



2020-2024 Area Plan on Aging

as required by the Older Americans Act

Approved by Board of Directors – 08/14/2020

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Southern Maine Agency on Aging Area Plan 2020-2024

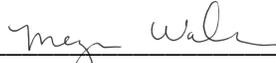
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Verification of Intent

The Area Plan on Aging is hereby submitted for the York and Cumberland County Planning and Service Area for the period 2020 through 2024. It includes all assurances and plans to be followed by the Southern Maine Agency on Aging under provisions of the Older Americans Act, as amended during the period identified. The Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

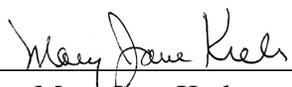
The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and are hereby submitted to the State Agency on Aging for approval.

December 11, 2020 (Signed) 
Megan Walton, Chief Executive Officer
Southern Maine Agency on Aging

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

December 11, 2020 (Signed) 
Paul Doherty, Chair
Representative of Southern Maine Agency on
Aging Advisory Council

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

December 11, 2020 (Signed) 
Mary Jane Krebs
President, Board of Directors
Southern Maine Agency on Aging

Executive Summary

The Southern Maine Agency on Aging (SMAA) is a private, non-profit organization that seeks to develop a comprehensive system of services and supports for older adults and their families in Cumberland and York Counties. SMAA serves as an advocate, provider, and focal point for information and services needed by older adults, adults with disabilities, and their caregivers. SMAA applauds Maine's Department of Health and Human Services for its focus on older Mainers, ensuring they live with dignity, in the place that balances their needs and preferences.

SMAA uses a wide variety of resources to carry out its mission, including a strong team of volunteers and staff, multiple contracts and partnerships with other organizations and units of government, and an array of programs and services.

The overall goals and objectives contained in SMAA's 2020-2024 Area Plan were developed through a process facilitated by the Maine Office of Aging and Disability Services in collaboration with all five Agencies on Aging in Maine. Although all five Agencies share a common set of goals and objectives, regionally-specific strategies toward each goal and objective were created by SMAA based upon ongoing initiatives, the unique array of resources and partners available in our region, and the 2019 needs assessment survey conducted by the Muskie School of Public Service, in partnership with OADS.

What we will do

As outlined in the attached plan, SMAA will be particularly focused on the following areas, given the needs of our region and our community members:

- **Continue to make the public aware of SMAA's services and capabilities**, especially for those clients and caregivers who could benefit from being aware of our services earlier.
- **Offer community supports to address social isolation.** Meal sites and nutrition programs not only provide for clients' basic needs – they offer an opportunity to connect with others and reduce social isolation.
- **Falls prevention classes and information.** Older adults in our region continue to face challenges in preventing and recovering from falls.
- **Improve respite options for caregivers.** SMAA's adult day center programming in Southern Maine continues to be a needed respite resource and community hub for clients, caregivers, and families.
- **Advocate for older adults.** By continuing to track outcomes and measure gaps, SMAA will continue to advocate for new and different services for older adults. Additionally, we will work in partnership with municipalities to enhance age friendly community initiatives.

- **Information and resources for local community members, especially Medicare seminars.** In the coming years, it will be essential for SMAA to continue to provide valuable information that helps clients get the services and support they need and make informed decisions.

System Improvements and Measurement

SMAA has included baseline measurements in the attached plan that highlight what the organization will track over the coming years to know if and how we have helped older adults in our region. Of particular importance to the organization is the client satisfaction

Our Mission

The Southern Maine Agency on Aging's mission is to improve the quality of life for older adults, adults with disabilities, and the people who care for them.

Our Vision

- We envision a community in which older people are able to live to their fullest potential.
- We will provide older adults in southern Maine with useful information, resources, and services to help them meet their changing needs.
- We will promote effective learning, social connections and healthy lifestyles that maximize independence and security.
- We will provide extra help to those who are challenged by unusual health, social and/or economic circumstances.
- We will offer older adults meaningful volunteer opportunities so they, and their families, will experience productive and fulfilling lives while benefiting their communities.
- We will promote partnerships throughout the community to enhance our reach and effectiveness for the benefit of older adults.

Context

Southern Maine is a “super-aged” region

In 2018 Maine crossed a crucial milestone – one-in-five residents is over the age of 65 – thereby meeting the United Nations definition of a “super-aged” state.

According to 2018 U.S. Census data, Maine has the highest median age in the country at 44.9 years old – nearly 7 years older than the national average of 38.2. Maine is also aging at a faster rate than the rest of the country – our average age rose from 42.7 to 44.9 years between 2010 and 2018.

Cumberland and York counties comprise 37% of Maine’s population with Cumberland being home to the largest population size (293,560), followed by York (206,230). In the Southern Maine Agency on Aging’s service region, the population 65 and older will increase by 78% in York County and 64% in Cumberland between 2010 and 2022, for a total increase in this population of more than 49,121 (U.S. Census Bureau, Census 2010).

Rural Layout and Social Isolation

Despite serving the most densely populated area of the State, the majority of SMAA’s service region is considered rural. In fact, according to 2010 US Census data, Maine is the most rural state in the entire country with 61.3% of its population living in what are classified as rural communities. SMAA’s service area spans more than 2,488 square miles across communities where there is little-to-no access to public transportation, and residents often live miles from the closest grocery store, medical facility, or even neighbor.

The rural nature of Maine’s landscape contributes the many challenges our older residents face related to access to food, healthcare, social connectedness, etc. For older adults, isolation and loneliness can be a predictor of poor health, especially depression, other mood disorders, anxiety, and alcohol and drug abuse (MEHAF, *Reducing Social Isolation in Maine: The Thriving in Place Experience*, 2016).

