

Area Plan for Aging Services 2012-2016

Aroostook Area Agency on
Aging, Inc.

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2. Verification of Intent

The Area Plan on Aging is hereby submitted for the Aroostook region for the period October 1, 2012 through September 30, 2016. It includes all assurances and plans to be followed by the Aroostook Area Agency on Aging, Inc. under provisions of the Older Americans Act, as amended, during the period identified. The Aroostook Area Agency on Aging, Inc. will assume full authority to develop and administer the Area Plan on Aging in accordance with the 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 has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the State Agency on Aging for approval.

Date

Stephen Farnham, Executive Director

The Board of Directors of the Aroostook Area Agency on Aging, Inc., serving jointly as the advisory council and governing body of the agency, met on April 9, 2012 and reviewed and approved the 2012-2016 Area Plan on Aging.

Date

Rev. Kenneth Phelps, President

3. Our Mission Statement

The mission of the Aroostook Area Agency on Aging is improving the quality of life, maximizing the independence and promoting the well-being of older people and disabled adults in northern Maine.

Vision

Our vision is that through choice and range of service, every aging adult be able to live a quality life.

Our Values and Enabling Activities

We believe in and commit to...

- ◆ Putting customers first;
- ◆ The dignity of the individual;
- ◆ Providing choices for those we serve whenever possible;
- ◆ Respecting choices made by those we serve;
- ◆ A high standard of ethical behavior;
- ◆ Empowerment of staff to get results;
- ◆ Empowerment of older people to get results;
- ◆ Advocating on behalf of seniors and the disabled on issues affecting them;
- ◆ Proactively working to inform local, state and national governmental authorities on legislative and budget matters affecting senior citizens;
- ◆ Support social and economic legislation/policies enabling accomplishment of our vision;
- ◆ Working with local, state and national partners in achieving our mission.

3. EXECUTIVE SUMMARY

The region served by the Aroostook Agency on Aging is rural and is dramatically impacted by a 50-year trend of out-migration of the young and growing numbers of older people. The primary service population of the agency, defined by the Older American's Act as persons 60 years of age and older, is 26.2% (and growing) of the people residing in the region. While the eligible population is increasing, public resources available to assist in providing for needs are decreasing. Changes proposed in the Intrastate Funding Formula will shift existing funding from northern Maine to other parts of Maine compounding the agency's capacity to meet basic needs.

Our vision is that through choice and range of service, every adult be able to live a quality life. Our mission is improving the quality of life, maximizing the independence and promoting the well-being of older people and the disabled in northern Maine.

Top Needs:

Critical needs expressed by older people as most important and verified by the needs assessment are homecare (non-medical) services; transportation; food and nutrition; affordable medication; information especially on financial help; safety and security at home.

The current system of home and community-based services does address the critical needs but not in sufficient quantity to meet the current need and certainly not to meet future need driven by an aging population. There are gaps in the service system – no availability of adult daycare/adult day health services; tertiary care hospitals 120+ miles distant; lack of primary care medical providers. There are challenges to the effectiveness of the home and community-based system of care including - shrinking labor force to provide for care needs of older people; shrinking public base of funding to support needed services. There are real threats affecting vulnerable adults ability to maintain independence in their homes and community including – hunger and insufficient nutritional intake; insufficient income and assets to maintain a home adequate for changing needs; inability to heat the home because of rising fuel cost and declining Federal assistance; insecurity and fear because of home break-ins, robberies, assaults.

Advocacy:

The service system gaps identified previously result from economic and political factors we can call attention to but we can do little more than that. For example there is a need for adult daycare/adult day health and the service would exist if

there were adequate public reimbursement to pay for care. The Maine DHHS reimbursement rate for this care has remained frozen since 2001 and there is an insufficient base of private pay consumers to make the service work in the region. We have and will continue to advocate for an increase in reimbursement for this service and non-medical home care services because of the critical need.

Having an adequate income to provide for one's basic needs – adequate shelter, adequate food and water, needed medication – is critical. 11.7% of those age 65+ live below poverty level and do not have an adequate income to provide for their basic needs. An additional 10.5% of age 65+ live on income within 25% of poverty level and, given the high and growing cost of food/fuel, are at risk. We have and will continue to be an advocate for maintenance of benefits that enable these people to meet their basic needs.

Homecare:

Accessing care – knowing what is available and the conditions of qualifying for care – is critical for older people in need and their caregivers. We will continue to maintain trained Options Counselors who can assess needs and explain options that enable independence and choice. We will assist in organizing and provide information, assistance and training to caregiver support groups. We will continue to provide non-medical home care services through our ElderCare Services and will be as creative and innovative as we can be to attract workers to provide this level of care.

Transportation:

We will continue to partner with other social service agencies to maintain Aroostook Regional Transportation Service providing governance help, financial help and recruitment of medical ride volunteers to supplement the public bus service.

Food and Nutrition:

We will continue to operate the Meals on Wheels program providing nutritious meals to homebound older people. We will operate senior dining centers co-located at multi-purpose senior centers providing nutritious meals and opportunities for education, socialization and exercise including evidence-based interventions to improve health and quality of life. We will continue to partner with Friends of Aroostook to provide free locally grown fresh produce to older people supplementing their food budget. We are joining the Cooperative Extension Service and Catholic Charities to promote community gardens with the hope that these gardens will provide an economical supplement of fresh produce to older people. We will continue to promote and screen/refer people for food shares

through the Senior Farm Share program. We will continue to administer the Commodity Supplemental Food Program assuring the delivery of \$50 in food value to supplement the food budget of 475 very low-income older people.

Affordable Medication:

We will continue to provide Medicare beneficiaries with information, counseling and enrollment assistance on the Medicare Savings Program and Medicare Part D prescription drug plans. We will provide information to the disabled and those age 60-64 not qualifying for Medicare on available prescription assistance. We will recruit and train capable volunteers to assist staff especially during Medicare Open Enrollment season. We will conduct community outreach clinics to assist people with Part D decisions throughout the region making a special effort to coordinate with the Aroostook Band of Mic Mac's and the Houlton Band of Maliseets.

