



# Aroostook Agency on Aging

Navigating life's journey.

## 2025-2028 Area Plan on Aging

as required by the Older Americans Act

Approved by Board of Directors – 06/25/2024

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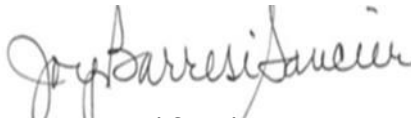
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## VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the Aroostook County Planning and Service Area for the period FY 2025 through FY 2028. It includes all assurances and plans to be followed by the Aroostook Agency on Aging under provisions of the Older Americans Act, as amended during the period identified. The Area Agency on Aging identified will assume the full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency on Aging assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

06/25/2024  
Date



Joy Barresi Saucier  
Executive Director  
Aroostook Agency on Aging

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

06/25/2024  
Date



Barbara Robertson  
Chairperson  
Aroostook Agency on Aging Advisory Council

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

06/25/2024  
Date



Barbara Robertson  
President of Board of Directors  
Aroostook Agency on Aging

## **MISSION STATEMENT**

The mission of the Aroostook Agency on Aging is to improve the quality of life, maximize the independence and promote the well-being of older people in northern Maine.

## **VISION STATEMENT**

Through choice and range of services, every aging adult will be able to live a quality life.

## **EXECUTIVE SUMMARY**

For Aroostook County to thrive, communities must be inclusive, value all people as they age, and have strong social structures that help individuals maximize their independence.

The Aroostook Agency on Aging was incorporated in 1973 with the mission of improving the quality of life, maximizing the independence, and promoting the well-being of older people in Northern Maine. The agency is a 501c(3) charitable corporation, guided by a 18-member elected board of directors that is representative those of served; all board members are over the age of 55 and all hail from different communities representing all regions of the county. Funded in part by the Older Americans Act, the Agency is required to develop and implement an Area Plan on Aging every four years. The following plan for the 2024-2028 period is based on community need, as well as state and federal focus areas, and outlines the Older Americans Act service strategy for the organization.

The Agency serves Aroostook County, the largest county in Maine spanning 6,671 square miles, a region of about the same size as the states of Connecticut and Rhode Island combined. “The County”, as the region is called, is rural in nature with a low population density of only 10.1 people per square mile. County residents are known for their hard work, willingness to help their neighbors, and commitment to the community. The region is challenged by workforce shortages, high rates of poverty, low educational attainment, and poor health status. These challenges significantly impact older people as they make up about a quarter (24.9%) of the population.

The 2024 Maine State Plan on Aging Needs Assessment and Aroostook Rural Community Health Improvement Partnership Readiness Assessment data sheds light on several areas of concern for older people, including the economic uncertainty, shortages of appropriate and affordable housing, food insecurity, difficulty finding alternative transportation, fair/poor self-perception of health, access to information/resources, loneliness/isolation, and impacts of caregiving. Federal and state focus areas for aging services include: collaboration with organizations serving serve tribal and those with greatest social and economic needs; strengthening and expanding supportive services and community centers; addressing malnutrition; enhancing prevention and response to elder abuse/neglect/exploitation; strengthening age and dementia friendly communities; screening for fall related Traumatic Brain Injury; improving coordination with senior employment programs; and integrating core OAA programs with other services.

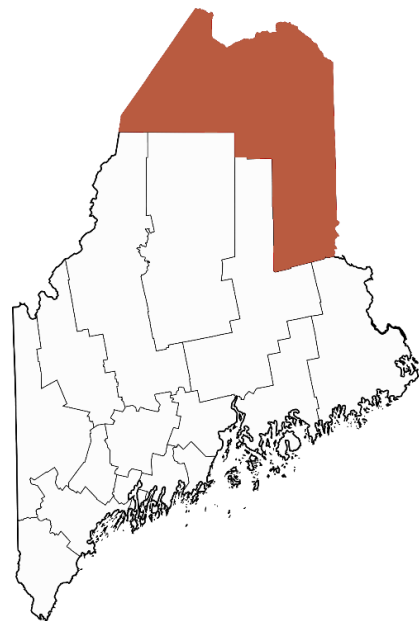
In response to these needs and in alignment with the Maine State Plan on Aging, the Aroostook Agency on Aging adopts the following comprehensive set of goals, with associated objectives, strategies, and performance measures, to guide the delivery of service over the next four years.

1. Support older Mainers and their care partners to remain active and healthy in their communities of choice.
2. Ensure Maine’s aging services and programs are accessible to all older Mainers and their care partners with emphasis on older adults with the greatest social need and greatest economic need.
3. Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers and adults.

Through the implementation of the Aroostook Area Plan on Aging, older individuals, those with disabilities, and their care partners will have improved access to resources and services that help them to continue to live, contribute, and play in their home community. As a result of this effort, communities will have stronger social structures that support and include all individuals as they age to remain actively engaged in their community, adding knowledge and energy to the community making it a better place to live for all.

## **CONTEXT**

Aroostook County, the northernmost county in Maine and the largest east of the Mississippi River, comprises more than 6500 square miles, many of which border the Canadian provinces of Quebec to the northwest and New Brunswick to the north and east. Although its land area is bigger than that of Connecticut and Rhode Island combined, its 67,000 residents represent just two percent of the population of those states. The County is sparsely populated, with 80.3% of its residents living in low population density areas and most communities clustered within 10 miles of the northern and eastern border with Canada. Fort Kent in the St. John Valley, Caribou, and Presque Isle in the central part of the county, and Houlton in southern Aroostook act as regional service centers. The County’s southernmost town, Weston, is a journey of more than three hours – along 130 miles of non-interstate, rural roads – from the northern border with New Brunswick in Fort Kent.



*Map of Maine & Aroostook County*

Nearly 90% of Aroostook County’s area consists of heavily wooded land, which has traditionally supported paper and lumber industries. In addition, the County is primarily agricultural, with its potato and broccoli crops contributing significantly to the state’s agricultural economy.

Aroostook County is also a popular destination for recreational pursuits, including hunting, skiing, snowmobiling, and canoeing, activities that boost the local economy.



*Logging in The Valley*

The northern third of Aroostook County, the St. John Valley, is known for its strong Acadian culture, which dates to the arrival of French settlers in Maine in 1604. Many residents are bilingual, speaking both French and English – in Madawaska, for instance, 83% of residents are fluent in French ([Aroostook Rural Communities Opioid Response Program, 2020](#)). Many residents earn their livings in the forestry industry – known locally as “the woods.” Fort Kent is the largest

community in The Valley, with a 2022 population of 2,515, and offers the University of Maine at Fort Kent, Northern Maine Medical Center, and a large outdoor heritage center for year-round activities.

Central Aroostook, anchored by the cities of Presque Isle, with a 2022 population of 8,678, and Caribou, with a 2022 population of 7,441, is heavily involved in the agricultural industry, with farming contributing 1,650 jobs and more than \$223M in annual revenues to the economy ([Aroostook Rural Communities Opioid Response Program, 2020](#)). Presque Isle is home to the University of Maine at Presque Isle, Northern Maine Community College, a large business district, Northern Light A.R.



*Potato fields near Presque Isle*

Gould Hospital, and the only passenger airport in The County. Caribou boasts a new state-of-the-art community school, the city-operated Cary Medical Center, and a sizeable business district. Together, Presque Isle and Caribou comprise more than a quarter of The County’s population.



*Aerial view of downtown Houlton*

Southern Aroostook is home to the third-largest community in The County – Houlton, with a 2022 population of 6,064. The northern terminus of the I-95 corridor ends at the Canadian border in Houlton, effectively making the town the primary access point to the rest of the County. Given its proximity to a major border crossing, the area’s economy benefits from its New Brunswick neighbors coming to town to purchase less expensive fuel, groceries, and other essentials. In

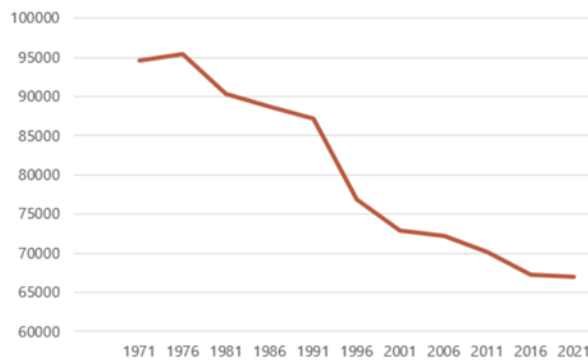
addition to large truck stops servicing commercial cross-border transportation, the region is

home to Houlton Regional Hospital, the Aroostook County Jail, and production facilities for several national and international corporations.

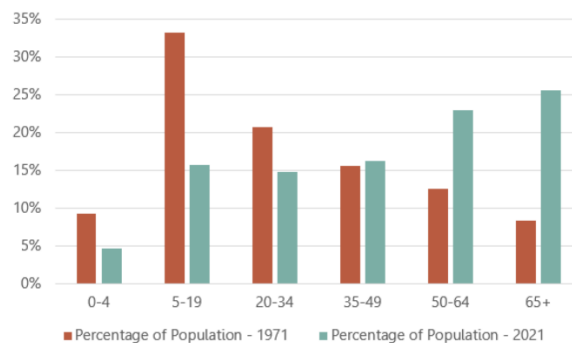
Aroostook County sits on the original homelands of two Indigenous Peoples: the Houlton Band of Maliseet Indians, whose community is centered around Meduxnekeag River near Houlton, and the Mi'kmaq Nation, 70% of whose members live within 20 miles of Presque Isle ([Aroostook Rural Communities Opioid Response Program, 2020](#)). Both tribes maintain their own health centers, prevention services, housing units, and other programs for their members.

