



Maine State Plan on Aging 2020-2024

State of Maine

Department of Health and Human Services

Office of Aging and Disability Services

Acknowledgments

The Office of Aging and Disability Services would like to thank the State Plan on Aging Advisory Committee members for their invaluable contributions of information, insights, and time to improve long-term services and supports in Maine. The Department appreciates the Committee's strong commitment to enhancing services and supports that assist older adults, adults with physical disabilities, and their care partners to live healthy and engaged lives.

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Special Thanks

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of Maine for the period October 1, 2020, through September 30, 2024. The plan includes goals, objectives, strategies, and performance measures to be conducted by the Office of Aging and Disability Services, Maine's State Unit on Aging, during this period. The Office of Aging and Disability Services has been given the authority to develop and administer the State Plan on Aging following the requirements of the Older Americans Act. The Office of Aging and Disability Services is primarily responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supported services, including health, housing, social and nutrition services; and to serve as the advocate for Maine's older adults.

The Plan is hereby approved by the Governor and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements. The State Agency assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

8/11/2020

Date



Paul Saucier, Director
Office of Aging and Disability Services

8/24/20

Date



Jeanne M. Lambrew, Commissioner
Department of Health and Human Services

9/11/20

Date



Janet T. Mills, Governor
State of Maine

Executive Summary

The Older Americans Act of 1965 requires all State Units on Aging (SUA) receiving Older American's Act funding to prepare and publish a "State Plan on Aging." Maine's SUA is designated as Maine's Office of Aging and Disability Services (OADS) with the Department of Health and Human Services. OADS has prepared the 2020-2024 State Plan on Aging as a roadmap for programs and services funded by the Older Americans Act. To help guide the development of this plan, OADS convened a State Plan on Aging Advisory Committee consisting of a diverse group of community stakeholders. The Advisory Committee provided valuable input on the development of a statewide needs assessment and feedback on the goals and objectives of this plan.

OADS partnered with the University of Southern Maine Muskie School of Public Service to conduct a comprehensive statewide assessment of the community needs of older adults and their care partners. The goal of the statewide assessment was to gather information directly from older Mainers and their care partners living in diverse regions across the state, in both urban and rural settings, to inform the State and its community partners about the most pressing needs around Maine, and to shed light on how best to prioritize existing Older American Act services - or develop new ones - to meet those needs.

The overall goal of Maine's State Plan on Aging is to assist older adults and their care partners to maintain their independence and to live where they choose safely. To achieve this, Maine will:

- Support older Mainers and their care partners to remain active and healthy in their communities of choice.
- Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.
- Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.

Maine's SUA will lead the efforts to support older adults and their care partners to remain in their communities through the provision of home and community-based services, service navigation, enhanced volunteer utilization, elder justice services, and caregiver support. Providing home supports will help reduce the need for institutional care in any form. These choices support the independence and the finances of both the individual and the public as costs for community-based services are comparatively lower than institutional care.

Aligning the State Plan on Aging with Maine's Department of Health and Human Services values, Maine's SUA, through the identification of its three primary goals, will lead to the achievement of the overall vision for Maine People Living Safe, Healthy and Productive Lives.

Maine's Aging Network

Maine's Aging Network is comprised of four major components: The Office of Aging and Disability Services, five Area Agencies on Aging, Maine Legal Services for the Elderly, the Maine Long Term Care Ombudsman Program and community service Providers.

Area Agencies on Aging (AAA) in Maine offer a variety of services to Maine's older adults, including, but not limited to: information and assistance; in-home services; congregate and home delivered meals; educational programming, including chronic disease self-management programs; family caregiving support and training; and health insurance and benefits counseling, including Medicare education regarding insurance and prescription drug benefits, identification and reporting of health insurance fraud, errors and abuse. Maine has five AAAs, all of which are private, non-profit agencies. They are Aroostook Agency on Aging, Eastern Area Agency on Aging, SeniorsPlus, Spectrum Generations, and Southern Maine Agency on Aging. The agencies serve all regions of the state. These agencies maintain a statewide association dedicated to statewide aging advocacy and leadership called the Maine Association of Area Agencies on Aging (M4A). Maine's five AAAs are also designated Aging & Disability Resource Centers (ADRCs) and serve as a "no wrong door" to answer questions from both older adults and people with disabilities, about a wide range of in-home, community-based, and institutional services. [Appendix D](#) includes a map of the state designated and federally approved Planning and Service Areas (PSAs) and contact information for each AAA.

Maine Legal Services for the Elderly (LSE) is a private non-profit agency designated by the State and mandated and funded under the Older Americans Act to provide free legal services statewide to individuals age 60 and older. The agency also receives state funding as well as funding from other private and public organizations and private donors to support its activities.

Maine Long Term Care Ombudsman Program (LTCOP) is a private, non-profit organization designated by the state to provide advocacy for older adults and disabled recipients of long-term care services and supports throughout the state. LTCOP serves residents in nursing homes, assisted housing programs (residential care and assisted living), adult day programs, and recipients of home care services. An Ombudsman is an advocate, specially trained to investigate and resolve complaints made by, or on behalf of, long-term care consumers. The Ombudsman's role is to educate consumers and long-term care providers about residents' rights and good care practices. Maine law, 22 MRSA § 5106(11-C), originally enacted in 1991, requires the Department to support and maintain a long-term care ombudsman program per the Older Americans Act, by agreement with a nonprofit organization. The Maine Long-Term Care Ombudsman Program, a nonprofit corporation registered in the State of Maine, has fulfilled the OAA requirements as the Ombudsman and has held a contract with the Department for several years.

State Unit on Aging

Maine's (SUA) operates as the Office of Aging and Disability Services (OADS), located within Maine's Department of Health and Human Services (DHHS). OADS manages services for vulnerable adults age 18 and over who need long-term services and supports (LTSS). Our

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mission is to promote the highest level of independence, health, and safety of older adults as well as vulnerable adults and adults with disabilities.

OADS consists of four units:

Adult Protective Services consists of the following programs: adult protective services; estate management services; and guardianship program.

Aging and Long-Term Services & Supports consists of the following programs: MaineCare benefit section 19, aging and disabled waiver services, quality management, long term services and supports, and aging community services.

Developmental Disabilities & Brain Injury Services consists of the following programs: brain injury services including MaineCare benefit, section 18 brain injury waiver services; MaineCare benefit, section 20, other related conditions waiver services; developmental services including MaineCare benefits section 21 and section 29 waiver services; employment services; and crisis services.

Central Operations and Support consists of the management of OADS information systems, financial, and data and compliance operations.

OADS receives federal and state funds to support programs and services for older and incapacitated adults. OADS/SUA will ensure aging and disabled adults can remain active and independent within their communities. The SUA is responsible for the oversight and funding support to Maine's five local area agencies on aging (AAAs) to deliver services to adults age 60 and older. Services are provided to older adults with the greatest social and economic need and are focused on serving older adults with low socioeconomic status, minorities, and those with limited English language proficiency. Services provided include meals, information and assistance, legal services, caregiver services, and health promotion and disease prevention programs. The SUA collaboratively provides long-term services and supports (LTSS), including adult day services, homemaker, personal care, home and community-based services (HCBS), through various partnerships and funding allocations. OADS works closely with providers, other government agencies, elected officials, advocacy groups, and disabled and older adults.

Mission and Vision

Mission

To promote the highest level of independence, health, and safety of older citizens, vulnerable adults, and adults with disabilities.

Vision

We promote individual dignity through respect, choice, and support for all adults.

Context

Maine is the largest and most rural New England state. Traveling from the most southern town in Maine (Kittery) to the most northern town (Madawaska) takes six and a half hours by a motor vehicle on the interstate, or almost ten hours traveling coastal Route One, assuming ideal weather conditions. The average annual snowfall in Maine is 60 to 110 inches, and the shortest day is 8 hours and 51 minutes with the sun setting at 4:02 pm. These conditions present significant barriers to older Mainers establishing meaningful connections in their communities and accessing needed services that can support and maintain independence.

The Office of Aging and Disability Services (OADS) partnered with the Muskie School of Public Service to conduct a statewide assessment of community needs of older adults and care partners. The goal of the statewide assessment was to gather information directly from older Mainers living in diverse regions across the state, in both urban and rural settings, to inform the State and its community partners about the most pressing needs around Maine, and to shed light on how best to prioritize existing services - or develop new ones - to meet those needs. The sections below highlight key themes and findings from a report developed by the University of Southern Maine Muskie School of Public Service. A copy of the full report can be found at [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024 Maine State Plan on Aging Needs Assessment Report.pdf](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024%20Maine%20State%20Plan%20on%20Aging%20Needs%20Assessment%20Report.pdf).

Demographics

According to the U.S. Census Bureau, Maine has the highest median age of any state or territory at 45.1 that increased from 42.7 in 2010.^{1 2} Maine also has the highest percentage (27%) of persons 60 years of age or older of any state or territory.³ These trends are the result of numerous factors. The percentage of older adults has been increasing, and the percentage of younger persons has been decreasing. Many older adults choose Maine as a place to live in retirement due to the natural beauty from coastal islands to the Appalachian Mountains and relative cost of living. Many younger persons leave the state in search of educational and economic opportunities. The number of working-age people is projected to decline, resulting in short supply of available workforce and care partners to meet the demands of Maine's aging population.

Maine also has the highest percentage of people who identify as White in the nation at 96.6% and the highest percentage of people who identify as American Indian and Alaska Natives in the northeast at 1.7%. Other racial and ethnic categories are as follows: Black or African American, 1.9%; American Indian and Alaska Native, 1.7%; Asian, 1.7%; Native Hawaiian and Other Pacific Islander, 0.1%; Some Other Race, 0.3%; and Hispanic or Latino (of any race), 1.6%.³ Because of these low percentages and numbers of underserved and underrepresented

¹ U.S. Census Bureau, 2010 Decennial Census. *Table P13: Median age by sex*. Accessed March 2020.

² U.S. Census Bureau, 2018 American Community Survey. *Table S0101: Age by sex*. Accessed March 2020.

³ U.S. Census Bureau, 2018 American Community Survey. *Table DP05: ACS demographics and housing estimates*. Accessed March 2020.

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populations, OADS and the State Plan Advisory Committee elevated these voices during the planning process as much as possible and throughout the public input and needs assessment process.

Public Input

Mainers had two main opportunities to provide input; at the beginning and end of the planning process. In October 2019, the Muskie School facilitated eight community listening sessions held across the State. For more information on the listening sessions, please see the full report linked below. In July 2020, the Office of Aging and Disability Services (OADS) posted this plan on its website for 14 consecutive days with clear instructions on how individuals could submit written responses. Due to the COVID-19 pandemic in the spring of 2020, OADS was unable to host in-person public hearings as initially intended. Instead, OADS hosted two public hearings via video conferencing with a call-in option on July 21, 2020, and July 23, 2020. A total of 21 individuals attended the public hearings to provide comments and ask questions. There were no written submissions through OADS's website. The responses provided by OADS are included in the [Public Comments and Responses](#) section of this plan.

Needs Assessment

Each of the data collection methods is briefly summarized below. For more details on methodologies used and findings, a copy of the full report can be found at [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024 Maine State Plan on Aging Needs Assessment Report.pdf](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024%20Maine%20State%20Plan%20on%20Aging%20Needs%20Assessment%20Report.pdf).

Statewide Survey

The Muskie School conducted a statewide survey by mail, on-line, and by telephone for adults age 55 and older. Primary topic areas included:

- Transportation
- Housing
- Food and nutrition
- Caregiving
- Information and referral
- Community assets

Listening Sessions

Eight regional Listening Sessions were conducted across the state. Locations included small rural towns as well as Maine's larger cities. The sessions were designed to hear, in greater detail, about community assets and the needs of older adults and caregivers. The listening sessions were widely advertised and open to the public. A total of 151 individuals attended the listening sessions representing older adults, their care partners, community providers, municipal leaders, and elected officials.