More than two of every five (41.3%) Maine seniors lives alone (JTG Foundation, *Maine Data Glimpse: Share of Householders Age 60+ Living Alone*, 2019). Not surprisingly, living alone is associated with amounts of time spend alone. People 60 and older who live alone, say they spend, on average, about 10 and a half hours alone each day – almost twice as much time as those who live with a spouse. More than a third (37%) of older adults who live alone report spending all their measured time alone (Pew Research Center, 2019).

Income Challenges

Low income levels is another factor affecting Maine’s population – particularly aging and disabled adults. Social Security is the ONLY source of income for one in every three Mainers age 65 and older, and makes up 50% or more of the income for 64% of Maine seniors (2011 ACL Percent of Income from SS-SPSS Calculation by AARP Research). Maine has the second lowest average Social Security retirement benefit in the entire country at \$1,314.22 a month (Business Insider, April, 2018). An estimated 7% of Maine senior households have an annual income of less than \$10k, and 28% less than \$20k (Census.gov ACS).

Living on some of the smallest fixed incomes in the country forces Mainers to make difficult choices related to their housing and energy costs, nutrition, medications, health care spending, and other basic human needs.

Disproportionately “Not Young”

Over the next two decades, as the baby-boom generation leaves the work force and retires, the number of available workers contributing to the Maine economy will decline. There is a growing disconnect between Maine's aging population and its need for young workers to care for that population.

By 2025, there will be only two working-age Mainers for every person age 65+. The shrinking number of people in the workforce - and those that are contributing to pension funds and supporting government programs that are designed to support seniors – will only increase the strain on individuals and our local economies (Muskie School of Public Service, 2013).

Dementia

In Maine alone, the number of individuals living with Alzheimer's will increase from 37,000 individuals today to over 53,000 individuals by 2020. One in eight people aged 65 and older has Alzheimer's disease, and Maine's 65-74 year old age group is forecast to grow by 77% in the next ten years (Maine DHHS, OADS *State Plan for Alzheimer's Disease and Related Dementias in Maine.*) The average annual per-capita Medicare expenditures for a beneficiary with Alzheimer's disease or other dementia is three times that of one without Alzheimer's disease or other dementia.

The current health delivery system, ranging from the ambulatory care of independent older persons to the provision of care to persons residing at the nursing home level, is already stretched. Ongoing financial constraints will limit the ability of the State and Federal governments to provide sufficient resources to deal with this unfolding health crisis.

Caregiving

Rising rates of Alzheimer's and related dementia have a large impact on Maine's informal caregiver population. It is also important to note that family caregiving is not narrowly defined as someone caring for an individual with dementia, but rather, refers to any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition.

A needs assessment was recently conducted in collaboration with the Muskie School of Public Service and the Office of Aging and Disability Services. 21% of the people surveyed noted a concern about their own memory; and 20% were concerned about the memory of someone they care for (page 14, Muskie survey).

There are currently 181,000 family caregivers in Maine. They contribute an estimated 152 million hours annually of unpaid care time with an economic value of \$2.2 billion a year (AARP Public Policy Institute 2019).

These caregivers are overburdened and under supported. They are being forced to leave jobs or turn down promotions, and are economically, physically, and emotionally taxed. An estimated 68% of family caregivers make work accommodations such as turning down promotions, reducing hours, quitting jobs, arriving late or leaving early, or leaving jobs entirely, due to the stress of caregiving (National Alliance for Caregiving and AARP). Caregivers who do not leave the workforce to care for a loved one, on average, lose more than \$300,000 in earnings during their lifetime (The MetLife Study of Caregiving: Costs to Work Caregivers).

Focus Areas

A. Older Americans Act (OAA) Core Programs

OAA programs are encompassed in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs), and serve as the foundation of the national aging services network. The Agency manages a variety of programs providing assistance on health and wellness, protecting rights and preventing abuse, supporting

1. Coordinating Title III programs with Title VI Native American programs: While there are no tribes located in our service area, the Agency will support and advocate for Statewide and area efforts to provide services to Native elders residing on and off reservation.
2. Strengthening or expand Title III & VII services
The Agency is seeking to strengthen the delivery of Title III & VII services by increasing collaborative efforts with our large network of established age-friendly towns and local municipalities where we can assist in addressing the needs of older adults and their care partners in their unique communities. Internally the Agency is proactively planning for increased Capacity Corp volunteer engagement to augment our existing Title III services.
3. Increasing the business acumen of the area agency on aging:
As the need for services continues to increase, the Agency is proactively working to develop contracts with outside entities to provide services based on population needs assessments. New systems are being developed to assist Program Managers 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. In addition, the Agency has developed a new tool for reviewing each business opportunity to check for relevance, return on investment and mission alignment.
4. Working towards the integration of health care and social services systems: The Agency 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 Agency has developed an easy to use direct referral link for our healthcare partners: www.mainecommunitylinks.org

B. ACL Discretionary Grants & Other Funding Sources:

The Agency reviews all Administration for Community Living grant opportunities as well as additional funding sources that align with our core mission. The Agency is sub-contracting with MaineHealth to provide services as

outlined in their ACL Alzheimer's Disease Initiative and is partnering with the University of New England to deliver additional Savvy classes as well as plain language training for care partners of persons living with dementia when communicating with healthcare providers, as outlined in their Geriatric Workforce Enhancement Program (GWEP) grant. Evidence-Based Falls Prevention, meal delivery and care partner support and education programs are being delivered through additional funding sources. The social determinants of health are a top priority for the Agency as evidenced in our contracts with our healthcare partners who understand the importance of addressing hunger, socialization, medication management and other social needs that are not necessarily addressed in the medical setting.