Information:

We will maintain a staff of community-based Information and Assistance/Advocates able to provide linkage to needed benefits and services. We will improve our website and seek resources to provide a web-based information center on services in the region. We will continue Medicare education sessions and support through volunteer recruitment, training and supervision the Senior Medicare Patrol to combat fraud.

Safety and Security:

We will promote community initiatives including linking homebound older people with Friendly Visitor and Telephone Reassurance volunteers. We will work with law enforcement agencies to promote TRIAD in the region. We will work with partners to provide fraud awareness workshops. We will build staff capacity to recognize elder abuse, neglect and exploitation.

4. CONTEXT OF AREA PLAN

**Age Wave is
Sweeping
Aroostook
County!**



Currently nearly one of every five people in our communities is age 65 or older. By 2028, more than one in four will be age 65 or older!

A. Demographics of Aroostook

The Bureau of the Census data reflects a continuous decline in the population under age 65 and a continuous growth of the population over age 65. There is a rapid increase of those age 65+ for the next 18 years through 2030, and then a return to a moderate increase between 2030-2050.

Aroostook County: Actual Census 1960-2010

	U.S. Census Bureau Data					
	1960	1970	1980	1990	2000	2010
Total	106,064	94,078	91,331	86,936	73,938	71,870
< age 65	98,958	86,243	81,797	75,809	61,387	58,219
Trend		-12.8%	-5.2%	-7.3%	-19%	-5.2%
age 65+	7,106	7,835	9,534	11,127	12,551	13,651
Trend		+10.3%	+21.7%	+16.7%	+12.8%	+8.8%
65+ proportion	6.7%	8.3%	10.4%	12.8%	17.0%	19%

Aroostook County: Projections of the Older Population 2013-2028

Maine Population Outlook 2013-2028, State Planning Office

	2013	2018	2023	2028
age 65+	13,966	15,386	16,795	17,606
age 64<	56,472	53,637	50,493	47,454
65+ as proportion	19.8%	22%	25%	27%

The Maine State Planning Office data reflects the reality of the aging of the baby boom generation and a continuing historical trend of out-migration by younger generations from northern Maine. Challenges this presents include demand for health care increasing but the available workforce will be decreasing as baby boomers in health care retire. The general workforce will be impacted the same way – fewer available workers for employers and an aging workforce. Changes in community infrastructure will be a challenge with a decline in residential and commercial tax base in many towns and a shift in service demand to accommodate an aging population.

B. Poverty and Aging in Aroostook

22% of older people live “on the edge” financially, they “get by”.

11.7% of people age 65 and older (1,477) in Aroostook lives on income below the Federal poverty level and 10.5% (1,293) live on income between 100-125% of poverty (2006-2010 American Community Survey 5-year estimates, U.S. Census Bureau).

“Below the poverty level” may not be indicative of the real need. Determination of poverty level may not be a fair assessment of the financial challenge faced by people living in rural isolation in northern climate. Food costs and fuel costs (home heating and transportation) have escalated much faster than increases indicated in the poverty index and food and fuel are essential.

Food Insecurity: A needs assessment survey completed for the Office of Elder Services in December 2011 indicates 14% of senior households skip meals or cut back on food purchases due primarily to not being able to afford food. 33% indicated concern that their household income may not be enough to meet their food needs. 44% indicated they worry about being able to afford their current living situation in the future.

Energy Cost: “Energy is another cost that can unexpectedly strain household budgets. In a cold, rural state such as Maine, where most houses are oil-heated, many residents are sensitive to the price fluctuations of the global energy market. After remaining fairly stable during the 1990s, heating oil prices began increasing in the early months of 2000. In March 2008 heating oil prices climbed to a then all-time high in New England at an average \$3.70 per gallon. Heating oil prices then

experienced a sharp decline until March 2009 but have risen sharply since then to a new peak” - \$3.95 in March 2012. “The price of gasoline has followed the same trend. The cost of gasoline disproportionately impacts families with low incomes and those living in rural areas.” (from “2012 Report on Poverty”, Maine State Planning Office, January 2012)

Home heating fuel and gasoline typically runs \$.21-\$.26 per gallon (8%) higher in most of Aroostook County compared to statewide averages.

C. Housing (source: US Census Bureau, 2010 Population Including Housing)

70% of Aroostook’s non-institutionalized population age 65+ reside in owner-occupied housing units (2,057 units), 30% reside in apartment units (1,191 units). 780 people age 65+ reside in care providing facilities. 1,260 males (21%) age 65+ live alone and 2,988 (39%) females age 65+ live alone.

The affordability of maintaining a home is a concern for 44% of those surveyed by Critical Insights in the needs assessment survey done by the Office of Elder Services in December 2011. According to Maine State Housing Authority 40% of Maine housing stock was built prior to 1940 and this can be assumed to be so for Aroostook County housing stock. 35% of the housing stock was built between 1940-1980 when construction standards were not as demanding as today. The City of Caribou did a housing resource survey of city homeowners in 2005 and it revealed that 47% of homeowners cited a need for home repairs with 23% stating a need for many repairs that they were unable to afford. The ACAP Community Needs Assessment of 2010 summarized housing issues well – “Adverse conditions of aging housing stock include outdated heating systems, inadequate electrical systems, failing plumbing and septic systems, inadequate or no insulation in ceilings and walls, leaking roofs, structural decay, inadequate accessibility, threats to health and safety (mold, failing chimney, hazardous steps/stairs, etc...).

D. Health

- (1) **Access to Health Care:** Locating and securing services from a primary care provider (PCP) is a growing issue. Aroostook County has 1,034 residents per PCP (2004 data) compared to 978 to 1 statewide. 9% of Aroostook respondents in the December 2011 OES Needs Assessment survey indicated a problem getting medical care (compared to 4% statewide). Aroostook has the 2nd highest county rate in costly Emergency Department visits, driven in part by the inability to secure a PCP or by an inability to schedule a timely appointment for an urgent need. Referral of care to specialist usually located out-of-county is common and travel is time

consuming and expensive. Those without access to family and friends able/willing to provide medical rides are at risk. Medical transportation assistance through Aroostook Regional Transportation System helps with access.