Caregiver Survey

An on-line caregiver survey was disseminated to solicit feedback from adults of any age who are care partners of older adults or adults with disabilities and older adults caring for a minor grandchild or another family member in the place of a parent (kinship care).

Key Informant Interviews

Three group interviews were conducted with health and social service providers from three of Maine's tribes to gather input regarding the needs of tribal elders.

Focus Groups

Through separate funding from the Maine Health Access Foundation (MeHAF), the Muskie School conducted three focus groups with individuals whose voices otherwise might not be fully heard in the more conventional needs assessment efforts due to language or cultural differences, geography, population size, or other barriers to participation. This project complemented the broader needs assessment funded by OADS. Focus groups included older adults who self-identified as lesbian, gay, bisexual, or transgender (LGBT)⁴; older adults who are refugees or immigrants ("New Mainers"); and older adults providing kinship care.

Key Findings

This section provides a brief overview of the themes and trends that emerged across all components. A complete analysis of the findings from the listening sessions, statewide survey, care partner survey, key informant interviews, and focus groups can be found in the full report on OADS's website.

Transportation

Affordable transportation was reported as a large need throughout Maine. Transportation was viewed across components as a way of accessing basic life needs (e.g., food, services, congregate meal sites, social activities, medical appointments, etc.). Although 92% of survey respondents (ages 55 and older) reported they are driving themselves to places they need to go, the need for transportation services does not match the availability of such services statewide. Of the 5% who did report a need for transportation services, nearly half (45%) reported that there are no such services in their area, and nearly a third (30%) reported they do not know where to get information about such services in their area. The lack of available transportation services and access to information often leads older Mainers to continue to drive themselves, albeit using modified driving techniques like not traveling during night time and avoiding busy times of the

⁴ The acronym LGBT is used with intent to recognize how the term "queer" was used to stigmatize the identities of many older gays and lesbians throughout their lifetime.

day. The lack of transportation services and knowledge about where to turn to for information was also highlighted in the care partner survey and listening sessions.

Housing and Home Repair

Many older people living alone do not have the ability nor the resources to accomplish routine home maintenance, such as snow shoveling, yard care, or trash removal. Listening session attendees and tribal key informants expressed particular concern that the inability to perform needed home repairs posed safety risks for older people and may contribute to increased fall risks or hazards from faulty equipment (e.g., furnace, etc.). In Maine, 28% of adults age 65 and above live alone.⁵

Food and Nutrition

There is an interwoven, somewhat complex relationship between food security, nutrition, transportation, and caregiver workforce. As with transportation-related statewide survey responses, there are challenges around obtaining adequate food and nutrition for between five (5%) and eight (8%) percent of the survey respondents. Most of these older Mainers identified difficulties in preparing their own meals, are unable to drive due to cognitive, mobility, physical health, or financial constraints, and are dependent on slim transportation and caregiving resources in many areas of the state. This heightens the burden on family caregivers who, according to the stated need for respite care and the high levels of emotional strain, are reaching burn-out.

The safety net for food security - congregate meal sites, food pantries, and commodity distribution - are inaccessible without reliable transportation options. Listening session attendees made multiple requests for food pantry deliveries. Most older Mainers who have difficulty leaving the house (and some who do not) rely on home delivered meals, though several requested improved food quality, more fresh produce options, and assurances that meals met all their dietary needs.

The focus group discussion on food highlighted the need for culturally sensitive meal site options. This is likely a reflection of the trust and safety issues that many subpopulations of older Mainers experience. They want to be able to convene and socialize over meals in a safe and inclusive environment.

Need for Information / Outreach and Navigation

The need for greater access to information about available services and options was a theme across all study components. Over one-quarter (26%) of the statewide survey respondents reported that finding information about available services and programs for older adults and caregivers was either very or somewhat difficult. Among statewide respondents who said they

⁵ U.S. Census Bureau, 2018 American Community Survey. *Table B09020: Relationship by household type (including living alone) for the population 65 years and over.*

had not received all of the help they needed (N=314), forty percent (40%) said they did not know whom to ask for help. Among respondents to the on-line caregiver survey, caregivers who said they were not getting the help they needed (N=257), twenty-six percent (26%) said they did not know whom to ask or where to get the information.

Looking across data sources in this study, there is no “one size fits all” approach to providing outreach and information. Participants at listening sessions and focus groups expressed the need to get information from a trusted or reliable source. In some cases, trust meant being able to have someone who understood a particular culture or language. For others, it meant a place that was free from discrimination or bias. Participants generally expressed that if there was a perceived risk involved, older adults would not reach out for help. Participants across listening sessions and focus groups also spoke about the need to do targeted or proactive outreach to underserved populations and those who are most vulnerable (for example, adults with disabilities and individuals with Alzheimer’s disease or dementia).

Respite Services and Caregiver Workforce

Across study components, respite services were identified as a top need for individuals who are caregiving, particularly in rural areas where the caregiving workforce is especially limited, as noted by many listening session attendees. Thirty-seven percent (37%) of caregiver survey respondents indicated that respite services would be helpful, and this was the top need identified in that survey. In the listening sessions, many participants mentioned respite or adult day services as essential to being able to engage in daily activities outside the home. Focus group participants across sessions noted the need for respite services as a means to reduce social isolation and loneliness and to help relieve caregiver burden.

The availability of respite services is closely linked to issues of affordability and caregiver workforce supply. Those who need the services either cannot find caregiving staff or the cost of hiring paid caregivers is prohibitively expensive. Thirty-two percent (32%) of the caregiver survey respondents said they needed help finding other paid or unpaid caregivers.

Several listening session attendees associated the lack of paid caregivers with ageism and societal views that the care of older people is not desirable work. This contrasts with tribal key informant comments that tribal elders are afforded much respect, although they also noted a need for additional caregiving services and find it equally challenging to meet these needs.

Education and Training Needs

Viewed across study components, the desire for training, and the wide range of topics around which older people and caregivers want education or training, is noteworthy. Almost half of the respondents (48%) to the statewide survey expressed interest in free or low-cost workshops about their health; over twenty percent (20%) of respondents to the caregiver survey identified caregiving classes as a need.

Of note, participants in listening sessions, focus groups, and tribal key informants noted the importance of offering on-going cultural competency training to ensure the delivery of appropriate and quality care to underserved populations. Older adults who identified as LGBT

noted that such training should not be limited to just services providers. They also suggested that the training be expanded more widely to address discrimination and bias.

Social Engagement

The social needs of older Mainers, as described by participants across study platforms, highlight some of the key differences between social isolation and loneliness. The listening session attendees, tribal key informants, and caregiver survey respondents identified barriers to socialization primarily arising from structural barriers such as lack of transportation, geographic distance from social events, or friends and family, or physical impairments. But for these impediments, these individuals would socialize with others and participate in community life. If these older people had accessible, affordable, and appropriate transportation to the places and events they wished to attend, they would be more socially engaged.

In contrast, many of the focus group participants in all three sessions - and a few listening session attendees who spoke on behalf of some family members, friends, or neighbors unable to attend - identified barriers to social engagement related to a lack of belonging that likely cause them to feel lonely, such as stigma, concerns about discrimination, estrangement from family, inability to connect or fit in with others in similar circles. Even with available transportation to attend events, these individuals are unlikely to feel less lonely and disconnected. Loneliness is a subjective feeling that one's social and emotional relationships are inadequate, and societal or community-level solutions may be more challenging to identify.

Trust

Somewhat surprisingly, the issue of trust was raised, albeit in different contexts, in every study component with qualitative data collection (i.e., listening sessions, focus groups, key informant interviews, and open-ended responses in the statewide survey). In all but the open-ended responses, the topic was mentioned repeatedly.

Older Mainers acknowledge the value of being a “hand-shake state,” full of communities where most people know everyone. Naturally, they gravitate to trusted people and institutions when they need information, assistance, or services. They reach out to physicians, town officials, librarians, or trusted family members, friends, or neighbors. Listening session participants specifically mentioned that while many older people are, by virtue of their independent spirit, often reluctant to reach out to others when they need something, trust in those “others” is essential; in the absence of trust, many older people would rather do without. Focus group participants, tribal key informants, and several people at the listening sessions noted that a lack of trust in others (e.g., prospective service providers, etc.) is a significant barrier to getting the help they need, including necessary - or critical - services such as food delivery or transportation services, or engaging paid caregivers or a home repair person. For older individuals who have faced past discrimination and trauma, trust is likely to take on greater importance; a lack of trust can lead to withdrawal and social disconnection.

Safety

Viewed across the study components, older Mainers expressed concerns about safety in the context of physical safety, psychological safety, and feelings of security. Listening session participants spoke about physical safety hazards in the home (e.g., home repairs and upgrades, etc.) and also the psychic burdens of worrying about financial scamming, abuse and exploitation, and fear of overt criminal activity (e.g., theft of medications, etc.). Eighty-three percent (83%) of older Mainers responding to the statewide survey reported they do not have concerns for their personal safety (from the concerns listed), leaving nearly one-fifth (17%) who do have one or more of the listed safety and security concerns. The safety concerns listed as responses to the survey question were not exhaustive in efforts to keep the survey brief. More exploration is needed to better understand the safety concerns of older Mainers.

The focus group participants, particularly the LGBT group and the tribal key informants, often spoke about discrimination and the fear of poor treatment by community members. In this context, feeling psychologically unsafe - as with a lack of trust - can be isolating and pose an impediment to accessing services that could substantially improve health or wellbeing. Populations that have historically been marginalized and discriminated against worry that this behavior will be perpetuated by the larger community; they may not feel safe accessing community benefits and services unless those services are delivered by trusted others.

Ageism

Ageism and ageist behavior were mentioned at most listening sessions and at some of the focus groups. It was noted primarily as a systemic cause of adverse societal and community conditions that contribute to decreased quality of life and wellbeing for older people, such as a lack of adequate caregiving workforce. There were several comments such as “society needs to put importance on the elderly.” Older Mainers are starting to recognize many people hold ageist attitudes, which act as barriers to improved policies, programs, and idea generation that better their lives.

Focus Areas

Older Americans Act (OAA) Core Programs

The Older Americans Act (OAA) funds critical community services that keep older adults healthy and independent. Such services provided are a variety of programs from senior employment to home delivered meals. Many other services include job training, disease prevention and health promotion, benefits enrollment, caregiver support, transportation, job training, and more.

The objectives of Goal 1 are assigned to applicable OAA Title III programs (i.e., Access to Services, Nutrition Services, Evidence Based Programs, and Care Partner Services). Historically, Maine has funded In-Home Services such as Money Minders, where trained and bonded volunteers help older adults manage their money, and telephone reassurance. Other In-Home Services, such as homemaker and personal care, are largely funded by the state. Efforts are

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underway to develop and expand traditional In-Home Service such as personal care, homemaker, chore, and adult day using Title III B funds.

Goal 2 objectives focus on improving program quality of the OAA Title III core programs through data standardization, program evaluation, and outcome measurement. In 2011, the five area agencies on aging and OADS transitioned into a statewide data management system. Efforts are underway to standardize the data architecture to make reporting easier and improve the network's ability to measure outcomes.

The objectives of Goal 3 focus on strengthening OAA Title VII Elder Rights Programs in Maine. OADS's Adult Protection Services program, the Maine Long Term Care Ombudsman Program, and Maine Legal Services of the Elderly work collaboratively to prevent, identify, and respond to the abuse of older Mainers while preserving their rights and autonomy.