C. Participant-Directed Planning

SMAA's belief is that older adults and their care partners will be given every opportunity to make their own decisions related to their individual needs and circumstances. The Agency provides Options Counseling to individuals and families in need of resources to remain independent vital members of their communities for as long as possible. SMAA's Community Services department is the main source of extensive area resources aimed at supporting older adults and their care partners through the transitional stages of aging.

D. Elder Justice

SMAA works closely with Adult Protective Services, Long Term Care Ombudsman Program, and local law enforcement on behalf of vulnerable older adults. Legal Services for the Elderly is co-located in our building and the Agency contracts with them. We take a multi-disciplinary approach whenever possible to better serve the needs of clients who are experiencing abuse, neglect and/or exploitation. Our Money Minders Advisory Council meets once per month with Board members representing banking, elder law, Social Security, retirement planners, retired social workers and RSVP volunteers.

E. Other Focus Areas to Be Addressed.

The Agency supports the provision of transportation through a contract with York County Community Action Program for low-income clients in need of transportation to medical appointments and food shopping as well as other needs. The CEO and senior staff advocate for housing issues at the State and local levels. A senior staff member has been appointed by the Governor to the Elder Justice Coordinating Partnership to advocate for a roadmap to identify strategic priorities in the area of elder abuse prevention. The CEO serves on the Board of 75 State Street.

Goals, Objectives, Strategies, and Performance Measures

See complete document in Appendix D.

Appendix A: Public Hearing Comments and Corrections

Appendix B: List of Board of Directors (2019-2020)

SMAA Board of Directors

Mary Jane Krebs, President, Westbrook
David Smith, Vice President, Falmouth
Susan Keiler, Treasurer, Biddeford
Denise Doyon, Secretary, Biddeford
Jeffrey Aalberg, M.D., Portland
Terry Bagley, Cape Elizabeth
Stephen Braverman, Wells
Robert Dunfey, Cape Elizabeth
Marie Gerrity, Cumberland
Ann Hastings, Biddeford
John Holland, Gorham
Jeffrey Holmstrom, D.O., South Portland
Betsy Mead, Yarmouth

SMAA Advisory Council

Lisa Becker, Gorham
Paul Doherty, Kennebunkport
Janice Goldsberry, Cornish
William Hall, Peaks Island
MaryEllen Joyce, Cumberland
Sheriff William King, Alfred
Ann Milliard, Saco
Ronald Morton, South Portland
Maureen Schnellman, Kennebunk
Jeffrey Sedlack, M. D., Falmouth
Candice Simeoni, Kennebunk
Beverley Soule, Kennebunkport

Appendix C: List of Current Services

Southern Maine Agency on Aging's services as of March 6, 2020:

<i>Service</i>	<i>York County</i>	<i>Cumberland County</i>	<i>Notes</i>
Adult Day Services	X	X	<i>Program is located in York County; transportation available from Cumberland County</i>
Information & Referral	X	X	
Options Counseling	X	X	
Community Links	X	X	
Family Caregiver Support	X	X	
Caregiver Respite	X	X	
Senior Medicare Patrol	X	X	
SHIP Counseling	X	X	
Money Minders	X	X	
Home-delivered meals	X	X	
Community Cafes	X	X	
As You Like It	X	X	
Simply Delivered	X	X	
A Matter of Balance	X	X	
Healthy Steps for Older Adults	X	X	
Tai Chi for Health and Balance	X	X	
Volunteer Connections	X	X	
Retired Senior Volunteer Program (RSVP)	X	X	

Adult Day Services

Sam L. Cohen Adult Day Center in Biddeford: licensed adult day center staffed by a team of professionals and volunteers who provide therapeutic activities for people with dementia and those with intellectual and developmental disabilities aging into dementia as well as respite and support for their family caregivers.

Community Services

Information & Referral: Information, assistance and community resources for older adults, adults with disabilities, and caregivers. Social workers assist people by phone, during scheduled appointments in the office or community, and in clients' homes.

Options Counseling: An interactive decision support process in which clients are assisted with understanding and evaluating their long-term care options.

Community Links: A HIPAA-compliant e-referral system from health care providers to the Aging and Disability Resource Center/Information & Resource department.

Family Caregiver Support Program: Support for caregivers through one-on-one consultation, support groups, lunch and learns, and Savvy Caregiver classes for those caring for someone with a dementia.

Caregiver Respite: A respite reimbursement program to help defray some of the cost of respite care for family caregivers of people with dementia.

Senior Medicare Patrol: Provides education and information about health care fraud, error, and abuse using trained volunteers to assist seniors with Medicare billing issues.

SHIP (State Health Insurance assistance Program) Counseling: The SHIP program is intended for Medicare beneficiaries who need information, counseling, and/or enrollment assistance beyond what they are able to receive on their own. In addition, SHIP provides information on long-term care insurance and, when needed, refers beneficiaries to agencies such as the Social Security Administration and local Medicaid offices for additional assistance. SMAA volunteers and staff are specially trained as SHIP counselors.

Money Minders: Budgeting, bill organizing and paying assistance offered to seniors and disabled people with low incomes by screened, trained, insured and bonded volunteers.

Healthy Aging

Nutrition

Home-Delivered Meals: meals delivered to homebound seniors and disabled adults unable to prepare meals for themselves. Meals meet USDA standards, and include therapeutic dinners for those with dietary restrictions (e.g., gluten-free, renal, low salt, vegetarian, pureed) by volunteers and staff.

Community Cafés: nutritious mid-day meal with recreational or educational programs offered at a network of 14 sponsored locations throughout York and Cumberland counties.

