

# Area Plan for Aging Services

2016-2020

Status Report as of  
3/31/17

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, 2016 through September 30, 2020. 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.

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Date

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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 11, 2016 and reviewed and approved the 2016-2020 Area Plan on Aging.

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Date

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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 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 56-year trend of out-migration of the young and growing numbers of older people. Unfortunately the pace of out-migration of the young has increased with the County losing 6.1% of population under age 65 in just four years (2010-2014). Those age 65 and older increased this same period by 8.4%. The primary service population of the agency being those age 65 and older is 21.3% of the people now residing in the County. Public resources available to assist in providing for needs of older people are in decline for the most part.

#### **Top Needs:**

Most older people want to remain in their home in their community. Most important to being able to do this are access to transportation; availability of food and grocery store; affordable medication and access to a pharmacy; access to a medical provider close by; information especially on financial help; safety and security at home. When health and mobility fails and isolation grows due to loss of family, friends and support systems new critical service needs arise including help with personal care and housekeeping; help with prepared and healthy meals; help with home repairs. Some people transition to a role of caregiver when a loved one is afflicted with Alzheimer's disease or other dementia and availability of respite care; good information especially on addressing problem behavior; and finding understanding medical professionals become needs.

The current system of home and community-based services does address some 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; inadequate 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 fuel cost or inability to add fuel to wood or pellet heat source; insecurity and fear because of home break-ins, robberies, assaults mostly driven by a County-wide drug problem.

### **Advocacy:**

Having an adequate income to provide for one's basic needs – adequate shelter, adequate food and water, needed medication – is critical. 14% 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 been and will continue to be an advocate for maintenance of benefits such as MaineCare, Supplemental Nutrition and Medicare Savings Programs that enable these people to meet their basic needs. Access to affordable telephone service and affordable electricity are critical elements for independence and require advocacy.

### **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 work with Aroostook Home Health, Valley Home Health Agency and Seniors Domestics by providing leadership to build a direct care workforce. 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 and retain workers in a shrinking labor market where unemployment has fallen to below 5%.

### **Transportation:**

We will continue to partner with ACAP, Central Aroostook Association, Maine DHHS and others to maintain Aroostook Regional Transportation Service providing governance help, financial help and recruitment of medical ride volunteers to supplement the public bus service. We will work with other stakeholders to pilot options enabling remote communities to meet the medical and other essential ride needs for their older residents.

### **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 partner with 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. We will partner with willing hospitals to provide prepared meals to at-risk older people being discharged from hospital care helping them in the transition from hospital to home.

### **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 continually update and improve our website focusing on assuring it to be a reliable and trusted source. We will continue Medicare education sessions and other free public workshops. We will continue to 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 to encourage those living alone or in isolation to enroll in call-in/check-in services. We will work with partners to provide fraud awareness workshops including provision of training to front-line bank and credit union employees. We will build staff capacity to recognize elder abuse, neglect and exploitation.



## 4. CONTEXT OF AREA PLAN – Needs Assessment

Currently one of every five people in our communities is age 65 or older (21.3%). In ten years about one in four will be age 65 or older!

### A. Demographics of Aroostook

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: 1960-2014

	U.S. Census Bureau Data						
	1960	1970	1980	1990	2000	2010	2014
Total	106,064	94,078	91,331	86,936	73,938	71,870	69,447
< age 65	98,958	86,243	81,797	75,809	61,387	58,219	54,655
<b>Trend</b>		<b>-12.8%</b>	<b>-5.2%</b>	<b>-7.3%</b>	<b>-19%</b>	<b>-5.2%</b>	<b>-6.1%</b>
age 65+	7,106	7,835	9,534	11,127	12,551	13,651	14,792
<b>Trend</b>		<b>+10.3%</b>	<b>+21.7%</b>	<b>+16.7%</b>	<b>+12.8%</b>	<b>+8.8%</b>	<b>+8.4%</b>
65+ proportion	6.7%	8.3%	10.4%	12.8%	17.0%	19%	21.3%

U.S. Census Bureau released a data update in March 2014 showing Aroostook County to be the biggest loser of population in the one year period from July 1, 2012 to June 30, 2013. In that one year the County's population decreased by 734 people or 1.04% - nearly all being of working age and their minor children. A declining rural economy in Maine is driving out-migration at a rate faster than was even projected by the Maine State Planning Office just four years ago.

Challenges this presents include demand for health care increasing but the available workforce decreasing as baby boomers in health care retire and fewer

younger workers are replacing them. 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 most towns and a shift in service demand to accommodate an aging population. None of these factors are positive ones for building “age-friendly” communities.

## **B. Poverty and Aging in Aroostook**

16% of people age 65 and older in Aroostook live on income below the Federal poverty level and 10.5% live on income between 100-125% of poverty (2012, 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. The cost of gasoline and heating fuel 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 is 8%-10% 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** (data source – 2015 Report from Maine Shared Community Health Needs Assessment and DHHS-OADS 2011-12 Needs Assessment)

(1) **Access to Health Care:** Locating and securing services from a primary care provider (PCP) is a growing issue. Aroostook County has 1,510 residents per PCP (2013 data) compared to 967 to 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 and other options reliant on volunteers are in place and expanding.

(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, 10.6% vs. 7.6% 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. Obesity is identified as the single biggest health issue for Aroostook people according to stakeholders in the Shared Health Needs Assessment. 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 had 427.9 versus state average 361.3 emergency department visits per 10,000 people for unintentional fall related emergencies. The Matter of Balance Program and the Bone Builders Program combats factors leading to hip fractures including decreasing prevalence of falls.

(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](http://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.

## Goals, Objectives and Strategies

**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: Increase collaboration with health care providers.		
Strategy	Scheduled	Status
1.1 Partner with the three Federally Qualified Rural Health Centers – Pines Health, Katahdin Valley Health and Fish River Valley Health and Aroostook County Action Program – to advance the delivery of service and improve access for those we jointly serve.	By 9/30/17	3/31/17 AAAA is an active member of the Aroostook County Health Network, a partnership including each listed organization and we meet monthly.
1.2 Expand the Thriving in Place stakeholder group with invitation for participation to Houlton Regional Hospital and affiliated primary care practice.	By 12/31/16	3/31/17 No action taken
1.3 Partner with Healthcentrics, the Medicare Quality Improvement Organization and Northern Maine Medical Center in determining the effectiveness of nutrition services at time of Medicare patient discharge in successful transition to home.	By 9/30/17	3/31/17 Healthcentrics sponsored two national webinars featuring the initiative and results with AAAA and NMMC presenting. 1 presentation made to Tri-State Learning Collaborative.
1.4 Establish an adult day service program to provide on-site respite care to support family caregivers of those with Alzheimer’s disease or other dementias.	By 9/30/17	3/31/17 The Gathering Place in Presque Isle licensed 3/2/17 and service started 3/11/17.
1.5 Partner with Aroostook Mental Health Center in the training of AAAA front line staff and volunteers on crisis intervention and referral process.	By 9/30/18	3/31/17 No action taken