Strengthening Title III & Title VII Services

Home delivered meals are often the service gateway that allows area agency on aging staff to be in homes where they can establish a strong connection while building trust with clients and families. Many referrals to other Older American Act services happen as a result of a home delivered meals assessor or deliverer uncovering an unmet need while in the home. The unmet needs discovered can include social isolation, lack of food security for their pets, and sometimes suspected elder abuse.

All home delivered meals drivers, paid or volunteer, are required to attend annual training on Maine's laws on mandated reporting of elder abuse and procedures on how to report suspected abuse. As mentioned before, these delivery drivers are oftentimes the only person an older adult interacts with on a frequent basis. As such, the delivery drivers need to be able to identify warning signs and report the suspected abuse to Adult Protective Services at the Maine Office of Aging and Disability Services.

In addition to home delivery drivers, all paid or volunteer staff who provide in-home services, such as homemaker, personal care, chore, or respite, are required to attend the same annual training on mandated reporting of elder abuse laws and procedures on how to report suspected abuse to Adult Protective Services.

Additional efforts to coordinate Title III and VII services include:

- The staff of Adult Protective Services receive annual training on the services offered by the area agencies on aging and the best points of contact at each agency.
- Priority for Title III funded services is given to Adult Protective Services clients during active investigations to ensure their services needs are being met, especially when their alleged perpetrator was their primary care partner.

For more information on the partnerships between Maine Legal Services for the Elderly, the Elder Abuse Institute of Maine, the Long Term Care Ombudsman Program, the Maine Association of Area Agencies on Aging, and other, please see the [Elder Justice](#) section.

Coordination of Title III and Title V Senior Community Service Employment Programs

The State Grantee for the Senior Community Service Employment Program (SCSEP), Title V of the Older Americans Act, in Maine is the Office of Aging and Disability Services, which is the State Unit on Aging and manages Older Americans Act Title III and VII funds and programs. The Office of Aging and Disability Services coordinates with the Maine Department of Labor Career Centers and One-Stops as well as the State Workforce Investment Board (SWIB) and the four Local Workforce Boards. SCSEP works together with the SWIB and the Older Worker's Committee to focus on Maine's aging workforce and ensure ongoing coordination and dialogue to engage Maine's older workers. Maine SCSEP assists program participants in accessing local Adult Education classes and other training opportunities. SCSEP is regularly marketed at Job Fairs throughout the state, and information about the program is also shared with entities like the Maine State Chamber of Commerce and local Chambers. The Office of Aging and Disability Services, in coordination with the State Chamber, also coordinates the Maine Business Leadership Network (Me-BLN), which is a business-to-business entity to promote the benefits of hiring a diverse workforce including older Mainers with barriers to employment. The Aging and Disability Resource Centers at each of the five area agencies on aging are also referral sources to Maine SCSEP when such needs are identified during Information and Referral calls. In return, Maine SCSEP will make referrals to the Aging and Disability Resource Centers when supportive needs are identified by SCSEP participants during the intake and assessment processes.

Coordination of Title III & Title VI Native American Programs

The Maine Office of Aging and Disability Services and its partners are committed to fostering coordination and collaboration of services between Titles III and VI of the Older Americans Act. The tribes interviewed in the needs assessment expressed interest in building meaningful relationships between their governing bodies and their local area agencies on aging. The next step to reach out to the other tribes in Maine to initiate similar conversations. Efforts to develop such in the areas of nutrition, supportive services for older adults, and care partner services include performance measures 1.3.2.B "Receive at least one training from tribal representatives on Title VI services each year" and objective 1.3.4.C "Co-host a statewide effort with at least one tribe" of this plan. There is also tribal representation on the Maine State Age-Friendly State Plan Advisory Committee. During the COVID-19 public health emergency, Maine's area agencies on aging shared resources with tribal communities to serve elders in Maine's tribes.

Increasing the Business Acumen of the Aging Network

As the need for services continues to increase, the five area agencies on aging are proactively working to develop contracts with outside entities to provide services based on population needs assessments. New systems are being developed by the Maine area agencies on aging to assist program staff who have been assigned to oversee the execution of services and act as points of contact for each contract as well as accounting and information technology staff who are developing systems for invoicing claims and data tracking.

Aroostook Agency on Aging, SeniorsPlus, and Spectrum Generations have entered into a joint venture partnership as full partners called Healthy Living for ME (<https://healthylivingforme.org/>). Currently the focus of the partnership is evidence-based

programs that address chronic disease, pain management and falls prevention. This statewide network, which includes all five area agencies on aging, builds upon existing classes and is constantly developing new partnerships with other community-based organizations, health care providers, and volunteers to allow for statewide coverage at a community level. Over the next 4 years, this partnership intends to expand to include care transitions and assessing services. The data platform has a centralized data base that provides easy access to class information and availability along with a mechanism to track outcome data. The vision is that this platform can be used to deliver statewide services desired by 3rd party payers.

Additionally, EAAA is working with St. Joseph's Hospital, the University of Maine Center on Aging and Senscio Systems under a nutrition innovation grant awarded through the Administration on Community Living. The partnership of these four organizations, will establish and test an innovative, technology-driven nutrition enhancement and self-management program for older adults with multiple chronic diseases. The goal of this three-year project is to improve the nutritional and health status of rural adults 60 and older with multiple chronic conditions immediately following hospital discharge. The anticipated outcomes are: 1) improved nutritional status; 2) improved health and health-related quality of life; 3) improved ability to age-in-place; and 4) high levels of satisfaction with services.

Spectrum Generations is actively engaged in care transitions, assessing, and navigation work with 3rd party funders. Contracts currently held by Spectrum Generations include two national insurers, one local insurer, a federally qualified health center, and three major health systems.

SeniorsPlus currently has a contract with the local "marketplace" insurer, Community Health Options. SeniorsPlus provides assessment and case management around social determinants of health that impact healthcare utilization. SeniorsPlus is in the process of expanding the contract to include home delivered meals and transportation coordination.

The Southern Maine Agency on Aging has developed a new tool for reviewing each business opportunity to check for relevance, return on investment and mission alignment. In addition, the Southern Maine Agency on Aging contracts with Maine's largest healthcare system and a hospital in the southernmost area of the state to promote and deliver services that focus on the social determinants of health. To simplify and increase the number of referrals, the Southern Maine Agency on Aging has developed an easy to use direct referral link for our healthcare partners: www.mainecommunitylinks.org

Discretionary Grants & Other Funding Sources

At the time of the writing of this plan, the Office of Aging and Disability Services was awarded a U.S. Administration for Community Living (ACL) discretionary grant to support the efforts of Maine's Aging and Disability Resource Centers through the Coronavirus Aid, Relief, and Economic Support (CARES) Act of 2020 in response the coronavirus 2019 pandemic. The disaster relief services funded by this grant included increased information and assistance calls and telephone reassurance to older adults to connect them to available resources and reduce social isolation during the pandemic.

The State of Maine is a leader in the nation in terms of using general revenue state dollars to fund a statewide homemaker program. This program is administered by the Office of Aging and Disability Services and currently provided by Catholic Charities of Maine. However, since this program has an asset limit eligibility requirement, the program is not counted in Maine's annual report on the activities carried out under the Older Americans Act.

The State of Maine also has a state-funded Respite Care Fund⁶ that supports a short-term respite care program for persons with Alzheimer's disease and other dementias. This program may include short-term in-home care, nursing or residential care facility stays, hospital or adult day, or home modifications. This program is administered by the Office of Aging and Disability and provided by the five area agencies on aging. The statute that created the Respite Care Fund also allows for the use of funds to carry out the purposes of the National Family Caregiver Program.⁶ This program is means-tested with an asset limit, and any persons or units served using the asset limit eligibility requirement are not counted in Maine's annual report on the activities carried out under the Older Americans Act. Any persons or units served using the National Family Caregiver Program eligibility requirements, which are not means-tested, funded by the Respite Care Fund are included in the annual report.

The Maine Office of Aging and Disability Services and its partners are committed to providing individuals with assistance with navigating Medicare. State Health Insurance Assistance Program (SHIP) services in Maine are administered by the Office of Aging and Disability Services and operated by Maine's five area agencies on aging, which also serve as Aging and Disability Resource Centers (ADRCs), to help low-income Medicare beneficiaries apply for programs that make Medicare affordable. Beneficiaries are first screened for unmet needs by ADRC Counselors before being referred to the SHIP program. In addition, Maine's Legal Services for the Elderly, Inc. provides training to the counselors.

In addition, through Maine's five AAAs and Maine Legal Services for the Elderly, Inc., Senior Medicare Patrols (SMPs) are in place to empower and assist Maine's Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Additional ACL Discretionary Grants held by the area agencies on aging and coordinated through their Aging and Disability Resource Centers include:

Dementia Capable Maine –

Project Summary: The project will conduct these activities:

- Persons Living Alone with Alzheimer's Disease and Related Dementia (ADRD)—SeniorsPlus' Aging and Disability Resource Center will modify their Meals on Wheels (MOW) Expanded Assessment to include questions on identifying persons living alone

⁶ Maine Revised Statutes, Title 22, Subtitle 5, Chapter 1621 §7308, "Respite Care Fund"
<http://legislature.maine.gov/legis/statutes/22/title22sec7308.html>

and develop a protocol to refer up to 120 live alones to support services. SeniorsPlus will develop a Community Support Program to provide person centered care management to 60 clients living alone.

- People Aging with Intellectual and Developmental Disabilities (IDD) and Alzheimer’s Disease and Related Dementias (ADRD) or those at high risk of developing ADRD— SeniorsPlus will expand their MOW program to serve 35 new clients that do not currently qualify for MOW including caregivers, persons living alone with ADRD or those at risk of ADRD. MaineHealth will offer dementia training to physicians, nurse practitioners, and medical assistants in Androscoggin, Oxford and Franklin counties. MaineHealth will train 30 nurse care managers in dementia symptom management, working effectively with patients and administration of the REACH (Resources for Enhancing Alzheimer's Caregiver Health) Caregiver Risk Assessment tool. SeniorsPlus will form relationships with IDD providers in order to improve linkages between Area Agencies on Aging and IDD providers.
- Behavioral symptom management training and expert consultation to family caregivers— MaineHealth and SeniorsPlus will train 6 staff in REACH Community and deliver the intervention to 24 individuals. Eastern Area Agency on Aging and SeniorsPlus will train eight staff in Music & Memory and offer the program to 50 individuals. Alzheimer’s Association of Maine will train SP staff and volunteers in support group facilitation and caregiver education to deliver to caregivers in Western Maine.
- Evidence-Based or Evidence-Informed Intervention
 - REACH Community (evidence-informed) is an intervention designed to identify and reduce risk factors for family caregivers.
 - Music & Memory (evidence-informed) aims to have a calming effect and foster positive emotions by playing the person with dementia’s favorite music.

Person-Centered Planning

Person-Centered Planning (PCP) is a core principle of the Office of Aging and Disability Services and the aging network in Maine. Individuals eligible for home and community-based services must be provided the opportunity to engage in a personal planning process. Adults eligible for Medicaid services are provided a comprehensive assessment that identifies their individual functional needs, and each member has a personal choice in how covered services are delivered in their care plan. Older adults and care partners who contact their local area agency on aging are provided information on available services, programs, and local resources based on their self-identified needs and eligibility requirements.

Elder Justice

Joined by lawmakers, advocates for older Mainers, and other state government officials, Governor Janet Mills signed an Executive Order in October 2019, establishing the Elder Justice Coordinating Partnership to combat elder abuse in Maine.

The Partnership was requested by Legal Services for the Elderly, the Elder Abuse Institute of Maine, the Long Term Care Ombudsman Program, the Maine Association of Area Agencies on Aging, the Maine Coalition Against Sexual Assault, and the Maine Coalition to End Domestic Violence. The Partnership will meet at the discretion of the Co-Chairs, one of which will be from the private sector, and the other of which will be from the public sector, who will be appointed by the Governor along with the rest of the membership. Membership will serve without compensation; however, the work of the Partnership will be supported by a grant from the John T. Gorman Foundation.