- (2) **Disease:** Heart disease is more prevalent in Aroostook people, 7.3% versus 6.3% statewide. Chronic Obstructive Pulmonary Disease (COPD) is high in Aroostook, 5.8% vs. 4.2% statewide. Diabetes prevalence is high at 9.8% in adults compared to 8.3% statewide. Stroke hospitalizations are high at 23.8 per 10,000 versus 18.3 statewide. Chronic disease self-management programs like the evidenced-based Living Well program can positively impact this issue.
- (3) **Accidents:** Approximately 95% of hip fractures result from falls. Aroostook's rate of hospital discharges among 65+ population is 704.7 per 100,000 for hip fractures with an actual of 448 people from 2004-2008. The Matter of Balance Program combats factors leading to hip fractures.
- (4) **Health Factors and Outcomes:** Aroostook County ranks #11 of 16 Maine Counties in Health Factors and #12 in Health Outcomes. Published on-line at www.countyhealthrankings.org by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (RWJF), the *Rankings* assess the overall health of nearly every county in all 50 states, using a standard way to measure how healthy people are and how long they live. The *Rankings* consider factors that affect people's health within four categories: health behavior, clinical care, social and economic factors, and physical environment. This year's *Rankings* include several new measures, such as how many fast food restaurants are in a county and levels of physical inactivity among residents. The *Rankings* are an annual check-up that highlights the healthiest and least healthy counties in every state, as well as those factors that influence health, outside of the doctor's office. The *Rankings* highlight the importance of critical factors such as education rates, income levels, and access to healthy foods, as well as access to medical care, in influencing how long and how well people live. Now in their third year, the *Rankings* are increasingly being used by community leaders to help them identify challenges and take action in a variety of ways to improve residents' health.

F. Top Service Needs

Focus Group Participants: The University of New England conducted three focus group sessions with 31 seniors in Aroostook including one session each with elders from the Houlton Band of Maliseets and the Aroostook Band of Mic Mac's. The results are published in "Maine Statewide Assessment on Aging: Survey and Focus Group Research – March 2012". Most important needs expressed by participants are:

1. **Transportation** – Need for public and/or private transportation mostly related to medical appointments, picking up prescriptions or shopping for food.
2. **Food and Nutrition** – Meals on Wheels service, help with meal preparation and nutrition counseling.
3. **Home care/homemaker** – Services provided in the home that aid the older person with personal care, meal preparation, housework and chores.
4. **Health/social care** – Physical and mental health across settings, such as home health services, emergency care, hospital care, ambulatory care. Special concern expressed for finding and accessing services including finding a physician or primary care provider.
5. **Financial services** – Viability of Social Security payments, money management such as help with bill paying.
6. **Fuel Assistance** – Need for help to pay for heat in the home.
7. **Check-in service** – Social networks for older adults who may not leave their homes very often.
8. **Home Repair** – Physical or structural repairs for the home that is affordable.
9. **Medications/prescriptions** – Help with payment for medication, help with medication management, review for safety of medication; also fear that someone would steal their medication.
10. **Lifeline** – Personal emergency response device.

Caregiver Survey: 13 Aroostook-based family caregivers responded to an on-line survey as part of the "Maine Statewide Assessment on Aging: Survey and Focus Group Research – March 2012". Services identified as being "most helpful" by those that received service include...

1. Service to help with personal care or nursing (33%),
2. Information to help you connect with services (19%),
3. Caregiver support group (19%),
4. Day program outside the home (14%),
5. Information about financial help (6%),

6. Caregiver training or education (6%),
7. Respite service (3%)

Caregivers identified as not receiving services but needing services indicated these service needs...

1. Financial assistance (56%)
2. Housekeeping (54%)
3. Transportation (53%)
4. In-home respite care (49%)
5. Personal care (45%)
6. Medicine (41%)
7. Shopping (40%)
8. Making meals (40%)
9. Legal Services (38%)
10. Getting other family involved (35%)
11. Financial advice (34%)
12. Adult Daycare (33%)
13. Mental Health (25%)

Service Provider Survey – 44 service providers in Aroostook County participated in an on-line survey as part of “Maine Statewide Assessment on Aging: Survey and Focus Group Research – March 2012”. The top services they identified as needed to help older adults remain living healthy and safe in their homes and communities are...

1. Transportation
2. Home care – non-health such as personal care and housekeeping
3. Home health care
4. Assistance with accessing community services
5. Caregiver and respite services
6. Fuel assistance
7. Home delivered meals
8. Health monitoring, medication management
9. Prescription/medication assistance
10. Information & assistance with Medicare/health insurance

Top Needs Across Seniors, Caregivers receiving services, Caregivers not receiving services and Providers extrapolated from “Maine Statewide Assessment on Aging: Survey and Focus Group Research – March 2012”. Most commonly cited across all groups are...

1. Home care – personal care and homemaker/housekeeping help (4 of 4 groups)
2. Transportation (3 of 4 groups)
3. Food and nutrition (3 of 4 groups)
4. Medication (3 of 4 groups)
5. Information about financial help (3 of 4 groups)

We think it is also important to note that there was a very strong feeling in focus group participants that “check-in service” and “Lifeline” service, both responding to a need for **safety and security** enabling a person to stay in their home, are essential.

Critical Insights Survey: The Maine Office of Elder Services commissioned Critical Insights to conduct a telephone poll of 200 households in Aroostook with head of household age 50 or older. The survey was done in December 2011. We cross-referenced the results of this survey to provide additional insight to the top needs referenced previously...

1. **Homecare:** 14% indicated health now limits them in daily activities such as pushing a vacuum cleaner; 6% indicated their health now limits them in bathing and dressing; 20% indicated they are now a caregiver for someone else in their home with 67% of them indicating care is provided to a spouse and 21% indicating care for a parent or other older relative. Of those providing care 78% indicated they provide help with daily living such as preparing meals and cleaning; 13% indicated medical care; 32% transportation; 47% nutrition; 27% help with medications; 22% financial help and bill paying; 16% self care and grooming.
2. **Transportation:** 10% indicated they are somewhat dependent or completely dependent (6%) on others for transportation; 14% indicated transportation to be a service they will need in the near future.
3. **Food and nutrition:** 14% indicated they have skipped meals or cut back on amount or types of food because of financial concern. 33% said they worry their household food budget won't be sufficient to meet their food needs; 10% indicated food will be a need in the near future.
4. **Medication:** 82% indicated they currently take prescription drugs and 2% indicated managing medications will be a need in the near future; 7% indicated having a had a problem filling a prescription with 73% of them saying it was because of financial reason or no insurance.