Objective 2.0: Provide navigation and counseling services.		
Strategy	Scheduled	Status
2.1 Emphasize the recruitment of volunteers willing to be trained to provide one-on-one health insurance counseling and/or Medicare Part D enrollment assistance.		3/31/17 4 new volunteers trained and added for Medicare Open Enrollment on 10/15/16.
2.2 Provide one-on-one Medicare Part D plan search and enrollment assistance during		3/31/17 14 outreach clinics completed

Medicare Open Enrollment in 13 community outreach clinics extending counseling services beyond the agency office location.		for 2016 Open Enrollment period. 1,934 people assisted 10/15-16-12/7/16
2.3 Expand provision of group self-help sessions for Medicare Part D drug plan searches and enrollment including the distribution of Medicare-related information at such sessions.		3/31/17 Session scheduled for May 16, 2017 at Aging Well Expo
2.4 Expand provision of self-help “Welcome to Medicare” workshops and education sessions on “Effective Use of Medicare Wellness Benefits” including the distribution of Medicare-related information at such sessions.		3/31/17 Sessions done 10/11/16, 10/15/16, 10/17/16, 11/17/16, Scheduled session 5/12/17
2.5 Disseminate healthy eating information and other nutrition improvement tips to those receiving Meals-on-Wheels service, participants at senior dining centers and to those receiving supplemental commodity foods.		3/31/17 Handouts are delivered with meals and made available at dining centers on an on-going basis. Speakers (from Extension, medical practices, Healthy Aroostook) when available present at dining centers.
2.6 Provide information and assistance on health and social services and assist people in need of help accessing such services with application assistance, coordination of rides or other needs within our capacity.		3/31/17 10/1/16-3//31/17 789 individuals received 2,535 contacts for I & A
<b>Objective 3.0 Increase capacity for older and disabled adults to access and act on information and resources.</b>		
Strategy	<i>Scheduled</i>	<i>Status</i>
3.1 Maintain with semi-annual updates and disseminate the “Benefits Checklist” electronically and in hard copy.		3/31/17 Updated March, 2017, available and distributed in hard copy and on website.
3.2 Update by November 1 each year and disseminate the “Winter Assistance Guide” electronically and in hard copy.		3/31/17 Done for 2016-17 winter, issued hard copy to staff and Town Offices and have on Website (taken down in May).
3.3 Upgrade the agency’s website and the capacity to utilize social media.		3/31/17 Agency maintains a website and Facebook page.
3.4 Include the social service departments of the Houlton Band of Maliseets and the Aroostook		3/31/17 On-going

Band of Mic Mac's in training and information sessions of AAAA		
3.5 Participate in health fairs and other information dissemination opportunities including those of the Aroostook Band of Mic Mac's and the Houlton Band of Maliseet's to expand the number of people receiving information on resources.		3/31/17 10/6/17- Cary Health Fair – 500 contacts 10/14/16 Fish River Health Fair – 100 contacts 11/3/16 Mic Mac Health Fair – 25 contacts
3.6 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.		3/31/17 In place & On-going
3.7 Partner with WAGM television in the dissemination of information utilizing the "Answers on Aging" public information segments.		3/31/17 January-March 2017 partnered with WAGM, TAMC and State Farm to run 300 television promotions "Look Out for your Older Neighbor".
3.8 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.		3/31/17 Four part-time staff provide this service. 789 people received 2,535 contacts from 10/16-3/17.

**Goal 2: – Enable older adults 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: Promote and advocate for services necessary to remain safe at home.		
Strategy	Scheduled	Status
1.1 Continue partnership with ACAP in having AAAA Information and Assistance staff trained to complete fuel assistance applications (LIHEAP) and to accept ACAP referrals of people who are homebound and require a home visit by a AAAA worker to apply for the benefit.	On-going	3/31/17 5 AAAA staff trained by ACAP in September 2016 and all provided LIHEAP outreach support and completed 305 LIHEAP homebound applications October 2016-May 2017.
1.2 Continue partnership with County Sheriff and local law enforcement departments to promote the use of telephone call-in reassurance service by people who may be at risk for medical	On-going	3/31/17 Contacted all local police departments in November-December 2016 to verify if a

reasons or who live in isolation.		check-in service was in place. Sheriff's Department, Houlton PD, Presque Isle PD, Madawaska PD provide it. Fort Fairfield PD is in discussion with RSVP to try and set up the service as of 5/23/17. Van Buren, Washburn, Limestone don't provide and not able to at this time.
1.3 Continue partnership with Caribou Coalition for Affordable Energy to help people access lower pricing for heating fuel for their home.	On-going	3/31/17 Information and applications provided to interested consumers on an on-going basis.
1.4 Continue partnership with ACAP Home Repair Service providing seed/leverage funds to assist ACAP to provide home repair service for which no other funding source is available and the situation is such that the older person is at risk of no longer being able to occupy the home for safety/health concerns.	On-going	3/31/17 ACAP is part of our MeHAF TIPS community stakeholder group. We provide MeHAF funding of \$5,000 to ACAP as seed/leverage funding for people over age 60.
1.5 Coordinate the provision of home repair and chore help for older people in need of help by faith-based volunteer organizations, service clubs, schools, colleges and youth organizations as opportunities may arise.	On-going	3/31/17 Have coordinated 35 senior home repair projects for St. Catherine-St. Anne Mission out of Westford, MA scheduled for July 17-23, 2017.
1.6 Continue development and provision of Money Minder service targeting people who live in their own home or apartment who may no longer have the ability to manage daily bill paying linking them with trained and insured volunteers able to assist with budgeting and bill paying.	On-going	3/31/17 On-going, now serving 14 clients with seven volunteers.
1.7 Work with Legal Services for the Elderly and Maine Office of Securities to bring training to Aroostook County for front-line bank and credit union staff in recognizing warning signs of possible exploitation of older people.	By 12/31/16	3/31/17 Training completed October 2016
1.8 Continue partnership with University of Maine to provide Senior Companion volunteers with placement at AAAA and assignment of the Companions to homebound older people to assist them with non-personal care needs.	On-going	3/31/17 On-going, have 4 Senior Companions assigned to 22 homebound seniors