The Partnership, comprised of government officials from the Departments of Health and Human Services, Public Safety, and Professional and Financial Regulation as well as members of statewide aging and other advocacy organizations, aims to break down silos to coordinate a multi-agency and multi-sector response to elder abuse with the goals of 1) identifying challenges to the prevention of, detection of, and response to elder abuse; 2) developing strategic priorities across the public and private sectors to prevent and respond to elder abuse; and 3) making recommendations regarding direct services, education, public policy, and data collection and evaluation, including legislative changes if any. The Partnership will submit these recommendations in the form of an “Elder Justice Roadmap” to the Governor no later than December 8, 2021.

Areas of Interest

Inclusive Planning

The State of Maine DHHS/OADS collaborates with several partners in achieving its goals for Maine’s aging population. The Office of Aging and Disability Services works hand-in-hand with the Area Agencies on Aging (AAA), Maine Health Access Foundation (MeHAF), the Island Institute, Native American Tribal Elders, Legal Services for the Elderly (LSE), SAGE ME of Equality Maine, and the Long-Term Care Ombudsman Program (LTCOP). With the use of key informant interviews with tribal elders, focus groups with LGBT older adults, new Mainers, and Older Relative Caregivers, the OADS State Plan Advisory Committee includes voices of the underserved populations to elevate the planning process.

While intentional efforts were made to include hard-to-reach populations (e.g., oldest-old, people geographically or otherwise isolated, those with significant health challenges, or individuals not engaged in services, etc.) in the needs assessment, future efforts could build on this work. Future efforts might include strategies such as in-person and perhaps one-on-one interviews and may require additional partnerships outside of the aging network in order to capture these voices more fully. For example, the Office of Aging and Disability Services is conducting an additional focus groups with older African American Mainers to better understand the impacts of systemic racism specific to, access to and delivery of, services and supports.

Study components were designed to be inclusive and represent the broadest spectrum of older adults and caregivers and in recognition that data is lacking. For this reason, questions about sexual orientation and gender identity were included in both the statewide and caregiver surveys.

Healthy Brain Initiative

With Maine having the highest median age in the nation, the percentage of Maine's population 65 and older is growing faster than either the New England or National average. This trend is correlated with the increased need for healthy brain promotion. Alzheimer's disease and other dementias are chronic conditions with heavy health, social, and economic burden on populations affected, their caregivers, and to society in general. 5.8 million Americans are living with Alzheimer's, and more than 16 million Americans provide unpaid care for them. In Maine, using 2019 estimates from the Alzheimer's Association, the projected number of Mainers aged 65+ with Alzheimer's Disease will grow from 28,000 to 35,000 in 2025, a growth rate of twenty-five percent (25%). According to the Behavioral Risk Factor Surveillance System (BRFSS) 2016 survey data, 10.3% of adults over the age of 45 experienced confusion or memory loss that got worse in the last 12 months; in 2015, 4.4% of adults provided regular care to a friend or family member with a health problem or disability for at least twenty hours per week. Through the Healthy Brain Initiative (HBI) Planning Grant, the collaborative efforts with Maine Center for Disease Control and Prevention is to create the necessary infrastructure through partnerships that empower Maine people to understand Alzheimer's disease as a livable condition by reducing risk factors and promoting resources for optimizing wellbeing. The focus population is families served by Federally Qualified Health Centers.

Maine's goals for participating in the HBI Planning Lab are to:

- Educate the general public, people with dementia, and caregivers through a comprehensive public awareness campaign to improve early detection and promote a healthy brain lifestyle.
- Increase the understanding of warning signs of dementia through evidence-based protocols for primary care providers and chronic disease educators to improve early detection/diagnosis and deliver primary prevention messages on the four common risk factors for most chronic disease: physical inactivity, obesity/nutrition, tobacco use, and substance use.

OADS's role in this partnership is to assist in fostering an increase in the number of caregivers that participate in an evidence-based and/or evidence-informed caregiver education program through our contracted partnerships with the five local Area Agencies on Aging across the State of Maine.

Age-Friendly Initiatives

For several years, municipalities, congregations of faith, neighborhood groups, and other organizations across the state have developed age-friendly initiatives to promote the overall wellbeing of all members in their communities. These initiatives range from small to large and from informal to formal. Examples include volunteer networks like Neighbors Helping Neighbors, municipality lead committees and councils, and the countless other loosely organized efforts to support people in their communities as they age. For more information, please visit the Tri-State Learning Collaborative's [website](#).

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Recognizing these ongoing age-friendly initiatives, Governor Janet Mills and AARP Maine State Director Lori Parham announced in October 2019 that the State of Maine joined the [AARP Network of Age-Friendly States and Communities](#), a move hailed by AARP as a major step toward making Maine more livable for people of every age. Maine is the sixth state to receive the coveted designation, but Maine has led the country for years in the number of towns and counties, currently 69, across the state that have joined the Network.

Joining the AARP Network is the first step in a multi-year process. Member states and communities are encouraged to plan and implement strategies that best fit the assets and opportunities of that state and community. Work focuses on eight age-friendly domains: Transportation, Housing, Public Spaces, Respect and Social Inclusion, Civic Participation and Employment, Social Participation, Community and Health Services, and Communication and Information.

Maine's Age-Friendly work plan will focus on promoting and engaging in collaborative work between Maine agencies and departments with key contacts in each agency and department appointed to work together on an Age-Friendly Steering Committee to review, update, or create policies and programs that support this work. The Department of Health and Human Services, the Maine Department of Transportation, the Department of Labor, Maine Housing Authority, and the Department of Agriculture and Conservation, among other agencies, will be working with AARP Maine on the development of an Age-Friendly State Plan.

The Age-Friendly Steering Committee identified several community and municipal leaders, especially those from our current Age-Friendly Communities within the State, to provide essential input on the priorities, recommendations, and action steps identified by the Steering Committee in the creation of the Age-Friendly State Plan in late 2020 and beyond. The Advisory Committee will also include external stakeholders, such as AARP Maine, the Maine Council on Aging, and the five Maine areas agencies on aging.

Emergency Preparedness

Given the aging and rural nature of Maine, and the high percentage of people living with disabilities, planning for a disaster is critically important. Disasters may include: naturally occurring, technological, human-related, hazardous materials, and infectious disease events. Maine's Emergency Management Agency (MEMA) is responsible for developing Maine's Comprehensive Emergency Management Plan. The Office of Aging and Disability Services (OADS) is committed to working with MEMA during any updates to the plan to ensure the needs of older adults and adults with disabilities are included in any disaster response.

The State of Maine and OADS is proud of its response to the global public health emergency caused by the Coronavirus 2019 (COVID-19) pandemic. To date Maine has experienced relatively low numbers of COVID-19 cases and death when compared to larger areas of the nation, but the public health and economic impacts due to the pandemic are similar to other states across the country. Of special concern is the safety and well-being of older adults and adults with disabilities as they are at high risk of experiencing negative health outcomes due to

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the virus and enhanced physical distancing measures. OADS and the area agencies on aging responded quickly by holding frequent meetings to manage changes to service delivery and contract amendments to use funds made available by the Families First Coronavirus Relief Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Future Initiatives:

- Continue to collaborate with MEMA to develop and secure Maine's Emergency Preparedness plans statewide.
- Partner with municipal health, emergency offices, and long-term service and support providers to ensure planning and response plans are in place to ensure the safety and support of older adults and adults with disabilities.
- Develop with Adult Protective Services, housing providers, MaineHousing, and other interested stakeholders, an action plan to have available emergency shelter beds for victims of elder abuse.
- Develop an Emergency Plan that outlines action steps and procedures to be taken in response to disasters taking into account the type of disaster and the populations served who are at a higher risk.

Goals, Objectives, Strategies, and Performance Measures

Based on the findings and recommendations from the statewide needs assessment, the following goals and objectives were developed in collaboration with the five area agencies on aging. The goals and objectives listed below are mostly shared between this state plan and the area plans of the five area agencies on aging. The strategies that are more applicable to the local level are indicated. For more information about local strategies and performance measures, please contact the local area agency on aging.

The subsequent strategies and performance measures outlined in the table below are specific to the statewide actions the Office of Aging and Disability Services will take that involve various combinations of partnerships with the area agencies on aging, the Maine Long Term Care Ombudsman Program, Maine Legal Services for the Elderly, Maine CITE (Maine’s Assistive Technology Act program), the Maine Council on Aging, and the Tri-State Learning Collaborative.

Goal 1: Support older Mainers and their care partners to remain active and healthy in their communities of choice.

For Goal 1, the objectives are categorized into the OAA core programs (i.e., Access to Services, Nutrition Services, Evidence Based Programs, and Care Partner Services.). In addition to the OAA Core Programs, objectives that address areas of development partnerships on Assistive Technology and the role Office of Aging and Disability Services advocating for older adults and adults with disabilities, as required by OAA Sec. 305 (a)(1)(D) are included.

The Maine Office of Aging and Disability Services has delineated the term “care partner” when addressing the National Family Caregiver Support Program to mean “family caregiver” as defined by Sec. 302(3) of the Older Americans Act. The term “care partner” denotes an agreement between the person with a chronic condition and their loved one to be partners in care and to help each other with health, wellness, and caring for each other. In contrast, the term “caregiver” denotes a one-two relationship of giving care, either in a paid or unpaid capacity, for someone who is unable to care for themselves.

Title III B: Access to Services

Objective 1.1 Increase awareness of local services and programs available to older Mainers, adults with disabilities, and their care partners with an emphasis on transportation, housing, home maintenance, in-home supports, heating assistance, opportunities to socialize, and volunteer opportunities.

Objective 1.2 Promote the Aging and Disability Resource Centers at each area agency on aging in Maine as valuable resources of information and service navigation.

Objective 1.3 Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, older New Mainers, LGBT older adults, older adults experiencing homelessness, remote island

communities, rural and frontier communities, older adults with limited English proficiency, and older adults with sensory impairments.

Title III B: In-Home Services

Objective 1.4 Provide in-home services and supports, such as Homemaker, Personal Care, Chore, and Adult Day, to older Mainers.

Title III B: Legal Assistance

Objective 1.5 Provide legal assistance to older Mainers with economic and social needs.

Title III C: Nutrition Services

Objective 1.6 Ensure access to local congregate dining options.

Objective 1.7 Enhance the quality and variety of meals offered to older Mainers to allow for personal choice, dietary restrictions, and cultural differences.

Title III D: Evidence Based Programs

Objective 1.8 Maintain participation in evidence-based programs, such as SAVVY Caregiver, falls prevention, and chronic disease self-management.

Title III E: Care Partner Services

Objective 1.9 Provide information to care partners of older Mainers about available services.

Objective 1.10 Assist care partners of older Mainers with accessing available services.

Objective 1.11 Provide education and training to care partners of older Mainers.

Objective 1.12 Provide respite services to care partners of older Mainers.

Objective 1.13 Provide supplemental services, such as In-Home Services, on a limited basis to care partners of older Mainers.

Objective 1.14 Enhance respite services to care partners of older Mainers to maximize the utilization of other care partner services, such as evidence-based programs, support groups, and counseling.

Objective 1.15 Increase awareness of and access to the Family Caregiver Support Program to Older Relative Caregivers.

Assistive Technology

Objective 1.16 Increase awareness of and access to public and privately funded Assistive Technology programs and resources.

Advocacy

Objective 1.17 Support capacity building initiatives to strengthen Maine's aging and disability service networks at the state and local levels through advocacy and participation in leadership activities.

Objective 1.18 Support local and statewide age-friendly initiatives through advocacy and participation in leadership activities.