As one of the counties with the highest median age – 48.5 years – in the nation’s oldest state, Aroostook County is experiencing ongoing demographic changes that create significant challenges for its residents. A pattern of outmigration over the last five decades led to a 29.8% decrease in The County’s population between 1972 and 2022 in part due to the closure of Loring Airforce Base. In comparison, the population of Maine grew by 33.1% in the same period (USAFacts, 2024). Further, that same era saw substantial changes in the age distribution of The County’s population, with a decline of more than 40% among residents under the age of 35 and a 200% increase in the population of people aged 65 and older (USAFacts, 2024). The growth of Aroostook County’s older adult population is expected to continue at a rapid pace, with the number of residents aged 65+ projected to increase by 31% between 2020 and 2040. Taken together, outmigration and aging have left permanent marks on the landscape and population in Aroostook County, affecting how people live their lives and access aging resources.

**AROOSTOOK COUNTY POPULATION, 1971-2021**



**CHANGE IN AGE DISTRIBUTION, 1971-2021**



Aroostook County residents are known for their strong work ethic, “Yankee ingenuity”, and a strong sense of independence and personal responsibility. Kathryn Olmstead, a journalist and educator who has made Aroostook County her home for nearly 50 years, describes her sense of the County as being one of “genuineness, authenticity, lack of pretense. Of pride in a history of hard work and agriculture....[of] being who you are. You don’t have to worry about making an impression here – you have to survive. You learn to be resilient” ([Kevin, 2022](#)).

The unique character of Aroostook County – formed by both its geography and its people – makes this the place that so many individuals choose to call home across the lifespan. Yet the rurality of The County and the scarcity of resources in many of its communities creates challenges as people age. Understanding these complex social, economic, health, and geographical aspects of Aroostook County and how they impact older adults allows the Aroostook Agency on Aging to properly address the priorities set in our 2025-2028 Area Plan on Aging.

### **AROOSTOOK COUNTY NEEDS ASSESSMENTS**

In developing the 2025-2028 Aroostook Area Plan on Aging, the Aroostook Agency on Aging relied on detailed research in the [2024 Maine State Plan on Aging Needs Assessment report](#), produced by the [Catherine Cutler Institute at the Muskie School of Public Service](#) (hereafter, Cutler Institute) at the University of Southern Maine, and the Aroostook Community Health Improvement Partnership (hereafter, ACHIP) Readiness Assessment to identify critical unmet needs affecting older adults in The County. The assessments conducted by these two organizations identified the key needs of Aroostook County's older residents, adding further context and detail to our understanding of what it means to age in northern Maine. These issues are summarized below.

### **Socioeconomic Status**

Aroostook County differs from much of the rest of Maine socioeconomically. Although its residents enjoy the [lowest cost of living of Maine's counties](#), its [2022 median household income was \\$50,843](#), compared to [\\$68,251 for the state as a whole](#). For adults aged 65+ in Aroostook, the disparity is even greater: the median household income for this group is [\\$27,066, just 54% of their statewide age peers](#). According to a recent report by [United for ALICE \(2023\)](#), 56% of Aroostook County's older adult residents cannot afford basic monthly expenses, including housing, food, transportation, healthcare, a smartphone plan, and tax expenses. ACHIP research also highlights the importance of addressing the needs of people who may "fall between the cracks," having too much income to qualify for benefits, yet unable to fully manage without some level of assistance.

Socioeconomic status underpins and compounds many of the other challenges faced by older adults in Aroostook County. Economic challenges also create barriers to seeking help due to limitations in time, availability of transportation, and a lack of support and advocacy. Despite these challenges, however, the communities and residents of Aroostook are both resourceful and resilient, evidence of the independence and ingenuity with which people approach their lives.

The Agency Executive Director is an active board member of the Aroostook Partnership, an private/public partnership focused on speaking with one voice and engaging the private sector leadership, talents, and resources in the region to ensure the economic survival and growth of Aroostook County.



## **Housing**

Housing options in Aroostook County, as elsewhere in Maine, can be limited, especially for older adults who live on minimal incomes or have needs related to accessibility. Older individuals who wished to “downsize” from a high maintenance single-family home to a rental property later in life reported struggles in finding appropriate and affordable accommodations and, as a result, often opted to move to more distant rural communities.

With [65% of The County’s housing stock built before 1980](#), many residential structures predate modern construction standards and require major maintenance work, efficiency and systems updates, and retrofitting to make living spaces more age-friendly. These properties also tend to be multistoried, ill-suited to the needs of many older adults who prefer, if not require, ground-level living arrangements. These realities, coupled with severe winters and the costs of home heating, can create significant financial burdens for many of Aroostook County’s older residents, who, as noted previously, often live on reduced incomes. The researchers at the Cutler Institute found that the most cited housing concerns were the inability to heat to a comfortable temperature in the winter (11%), inability to afford needed repairs (11%), and inability to cool home comfortably in the summer (8%).

As older adults experience changes in functional status, housekeeping and other personal support services help safeguard the ability to age in place for the 11% of adults 55+ who said that they have difficulty with daily household tasks, such as laundry and vacuuming – something characterized by a participant in ACHIP’s research as doing housework with “one hand on the vacuum, the other on a cane.” Another 3% said that they struggle with bathing and dressing on their own. Ensuring that The County has adequate direct care providers is critical to helping older adults live safely and independently in the homes that they’ve loved for a lifetime.

The Agency serves as a contracted operator for the Caribou Congregate Housing Development Corporation which owns and operates a 20-unit apartment building in Caribou, Maine. Agency leadership participates on the Aroostook County Homelessness Stakeholder Workgroup. As a Aging and Disability Resource Center (ADRC), the Agency regularly refers consumers to the Aroostook County Action Program’s Home Modification Program and the Fort Fairfield Housing Authority’s Community Aging in Place program sponsored by MaineHousing.

## **Food and Nutrition**

Access to affordable, nutritious food is central to healthy aging as it helps reduce the risk of chronic diseases and health conditions that impact muscle and bone mass. Across research projects, results showed that 7-8% of older residents of The County had concerns about their ability to secure enough food to meet their needs. This is the result of not only socioeconomic factors, but also transportation barriers and unmet needs for in-home supports. ACHIP’s qualitative research highlights the disciplined planning and budgeting needs for older people in order for them to meet their nutritional needs, especially when grocery shopping requires travel outside of the home community.

At the same time, benefit programs designed to support the nutrition needs of older adults are underutilized in Aroostook County. Only 21% of respondents to the Cutler Institute survey indicated that they use food pantries or participate in food assistance programs such as SNAP, yet the [median income for adults aged 65+ is just \\$27,066](#), indicating a significant gap in program utilization. Less than 2% of older adults who participated in either survey use Meals on Wheels, significantly lower than the [statewide rate of 3.7%](#). With consistently high demand for home-delivered and congregate meals and a recent \$8M cut to the Older Americans Act Nutrition Program, which funds more than a third of Meals on Wheels costs, it is likely that the Agency will see its current wait list of over 200 individuals for this vital program grow in coming years, especially given rising food costs and the growth of the population aged 65 and older.

Ironically, the most frequently reported impediment to use of nutrition benefits connects to one of the strengths of Aroostook County residents: self-reliance. Of the respondents to the Cutler Institute’s survey, 9% avoided asking for help; ACHIP found similar results, with qualitative research participants citing the shame associated with receipt of benefits and the perception that others needed the help more as barriers to seeking assistance.

The Agency partners with several organizations, including senior clubs, nursing homes, and community centers for Congregate Dining program and Catholic Charities of Maine for delivery of the Maine Senior Food Box Program and, in southern Aroostook, for the storage of the frozen Home Delivered Meals product.

### **Transportation**

Frequent lengthy travel is part and parcel of life in Aroostook County, with more than [2,400 miles of public roads](#) – the second-most of all Maine counties -- across 6,500 square miles. Respondents in both studies identified access to affordable and reliable transportation as a major concern, as it significantly affected individuals’ abilities to access food, attend medical appointments, build and sustain social connections, and more. Not surprisingly, a key finding across the research was that age decreased the likelihood that an older adult still drove and increased reliance on friends and family for transportation needs. Among older participants in ACHIP’s quantitative research, 35% reported that getting alternative transportation was “somewhat” or “very” difficult. In addition, The Cutler Institute found that transportation became even more problematic for older adults with annual incomes of \$20,000 or less, with these individuals being more than four times more likely to struggle to get to appointments, social activities, shopping, and more.

Qualitative data gathered by ACHIP shows transportation barriers for older adults are not limited to loss of functional ability. Many older people cited concerns with the impact of winter weather, limited visual acuity at night, the long journeys necessary to service centers, and the costs associated with maintaining their vehicles as barriers to frequent travel. Nearly two-thirds of The County’s population live outside of its four regional service centers, creating significant challenges in the daily lives of the older adults who require access to resources and services not available in their own communities.

Aroostook Regional Transportation System (ARTS) provides a demand-response door to door transportation services for the people in all regions of Aroostook County. The Agency subcontracts with ARTS to provide either no cost or reduced fares to eligible consumers. As a founding member organization of ARTS, the Agency appoints two members to the ARTS board annually, typically one of which is an Agency leader.

### **Health-Related Needs**

Understanding health status, including self-reported health, presence of chronic disease, and other factors, is essential to effectively serving older adults, especially given that ACHIP found that a quarter (25%) of those 65+ perceived their health as either “fair” or “poor”. In addition, the Cutler Institute reports that more than a quarter of individuals age 55+ report concerns with their own memory, and 16% have fallen in the past year, data that correlate with higher mortality rates.