As You Like It: a voucher-based meals program for people age 60+ that allows a choice of menus and dining at 13 cafeterias and restaurants throughout the SMAA service area.

Simply Delivered Meals: A private pay meal delivery program offering up to 7 meals a week delivered frozen and easily heated in a microwave or oven on-demand. Offers variety, convenience and requires no additional preparation time.

Evidence-Based Wellness Classes

A Matter of Balance: an intervention of eight classes taught by certified volunteers that helps participants increase their falls efficacy and activity levels.

Heathy Steps for Older Adults: a four-hour evidence-based program for older adults to help prevent falls. Designed with older rural dwelling adults in mind.

Tai Chi for Health and Balance: a volunteer-led evidence-based program of two hour-long sessions weekly for 8 to 24 weeks designed to increase participant wellness and exercise levels.

Volunteer Connections / Retired Senior Volunteer Program (RSVP)

The Volunteer Connections / RSVP Program handles the registration, screening, placement, management and support for all volunteers for Southern Maine Agency on Aging, as well as those volunteers age 55 and over who work in network of other nonprofit or healthcare organizations offering volunteer opportunities through RSVP.

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2020-2024
 (as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. (Agency)

5/5/2020

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Home Delivered Meal Service (HDMS), including: eligibility determination; assessment; nutrition education and counseling; client tracking; provision of therapeutic meal choices (gluten-free, renal, pureed, vegetarian, low salt) and 30+ varieties of USDA certified meals; and delivered by qualified staff and/or volunteers who pass criminal background and driver's license checks.

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.

The U.S. Dept. of Agriculture (USDA) defines food security as “access, at all times, to enough food for an active, healthy life for all household members.” Recent research finds that 14% of Maine seniors experience food insecurity.

SMAA's home delivered meals service provides homebound older and disabled adults who are unable to prepare nutritious meals, and/or do not have someone in the household who can prepare them, with access to wholesome meals that meet 1/3 of Required Daily Intake (RDI) of nutrition for good health as determined by the US Department of Agriculture. Without this service, the health of recipients would decline, increasing the use of hospitals and other health care resources. The vast majority of home delivered meals recipients declare that Social Security is their only source of income. The average Social Security payment for Maine seniors is \$1,432 per month (\$17,185 annually), therefore the majority of Home Delivered Meals recipients qualify as “very low income” and would be at high risk of food insecurity (hunger) without the program.

In addition, following a hospitalization of any length, an older person's nutritional status is diminished by what is medically defined as “Post Hospitalization Syndrome”, a state of nutritional deconditioning caused by missed meals, inadequate diet, and absence of appetite while hospitalized. Home Delivered Meals serve to restore nutritional health during the bridge period between leaving the hospital and regaining meal preparation capacity at home. SMAA has been a national leader in researching the impact that HDMS can have on hospital readmission rates in an effort to build a case for health insurance-based funding.

- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

Provision of HDMS in southern Maine is mandated by the Older Americans Act. SMAA has supported the service in our region since 1972 through subcontracts with pre-existing non-profit providers of HDMS, self-preparation of meals, using private food service vendors such as Canteen Company, and currently using meals prepared by an outside vendor under a master contract with two other Maine Agencies on Aging. Providing the HDMS directly affords SMAA the opportunity to understand and monitor the physical status of our clients, which enhances our advocacy capacity, and connects them to other important social and health services and benefits. We can better respond quickly to adopt innovations (such as recent special diets and hospital readmission intervention research) and make effective program changes when external pressures such as funding reductions affect access to the service. As a non-profit organization SMAA can deploy hundreds of volunteers who deliver meals and collectively contribute thousands of hours of service, increasing the program's sustainability and cost effectiveness.

The provision of meals is directly related to our broad Older Americans Act mandate to develop comprehensive service systems for older adults, especially those who are frail and have low incomes.

D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

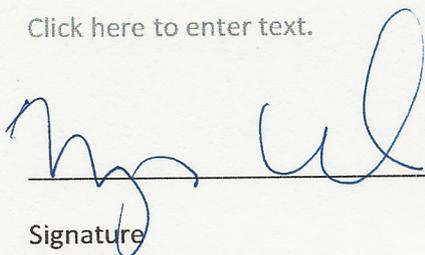
- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

SMAA brought HDMS to our service area forty-three years ago when there were only two other non-profit organizations offering the service in just six communities in York and Cumberland counties. SMAA contracted with those two organizations to provide Older Americans Act funding for their small programs for more than three decades. When those organizations proposed to discontinue operating in 2004 and 2006, SMAA subsumed their operations to assure that home delivered meals would continue to be available. No other agency at that time or since has been willing to take on the administrative, fundraising, volunteer recruitment and financial liabilities for the program. Over its years of supporting and providing home delivered meals, SMAA has sought to outsource its home delivered meals program multiple times, and each time private vendors were not willing to take on the full program operations. SMAA did stop directly producing meals in the late 2000s and subcontracted out the direct preparation of meals to a private vendor that declined to renew its contract after three years. SMAA sought out another vendor, and in collaboration with two other Agencies on Aging, has developed a very cost effective master contract that now allows us to offer a wide range of menu choices, and introduce innovations such as special diets of vegetarian, gluten-free, pureed, and low salt options along with a variety of standard nutritional meals. We are able to offer clients more choices, and flexible dining

times, all at lower cost to the meals program. The meals are prepared in USDA-inspected kitchens, which is the strongest quality standard in the food industry.

We have established a well-known and respected reputation for the quality of our meals program, for the innovations we have brought to the program, for the dedicated cadre of volunteers who deliver the meals and for the broad network of rural satellite distribution centers (e.g. local churches, municipal buildings, senior centers) that allow us to be locally accessible. We have taken on the responsibility for proactive fundraising efforts that has raised charitable gifts allowing meals service to continue despite any flat or declining federal and state funding and regular periods of funding interruptions.