Goal 2: Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.

Objective 2.1 Develop and implement statewide intake, assessment, and referral standards to ensure consistency and increase efficiency.

Objective 2.2 Improve data collection methodologies using standard service definitions and utilizing data.

Objective 2.3 Evaluate the effectiveness of services and programs in meeting the preferences and unmet needs of older Mainers, adults with disabilities, and their care partners using outcome measurements.

Goal 3: Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.

Objective 3.1 Increase the number of reports of abuse.

Objective 3.2 Enhance the quality of trainings available on abuse, neglect, and exploitation.

Objective 3.3 Improve partnerships with aging network partners, local law enforcement agencies, and district attorneys.

Objective 3.4 Increase awareness among providers of resident rights and autonomy.

Objective 3.5 Ensure justice for individuals with limited capacity in long-term care settings.

Objective 3.6 Advocate for improvements to the adult protective system in Maine.

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.1</p> <p><u>Title III B Access to Services:</u> Increase awareness of local services and programs available to older Mainers and their care partners with an emphasis on transportation, housing, home maintenance, in-home supports, heating assistance, opportunities to socialize, employment opportunities, and volunteer opportunities.</p>	<p>1.1.1</p> <p>Partner with Maine 2-1-1 to update the directory of available resources by geographical area.</p>	<p>1.1.1.A</p> <p>Provide a list of updated resources at least annually to 211.</p>
		<p>1.2</p> <p><u>Title III B Access to Services:</u> Promote the Aging and Disability Resource Centers (ADRCs) at each area agency on aging in Maine as valuable resources of information and service navigation.</p>	<p>1.2.1</p> <p>Revitalize ADRC Maine through the development of a statewide website and toll-free phone number.</p>	<p>1.2.1.A</p> <p>Increase the number of visits to the ADRC Maine website by 1% each year.</p>
				<p>1.2.1.B</p> <p>Increase the number of calls to the ADRC Maine toll-free number by 1% each year.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	1.3 <u>Title III B Access to Services:</u> Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, older New Mainers, LGBTQ older adults, older adults experiencing homelessness, remote island communities, rural and frontier communities, older adults with limited English proficiency, and older adults with sensory impairments.	1.3.1 Participate in the Diversity, Equity, and Inclusion initiatives led by the Department of Health and Human Services.	1.3.1.A OADS Staff will participate in 100% of meetings held for the development of a strategic plan annually.
			1.3.1.B OADS Staff will participate in 100% of meetings held for the Workforce Diversity, Equity, and Inclusion Work Group annually.	
			1.3.2 Provide staff training on cultural humility.	1.3.2.A At least 25% of adult protective services staff will participate in an LGBT aging cultural humility webinar training each year.
			1.3.2.B Receive at least one training from tribal representatives on Title VI services each year.	

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.3</p> <p><u>Title III B Access to Services:</u> Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, older New Mainers, LGBTQ older adults, older adults experiencing homelessness, remote island communities, rural and frontier communities, older adults with limited English proficiency, and older adults with sensory impairments.</p>	<p>1.3.3</p> <p>Improve data collection on underserved populations to better understand service utilization and outcomes.</p>	<p>1.3.3.A</p> <p>Create inclusive demographic data points on gender identity in the statewide data system by October 1, 2021.</p>
				<p>1.3.3.B</p> <p>Create inclusive demographic data points on sexual orientation in the statewide data system by October 1, 2021.</p>
				<p>1.3.3.C</p> <p>Create inclusive demographic data points on tribal affiliation in the statewide data system by October 1, 2021.</p>
				<p>1.3.3.D</p> <p>Create inclusive demographic data points on sensory impairment in the statewide data system by October 1, 2021.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.3</p> <p><u>Title III B Access to Services:</u> Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, older New Mainers, LGBTQ older adults, older adults experiencing homelessness, remote island communities, rural and frontier communities, older adults with limited English proficiency, and older adults with sensory impairments.</p>	<p>1.3.4</p> <p>Continue the development of partnerships with community-based organizations that focus on underserved populations.</p>	<p>1.3.4.A</p> <p>Co-host a statewide effort with SAGE Maine.</p>
				<p>1.3.4.B</p> <p>Co-host a statewide effort with the Immigration Resource Center of Maine.</p>
				<p>1.3.4.C</p> <p>Co-host a statewide effort with at least one tribe.</p>
		<p>1.4</p> <p><u>Title III B In-Home Services:</u> Provide in-home services and supports, such as Homemaker, Personal Care, Chore, and Adult Day, to older Mainers.</p>	<p>1.4.1</p> <p>Contract with local service providers to provide in-home services not offered by the area agency on aging.</p>	<p>1.4.1</p> <p>Increase the number of persons and units served in-home services by 1% each fiscal year, as reported in the statewide database, after establishing baseline in FFY2021.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.5</p> <p><u>Title III B Legal Assistance:</u> Provide legal assistance to older Mainers with economic and social needs.</p>	<p>1.5.1</p> <p>Contract with a single legal assistance agency to provide legal assistance with statewide coverage.</p>	<p>1.5.1</p> <p>Increase the number of persons and units served legal assistance by 1% each fiscal year as reported in the statewide database.</p>
		<p>1.6</p> <p><u>Title III C Nutrition Services:</u> Ensure access to local congregate dining options.</p>	<p>1.6.1</p> <p>Work with AAAs to develop outreach strategies to promote dining options in their service area.</p>	<p>1.6.1A</p> <p>Host at least one meeting per year for all area agencies on aging to share best practices and lessons learned.</p>
			<p>1.6.2</p> <p>Develop a report using input from the five AAAs that details the utilization rates of each site by region.</p>	<p>1.6.2A</p> <p>Implement the report by October 1, 2022.</p>
			<p>1.6.3</p> <p>Analyze utilization rates by site and region using reports from the statewide data system to best meet the needs of the service area.</p>	<p>1.6.3A</p> <p>Review the report with each AAA individually at least once per year.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.7</p> <p><u>Title III C Nutrition Services:</u> Enhance the quality and variety of meals offered to older Mainers to allow for personal choice, dietary restrictions, and cultural differences.</p>	<p>1.7.1</p> <p>Provide technical assistance on national best practices in menu planning.</p>	<p>1.7.1A</p> <p>Host at least one meeting per year with the AAAs to share best practices and lessons learned.</p>
		<p>1.8</p> <p><u>Title III D Evidence-Based Programs:</u> Maintain participation in evidence-based programs, such as SAVVY Caregiver, falls prevention, and chronic disease self-management.</p>	<p>1.8.1</p> <p>Promote and offer evidence-based programs in underserved areas.</p>	<p>1.8.1</p> <p>Host workshops at new locations within underserved communities.</p>
			<p>1.8.2</p> <p>Collaborate statewide with area agencies on aging and community partners such as higher education and health care providers to promote Evidence Based Programs.</p>	<p>1.8.2</p> <p>Increase the number of partnerships each year.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.8</p> <p><u>Title III D Evidence-Based Programs:</u> Maintain participation in evidence-based programs, such as SAVVY Caregiver, falls prevention, and chronic disease self-management.</p>	<p>1.8.3</p> <p>Develop virtual delivery options of evidence-based programs.</p>	<p>1.8.3</p> <p>Hold virtual workshops that adhere to evidence-based standards.</p>
			<p>1.8.4</p> <p>Provide technical assistance to Healthy Living for ME.</p>	<p>1.8.4</p> <p>Host meetings with Healthy Living for ME and other stakeholders as needed.</p>
		<p>1.9</p> <p><u>Title III E Care Partner Services:</u> Provide information to care partners of older Mainers about available services.</p>	<p>1.9.1</p> <p>Provide outreach events targeting care partners of older Mainers about available resources.</p>	<p>1.9.1.B</p> <p>Host at least one outreach event in each Planning and Service Area each fiscal year.</p>
		<p>1.10</p> <p><u>Title III E Care Partner Services:</u> Assist care partners of older Mainers with accessing available services.</p>	<p>1.10.1</p> <p>Assess care partners on their unique needs using a standard care partner assessment.</p>	<p>1.10.1.A</p> <p>Develop a standardized care partner assessment tool by October 1, 2021.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.10</p> <p><u>Title III E Care Partner Services:</u> Assist care partners of older Mainers with accessing available services.</p>	<p>1.10.1</p> <p>Assess care partners on their unique needs using a standard care partner assessment.</p>	<p>1.10.1.B</p> <p>Increase the number of care partners assessed by 1% each fiscal year.</p>
		<p>1.10.2</p> <p>Provide service navigation as care partners seeks available services.</p>	<p>1.10.2.A</p> <p>Increase the number of care partners provided service navigation by 1% each fiscal year.</p>	
		<p>1.10.2.B</p> <p>Increase the number of service navigation hours provided to care partners by 1% each fiscal year.</p>		
<p>1.11</p> <p><u>Title III E Care Partner Services:</u> Provide education and training to care partners of older Mainers.</p>	<p>1.11.1</p> <p>Provide individual counseling to care partners older Mainers to educate them on their care partner roles.</p>	<p>1.11.1</p> <p>Increase the number of care partners provided individual counseling by 1% each fiscal year.</p>		

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.11</p> <p><u>Title III E Care Partner Services:</u> Provide education and training to care partners of older Mainers.</p>	<p>1.11.2</p> <p>Provide support groups to care partners of older Mainers to learn from their peers about being care partners.</p>	<p>1.11.2.A</p> <p>Host at least 3 support groups for care partners in each Planning and Service Area each fiscal year.</p>
				<p>1.11.2.B</p> <p>Increase the number of care partners who attended support groups by 1% each fiscal year.</p>
		<p>1.12</p> <p><u>Title III E Care Partner Services:</u> Provide respite services to care partners of older Mainers.</p>	<p>1.12.1</p> <p>Provide in-home respite services to care partners of older Mainers.</p>	<p>1.12.1.A</p> <p>Increase the number of care partners served in-home respite services by 1% each fiscal year.</p>
				<p>1.12.1.B</p> <p>Increase the number of in-home respite hours provided to care partners by 1% each fiscal year.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.12</p> <p><u>Title III E Care Partner Services:</u> Provide respite services to care partners of older Mainers.</p>	<p>1.12.2</p> <p>Provide adult day services as a respite service to care partners of older Mainers.</p>	<p>1.12.2.A</p> <p>Increase the number of care partners served adult day services by 1% per year.</p>
		<p>1.12.2.B</p> <p>Increase the number of adult day service hours provided to care partners by 1% each fiscal year.</p>		
		<p>1.13</p> <p><u>Title III E Care Partner Services:</u> Provide supplemental services, such as In-Home Services, on a limited basis to care partners of older Mainers.</p>	<p>1.13.1</p> <p>Monitor the utilization of in-home services and support by care partners.</p>	<p>1.13.1</p> <p>Report the utilization rates by service to each AAA during annual on-site reviews.</p>
		<p>1.14</p> <p><u>Title III E Care Partner Services:</u> Enhance respite services to care partners of older Mainers to maximize the utilization of other care partner services, such as evidence-based programs, support groups, and counseling.</p>	<p>1.14.1</p> <p>Develop a method to track the use of respite services by care partners to access other services in the statewide data system.</p>	<p>1.14.1</p> <p>Implement updates to the statewide data system to track the utilization of respite services by October 1, 2021.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.14</p> <p><u>Title III E Care Partner Services:</u> Enhance respite services to care partners of older Mainers to maximize the utilization of other care partner services, such as evidence-based programs, support groups, and counseling.</p>	<p>1.14.2</p> <p>Work with the AAAs to identify trends in the types of other care partner services offered and accessed.</p>	<p>1.14.2</p> <p>Host at least one meeting per year to share best practices and lessons learned.</p>
		<p>1.15</p> <p><u>Title III E Care Partner Services:</u> Increase awareness of and access to the National Family Caregiver Support Program to Older Relative Caregivers.</p>	<p>1.15.1</p> <p>Create a statewide campaign to promote the availability of care partner services to Older Relative Caregivers.</p>	<p>1.15.1A</p> <p>Create a template with standard language for AAA use by October 1, 2021.</p>
				<p>1.15.1B</p> <p>Increase the number of social media interactions about Older Relative Caregivers services by 5% each year.</p>
				<p>1.15.1C</p> <p>Increase the number of visits to Older Relative Caregivers services webpage by 5% each year.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.15</p> <p><u>Title III E Care Partner Services:</u> Increase awareness of and access to the National Family Caregiver Support Program to Older Relative Caregivers.</p>	<p>1.15.2</p> <p>Partner with state agencies serving children to co-promote the availability of care partner services to Older Relative Caregivers.</p>	<p>1.15.2.A</p> <p>Create informational resources about aging services for partner state agencies' websites by October 1, 2022.</p>
				<p>1.15.2.B</p> <p>Create informational resources about kinship care services on the Office of Aging and Disability Services website by October 1, 2022.</p>
		<p>1.16</p> <p><u>Assistive Technology:</u> Increase awareness of and access to public and privately funded Assistive Technology programs and resources.</p>	<p>1.16.1</p> <p>Foster collaboration between the area agencies on aging and Maine CITE.</p>	<p>1.10.1</p> <p>Host at least one meeting annually with the area agencies on aging and Maine CITE.</p>

