017/015.pdf).



## RACE / ETHNICITY



As older adult Americans continue to age, the diversity of race and ethnicity of this population continues to increase. By 2050, non-Hispanic white older adults are projected to account for 60% of the older adult American population, down from 75% in 2022. However, non-white older adult Americans are twice as likely to be living in poverty, indicating significant wealth disparities comparative to non-Hispanic white Americans.

In New Bedford, the largest and most diverse population in Coastline's Service Area, as of 2025 there are 15,874 older adults. Of this population, non-Hispanic white older adults equate for approximately 83% of the population; with multi-racial older adults being the second largest population at approximately 14% of the population.

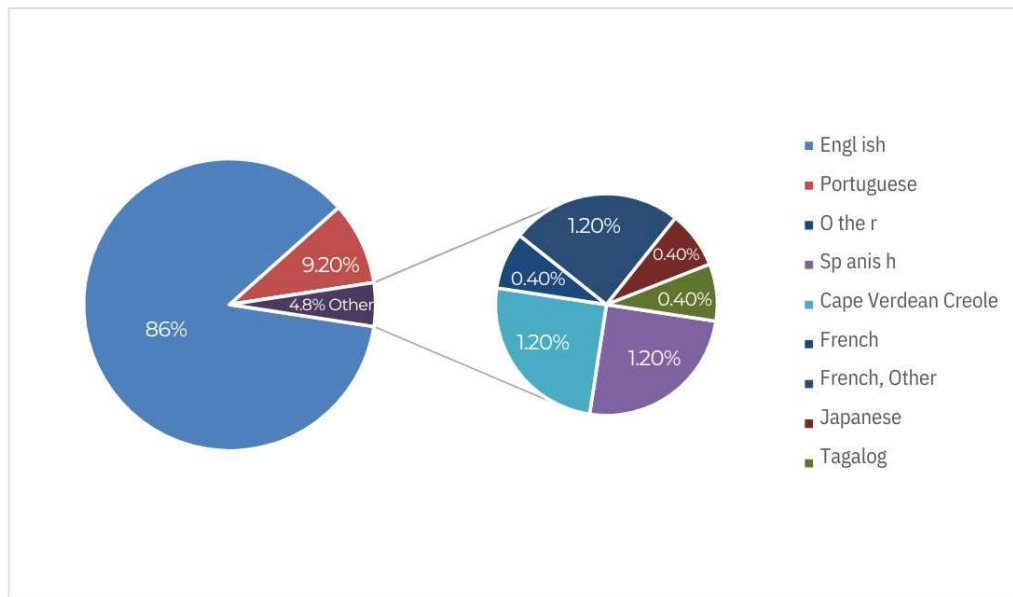
---

Reference population: This data refers to the civilian non-institutionalized population.

### Citations:

1. U.S. Census Bureau, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2022 to 2100.
2. U.S. Census Bureau, [Poverty Status of People by Age, Race, and Hispanic Origin: 1959 to 2022](#).
3. Massachusetts Healthy Aging Collaborative, [2025 Highlight Report](#) for New Bedford.

## LANGUAGE SPOKEN AT HOME



Our survey findings indicate that 86% of respondents said that English was their language spoken at home. In comparison with the Census data from 2024, which showed that 78.2% of households spoke English at home; this indicates that older adults speak English in their home at a higher rate than their younger counterparts.

Of the subset of the surveyed older adult population that did not speak English at home, 94% of respondents said that they speak English well or very well. As more diverse older adult Americans age into the demographic population, the diversity and number of languages spoken by older adults increase as well. This language diversity has a notable positive impact on the neuroplasticity of older adults as they age, due to the language comprehension and communication skills that result in multi-lingual speakers, which contributes to positive cognitive functions.