1.9 Continue work with RSVP encouraging RSVP volunteer training and assignment as Friendly Visitors linking the volunteer with homebound people providing support and providing information such as the Benefit Checklist and helping link the person to other needed help.	On-going	3/31/17 Ongoing collaboration with RSVP, interested volunteers were provided a Friendly Visitor training in Sept 2016, the Benefits Checklist was distributed.
1.10 Monitor public utility issues that affect the availability and affordability of land line telephone service and affordability of electric service and if threats arise to this to advocate with public utility regulators and with legislators to assure they understand the impact on older people.	On-going	3/31/17 Meet annually with Public Advocate and receive quarterly information publication on telephone and electrical rate issues.
1.11 Prepare agency for response to disasters that may affect people's ability to remain in their home by annual review and update of the Disaster Plan.	On-going	3/31/17 Disaster plan reviewed and updated November, 2016

Objective 2.0: Promote the development of a fairly compensated and valued direct care workforce.		
	<i>Scheduled</i>	<i>Status</i>
2.1 Work with DHHS/OADS advocating with the Maine Legislature for funding to implement recommendations resulting from the comprehensive rate study on provision of in-home personal care and personal support services.	On-going	3/31/17 Have communicated with Aroostook Legislative delegation on importance of funding adequate reimbursement for these services in 2016-17 legislative session. Working to pass and fund LD 1466
2.2 Provide financial incentives to direct care workers employed by the agency to improve their skills by participation in training.	On-going	3/31/17 Training completion bonus policy in effect as of November 2016.
2.3 Establish Adult Day Service utilizing resources from Maine Health Access Foundation/Thriving in Place and partnerships with University of Maine at Fort Kent and University of Maine at Presque Isle as well as others.	By 12/31/16	3/31/17 The Gathering Place in Presque Isle licensed 3/2/17 and service started 3/11/17.

<b>Objective 3.0 Advocate for public transportation and ride options.</b>		
3.1 Partner with Aroostook Regional Transportation System (ARTS) for the provision of door-to-door public transportation for older people with a priority for medical appointments.	On-going	3/31/17 Contract for service provision in force 10/1/16-9/30/17
3.2 Provide ARTS with help in identifying and using medical ride volunteers to help provide medical rides to non-MaineCare older people.	On-going	5/31/17 Transitioning AAAA-based MeHAF-TIPS funded volunteer medical ride initiative and part-time coordinator to ARTS on 5/1/17; 7 volunteer drivers expected to make transition.
3.3 Participate in governance of ARTS in accordance with ARTS Bylaws by providing two members to the board of directors of ARTS.	On-going	3/31/17 AAAA Executive Director Steve Farnham is president of ARTS board, AAAA board vice president James Tweedie is a member of ARTS board.
<b>Objective 4.0 Maintain and improve caregiver services</b>		
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-going	3/31/17 Support groups located at Cary Medical Center, Caribou; Borderview Rehab, Van Buren; Madigan Estates, Houlton; AAAA Gathering Place, Presque Isle; NMMC, Fort Kent
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-going	3/31/17 Group family caregiver training provided in Caribou, 11/16 – 100 participants; Counseling provided to 54 individuals
4.3 To provide “Savvy Caregiver” evidence-based training and “Savvy Caregiver Enhanced” evidence-based training for caregivers taking care of others with a dementia.	On-going	3/31/17 Sessions completed in Washburn 11/1/16-six participants; Presque Isle 4/1/17-seven participants
4.4 To provide Alzheimer’s Disease and dementia information packets to 250 caregivers	On-going	3/31/17 100 distributed 11/16 Caregiver

annually.		Celebration; average about 25 distributed monthly to individuals through office and outside staff
4.5 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-going	3/31/17 10/1/16-3/31/17 have averaged for in-home respite 16 consumers per month; initiated group respite on 3/11/17 at The Gathering Place with two people attending at start-up
<b>Objective 5: Reduce food insecurity.</b>		
5.1 Operate congregate dining centers serving 450 people annually 25,000 meals in coordination with senior centers located in Fort Kent, Madawaska, Van Buren, Presque Isle and the Caribou senior dining center.	On-going	3/31/17 10/1/16-3/31/17 served 12,944 meals at senior dining centers to 605 people
5.2 Provide 40,000 home-delivered meals to 300 homebound people County-wide so long as funding is sufficient.	On-going	3/31/17 10/1/16-3/31/17 delivered 18,113 meals to 261 people
5.3 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 475 eligible consumers at regional food pantries	On-going	3/31/17 Have a contract with Maine Dept. of Agriculture to provide this service. 475 people served each month 10/16-2/17. Advised 2/17 we can expand to 1,755 people per month and in March increased to 600 served, continue to ramp up.
5.4 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-going	3/31/17 We partner with Catholic Charities as our transportation now moving and distributing 54,000+ pounds of food monthly from Good Shepherd to the County. Also now receive produce and fruit weekly from Walmart for our kitchen and free distribution to seniors.
5.5 Partner with Friends of Aroostook to distribute free fresh vegetables to 700 older	On-going	3/31/17 On-going relationship with Friends



people through congregate dining centers, home delivery to Meals-on-Wheels recipients and availability at community food pantries at harvest-time		of Aroostook providing fresh (free) vegetables for our usage and distribution to clients.
5.6 Partner with John T. Gorman Foundation and seek support from other foundations to support the expansion of home delivered meal service	On-going	3/31/17 \$20,000 grant received from JTG for period 1/1/17-12/31/17. \$2,500 received from Maine Community Foundation for 6/1/17-5/31/18.
5.7 Partner with community food pantries providing them with volunteer support through our Retired and Senior Volunteer Program enabling them to maintain their ability to distribute food to people in need	On-going	3/31/17 Ongoing partnerships with 10 existing and 2 new food pantries in Aroostook County, currently have 86 volunteers assigned thru RSVP
5.8 Advocate for no reductions in public benefit programs that allow eligible older people and the disabled to maintain their independence including being able to buy healthful food. These programs to be advocated for include Supplemental Nutrition, Medicare Savings Program, Low Income Home Energy Assistance, MaineCare and Supplemental Security Income.	On-going	3/31/17 Have met with local Congressional office staff and continue to meet (next meeting 6/9/17) to discuss impact of proposed Federal action affecting these programs.