Poor health outcomes can be linked to the challenges that residents face in reliably accessing needed healthcare services for disease prevention, diagnosis, and treatment. Despite [5-year improvements in the ratio of PCPs to the overall population](#), ACHIP found that securing care from a primary care provider (PCP) remains a significant concern for County residents. Maintaining good oral health is particularly difficult here, with just [one dentist per 1,560 residents](#), nearly 11% lower than the overall rate for Maine. Pervasive health workforce shortages extend wait times for appointments and, in several cases, have led to the closure of facilities, including long-term care/rehab settings. Limited specialist practices in the region require extensive travel, both within The County and beyond; it is not uncommon for an individual to travel 60 miles one way for a doctor’s appointment or medical procedure.

Regional healthcare providers are implementing organizational and collaborative strategies to recruit and retain workforce, as well as respond to community healthcare needs. All regional hospitals and major healthcare provider groups are engaged as partners in the Aroostook Community Health Improvement Partnership led by the Agency. The Partnership has identified access to care as one of its top three priority areas and is focused on identifying tactics that will help consumers improve their health despite healthcare workforce shortages.

### **Access to Information and Resources**

The increasing transition of daily activities – shopping, banking, social interaction and entertainment, news- and information-seeking, and more – to an online delivery format is transforming the ways in which we live, often with the benefit of newfound convenience. Given that older adults are not “digital natives” (the term used to refer to individual who grew up with the presence of digital technology), however, attention must be paid to their needs during this transition. For many of Aroostook County’s older adults, Internet access, suitable devices, and digital literacy skills have never been a necessary part of life, yet now they are essential to being able to take advantage of online resources and services. Only 68.3% of older adults have access to broadband service in their homes (U.S. Census, 2022, Table S2802). Aroostook residents aged 65+ are 20% less likely to have high-speed Internet access

relative to members other age groups in The County and more than two times as likely as their age peers statewide to not have connectivity in the home. Further, older people in Aroostook County are 39% less likely to own a computer than their age peers across the state (U.S. Census, 2022, Table B28005). These aspects of information access are particularly relevant given The County's rural context.

Agency leadership participates as a member of the Aroostook Regional & Tribal Broadband Partners Program led by the Northern Maine Development Commission and funded by Maine Connectivity Authority in partnership with the Maine Broadband Coalition (MBC) and National Digital Equity Center (NDEC). This partnership is focused on advocating for the building of affordable fiber-optic internet infrastructure, supporting device programs and enhancing digital literacy for our citizens.

### **Social Connectedness and Belonging**

Unsurprisingly, the vast geography of the County, changing demographic and social trends, and restricted mobility disproportionately impact older adults, one-third of whom live alone. Common among The County's older residents was a sense of disconnection from others, with one in three respondents sharing that they "sometimes", "often", or "always" feel lonely or isolated. COVID-19 exacerbated this situation, with 30% of this population reporting via the Cutler Institute survey that social gatherings were more challenging and 20% saying that the pandemic was a barrier to maintaining connections and social health.

The Aroostook Community Health Improvement Partnership led by the Agency identified access to care as one of its top three priority areas and is focused on identifying and funding a pilot project to address this challenge.

### **Caregiving**

Unpaid caregiving is a significant responsibility for many people in The County, with nearly one in five individuals indicating that they provide care for an older adult in their home or community. For nearly 40% of caregivers who held other employment, a fifth felt that their responsibilities as a care partner "significantly" or "somewhat" impacted their work, a number that was comparable across both ACHIP and Cutler Institute research findings. Caregivers responding to the Cutler survey also reported a perceived lack of supports, both functional, emotional, and financial: 56% indicated that they would benefit from additional in-home help; 27% felt emotional strain; and 14% reported financial concerns resulting from their caregiving.

In addition to Title III-E family caregiving services provided, the Agency's new Memory Center, which opened in the spring of 2024, is partnering with the Alzheimer's Association of Maine to enhance services to caregivers of those with memory loss.

### **COVID-19 and Disaster Preparedness**

In the four years since the development of our last Area Plan, the COVID-19 pandemic has dramatically reshaped the ways in which people live their lives, including how they receive services and supports from provider organizations. In the Cutler Institute's research, older

adults reported that their access to services and activities was supported by advances in telemedicine (64%), online access to religious activities (38%), and more access to home-delivered meals or grab-and-go dining options (14%), demonstrating how the core pillars of human health, such as healthcare, social connection, and basic needs have been altered in light of the pandemic. The experiences of our consumers, as well as those of our staff members, during this time reinforced the importance of disaster preparedness as a core strategy in this and future Area Plans and will help to ensure that the Agency is again able to respond to the needs of our constituents in times of uncertainty and challenge.

Agency leadership participates as a member of the Aroostook District Public Health Council board, as well as its Emergency Preparedness subcommittee. This subcommittee regularly updates written regional plans and coordinates resources to ensure preparedness.

### **QUALITY MANAGEMENT**

Given the importance of efficient, effective, and sustainable service delivery to Aroostook County's older adults, individuals living with disabilities, and their care partners, the Agency employs a quality management program that encompasses data collection and analysis, problem remediation, and continuous improvement strategies.

Data collection serves as the foundation upon which informed decision-making is built, providing insight into both our service population and service delivery. This process is facilitated using the WellSky client database, which systematically gathers data related to program implementation, service provision, and demographic characteristics of recipients. The Agency also conducts regular consumer satisfaction surveys and listening sessions, which ensure that the needs and perspectives of the communities we serve are surfaced and integrated into decision-making processes.

The Agency's Leadership Team regularly reviews these data points against a variety of defined benchmarks to identify areas of opportunity or improvement. Despite careful planning and implementation, service programs may encounter challenges that affect their effectiveness. Data collection processes described above enable prospective identification of these issues, allowing the Agency to quickly mitigate risks and ensure continued delivery of high-quality services. Further, several staff members are trained to interrogate the database to assess specific trends regarding service provision (e.g., specific demographics or geographies) and outcomes, enabling them to be responsive with respect to both short- and long-term needs-based planning.

Finally, continuous improvement is a key part of the Agency's strategy, reflecting our commitment to ongoing service refinement and optimization. By regularly and systematically reviewing program outcomes in partnership with the State Office on Aging and Disability Services (OADS); soliciting feedback from consumers, partners, and other stakeholders; and implementing changes based on lessons learned, the Agency is able to remain responsive and

relevant to our communities' needs. Iterative assessment and adjustment maximize our ability to meet the evolving needs of older adults in Aroostook County.

From this quality monitoring process, the Agency understands that in the last fiscal year (FY23), the Agency served a total of 4,317 individuals, with over 3,701 individual receiving services funded by the Older Americans Act. This level of service was approximately 12% lower than the prior year primarily due to a decline in Home Delivered Meals participants as a result of lower funding levels post-COVID. Of those receiving Older Americans Act services, 23% were aged 85 or older, 99% were living in rural communities, and 46% were living at or below poverty level.

People who have difficulty performing three or more ADL or IADLs are at increased risk of nursing home placement. Among ADLs are eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. Among IADLs are preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. Thus, it is critical that people who need assistance with ADLs or IADLS receive services that allow them to remain in their homes. In the last fiscal year (FY23), almost one fifth (17.6%) of recipients receiving personal care, homemaker, chore, home-delivered meals, adult day care/health services, or case management reported requiring assistance with three or more ADLs, while over one-half (56.5%) reported requiring assistance with three or more IADLs.

## **KEY TOPIC AREAS**

### **A. Older Americans Act (OAA) Core Programs**

1. Coordinating Title III programs with Title VI Native American programs.  
The Agency Advisory Council includes tribal leaders/representatives from both the Houlton Band of Maliseets and the Mi'kmaq Nation. This forum provides an opportunity to collaborate with local Indigenous communities regarding coordination of efforts across programs, with a goal of improving access to services by tribal members. The Agency also meets regularly with tribal leaders to discuss needs and opportunities. During COVID, collaborations related to Nutrition Services occurred, as well as information sharing regarding availability of services. The Agency also served as a connector for tribes to the statewide network of evidence-based wellness program providers. In addition, the Agency regularly seeks collaboration with the tribes on grants funded projects, such as the Access Points initiative, which would provide tele video equipment and furnishings to establish an Access Point within the tribal community that members could utilize for a variety of programs, including Agency programs offered in person or virtually. The Agency will continue to enhance outreach and offer resources to tribal elders throughout the region. See Goal/Objective/Measure 1.13.
2. Strengthening or expanding supportive services and community centers.  
As the Agency serves an extremely rural area with a long winter season and a limited number of local clubs/community centers, resources are focused on expanding services

through stewardship of Age Friendly Communities and the establishment of “Access Points”, sites located in over 20 primary and secondary communities that provide in person and virtual access to Agency offerings.

To continue delivering Title III services to as many individuals as possible, the Agency will take several steps to increase Aging and Disability Resource Center (ADRC) outreach efforts to older adults with the greatest social and economic need, both directly through new Access Points and via service partners including Age Friendly Communities. See Goal/Objective/Measure 1.1.

3. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition.

Malnutrition in older adults has been associated with increased mortality, morbidity, and physical decline, all of which have significant implications for the independence and quality of life of community-dwelling individuals. One strategy to improve the nutritional status of older adults is the Congregate Dining Program. Post-COVID, the Agency has been challenged to reopen Congregate Dining sites due to the lack of meal producers and labor shortages. The Congregate Dining Program also faces challenges of consumers having adequate transportation to and from dining centers. The Agency’s goal is to increase access to healthy meals in congregate settings throughout Aroostook County. See Goal/Objective/Measures 1.5.

4. Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation.