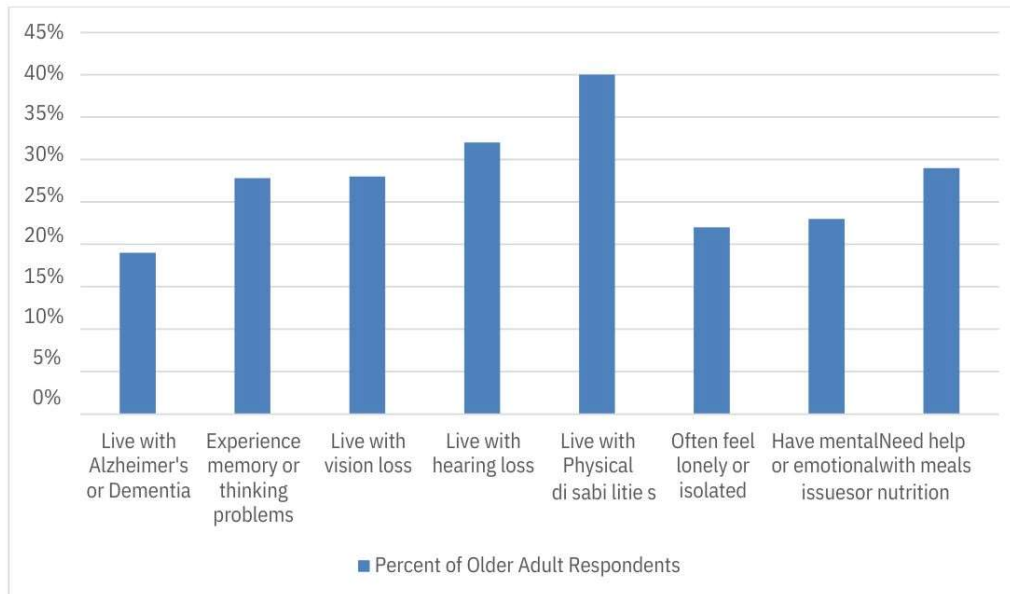
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Reference population: This data refers to the civilian non-institutionalized population.

### Citations:

1. U.S. Census Bureau, Bristol County Quick Facts 2019-2023
2. Rossi E, Diaz MT. How aging and bilingualism influence language processing: theoretical and neural models. *Linguist Approaches Biling*. 2016;6(1-2):9-42. doi: 10.1075/lab.14029.ros. Epub 2016 Jan 25. PMID: 28919933; PMCID: PMC5600288.

## REPORTED CHARACTERISTICS



Chronic conditions, and their resulting impact on the activities of daily living for older adults, cause significant healthcare costs. The majority of older adults have multiple chronic conditions, that result in disability and frailty, both of which are primary factors in the ability of older adults to age at home within their community.

40 percent of survey respondents said that they were living with physical disabilities, with nearly 30 percent of survey respondents saying that they live with vision or hearing loss. These two findings are significant contributing factors to an older adults ability to participate in society, such as inhibiting their mobility or ability to access transportation, which result in the correlated findings of social isolation, mental and behavioral health issues, and their ability to access nutritious healthy meal options.