**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: Increase participation in health and wellness programs.		
	<i>Scheduled</i>	<i>Status</i>
1.1 Provide four Matter of Balance classes (32 complete sessions) annually at senior centers or other locations appropriate for participation by older people	On-going as staffing allows	3/31/17 In conjunction with both hospitals, we have provided Bone Builders classes in 5 locations, 10 volunteers provide the classes.
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-going as staffing allows	3/31/17 One completed March 2017, Fort Fairfield – 1 trained

1.3 Provide support to the Aroostook Band of Mic Mac's and the Houlton Band of Maliseets in providing Matter of Balance training to lay leaders of the bands so classes can be provided to elders of the bands	On-going as staffing allows	3/31/17 No progress
1.4 In partnership with Cary Medical Center, Caribou Recreation and Parks Department and Northern Maine Medical Center provide Bone Builder classes throughout the year	On-going as staffing allows	3/31/17 In conjunction with both hospitals, we have provided Bone Builders classes in 5 locations, 10 volunteers provide the classes.
1.5 In partnership with Spectrum Generations and The Aroostook Medical Center re-establish the Living Well Chronic Disease Self-Management Program should funding be available.	Only if funding is available	3/31/17 The Aroostook Medical Center is the lead agency working with Spec Gen and they have two RN's trained to deliver the program.
1.6 In partnership with Healthy Aroostook and ACAP provide healthy eating demonstrations and other nutrition education at senior centers	On-going	3/31/17 Healthy Aroostook was discontinued due to loss of grant. We use Cary Medical Center's Healthy Heart trainer for healthy eating demonstrations.
1.7 Provide opportunity for Tai Chi and Yoga classes at The Gathering Place senior center	On-going as staffing allows	3/31/17 Five volunteers were trained in November 2016 to deliver Tai Chi for Arthritis and they have provided training to 22 people. Yoga is no longer provided at Gathering Place but has been made available at the NMCC-Smith Wellness Center in Presque Isle.
1.8 Provide information on Medicare preventive care benefits through distribution of written information and in public workshops offered at senior centers, community centers and other locations	On-going	3/31/17

<b>Objective 2.0: Expand volunteer opportunities.</b>		
	<i>Scheduled</i>	<i>Status</i>

2.1 Sponsor the Retired and Senior Volunteer Program in Aroostook empowering 300 older volunteers to meet important community needs by partnering with 60 not-for-profit and/or government worksites	On-going	3/31/17 AAAA maintains sponsorship of RSVP; 349 volunteers were active, over 27,603 hours of service provided.
2.2 Utilize the resources of RSVP to provide a Friendly Visitor/Telephone Reassurance service and recruit and train 25 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	On-going	3/31/17 22 RSVP volunteers provided over 1300 hours of service to 55 recipients.
2.3 Utilize RSVP to expand the number of professional volunteers to assist with Medicare education and Medicare Part D enrollment	On-going	3/31/17 9 RSVP volunteers provided 451 hours of service during Medicare Open Enrollment.
2.4 Coordinate with the University of Maine Center on Aging to provide Senior Companion opportunities to four older people providing supervision and support	On-going	3/31/17 Contract in place and four Senior Companions assigned.
2.5 To utilize the resources of RSVP in coordination with the Medicare Senior Patrol service to recruit and train volunteers to provide Medicare information, especially on combating Medicare fraud, at senior clubs and organizations, church groups and senior centers	On-going	3/31/17 4 RSVP volunteers provided 32 hours of service with the Medicare Senior Patrol
<b>Objective 3.0 Encourage/promote age friendly communities</b>		
3.1 Provide the publication “Making Your Community Livable for All Ages: What’s Working” to municipal leaders, leaders of chambers of commerce and leaders of non-profits to encourage engaging community stakeholders in awareness of age friendly community concept.	On-going	3/31/17 The publication made available to all town managers and chamber of commerce executive directors.
3.2 Convene appropriate representatives from all sectors of interested communities and encourage an integrated approach to developing an age friendly community.	On-going	3/31/17 Addressed through the Thriving in Place Stakeholder’s group, meet monthly.
3.3 Pilot the development of a volunteer-driven adult day respite service program at The	By 12/31/18	3/31/17 Maine DHHS rules do not

Gathering Place Senior Center and if successful, expand the model to other senior centers.		permit a volunteer-driven model and such a program could not obtain the necessary license.
3.4 Provide written information on request and linkage through website to information about risks factors associated with developing dementia, signs of cognitive problems, management of symptoms if individuals have dementia and available support services	On-going	3/31/17 Information packet is sent via regular mail or available at office for pick-up.
3.5 Educate direct care staff and volunteers to identify possible dementia and understand the symptoms of dementia and how to adjust service delivery to appropriately take care of the consumer's needs	On-going	3/31/17 All direct care workers are trained prior to in-home assignment; on-going staff meetings include discussion and training on dementia-specific cases.

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

<b>Objective 1.0: Increase awareness of financial exploitation</b>		
	<i>Scheduled</i>	<i>Status</i>
1.1 Coordinate with Maine Elder Abuse Council, Maine Banking Association and Maine Association of Credit Unions to make training opportunities available to front line financial institution staff in recognizing “red flags” for financial exploitation	By 12/31/16	3/31/17 Training completed October 2016
1.2 Provide information to banks, credit unions and Adult Protective Services staff on the availability of the Money Minders Program and how to make a referral for this service.	On-going	3/31/17 Information provided in October 2016 training

<b>Objective 2.0: Provide education opportunities about fraud, elder abuse and scams</b>		
	<i>Scheduled</i>	<i>Status</i>
2.1 Utilize the website to provide linkage to reliable information on scams	On-going	3/31/17 On-going
2.2 If the pilot utilizing student nurses to administer the Elder Abuse Screening Initiative	By 12/31/17	3/31/17 Student nurses completed

tool is successful, expand use of this tool to agency staff and volunteers who do assessments for agency services.		screens in fall, 2016. We are assessing whether to expand usage.
2.3 Continue provision of information sessions on fraud, elder abuse and scams at senior groups, dining and senior centers	On-going	3/31/17 Five presentations made to different groups of seniors.
<b>Objective 3.0: Collaborate with variety of partners to address elder abuse.</b>		
3.1 Provide information on the Long Term Care Ombudsman Program, Adult Protective Services and Legal Services for the Elderly in the information packets provided to all individuals receiving services through the Family Caregiver and ElderCare programs and linkage to these organizations through our website	On-going	3/31/17 Being done
3.2 Participate through staff presence at TRIAD-Houlton	On-going	3/31/17 Houlton PD discontinued the TRIAD.

## 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 2015 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 including participation in health and information fairs offered by the Bands.

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.

This text was published in St. John Valley Times, Aroostook Republican, Star Herald, Houlton Pioneer Times FEBRUARY 24, 2016 and posted on the agency's website same date. It was also direct mailed to 23 senior citizen clubs/organizations, four senior centers and five senior dining centers on February 25, 2016.