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Signature

5/19/20

Date

Maine Department of Health and Human Services
Director, Office of Aging and Disability Services
Date

SECTION II. (Office of Aging and Disability Services Response)

Click here to enter a date.

A. COMMENT (s): Click here to enter text.

B. REQUEST STATUS:

Approved:

Rejected:

Pending:

Additional Comment(s): Click here to enter text.



5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services
Maine Department of Health and Human Services

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2020-2024
 (as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. (Agency)

5/5/2020

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Congregate Meals for Older Adults. SMAA requests a continuation of the waiver of Section 30.09 of the Bureau of Elder & Adult Services policy manual in order to ensure an adequate supply of congregate meals in our planning and service area. Congregate meals are available to all qualified individuals in our region, without, priority or waiting lists, due to the unique networks and the extraordinary fundraising capacities established by SMAA for almost 43 years. **SMAA also requests a waiver from Section 65.02, A(5) requiring use of licensed eating establishments at all congregate sites.** SMAA offers congregate meals at several locations that are not classified as “eating establishments” (such as a retirement community’s activity room or local community center) using a licensed food service caterer who is responsible for assuring safe food handling and serving as a condition of his/her license. The congregate sites that SMAA operates directly are licensed eating establishments, and also serve as satellite operations and distribution points for meals-on-wheels in the region. **SMAA requests a waiver to provide congregate meals less than five days per week at the 7 sites it operates directly.** Given the rural nature of our sites, it is not financially feasible or desired by the participants for SMAA to operate congregate meal sites five days a week in all 12 congregate meal sites (7 by SMAA 5 catered). SMAA has developed a network of 15 congregate meal voucher sites that operate seven days per week as an alternative resource to complement our less than five day per week site locations.

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.

The Congregate Meals Program is designed to offer nutritious meals and an opportunity for socialization to older adults who live independently in the community. Social isolation is a well-documented risk factor for depression, poor diet, and consequently poor health. SMAA’s networks of contracted and/or self-managed dining sites offer regionally accessible locations for older adults to connect with old friends and make new ones. As such, they are a resource to combat social isolation.

- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

Provision of a congregate meals program is a requirement of the Older Americans Act for Area Agencies on Aging receiving support from the Act. The seven congregate sites where SMAA staff serve meals also serve as satellite operations and distribution points for meals-on-wheels in the region.

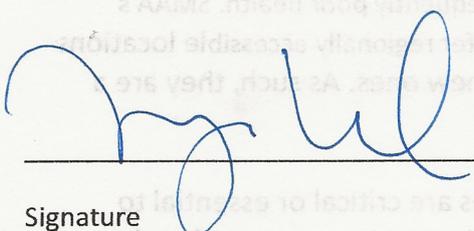
D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

Since 1973, SMAA has been the primary provider of the congregate meals program for seniors in its region. The Agency operates a network of 7 congregate dining sites directly, and has outsourced the operation of 5 additional sites to a private caterer. In addition, SMAA developed and now contracts with 15 restaurant voucher locations in the two counties in order to offer a flexible, consumer-directed congregate dining experience that expands availability of congregate meals throughout its service area. The SMAA-operated dining sites are available for congregate meals one to four days per week, while the voucher sites are available up to seven days per week. Between 2015 and 2019, the Agency's traditional congregate program saw a 30% increase in meals served

SMAA does reach out to other providers to expand availability of congregate meals in our region. SMAA contracts with one homeless shelter, four senior centers, two senior housing providers, two food resource programs and several volunteer based senior groups to provide funding for congregate meals they serve. These organizations have declined to expand their programs to other locations because of geographic restrictions in their charters.

 5/19/20

Signature Date

SECTION II. (Office of Aging and Disability Services Response)

Click here to enter a date.

A. COMMENT (s): Click here to enter text.

B. REQUEST STATUS:

Approved:

Rejected:

Pending:

Additional Comment(s): Click here to enter text.



5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services
Maine Department of Health and Human Services

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2020-2024
 (as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. (Agency)

5/8/2020

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Adult Day Health Services - The Southern Maine Agency on Aging (SMAA) requests a continuation of the waiver of Section 30.09 of the Office of Elder & Adult Services policy manual in order to ensure the provision of Adult Day Services at one Day Health Center in Southern Maine. The Sam L. Cohen Adult Day Center in Biddeford is a licensed adult day health center staffed by a team of professionals and volunteers who provide therapeutic activities for people with dementia and those with intellectual and developmental disabilities aging into dementia as well as respite and support for their carepartners.

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

Carepartners of adults with dementia or intellectual and developmental disabilities are often left with few cost-effective resources to address the stress and isolation that results from their caregiving experience. They need respite services, support, skills training and options to provide their family member who has dementia and/or intellectual disability a safe and welcoming place for socialization and engagement. The Sam L Cohen Center is a free-standing therapeutic Adult Day Health Center in Southern Maine and serves up to 250 people annually. For more than 30 years SMAA has provided respite services to caregivers and has helped delay institutionalization for people with dementia and/or intellectual disabilities.

In 2011, SMAA commissioned a study by Planning Decision, Inc. to determine the unmet need for adult day services in the Biddeford/Saco region in the face of rising demand and outmoded

space at Truslow Adult Day Center in Saco. The study forecast increased need for family respite services and identified a looming gap in resources to serve older adults with dementia.