The Agency subcontracts with Legal Services for Maine Elders (LSME) to provide free, high quality legal services to people who are 60 and older when their basic human needs are at stake and to advocate for people facing challenges accessing Medicare benefits. LSME has a 1-800 helpline available to answer many legal questions, as well as a staff attorney assigned to Aroostook County for cases requiring legal action or advocacy. As part of this relationship, the Agency utilizes an Online Risk Detector, developed by Legal Services for Maine Elders, to assess for abuse, neglect, and financial exploitation. This tool streamlines the referral process for those determined at significant risk. As part of our ongoing commitment to reducing the impact of elder abuse on older individuals in Aroostook County, the Agency plans to continue its collaborative relationship with Legal Services for Maine Elders. See Goal/Objective/Measure 3.1.

5. Supporting and enhancing multi-disciplinary responses to elder abuse, neglect, and exploitation involving adult protective services, LTC ombudsman programs, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state.

Members of the Agency’s staff stand ready to support multi-disciplinary responses for consumers experiencing abuse, neglect, and exploitation and can leverage their relationships with older people, their families, and caregivers to enhance overall safety and well-being. The Agency will continue to contract with Legal Services for Maine Elders

(LSME) to ensure that older people in Aroostook have ready access to legal support, including in situations of elder abuse. The Agency also maintains a strong relationship with the Elder Abuse Institute of Maine (EAIME) and with their advocates assigned to clients in northern Maine who have been referred by Adult Protective Services. As part of our ongoing commitment to reducing the impact of elder abuse on older individuals in Aroostook County, the Agency plans to continue these collaborative relationships. See Goal/Objective/Measure 3.1.

6. Age and dementia friendly efforts.

The Agency plans to continue its active support for the development of Age-Friendly/Lifelong Communities throughout the region, programming that will be enhanced through a statewide Community Connections program funded by Governor's Cabinet on Aging and delivered in collaboration with the UMaine Center on Aging and Maine's five Area Agencies on Aging. As part of this project, the Agency will hire a Community Ambassador, a one-year position (March 2024-February 2025) tasked with building closer referral relationships with Age-Friendly Communities and other municipalities in Aroostook County. The aim of the Community Connections program is for the Agency to understand the unique strengths and needs in each community, facilitate connection to Agency resources, and leverage local assets for referrals to community-specific opportunities and services more fully.

The Agency, along with its collaboration partners, believe that access to social support structures will be improved through this focused engagement. The foundation for this work has been laid in the relationships developed during the implementation of the Agency's Access Points project, which created physical and virtual footprints in over twenty communities across the region through which the Agency can provide localized connections to services, consultation and meeting space, recreation opportunities, and enrichment for older residents. Discussions of the opportunities around becoming "Age-Friendly" were included in all Access Point negotiations, with several municipalities already taking active steps to join the Age-Friendly network.

The Agency's Memory Center workplan includes a "Gatekeepers" component focused on providing education, tools, referral resources to community partners (retail, EMS, municipal, etc.) who may regularly interact with those with dementia or their caregivers.

The Agency will continue to strengthen partnerships with community-based organizations to increase access for individuals with the Greatest Social Need and Greatest Economic Need to address social determinants of health. See Goal/Objective/Measure 2.1.

7. Screening for fall related Traumatic Brain Injury (TBI).

The Agency recently established a relationship with a local brain injury support organization, which plans to hold regular meetings utilizing the Agency's Access Points.



This collaboration will improve Agency outreach to this population regarding screening, treatment, rehabilitation, and resources.

In addition, the Agency's Memory Center has built relationships with local healthcare providers to serve as a regional resource for those with memory loss, including those with TBI.

The Agency will continue to enhance access to Brain Injury information and resources for older Mainers and their care partners by providing outreach and education to family care partners, including kinship care partners, about brain injury information and resources. See Goal/Objective/Measure 2.3.

8. Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs; and

A4TD serves as the region's SCSEP provider collaborating regularly with the Agency to identify program participants, support participants, and offer work placements. The Agency will continue to provide training opportunities to SCSEP participants through community service assignments. See Goal/Objective/Measure 1.12.

9. Integrating core programs with ACL's non-formula-based grant programs.

The Agency was awarded a significant grant (one of only 10 granted in 2022) by the federal Administration for Community Living to support the development of a community-based Memory Center. This center will act as a hub for information, resources, and care for those experiencing memory loss, as well as the family, friends, and neighbors who support them. This is timely as so many in Aroostook County struggle with this challenge (Alzheimer's is the 5th leading cause of death in Aroostook); the Center will pull together existing and new community resources and partners to surround those impacted with support both at the central Aroostook location, and also in homes and home communities through outreach and/or virtual capabilities. It will provide access for early diagnosis and treatment, wrap services and resources around families, as well as help prepare communities to support them. It will offer a day respite program especially designed to meet the needs of those with dementia.

The Memory Center functions in partnership with Acadia Hospital Mood and Memory Clinic and the Alzheimer's Association of Maine. The Agency will strengthen partnerships with community-based organizations to increase access for individuals with the Greatest Social Need and Greatest Economic Need to address social determinants of health. See Goal/Objective/Measure 2.1.

**B. COVID-19 and Disaster Preparedness**

COVID-19 highlighted the overall importance of the services that make it possible for older adults to live independently, created a national awareness of the impact of social isolation on

older adults and caregivers, and increased awareness of the need to plan for future disasters. It also transformed the aging network; drove rapid innovation and creation of new approaches that will endure beyond recovery; and increased awareness of the need to plan for future disasters.

1. Educating about the prevention of, detection of, and response to negative health effects associated with social isolation.

As the Agency's Access Points were established in 2024 in 20 local communities in partnership with community organizations and leaders, they serve as locations for Agency and/or community socialization programs. The Agency will utilize the Access Points to strengthen community connections that increase opportunities for socialization, such as older adult volunteer, intergenerational engagement, and lifelong learning programs. See Goal/Objective/Measure 1.4.

2. Dissemination of information about state assistive technology entity and access to assistive technology options for serving older adults.

The Agency makes referrals to MaineCITE for guidance on assistive technologies that enable equitable access to employment and education opportunities, community living, and information technology. In addition, the Agency is pursuing funding for a Connectivity Hub that will feature assistive devices for use either in-house or, through a technology lending program, in consumers' homes. In partnership with CITE, the Agency will implement an annual assistive technology basics training module for direct service staff. See Goal/Objective/Measure 1.10.

3. Providing trauma-informed services

Research indicates that care teams and organizations need to understand a consumer's past and present life situation to provide the best service possible. The Agency will provide training on person-centered, trauma-informed care to improve service delivery using a holistic approach. See Goal/Objective/Measure 2.2.

4. Screening for suicide-risk

Maine has the nation's 13<sup>th</sup> highest rate of death by suicide among adults aged 65+, a statistic that reveals the impact of social isolation, depression, and chronic illness on older individuals. To help mitigate the risk of suicidality among our consumers, the Agency provides regular training for staff on identifying those at risk for suicide and appropriate response. The Agency will continue to offer this training annually.

5. Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs.

Although this is not a current standard screening as part of evidence-based program enrollment, the Agency will implement this once the State establishes the protocols and documentation ability.

6. Providing services that are part of a public health emergency/emerging health threat and emergency preparedness.

The Agency maintains a responsive posture to emerging public health concerns through its partnership with the Aroostook Public Health District. A representative from the Agency serves on the Aroostook District Coordinating Council, and other members of the organization participate in subject-specific committees. We are committed to sustaining the deep, productive relationships forged during The County's response to the COVID-19 pandemic and to bringing the priorities and programs developed through the Coordinating Council into our planning. The Agency will enhance access to emergency preparedness information and resources for older Mainers by leveraging partnerships with national, state, and regional organizations involved in emergency preparedness to provide accessible information to older people and family care partners. See Goal/Objective/Measure 1.15.

7. Expending American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure.

The Agency does not have any unexpended COVID-19 supplemental funding.

8. Incorporating innovative practices developed during the pandemic that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas.

During COVID, the Agency established an iPad Lending Library and an Online Gathering Place social support program. Both programs continue.

### **C. Equity**

The Agency strives to serve individuals with the greatest economic and social need, as well as ensure equity in all aspects of plan administration in the following ways:

- The plan, as stated above, includes goals, objectives, and measures related to collaboration with Title IV programs.
- It also addresses ways to impact social determinants of health of older individuals through partnerships, especially the Aroostook County Health Improvement Partnership and the Aroostook Partnership for economic development.
- The Agency supports cultural experiences, activities, and services, including the arts, through a variety of programs, such as its Artists for Aging program that participates in city First Friday Art Walks, Artist of the Month displays, and Sip & Paint programs.
- The Agency serves older adults living with HIV/AIDS with established referral relationships with the Ryan White Part B program, which provides qualifying individuals with assistance with medications, case management, and financial support for dental care, housing, and food.
- Participant-directed, person-centered planning for older adults and caregivers specific to Long-Term Services and Supports is regularly offered by the Agency's Service Coordination team.
- The Agency collaborates with the Maine Council on Aging to offer Leadership

Exchanges and community Power in Aging programs to disrupt ageism. As a component of the Area Plan, the Agency will implement programming to address ageism at the individual, interpersonal, institutional, and systemic levels. See Goal/Objective/Measure 1.11.