5. **Information about Financial Help:** 44% indicated they worry about being able to afford their current living situation in the future; 4% indicated they may need help managing finances in the near future.
6. **Safety and Security at Home:** 33% indicated they sometimes or often feel isolated or lonely and, of them, 45% said they would like help getting out of “my environment” and 30% said visitors or socializing opportunities are needed. 12% indicated they are very or somewhat concerned about their personal safety at home and another 16% indicated a little concern about home safety. Of those very or somewhat concerned 32% indicated the reason to be their home no longer meeting their physical needs but a disconcerting **8% indicated it is because they experience physical violence or threats of violence.** Other reasons given for fear of personal safety at home include 33% -fear of falling; 15%-fear of recent break-ins, robberies, assaults. 6% indicated that within the last two years someone who they lived with or someone who provides care to them stole things from them or took money without permission.

5. GOALS, OBJECTIVES AND INITIATIVES

Goal 1 – Empower older people and their families to make informed decisions about, and be able to easily access existing health and long-term care options.

Objective 1.0: Make it easier for older people and disabled adults to access information on public benefits and aging services.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 1.1	To maintain a website with regular updates of content and seek private foundation or private sector support for the improvement of the website.	On an on-going basis.		
Strategy 1.2	To work in partnership with other Maine area agencies on aging to maintain the Elders1 single-statewide toll-free number as a common point of telephone access to the agency.	On an on-going basis.		
Strategy 1.3	To facilitate access by answering all telephone requests for information within three working days of the request.	On an on-going basis.		

Strategy 1.4	To seek private foundation and/or private sector funds or a partnership to implement and populate a new web-based resource directory specific to services for older people and the disabled in the Aroostook service area for use by agency staff, staff of other health and social service agencies, caregivers, family members and consumers.	By September 30, 2013.		
Strategy 1.5	To include the social service departments of the Houlton Band of Maliseets and the Aroostook Band of Mic Mac's in training and information sessions of AAAA Advocacy/Information/Assistance and Family Caregiver programs.	On an on-going basis.		
Strategy 1.6	To promote Legal Services for the Elderly through provision of office space, printed material, the web site and consumer discussions.	On an on-going basis.		

Objective 2.0: In collaboration with the Office on Aging and Disability Services continue to move toward a state-wide data collection and reporting model.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 2.1	To work in partnership with all AAA's and OADS to standardize service definitions to improve data consistency and integrity.	By September 30, 2013.		
Strategy 2.2	To work in partnership with AAA's, OADS and Harmony Information Systems to define, develop and maintain a unified and consistent administrative data system.	By September 30, 2013		

Objective 3.0: To provide options counseling service under Maine standards.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 3.1	To provide training on options counseling standards to any new staff hired in the Family Caregiver program.	On an on-going basis.		
Strategy 3.2	To maintain sufficient staff qualified to provide options counseling so that requests can be responded to within three working days of the request.	On an on-going basis.		
Strategy 3.3	To provide options counseling to 200 people annually.	On an on-going basis.		

Objective 4.0: Maintain a partnership with Maine Quality Counts/Aligning Forces for Quality (AF4Q) providing older people with access to information on quality health care.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 4.1	To maintain financial support from AF4Q enabling one staff person to work at least 4 hours weekly/200 hours annually on education activities to better inform older people on how to access information on comparative quality standards in health care facilities and providers.	On an on-going basis.		
Strategy 4.2	To disseminate information to 2,000 older people annually on how they can take personal action to improve their health care status.	On an on-going basis.		

Goal 2 – Enable older people to remain safely in their own homes ensuring a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective 1.0: Provide support to the Aroostook Regional Transportation System (ARTS), the regional transportation program for northern Maine.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 1.1	To contract with ARTS for the provision of door-to-door public transportation for older people with a priority for medical appointments and provide ARTS with funds to reimburse volunteer medical ride drivers providing service to non-MaineCare older people.	On an on-going basis.		
Strategy 1.2	To participate in governance of ARTS in accordance with ARTS Bylaws by providing two members to the board of directors of ARTS.	On an on-going basis.		
Strategy 1.3	To assist ARTS by recruiting community volunteers willing to serve as medical ride volunteer drivers with ARTS.	On an on-going basis.		

Objective 2.0: Provide nutrition services for older people including the provision of prepared meals at congregate dining centers and the delivery of prepared meals to the homebound (Meals-on-Wheels); delivery of USDA Commodity Surplus foods distributed through community food pantries; coordinate pick-up and/or delivery of fresh local produce at harvest-time.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 2.1	To operate congregate dining centers serving 500 people annually 27,000 meals in coordination with senior centers located in Fort Kent, Madawaska, Van Buren, Presque Isle and the Caribou senior dining center.	On an on-going basis.		
Strategy 2.2	To provide 60,000 home-delivered meals to 650 homebound people.	On an on-going basis.		
Strategy 2.3	To be the administering agent for the USDA Commodity Surplus Food Program taking applications, determining eligibility, assigning slots and arranging the delivery of food distributed to eligible consumers at regional food pantries on an on-going basis.	On an on-going basis.		
Strategy 2.4	To partner with Catholic Charities for the transportation of USDA Commodity Food and Good Shepherd Food Bank products to Aroostook County and to utilize these products in the preparation of meals for congregate and/or home delivered consumption or distribution of food to eligible consumers on an on-going basis.	On an on-going basis.		
Strategy 2.5	To partner with Friends of Aroostook to distribute free fresh vegetables to 700 older people through congregate dining centers, home delivery to Meals-on-Wheels recipients and availability at community food pantries at harvest-time.	On an on-going basis		

Strategy 2.6	To partner with the Cooperative Extension Service to assist with the provision of nutrition education and counseling for the benefit of congregate and home delivered meal participants when necessary	On an on-going basis.		
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Objective 3.0: Provide health insurance education and counseling on health insurance options including providing enrollment assistance to Medicare Part D prescription drug plans and screening/application assistance for Medicare Savings Program.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 3.1	To provide personalized counseling on health insurance options, prescription drug plan options and Medicare Savings Program eligibility screening to 600 individuals annually.	On an on-going basis.		
Strategy 3.2	To recruit and train 3 volunteers annually, or more as needed, to maintain a level of six health insurance counseling volunteers able to assist staff in education of consumers, one-on-one counseling on health insurance and/or prescription drug plan options.	On an on-going basis.		
Strategy 3.3	To conduct six public workshops annually on Medicare benefits, Medicare options and Medicare Savings Program targeting 300 new beneficiaries to Medicare annually.	On an on-going basis.		