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#### Public Hearing Notice

The Aroostook Agency on Aging will hold a public hearing on its 2016 – 2020 Draft Area Plan. The Draft Plan identifies needs of older people in the County and plans of the agency to HELP address those needs over the next four years. Ideas and comments on the Draft Plan are welcome and will help the agency in formulating the final document.

The public is invited to attend the hearings on Wednesday, March 16, 11 AM in the community education center at Houlton Regional Hospital; Thursday March 17, 11:30 AM at the Fort Kent Senior Center, 23 Pines St.; Friday, March 18, 11 AM at The Gathering Place, 33 Davis Street, Presque Isle.

A copy of the Draft Area Plan is available on or after March 7 and can be accessed on the website [www.aroostookaging.org](http://www.aroostookaging.org). It can be requested by phone at 764-3396 or 1-800-439-1789, and in person or by writing to the Agency at 1 Edgemont Drive, Suite B, Presque Isle, ME 04769-1288. Written comments on the Plan must be received by 9:00 a.m. on March 31, 2016 and can be mailed to the Agency or emailed to [stevefarnham@aroostookaging.org](mailto:stevefarnham@aroostookaging.org)

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### **Public Hearing Comment Summary**

March 16, 2016 Houlton Regional Hospital Community Education Center

4 participants including two AAAA Board/Advisory Council Members

- Participant offered information on difficulty a friend was having with his wife/primary caregiver being hospitalized. Community has rallied to help with some needs such as bringing him meals but personal care and housekeeping needs are not being met. There is a home health nurse visiting and helping to set up medications but no other direct care is available.

Response: Comment reinforces Area Plan finding on availability of direct care workforce. Goal 2, Objective 2, Strategies 2.1, 2.2 address this concern as best we can given available resources.

- Concern expressed with threats to availability of affordable land line telephone service, cited how important it is to have reliable telephone for safety and reduction of isolation.

Response: We have added to Goal 2, Objective 1 this strategy: "1.10. Monitor public utility issues that affect the availability and affordability of land line telephone service and affordability of electric service and if threats arise to this to advocate with public utility regulators and with legislators to assure they understand the impact on older people."

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March 17, 2016 Fort Kent Senior Center

16 participants including three AAAA Board/Advisory Council members

- Concern expressed with threats to availability of affordable land line telephone service, cited how important it is to have reliable telephone for safety and reduction of isolation.

Response: : We have added to Goal 2, Objective 1 this strategy: 1.10. Monitor public utility issues that affect the availability and affordability of land line telephone service and affordability of electric service and if threats arise to this to advocate with public utility regulators and with legislators to assure they understand the impact on older people.”

- Concern expressed with seniors losing Supplemental Nutrition benefit because of implementation of \$5,000 asset limit and past proposals to reduce income eligibility and reduce allowable assets in Medicare Savings Program.

Response: New strategy added in Goal 2, Objective 5: “5.8. Advocate for no reductions in public benefit programs that allow eligible older people and the disabled to maintain their independence including being able to buy healthful food. Programs to be advocated for include Supplemental Nutrition, Medicare Savings Program, Low Income Home Energy Assistance, MaineCare and Supplemental Security Income.”

- Concern expressed with the difficulty some people with limited mobility are having getting into ARTS bus. Says step is too high and unable to board or to get off. Apparently lift is not being made available to those using cane/walker.

Response: Alerted ARTS Executive Director and Asst. Director to this on 3/17/16 and have asked for a resolution to the issue. Identified two former riders who expressed inability to be able to board and ARTS has made contact with them. Options available now are a 5” booster step available to assist from ground level and availability of a lift chair on the bus. Notified 3/23/16 driver trained and utilizing step for passengers boarding and exiting vehicle and is offering use of lift seat.

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March 18, 2016 Presque Isle The Gathering Place Senior Center  
Nine participants including one OADS staff and three AAAA Board/Advisory Council members

Comments and group consensus was the draft plan is very good and has identified the most important issues facing the area.

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### **Written Comments Received on Draft Area Plan**

Comment: I did not notice any mention of the concern for affordable communications (land Line or internet accessibility and the associated limitations) with located seniors in Aroostook. I may have missed it. Or, is this something not appropriate for this plan?

Response: We have added to Goal 2, Objective 1 this strategy: "1.8. Monitor public utility issues that affect the availability and affordability of land line telephone service and affordability of electric service and if threats arise to this to advocate with public utility regulators and with legislators to assure they understand the impact on older people." The agency has been monitoring legislation that has come up for at least the past two legislative sessions that would remove the mandate that Fairpoint Communications provide affordable telephone service in rural Maine as the provider of last resort. We have advocated with Aroostook legislators that they oppose efforts by Fairpoint to remove this requirement because of the fact that some older people have no alternative but Fairpoint and access to affordable telephone service is a life necessity.

Comment: it seems to me the plan does not do a very good job of identifying safe, affordable manageable housing as a need. perhaps folks tell you they want to remain in their own homes, but that does not remove the objective need for such housing. the noting of the need for home maintenance may be an acknowledgement of the need, but it is too indirect.

many Aroostook seniors live in housing that they can't maintain [some of it is unmaintainable] that is unsafe, that is certainly unaffordable [thus impacting the food need, and the cost of meds as a fraction of "disposable" income, etc]. i would suggest you do, have done for you, or access a more objective and comprehensive survey of seniors' housing in the county. and i would look at the

availability and future sufficiency of affordable, subsidized [if necessary] safe and manageable senior housing. i live in one such place [70's vintage, and it could certainly be improved upon. there is also a significant waiting list for apartments here.] congregate housing, if well done, is more efficient in many ways, and has the potential to relieve loneliness and isolation [while maintaining privacy.] if services could be delivered more efficiently and cost effectively perhaps more of them could be made available.

my belief is that often older people want to stay in their own homes because that is what they are used to, and they don't like change. even if their houses are falling down around them and they can no longer afford to live there. sometimes they are unaware of other options. having more housing resources and making people aware of them would be a very good thing. thanks

Response: Goal 2, Objective 1, Strategies 2.4, 2.5 addresses the concern partially. We searched for comprehensive surveys of housing stock and the Maine State Housing Authority data (from 2011); the ACAP data (2010) and the Caribou data (2007) are summarized in the draft plan. Additional data on sub-standard housing is contained in the U.S. Census for 2010 and Northern Maine Development Commission's "Washington Aroostook Regional Plan for Sustainable Development" completed in 2013. Unfortunately the observation that "many Aroostook seniors live in housing that they can't maintain that is unsafe, that is certainly unaffordable" is absolutely correct and supported by all data sources mentioned previously.