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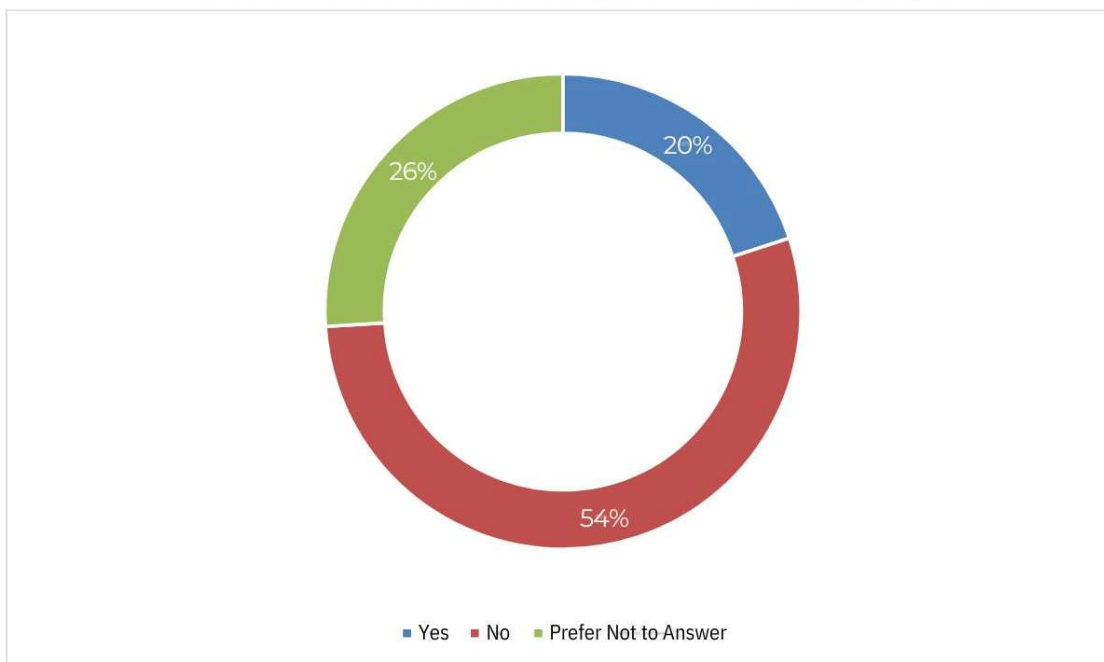
Reference population: This data refers to the civilian non-institutionalized population.

Citations:

1. [Federal Interagency Forum on Aging-Related Statistics \(2024\). Older Americans 2024: Key indicators of well-being](#)
2. Wolff, J. L., Nicholas, L. H., Willink, A., Mulcahy, J., Davis, K., & Kasper, J. D. (2019). [Medicare Spending and the Adequacy of Support With Daily Activities in Community-Living Older Adults With Disability: An Observational Study.](#) *Annals of internal medicine*, 170(12), 837–844. <https://doi.org/10.7326/M18-2467>



## HOUSEHOLD INCOME LESS THAN \$20,000



1 in 5 survey respondents said that their annual household income is less than \$20,000. As of 2025, the U.S Department of Health and Human Services indicates that single-person households with less than \$15,650, or a two-person household with less than \$21,150, in annual income are considered to be below the poverty line.

Social Determinants of Health (SDOH) are key factors which provide insight into the quality-of-life outcomes and risks. For older adults living in poverty, lack of economic stability has a direct impact on their ability to secure stable housing, healthy foods, and adequate healthcare. Nationally, nearly 1 in 10 older adults live below the poverty line, which results in increased healthcare costs, early mortality, social isolation, mental health issues, among others.

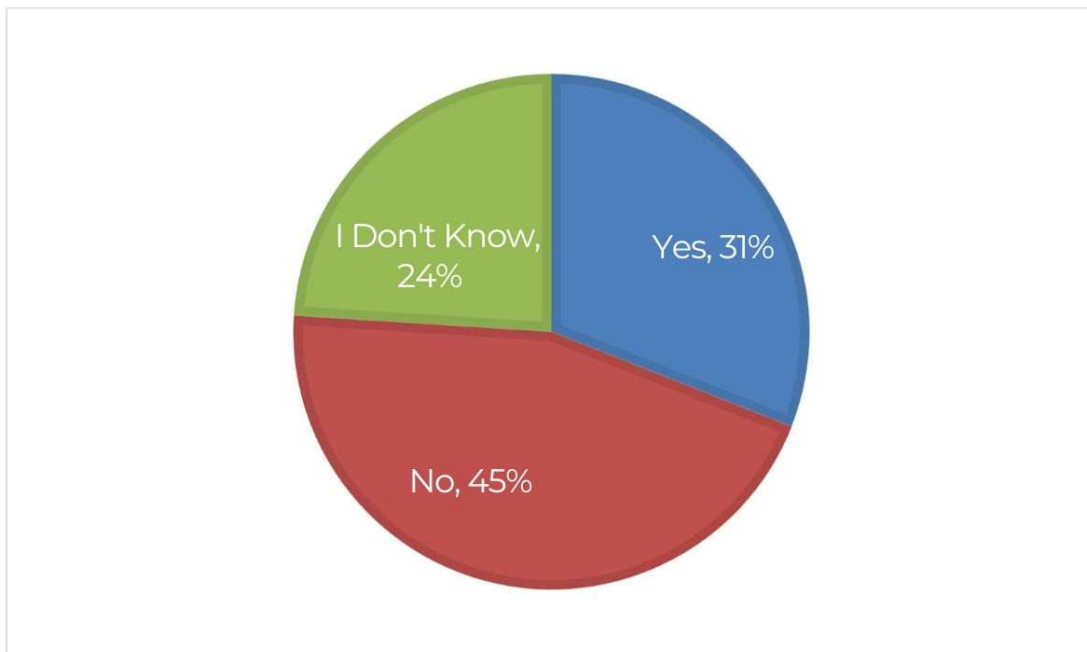
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Reference population: This data refers to the civilian non-institutionalized population.