Objective 4.0: Provide support to family caregivers enabling them to continue to provide needed care to older family members.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 4.1	To encourage the development of caregiver support groups in medical facilities, faith communities and senior centers and, where staffing allows, facilitate groups as a means of supporting caregivers in their care giving role.	On an on-going basis.		

Strategy 4.2	To provide face-to-face personal counseling and family caregiver training to 100 caregivers annually assisting them with knowledge of available resources, decision-making and problem solving.	On an on-going basis.		
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Objective 4.0: Assist caregivers of those with Alzheimer's Disease and other dementias to increase their knowledge of disease and care interventions that will improve their quality of life and the quality of life of those they care for.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 4.1	To encourage the development of caregiver support groups in medical facilities, faith communities and senior centers and, where staffing allows, facilitate groups as a means of supporting caregivers in their care giving role.	On an on-going basis.		
Strategy 4.2	To provide face-to-face personal counseling and family caregiver training to 100 caregivers annually assisting them with knowledge of available resources, decision-making and problem solving.	On an on-going basis.		

Objective 5.0: Assist caregivers of those with Alzheimer’s Disease and other dementias to increase their knowledge of disease and care interventions that will improve their quality of life and the quality of life of those they care for.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 5.1	To provide one “Savvy Caregiver” evidence-based training and one “Savvy Caregiver Enhanced” evidence-based training annually for 20 caregivers taking care of others with a dementia.	On an on-going basis.		
Strategy 5.2	To provide Alzheimer’s Disease and dementia information packets to 250 caregivers annually on an on-going basis.	On an on-going basis.		
Strategy 5.3	To provide information to family caregivers on the availability of respite care and coordinate the provision of respite care as resources are available on an on-going basis.	On an on-going basis.		

Objective 6.0: Assist older people to maintain their independence and well-being by providing information, assistance in linking them to available services and advocating for their needs.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 6.1	To provide the availability of trained advocate/benefit advisors able to provide community outreach, screen consumers for needs and provide one-on-one assistance in accessing benefits to address those needs serving 1,800 older people annually on an on-going basis.	On an on-going basis.		
Strategy 6.2	To assist ACAP in assuring that 500 homebound elders and disabled have access to fuel assistance benefits by making agency advocacy staff available to do in-home visits to complete Low Income Home Energy Assistance Program applications.	On an on-going basis.		

Goal 3 – Empower older people to stay active, healthy and connected to their communities through employment, civic engagement, and evidence-based disease and disability prevention programs.

Objective 1.0: Provide and/or coordinate the provision of evidence-based disease and disability prevention programs to older adults.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 1.1	Provide three Matter of Balance classes (24 complete sessions) annually at senior centers or other locations appropriate for participation by older people.	On an on-going basis.		
Strategy 1.2	Provide one Matter of Balance Volunteer Lay Leader (coach) training annually for volunteers willing to conduct classes to assure sustainability of trained lay leaders.	On an on-going basis.		
Strategy 1.3	Provide one “Chronic Disease Self Management” class (8 sessions) annually at senior center.	On an on-going basis.		
Strategy 1.4	Coordinate the provision of one “Chronic Disease Self Management” class utilizing non-agency resources such as Healthy Aroostook staff trainer or hospital staff annually at senior center.	On an on-going basis.		
Strategy 1.5	Provide Yang Tai Chi and Harta Yoga annually at senior center or other locations appropriate for participation by older people.	On an on-going basis.		

Objective 2.0: Provide opportunities for civic engagement and public service to older people by sponsorship of the Retired and Senior Volunteer Program.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 2.1	To empower 400 older volunteers to meet important community needs by partnering with 60 not-for-profit and/or government worksites.	On an on-going basis.		
Strategy 2.2	To utilize the resources of RSVP in coordination with the Information and Assistance/Advocacy Program to provide a Friendly Visitor/Telephone Reassurance service and recruit and train 90 volunteers to provide in-home visits and telephone contact to older people who are living alone or who are recently discharged from care-providing facilities or otherwise in need of the support of a caring person serving 200 older people annually on an on-going basis.	On an on-going basis.		
Strategy 2.3	To utilize the resources of RSVP in coordination with the Medicare Senior Patrol service to recruit and train six volunteers to provide Medicare information, especially on combating Medicare fraud, at senior clubs and organizations, church groups and senior centers on an on-going basis.	On an on-going basis.		

Objective 3.0: Enhance the employment opportunities for older workers.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 3.1	To advocate with Maine Department of Health and Human Services/Office of Elder Services that they contract with the Aroostook Agency on Aging to provide Senior Community Service Employment Program in the Aroostook region by September 30, 2013.	By September 30, 2013.		
Strategy 3.2	To coordinate with the University of Maine Cooperative Extension Service to provide Senior Companion opportunities to four older people providing supervision and support on an on-going basis.	On an on-going basis.		
Objective 4.0: Seek partnerships with health care providers to implement Center for Medicare and Medicaid Services initiatives designed to ease the transition from hospital to home and to decrease re-hospitalization.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 4.1	To monitor the development of Care Transition models able to be implemented in rural frontier regions and, if it becomes possible and is feasible to join in a partnership with a health care provider to implement a model, to do so.	On an on-going basis.		
Strategy 4.2	To monitor the development of patient centered medical homes and accountable care organizations and to partner where possible to improve the quality of care for older people and disabled people.	On an on-going basis.		

Goal 4 – Protect the rights of older adults, and enhance the response to elder abuse.