No state or federal funds were used to support the building campaign and the Sam L. Cohen Center is not mandated by any legislation. SMAA assumed the risk, philanthropically and financially, to create this community resource that aligns well with its charitable mission and meets a growing unmet need based on its substantial experience as the only provider of free standing adult day services in the region.

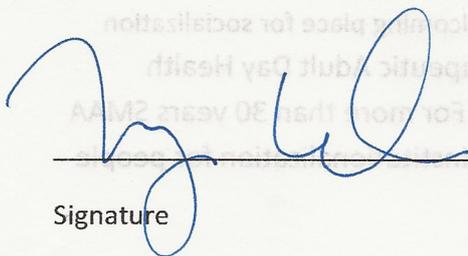
The Sam L. Cohen Center uses no Older Americans Act (OAA) funds to support their operations. This broader service base also reduces administrative costs to OAA-funded programs.

D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

Current and potential Adult Day Health Service (ADHS) providers face daunting challenges. Currently, MaineCare reimbursement rates are well below the cost of providing therapeutic, adult day health services. Any potential new providers will find the operating costs vs reimbursement vastly unequal and not worth the investment. The Sam L. Cohen Adult Day Center offers the only free-standing ADHS resource in the Biddeford –Saco area. The Center is far more cost-effective than homecare services, assisted living, or nursing home care alternatives on both a private pay and publically subsidized basis. SMAA Adult Day Center offers its members a rich, high-quality, consumer-centered menu of engaging and evidence-based therapeutic activities in a nationally recognized state-of-the-art facility designed specifically to serve adults with dementia and/or cognitive disabilities.



Signature

5/19/20

Date

SECTION II. (Office of Aging and Disability Services Response)

Click here to enter a date.

A. COMMENT (s): Click here to enter text.

B. REQUEST STATUS:

Approved:

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Additional Comment(s): Click here to enter text.



5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services
Maine Department of Health and Human Services

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2020-2024

(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Southern Maine Agency on Aging

2/14/2020

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Evidence-Based Health Programs – The Southern Maine Agency on Aging (SMAA) requests approval of the waiver of Section 30.09 of the Office of Elder and Adult Services policy manual in order to ensure the delivery of evidence-based health programs in York and Cumberland counties. The Agewell Programs at SMAA currently provide falls prevention programming at a variety of community-based sites throughout Southern Maine, offering important education, physical activity, and health self-management training to older adults.

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
 - ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.
-
- i. Falls are a leading cause of fatal and non-fatal injuries for older adults, posing a threat to personal safety, independence, and quality of life. Each year 1 in 4 older adults 65 and older will experience a fall. SMAA receives funding through Title IIID to provide a limited amount of evidence-based interventions that are proven to reduce the risk of falls or increase ability to manage fall risk.
 - ii. There are limited options in Southern Maine for *evidence-based* falls prevention education at the community level. As a trusted community resource in aging issues, SMAA is ideally suited to develop trainings and partnerships, leverage facilities and volunteers, and market the growing array of evidence-based health programs that enable older adults to improve their health-management self-efficacy, reduce the incidence of falls, and participate in programming that also provides social engagement.

D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;

ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

ii. Within SMAA's catchment area, there is no other regular, dependable provider of evidence-based falls prevention programs. SMAA offers a high, volume of dependable programming, which is able to be offered cost-effectively due to the engagement of volunteers as program leaders.

Additionally, the amount of IIID funds available to support these services in Southern Maine is so limited that it would be difficult to engage a sub-contractor for their delivery.

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6/9/2020

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Date

SECTION II. (Office of Aging and Disability Services Response)

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A. COMMENT (s): Click here to enter text.

B. REQUEST STATUS:

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6/2/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services
Maine Department of Health and Human Services

Appendix D: Goals, Objectives, Strategies and Performance Measures

Southern Maine Agency on Aging Area Plan on Aging 2020-2024								
Goal		Objective		Strategy		Performance Measure		Baseline
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	1.1	<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, and volunteer opportunities.	1.1.1	Present and participate in community outreach events to increase awareness of local services and programs	1.1.1.A	Track event, number of attendees and geographic coverage annually.	In FY2019, 237 activities were completed across multiple mediums including but not limited to booth/fairs, newspaper articles, PSAs, presentations, support groups, targeted mailings, trainings, and seminars. Primary geographical coverage included Cumberland and York counties with some statewide activities.
					Provide outreach such as; email, newspaper, radio, social media, television, website, direct mailings to help inform persons who are unaware of services available to them.	1.1.1.B	Increase outreach activities by 1% annually.	In FY2019, 284 activities were completed across multiple mediums.

1.2	<u>Title III B Access to Services:</u> Promote the Aging and Disability Resource Centers at each area agency on aging in Maine as valuable resources of information and service navigation.	1.2.1	Track number of community outreach/education events, SMAA PSAs with local media partners, and brochures distributed to community partners.	1.2.1.A	Provide 2 outreach/education events targeting the <60 population annually.	In FY2019, 1 event was held specifically targeting a <60 population.
		1.2.2	Maintain data collection in WellSky Aging and Disability	1.2.2. A	Number of total program referrals given to clients annually.	In FY2019, 12,788 program referrals were given to clients

		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	1.3.1	Offer staff training opportunities to address cultural competency, awareness of the needs of underserved populations, and resources and tools available	1.3.1A	Offer bi-annual trainings for all-staff to cover: cultural competency, underserved population needs, and strategies and tools for improved access - Number of staff trained annually	In FY2019, 1 staff training was held targeting cultural competency with 8 staff trained.
			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 B	Maintain Silver Level LGBT Credentialing through SAGECare. - Number of staff trained annually	2020 Silver Level achieved - 44 total staff were trained, (40 received 1 hour of training and 4 executive staff received 4 hours of training)
			1.3.2	Make Appropriate tools and resources available to improve service accessibility to underserved populations		1.3.2 A	Develop a protocol for tracking provision of AT and access services to those with hearing loss by September 2021 PM: Met or unmet	No current baseline.
			1.3.3	Improve process for tracking needs and service delivery to underserved populations		1.3.3 A	Develop and implement protocol for capturing and documenting client demographic information to identify inclusion in specific populations by September 2021. PM: Met or did not meet	No current baseline.