As pointed out senior housing constructed in the 70's can be improved upon. Much of the subsidized senior housing in rural communities of Aroostook was constructed through the then USDA Farmers Home Administration (FmHA) in the 1970's and 1980's. Most owners of these legacy FmHA projects are local housing corporations and they have maintained the properties but updating them to new accessibility standards and energy efficiency standards is a challenge. Unfortunately funding for new construction of deep subsidy senior housing began to "dry up" in the 1990's and we have seen only a few new and affordable (meaning subsidized including provision of heat and electricity within the subsidy)



senior housing projects constructed since then. Two moderate income senior housing projects have been built in recent years utilizing housing bonds issued by Maine State Housing Authority. Maine voters supported the issuance of up to \$15 million in housing bonds for the construction of new senior housing developments in 2014 but the issuance of those bonds and intended development of new senior housing can't proceed until the Governor approves. The sad reality is that even if the Governor releases the bond, little of the \$15 million will come Aroostook's way. Perhaps one housing project, maybe up to 25 units. We are hopeful some of this bond money, if allowed to proceed, will flow to ACAP to support the work they do in their home repair program, a limited but successful initiative that has helped some older people stop their house from falling down around them.

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#### Office on Aging and Disability Services

After review, OADS would like to offer the following feedback/comments on your Area Plan:

1. Please be sure to include language (objective or initiative) regarding how the agency will address expanding outreach and advocacy to Maine's Native American populations

Response: See Goal 1, Objective 3 " Strategy 3.4. Include the health and social service departments of the Houlton Band of Maliseets and the Aroostook Band of Mic Mac's in training and information sessions of AAAA." Also have added "3.5. Participate in health fairs and other information dissemination opportunities including those of the Aroostook Band of Mic Mac's and the Houlton Band of Maliseet's to expand the number of people receiving information on resources."

2. Would like to see something added regarding the distribution of Medicare related materials through Public and Media Events

Response: Have modified Goal 1, Objective 2, Action Strategies 2.2, 2.3 as follows: "2.2. Expand provision of group self-help sessions for Medicare Part D drug plan

searches and enrollment including the distribution of Medicare-related information at such sessions.

2.3. Expand provision of self-help “Welcome to Medicare” workshops and education sessions on “Effective Use of Medicare Wellness Benefits” including the distribution of Medicare-related information at such sessions.

3. Would like to have seen more about ongoing 1/1 SHIP counseling services (Medicare Insurance options)

Response: Have added new Strategy to Goal 1, Objective 2 to as follows: “2.2 Provide one-on-one Medicare Part D plan search and enrollment assistance during Medicare Open Enrollment in 13 community outreach clinics extending counseling services beyond the agency office location.”

General Notes of Interest from OADS for All area agency on aging plans and not specific to only AAAA...

4. References regarding ADRC services is overall lacking. More detail required about how ADRCs provide no wrong door services and coordination for all services (transportation, housing, insurance counseling and more)

Response: This Area Plan is a legal mandate of the Older American’s Act and the Act is specific to addressing the needs of people age 60 and older and their family caregivers. “ADRC” meaning Aging and Disability Resource Center was a federal initiative started in 2003 with the last contract providing funding for ADRC-related activity expiring 3/31/15. Since then there has been no money to support the ADRC functions for people other than those age 60 and older or their family caregivers. There is no reference in the Older American’s Act law specific to “ADRC’s” nor to the term “no wrong door services”. Indeed the Older American’s Act law is very clear that services under the Act are specific to people age 60 or older and their family caregivers with no allowance for service to disabled people under age 60. The only funding we receive to serve disabled people under age 60 is SHIP and it is specific to disabled people receiving Medicare and the service is health insurance counseling. This agency does not have public funding to support the provision of coordination of “transportation, housing,...and more” nor do we

have legal authorization to use Older American's Act resources for disabled people under age 60. We do assist disabled people under age 60 by providing options counseling service when the person is seeking long-term care services; help home-bound disabled people under age 60 with completion of application for LIHEAP; provide information and assistance in response to telephone calls and to those who walk in our office.

5. Need for volunteer recruitment, oversight and coordination (given population demographics) not adequately addressed.

Response: We are the sponsor of the Retired and Senior Volunteer Program in Aroostook County utilizing 288 volunteers providing 42,517 (2015) hours of service. We also sponsor four Senior Companion Volunteers providing 4,160 (2015) hours of service to homebound older people. We utilize nine volunteers in Medicare education and health insurance counseling and we utilize five volunteers in Money Minders serving those with cognitive impairment. The Area Plan describes the need for adult day respite services and we have strategies to establish adult day respite service at The Gathering Place utilizing 2-3 volunteers daily. The senior dining centers and the Meals-on-Wheels service utilize the services of 38 volunteers. We also utilize organized groups of youth volunteers to assist older people with chores and minor home repairs.

6. Use of technology to assist in meeting needs and in coordinating services not adequately addressed.

Response: Requested of OADS on 3/29/16 clarification of this comment, not sure of specifics on what technology is being referred to.

7. Housing- not addressed in many plans

Response: Our Plan does address housing. Goal 2, Objective 1 Strategies 1.1 through 1.10 address assisting people to age in place in their home.

8. Dementia – limited reference or connect with the State Plan for Alzheimer's Disease and Related Dementias when referring to dementia needs/initiatives in

their area or the new standard protocol for identifying clients with memory concerns for themselves or others.

Response: We have included actions to move forward the objectives of the State Plan for Alzheimer's Disease in Goal 1, Objective 1, Strategy 1.4; Goal 2, Objective 2, Strategy 2.3 and Objective 4, Strategies 4.3, 4.4, 4.5; and in Goal 3, Objective 3, Strategies 3.3, 3.4, 3.5

9. All AAAs did a good job focusing on the Nutrition components and food insecurity issues in their workplans however included little or no reference to it in their Executive Summary.

Response: We have a section on nutrition and addressing food insecurity in our Executive Summary.

10. Disaster and Emergency preparedness planning as noted above is conspicuously absent from the plans.

Response: We have a Disaster Plan and inclusion of that plan into the Area Plan by reference has been done by adding to Goal 2, Objective 1, Strategy 1.11.

11. Focus on capacity building (workforce and volunteer) which is a key area of concern given Maine's demographics was minimal in most plans.