Objective 1.0: Provide information and help with access to older people, family caregivers and the general public to resources including the Long Term Care Ombudsman Program (LTCOP), Legal Services for the Elderly (LSE), Hope and Justice Project, Adult Protective Services and law enforcement.

	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Strategy 1.1	To provide information on the LTCOP and LSE in the information packets provided to all individuals receiving services through the Family Caregiver and ElderCare programs.	On an on-going basis.		
Strategy 1.2	To work with DHHS-Adult Protective Services to provide training to all agency-employed mandated reporters on their responsibility under Maine law by September 30, 2013.	By September 30, 2013.		
Strategy 1.3	To support law enforcement agencies in the development and maintenance of TRIAD groups in the region.	On an on-going basis.		
Strategy 1.4	To work with Federal and State financial and/or security regulatory agencies and law enforcement providing fraud awareness educational workshops targeting older people.	On an on-going basis.		

Objective 2.0: To promote awareness of June 15 as National Elder Abuse Awareness Day.				
	Description	Scheduled	Status	Comments
Strategy 2.1	To coordinate with DHHS-Adult Protective Service Regional Office to provide public information through the print and broadcast media on awareness of elder abuse highlighting June 15 as National Elder Abuse Awareness Day.	By May 30, 2013 By May 30, 2014, 2015, 2016		
Strategy 2.2	To provide information on elder abuse to churches for inclusion in their church bulletins and seek their recognition of National Elder Abuse Awareness Day by holding a prayer service for victims of elder abuse.	By May 30, 2013 By May 30, 2014, 2015, 2016		

Appendix C. AREA PLAN ASSURANCES

Area Agency Activities

(1) The XX Agency on Aging (the “ agency”) has described in this plan all of the agency activities, whether funded by public or private funds. 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 of its functions and that such procedures are available for review by the Bureau of Elder and Adult Services.

Adequate Proportion

(2) The agency assures 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 categories of services listed below, and also assures that the agency 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. ((a)(2))

- A. Services associated with access to services (transportation, outreach,
- B. Information and assistance, and case management services);
- C. In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- D. Legal assistance.

Greatest Economic Need

(3) The agency assures that it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, and include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))

Providers to serve low-income minorities and older individuals residing in rural areas
(4) The agency assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

- A. Specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- B. Provide, to the maximum extent feasible, services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- C. Meet specific objectives established by the agency, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

Federal Fiscal Year 2012 objectives met

(5) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the agency shall--

- A. Identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

Age 65 and older: 227 (.01704) Native American; 84 (.00633) Black/Afro American; 123 (.00928) Hispanic; 43 (.00321) Asian; 100% of Aroostook people age 60 and older reside in rural areas

- B. Describe the methods used to satisfy the service needs of such minority older individuals; and

Training is offered to the Native American band health services and social services staff on Medicare and Medicare Part D, Medicare Savings Programs; presentations are offered to the elders of the bands at band facilities.

- C. Provide information on the extent to which the agency met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

Outreach Efforts

(6) The agency assures that it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on the categories of individuals below, and inform those individuals and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

- A. Older individuals residing in rural areas;
- B. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- C. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- D. Older individuals with severe disabilities;
- E. Older individuals with limited English-speaking ability; and
- F. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

Activities with Low-income and Rural Elders

(7) The agency assures 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. ((a)(4)(C))

Older Individuals with Disabilities

(8) The agency assures that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

Older Native Americans

(9) The agency shall 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, the agency assures that it will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

According to the 2010 U.S. Census older Native Americans comprise 227 (.01704) of the total 65+ population. They are members of two Federally recognized bands – The Aroostook Band of Mic Mac and the Houlton Band of Maliseet.

- B. That the agency will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- C. That the agency will make services under the area plan available, to the same extent as such services are available to older individuals within its planning and service area, to older Native Americans. ((a)(11))

Contractual and Commercial Relationships

(10) The agency assures that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))

(11) The agency assures that it will disclose to the Assistant Secretary and the State agency--

- A. 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
- B. the nature of such contract or such relationship. ((a)(13)(B))

(12) The agency assures that it will 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 non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) The agency assures that it will 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 non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) The agency assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the agency to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(15) The agency assures that preference in receiving services under this title will not be given by the agency to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

Disclosure of Funds and Expenditures

(16) The agency assures that it will, 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 the agency receives or expends to provide services to older individuals. ((a)(13)(E))

Conflict of Interest

(17) The agency assures that--

- A. No individual (appointed or otherwise) involved in the designation of the agency, or in the designation of the head of any subdivision of the agency, is subject to a conflict of interest prohibited under this Act;
- B. No officer, employee, or other representative of the agency is subject to a conflict of interest prohibited under this Act; and

- C. The agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for Federal and State funds under the area plan and that mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. ((a)(7)(B))

Limited English Speaking Ability

(18) If a substantial number of the older individuals residing in the agency's planning and service area in the State are of limited English-speaking ability, then the agency shall

- A. 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. Designate an individual employed by the agency, or available to the agency 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.
- ((a)(14))

Coordination with Long-Term Care Services

(19) The agency 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 they are provided community-based services. ((a)(18))

Contributions

(20) The agency assures that it will provide the opportunity for consumers to contribute to support the cost of providing a particular service. Consumers should be informed of the suggested contribution appropriate for each service; the advisory council should approve the suggested contributions. All contributions are assured to be voluntary. Confidentiality of the participants' donations is also assured. No eligible person may be denied participation because of an inability or unwillingness to pay all or part of the suggested contribution. The agency assures that the appropriate procedures are used to safeguard and account for all contributions.

Procurement

(21) The agency agrees to comply with Federal and State regulations and procedures for the procurement of supplies, equipment, construction and other services whose cost is borne in whole or in part as a direct charge to the awards under the area plan. This assurance includes provision for competitive bidding as required by policy and regulation unless waived by the Bureau of Elder and Adult Services.

Residency and citizenship

(22) No requirement as to duration of residence or duration of citizenship will be imposed as a condition of participation in an agency program for the provision of services. Services may be limited to US citizens or legal residents of the United States.

7. Appendices

A. Public Hearing on Area Plan: Held April 10, 1 PM at The Gathering Place, 33 Davis St., Presque Isle

The Draft Area Plan posted at www.aroostookaging.org on March 27, 2012.