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

The Agency is committed to supporting the expansion of HCBS through the following:

- The Agency regularly makes consumer referrals for medical eligibility assessments, as well as to all regional Home Care providers. It also assists individuals applying for Medicaid or Medicare coverage.
- As a component of services provided through Title IIIB and IIIE services, the Agency's Service Coordination team regularly assists consumers to navigate the complexity of challenges to prevent institutionalization, including identifying funding for required in-home supports.
- Agency leadership participates in the Home Care and Hospice Alliance of Maine advocating for additional home and community-based resources and serves on a variety of State-led councils and committees, including those focused on the State Plan on Alzheimer's.
- The Aroostook County Health Improvement Partnership (ACHIP), led by the Agency, has determined through its Readiness Assessment that one of its primary focus areas will be access to care. It is seeking funding to address consumer needs in a time of healthcare limitations due to labor shortage.
- The Agency will pilot, as a part of a State-led effort, Medicaid Administrative Claiming in 2024 to determine how these services and funding options can additionally respond to homecare needs.
- As additional funding becomes available for home and community-based services, the Agency will consider additional service offerings.

#### **E. Caregiving.**

The Agency is engaged in enhancing services and supports for caregivers in the following ways:

- For many years, the Agency had administered the State Alzheimer's Respite program, and for the past two years, it has served as the regional coordinator for the Respite for ME program, administering grants to caregivers that allow them to better care for themselves and those for whom they are providing care.
- As part of its regular service offering, the Agency Service Coordination team offers Grandfamilies/Kinship support, an essential need given that Aroostook County has more than twice the statewide rate of grandparents providing custodial care for their grandchildren.
- The Agency's Memory Center and Adult Day Respite Service, which are now collocated with the Agency's other services, integrate care partners into a holistic program of care, ensuring that they are well-supported in their caregiving responsibilities.

- As one of several Home Care providers in the region, the Agency is actively involved in the development of the direct care workforce. It does this through collaboration with area adult education providers, participation in job fairs, and collaboration with region workforce partnerships, including the Northern Maine Growth Initiative, the Aroostook Partnership, and the Northern Maine Society for Human Resource Management.
- Agency leadership participates on a variety of State-led councils and committees, specific to care partner services and supports.

To improve awareness of available services for unpaid family care partners, the Agency will provide educational outreach using various methods to inform unpaid care partners about available programs and services. See Goal/Objective/Measure 1.7.

To include and engage unpaid family care partners in the planning and provision of aging services and programs, the Agency will identify and implement methods to incorporate family care partners in care plan development and maintenance for individuals accessing care while maintaining person-centeredness. See Goal/Objective/Measure 1.8.

To expand access to programs, services, and supports to unpaid family partners, the Agency will improve programming for unpaid family care partners who are culturally, regionally, and/or socially underserved. See Goals/Objective/Measure 1.9.

### **GOALS, OBJECTIVES, STRATEGIES, OUTCOMES**

Based on the findings and recommendations from the statewide needs assessment, the following goals and objectives were developed in collaboration with the five area agencies on aging. The goals and objectives listed below are mostly shared between this state plan and the area plans of the five area agencies on aging.

#### **Population Level Result: All older Mainers are healthy and safe.**

Maine’s Aging Network continuously strives toward a population level result of “All Older Mainers are healthy and safe”. However, members of the Aging Network recognize the limitations and boundaries of our authorities and the funding received under the Older Americans Act to effectuate the necessary systems change to achieve this larger goal. The goals and objectives outlined below are one part of the larger network made up of public and private partnerships that advance the needs of older individuals and their family care partners.

**GOAL 1: SUPPORT OLDER MAINERS AND THEIR CARE PARTNERS TO REMAIN ACTIVE AND HEALTHY IN THEIR COMMUNITIES OF CHOICE.**

**Title III B: Supportive Services and Community Centers for Older People**

Objective 1.1 Increase awareness of **Aging and Disability Resource Centers (ADRCs)**, part of Maine's No Wrong Door System, as trusted sources of unbiased information on available aging services and programs.

*Strategy*

- Increase outreach efforts to older adults with the greatest social and economic need, both directly and via service partners

*Outcomes*

- Increase ADRC contacts from older individuals with highest level of need over FY24 baseline.

Objective 1.2 Strengthen person-centered Case Management Services offered by Area Agencies on Aging.

*Strategy*

- Provide additional opportunities for staff (and volunteers, as appropriate) to participate in trainings on Case Management Services and person-centeredness best practices.

*Outcomes*

- 100% of Agency staff who provide case management services will receive training on person-centered case management best practices upon hire.

Objective 1.3 Provide In-Home Services (Homemaker, Personal Care, and Chore Services) that address the unmet needs of older Mainers.

*Strategy*

- Enhance outreach, recruitment, and retention of volunteers to expand the availability of Chore Services through the Agency's Friendly Volunteer program.

*Outcomes*

- Increased number of active Friendly Helper chore service volunteer hours over FY24 baseline.

Objective 1.4 Provide opportunities in local communities to enhance social engagement.

*Strategies*

- Strengthen community connections that increase opportunities for socialization, such as older adult volunteer, intergenerational engagement, and lifelong learning programs.

*Outcomes*

- Increased number of older individuals participating in socialization opportunities offered by the Agency over FY24 baseline.

### **Title III C: Nutrition Services**

**Objective 1.5** Improve the nutritional health status of older Mainers.

#### *Strategy*

- Improve screening and access to medically tailored meals, to the maximum extent practicable.
- Increase access to healthy meals in a congregate setting throughout Aroostook County

#### *Outcomes*

- Increase percent of clients that request and receive medically tailored meals over FY24 baseline.
- Increase number of congregate meals provided in Aroostook County over FY24 baseline.

### **Title III D: Evidence Based Programs**

**Objective 1.6** Promote and maintain participation in Evidence Based Programs.

#### *Strategies*

- Promote evidence-based health and wellness programs through a variety of outreach methods.

#### *Outcomes*

- Increase number of participants of evidence-based wellness programs over FY24 baseline.

### **Title III E: Care Partner Services**

**Objective 1.7** Improve awareness of available services for unpaid family care partners through outreach, education, and promotion of programs.

#### *Strategies*

- Improve partnerships with organizations for improved public awareness of available programs and services for unpaid family care partners.

#### *Outcomes*

- Greater awareness of available resources among unpaid family care partners is evidenced by increased participation in both OAA & state-funded care programs over FY24 baseline.

**Objective 1.8** Include and engage unpaid family care partners in the planning and provision of aging services and programs.

*Strategy*

- Provide education and support in the use of standardized care partner assessments in the development and implementation of person-centered care plans.

*Outcomes*

- 100% of OAA and state care partner funded staff have initial and annual training in care partner assessments and the development and implementation of person-centered care.

**Objective 1.9** Expand access to programs, services, and supports to unpaid family partners.

*Strategy*

- Improve programming for unpaid family care partners who are culturally, regionally, and/or socially underserved.

*Outcome*

- Increased number of care partner receiving services and supports over FY24 baseline.

**Assistive Technology**

**Objective 1.10** In partnership with MaineCITE, improve awareness of available public and privately funded Assistive Technology programs and resources.

*Strategy*

- Implement annual assistive technology basics training module for direct service staff.

*Outcomes*

- 100% of Community Resource Specialists and Service Coordinators will complete annual Maine CITE training annually.

**Advocacy**

**Objective 1.11** Support statewide and local advocacy about the needs of older Mainers and family care partners.

*Strategy*

Implement programming to address ageism at the individual, interpersonal, institutional, and systemic levels.

*Outcomes*

Partner with other organizations to offer at least two programs annually.



### **Title III & Title V Coordination**

**Objective 1.12** Maintain collaboration between Maine’s Aging Network and Title V Senior Community Service Employment Programs to improve the financial wellbeing of unemployed, low-income older adults seeking employment.

*Strategy*

Provide training opportunities to SCSEP participants through community service assignments.

*Outcomes*

Increase the number of SCSEP participants regularly volunteering at the Agency to at least 2.

### **Title III & Title VI Coordination**

**Objective 1.13** Enhance collaboration between Maine’s Aging Network and Title VI Programs to better facilitate Title III and VI Coordination and expand services and access to Maine’s Native American elders and family care partners.

*Strategy*

Enhance outreach and offer resources to tribal elders throughout the region.

*Outcomes*

Agency will meet with Tribal representatives at least biannually.

### **Integration**

**Objective 1.14** Work towards the integration of public health, health care, legal assistance programs, and social services systems.

*Strategy*

Partner with other local organizations to address social determinants of health.

*Outcomes*

Agency will participate in at least three cross-sector initiatives annually to make systems changes necessary to address older adults’ unmet health-related social needs.

### **Emergency Preparedness**

**Objective 1.15** Enhance access to emergency preparedness information and resources for older Mainers.

*Strategy*

Leverage partnerships with national, state, and regional organizations involved in emergency preparedness to provide accessible information to older people and family care partners.

*Outcomes*

100% of Community Resource Specialists and Service Coordinators will be trained in emergency preparedness resources annually.

Objective 1.16 Maintain and regularly update emergency preparedness plans at all levels of Maine’s Aging Network.

*Strategy*

Update the Agency emergency preparedness plan annually, or as needed.

*Outcomes*

Complete annual update of emergency preparedness plan.

**GOAL 2: ENSURE MAINE’S AGING SERVICES AND PROGRAMS ARE ACCESSIBLE TO ALL OLDER MAINERS AND THEIR CARE PARTNERS WITH EMPHASIS ON OLDER ADULTS WITH THE GREATEST SOCIAL NEED AND GREATEST ECONOMIC NEED.**

**Partnerships**

Objective 2.1 Strengthen partnerships with community-based organizations to increase access for individuals with the Greatest Social Need and Greatest Economic Need.

*Strategy*

Partner with other local organizations to address social determinants of health.

*Outcomes*

Agency will participate in at least three cross-sector initiatives annually to make systems changes necessary to address older adults’ unmet health-related social needs.