#### Citations:

1. U.S. Department of Health and Human Services. (2025). Poverty guidelines. Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
2. U.S. Department of Health and Human Services. (2025). Social determinants of health and older adults. Office of Disease Prevention and Health Promotion. <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

## MASSHEALTH MEMBERSHIP



In Massachusetts, MassHealth is the name for the Federal Medicaid program, and is critical for the State's high rates of coverage and ongoing efforts to improve health equity. This program covers over 2 million state residents, accounting for over one third of the state's population. This population includes older adults, which make up 45% of MassHealth members, as well as low-income children, and the disabled, all of which cumulatively account for 55% of MassHealth members.

The focus of MassHealth's coverage continuity requires special focus on reducing disparities in coverage in order to improve health equity. This focus is demonstrated in-part with MassHealth's expansion of mental and behavioral health services, including access to urgent behavioral health needs for its consumers.

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Reference population: This data refers to the civilian non-institutionalized population.

Citations:

1. Blue Cross Blue Shield of Massachusetts Foundation. (2024, October). [MassHealth: The basics – Facts and trends.](#) Massachusetts Medicaid Policy Institute.

# TOP 10 NEEDS

In-Home Support for Independence	59%
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Affordable Health Care	43%
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Leisure, Recreation, & Socialization	43%
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Staying Active/Wellness Promotion	42%
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Access to Services	39%
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Transportation Access	37%
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Access to Health Care	36%
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Nutrition Support	34%
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Long-Term Services & Supports	32%
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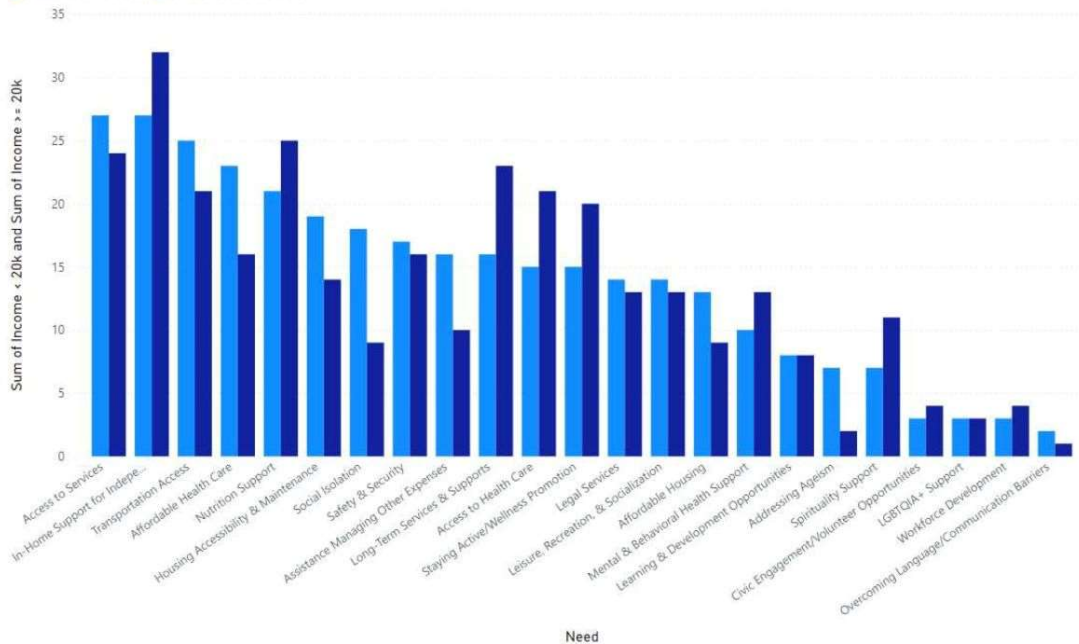
Learning & Development Opportunities	31%
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## REPORTED NEEDS BY INCOME