The following ad was placed in newspapers with region-wide circulation as follows on March 28, 2012 - St. John Valley Times, Star Herald, Aroostook Republican, Houlton Pioneer Times:

Notice of Public Hearing and Public Comment Invitation

The Aroostook Agency on Aging has drafted an Area Plan for 2012-2016 identifying needs of older people in Aroostook County and how the agency intends to address those needs. We invite review of and comments on our draft plan and invite interested people to a public hearing Tuesday, April 10 at 1 PM at The Gathering Place, 33 Davis St., Presque Isle. The draft plan may be viewed on our website www.aroostookaging.org; copies available in our office for review or pick-up at 1 Edgemont Drive, Suite B, Presque Isle. We will accept written comments on the draft until April 15, 2012.

Summary of Comments from Public Hearing Held April 10, 2012: None, no public participation in the hearing.

Summary of Public Written Comments Received: No written comments from the public were received as of 5/8/2012.

Board of Directors

Board of Directors 2011-12

					Term Expires
President					
Rev. Kenneth Phelps	121 Canterbury St, Presque Isle, ME	04769	764-6776	10/12	
			(w) 764-6034		
Vice President					
Elizabeth Childers	50 Bartley Drive, Houlton, ME	04730	532-9851	10/12	
Secretary					
Mary Ann Buck	52 Grendell Road, Mapleton, ME	04757	764-0635	10/12	
Treasurer					
James Tweedie	97 Trafford Road, Blaine, ME	04734	425-2231	10/12	
Past President: Vacant					

Northern Area Board Members:

Robert Bouchard	172 US Route 1, Frenchville, ME	04745	543-6995	10/12	
Irvin Roy	PO Box 305, Fort Kent, ME	04743	834-5862	10/12	
Lorette Albert	339 French St. Apt. 203, Madawaska, ME	04756	728-7538	10/13	
Roger Harvey	29 First Avenue, Fort Kent, ME	04743	834-2076	10/12	

Central Area Board Members:

Leona Allen	4 Dewberry Drive, Apt. 27 Presque Isle, ME	04769	762-6039	10/13	
Laura Pike	38 Frenchville Rd. Ashland, ME	04732	554-8181	10/12	
Durward Huffman	21 Maple Grove Rd. Fort Fairfield, ME	04742	473-7445	10/13	
Winter -	1055 Caracare Cr. N. , Lakeland, FL	33809	207.551.1789		
Donna Devoe	12 High St., Presque Isle, ME	04769	764-5656	10/12	

Southern Area Board members:

Louise Guillette	5 Four Seasons Circle, Houlton, ME	04730	532-2391	10/13	
Joyce Hughes	69 Elm St., Houlton, ME	04730	532-3371	10/12	
Rod Collins	18 Milliken St., Bridgewater, ME	04735	425-2120	10/12	
Vacant					

Members at Large:

Florence Kinney PO Box 425, Washburn, ME 04735

C. Current Services and Subcontracts

Direct Services are...

Advocacy/Outreach/ Information and Assistance Services

Alzheimer's Disease/Dementia Respite Care

Congregate & Home Delivered Dining Services

ElderCare – PCA/PSS

Independent Housing and Services Program

Family Caregiver

Health Insurance Counseling

Homemaker Services

Housing Management Services

Medicare Consumer Education and Fraud Awareness

Personal Care Assistance

Retired and Senior Volunteer Program

Senior Companion Services

Medical Device Loan Fund

Dental Assistance Fund

Old Women's Wisdom Loan Fund

Contracted Services are...

Public Transportation

Medical Ride Volunteer Transportation

Legal Assistance

Computer Hardware/Software support

Commercial Relationship Disclosure

Aroostook County Action Program to support travel for Fuel Assistance Applications

n/a

Purchase of meal contracts with Aroostook Medical Center, Borderview Manor, School Administrative District 1, BAFS Inc. - Inflight

Elder Independence of Maine, Maine Medicaid, Private individuals, Veteran's Admin.

Ricker Plaza Associates, Fort Fairfield Housing Authority, VEW Management, Caribou Congregate Housing Development Corp. for operation of service at their developments.

n/a

n/a

Elder Independence of Maine, Private individuals, Veteran's Admin.

Caribou Congregate Housing Development Corp. to manage housing project.

Caribou School Department – Adult Education for training, MaineCare, U.S. Dept. of Veteran's Affairs, Elder Independence of Maine, Private individuals for services.

Corporation for National and Community Services

University of Maine Cooperative Extension Service to sponsor positions

Various consumer borrowers

Various consumer borrowers

Various consumer borrowers

Aroostook Regional Transportation System, Inc.

Aroostook Regional Transportation System, Inc.

Legal Services for the Elderly, Inc.

Spartan Computer

D. Direct Service Waiver Requests:

Request for Waiver
May, 2012
Adult Day Care Services

The Aroostook Area Agency on Aging requests a continuation of the direct service waiver to provide adult day care service. The agency provided this service from 1996 to April 2011. At that time we suspended service operation because available funding would not support the cost of provision. If state reimbursement rates increase so that the cost of the service would be paid for, we will re-establish the service. We can contract with Elder Independence of Maine, MaineCare and the U.S. Department of Veteran Affairs to provide this service in Aroostook County and we can provide this service on a private pay basis contracting with interested individuals.

There are no other providers of this service in the central or northern Aroostook area. If we do not directly provide this service it will not be available to consumers.

Older American's Act funds do not support these services. Because of this service additional income is generated that assists in meeting the general administration and operational costs of the agency. The result is that fewer Older American's Act resources are required for administration and more money is available for services.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Care Management Services

The Aroostook Area Agency on Aging requests a continuation of the direct service waiver to provide care management service. The agency has provided this service since 1981.

We provide this service for assisted living/Independent Housing with Services consumers through a contract with the Office of Elder Services. Provision of this service is required for consumers served by the contract.

Older American's Act funds do not support these services. Because of this service additional income is generated that assists in meeting the general administration and operational costs of the agency. The result is that fewer Older American's Act resources are required for administration and more money is available for services.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Less than Full-time Nutrition Director

The Aroostook Area Agency on Aging requests a waiver to allow the Nutrition Director to work less than full time.