Response: We have addressed workforce development in Goal 2, Objective 2, Strategies 2.1, 2.2. We have addressed volunteer development and service in Goal 2, Objective 1, Strategies 1. 1.8, 1.9 and in Goal 3, Objective 2, Strategies 2.1, 2.2, 2.3, 2.4, 2.5

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Nancy Chandler PO Box 1970, Presque Isle, ME 04769 764-9241	10/16
Linda Nadeau PO Box 425, Washburn, ME 04786 764-4570	10/17
Marilyn Burton P.O. Box 69, Oakfield, ME 04763 757-8293	10/17
Ralph Bickford 467 U.S. Route One, Amity, ME 04471 521-0147	10/17

### 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

#### 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, BAFS Inc. - Inflight

Elder Independence of Maine, MaineCare, Private  
individuals, U.S. Veteran's Administration  
VEW Management, Caribou Congregate Housing  
Development Corp. for operation of service at their  
housing projects.

n/a

n/a

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

Caribou Congregate Housing Development  
Corp. to manage housing project.

Medicare Consumer Education and Fraud Awareness	n/a
Retired and Senior Volunteer Program	Corporation for National and Community Services
Senior Companion Services	University of Maine Cooperative Extension Service
	to sponsor positions
Medical Device Loan Fund	Various consumer borrowers
Dental Assistance Loan Fund	Various consumer borrowers
Old Women's Wisdom Loan Fund	Various consumer borrowers
Pet Care Loan Fund	Various consumer borrowers
Contracted Services are...	
Public Transportation	Aroostook Regional Transportation System, Inc.
Medical Ride Volunteer Transportation	Aroostook Regional Transportation System, Inc.
Legal Assistance	Legal Services for the Elderly, Inc.
Computer Hardware/Software support	Spartan Computer

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

-----  
3/7/2016

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Adult Day Care Services

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.

Needs assessments conducted previously by OADS and AAAA, and most recently by AAAA as part of the planning for the MeHAF Thriving in Place initiative, identified a high level of need for adult respite care or adult day care.

Please explain why:

- There are no providers of on-site adult respite care or adult day care services for people with Alzheimer's Disease or other dementias in central or northern areas of Aroostook County. There is one provider of adult day care in a nursing home in southern Aroostook County. We have encouraged the provision of this service by other providers as part of our work in the Thriving in Place stakeholder group and no potential providers have shown any interest in delivering this service. TIPS partners have encouraged AAAA to provide the service.

Click here to enter a date.

B. REQUEST STATUS:

Rejected: ☐

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

47

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

---

3/7/16

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Care Management

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.



There is no Older American's Act Title III funding supporting this service.

We provide this service for assisted living/Independent Housing with Services consumers through a contract with the Office of Elder Services. We provide this service for family caregivers receiving respite care through a contract with OADS. Provision of this service is mandated under OADS contract requirement for consumers served by the DHHS contracts.

D. AVAILABILTY 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.

OADS went through the process of requesting proposals from providers for provision of Independent Housing with Services Program and AAAA was the only bidder for this service in Aroostook County. The Family Caregiver Program is a mandated program under the federal Older American's Act and OADS has included in the contract for provision of Family Caregiver Service funding for providing respite care. To ensure consumer choice of agency, AAAA provides consumers and caregivers inquiring about the availability of personal care service information on all agencies in the region providing this service.

---

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.

---

Gary Wolcott

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

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3/7/16

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Housing Management Services

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.

There is no Older American's Act Title III funding supporting this service.

We contract with the Caribou Congregate Housing Development Corporation to provide this service solely for the management of Caribou Gardens. Older American's Act funds do not support this service.

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.

**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.

Under contracts with U.S. Department of Housing and Urban Development and Maine State Housing Authority AAAA is required to provide housing management service to this wholly owned subsidiary corporation (Caribou Congregate Housing Development Corporation).

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Signature

Date

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

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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.

---

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

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

-----  
3/7/2016

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Independent Housing with Services Program

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.

There is no Older American's Act Title III funding supporting this service.

This state-funded service targets older tenants residing in housing projects who are "aging in place" with needs putting them at risk of institutional placement. The availability of this service enables people who otherwise would have to seek care in a more restrictive environment such as residential care facility or nursing home to remain independent in their apartment.

**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.

OADS put out a Request for Proposals looking for other potential providers for this service and only AAAA responded for delivery of 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 and meeting OADS eligibility requirements.

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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.

---

Gary Wolcott

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

---

3/7/16

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Less than Full-time Nutrition Director

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.

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 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.

**D. AVAILABILTY 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.

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. The Nutrition Director is a certified Master Trainer for Matter of Balance. 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.

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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.

---

Gary Wolcott

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

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3/7/2016

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Money Manager Services

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.



There is no Older American's Act Title III funding supporting this service.

Caregiver Survey: 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". Service identified as being 5th priority was "Information about financial help (6%)"

Caregivers identified as not receiving services but needing services indicated as top priority "Financial assistance (56%)"

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". Ranked 5th in priority is "Information about financial help (3 of 4 groups)"

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.

- 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.

Recognizing this need the Maine Legislature in 2015 appropriated funding designating the area agencies on aging to provide Money Manager service to persons with Alzheimer's Disease and other dementias.

#### D. AVAILABILTY 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.

AAAA established this service in partnership with AARP with private funding in 2008 and has operated the service since then relying on self-funding most years and grants in some years. There are no other providers of this service in the region servicing people of moderate and low income. Some banks, through trust departments and some public accountants may provide this service to those of higher incomes paying privately.

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Signature

Date

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

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Click here to enter a date.

B. REQUEST STATUS:

Rejected: ☐

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

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

3/7/2016

**B. DIRECT SERVICE DESCRIPTION: Nutrition Services – Congregate Dining**

- 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.

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. We believe this data remains relevant and supports the provision of nutrition service. Provision of this service is mandated by the Older American's Act.

**D. AVAILABILTY 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.

We have unique features that are reliant on continued operation by the agency on aging. Available funding supports congregate dining centers operating five days per week Monday through Friday in Fort Kent, Madawaska, Van Buren, Caribou; two days per week in Presque Isle (volunteer operation) and two days per month in Grand Isle (volunteer operation). Four of these locations are Aroostook Agency on Aging partner senior centers owned locally and supported by a strong volunteer base. At three locations there are no paid staff cooking or working in the food service – it is done by committed volunteers with years of service in most cases to the agency on aging. Limited funding forces creativity. Aroostook is an agricultural region and farmers that grow food understand the importance of helping their elderly neighbors. We receive donations of locally-grown farm-fresh vegetables totaling 5+ tons annually supplementing our budget for the meals we prepare. 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 nutrition service volunteers. Buses and staff of the Aroostook Regional Transportation Service are used for transporting seniors to dining centers. At no cost these buses are also used to help move food to outlying 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 contract out the food service functions in an economical way seeking quality meals at the lowest possible cost. We operate one commercial kitchen in Madawaska with paid staff serving the needs of the northern St. John Valley. We also operate kitchens in Caribou, Grand Isle and Presque Isle utilizing volunteers to prepare and serve food.