Sum of Income < 20k, Sum of Income >= 20k

BY NEED

Sum of Income < 20k Sum of Income >= 20k



There are many similarities and variances between income demographics, those with annual income less than and above \$20,000, as the data above demonstrates. In-Home Support for Independence was reported as the highest need for both income levels.

The largest variances in reported needs show that low-income older adult respondents need help with Social Isolation, Access to Affordable Health Care, and Assistance Managing Other Expenses, at a rate of 1.5-2x higher than older adults who make more than \$20,000 annually. Whereas higher income older adult respondents indicated that they need help with Long Term Supportive Services and Spirituality Support at a higher rate than lower income older adult respondents.

These findings provide insight into how our agency might best be able to provide different programs and services to different income demographics of older adults, as well as how the regional Aging Network can ensure that older adults of all income levels are able to age at home with dignity, equity, and respect within our communities.



## RANKED NEEDS

Needs Ranked	Ranked 1 (%)	Ranked 2 (%)	Ranked 3 (%)
Access to Services	13.9%	7.1%	5.8%
Affordable Health Care	13.9%	5.7%	1.4%
Access to Health Care	1.4%	5.7%	1.4%
Affordable Housing	11.1%	2.9%	1.4%
Housing Accessibility and Maintenance	2.8%	5.7%	10.1%
In-Home Support for Maintaining Independence	22.2%	10%	10.1%
Long Term Services & Supports	1.4%	2.9%	4.3%
Assistance Managing Other Expenses	1.4%	2.9%	2.9%
Legal Services	0%	2.9%	1.4%
Mental & Behavioral Health Support	2.8%	2.9%	2.9%
Nutrition Support	1.4%	8.6%	4.3%
Safety & Security	4.2%	1.4%	5.8%
Transportation Access & Availability	8.3%	7.1%	8.7%
Workforce Development	1.4%	1.4%	0%
Assistance Addressing Social Isolation	1.4%	7.1%	4.3%
Opportunities for Leisure, Recreation, & Socialization	4.2%	11.4%	7.2%
Civic Engagement / Volunteer Opportunities	2.8%	0%	1.4%
Learning & Development Opportunities	1.4%	1.4%	5.8%
Staying Active / Wellness Promotion	2.8%	7.1%	11.6%
Addressing Ageism and Age Discrimination	0%	1.4%	0%
Overcoming Language / Communication Barriers	0%	0%	0%
LGBTQIA+ Support	0%	0%	0%
Spirituality Support	0%	0%	1.4%
Other	1.4%	4.3%	7.2%

Respondents were asked to rank their top three identified needs, regardless of how many needs they have, which helps our agency know which needs are the highest priority amongst all needs.

## Top 5 Caregiver Needs





October 15<sup>th</sup>, 2024

## THIS IS NOT A BILL

Dear Friend,

Coastline Elderly Services, Inc. the region's Area Agency on Aging, in coordination with the Massachusetts' Executive Office of Elder Affairs, is conducting a Needs Assessment Survey to gather information on the needs of older adults. Our purpose is to improve programs and services for older adults, as well as fulfilling federal requirements under the Older Americans Act.