The Aroostook Agency on Aging collaborates with the Office of Elder Services and others to provide support for evidenced-based health promotion programs. The agency also receives a small amount of Older Americans Act Title 3-D funds for preventive health services. These resources, on their own, cannot support more than a very part-time person to coordinate and provide the activities and work tasks required. To assure effectiveness of preventive health services, oversight and guidance is required.

Based on past performance, we believe that 3-5 hours per week of the Nutrition Director's time is required to provide the oversight and guidance needed for wellness initiatives. Many of the preventive health services delivered are done at senior dining centers and are complementary to the mission of senior nutrition – promotion of good health.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Homemaker Services

The Aroostook Area Agency on Aging requests a continuation of the direct service waiver to provide homemaker service. The agency has provided this service since 1996. We contract with Elder Independence of Maine, Home Care of Maine, the Veteran's Administration to provide this service in Aroostook County and we provide this service to interested individuals on a private pay basis.

Two other providers offer this service. The continued availability of this agency as a provider assures consumers as well as Elder Independence of Maine that they have a choice in providers able and willing to meet consumer needs. We believe, given tight labor market conditions, choice is critical to provision of quality service

Older American's Act funds do not support these services. Because of this service additional income is generated that assists in meeting the general administration and operational costs of the agency. The result is that fewer Older American's Act resources are required for administration and more money is available for services.

The rate charged for this service is the maximum rate allowed by the Office Elder Services and the Office of MaineCare Services for long term care services.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Housing Management Services

The Aroostook Area Agency on Aging requests a waiver to provide Housing Management Services. The agency has provided this service since 1986. We contract with the Caribou Congregate Housing Development Corporation to provide this service solely for the management of Caribou Gardens.

The Aroostook Agency on Aging established Caribou Congregate Housing Development Corporation, in partnership with the City of Caribou, in 1985 to apply for USHUD Section 202 funds to construct a 20 unit congregate housing project for the elderly. We were successful in the application and the project was constructed and occupied in June 1988. The then Bureau of Maine's Elderly committed Maine Congregate Housing funds to provide services at the project and has continued to fund this service. The availability of this service enables people who otherwise would have to seek care in a more restrictive environment to remain independent in their apartment at Caribou Gardens.

Caribou Congregate Housing Development Corporation pays a management fee to the Aroostook Agency on Aging, under terms and conditions regulated by USHUD and MaineHousing, for provision of management services at the project. This includes day-to-day management and fiscal agent responsibilities.

Older American's Act funds do not support these services. Because of this service additional income is generated that assists in meeting the general administration and operational costs of the agency. The result is that fewer Older American's Act resources are required for administration and more money is available for services.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Independent Housing with Services Program

The Aroostook Area Agency on Aging requests a waiver to provide Independent Housing with Services. The agency has provided this service since 1985. We contract with the Office of Elder Services to provide this service in Aroostook County.

Three other providers offer this service but only to private pay tenants living in non-subsidized private apartments. The Aroostook Agency on Aging provides this service only at senior housing for very low and low income persons qualifying for rental subsidy through USHUD or MaineHousing. The availability of this service enables people who otherwise would have to seek care in a more restrictive environment to remain independent in their apartment.

Older American's Act funds do not support these services. Because of this service additional income is generated that assists in meeting the general administration and operational costs of the agency. The result is that fewer Older American's Act resources are required for administration and more money is available for services.

The co-payments charged for this service are regulated by rules of the Office of Elder Services.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Nutrition Services

The Aroostook Area Agency on Aging requests a continuation of the direct service waiver to provide congregate and home delivered meal service. The agency has provided this service continually since 1973. In past years we have sought out potential contractors for the service and never received any interested response. We are unable to identify who a provider might be that is able to serve the entire region.

We believe we have unique features that are reliant on continued operation by the agency on aging. We currently contract with four food service vendors (2 nursing facilities, commercial meal provider, school) on a daily basis for provision of hot meals. We also provide for short-term delivery contracts with restaurants and even neighbors of older people who live in remote areas that are not serviceable by a regular program. We co-share staff with the agency's Outreach program to assist with client need assessment and we use RSVP Volunteer Coordinators to assist in recruiting meals-on-wheels volunteers. Buses and staff of the Aroostook Regional Transportation Service are used for transporting seniors to dining centers. We utilize professional staff of the agency and outside resources such as the Cooperative Extension Service, hospital based educators, Women's Health Center and more to provide educational programs at dining centers. This integration and sharing of staff and other resources to accomplish the purpose of getting hot meals to those in need and information/education/socialization activities is a critical function dependent on direct delivery.

We do contract out the food service functions in an economical way seeking quality meals at the lowest possible cost.

Respectfully Submitted,

Stephen Farnham
Executive Director

Request for Waiver
May, 2012
Personal Care Attendant Services

The Aroostook Area Agency on Aging requests a continuation of the direct service waiver to provide personal care attendant service. The agency has provided this service since 1996. We contract with Elder Independence of Maine, MaineCare and the Veteran's Administration to provide this service in Aroostook County and provide this service on a private pay basis to interested individuals.

Three other providers offer this service yet we average 125 people monthly that select our service as their provider of choice. The continued availability of this agency as a provider assures consumers as well as Elder Independence of Maine that they have a choice in providers able and willing to meet consumer needs. We believe, given tight labor market conditions, choice is critical to provision of quality service.

Older American's Act funds do not support these services. Because of this service additional income is generated that assists in meeting the general administration and operational costs of the agency. The result is that fewer Older American's Act resources are required for administration and more money is available for services.

The rate charged for this service is the allowable maximum rate determined by the Office of Elder Services and the Office of MaineCare Services for long term care services.

Respectfully Submitted,

Stephen Farnham
Executive Director

**Request for Waiver
May 2012
Money Manager Services**

The Aroostook Area Agency on Aging requests a waiver to provide Money Manager Services. The agency no longer provides this service but continues to seek funding support to re-establish the service. Previously we contracted with the Office of Elder Services to provide this service in Aroostook County. There is no other provider of this service in northern Maine.

Respectfully submitted,

Stephen Farnham
Executive Director