Objective 2.2 Develop and implement a person-centered, trauma-informed care approach to the delivery of aging services and programs in Maine.

*Strategy*

Provide training on person-centered, trauma-informed care to improve service delivery using a holistic approach.

*Outcomes*

100% of Community Resource Specialists and Service Coordinators will be trained in person-centered, trauma informed care upon hire.

**Screening for Brain Injury**

Objective 2.3 Enhance access to Brain Injury information and resources for older Mainers and their care partners.

*Strategy*

Provide outreach and education to family care partners, including kinship care partners, about brain injury information and resources.

*Outcomes*

Partner with other organizations to offer at least 3 community education, support, or outreach events annually.

## **Program Monitoring**

**Objective 2.4** Evaluate the effectiveness of Maine’s aging services and programs in offering choice and meeting the unmet needs of older adults with the Greatest Social Need and Greatest Economic Need.

### *Strategy*

Enhance program monitoring to better track service type and frequency among older individuals with Greatest Social Need and Greatest Economic Need.

### *Outcomes*

Meet quarterly with State Office on Aging to review monitoring guides.

## **GOAL 3: PREVENT AND IMPROVE RESPONSE TO ABUSE, NEGLECT, AND EXPLOITATION WHILE PRESERVING THE RIGHTS AND AUTONOMY OF OLDER MAINERS.**

## **Legal Assistance Program**

**Objective 3.1** Provide elder abuse victims who would otherwise go without legal representation with ready access to free legal assistance.

### *Strategy*

Partner with Legal Services for Maine Elders (LSME) to increase the visibility of legal assistance programs.

### *Outcomes*

Increase number of referrals to LSME over FY24 baseline.

## **APPENDIX A - ASSURANCES AND REQUIRED ACTIVITIES**

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

### **Older Americans Act Assurances, Sec. 306, Area Plans**

(a) Each area agency on aging...Each such plan shall --

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with

limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

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

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

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

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

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

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

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

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

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

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

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

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—



(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

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

(18) provide assurances that the area agency on aging will collect data to determine—

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

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

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

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled <sup>23</sup> with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

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

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

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

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

#### **Older Americans Act Required Activities, Sec. 306, Area Plans**

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

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

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

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

06/25/2024  
Date



Joy Barresi Saucier  
Executive Director  
Aroostook Agency on Aging

06/25/2024  
Date



Barbara Robertson  
President of Board of Directors  
Aroostook Agency on Aging

## **APPENDIX B: PUBLIC HEARING COMMENTS AND RESPONSES**

The following public notice was posted in all four local newspapers, on the Agency website and social media accounts, a sent electronically to all Agency newsletter subscribers on May 15, 2024.

The Aroostook Agency on Aging will soon hold public hearings on its 2025-2028 Area Plan on Aging draft document. The plan identifies the needs of older people in The County and how the Agency plans to help address those needs over the next four years. Ideas and comments on the draft plan are welcome and will help the Agency to formulate the final document. The public is invited to attend the public hearing in person at 260 Main Street, Suite B, Presque Isle, Maine, or virtually via a TEAMS meeting on Tuesday, June 4th from 10:00-11:00 am or from 1:00-2:00 pm. If you would like to attend, please contact the Agency to RSVP and request any required accommodations for participation. A copy of the draft plan will be available on and after May 15<sup>th</sup>; it can be accessed at <https://www.arostookaging.org/area-plan> . You can also request a hard copy by visiting the Agency's office, calling 764-3396 or 1-800-439-1789, or by writing to the Agency at PO Box 1288, Presque Isle, ME 04769-1288. Written comments on the draft plan must be received by 5:00 pm on Tuesday, June 18, 2024, via mail to the Agency or email to [joy.b.saucier@arostookaging.org](mailto:joy.b.saucier@arostookaging.org).

An electronic copy of the plan was posted on the Agency website beginning on May 15, 2024. Hard copies of the proposed plan were made available at Agency locations for anyone requesting a copy beginning on May 15, 2024.

Two public hearings were held in person and through a virtual meeting option on June 4, 2024; one at 10am and another at 1pm. A total of 23 individuals attended. Public Hearing comments, along with written comments received and their corresponding responses are documented below.

### **Public Hearing Comments Received with Responses:**

Comment: Just how important the Agency is to Aroostook County as a whole. I've been with the Agency a year now and the work that we do in Homecare that allows people to age at home; I had no real idea how important that was until I sat on the other side of the table and to see the good work that we do and the way that we do it; I'm proud to work here and thankful for the support of the community.

Response: Thank you.

Comment: On expanding access to home and community-based services, under key topics D, I'd like you to talk a little bit about the Medicaid Administrative Claiming effort.

Response: The State is going to conduct a pilot project to determine how much time our team members spend helping those with Medicaid. Based on this evaluation, there is a



method where the State can be reimbursed and pass this funding back to the Agency. Based on this pilot, the State will determine if it is beneficial to continue to do time studies and submit for this funding. The Agency expects the pilot to begin by early fall.

Comment: How does the plan respond to the increased demand for long term care?

Response: The Older Americans Act funding is limited to funding of community-based services, thus does not address long-term care facility-based funding. The Agency does utilize Older Americans Act funding to provide in-home supports with the goal of keeping individuals living in a home setting rather than institutional settings.

Comment: I'm curious under evidenced-based programs, which evidenced-based programs?

Response: The Agency currently offers the chronic disease self-management suite of classes, which include Living Well with Chronic Conditions, Living Well with Diabetes, Living Well with Chronic Pain. We also offer several falls prevent classes, including Tai Chi for Better Health, Matter of Balance, and caregiver programs, Building Better Caregivers and Savvy Caregiver. The Agency regularly monitors participation in programs and adjusts program offerings to stay relevant.

Comment: Can you address why they want so many service waivers?

Response: The intention of the Older Americans Act is that Agencies on Aging would receive funds and then subcontract out services to other community organization, with the exception of the Information and Assistance services. In our region, we often do not have other parties interested in becoming subcontractors, thus the Agency provides the service. In these situations, the Agency is required to request a waiver from the State to be able to offer these services. This year, as part of the Area Plan Process, the Agency did release a request in May via the newspaper and social media to the community for Letters of Interest from those interested in becoming subcontractor. No responses were received. The Agency will continue to seek interested subcontractors on an annual basis. Subcontractors must comply with the same rules and regulations as the Agency. A waiver must be submitted for each Older American Act service that the Agency intends to deliver.

Comment: How does the Agency's the present financial resources compare to those of 3 years ago?

Response: The Older Americans Act is funded through the Federal Budget. Although the reauthorization of the Act in 2019 called for 6-7% increases each year for a 3-4 year period, the pandemic occurred and, in response, additional funds were allocated. Those additional funds have now been depleted. At the same time, we have seen an inflationary increase in the cost of doing business. In some programs, we are now seeing waitlists, such as Home Delivered Meals, where we serve approximately 275 individuals and have a waitlist of over 200 individuals due to funding limitation.

Comment: I'm curious about workforce, are there challenges meeting your workforce needs?

Response: Related to the Older Americans Act funded services, the Agency does not see challenges recruiting and retaining those positions due to our innovative approach to build the best team possible and to recruit/retain staff, such as our Shortened Work Week pilot. The Agency's home care division has seen staffing shortages post pandemic.

Comment: What is the Shorted Work Week Pilot?

Response: The Agency is participating in a Shortened Work Week Pilot, as part of a US Cohort of organizations coordinated by 4Day Global. The Agency is evaluating the impacts of the Shortened Work Week and, thus far, has seen encouraging results with improved first response turnaround times, improved customer service, and high levels of employee satisfaction. The Agency continues to provide phone and office services Monday – Friday, 8:00am-4:30pm.

Comment: Have there been any problems with Adult Day Care as not open on Friday?

Response: There have been no issues. The Agency has offered a 4-hour, 4-day service for many years. As a result of additional funding as part of our Memory Center federal grant, the Adult Day program will expand to a 8-hour, 4-day program in the Summer of 2024.

Comment: How does the Older Americans Act funding come down; do they parcel it out with your stated services, what department is that?

Response: It comes from the US Department of Health and Human Services, Administration for Community Living to the Maine Department of Human Services, Office of Aging and Disability Services. The Aroostook Agency on Aging is a private, non-profit, and one of 624 Agencies on Aging nationwide. Funding formulas exist at the federal and state levels.

Comment: I've read the draft, very good, very comprehensive; again, I go back to Nutrition and that we are lacking the available funds with over 200 on the waiting list. That is a concern of mine that needs to be addressed to the federal and state governments.

Response: The Agency appreciates this concern of limited funding for home delivered meals, as well as other programs, and continues to bring this topic forward to paid and elected government officials. We encourage community members to also bring these concerns forward to their representatives.

Comment: What portion of our finances comes directly from the state, not included in the Federal? Do we get funding from the state directly?

Response: In the last fiscal year, the Agency received a total of \$394,208 from State contracts.

Comment: During the last four-year plan, which was approved, and then in March 2020 we had a catastrophic event. My question is that with a plan like this is there latitude to face to catastrophes when they come; things that just change the landscape completely, so the goals and objectives are more realistic.

Response: Yes, we did see this with the last plan when the federal government and state did allow and encourage this revision to occur. There is the latitude to work with the state in this regard. As the plan's objectives and strategies are broad to allow the Agency to adjust to emerging community needs.

Comment: In our vision statement, we use the term quality of life. Can you speak to your understanding of that term.

Response: The goal of the Agency is to help individuals live in their home and their home community, both of which are defined by the individual and can change over time. Thus, quality of life is defined by the individual and what is most important or what matters most to them.