		1.4	Title III B In-Home Services: Provide in-home services and supports, such as Homemaker, Personal Care, Chore, and Adult Day, to older Mainers.	1.4.1	Establish 1 in-home service with clear tracking practices by end of FY21.	1.4.1A	FY21 PM: Met/Unmet FY22 and beyond: Increase the number of persons provided telephone reassurance by 1% each fiscal year, as reported by the statewide database.	No current baseline data.
				1.4.2	Establish a protocol for providing Adult Day as an in-home service by FY 2024.	1.4.2	Define adult day service offering, develop eligibility criteria and process. Begin implementation by end of FY23.	No current baseline.

		1.5	Title III B Legal Assistance: Provide legal assistance to older Mainers with economic and social needs.	1.5.1	Contract with a single legal assistance agency to provide legal assistance.	1.5.1A	Increase the number of persons and units served legal assistance by 1% each fiscal year as reported in the statewide database.	Baseline FY2019: Clients: 375 Hours: 5,393
		1.6	<u>Title III C Nutrition Services:</u> Ensure access to local congregate dining options.	1.6.1	Recruit additional or alternative As-You-Like It sites as needed to ensure capacity for SMAA's meal voucher program	1.6.1 A	PM A = Number of sites lost annually. PM = B Number of sites added annually.	2019 Baseline: 15 A.Y.L.I. locations.
				1.6.1	Recruit additional or alternative community dining sites as needed to ensure capacity for SMAA's congregate nutrition program.	1.6.1 B	PM A = Number of sites lost annually. PM = B Number of sites added annually.	2019 Baseline: 13 congregate dining sites 2019 Baseline: 1 senior center site hosts meals

		<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>Maintain a wide variety of meal choices</p>	<p>1.7.1 A</p>	<p>Report annually, - Number of meal selections by type. - Number of meal choices offered.</p>	<p>Nine different nutritional categories provided on our menu. 39 meal options to choose from.</p>
					<p>1.7.1 B</p>	<p>Meet with food vendor and make menu changes a minimum of two times annually</p>	<p>In FY2019, menu was reviewed and changed 2 times.</p>
			<p>1.7.2</p>	<p>Seek quality and satisfaction input from clients via an annual survey</p>	<p>1.7.2 A</p>	<p>On an annual basis, 70% of MOW recipients will indicate good or great satisfaction with quality and taste of meals.</p>	<p>No baseline data due to updated survey question in 2020. Historic data based on 2 similar questions indicates 80% satisfaction</p>

		<p>1.8</p> <p><u>Title III D Evidence-Based Programs:</u> Maintain participation in evidence-based programs, including, but not limited to, SAVVY Caregiver, falls prevention, and chronic disease self-management.</p>	<p>1.8.1</p>	<p>Offer falls prevention classes</p>	<p>1.8.1 A</p>	<p>Report annually, - Number of falls prevention classes offered - Number of participants in workshops</p>	<p>In FY2019, 51 workshops were offered with 600 participants served.</p>
		<p>1.8.2</p>	<p>1.8.2</p>	<p>Offer SAVVY Caregiver classes</p>	<p>1.8.2 A</p>	<p>Report annually, - Number of SAVVY classes promoted with organizations that have significant reach into the community - Number of SAVVY series offered - Number of participants in workshops</p>	<p>In FY2019, SAVVY classes were promoted with partner organizations 2x per quarter</p> <p>In FY2019, SAVVY series was offered 3x per year serving 18 participants.</p>

				1.8.3	Explore options for virtual delivery of evidence-based programs	1.8.3 A	Implement a minimum of 1 program via virtual delivery method, by September 2021.	Currently no virtual options offered
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		1.9	<u>Title III E Care Partner Services:</u> Provide information to care partners of older Mainers about available services.	1.9.1	Provide outreach events targeting care partners of older Mainers about available resources.	1.9.1 A	Host at least 3 outreach events each fiscal year.	2019 Baseline: 16 events
		1.10	<u>Title III E Care Partner Services:</u> Assist care partners of older Mainers with accessing available services.	1.10.1	Assess care partners on their unique needs using a standard care partner assessment.	1.10.1 A	Increase the number of care partners assessed by 1% each fiscal year.	2019 baseline: 0 CPs; assessment tool to be developed

			1.10.2	Provide service navigation as care partners seeks available services.	1.10.2 A	Increase the number of care partners provided service navigation by 1% each fiscal year.	Baseline unknown – need definition of service navigation
					1.10.2 B	Increase the number of service navigation hours provided to care partners by 1% each fiscal year.	Baseline unknown – need definition of service navigation
1.11	<u>Title III E Care Partner Services:</u> Provide education and training to care partners of older Mainers.	1.11.1	1.11.1	Provide individual counseling to care partners older Mainers to educate them on their care partner roles.	1.11.1 A	Increase the number of care partners provided individual counseling by 1% each fiscal year.	2019 Baseline: 507 care partners received individual counseling