	Goal	Objective	Strategy	Performance Measure
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	<p>1.17</p> <p><u>Advocacy:</u> Support capacity building initiatives to strengthen Maine's aging and disability service networks at the state and local levels through advocacy and participation in leadership activities.</p>	<p>1.17.1</p> <p>Continue to provide regular updates on aging and disability initiatives to the Maine Council on Aging Membership Meeting.</p>	<p>1.17.1</p> <p>OADS staff will attend at least 2 meetings per year.</p>
			<p>1.17.2</p> <p>Continue to participate in the Tri-State Learning Collaborative.</p>	<p>1.17.2</p> <p>OADS staff will attend at least 9 meetings per year.</p>
		<p>1.18</p> <p><u>Advocacy:</u> Support local and statewide age-friendly initiatives through advocacy and participation in leadership activities.</p>	<p>1.18.1</p> <p>Develop an Age-Friendly State Plan by the end of 2020.</p>	<p>N/A</p>
2	Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.	<p>2.1</p> <p>Develop and implement statewide intake, assessment, and referral standards to ensure consistency and increase efficiency.</p>	<p>2.1.1</p> <p>Partner with AAAs to identify required data elements and best practices when assessing for the need for in-home services.</p>	<p>2.1.1.A</p> <p>Create a set of statewide assessment questions for in-home services by October 1, 2024.</p>

	Goal	Objective	Strategy	Performance Measure
2	Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.	2.1 Develop and implement statewide intake, assessment, and referral standards to ensure consistency and increase efficiency.	2.1.1 Partner with AAAs to identify required data elements and best practices when assessing for the need for in-home services.	2.1.1.B Host at least one statewide training on new in-home services assessment questions by October 1, 2024.
			2.1.2 Partner with AAAs to identify required data elements and best practices when assessing for the need for nutrition services.	2.1.2.A Create a set of statewide assessment questions for nutrition services by October 1, 2024.
				2.1.2.B Host at least one statewide training for area agencies on aging on new nutrition services assessment questions by October 1, 2024.

	Goal	Objective	Strategy	Performance Measure
2	Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.	<p>2.1</p> <p>Develop and implement statewide intake, assessment, and referral standards to ensure consistency and increase efficiency.</p>	<p>2.1.3</p> <p>Partner with AAAs to identify required data elements and best practices when assessing the need for care partner services.</p>	<p>2.1.3.A</p> <p>Create a set of statewide assessment questions for care partner services by October 1, 2024.</p>
				<p>2.1.3.B</p> <p>Host at least one statewide training on new care partner services assessment questions by October 1, 2024.</p>
		<p>2.2</p> <p>Improve data collection methodologies using standard service definitions and utilizing data management resources effectively to ensure statewide consistency.</p>	<p>2.2.1</p> <p>Create standard service definitions using federal and state guidelines.</p>	<p>2.2.1</p> <p>Review service definitions annually for accuracy with federal and state guidance.</p>
			<p>2.2.2</p> <p>Update service definitions in the statewide data system.</p>	<p>2.2.2</p> <p>Review service utilization reports annually for accuracy with federal and state guidance.</p>

	Goal	Objective	Strategy	Performance Measure
2	Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.	<p>2.2</p> <p>Improve data collection methodologies using standard service definitions and utilizing data management resources effectively to ensure statewide consistency.</p>	<p>2.2.3</p> <p>Explore all data management resource options for cost efficiencies while maintaining quality.</p>	<p>2.2.3</p> <p>Implement a new contract with a data management vendor by October 1, 2021.</p>
		<p>2.3</p> <p>Evaluate the effectiveness of services and programs in meeting the preferences and unmet needs of older Mainers, adults with disabilities, and their care partners using outcome measurements.</p>	<p>2.3.1</p> <p>Work with OADS' Data and Compliance team to develop a monitoring and evaluation plan for community services.</p>	<p>2.3.1</p> <p>Create the monitoring and evaluation plan by October 1, 2024.</p>
3	Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.	<p>3.1</p> <p>Increase the number of reports of abuse.</p>	<p>3.1.1</p> <p>Increase awareness of available adult protective services.</p>	<p>3.1.1</p> <p>Increase the number of victims who seek and obtain help by 1% each year.</p>
		<p>3.2</p> <p>Enhance the quality of training available on abuse, neglect, and exploitation.</p>	<p>3.2.1</p> <p>Provide training resources for mandated and optional reporters.</p>	<p>3.2.1</p> <p>Increase the number of mandated and optional reporters who complete training by 1% each year.</p>

Goal	Objective	Strategy	Performance Measure
<p>3 Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.</p>	<p>3.2 Enhance the quality of training available on abuse, neglect, and exploitation.</p>	<p>3.2.2 Enhance training and outreach to include diverse populations in institutional and community-based settings.</p>	<p>3.2.2 Provide training on underserved populations to adult protective staff at least once per year.</p>
	<p>3.3 Improve partnerships with aging network partners, local law enforcement agencies, and district attorneys.</p>	<p>3.3.1 Participate in the Elder Justice Coordinating Partnership.</p>	<p>3.3.2 Develop the Elder Justice Roadmap and a set of recommendations by December 2021.</p>
	<p>3.4 Increase awareness among providers of resident rights and autonomy.</p>	<p>3.4.1 Provide education and training to providers who serve adults in congregate residential settings.</p>	<p>3.4.1 Increase the number of referrals from providers regarding residents who desire information about returning to the community of their choice by 1% each year.</p>

	Goal	Objective	Strategy	Performance Measure
3	Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.	<p>3.5</p> <p>Ensure justice for individuals with limited capacity in long-term care settings.</p>	<p>3.5.1</p> <p>Develop outreach methods and materials for providers, individuals, and care partners of existing probate codes regarding guardianship and conservatorship.</p>	<p>3.5.1</p> <p>Produce at least one training material on guardianship and conservatorship by October 1, 2022.</p>
		<p>3.6</p> <p>Advocate for improvements to the adult protective system in Maine.</p>	<p>3.6.1</p> <p>Enhance the Substantiation Registry to include perpetrators who abuse any dependent adult.</p>	<p>N/A</p>
			<p>3.6.2</p> <p>Advocate for required training for all mandated reporters.</p>	<p>N/A</p>

Public Comments and Responses

Comment

Are there strategies throughout that address issues facing older adults with family members caught up in the opioid epidemic, including older adults caring for children under the age of 18?

Response

Yes, one of the [focus groups](#) for the needs assessment included older adults providing kinship care to minors where the impacts of the opioid epidemic emerged as a theme. [Objective 1.15](#) of Goal 1 is focused on increasing outreach and services to Older Relative Caregivers, which often include grandparents or other older relatives who have assumed the primary responsibility of minors impacted by the opioid epidemic. Additionally, Older Relative Caregivers has been introduced as a weighted factor as part of the new [Intrastate Funding Formula](#) to redistribute funds based each area agency on aging's share of this target population.

Comment

What measures are included to take into account the higher cost of bringing services to more rural and remote areas of Maine?

Response

Meeting the service needs of rural older adults is a significant focus of the Older Americans Act and Maine's State Plan on Aging. As such, this State Plan on Aging uses Rural Age 60+ as one of the weighted factors in the [Intrastate Funding Formula](#). Also, one lesson learned during the planning process for this state plan was the effectiveness of using traditional mailing outreach methods such as mail, which often have higher costs.

Comment

I believe I saw something in the plan about age-friendly communities. Is there a formal relationship encouraged between age-friendly communities and AAAs?

Response

The five area agencies on aging in Maine are actively engaged with their local [age-friendly initiatives](#). With each age-friendly community having unique characteristics, the area agencies on aging work with the leadership of local age-friendly initiatives to provide resources and technical assistance as needed. Some of the area agencies on aging have invited the leadership of local age-friendly communities to be members of their required area agency on aging advisory councils.

Comment

I'm curious if the State Plan includes a list of evidence-based services that are included in the plan.

Response

Each area agency on aging is afforded the flexibility of selecting which evidenced-based programs to offer based on identified community needs and interests. The U.S. Administration for Community Living sets minimum requirements that all evidence-based programs and workshops funded by the Older Americans Act must meet. For more information on which evidence-based programs are offered in Maine, please visit Healthy Living for ME's website <https://healthylivingforme.org/>.

Comment

Does the State Plan address or recognize the recommendations coming out of the Climate Change Council Plan? I believe older folks are named as a vulnerable population of interest in their work.

Response

According to the timeline on the Maine Climate Council's website (<https://www.maine.gov/future/initiatives/climate/climate-council>), a four-year plan is scheduled to be submitted to the Governor by December 1, 2020. Based on the draft strategies recently proposed by the Maine Climate Council, there are overlapping areas that impact the needs of older Mainers, especially regarding the need for adequate housing and transportation. OADS and the area agencies on aging will closely monitor these recommendations for potential areas of collaboration.

Comment

Please clarify how the state assessment relates to the requirement that individual AAAs conduct assessments and also local plans.

Response

The statewide needs assessment conducted for this State Plan on Aging included information specific to the planning and service areas for each area agency on aging. For more specific information, a copy of the full report can be found at [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024 Maine State Plan on Aging Needs Assessment Report.pdf](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024%20Maine%20State%20Plan%20on%20Aging%20Needs%20Assessment%20Report.pdf). The area agencies on aging used the needs assessment information for their planning and service area to develop area plans on aging.

Comment

Can you identify how the OADS assessment and plan is linked to the State Public Health Improvement Plan?

Response

While the State Public Health Improvement Plan and this State Plan on Aging are separate planning documents, there are clear linkages on the need for services and programs. One commonly shared objective is to provide evidence-based programs that help older adults manage their chronic conditions, such as diabetes. Another commonly shared objective is to increase access to nutritious foods and decrease food insecurity among older adults through Older Americans Act funded nutrition programs. OADS works closely with the Maine Center for Disease Control on numerous projects, including on how to strengthen the evidence-based program infrastructure in Maine.

Comment

In the past, AAAs have been given waivers. Are those being reviewed? I've written a few comments, but I haven't heard any mention of the time-limited waivers awarded to the AAAs for the past four or five decades without going out to bid. I'm wondering if this plan includes some way to address that it has an effect on competition, and in some ways, the subsidized AAA is competing against a nonsubsidized entity, nonprofit, or whatever. It's my understanding that the AAAs are not supposed to provide direct services but rather to either coordinate with existing businesses or coordinate the creation of a business to take that on but not to perform the services themselves. So that's a question that has been outstanding for decades.