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Signature

Date

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

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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.

---

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

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

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3/7/2016

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Nutrition Services – Home Delivered Meals (Meals-on-Wheels)

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.

The U.S. Department of Agriculture defines a “food desert” as a location not having fresh and healthy whole food options within a one mile radius. By this definition more than 90% of people residing in Aroostook County reside in a food desert. Not having access to healthy food and having physical limitations due to illness or frailty causing one to be homebound and having limited or no support that might allow access to healthy prepared meals are issues for some.

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. We believe this data remains relevant and supports the provision of nutrition service. Provision of this service is mandated by the Older American’s Act.

#### D. AVAILABILTY 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.

We have unique features that are reliant on continued operation by the agency on aging. Hot daily meals are prepared at an agency-operated kitchen in free space provided by Forever Young, Inc. in Madawaska. That kitchen also utilizes paid staff and a volunteer network to provide home deliveries five days per week in the communities of Madawaska, Frenchville, St. Agatha, Fort Kent. A volunteer-operated kitchen in the Grand Isle Community Center prepares hot meals for delivery by volunteers in that community. Hot daily meals are purchased in Van Buren from Borderview Manor Nursing and Rehabilitative Care Center and delivered to homes in that town five days per week by paid staff and volunteers. Hot daily meals are purchased from Aroostook Health Center in Mars Hill, paid in part by donations from Mars Hill Rotary Club and delivered by volunteers five days per week in the Mars Hill, Blaine, Westfield communities. Prepared frozen meals are purchased from BAF Foods (Bangor) and transported as an in-kind contribution by Big Rock Transport to bulk freezers the agency maintains in Houlton, Presque Isle and Caribou. Additional freezer space is made available to the agency by Houlton Farms Dairy, Catholic Charities and Northern Maine Medical Center. Meals from these freezers are distributed by paid staff and volunteers in St. John, St. Francis, Allagash, Caribou, Limestone, Washburn, Wade, Fort Fairfield, Presque Isle, Mapleton, Castle Hill, Chapman, Ashland, Houlton, Oakfield, Hodgdon, Littleton. Frozen meals are delivered generally one time weekly. 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 frozen meals to remote towns for delivery by volunteers. We are able to supplement the meals delivered to the home-bound by delivering farm-fresh vegetables and fruits at harvest season. These products are provided free to the agency primarily by an affiliated volunteer-based organization “Friends of Aroostook” and distributed by us to people in need.

This integration and sharing of staff and other resources to accomplish the purpose of getting hot meals to those in need as well as other food supplements and information/education/socialization activities is a critical function dependent on direct delivery. We contract out the food service functions in an economical way seeking quality meals at the lowest possible cost.

Another feature of our home delivered meal service is recognition of the mutual bond and love some of our consumers have for their pet companions. We identified several people who sacrificed buying food for themselves to feed their pet. In response we made it known to potential donors and now receive donated pet food for distribution to older people in need. This has helped them extend their personal food-buying budget.

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Signature

Date

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

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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.

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Gary Wolcott

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

SECTION I. Aroostook Area Agency on Aging, Inc.

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March 7, 2016

A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.

B. DIRECT SERVICE DESCRIPTION: Easy Meal Service

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.

There is no Older American's Act Title III funding supporting this service.

The U.S. Department of Agriculture defines a "food desert" as a location not having fresh and healthy whole food options within a one mile radius. By this definition more than 90% of people residing in Aroostook County reside in a food desert. Not having access to healthy food and having physical limitations that prevent travel to get food or to prepare healthy meals are issues for some.

**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.

Of the 72 communities in Aroostook County only eight have a population exceeding 1,500 and seven of these towns have one or more grocery stores. Restaurants aren't prevalent in most small communities and food choices are limited to available products in convenience stores and related snack counters at such stores.

Senior dining center locations are limited and may require travel of more than 50 miles one way to attend. Home delivered meals require one to be homebound as well as other limitations. Very few grocery stores or restaurants do food or healthy meal delivery. Some people that may qualify for home delivered meals refuse the service because of pride and other personal reasons.

Outmigration of people from the County has resulted in elders being "stranded" with no support system close by. Children and other relatives "living away" have sought out food delivery options for their loved one and have been frustrated by the lack of or non-existence of such options. This service provides a healthy prepared food option for those wanting to purchase such a meal for home consumption.

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Signature

Date

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

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Click here to enter a date.

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

B. REQUEST STATUS:

Approved: ☐

Rejected: ☐



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

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

AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2016-2020  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

## SECTION I. Aroostook Area Agency on Aging, Inc.

3/7/16

- A. AGENCY NAME: Aroostook Area Agency on Aging, Inc.
- B. DIRECT SERVICE DESCRIPTION: Personal Care/Homemaker Service
- 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.

There is no Older American's Act Title III funding supporting this service.

The OADS needs assessment done in 2011 surveyed 200 Aroostook households and determined 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. These statistics have not changed significantly since 2011 but the numbers of people in need have increased because of the aging demographic.

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.

There are no Title III resources supporting this service. In fact provision of this service, because it pays a significant proportion of agency indirect administrative costs, supports Title III funded services.

Three other providers offer this service County-wide, two other providers offer this service but limited to their local area. Yet no provider, collectively or individually, can meet the public need for service due to an inadequate availability of workers. This is demonstrated by the fact that 10%-20% of Elder Independence of Maine consumers in the region at any given time have service authorized but no provider has sufficient staff available to fill the care plan need. To ensure consumer choice of agency, AAAA provides consumers and caregivers inquiring about the availability of personal care service information on all agencies in the region providing this service.

Quality of service is determined, in part, by a competent trained staff. We have developed a competent staff through investment in training by paying for attendance leading to certification. In-service training is offered and staff are paid bonuses for attendance and successfully completing a competency exam for mastering training components. Our training program includes understanding and meeting the needs of those with Alzheimer's Disease as well as other dementia as we strive for a dementia-capable direct care workforce.

We believe, given tight labor market conditions, consumer choice is critical to provision of quality service. There is a public benefit to assuring families in need of help and consumers in need of care that choices do exist. Potential workers need to know there is an employer with work available who will pay for their training fees and pay them for their participation in training leading to certification plus reward them for continued skill-building by participation in on-going training.

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Signature

Date

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

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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.

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Gary Wolcott

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services