Your response is **VERY** important to us, but participation in this survey is entirely voluntary. You do not need to provide your name. Your refusal to participate will not affect any services you are currently receiving from Coastline, or may apply for or receive in the future.

**Please drop off your completed survey at your local Council on Aging, or mail your completed survey in the enclosed stamped addressed envelope by Friday, November 22<sup>nd</sup> 2024.**

Should you have any questions, you may contact Coastline's Planning Director, Zach Boyer, at 508-742-9161 or [ZBoyer@CoastlineNB.org](mailto:ZBoyer@CoastlineNB.org). Thank you for your time and consideration in helping our agency and the State of Massachusetts complete this important Needs Assessment Survey.

Sincerely,

Zachary Boyer  
Planning Director,  
Coastline Elderly Services, Inc.

Acushnet • Dartmouth • Fairhaven • Gosnold • Marion • Mattapoisett • New Bedford • Rochester



508-999-6400



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



[fb.me/CoastlineNB](https://fb.me/CoastlineNB)



863 Belleville Ave.  
New Bedford, MA 02745



## Needs Assessment: Older Adult Survey

Thank you for participating in this survey. Your responses will help our Area Agency on Aging (AAA) understand the needs of older adults in our community. Your responses will be kept confidential and will not be shared outside your AAA and the Executive Office of Elder Affairs.

### 1. Needs

Please review the list below and select your most important needs related to aging. The examples under each category do not include all possible examples, so you can select a category even if you do not see your specific need listed. Select all needs that are important to you:

- ☐ Access to Services
  - o For example, getting help with Food/SNAP benefits and financial services, and applying for health insurance.
- ☐ Affordable Health Care
  - o For example, accessing affordable health services, insurance, managing prescription costs.
- ☐ Access to Health Care
  - o For example, finding a doctor, accessing health services, attending falls prevention classes, exploring alternative medicine options, and receiving medical home visits.
- ☐ Affordable Housing
  - o For example, finding affordable housing, getting on waitlists for subsidized units, and accessing rental assistance.
- ☐ Housing Accessibility and Maintenance
  - o For example, finding accessible housing, and assistance with property repairs and upkeep.
- ☐ In-Home Support for Maintaining Independence
  - o For example, help with aging in place, assistance with activities of daily living (such as bathing, toileting, dressing, feeding, walking, grooming), home and property maintenance (snow removal, lawn care, leaf removal), housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.
- ☐ Long Term Services & Supports
  - o For example, accessing home care services, better staffing at long-term care facilities, support in rural towns, and increased case management.
- ☐ Assistance Managing Other Expenses

- o For example, assistance with non-housing and non-healthcare-related expenses, such as taxes, utilities, and food.
- ☐ Legal Services
  - o For example, finding legal counsel to address concerns with income and public benefits, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship.
- ☐ Mental & Behavioral Health Support
  - o For example, finding mental health classes& education, counseling, help with depression, anxiety, and stress,addressing alcohol & drug abuse.
- ☐ Nutrition Support
  - o For example, access to healthy food, help with meal preparation, delivery assistance, and addressing food insecurity.
- ☐ Safety & Security
  - o For example, home modifications for balance & falls prevention, coping with abuse, exploitation, mistreatment, public safety, and community safety.
- ☐ Transportation Access and Availability
  - o For example, finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.
- ☐ Workforce Development
  - o For example, finding employment, flexible job opportunities, retraining opportunities, and jobs that pay well.
- ☐ Assistance Addressing Social Isolation
  - o For example, finding companionship, accessing affordable technology, phone/internet programs, regular connections, and formal & informal supports.
- ☐ Opportunities for Leisure, Recreation, & Socialization
  - o For example, finding and participating in social activities, information about programs, reduced rates at sites/museums, outdoor spaces for seniors, and socialization in rural communities.
- ☐ Civic Engagement / Volunteer Opportunities
  - o For example, finding volunteer opportunities, older adult community involvement, and participating in neighborhood activities.
- ☐ Learning & Development Opportunities
  - o For example, finding educational programs, learning new skills (such as using emails, internet, apps, etc.), and digital technology training.