Comment: I'm reflecting on the median age of those served, I'm surprised that the Aroostook Agency on Aging does not get a bigger share of the funding as Aroostook County is one of the oldest counties in the state and Maine is one of the oldest states in the nation. With the demographics, income differential, and age differential, I'm surprised that we do not get more funding.

Response: As the funding formulas are primarily based on population and the population of Aroostook is only about 68,000, even with the immense social and economic need factors included, the formula can only generate so much funding. The Agency will continue to advocate for additional funding for frontier and remote communities.

**APPENDIX C: DIRECT SERVICE WAIVER REQUESTS**  
**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

-----  
May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIB Funded Services, including: Adult Day.

**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.

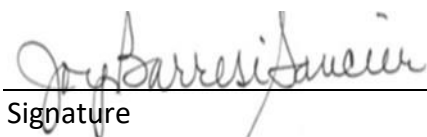
See Area Plan Context Section related to Health-Related Needs and Social Connectedness and Belonging (pg. 9 & 12).

**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.

There are no other resources external to the Agency who operate within the service region to provide these services. A request for Letters of Interest for these services was released to the general public in May 2024 via newspaper, website, and social media with no responses received to date. An open request for Letters of Interest will be maintained on the Agency website and republicized on an annual basis in May of each year. If responses are received, the Agency will meet with the interested party to fully explore the opportunity.

  
Signature

06/25/2024

Date

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

---

**A. COMMENT (s):**

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s):



**09/18/2024**

---

Paul Saucier

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

-----

May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIB Funded Services, including: Assistive Technology.

**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.

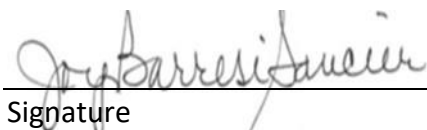
See Area Plan Context Section related to Health-Related Needs and Social Connectedness and Belonging (pg. 9 & 12).

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

Please explain why:

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Signature

06/25/2024

Date

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

---

**A. COMMENT (s):**

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

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



Paul Saucier

**09/18/2024**

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

-----  
May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIB Funded Services, including: Chore.

**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.

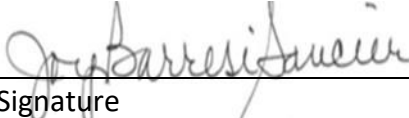
See Area Plan Context Section related to Health-Related Needs and Social Connectedness and Belonging (pg. 9 & 12).

**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.

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Signature

06/25/2024

Date



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

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**A. COMMENT (s):**

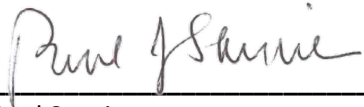
**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s):



**09/18/2024**

---

Paul Saucier

Date

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

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

-----  
May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIB Funded Services, including: Homemaker.

**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.

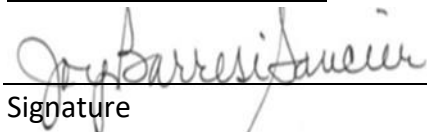
See Area Plan Context Section related to Health-Related Needs and Social Connectedness and Belonging (pg. 9 & 12).

**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;
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Signature

06/25/2024

Date

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

---

**A. COMMENT (s):**

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s):



**09/18/2024**

---

Paul Saucier

Date

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

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

-----  
May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIB Funded Services, including: Personal Care.

**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.

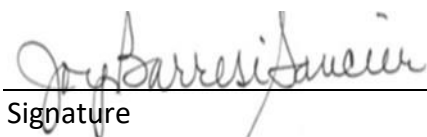
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- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently,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

There are no other resources external to the Agency who operate within the service region to provide these services. A request for Letters of Interest for these services was released to the general public in May 2024 via newspaper, website, and social media with no responses received to date. An open request for Letters of Interest will be maintained on the Agency website and republicized on an annual basis in May of each year. If responses are received, the Agency will meet with the interested party to fully explore the opportunity.

  
Signature

06/25/2024

Date

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

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**A. COMMENT (s):**


**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s):



**09/18/2024**

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Paul Saucier

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIB Funded Services, including: Telephone Reassurance.

**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.

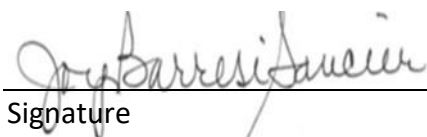
See Area Plan Context Section related to Health-Related Needs and Social Connectedness and Belonging (pg. 9 & 12).

**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.

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

**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIC Funded Services, including: Congregate Meals.

**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.

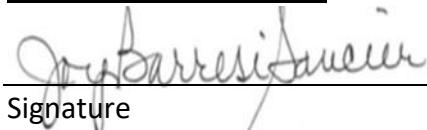
See Area Plan Context Section related to Food and Nutrition, and Social Connectedness and Belonging (pg. 11 & 12).

**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.

The Agency subcontracts with the Grand Isle Senior Club to provide monthly congregate meals between the months of September and April and subcontracts with Borderview Nursing Home for monthly congregate meals year-round. Other than that, there are no other resources external to the Agency who operate within the service region to provide these services. A request for Letters of Interest for these services was released to the general public in May 2024 via newspaper, website, and social media with no responses received to date. An open request for Letters of Interest will be maintained on the Agency website and republicized on an annual basis in May of each year. If responses are received, the Agency will meet with the interested party to fully explore the opportunity.

  
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**A. COMMENT (s):**

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

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



**09/18/2024**

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Paul Saucier

Date

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Maine Department of Health and Human Services

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**DIRECT SERVICE WAIVER REQUEST FOR 2025-2028**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIC Funded Services, including: Home Delivered Meals.

**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.

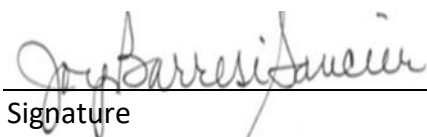
See Area Plan Context Section related to Food and Nutrition, and Social Connectedness and Belonging (pg. 11 & 12).

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

Please explain why:

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The Agency subcontracts with Birch Stream Farms for the purchase of frozen home delivered meals. Other than that, there are no other resources external to the Agency who operate within the service region to provide these services. A request for Letters of Interest for these services was released to the general public in May 2024 via newspaper, website, and social media with no responses received to date. An open request for Letters of Interest will be maintained on the Agency website and republicized on an annual basis in May of each year. If responses are received, the Agency will meet with the interested party to fully explore the opportunity.

  
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**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIC Funded Services, including: Nutrition Counseling.

**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.

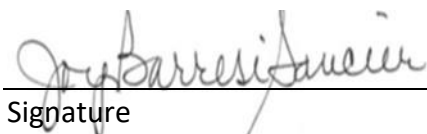
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**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIIC Funded Services, including: Nutrition Education.

**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.

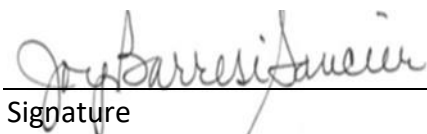
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**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title IIID Funded Services, including: Preventative Health Services (Evidenced-Based Wellness Programs).

**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.

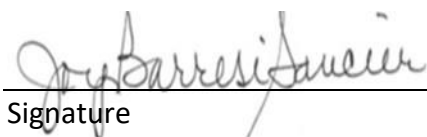
See Area Plan Context Section related to Health-Related Needs (pg. 11).

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**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title III-E Funded Services, including the following services for Care Partners: Training.

**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.
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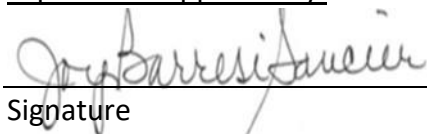
See Area Plan Context Section related to Caregiving (pg. 12).

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**SECTION I. (Agency)**

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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title III-E Funded Services, including the following services for Care Partners: Respite.

**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.
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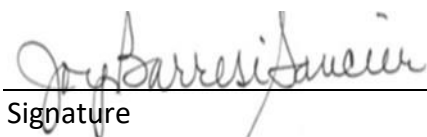
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May 31, 2024

**A. AGENCY NAME:** Aroostook Agency on Aging

**B. DIRECT SERVICE DESCRIPTION:** OAA Title III-E Funded Services, including the following services for Care Partners: Supplemental 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.

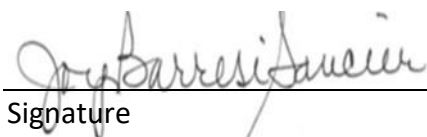
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Paul Saucier

Date

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

**APPENDIX D: LIST OF BOARD OF DIRECTORS 2023-2024**

Barbara Robertson, New Limerick – President  
Walter Elliott, Jr., Limestone– Vice President  
Mary Anne Buck, Mapleton - Secretary  
Durward Huffman, Fort Fairfield – Treasurer  
Rev. Dr. Kenneth Phelps – Past President  
Andrew Birden, Fort Kent  
Kathie Davis, Mapleton  
Mary Harbison, Linneus  
Debbie Jones, Presque Isle  
Alva King, Limestone  
Roger L. Lagasse, Fort Kent  
Keith MacKenzie, Island Falls  
Dr. Dottie P. Martin, Fort Fairfield  
Patricia McCain - Houlton  
Robert Meinders, Benedicta  
Donald Raymond, New Canada



**APPENDIX E: LIST OF CURRENT AGENCY SERVICES OFFERED IN AROOSTOOK COUNTY**

<b>Program Type</b>	<b>Program Name</b>	<b>Description</b>
Trusted Information	Aging & Disability Resource Center: Information & Assistance	All people have questions or need assistance from time to time. Our toll-free, confidential Answer Line provides information and support on all Agency services and a variety of important topics. In addition, we encourage our community to visit our Aging & Disability Resource Center, which is located at 260 Main Street, Presque Isle, Maine.
Trusted Information	Aging Well Speaker's Bureau	People of all ages have a desire to learn and experience new things. It is said, "with information comes power." With over 20 programs and services for older people, those with disabilities, and their care partners, the Agency has experts available to provide presentations to community groups.
Trusted Information	Benefits Checklist	We all need occasional support as we age. Public benefit programs were created to help people live independently. Persons age 60 and over may qualify for a variety of helpful programs. We have a Benefits Checklist to guide people to services they may qualify for and be able to use.
Trusted Information	Maine Legal Services for the Elderly (Partner Organization)	There are times when we all need a strong advocate who can provide good advice and help us represent our interests. Maine Legal Services for the Elderly provides free, high quality legal assistance to older people in social or economic need. Topics include healthcare, health insurance, Medicare, MaineCare, Social Security, public benefits, pension/retirement benefits, powers of attorney, credit/bankruptcy problems, physical and financial abuse, guardianship defense and other civil (non-criminal) matters. Contact the LSE Helpline (1-800- 750-5353) or visit <a href="http://www.mainelse.org">ww.mainelse.org</a> for more information.