			1.11.2	Provide support groups to care partners of older Mainers to learn from their peers about being care partners.	1.11.2 A	Host 3 ongoing support groups for care partners in three locations each fiscal year.	2019 Baseline: 24 support group sessions held at 3 unique locations.
					1.11.2 B	Increase the number of care partners who attended support groups by 1% each fiscal year.	2019 Baseline: 31 care partners
1.12	<u>Title III E Care Partner Services:</u> Provide respite services to care partners of older Mainers.	1.12.1	1.12.1	Provide in-home respite services to care partners of older Mainers.	1.12.1 A	Increase the number of care partners served in-home respite services by 1% each fiscal year.	2019 Baseline: 48 care partners

					1.12.1 B	Increase the number of in-home respite hours provided to care partners by 1% each fiscal year.	2019 Baseline: 8,208 hours
			1.12.2	Provide adult day services as a respite service to care partners of older Mainers.	1.12.2 A	Increase the number of care partners served adult day services by 1% per year.	2019 Baseline: 14 care partners
					1.12.2 B	Increase the number of adult day service hours provided to care partners by 1% each fiscal year.	2019 Baseline: 1,413 hours

	1.13	<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.	1.13.1	Continue to offer Home Delivered Meals to care partners	1.13.1 A	Number of care partners served annually.	In FY2019, meals were provided to 34 care partners
			1.13.2	Define and establish one additional supplemental service offering.	1.13.2 A	Define supplemental service offering, develop eligibility criteria and process. Begin implementation by end of FY21.	No current baseline
	1.14	<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	1.14.1	Offer respite care for care partners to attend any care partner services.	1.14.1 A	Number of care partners who receive respite to access care partner services annually.	In FY2019, respite care was offered to 3 care partners so they could attend a Savvy class.

			groups, and counseling.				
1.15	<u>Assistive Technology:</u> Increase awareness of and access to public and privately funded Assistive Technology (AT) programs and resources.	1.15.1	Partner with AT for Maine on assistive technology trainings	1.15.1 A	Provide 1 training annually for staff to increase awareness of assistive tech resources - Number of staff who participate in training	In FY2019, 1 AT staff training was completed with 17 staff trained.	
				1.15.1 B	Provide 1 training annually for caregivers to increase awareness of assistive tech resources - Number of attendees	Currently no caregiver AT trainings offered.	

		<p>1.16 <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>1.16.1</p>	<p>Meet with Congressional delegations to update on developments and concerns around aging issues in Maine</p>	<p>1.16.1 A</p>	<p>Number of meetings annually between senior staff and Congressional Delegations.</p>	<p>Quarterly meetings held in 2019</p>
			<p>1.16.2</p>	<p>Maintain membership and participation in Maine Council on Aging (MCOA)</p>	<p>1.16.2 A</p>	<p>SMAA representative(s) will attend 4 MCOA meetings annually.</p>	<p>In FY2019, SMAA staff attended 4 MCOA meetings</p>
		<p>1.17 <u>Advocacy:</u> Support local and statewide age friendly initiatives through advocacy and participation in leadership activities.</p>	<p>1.17.1</p>	<p>Meet with age friendly organizations to share tools, support, resources and information</p>	<p>1.17.1.A</p>	<p>Number of meetings annually with leaders of age friendly initiatives within Cumberland and York counties.</p>	<p>In FY2019, met with 12 community leaders out of the 22 identified age friendly communities within Cumberland and York Counties</p>

				1.17.2	Continue to support Age Friendly initiatives by educating/sharing knowledge via webinars, recruitment, virtual trainings, presentations and meetings	1.17.2 A	Provide a minimum of 2 support activities annually, including, but not limited to: webinars, recruitment, virtual trainings, presentations and meetings.	In FY2019, 2 support events/activities were offered.
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	Cooperate with State and provide IT and program staff for State IT meetings.	2.1.1.A	SMAA IT staff, and applicable program staff when requested, will participate in statewide SAMS meetings at a minimum Attendance rate of 90% annually.	SMAA participation in statewide SAMS meetings, last 12 months: 100%

		2.2	Improve data collection methodologies using standard service definitions and utilizing data management resources effectively to ensure statewide consistency.	2.2.1	Ensure the work that we do can measure outcomes using the data collection methods given by OADS.	2.2.1 A	SMAA will meet all deadlines established by OADS for adoption of new data collection tools and procedures related to service definitions, service funding identification and service need/topic identification PM: Met or did not meet	Adoption rate last 12 months: 2/2 (100%) 1) Identification of all LD1001-funded meals using new Fund ID: met 2) Migration of primary SHIP data entry from SAMS to STARS database: met
		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.	2.3.1	Administer client satisfaction surveys for all major programs including: Adult Day Services, Community outreach, Nutrition and Falls Prevention programs	2.3.1 A	Develop a protocol for measuring quality across programs by September 2021. PM: Met or did not meet	No current baseline measure.

Appendix E: Assurances and Required Activities

The Southern Maine Agency on Aging (the “agency”) has described in this plan all the agency’s activities. The agency assures that these activities conform to the responsibilities of the area agency, laws, regulations, and State policy. The agency also agrees to administer its programs in accordance with the Act, the area plan, and all applicable regulations, policies, and procedures. The agency assures that it has written policies and procedures for carrying out all its functions and that such procedures are available for review by the Office of Aging and Disability Services.

Sec. 306, AREA PLANS

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

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

availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 - (C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

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

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

- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

- (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
 - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

- (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
 - (15) provide assurances that funds received under this title will be used—
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
 - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
 - (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
 - (18) provide assurances that the area agency on aging will collect data to determine—
 - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
 - (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.
- (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.

Date

Megan Walton
Executive Director
Southern Maine Agency on Aging

Date

Paul Doherty
Advisory Council Chair
Southern Maine Agency on Aging

Date

Mary Jane Krebs
President of Board of Directors
Southern Maine Agency on Aging