Response

Per OAA Sec. 307(a)(8)(A), OADS as the State Unit on Aging is provided the authority to issue waivers to area agencies on aging to directly provide supportive services, nutrition services, or in-home services. Per OADS policy 10-149 Ch. 5 Section 30.09, direct service waiver requests are submitted with the area agency on aging's area plan on aging for review by OADS. The direct service waivers are time-bound and align with the planning period of the state and area plans on aging. Per CFR 45 § 1321.25, "Restriction of delegation of authority to other agencies," a State Unit on Aging or area agency may not delegate to another agency the authority to award or administer funds under the Older Americans Act. Please see CFR 45 § 1321.29 for more information on the designation of planning and service areas.

Comment

Services for persons with dementia have historically benefitted providers and family members, but little has been done to benefit persons with dementia directly. What steps are you taking to include people with dementia in the policy and funding of their services? How many people with disabilities, especially persons with dementia, have been participants in the plan development and funding decisions? How are they going to be more included in the future?

Response

Care partners providing support to older individuals are the target population for the care partner services and programs funded by the Older Americans Act. While care partner services address the needs of the care partner, the individual for whom the care partner supports also benefits from the services and programs. OADS uses the term “care partner” intentionally to recognize the agreement between the person with a chronic condition and their loved one to be partners in care and to help each other. The planning activities (i.e., listening sessions, focus groups, and surveys) for the state and area plans were open to the general public, which may have included people living with dementia. In the future, OADS and the area agencies on aging will explore ways that individuals living with dementia can be involved in the planning process for the preparation of future state and area plans on aging.

Comment

Does all respite care funding get dispersed to the AAAs? Is there any available for programs run by others?

Response

Per OAA Sec. 305(a)(2)(C), funds received under Title III of the Older Americans Act, which includes funds for respite care under the National Family Caregiver Support Program, are to be distributed to the designated area agencies on aging using the [Intrastate Funding Formula](#). Providers of service interested in providing respite care are encouraged to contact their local area agencies on aging.

Comment

The plan mentions discretionary grants available to providers and nonprofits in addition to or in supplement of what's available to the AAAs. According to Maine statute, the department is authorized to make grants to cities and towns within the state or to nonprofit corporations organized for purposes related to public health or welfare, out of federal funds. Are there any funds available for grants?

Response

This plan addresses the coordination of activities between discretionary grants awarded by the U.S. Administration for Community Living (ACL) to area agencies on aging directly and the services funded by the Older Americans Act. ACL discretionary grants are awarded through a competitive application process through which the area agencies on aging apply at their discretion. Eligible entities are encouraged to apply to notices of grant opportunities posted on www.grants.gov.

Attachment A: State Plan Assurances and Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be— . . .

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or

within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

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—

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

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

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

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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(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.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in

such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to

low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712

and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency 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) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan 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.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with 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);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

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

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

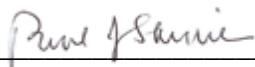
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...



8/11/2020

Paul Saucier, Director
Office of Aging & Disability Services

Attachment B: Information Requirements

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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) and include proposed methods of carrying out the preference in the State plan;

State's Response:

Objective 1.3 is focused on targeted outreach to underserved populations in both the State and Area plans. To ensure that these individuals are served first when funds are not available to serve all older adults seeking services, the Office of Aging and Disability Services (OADS) implemented a waitlist policy in the fall of 2019 that prioritizes the following factors, in ranked order: Frailty (# of activities of daily living impairments); Economic Need (actual % of federal poverty level); Isolation (socially or geographically); Minority (cultural or social barriers caused by racial or ethnic status, sexual orientation, gender identity, etc.); English as a Second Language; Risk of Institutionalization; and Days on Waitlist.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, 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.

The five area agencies make referrals to Maine CITE, Maines Assistive Technology Act program, for a detailed assistive technology assessment, when appropriate. Additionally, objective 1.16 of this State Plan and each Area Plan is focused on strengthening the relationships between the five area agencies and Maine CITE to enhance the dissemination of information assistive technology options.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

State's Response:

Each Area Agency is required to have an emergency preparedness plan in compliance with the Older Americans Act and Maine state policy manual (Title 10-149, Ch. 5, Section 30.03 (D)).

These plans are updated annually and when certain disasters occur, like COVID-19, that require unique adjustments to operations.

Section 307(a)(2)

The plan shall provide that the State agency will —...

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

State's Response:

Included in the service contracts with each Area Agency are the minimum proportion requirements for Title III-B expenditures, which are:

- Access Services at 20%
- In-Home Services at 10%
- Legal Assistance at 10%

Section 307(a)(3)

The plan shall—

...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

State's Response:

Maine is the largest and most rural New England state, with 525 out of its 533 municipalities having populations smaller than 20,000, which is the U.S. Administration for Community Living's definition of rural. Only 18.4% of Maine's total population lives in the other eight municipalities. The rurality of each Area Agency is calculated into the Intrastate Funding Formula, where the number of older individuals residing in rural areas is a weighted factor.

Each fiscal year the Area Agencies develop program budgets based on prior fiscal years that are above the amount expended statewide for such services for fiscal year 2000. Amendments are made to adjust their budgets based on received notice of awards from the U.S. Administration for Community Living.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

State's Response:

The Office of Aging and Disability Services works with Area Agencies to identify new service delivery models and programming to meet the needs of older individuals residing in rural areas. Most notably is a growing trend of providing meal vouchers as participation in rural congregate dining sites is steadily declining, resulting in site closures due to administrative costs. Area Agencies in Maine are establishing more meal distribution hubs in rural areas to decrease costs for transportation and increase the frequency of deliveries. OADS works with Area Agencies as they request larger purchases, such as walk-in freezers and delivery vehicles, to make sure that Older Americans Act funds are being used to supplement and not supplant such expenses. The rurality of each Area Agency is calculated into the Intrastate Funding Formula, where the number of older individuals residing in rural areas is a weighted factor.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

State's Response:

According to U.S. Census Bureau 2018 American Community Survey, in Maine there are: a) 22,773 individuals age 65 and above who speak English as a second language; b) 31,147 individuals age 60 and above who are below the federal poverty level; and c) 14,298 individuals age 55 and above who of a racial or ethnic minority. The needs of these underserved populations are calculated in the Intrastate Funding Formula.

Objective 1.3 of the State and Area plans focus on increased outreach and service provision to underserved populations, including low-income minority older individuals with limited English proficiency.

Section 307(a)(21)

The plan shall —

...

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

State's Response:

The Office of Aging and Disability Services invited tribal representatives to participate in the State Plan Advisory Council. Tribal representatives participated in key informant interviews for the statewide needs assessment, who shared interest in being part of the planning process for Title III services in partnership with their local Area Agencies.

OADS will continue to foster collaboration between the tribal nations and the Area Agencies to strengthen service coordination between Title III and VI. Additionally, Governor Mills appointed six people to serve on the Maine Indian Tribal-State Commission in the spring of 2019.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

State's Response:

The statewide needs assessment conducted in preparation of this State plan includes the projected growth of the older adult population in Maine to the year 2040. Please see the [full report](#) for more details. As Maine's older adult population is expected to grow at a much faster rate compared to other New England states and the nation, the Office of Aging and Disability Services will consult with the Area Agencies on a routine basis to identify delivery system improvements. For example, the number of individuals age 85 and above is now a weighted factor in the Intrastate Funding Formula.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

State's Response:

The Maine Department of Health and Human Services (DHHS) is the lead state agency when public health emergencies occur, like the COVID-19 pandemic, as part of the State Emergency Operations Plan and the Interagency Disaster Recovery Plan. The Office of Aging and Disability Services (OADS) will participate in the Maine Emergency Management Agency's long-range emergency preparedness planning activities to ensure the needs of older adults and adults with disabilities are included in these plans and to develop coordination plans for disaster relief services when the aging network is involved.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

State's Response:

The Maine Department of Health and Human Services (DHHS) has established connections with the Maine Emergency Management Agency (MEMA). The Commissioner for the Maine DHHS will collaborate with MEMA to develop and secure Maine's Emergency Preparedness plans statewide. The Office of Aging and Disability Services (OADS) is committed to working with MEMA during any updates to the plan to ensure the needs of older adults and adults with disabilities are included in any disaster response.

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307— . . .

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
(i) public education to identify and prevent elder abuse;

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- (ii) receipt of reports of elder abuse;*
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—*
 - (i) if all parties to such complaint consent in writing to the release of such information;*
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) upon court order.*

State's Response:

The Adult Protective Services (APS) unit of the Office of Aging and Disability (OADS) is designated as the Title VII of the Older Americans Act program responsible for providing or arranging for services to protect incapacitated and dependent adults in danger. APS staff also petition for Public Guardianship and/or Conservatorship of incapacitated adults when all less restrictive alternatives have failed. APS clients include dependent and incapacitated adults, including older adults and adults with disabilities, who are subject to abuse, neglect, or exploitation.

The Maine State Long-Term Care Ombudsman Program (MLTCOP) is responsible for carrying out activities listed in Title VII that relate to advocating for the quality of life and care for individuals receiving long-term care services. Federal law and Maine law authorize MLTCOP staff to investigate complaints made by or on behalf of these service recipients and to assist consumers in exercising their rights that are guaranteed by law. MLTCOP is required to have policies that are updated regularly to ensure compliance with federal and state law.

Both APS and MLTCOP were involved in the State Plan Advisory Council. Goal 3 of this plan is focused on the prevention and response to the abuse, neglect, and exploitation of older adults. Goal 3 also includes activities to preserve the rights and autonomy of older adults.

Attachment C: Intrastate Funding Formula

An analysis was conducted of Maine’s Intrastate Funding Formula (IFF) using State plans dating back to the 1983-1985 planning cycle. While population figures were updated regularly to reflect the changes in the older adult population, the fundamental structure of the IFF was last modified in the 1991-1993 State plan with the introduction of a geo-weighted factor and lowering the base allotment from 50% to 18%. The geo-weighted factor took population density into account, by first calculating each Area Agency’s region’s percentage share of the total square miles of land and water-surface area in Maine and then multiplying by 5% of the number of persons age 60-and-above living in the rural portions of each AAA region. The base allotment was lowered so that the IFF reflected the population distribution of the state.

Significant modifications were made to the IFF for this State plan to reflect changes in the population of older individuals in Maine. After consulting with the Area Agencies and key stakeholders, the use of a geo-weighted factor no longer has the intended impact due to significant population growth in the southern part of the state. Thus, the geo-weighted factor was removed. The base allotment was increased from 10% to 15% to ensure the sustainability of the less populated planning and service areas (PSAs), especially in Aroostook Agency on Aging (the most rural PSA). Additional target populations were added (i.e., Persons Age 85+ and Older Relative Caregivers). Lastly, all target populations were assigned the following weights for the remaining 85%:

<i>Targeting Criteria</i>	<i>Target Population</i>	<i>Assigned Weight</i>	<i>Equation Notation</i>
<i>Age</i>	Persons Age 60-74	0.05	A60
	Persons Age 75-84	0.10	A75
	Persons Age 85+	0.15	A85
<i>Social Need</i>	Minority 55+	0.20	SNM
	English as a Second Language 65+	0.05	SNESL
	Have a Disability 65+	0.05	SND
	Older Relative Caregivers 60+	0.05	SNORC
<i>Economic Need</i>	Below FPL 60+	0.20	EN
<i>Rural</i>	Rural Age 60+	0.15	R60
<i>Total</i>		1.00	

Due to the rural nature and low population of Maine, especially when looking at the population of older individuals with incomes below the federal poverty level who live in medically unserved area (only 7,006 individuals), the Office of Aging and Disability Services and the five area agencies agreed to use the same IFF for all parts of Title III, including Part D.