Trusted Information	Medicare and Insurance Counseling	Quality healthcare services are important to people of all ages. Matching coverage to an individual's needs can be challenging. Education and counseling help people to know all the options available so they can select the best plan for them. Trained health insurance and Medicare counselors are available to guide those in need of assistance as they choose their coverage during the Medicare open enrollment periods or any time through our "Welcome to Medicare" seminars.
Trusted Information	Outreach Services	Sometimes we need someone to guide us as we confront life's changes and challenges. Trained outreach specialists are available to work with older people in the community or their care partners to answer questions, connect them to resources, assist them with applications for services, or be their advocates. Bilingual services are available.
Trusted Information	Aroostook Civic Academy	The Civic Academy, hosted in Presque Isle and linked to locations spread throughout the county, is a six-part, six-week series that provides older Aroostook residents with skills and knowledge to affect change in their community. Class size is limited; preregistration is required.
Trusted Information	Preventing Scams & Fraud	We all work hard for our money and try to protect our resources. Older people often have saved large sums of money for retirement. Fraud and scams have many forms, such as Grandparent Scams, Identity Theft, and Government Grant Scams. Education on fraud and scams is available for both individuals and groups, as well as assistance for people who have been the victim of scams.

Wellness	The Conversation Project	We all have matters that are very important to us and we often want others to know about them. Talking about the things you want for yourself can be challenging. Will I have enough money, will someone make decisions for me, does anyone really know what is most important to me, or does anyone know what makes me worried or afraid? Our online Conversations class can assist older persons in developing questions or sharing concerns that they have with loved ones or their care provider.
Wellness	Falls Prevention Informational Session	Avoiding painful and possibly debilitating injuries is important to all people. The risks and consequences of falling down are greater as we age. Fortunately, there are steps we can take to make us more confident and stable on our feet. Training is available to help older persons gain an overview of falls prevention tips and learn about other wellness classes available in Aroostook County.
Wellness	Living Well with Chronic Conditions	Staying well allows us to live better lives. The Living Well chronic condition courses - - Living Well for Better Health, Living Well with Chronic Pain, and Living Well with Diabetes -- help people learn how to manage their own health by improving communication with their physicians, actively managing their symptoms, creating personal action plans, and developing support structures.
Wellness	A Matter of Balance	Remaining safe and healthy at home is a goal for all. A fear of falling is something that can be on the minds of older people. Engaging in moderate exercise helps improve your balance and coordination. A Matter of Balance is an award-winning program designed to reduce the fear of falling and increase the activity levels of older adults.

Wellness	Tai Chi for Health & Balance	Improving health and wellbeing are essential to living a long life. Tai Chi for Health and Balance is a program proven to be effective in preventing falls and relieving pain for those with arthritis. Participants focus on improving strength, balance, and mental health.
Wellness	Bingocize	It is widely accepted that exercise and physical activity can help people continue to live at their best as they age. If we have fun while moving our body, we are much more likely to do it. Bingocize is an evidence- based class that combines exercise, falls awareness, healthy lifestyle information and Bingo in one package.
Staying at Home	Aroostook Regional Transportation Systems (Partner Organization)	Access to reliable transportation is essential, especially in rural areas. It often opens the door to meeting a variety of other needs. ARTS uses buses, volunteer drivers, private cars, and taxis throughout Aroostook to help people get to appointments, shop, and stay active in their community. Contact ARTS at 1-800-442-3320 or visit <a href="http://www.arostooktransportation.org">www.arostooktransportation.org</a> for more information.
Staying at Home	MaineCare Toolkit	Applying for community MaineCare, or MaineCare in- home services is a means to obtain assistance in payment for nursing home care or in-home services. Seeking assistance in the completion of the application is essential, ensuring that a complete application is sent in to the State of Maine. The toolkit provides assistance (either by phone, a link to a webinar, or an in-person visit) to enable one to fill out and submit a complete and accurate application to the state.

Staying at Home	Care Partner Education & Support	Taking care of a family member who can no longer care for themselves is a role that many people hold. To provide the best care for those we love, support is needed to be an effective care partner. Care partners face the challenge of managing the care of another and finding time to look after their own needs. Sometimes care partners are afraid to ask for help. Education and support, including the Savvy Caregiver program, is available for people of all ages.
Staying at Home	Respite for ME	Respite for ME is designed to reduce the stress and caregiver burden that caregivers feel and after completing a 5-step process (prescreening, application, hardship form, Caregiver burden assessment, and development of a care plan) the caregiver may qualify for \$5,171 to which they can spend on a myriad of items that are stated in the eligibility letter. The caregiver will be reimbursed as items are purchased.
Staying at Home	Building Better Caregivers	Building Better Caregivers is an evidenced-based program focusing on the needs, emotions, and health of the caregiver. To become a better caregiver, tools are provided to help reduce caregiver burden, pain and stress, depression, as well as building caregiver confidence and overall wellness.
Staying at Home	Memory Care Center	Memory Care Center is a leading resource for people living with memory loss, their families, and care partners in Aroostook County. Services include: dementia pre-screening, referral and collaboration with specialists for diagnostic evaluation, care planning and follow up, and dementia and Alzheimer's disease education for both community and professional offices. Caregiver screening and education is provided with access to Agency supportive services.
Staying at	The Gathering	All people need to connect with others at

Home	Place Adult Day Service	all stages of life. This connection gives us energy, which keeps us living at our best. The Gathering Place Adult Day Service focuses on creating a safe place for those with chronic memory loss or health conditions to enjoy the day and interact with others. While participants are at the program, care partners can take a much-needed break or handle personal business.
Staying at Home	Homecare Services	As we age, we want to live independently in our own home. Home is a place where we feel safe, comfortable, and most able to participate in our community. At some point, to stay living in our home, we may need help. Homecare Services provides an extra set of hands to help older persons or those with disabilities with daily activities.
Staying at Home	Friendly Volunteer Program: Callers, Visitors, Helpers, Techies	Connecting with others each day is a normal part of life. When family or friends are not available, having another caring person helps to pass the time, take part in an activity, or bring a smile from a shared story.
Staying at Home	Money Minders	Managing your money is a key aspect of being independent. The Money Minders program is a free bill-paying service where trained volunteers provide consumers with assistance in setting up a budget, paying bills, and managing a checkbook.
Staying at Home	Nutrition Services: Meals on Wheels	Getting food and good nutrition is something we all need to remain healthy and happy, no matter our income or support network. Home-bound older people throughout northern Maine who are unable to attend dining centers and have difficulty preparing their own meal may be eligible for home-delivered entrées through the Meals on Wheels service.
Staying at Home	Nutrition Services: Community Dining	Dining centers operate in several communities in Aroostook County. Lunchtime meals are available for any person age 60 or older who wants to enjoy food, friends, and occasional recreational

		and educational programs.
Staying at Home	Nutrition Services: USDA Senior Food Box Program	Each month, the USDA Commodity Supplemental Food Program provides individuals age 60 and older with 30 pounds of commodity food items such as dry pasta, canned meats and vegetables, and cheese.
Staying at Home	Nutrition Services: Easy Meals	Our delicious and nutritious frozen meals are carefully handcrafted right here in Maine by Birch Stream Farms. Meals can be picked up to take home, heat up in the stove or microwave, and eat.
Staying at Home	Planning for the Future	When we plan for the future, we increase the likelihood that we will be able to continue to make our own decisions or others will know our wishes. The Agency has trained staff that can sit with you to understand your needs and put a plan on paper for your future.
Staying at Home	iPad Lending Program	Loneliness is real. It can lead to medical illness. There are wellness tools that are now available on the internet. The agency iPad Lending Program is designed for those participating in Agency programs who would benefit from enhanced access to online services and programs while remaining in their homes.
Volunteer	Volunteer Services	People of all ages find joy and satisfaction in serving others. Volunteer opportunities are available in most aspects of the agency, depending on skills and interests. Chances are there is a good fit for you.
Volunteer	Aroostook RSVP	Use the skills and talents you have learned over the years or develop new ones while serving in a variety of volunteer activities within your community. RSVP volunteers choose where and how they want to work. Aroostook RSVP connects persons age 55 and above with our partner sites in The County, and supports them throughout their volunteer experience.

**APPENDIX F: AROOSTOOK NEEDS ASSESSMENT**

**2023 Maine State Plan on Aging Needs Assessment: Area Agency on Aging Survey  
Data Report: Aroostook Agency on Aging (Pages 3-59)**

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**February 9, 2024**