- ☐ Staying Active / Wellness Promotion
  - o For example, finding classes on healthy aging, information on physical wellness, fitness programs, exercise classes for older adults, and support for caregivers.
- ☐ Addressing Ageism and Age Discrimination
  - o For example, preventing negative stereotyping, prejudice, and discrimination based on age.
- ☐ Overcoming Language / Communication Barriers
  - o For example, finding interpreting/translation services, finding information about services and resources in different languages, and enrolling in ESL classes.
- ☐ LGBTQIA+ Support
  - o For example, finding providers who understand Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Ally, and other identities issues, integrating into the community, and receiving support for dealing with bias.
- ☐ Spirituality Support
  - o For example, finding faith-based activities, developing opportunities for spiritual growth, and addressing missing in-person services.
- ☐ Other (Please specify): \_\_\_\_\_

## 2. Ranking Needs

Please rank the top 3 needs you selected in the list above, based on their importance to you.

To rank the needs, return to the Question 1 list you just completed and write a '1' next to the need that is most important to you, a '2' next to the second most important need, and a '3' next to the third most important need.

## 3. Which of the following currently apply to you? (Select all that apply)

- ☐ ☐ Experience issues with abuse, neglect, or exploitation
- ☐ ☐ Live with Alzheimer's or dementia
  - Experience memory or thinking problems
  - Need access to cultural or social activities (such as cultural events, religious services, social groups)
- ☐ ☐ Live with vision loss
- ☐ ☐ Live with hearing loss

- ☐ Live with physical disabilities (including mobility impairments and chronic physical health issues)
- ☐ Are in frail or weak health
- ☐ Are a grandparent raising grandchildren
- ☐ Have housing concerns (such as trouble affording rent, unsafe living conditions)
- ☐ Often feel lonely or isolated (such as limited social interactions, lack of companionship)
- ☐ Need legal services (such as help with housing issues, government benefits, power of attorney, and legal advice)
- ☐ Are part of the LGBTQIA+ community
- ☐ Have mental or emotional health issues (such as anxiety, depression, stress)
- ☐ Need help with meals or nutrition (such as difficulty cooking, need for meal delivery)
- ☐ Live in a rural area (limited access to services, remote location)
- ☐ Have employment or job-related needs (such as job search assistance, workplace accommodations)
- ☐ Other (Please specify): \_\_\_\_\_

4. What town/city do you live in?

\_\_\_\_\_

5. What is your age?

\_\_\_\_\_

6. How would you describe your gender identity? (Select all that apply)

- ☐ Man
- ☐ Woman
- ☐ Non-binary, gender non-conforming, or genderqueer
- ☐ Don't know
- ☐ Not listed above (Please specify): \_\_\_\_\_
- ☐ Prefer not to say

7. What is your race or ethnicity? (Select all that apply. Note, you may report more than one group.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

- ☐ Middle Eastern or North African
- ☐ Hispanic or Latino
- ☐ Some other race or ethnicity: \_\_\_\_\_

8. Do you speak a language other than English at home?

- ☐ Yes
- ☐ No

9. If yes, what is this language?

- ☐ Spanish
- ☐ Portuguese
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ French
- ☐ Haitian Creole
- ☐ Vietnamese
- Italian
- Russian
- Arabic
- Korean
- Other: \_\_\_\_\_

10. How well do you speak English?

- ☐ Very Well
- ☐ Well
- ☐ Not Well
- ☐ Not at All

11. Is your total annual household income less than \$20,000? (Optional)

- a. Yes
- b. No
- c. Prefer not to answer

12. Are you currently a MassHealth member?

- ☐ Yes
- ☐ No
- ☐ I don't know

13. Do you have any additional input or thoughts you'd like to share with us?

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For more information, resources, or to get connected with your Area Agency on Aging (AAA), please contact MassOptions at 800-243-4636 or visit their website at [www.massoptions.org](http://www.massoptions.org).