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Using available U.S. Census data, the table below includes the number of individuals included in each of the target populations. The table also provides each Area Agency’s share of the target populations, which are used as part of the IFF. Spectrum Generations serves the towns of Brunswick and Harpswell, which are located in Cumberland County. Southern Maine Agency on Agency (SMAA) serves the rest of Cumberland County. The calculations for Spectrum Generations and SMAA below account for this difference.

Target Populations	PSA 1	Agency %	PSA 2	Agency %	PSA 3	Agency %	PSA 4	Agency %	PSA 5	Agency %	Totals
Persons Age 60-74	14223	5.61%	50098	19.76%	70501	27.80%	35565	14.03%	83194	32.81%	253581
Persons Age 75-84	4521	6.16%	14508	19.76%	21081	28.71%	10260	13.98%	23045	31.39%	73415
Persons Age 85+	2255	6.34%	8595	24.15%	9174	25.78%	4635	13.02%	10929	30.71%	35588
Minorities (Age 55+)											
Asian	84	2.73%	366	11.88%	625	20.29%	247	8.02%	1759	57.09%	3081
Black or African American	69	3.65%	250	13.23%	401	21.22%	221	11.69%	949	50.21%	1890
Hispanic	112	3.75%	543	18.18%	840	28.13%	428	14.33%	1063	35.60%	2986
Native American	234	11.65%	831	41.36%	441	21.95%	181	9.01%	322	16.03%	2009
Native Hawaiian	6	17.65%	5	14.71%	19	55.88%	4	11.76%	0	0.00%	34
Two or More	202	5.10%	801	20.24%	985	24.89%	779	19.68%	1191	30.09%	3958
Some Other	0	0.00%	99	29.12%	77	22.65%	27	7.94%	137	40.29%	340
Total	707	4.94%	2895	20.25%	3388	23.70%	1887	13.20%	5421	37.91%	14298
English as a Second Language (Age 65+)	3776	16.58%	2097	9.21%	4118	18.08%	5019	22.04%	7763	34.09%	22773
Have a Disability (Age 65+)	3052	7.75%	8627	21.91%	11048	28.05%	5470	13.89%	11184	28.40%	39381
Older Relative Caregivers (Age 60+)	184	6.28%	660	22.53%	795	27.13%	497	16.96%	794	27.10%	2930
Below FPL (Age 60+)	2635	8.46%	6995	22.46%	9025	28.98%	3724	11.96%	8768	28.15%	31147
Rural Age 60+	20999	7.04%	64976	21.80%	94215	31.61%	35128	11.78%	82757	27.76%	298075

NOTES: PSA 1 = Aroostook Agency on Aging; PSA 2 = Eastern Area Agency on Aging; PSA 3 = Spectrum Generations; PSA 4 = SeniorsPlus; PSA 5 = Southern Maine Agency on Aging

Data Sources and Definitions for Target Populations in New Intrastate Funding Formula

Below are the sources of the best available data that allowed for the tabulation of each target population in Cumberland County by town to account for the service coverage difference between Spectrum Generations and the Southern Maine Agency on Aging. All tables are from the 2018 American Community Survey with 5-Year Estimates.

Persons Age 60-74, 75-84, and 85+: *S0101: Age and Sex.*

Minorities (Age 55+): *B01001B* for “Black or African American,” *B01001C* for “American Indian and Alaska Native,” *B01001D* for “Asian,” *B01001E* for “Native Hawaiian and Other Pacific Islander,” *B01001F* for “Some Other Race,” *B01001G* for “Two or More Races,” and *B01001I* for “Hispanic or Latino.”

English as a Second Language (Age 65+): *B16004: Age by Language at Home by Ability to Speak English for the Population 5 Years and Over.* Totals were calculated for individuals age 65 and above who spoke English as a second language who reported not speaking English “very well.”

Have a Disability (Age 65+): *B18101: Sex by Age by Disability Status.*

Below Federal Poverty Level (Age 60): *S1701: Poverty Status in the Past 12 Months.*

Older Relative Caregivers (Age 60+): *B10051: Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Owen Grandchildren by Presence of Parent of Grandchildren and Age of Grandparent.* Totals were calculated for Grandparent responsible for own grandchildren under 18 years who are 60 years and over.

Rural Age 60+: *S0101: Age and Sex.* Using the U.S. Administration for Community Living’s definitions of urban, 525 out of Maines 533 municipalities have populations smaller than 20,000 and therefore considered rural. Only 18.4% of Maine’s total population lives in the other eight municipalities. The number of older individuals residing in rural areas was calculated by applying the percentage of the total population that lives in rural municipalities in each planning and service area (PSA) (see table below) to the number of adults age 60 and above that live in the same PSA.

PSA	Area Agency	Percent of Total Population Rural
1	Aroostook Agency on Aging	100.00%
2	Eastern Area Agency on Aging	88.94%
3	Spectrum Generations	93.48%
4	SeniorsPlus	69.38%
5	Southern Maine Agency on Aging	71.56%

New Intrastate Funding Formula 2020 for Title III Funds

Each Area Agency will receive 15% of the allotment for Title III Part B (B\$), Part C (C\$), Part D (D\$), and Part E (E\$) funds, which is represented by X_1 . The remaining 85% of Title III Part B (B\$), Part C (C\$), Part D (D\$), and Part E (E\$) funds will be allocated using the Area Agency’s agency percentage share of the target populations. The new Intrastate Funding Formula can be stated mathematically as:

$$x = X_1 + A60 + A75 + A85 + SNM + SNESL + SND + SNORC + EN + R60$$

Whereas:

$$X_1 = 0.15 \times [B\$ + C\$ + D\$ + E\$]$$

$$X_2 = 0.85 \times [B\$ + C\$ + D\$ + E\$]$$

$$A60 = 0.05 \times X_2 \times Agency \%$$

$$A75 = 0.15 \times X_2 \times Agency \%$$

$$A85 = 0.20 \times X_2 \times Agency \%$$

$$SNM = 0.20 \times X_2 \times Agency \%$$

$$SNESL = 0.05 \times X_2 \times Agency \%$$

$$SND = 0.05 \times X_2 \times Agency \%$$

$$SNORC = 0.05 \times X_2 \times Agency \%$$

$$EN = 0.20 \times X_2 \times Agency \%$$

$$R60 = 0.15 \times X_2 \times Agency \%$$

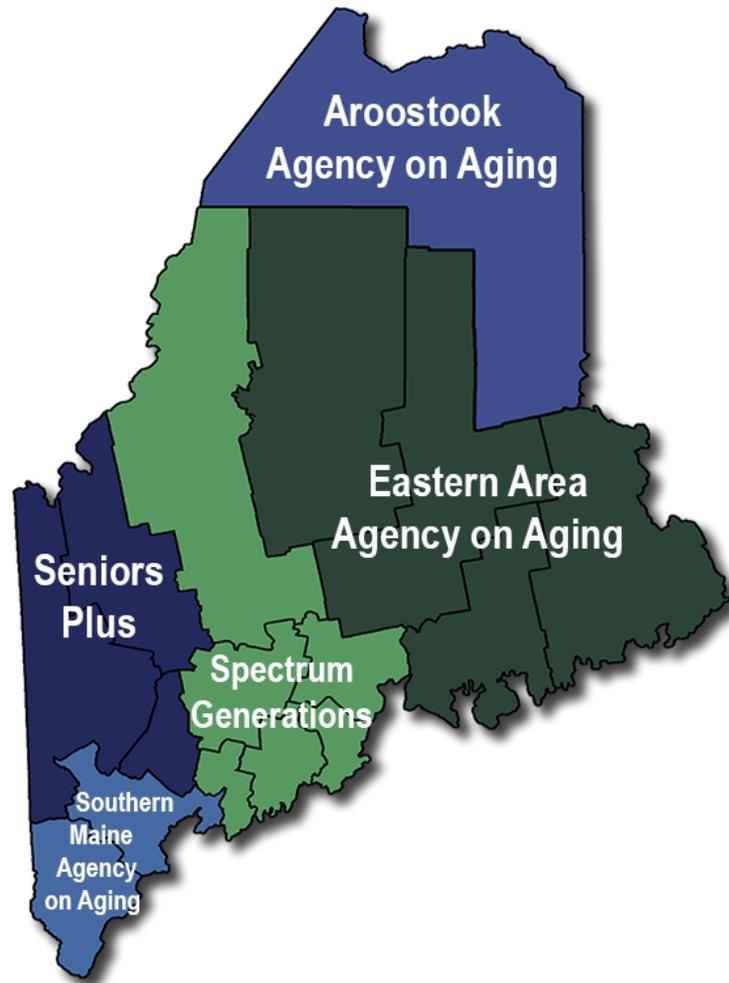
The following Agency Shares are based on the new Intrastate Funding Formula:

PSA	Area Agency	New Agency Share	Former Agency Share	Percent Change
1	Aroostook Agency on Aging	9.05%	8.38%	+ 8.00%
2	Eastern Area Agency on Aging	20.92%	21.43%	- 2.38%
3	Spectrum Generations	26.01%	25.81%	+ 0.77%
4	SeniorsPlus	14.47%	17.09%	- 15.33%
5	Southern Maine Agency on Aging	29.55%	27.29%	+ 8.28%

Former Intrastate Funding Formula 2016 for Title III Part B, C, and E Funds

Target Populations:	PSA 1	PSA 2	PSA 3	PSA 4	PSA 5	Totals
Persons Age 60+	18,839	59,990	84,710	42,648	94,255	300,442
Persons Age 75+	6,422	19,418	27,150	14,052	31,089	98,131
Minorities (Age 60+)	260	955	1,135	1,185	1,690	5,225
Greatest Social Need						
Non-English Speaking (Age 60+)	465	165	215	445	885	2,175
Have a Disability (Age 65+)	6,014	16,519	11,040	22,894	21,627	78,094
Economic Need (Age 60+ below FPL)	2,109	5,220	7,467	4,300	6,351	25,447
Rural Age 60+	14,083	43,977	48,030	28,567	35,443	170,100
Square Miles	6,828.8	13,539.5	8,111.4	4,416.8	2,488.2	35,384.7
% of Square Miles	19.3%	38.3%	22.9%	12.5%	7.0%	100.0%
Geo-weighted Rural Factor =						
[Rural Pop Age 60+]						
x [% of Square Miles]	136	841	551	178	125	1,831
x 5%						
<hr/>						
Target Population Base	48,328	147,085	180,297	114,269	191,465	681,445
Agency Share of Target Population Base	7.09%	21.58%	26.46%	16.77%	28.10%	100.00%
<hr/>						
Former Funding Formula:						
Base allocation (10% / 5 regions)	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%
Formula allocation (90% * share of target pop.)	6.38%	19.43%	23.81%	15.09%	25.29%	90.00%
Former Agency Share of Funds	8.38%	21.43%	25.81%	17.09%	27.29%	100.00%

Attachment D: Area Agency Planning and Service Areas



Aroostook Area Agency on Aging: www.arostookaging.org

Counties Served: Aroostook

Eastern Area Agency on Aging: www.eaaa.org

Counties Served: Hancock, Penobscot, Piscataquis, Washington

SeniorsPlus: www.seniorsplus.org

Counties Served: Androscoggin, Franklin, Oxford

Southern Maine Agency on Aging: www.smaaa.org

Counties Served: Cumberland (excluding Brunswick & Harpswell), York

Spectrum Generations: www.spectrumgenerations.org

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Counties Served: Kennebec, Knox, Lincoln, Sagadahoc, Somerset, Waldo, and Cumberland
(Brunswick & Harpswell only)